



**SURGERY PRACTICE EVALUATION SHEET**

**4 WEEKS (120 hours)**

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

1. Taking part in daily duties of the clinic (consultations, visits, operating schedule)
2. Learning the patient's administration
3. Learning the IT of patient's administration
4. Physical examination (inspection, palpation, percussion, auscultation)
5. Routine laboratory test (indication, diagnostic accuracy and evaluation)
6. Radiology / routine chest X-ray, contrast studies, ultrasound, and CT
7. Role of endoscopy in the diagnosis and treatment of surgical patients
8. Evaluation of the cost, risk and efficiency of the surgical patients' diagnostics
9. Basics of the wound treatment (aseptic and septic wounds)
10. Wound dressing of surgical patients
11. Work in the outpatient unit
12. Investigation of patients with acute surgical patients
13. Preparation of intramuscular and intravenous injections and dosing under supervision
14. Practice of infusion therapy
15. Peripheral vein puncture under supervision
16. Urine bladder catheterization
17. Use of the nasogastric tube
18. Removal of abdominal and thoracic drains and skin suture with supervision
19. Learning the basics of asepsis and antisepsis in the clinical practice
20. General rules in the operation theatre
21. Applying of surgical tools and suture materials
22. Learning the theory and practice of the modern antibiotic and thrombosis prophylaxis
23. Monitoring of surgical patient in the postoperative period (circulatory and ventilation parameters and its evaluation)

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

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

Department:.....

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

Name of the supervisor:.....

Phone number: .....

E-mail address: .....

Evaluation of the student:.....

Date:.....Signature and stamp.....