



Faculty of Medicine

**EMERGENCY MEDICINE PRACTICE EVALUATION SHEET**  
(1 week) 6<sup>th</sup> year

**The basic principle: practice relating to all work involved in the ward of a emergency department in connection with the patients**

This is to certify that Ms./Mr.....  
(born on.....in (city/country).....)  
completed the following tasks within an Emergency Medicine practice at our Institution:

<b>General program</b>	<i>Stamp and Signature of Supervisor*</i>
1. Assessment of the emergency patient	
2. Importance of informed consent	
3. Physical examination (inspection, palpation, percussion, auscultation)	
4. Routine laboratory tests (indications, diagnostic accuracy and value)	
5. TRIAGE process	
6. Radiology /routine chest radiograph, contrast studies, ultrasound scanning	
7. Bandage of wounds	
8. Administration of i.m. and i.v. injection (under supervision)	
9. Intravenous fluid replacement, theory and practice	
10. Venous access	
11. Catheterization of the urine bladder	
12. Involved in the emergency rota	

\* completion certified by stamp and signature of supervisor

Period of practice: from.....to.....

Number of hours completed: .....

Name and address of the clinic/hospital:.....

Department:.....

Accreditations of the hospital/clinic if any:.....

Name of the supervisor (in block capitals):.....

Evaluation of the student:.....

Date:.....

Stamp

Signature .....