



**SURGERY SUMMER PRACTICE EVALUATION SHEET**

**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 Surgery practical training at our Institution:**

1. Taking part in daily duties of the clinic (consultations, visits, operating schedule)
2. Learning the patient's administration
3. Learning the IT of patient's administration
4. Physical examination (inspection, palpation, percussion, auscultation)
5. Routine laboratory test (indication, diagnostic accuracy and evaluation)
6. Radiology / routine chest X-ray, contrast studies, ultrasound, and CT
7. Role of endoscopy in the diagnosis and treatment of surgical patients
8. Evaluation of the cost, risk and efficiency of the surgical patients' diagnostics
9. Basics of the wound treatment (aseptic and septic wounds)
10. Wound dressing of surgical patients
11. Work in the outpatient unit
12. Investigation of patients with acute surgical patients
13. Preparation of intramuscular and intravenous injections and dosing under supervision
14. Practice of infusion therapy
15. Peripheral vein puncture under supervision
16. Urine bladder catheterization
17. Use of the nasogastric tube
18. Removal of abdominal and thoracic drains and skin suture with supervision
19. Learning the basics of asepsis and antisepsis in the clinical practice
20. General rules in the operation theatre
21. Applying of surgical tools and suture materials
22. Learning the theory and practice of the modern antibiotic and thrombosis prophylaxis
23. Monitoring of surgical patient in the postoperative period (circulatory and ventilation parameters and its evaluation)



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

**Name of the teaching clinic/hospital IN CAPITAL LETTERS:** .....

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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: .....

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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.