



LETTER OF ACCEPTANCE

2 weeks/60 hrs of cardiac surgery practice

Name of the student:.....

Period of practice:.....

Number of weeks:

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

Address of the hospital/clinic:

Medical school/university the hospital is affiliated with:

.....

Contact person :

Phone number:

E-mail address:

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp



CARDIAC SURGERY PRACTICE

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. Radiology /routine chest radiograph, contrast studies,
6. Cardiology /routine coronarography, cardiac ultrasound
7. Bandage of wounds
8. Management of sterile and infected wounds
9. Work in the outpatient clinic
10. Administration of i.v. injection (under supervision)
11. Intravenous fluid replacement, theory and practice
12. Venous access
13. Catheterization of the urine bladder
14. Removal of drains, chest tubes, sutures
15. Practical aspects of asepsis and antisepsis
16. Hand disinfection
17. General rules and discipline in the operating theatre
18. Surgical instruments, materials, indication and use
19. Taking part in cardiac surgical procedures in the operating room
20. Involved in duty time program (emergency surgeries)
21. Theory and practice of antibiotic prophylaxis, thrombosis prophylaxis
22. Treatment of postoperative patients (consider requirements according to which postoperative day is involved)
23. Monitoring of surgical patient in the postoperative period (circulatory and ventilation parameters and its evaluation)