



UNIVERSITAS SCIENTIARUM SZEGEDIENSIS
UNIVERSITY OF SZEGED

Faculty of Medicine
SURGERY PRACTICE EVALUATION SHEET

(7 weeks) 6th year

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

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

| <u>General program</u> | <i>Stamp and Signature of Supervisor*</i> |
|---|---|
| 1. Preoperative assessment and preoperative preparation of the patient | |
| 2. Importance of informed consent | |
| 3. Physical examination (inspection, palpation, percussion, auscultation) | |
| 4. Routine laboratory tests (indications, diagnostic accuracy and value) | |
| 5. Laboratory tests in obstructive jaundice malignant diseases, tumor markers | |
| 6. Radiology /routine chest radiograph, contrast studies, ultrasound scanning | |
| 7. Role of endoscopy in the diagnosis and treatment of surgical patients | |
| 8. Bandage of wounds | |
| 9. Management of sterile and infected wounds | |
| 10. Work in the outpatient clinic, investigation of patients presenting with acute abdominal pain | |
| 11. Administration of i.m. and i.v. injection (under supervision) | |
| 12. Intravenous fluid replacement, theory and practice | |
| 13. Venous access | |
| 14. Catheterization of the urine bladder | |
| 15. Removal of drains, chest tubes, sutures | |
| 16. Practical aspects of asepsis and antisepsis | |
| 17. Hand disinfection | |
| 18. General rules and discipline in the operating theatre | |
| 19. Surgical instruments, materials, indication and use | |
| 20. Taking part in surgical procedures in the operating room | |
| 21. Involved in duty time program (emergency surgeries) | |
| 22. Theory and practice of antibiotic prophylaxis, deep vein thrombosis prophylaxis | |
| 23. Treatment of postoperative patient (consider requirements according to which postoperative day is involved) | |

* completion certified by stamp and signature of supervisor

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

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

Department:.....

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

Name of the supervisor:.....

Evaluation of the student:.....

Date:.....

Stamp

Signature

