



EVALUATION SHEET
Surgery I. practice (AOK-OAK472)
4th year I. 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)

	Specification of skill	L	CN	Tutor's signature
1.	Presentation of patients with breast tumor, physical examination. Check-up and complex treatment of patients with breast tumor (obligatory) in the clinical practice, case reports (if oncology centre is available)			
1.1.	Physical examination of breast (obligatory)	D		
1.2.	Evaluation of the results of mammography, X-ray pictures (if oncology centre is available)	D		
1.3.	Physical examination of hernia (obligatory)	D		
1.4.	Medical management of <u>strangulated hernia</u> (obligatory)	S		
2.	Presentation and physical examination of patients with thoracic and lung diseases. Presentation of diagnostics and check-up of patients with thoracic and lung diseases, evaluation of the results, discussion of surgical indications, case reports (other; obligatory at thoracic surgery)			
2.1.	Physical examination of thorax, auscultation, percussion (obligatory)	D		
2.2.	Analysis and evaluation of A-P and side thoracic X-ray results (obligatory at thoracic surgery)	D		
2.3.	Analysis of axial and sagittal tomography (obligatory at thoracic surgery)	P		
2.4.	Evaluation of thoracic CT examination (obligatory at thoracic surgery)	P		
2.5.	Inspection and performing puncture of thorax (obligatory at thoracic surgery)	P		
2.6.	Analysis and diagnostics of thoracic punctures (obligatory at thoracic surgery)	P		
2.7.	Inspection and technique of thoracic drainage (obligatory at thoracic surgery)	P		
2.8.	Technique of thoracic suction therapy (obligatory at thoracic surgery)	P		
2.9.	Presentation of bronchoscopy and thoracoscopy (obligatory at thoracic surgery)	S		



3.	Physical examination of patients with peripheral vascular diseases, evaluation of different diagnostic methods. Presentation and evaluation of diagnostic images, indications for the conservative and the surgical treatment, case reports (obligatory).			
3.1.	Examination of arterial pulse status on upper limb (a. subclavia, a. brachialis, a. radialis, a. ulnaris) (obligatory)	D		
3.2.	Examination of arterial pulse status on lower limb (a. femoralis communis, a. poplitea, a. tibialis posterior, a. tibialis anterior) (obligatory)	D		
3.3.	Palpation of carotid artery, listening murmurs of them, differentiation from the radiated heart murmurs (obligatory)	D		
3.4.	Implementation of provocation tests of thoracic outlet syndrome, auscultation above the subclavian artery (recommended at vascular surgery)	D		
3.5.	Palpation of aneurysm on abdominal aorta, its differentiation from the radiated pulsation (recommended at vascular surgery)	D		
3.6.	Auscultation above the major abdominal vessels, differentiation of aortic and iliac murmurs (obligatory)	D		
3.7.	Doppler blood flow measurement, segmental, ankle, determination of Doppler-index of upper arm (recommended at vascular surgery)	P		
3.8.	Doppler examination of epifascial venous insufficiency (reflux, stem trunk, perforans) of lower limb (recommended at vascular surgery)	P		
3.9.	Examination of the deep-vein system with bidirectional manual Doppler machine (recommended at vascular surgery)	P		
3.10.	Analysis of angiographic images, Duplex ultrasound, color Doppler image, determination of diagnosis (recommended at vascular surgery)	P		

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

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