



Faculty of Medicine

TRAUMATOLOGY PRACTICE EVALUATION SHEET
(1 week) 6th year

The basic principles: practice relating to all work involved in the ward of a Traumatology department in connection with the patients

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

<u>General program</u>	<u>Stamp and Signature of Supervisor*</u>
1. Radiological and clinical examination of head injuries	
2. Radiological and clinical examination of chest injuries, X ray, CT	
3. Radiological and clinical examination of hip fractures and treatment options	
4. Radiological and clinical examination of radius fractures and treatment options	
5. Clinical examination of peripheral circulation and innervation	
6. Moberg examination of the hand	

* 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