STATEMENT

This form should be completed, signed and stamped by an authorised representative of an accredited health service institution located in an EU/USA Member State and providing the traineeship

I. Data of the state-recognised institute of higher education providing accreditation to the health institution of the traineeship

Name: ........................................................................................................................................
Full address: ...................................................................................................................................
Data of state accreditation document
   Number: ........................................................................................................................................
   Date: ........................................................................................................................................

II. Data of the accredited health institution providing traineeship

Name: ........................................................................................................................................
Full address: ...................................................................................................................................
Data of accreditation document issued by the relevant state:
   Number: ........................................................................................................................................
   Date: ........................................................................................................................................
Data of accreditation
   Field (surgery, etc.): ...................................................................................................................
   Length (start and expiry): ..............................................................................................................

As the authorised representative of the accredited health service institution providing traineeship, I hereby declare that the data included in this document are true and correct.
I hereby declare, that our institution is able to ensure the acquirement of the skills in Surgery defined in the list below.

Practical syllabus of the famulation
(Surgery)

Complete the tasks of a general physician of the department (in case of 6-10 patients at least), according to the assignment of the Head of the Surgery Department, under the supervision of a physician of the Department.

Recording patient’s history, physical examination of the admission status of the patient, writing medical record according to this information.

Practicing the physical examination of breasts and the rectum is very important.

Developing the plan of the examination and the treatment of the patient, in conjunction with the monitoring physician. Ordering necessary examinations (laboratory, radiological, endoscopic, consultation), with approval of the monitoring physician. Monitoring and registering of the completion of these examinations.

Defining the necessary medication and other curing, with approval of the monitoring physician.

Cognition and applying the Department’s commonly used drugs (eg. heart drugs, intestinal motor drugs, antibiotics, etc.).

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Continuously monitoring and registering of the state of the student’s patients (temperature chart, decursus, etc.), referring to the Head of Department in the visits.

Writing final report at the patient’s leave.

Practicing the technique of cupping.

Injecting (s.c., i.m., i.v.) under supervision.

Compilation of infusion and wiring of infusion under supervision.

Defining blood group, compilation of transfusion, cross-matching and biological matching, wiring transfusion, administration, under control and supervision!

Practice of the inserting of Duodenum-gavage, nasogastrical gavage.

Practice of bladder cathetering under supervision.

Practice of elastic bandageing.

Making and evaluating oversensitive tests under supervision.

Cognition and practice of applying test paper.

Applying and practicing oscillometry.

Picking stitches and chips.

Curing infected gashes, changing bandage under supervision.

Lend a helping hand in chest tapping and stomach tapping.

Participation in endoscopic and radiological examinations, if possible.

Participation in surgical consultations (in the Department and in other departments).

Participation in defining surgical indications.

Participation in operations of the Department. Assistance, especially in case of the student’s own patients. Cognition the principles of sterility, sterilization, washing, dressing, discipline of the operating room.

24 hour-on-call service once a week.


Participation in surgical preparation regarding anesthesiology.

Cognition and adaptation of surgical premedication, in case of chosen operation and urgent case.

Involvement in different types of general anesthesia (mask, combined, intracheal, intravenous narcosis).

Intubation (independent, if possible).

Cognition of the operation of the anesthetic machine. Monitoring of patient during surgery.

Ministration in vein preparation, and in insuring central vein (vena jugularis or subclavia punctio).

Practice and evaluation of measuring central vein pressure.

Sucking of excretion from pharynx and respiratory tracks.

Cognition of the specialties of the surgical intensive care.

Using patient monitoring machine.


Cognition of the clinical methods of reanimation, participation in practical adaptation.

Participation in autopsy, and in clinical pathologic meeting.

Participation in every professional meeting of the institute, and the department.

Cognition and completion of the administration of the surgical out-patients consultations.

Applying and changing cover band, pressure bandage and vapour bandage.

Treatment of infected gash.

Examination of anthrax, abscess, phlegmone, panaritium. Participation in the treatment.

Application of tetanus prophylaxis.

Participation in ambulant operations.

Ministration in intravenous narcosis, doing it under supervision.

Ministration in local anesthetization, doing it.

Participation in consultation of the revision physician.

Name: ..............................................................................

Signature: ..........................................................................

Title/position: ............................................................................................................................

Organisational unit: ..........................................................................................................................

Date: .................................................................................................................................

Institute stamp: 