



LETTER OF ACCEPTANCE

2 weeks/60 hrs of neurosurgery 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



NEUROSURGERY PRACTICE

TASKS

1. Learning workflows (Day 1-2)

- patient admission (history and physical status)
- administration

2. Invasive tasks

- suture removal (5 pcs)
- drain removal (3 pcs)
- lumbar puncture (1 pc)

3. Surgical assistance I

- single-segment spinal surgery due to degenerative changes (lumbar disc herniation/spinal canal stenosis) – 4 cases

4. Surgical assistance II

- fusion spinal surgery due to degenerative changes (TLIF, OLIF, ALIF) – 1 procedure

5. Surgical assistance III

- Brain tumour surgery: two procedures (one metastatic and one primary tumour)

6. Surgical assistance IV

- Understanding emergency and trauma cases (one-time 16/24-hour on-call presence)

LEARNING OUTCOMES

As the students have already learnt the theoretical foundations of neurosurgery in their fifth year, the two-week elective clinical practice will give them insight into clinical work processes, which require active participation. The clinical practice primarily focuses on surgical activities. Students will be responsible for admitting patients to the ward, assisting in surgery, providing postoperative wound care, requesting follow-up examinations, and preparing the final report.