

DISCIPLINE SHEET

1. DATA ABOUT THE STUDY PROGRAM

1.1 Institution of higher education	UNIVERSITY OF MEDICINE AND PHARMACY OF CRAIOVA
1.2 Faculty	MEDICINE
1.3 Department	7
1.4 Study Domain	HEALTH
1.5 Study cycle	LICENCE
1.6 Study program/ Qualification	Medicine

2. DATA ABOUT THE DISCIPLINE

2.1 DISCIPLINE NAME	EMERGENCY MEDICINE		
2.2. Discipline code	MED6211		
2.3 The holder of course activities	dr. ROTARU LUCIANA*, dr. FORTOFOIU MARIA* dr. GEORMANEANU CRISTIANA** dr. BĂNICIOIU COVEI MIHAI**		
2.4 The holder of seminar activities	dr. ROTARU LUCIANA, dr. FORTOFOIU MARIA dr. GEORMANEANU CRISTIANA** dr. BĂNICIOIU COVEI MIHAI**		
2.5. Academic degree	* Professor **Lecturer		
2.6. Employment (base norm/associate)	Base norm		
2.7. Year of study		2.8. Semester	II
		2.9. Course type (content)	
		2.10. Regime of discipline (compulsoriness)	DOS DOS

3. THE ESTIMATED TOTAL TIME (teaching hours per semester)

3.1 Number of hours per week	5	3.2 From which course	2	3.3 seminary/laboratory	3
3.4 Total hours in curriculum	70	3.5 From which course	28	3.6 seminary/laboratory	42
Time found distribution (hours)					
Study from manual, course support, bibliography, and notes					15
Additional documentation in the library, specialized electronic platforms and, on the field					10
Training seminars / labs, homework, reports, portfolios, and essays					10
Tutoring					5
Examinations					10
Other activities, counselling, student scientific programs					5
3.7 Total hours of individual study	55				
3.9 Total hours per semester	125				
3.10 Number of credits	5				

4. PREREQUISITES (where appropriate)

4.1 curriculum	Students must have a consistent knowledge of Anatomy, Physiology, Pathophysiology, Semiology, Internal Medicine, Surgery, Cardiology
4.2 competency	-

5. CONDITIONS (where appropriate)

5.1. of course deployment	- will take place online
5.2. of seminary/ lab deployment	Preparation in advance by individual study of the concepts taught in the course. Equipment and disclosure requirements under previous announcement to participate in practical training in emergency dispatch center & simulator.

6. SPECIFIC COMPETENCES ACCRUED

PROFESSIONAL COMPETENCES	C1 - Identifying the disease condition and determining the correct level of impairment C2 - Designing and implementing an adequately intervention plan for the identified impairment. C5 - To initiate and conduct a scientific research and / or formative in his field of competence C6 - Fulfilling the conditions of effectiveness and efficiency of the duties imposed by certain professional roles
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TRANSVERSAL COMPETENCES	<p>CT1. Autonomy and responsibility</p> <ul style="list-style-type: none"> the acquisition of moral reference points, the formation of professional and civic attitudes, that will allow to the students to be fair, honest, helpful, understanding, nonconflictual, to cooperate and to be comprehensive in the face of suffering, to be available to help people, and to be interested in community development; to know, to respect and to contribute to the development of moral values and professional ethics; to learn how to recognize the problems when they arise ,and provide solutions for solving them. <p>CT2. Social interaction</p> <ul style="list-style-type: none"> to recognize and to have respect for diversity and multiculturalism; to have or to learn how to develop teamwork skills; to communicate orally and in writing the manner of work requirements, the obtained results , to consult with the team; to engage themselves in voluntary activities, to know the essential problems of the community. <p>CT3. Personal and professional development</p> <ul style="list-style-type: none"> to have opening to lifelong learning, to be aware for self-study as a basis of personal autonomy and professional development; to derive the optimum and creative potential in their own collective activities; to know how to use information and communication technologies.
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7. DISCIPLINE OBJECTIVES (based on the grid of specific competences acquired)

7.1 The general objective of the discipline	
7.2 The specific objectives of the discipline	<p>Being close to the european curricula, the discipline aims to develop students' sixth year knowledge, skills in first aid & emergency care, in order to ease their integration into teams working in emergency medicine both outside and inside the hospital, an proactive attitude in the approach of the patients in emergencies.</p> <p>During the study program is targeted acquisition of:</p> <ol style="list-style-type: none"> 1. theoretical knowledge 2. practical skills 3. skills of teamwork, cooperation and communication. 4. attitude <p>At the end of the study program, students must be able to:</p> <ol style="list-style-type: none"> 1. theoretical knowledge <ul style="list-style-type: none"> define the intervention of first aid and emergency medical intervention specify the differences between different categories of teams acting in pre-hospital phase of the emergency intervention define the tasks of nurses in the emergency dispatch center present the steps in standard approach to a significant deterioration of patient vital signs enumerate the rescuers risks describe the main measures to protect rescuers and victims to list first aid principles and ethical norms that govern this action define special features of emergency intervention in special situations to enumerate the principles of the multiple victims intervention situations present roles and tasks of nurses in emergency action to compile a list of priorities for evacuation action in the situation of an extended event specify the roles and principles of different types of triage algorithms 2. practical skills <ul style="list-style-type: none"> perform primary evaluation of the patient in less than 30 seconds identify the distress of vital functions perform secondary evaluation of a patient in emergency situations initiate and sustain 15 minutes minimum basic vital support to adult and child decide and practice automated external defibrillation to practice Heimlich manoever and airway manual desobstruction to adult, infant & newborns

	<ul style="list-style-type: none"> • to decide and place the patient in lateral recovery position • to monitor noninvasively a critical patient • to interpret fundamental cardiac rhythms • to interpret basic parameters of oxygenation, ventilation and hemodynamic • make temporary immobilization of the C spine • temporarily immobilize limbs • make temporary haemostasis in arterial and venous haemorrhage at different injuries levels • identify specific signs of poisoning (toxidromes) • recognize specific posttraumatic life threatening syndromes • to practice immediate specific emergency intervention in certain special situations • field triage for the patients resulting from an extended event • to transmit data via telemedicine system • perform triage of 5 patients presented simultaneously in the ED • decide the most appropriate method of evacuation for a critical patient <p>3. teamworking, cooperation and communication.</p> <ul style="list-style-type: none"> • communicating with other teams or members of the rescue teams • assuming tasks in a team of emergency medicine • coordinate a resuscitation team • to report on an event • communicate effectively with patients and their relatives <p>4. attitudes</p> <ul style="list-style-type: none"> • have respect for the principles and fundamental human rights, including autonomy and the right to decide knowledgeably • assume as the foundation of professional thinking „the good samaritean law” and the principle of „primum non nocere” • be open to acquiring moral guidelines, training of professional and civic attitudes • fair, honest, non-confrontational, cooperative, sympathetic to suffering, ready to help people, interested in community development; • to know, respect and contribute to the development of moral values and professional ethics; • learn to recognize when a problem arises and provide solutions responsible for solving it. • to assume responsibilities in the team, to achieve them and to contribute to the integration of its actions in the unified effort • to recognize and respect diversity and multiculturalism; • to engage in volunteering, know the key issues of the community. • have openness to lifelong learning • appreciate the need for individual study as the basis of personal autonomy and professional development; • to capitalize optimal and creative on its potential in collective activities; • know how to use information and communication technology; <p>to take initiative, to engage in educational and scientific activities of the discipline</p>
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8. CONTENTS

8.1 Course (content units)	Hours
Theme 1: Introduction. National Integrated Management System Components for Intervention in Emergency Situations in Romania. Emergency medical assistance levels. The risks of the first aid and emergency intervention. Principles of emergency intervention work. Emergency team construction. Place and role of nurses in the team.	2

<ul style="list-style-type: none"> - National Management System of Emergency Situations - National Unique System of Emergency Calls 112 - The emergency dispatch center. Types of dispatch centers. Amendments of the cooperation and allocation of resources for intervention in emergency dispatch center - Pre-hospital emergency care system. Types of pre-hospital emergency medical crews. - The hospital system of emergency care. Types of emergency medical structures in Romania – UPU (ED) / CPU - Telemedicine System - Emergency Team construction - Categories of risk in emergency care. Risks of accident scenes. Universal precautions. Risk control & prevention. Rules of security at event scene. 	
Theme 2: Primary and secondary survey of adult, child and newborn. Altered mental status. Recovery position	2
<ul style="list-style-type: none"> - A,B,C,D,E successive algorithm - Primary survey protocol - Responsiveness evaluation - Alerting - Evaluation of breath - Assessment for signs of circulation - Anatomic and physiological particularities of the child and newborn - Secondary survey and successive reassessments - Rapid neurological examination - Exposure 	
Theme 3: Airway obstruction.	2
<ul style="list-style-type: none"> - Causes and types of airway obstruction. - Signs of incomplete airway obstruction. - Signs of complete airway obstruction. - Basic maneuvers and techniques in opening the airway (triple Saffar maneuver, Esmarck maneuver, aspiration, oropharyngeal device, ventilation with balloon valve mask device, combitube, laryngeal mask, I gel) - Heimlich Maneuver and modified Heimlich for child s. - Advanced airway management, endotracheal intubation, surgical airway path - Obstructed airway of newborn - approach particularities 	
Theme 4: Cardiorespiratory arrest	2
<ul style="list-style-type: none"> - Survival chain to adult and child - Basic life support of vital functions to adult and child with one or more rescuers, BLS sequence (early acces, primary assessment, alert, airway management, ventilation, circulation, reassessment, interrupting basic life support). - Early automated external defibrillation. - Advanced airway management - tracheal intubation, surgical airway path - Electrical monitoring of the cord. Rhythms of cardiac arrest - Ways to administrate the medication - Cardiac arrest medication- specific nurse role - Advanced life support and cerebral resuscitation algorithm 	
Theme 5: Resuscitation in special circumstances	2
<ul style="list-style-type: none"> - Submersion accidents. Drowning - Anaphylaxis - Hypothermia. - Resuscitation in pregnancy - perimortem caesarean section 	
Theme 6: Emergency intervention in main peri arrest situations	2
<ul style="list-style-type: none"> - Lifethreatening arrhythmias. Criteria for hemodynamic instability of major arrhythmias. Criteria for alerting the resuscitation team. Attitude for inhospital cardiac arrest . Cardioversion and cardiac pacing-patient preparation, equipment, secure the scene - Coma. Etiology. General classification of severity. Principles of approach in coma. - Seizures - Acute coronary syndromes.STEMI, N- STEMI - The dyspneic patient. Acute pulmonary edema. Pulmonary embolism. Asthmatic status. COPD - Shock. Classification. Etiology. Shock stages. Therapeutic approach 	
Theme 7: Traumatized patient management overview	2

<ul style="list-style-type: none"> - Tactical principles of the polytrauma approach - Polytrauma. Classification - Evolutionary peculiarities of polytrauma - Evaluation of the accident scene - Kinematics of trauma - Trapped patient. Extrication - Trauma patient transfer - air, ground, preparing for evacuation, surveillance during transfer 	
Theme 8: Cranial and facial trauma patients	2
<ul style="list-style-type: none"> - Features of craniocerebral and facial trauma - Types of craniocerebral – brain contusion, intracranial hematoma, skull base lesions, facial trauma - Primary and secondary evaluation of head trauma patient - Recognizing the elements of gravity of TCC. - Pre-hospital emergency and ED management. The assessment of a patient with craniofacial trauma. <p>Elements of alert regarding the deterioration of the patient. Signs of intracranial hypertension</p>	
Theme 9: Spine trauma	2
<ul style="list-style-type: none"> - Features of the spine and spinal injuries - The classification of spinal injuries - Primary and secondary assessment of the patient with suspected spinal cord injury - Recognition of the neurogenic and spinal shock - Cervical spine immobilization - Pre-hospital care and ED management. Handling patient with suspected spinal cord injury. 	
Theme 10: Thoracic trauma patient.	2
<ul style="list-style-type: none"> - Features in thoracic traumatology - Classification of thoracic trauma - The 6 rapidly fatal injury in chest trauma (identification-emergency management) - Potentially lethal injuries in chest trauma (identification-emergency management). - Usually non-lethal injuries in chest trauma (identification - emergency management). - Systematic approach to patient with chest trauma in prehospital situations and emergency department facilities 	
Theme 11: Abdominal Trauma	2
<ul style="list-style-type: none"> - Features in abdominal trauma - Classification of abdominal trauma - Major abdominal trauma syndromes - internal bleeding, peritonitis, occlusive - Primary and secondary evaluation of patients with abdominal trauma - Approaching the patient with abdominal trauma in pre-hospital and hospital - prehospital interface - Paraclinical approach for abdominal trauma - Decision making for admission of patient with abdominal trauma 	
Theme 12: Injuries of the extremities.	2
<ul style="list-style-type: none"> - Features in pelvic and limb trauma - Fractures of the pelvis. Classification. Emergency identification. Pelvic immobilization - Dislocations and sprains – identification, management. - Signs of probability and certainty of long bone fractures. - Reasons for limbs immobilization. Principles of limb immobilization - Amputations of limbs. Replanting. - Crush syndrome 	
Theme 13: Environmental Emergencies	2
<ul style="list-style-type: none"> - Poisoning - Hypo, hyperthermia.. Heatstroke. The caloric shock and heat stroke - Hanging, strangulation - Ingestion of acids and bases - Electrocution. Lightning - Burns Frostbite - Insect bites and snake bites 	
Theme 14. Mass Casualty Accidents	2
<ul style="list-style-type: none"> - Terminology, Definitions, classification. - Red and white plan of intervention in extended emergency situations - Organize scene – INCIDENT COMMAND SYSTEM. The principles of command and control. Specific tasks scene. Commander of security operations. Rescue Medical Director. Advanced Medical Post -AMP - Principles of trauma triage on the accident scene (field triage - START) .Triage in AMP. Medical triage - Principles of evacuation and transport of patients coming from the scene of extended events - ED triage (door triage) 	
Theme 15. Legislation and fundamentals of ethical principles in emergency medicine.	2

<ul style="list-style-type: none"> - Communication with the patient and patient tutors& relatives - Informed consent - Ethics, deontology and legislation of processing the personal data in the emergency structures - Pronouncing death - The announcement of bad news - “Do Not Resuscitate” Directive - Organ donation 	
TOTAL	
<p>BIBLIOGRAPHY</p> <ol style="list-style-type: none"> 1. Luciana Rotaru (sub redacția). Practica Medicinii de Urgență. ISBN 978-606-11-4416-7. Editura Sitech. Craiova, 2015. 2. Diana Carmen Preotu-Cimpoiesu (sub redacția)...L.Rotaru (autor capitol 3 - Algoritm de evaluare si management al pacientului traumatizat) .Ghiduri si algoritmi in medicina de urgenta - Note de curs 2019.Editura Gr. T. Popa, U.M.F. Iasi. ISBN: 978-606-544-626-7. Editura Gr. T. Popa. (U.M.F Iasi). 2019. 3. Alina Petrică, Hajnal Vass, H.L. Borcea (sub redacția)... Luciana Rotaru. Protocolul Național de Triage – versiunea 2. Ghid de implementare. ISBN. 978-606-93972-2-0. 2016. Ed Etnos, Bucuresti. 4. F. Ghelase, D. Mercut. Chirurgie – vol. I – Propedeutica si tehnici de baza - ISBN 978-606-11-2437-4, Editura Sitech. Craiova, 2012 5. Luciana Rotaru, Cristiana Geormaneanu, Adrian Rotaru. Nursing clinic de urgenta si prim ajutor. Editura medicală universitară Craiova 2008. ISBN 978-973-106-102-3 6. Tintinalli J.E (Editor principal), Stapczynski J. S. O.J. Ma, D.M. Yealy, G.D. Meckler, D.M. Cline (Editori). Tintinalli’s Emergency Medicine: A Comprehensive Study Guide 8th edition By McGraw-Hill Professional, 2016. 2 volume ISBN 978-606-93972-4-4. Vol I– ISBN 978-606-93972-5-1, Vol. II ISBN 978-606-93972-6-8. traducere autorizata. Ed. Etnos. Bucuresti. 2016 <p>R.Arafat, Hajnal E. Vass, Cristian M. Boeriu. Primul ajutor calificat (ed.a II a). Urgențe medicale: infecțioase, toxicologice, psihiatrice, metabolice, reacții alergice. ISBN. 978-606-93972-3-7. Ed. Etnos. București. 2016</p>	
8.2 Practical work (topics / themes)	
F1. LP1. <i>Introduction to first aid technique. Rescuer's risks. Universal Precautions. - online</i>	2
F1. LP2. <i>Emergency Dispatch. Types of means of intervention. Ambulances C1, C2, B1, B2 (with assistant), B2 - First aid crews. Uncritical patient transport - ambulances type A1, A2. Principles of trauma triage at the accident scene (field triage - START Protocol). Triage at discharge. Data transmission via telemedicine system to hospitals and between hospitals. Principles of evacuation and transport of trauma patients. ED medical triage (door triage, principles, procedures, allocation of patients on areas of work. - online</i>	2
F1. LP3. <i>Protocol and procedures for triage of patients in emergency reception facilities. Emergency codes. The assessment of severity. Assessment of resources. Monitoring in triage. The waiting time. Reassessment in triage. FAST TRACK - online</i>	2
F1. LP4. <i>Primary and secondary assessment of adult and child. Altered consciousness. Recovery Position - simulator, skills session, working on mannequin</i>	2
<p>F1. LP5. <i>Airway obstruction. - simulator, skills session, working on mannequin</i></p> <ul style="list-style-type: none"> - <i>Causes and types of airway obstruction.</i> - <i>Signs of incomplete airway obstruction.</i> - <i>Signs of complete airway obstruction.</i> - <i>Basic maneuvers and techniques in opening the airway (triple Saffar maneuver, maneuver Esmarck, aspiration, oropharyngeal pipe, ventilation with balloon and mask, Combitube, laryngeal mask, I gel).</i> - <i>Advanced techniques to handle and opening the airway - tracheal intubation, cricothyroidotomy, necessary tracheostomy</i> - <i>Heimlich Maneuver and modified Heimlich.</i> - <i>Airway obstruction of newborn - particularities</i> 	2

<p>F1. LP6. <i>Cardiac arrest. - simulator, skills session, working on mannequin</i></p> <ul style="list-style-type: none"> - <i>Survival chain to adult and child.</i> - <i>Primary support of vital functions to adult and child with one or more rescuers, BLS sequence (primary assessment, alert, airway assistance, ventilation assistance, circulation assistance, reassessment, interrupting basic life support).</i> - <i>Early external automated defibrillation.</i> - <i>Advanced life support guideline</i> 	2
<p>F1. LP7. <i>Complete monitoring of a patient - pulse oximetry, heart electric monitoring, electrocardiogram, end tidal Co2, glucose determination, GCS. - online</i></p>	2
<p>F1. LP8. <i>Oxygen administration techniques. Free flow oxygen administration, mask oxygen, tent oxygen, oxygen mask with auxiliary tank, balloon and mask ventilation, noninvasive ventilation - procedures, training and supervision of the patient, mechanical ventilation. - simulator, skills session, working on mannequin</i></p>	2
<p>F1. LP9. <i>Vascular access. Preparation of materials and patient for central venous and peripheral access, intraosseous access, umbilical access, arterial access. - simulator, skills session, working on mannequin</i></p>	2
<p>F1. LP10. <i>Traumatized patient - general, precautions and limitations of emergency intervention. The chain of survival in trauma. Cervical spine protection - manual technique, cervical collars, rigid stretcher, back board, scoop stretcher - stretcher, vacuum stretcher. Trauma patient mobilization (KED - Kendrick Extrication Device, Rauteck maneuver, the patient's ROLL ON). - simulator, skills session, working on mannequin</i></p>	2
<p>F1. LP11. <i>Approaching the patient with chest trauma. – online, clinical cases</i></p> <ul style="list-style-type: none"> - <i>Patient Positioning</i> - <i>The 6 rapidly fatal injury in thoracic trauma (identification-emergency management: exufflation, dressing on 3 sides, restraining rib voucher).</i> - <i>Potentially lethal injuries in thoracic trauma (identification, management).</i> - <i>Non-lethal injuries in thoracic trauma (identification, management).</i> 	2
<p>F1. LP12. <i>Emergency intervention for bleeding patient. Rapid hemodynamic assessment. Identify the type of bleeding. Temporary hemostasis. Vascular fast refill principles. Blood transfusion.- online, clinical cases</i></p>	2
<p>F1. LP13. <i>Injuries to the extremities. - simulator, skills session, working on mannequin</i></p> <ul style="list-style-type: none"> - <i>Dislocations and sprains - identification.</i> - <i>Signs of probability and certainty of fractures.</i> - <i>Reasons for limb immobilization.</i> - <i>Principles of limb immobilization.</i> - <i>Immobilization of fracture of forearm, arm, leg, thigh.</i> - <i>Immobilization twists and sprains ankle, elbow, knee.</i> - <i>Pelvis immobilization - pelvic belt - Boston / Geneva, vacuum stretcher.</i> - <i>Types of splints and their use - splint box, vacuum splints, traction splints, inflatable splints.</i> 	2
<p>F1. LP14. <i>Emergency intervention in special circumstances - drowning, hanging, electrocution, hypothermia, hyperthermia, intoxications. Special techniques (gastric lavage) - simulator, skills session, working on mannequin</i></p>	2
<p>F1. LP15 <i>Team working application at the accident site - Extrication. Teamwork scenarios and simulations in the simulator</i></p>	2
<p>TOTAL</p>	

BIBLIOGRAPHY

7. Luciana Rotaru (sub redacția). Practica Medicinii de Urgență. ISBN 978-606-11-4416-7. Editura Sitech. Craiova, 2015.
 8. Diana Carmen Preotu-Cimpoiesu (sub redacția)...L.Rotaru (autor capitol 3 - Algoritm de evaluare si management al pacientului traumatizat) .Ghiduri si algoritmi in medicina de urgenta - Note de curs 2019.Editura Gr. T. Popa, U.M.F. Iasi. ISBN: 978-606-544-626-7. Editura Gr. T. Popa. (U.M.F Iasi). 2019.
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9. CORROBORATING THE DISCIPLINE CONTENT WITH THE EXPECTATIONS OF EPISTEMIC COMMUNITY REPRESENTATIVES, PROFESSIONAL ASSOCIATIONS AND EMPLOYEE REPRESENTATIVES RELATING TO THIS PROGRAM

- Emergency Medicine is a specialized subject, mandatory for a student to become a practitioner with a sound overview of severity and risk situation currently and in perspective of a patient in an emergency situation
- Knowledge, practical skills and attitudes learned in this discipline provides students the opportunity to apply knowledge, skills and abilities acquired during years of clinical studies, to customize thinking, prioritize actions and management algorithms based on specific criteria for emergency situations
- It is expected that practical skills, knowledge and skills acquired in this discipline to determine a vision that integrates patient management in hospital – pre hospital interface and at the border between specialties, defining multidisciplinary interactive and flexible attitudes, yet standardized and coordinated based on medical guidelines

It is also expected that the program will serve as a landmark building career in perspective of approaching the specialty of emergency medicine.

10. METHODOLOGICAL LANDMARKS

Types of activity	Techniques for teaching / learning, materials, resources:conference, interactive lecture, problematization / projects etc., working in small groups
Course	Using the following combined methods: lecture, debate, problematization
Practical work	Using the following combined methods: practical applications with role play, case study, simulations / watch cases, small groups working on the mannequin, demonstrations of teamwork, integration in complex work teams
Individual study	Before each course and each practical work

11. RECOVERY PROGRAM

	No. absences that can recover	Location of deployment	Period	In charge	Scheduling of topics
Absences recoveries	3	Emergency County Hospital UPU – SMURD CPU Filantropia H	Last 3 weeks of the semester	All staff	Chronologically, 2 themes / day
Schedule consultations / Students' Scientific Program	4 hours /month	Emergency County Hospital UPU - SMURD	2 hours on 2 weeks, Wednesday	Dr.Rotaru Luciana Teodora	Application / simulation based on the themes of the current month. 2 times per semester participation in the application of cooperation organized by ISU
Program for students poorly trained	2 hours/week	Emergency County Hospital UPU – SMURD CPU Filantropia H	weekly	Dr. Forțofoiu M Dr Geormaneanu C Dr. Banicioiu M	That week theme

12. ASSESMENT			
Activity	Types of assesment	Methodos of evaluation	Percentage from final grade
Lecture			
Practical work			
Periodic assesment			
Assement of individual activities			
Minimum performance standard			
13. GUIDANCE AND COUNSELLING PROGRAMS			
Professional guidance and counselling programs (2 hours/monthly)			
Scheduling the hours	Location	In charge	
Last Friday of every month	Emergency County Hospital UPU - SMURD	Dr.Rotaru Luciana Teodora Dr. Forțofoiu Maria	

Endorsement date in the department:

**Department Director,
Prof. Chiuțu Luminița**

**Coordinator of study program,
Prof. Marius Eugen Ciurea**

**Discipline holder,
Prof. Rotaru Luciana Teodora**