



**INTERNAL MEDICINE SUMMER PRACTICE EVALUATION SHEET
3RD YEAR (4 WEEKS)**

SOLELY THE ORIGINAL OF THIS DOCUMENT IS TO BE SUBMITTED. PHOTOCOPIES, IMAGES SENT VIA E-MAIL WILL NOT BE ACCEPTED.

PLEASE NOTE THAT THE PRACTICE CAN ONLY BE PERFORMED AT A **TEACHING HOSPITAL**.

This is to certify that

LAST NAME (IN CAPITAL LETTERS):

FIRST NAME (IN CAPITAL LETTERS):

born on (DD/MM/YYYY)/...../..... in city/country/.....

completed the following tasks as part of his/her Internal Medicine practical training at our Institution:

Abbreviations used in table headers:

L: Level of acquirement

CN: Allotted case number shows the required number of interventions.

Evaluation of levels and methods of acquirement:

S: seen **P, R:** participated **D:** done

At least 35 of the specified skills has to be completed for the acceptance.

Please mark the completed tasks with an X in the column in front of Tutor's Signature.

The student completed all practices except Nr:

Specification of skill	L	CN	Tutor's signature
1. Taking patient history, physical examination	S-P	10	
2. ECG recording	S-P	5	
3. Urine evaluation and interpretation	S-P	1	
4. Evaluation of RBC, WBC and PLT counts, qualitative blood smear	S-P	1	
5. Maintenance of iv. lines	S-P	3	
6. Pulsoxymetry	S-P	1	
7. Nasogastric tube insertion	S-P	1	
8. Abdominal ultrasonography	S	3	



9. Upper gastrointestinal endoscopy	S	1	
10. Lower gastrointestinal endoscopy	S	1	
11. Determination of blood glucose level by personal equipment	D	5	
12. Diet in diabetes mellitus	R	3	
13. Oral antidiabetic therapy	R	3	
14. Insulin treatment strategies	R	3	
15. Insulin administration	R	3	
16. Dietary restrictions in gout	R	1	
17. Dietary restrictions in hyperlipidaemia	R	1	
18. Measurement of the blood pressure	D	5	
19. Dietary restrictions in kidney diseases	P	3	
20. Sample collection for urine culturing	S-P	1	
21. Sample collection for stool culturing	S-P	1	
22. Throat sample	S-P	1	
23. Sample collection for sputum culturing	S-P	1	
24. Sample collection for blood culturing	S-P	1	
25. Prevention of iatrogenic infections	S-P	1	
26. Prophylactic antibiotic treatment	S	1	
27. O ₂ administration techniques	S-P	3	
28. Oral administration of drugs	S-P	5	
29. Sublingual administration of drugs	S-P	5	
30. Rectal administration of drugs	S-P	5	
31. Intraocular administration of drugs	S-P	1	
32. Drug administration into the ears	S-P	1	
33. Administration of inhalative drugs (aerosols)	S-P	1	
34. Preparation for parenteral administration of drugs	S-P	5	
35. Preparation for peripheral vein cannulation	S-P	5	
36. Cannulation of peripheral veins	D	5	
37. Taking a blood sample,	D	5	
38. Preparation for iv. infusions	S-P	5	
39. Administration of iv infusion (without drugs)	S-P	5	
40. Ascites drainage	S-P	2	
41. Urinary bladder catheterisation in men	S-P	5	
42. Urinary bladder catheterisation in women	S-P	5	
43. Participation in the work of the emergency unit	S-P	3	
44. Transthoracic echocardiography	S	3	
45. Transoesophageal echocardiography	S	1	



46. Exercise tests (ECG, echo)	S	2	
47. Holter ECG	S	1	
48. 24-hour ABPM	S	2	
49. Pacemaker implantation	S	1	
50. Pacemaker control	S	1	
51. Tilt table test	S	1	
52. Elephysiological procedures	S	1	
53. Coronarography	S	1	
54. Bone marrow sampling	S	1	
55. Transfusion	S	5	
56. Apheresis (plasma-, cytapheresis)	S	1	

NOTE THAT THE DURATION OF THE PRACTICE MUST BE AT LEAST 4 WEEKS

Period of practice: **from** (DD/MM/YYYY)/...../..... **to** (DD/MM/YYYY)/...../.....

Name of the teaching clinic/hospital IN CAPITAL LETTERS:

Postal address of the hospital/clinic IN CAPITAL LETTERS:

Department IN CAPITAL LETTERS:

Name of university/college the hospital is affiliated with:

Name of supervisor IN CAPITAL LETTERS:

Phone number:

E-mail address IN CAPITAL LETTERS:

Evaluation of the student:

I attest that I was supervisor of the student for the duration of his/her practical education as described above; that the information contained in this form is a true and an accurate description of the practical education obtained; and that the student demonstrated competence and proficiency performing all identified tasks. I also attest that the practical education provided conforms with the requirements of the state-accredited medical training of the country the practical education was carried out in.

Date:

Supervisor's signature and English language stamp

Please note that in case you do your practice in a country where it is not the Latin alphabet that is in use (e.g. Korea, Japan, Israel, Iran, the Arab countries etc.) and there is no English-language stamp at the disposal of the hospital, a separate letter must be written on the hospital's letterhead by your supervisor to certify that you have completed the practice there which must be submitted together with the evaluation sheet.