



PLASTIC SURGERY PRACTICE EVALUATION SHEET

(2 weeks / 60 hours) 6th year

**The basic principles: practice relating to all work involved in the ward of a Plastic surgery department
in connection with the patients**

This is to certify that Ms./Mr.....
(Neptun code:) completed the following tasks within a Plastic surgery practice at our
institution:

<u>General program</u>	<u>Stamp and Signature of Supervisor*</u>
1. Anatomy & Principles: anatomy, and specific body regions (head/neck, limbs)	
2. Anatomy & Principles: skin anatomy	
3. Anatomy & Principles: soft tissue principles	
4. Wound Management: principles of wound healing	
5. Wound Management: non-operative care	
6. Wound Management: burns	
7. Wound Management: cutaneous lesions	
8. Participation in the operating theatre: skin lesion excision	
9. Participation in the operating theatre: skin closure - suturing, skin grafting (full-thickness- and half split skin graft), basic flap design (local, random)	
10. Specialized Topics: breast reconstruction	
11. Specialized Topics: electrochemotherapy	

* completion certified by stamp and signature of supervisor

Period(s) of practice:

Number of hours completed:

Name and address of the clinic/hospital:

Department:

Medical school/university the hospital is affiliated with:

Name of the supervisor (in block capitals):

Evaluation of the student:

Date:

Stamp

Signature