University of Szeged, Albert Szent-Györgyi Medical School
Dean's Office, Foreign Students' Secretariat
6 Szőkefalvi-Nagy Béla utca, H-6720 Szeged, Hungary, Telephone:
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# 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:** 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 | | |

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| | | | | |
|---|---|---|---|---|
| **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 | **P** | 3 | | |
| **13.** Oral antidiabetic therapy | **P** | 3 | | |
| **14.** Insulin treatment strategies | **P** | 3 | | |
| **15.** Insulin administration | **P** | 3 | | |
| **16.** Dietary restrictions in gout | **P** | 1 | | |
| **17.** Dietary restrictions in hyperlipidaemia | **P** | 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.** Profilactic antibiotic trestment | **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 periferal vein cannulation | **S-P** | 5 | | |
| **36.** Cannulation of periferal 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.** Transthoracal echocardiography | **S** | 3 | | |
| **45.** Transoesophageal echocardiography | **S** | 1 | | |

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| | | | | |
|---|---|---|---|---|
| **46.** Excercise 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.