



**EVALUATION SHEET**  
**Surgery I. practice (AOK-KA332)**  
**4<sup>th</sup> year I. semester**

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

**Abbreviations:**

**CN:** The number of cases the student is required to see (Előírt esetszám)

**L:** Level of acquisition (Elsajátítás szintje)

- **P:** the student has participated in the activity (Részvétel a beavatkozásban (tevékeny közreműködés))
- **D:** the student has done and completed the task/ activity (Végrehajtotta a beavatkozást (a hallgató maga végezte a feladatot))
- **O:** the student has observed the task/activity (Látta a beavatkozást)

	Specification of skill	L	CN	Tutor's signature
1.	<b>Presentation of patients with breast tumor, physical examination. Check-up and complex treatment of patients with breast tumor (obligatory) in the clinical practice, case reports (if oncology centre is available)</b>			
1.1.	Physical examination of breast (obligatory)	D		
1.2.	Evaluation of the results of mammography, X-ray pictures (if oncology centre is available)	D		
1.3.	Physical examination of hernia (obligatory)	D		
1.4.	Medical management of strangulated hernia (obligatory)	S		
2.	<b>Presentation and physical examination of patients with thoracic and lung diseases. Presentation of diagnostics and check-up of patients with thoracic and lung diseases, evaluation of the results, discussion of surgical indications, case reports (other; obligatory at thoracic surgery)</b>			
2.1.	Physical examination of thorax, auscultation, percussion (obligatory)	D		
2.2.	Analysis and evaluation of A-P and side thoracic X-ray results (obligatory at thoracic surgery)	D		
2.3.	Analysis of axial and sagittal tomography (obligatory at thoracic surgery)	P		
2.4.	Evaluation of thoracic CT examination (obligatory at thoracic surgery)	P		
2.5.	Inspection and performing puncture of thorax (obligatory at thoracic surgery)	P		
2.6.	Analysis and diagnostics of thoracic punctures (obligatory at thoracic surgery)	P		
2.7.	Inspection and technique of thoracic drainage (obligatory at thoracic surgery)	P		
2.8.	Technique of thoracic suction therapy (obligatory at thoracic surgery)	P		
2.9.	Presentation of bronchoscopy and thoracoscopy (obligatory at thoracic surgery)	S		



3.	<b>Physical examination of patients with peripheral vascular diseases, evaluation of different diagnostic methods. Presentation and evaluation of diagnostic images, indications for the conservative and the surgical treatment, case reports (obligatory).</b>			
3.1.	Examination of arterial pulse status on upper limb (a. subclavia, a. brachialis, a. radialis, a. ulnaris) (obligatory)	D		
3.2.	Examination of arterial pulse status on lower limb (a. femoralis communis, a. poplitea, a. tibialis posterior, a. tibialis anterior) (obligatory)	D		
3.3.	Palpation of carotid artery, listening murmurs of them, differentiation from the radiated heart murmurs (obligatory)	D		
3.4.	Implementation of provocation tests of thoracic outlet syndrome, auscultation above the subclavian artery (recommended at vascular surgery)	D		
3.5.	Palpation of aneurysm on abdominal aorta, its differentiation from the radiated pulsation (recommended at vascular surgery)	D		
3.6.	Auscultation above the major abdominal vessels, differentiation of aortic and iliac murmurs (obligatory)	D		
3.7.	Doppler blood flow measurement, segmental, ankle, determination of Doppler-index of upper arm (recommended at vascular surgery)	P		
3.8.	Doppler examination of epifascialic venous insufficiency (reflux, stem trunk, perforans) of lower limb (recommended at vascular surgery)	P		
3.9.	Examination of the deep-vein system with bidirectional manual Doppler machine (recommended at vascular surgery)	P		
3.10.	Analysis of angiographic images, Duplex ultrasound, color Doppler image, determination of diagnosis (recommended at vascular surgery)	P		

Period of the practice:.....

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

Name of the supervisor:.....

Remarks: .....

The student completed all the practices except Nr.....

Uncompleted tasks during the semester and their completion:.....

Date:

Signature of the supervisor, personal stamp



**EVALUATION SHEET**  
**Internal Medicine II. (AOK-KA202)**  
**4<sup>th</sup> year 1<sup>st</sup> semester**

This is to certify that Ms./Mr.....

(born on.....in (city/country).....)

completed the following tasks within a surgery practical training at our Institution:

**Abbreviations:**

**CN:** The number of cases the student is required to see (Előírt esetszám)

**L:** Level of acquisition (Elsajátítás szintje)

- **P:** the student has participated in the activity (Részvétel a beavatkozásban (tevékeny közreműködés)

- **D:** the student has done and completed the task/ activity (Végrehajtotta a beavatkozást (a hallgató maga végezte a feladatot))

- **O:** the student has observed the task/activity (Látta a beavatkozást)

**Cardiology – 1. Module**

Skills		L	N	Tutor's signature	
1.	Patient history and physical examination in cardiology	D	6		
2.	<b>Diagnostics in cardiology</b>				
2.1.	Making ECG and its evaluation	P	6		
2.2.	Recognition of common arrhythmias	P	6		
2.3.	Echocardiography	O	5		
2.4.	Other non-invasive methods	O	5		
2.5.	Invasive methods in cardiology	O	3		
2.6.	Angina pectoris	Optional	O	3	
2.7.	Myocardial infarct		O	3	
2.8.	Cardiomyopathies		O	3	
2.9.	Heart failure		O	3	
2.10.	Aortic stenosis		O	2	
2.11.	Mitral regurgitation		O	2	
2.12.	Pulmonary embolisation		O	2	
2.13.	Treatment of arrhythmias	O	2		

**Haematology – 2. Module**

3.	Patient history and physical examination in haematology	D	2	
4.	Transfusion (RBCs, PLTs, FFP)	O	1	



5.	Apheresis (plasma-, cytapheresis)	0	1	
6.	<b>Diagnostics in haematology</b>			
6.1	Blood smear preparation and evaluation	0	2	
6.2	Bone marrow examination (aspiration and trephine biopsy)	0	1	
6.3	Normal bone marrow smear	0	1	

7.	<b>Haematological diseases</b>			
7.1	Acut leukaemias	0	2	
7.2	Chronic myeloproliferative neoplasms	0	1	
7.3	Hodgkin's and non-Hodgkin's lymphomas	0	2	
7.4	Anaemias	0	2	
7.5	Treatment of febrile neutropenia	0	1	
7.6	Disorders of hemostasis	0	1	

Period of the practice:.....

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

Name of the supervisor:.....

Remarks: .....

The student completed all the practices except Nr.....

Uncompleted tasks during the semester and their completion:.....

Date:

Signature of the supervisor, personal stamp



**EVALUATION SHEET**  
**Obstetrics and Gynecology I. (AOK-KA352)**  
**4<sup>th</sup> year I. semester**

This is to certify that Ms./Mr.....

(born on.....in (city/country).....)

completed the following tasks within a surgery practical training at our Institution:

	Training at ward	Date	Tutor's signature
1.	Pathology of Pregnancy Ward		
2.	Gynecological Ward		
3.	OR/ Postoperative Ward		
4.	Outpatient/ Ultrasonography		

Period of the practice:.....

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

Name of the supervisor:.....

Remarks: .....

The student completed all the practices except Nr.....

Uncompleted tasks during the semester and their completion:.....

Date:

Signature of the supervisor, personal stamp

