



UNIVERSITAS SCIENTIARUM SZEGEDIENSIS
UNIVERSITY OF SZEGED

Albert Szent-Györgyi Medical School
SURGERY PRACTICE EVALUATION SHEET
(6 weeks/180 hours) 6th year

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

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

<u>General program</u>	<i>Stamp and Signature of Supervisor*</i>
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 patient (consider requirements according to which postoperative day is involved)	

* completion certified by stamp and signature of supervisor

Period of practice: from.....to.....

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

