



EVALUATION SHEET
Internal Medicine II. (AOK-OAK272)
4th year 1st 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.	Diagnostics in cardiology			
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	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)	O	1	

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Prof. Dr. Márta Széll Ph.D., D.Sc
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6.	Diagnostics in haematology			
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.	Haematological diseases			
7.1	Acute 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

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