



ACCEPTANCE LETTER FOR SURGERY AND TRAUMATOLOGY

|   |                                     |                                 |
|---|-------------------------------------|---------------------------------|
| <b>A.</b>   | <b>Personal data of the student</b> |                                 |
| <b>Surname:</b>   | <b>First name:</b>                  |                                 |
| <b>Email address:</b>   | <b>EHA code:</b>                    |                                 |
| <b>Mailing address:</b>   | <b>Phone number:</b>                |                                 |
| <b>B.</b>   | <b>Practice details</b>             |                                 |
| <b>Name of Hospital /Clinic and <u>Department</u>:</b>  |                                     |                                 |
| <b>Address:</b>   |                                     |                                 |
| <b>Period of practice (from/until):</b>   |                                     | <b>Hours completed totally:</b> |
| <b>Supervisor's name:</b>   |                                     | <b>Supervisor's position:</b>   |
| <b>Email:</b>   |                                     | <b>Telephone number:</b>        |
| <b>Course description: the duration of the practice is at least 5 weeks and at least 180 hours.</b><br>The 6th year students fulfill their famulature in a rotational system lasting 5 weeks touching on all profiles of the Department, including 1 week (30 hours) of Traumatology and 4 weeks (150 hours) of Surgery. Students are expected to receive new patients on admission, cooperate in the care pathways, and participate in operative activities as a second hand or observer. Participation in outpatient ambulance activities and surgical emergency service is also required.  |                                     |                                 |
| <b>General Surgical Activities</b><br><b>Administration in Patient Care:</b> completing admissions, controlling patient-files, patient-reports, patient education<br><b>Activities on the Ward:</b> Attendance on daily rounds, discussions, pre-operative consultation and work-up, post operative follow-up, assisting nursery, placing of NG tube, urinary catheter and venous cannula, postoperative pain killing, administration of antibiotics and laxatives<br><b>O.P. Activities:</b> Participation in major surgical and laparoscopic interventions as second hand, and minor surgical procedures, biopsies, incision and drainage of wounds and cyst, anoscopy, wound debridement, care of stasis ulcers, suture / staple removal, needle aspirations<br><b>Emergency in Surgery:</b> Coordination of tests and procedures, diagnosis and follow-up on test and procedure results, pre-operative instructions<br><b>Outpatient Care:</b> Dressing change, Coordination of tests and procedures, follow-up on test and procedure results<br><b>Upper GIT Surgery:</b> Pre-and postoperative care of gastrectomy patients, follow up of the cliental operated on for esophageal cancer and carcinoma of the stomach, pancreas, liver surgeries<br><b>Lower GIT Surgery :</b> Preoperative large bowel preparation, participation at large bowel resection and stoma-care<br><b>Thoracic Surgery:</b> Pre-and postoperative care of thoracic patients, assisting at thoracic surgeries<br><b>Plastic Surgery:</b> Preoperative planning of plastic surgical interventions assisting at postop patient care |                                     |                                 |
| <b>Traumatology</b><br><b>Emergency in Trauma Surgery:</b> Coordination of tests and procedures, diagnosis and follow-up on musculo-skeletal test and procedure results, pre-operative instructions<br><b>Outpatient Care:</b> Dressing change, Coordination of tests and procedures, follow-up on test and procedure results<br><b>Elective Musculoskeletal Surgery:</b> Participation in Reconstructive and Programmed O.P. care  |                                     |                                 |
| <input type="checkbox"/> <b>I acknowledge and accept that the practice will be completed according to the requirements mentioned above.</b>   |                                     |                                 |
| <b>Supervisor's signature:</b>  |                                     | <b>Date:</b> <b>Stamp:</b>      |