



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. György Lázár
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| 6. | Diagnosics 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