

LETTER OF ACCEPTANCE

6 weeks/180 hrs of 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

SURGERY PRACTICE

General program:

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. Laboratory tests in obstructive jaundice malignant diseases, tumor markers
6. Radiology /routine chest radiograph, contrast studies, ultrasound scanning
7. Role of endoscopy in the diagnosis and treatment of surgical patients
8. Bandage of wounds
9. Management of sterile and infected wounds
10. Work in the outpatient clinic, investigation of patients presenting with acute abdominal pain
11. Administration of i.m. and i.v. injection (under supervision)
12. Intravenous fluid replacement, theory and practice
13. Venous access
14. Catheterization of the urine bladder
15. Removal of drains, chest tubes, sutures
16. Practical aspects of asepsis and antisepsis
17. Hand disinfection
18. General rules and discipline in the operating theatre
19. Surgical instruments, materials, indication and use
20. Taking part in surgical procedures in the operating room
21. Involved in duty time program (emergency surgeries)
22. Theory and practice of antibiotic prophylaxis, deep vein thrombosis prophylaxis
23. Treatment of postoperative patients (consider requirements according to which postoperative day is involved)