Blockpraktikum Augenheilkunde / Practical Training Ophthalmology

Testatheft / Training certificate

Student name: _____

Duration (from…to…) / Total hours: _____

Lerninhalte / Praktische Tätigkeiten / Untersuchungstechniken ***Key features / Practical activities / examination techniques***	**Unterschrift / *Signature***
Hornhaut / Katarakt - Einführung, Diagnostik, Therapie *Cornea / Cataract – introduction, diagnostics, and therapy*	
Hornhaut / Katarakt - Praktische Übungen, Ambulanz, Station und OP *Cornea / Cataract – practical training, outpatient clinic, ward, and operating theatre*	
Kinderaugenheilkunde, Orthoptik, Lider und Tränenwege - Einführung, Diagnostik, Therapie *Paediatric ophthalmology, orthoptics, eyelids and lacrimal system – introduction, diagnostics, and therapy*	
Kinderaugenheilkunde, Orthoptik, Lider und Tränenwege - Praktische Übungen, Sehschule, Ambulanz, Station und OP *Paediatric ophthalmology, orthoptics, eyelids and lacrimal system – practical training, vision clinic, outpatient clinic, ward, and operating theatre*	
Glaukom, Neuroophthalmologie - Diagnostik und Therapie *Glaucoma, neuro-ophthalmology – diagnostics and therapy*	
Glaukom, Neuroophthalmologie - Praktische Übungen, Ambulanz *Glaucoma, neuro-ophthalmology – practical training, outpatient clinic*	
Glaskörper, Netzhaut - Diagnostik und Therapie *Vitreous body, retina – diagnostics and therapy*	
Glaskörper, Netzhaut - Praktische Übungen, Ambulanz und Station *Vitreous body, retina – practical training, outpatient clinic and ward*	

Local grade of training (if any): _____

Type of exam (oral, practical, written): _____

_____ _____

Date Stamp & signature of responsible supervisor