

**FACULTY OF STOMATOLOGY****STOMATOLOGY STUDY PROGRAM 0911.1****CHAIR OF SURGERY Nr.5.****APPROVED**

At the Committee meeting on quality
assessment and curricular evaluation of
Stomatological Faculty

Minute No. ____ from _____

Committee president, Phd., associate
professor

Stepco Elena _____

APPROVED

at the assembly of Stomatological
Faculty

Minute No. ____ from _____

The dean of Faculty, habilitated doctor,
associate professor

Ciobanu Sergiu _____

Approved

At the meeting of the Chair of Surgery Nr.5.

Minutes No. 2 from 26.10.2017

Head of the Surgery Chair Nr.5.

habilitated doctor, professor

Alin Bour _____

SYLLABUS**DISCIPLINE – GENERAL SURGERY**

Integrated studies

Course type: **mandatory discipline**

Chișinău, 2017

**I. PRELIMINARIES**

-
- General presentation of the discipline: the place and role of the discipline in the formation of the specific competences of the vocational / specialty training program
- The General Surgery Course is an important component part of clinical education and has the main objective to study and assimilate the general notions of surgery (asepsis and antisepsis, haemorrhage and blood transfusion, local anesthesia, surgical infection, examinations of surgical patients, surgical operation). Study of the etiopathogenesis, clinical picture and principles of treatment of burning disease, hypovolemic and septic shock, aerobic and anaerobic surgical infection. It is impossible to work as a dentist without a knowledge of asepsis and antisepsis, local anesthesia, surgical infection, etc.
- **The mission of the curriculum in professional training** - The purpose of the discipline is to study asepsis and antisepsis in surgery, to study basic surgical pathological processes (surgical infection, hemorrhage and haemostasis, hemotransfusion, wound process, necrosis, gangrene, ulcers), clinical picture, diagnosis and treatment of the most common pathologies that refer to the General Surgery discipline.
Language (s) of the course: Romanian, Russian, English.
- **Beneficiaries:** 3rd year students, Faculty of Stomatology.

II. DISCIPLINE ADMINISTRATION

Discipline code		S.05.O.059	
Discipline name		General Surgery	
Responsible for discipline		Alin Bour - habilitated doctor, professor	
Year	III	Semester	V
Total number of hours, including:			60
Lectures	17	Practical work	17
seminars	17	Individual work	9
Evaluation form	DC	Number of credits	2

III. THE TRAINING OBJECTIVES OF THE DISCIPLINE

- At the level of knowledge and understanding.



- To know the definition of General Surgery, objectives and tasks.
- To know the anatomical and topographical peculiarities of General Surgery area;
- To know the principles of asepsis and antisepsis and methods of their application;
- To know the etiology and pathogenesis of the wound healing, surgical infection, bleeding, shock.
- To know the compensatory reactions of the body in haemorrhages, temporary and definitive methods of haemostasis;
- To know the basic principles of hemotransfusion; determination of blood groups and Rh factor; blood components, blood substitutes; indications and contraindications for haemotransfusion; complications in haemotransfusion and their prophylaxis;
- To know, definition, classification, and general principle of local anesthesia.
- To know the steps and peculiarities of patients' clinical examination;
- To understand the correlation between etiology, pathogenesis and clinical pictures of the concrete general surgical illness.
- To know the semiology of localized inflammatory processes of soft tissues and generalized infection.
- To know the main principle of the treatment of the burns and burns disease.
- To know the essence of the preoperative and postoperative period, the types of surgical interventions.
- At the level of application
- To be able to collect patient data and anamnesis (subjective examination);
- To be able to fill the patient's medical chart;
- To be able to establish emergency general surgical disease diagnosis.
- To distinguish the problems that appear during communication process and be able to solve them;
- To be able to do a clinical examination of patient (objective);
- To be able to determine the methods of paraclinical examination required in each case individually;
- To be able to describe the methods and steps of asepsis and antisepsis;
- To be able to do the primary surgical treatment of the wound and the suturing of it of the wound.
- To be able to perform local anesthesia methods.
- To be able to identify blood groups and the Rh factor
- To be able to use the methods of temporary and definitive hemostasis.
- To be able to prepare the patient, surgeon and surgical field for intervention;
- To be able to describe the doctor and assistant behavior during surgical procedure.
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- At the level of integration
- To assess the level of surgical assistance;
- To appreciate the type of data collection depending on patient (dialog, questionnaire, mixed);
- To appreciate the patient's satisfaction degree according to different criteria;
- To assign the necessary instruments depending on their aim;
- To act in compliance with medical ethics and deontology;



- To appreciate the patient's problem with determination of required paraclinical examination necessary for diagnosis;
- To appreciate the importance of General Surgery in Medicine.
- To find the interconnection between General Surgery and another basic medical sciences.
- To be able for implementation and integration of the knowledge from General Surgery in dentist practice.
- To be ready for real evaluations and autoevaluations of the knowledge in this area of activity.

IV. PRECONDITIONS AND EXIGENCIES

- Student of the 3 Year of Study needs the following:
- To have good knowledge of the language of instruction;
- To be able to confirm competences in lyceum sciences (biology, chemistry, physics);
- To have digital competences (use of the Internet, document processing, electronic tables and presentations, use of graphics programs);
- To have the ability to communicate and team work;
- qualities - tolerance, compassion, autonomy.
- General surgery is a part of medicine, which is studied by students, after acquiring knowledge from theoretical medical objects: normal anatomy, normal physiology, pharmacology, anatomy and pathological physiology. In turn, knowledge acquired in general surgery will enable future dentists to have a broader and more flexible vision in the treatment of dental pathologies. It is impossible to work as a dentist without knowledge of asepsis and antisepsis laws, without initiation in local anesthesia, stopping hemorrhage, timely detection and treatment of surgical infections, etc. Do not know the basic elements of surgery and surgical rules by the doctor could have serious consequences for the patient, family, society.

V. THEMES AND ORIENTATIVE DISTRIBUTION OF HOURS

Nr. d/o	THEME	Number of hours			
		Courses	seminars	Individual work	Practical work
1.	Ethics and medical deontology. Organization of the surgical service.	0	1	0	1
2.	Asepsis.	1	1	0	1
3.	Antisepsis.	1	1	1	1
4.	Operation. Definition, classification. Patient preparing for surgical treatment. Early and late postoperative	0	1	1	1



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	complications.				
5.	Burns and frostbites, classification, ethiopathogenesis, clinical manifestation, complications and treatment.	0	1	1	1
6.	Necrosis, gangrene, a fistula, un ulcere.	0	1	1	1
7.	Hemorrhage. Definition. Etiology, classification, clinical pictures in external hemorrhage, hemoperitoneum, hemotorax, hemopericardium, gastrointestinal bleeding. Responding reaction of organism to hemorrhage. Hipovolemic shoc. Complications and dangerous of hemorrhage. Hemostasis. Classification. Spontaneous, temporary and definitive hemostasis.	2	1	1	1
8.	The blood groups, blood grup history. Agglutinin and agglutinen. Determination of blood groups and rezus factor. Errors in blood groups determination (pan agglutination and pseudo agglutination).	1	1	1	1
9.	Blood transfusion. Types of hemotransfusion (what we transfuse). Methods of hemotransfusion (direct , indirect). Techniques of hemotransfusion. Complications of blood transfusions, (mecanic, reactive, infection, alergic) Massive blood transfusions.	1	1	1	1
10.	Local anesthesia. Methods of local anesthesia. Local anesthetic drugs. Indications. Contraindications. Advantages and disadvantages.	2	1	1	1
11.	Wounds: definition, classification. Semiology of wounds: local and general symptoms. Early and late complications of wounds, first aid, primary surgical treatment.	2	1	1	1
12	Surgical infection. Ethiofathogenesis. Classification. Local and general sign of the inflammatory proceses. Principle of local and general treatment in surgical non - specific infection. Antibiotherapy in surgical infection. Principles. Ways of	1	1	0	1



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	administration. Complications of antibiotherapy: prophylaxis, treatment. Furuncle, carbuncle, abscess, limphadenitis, hidradenitis, erysipelas, phlegmon, mastitis. Ethio-pathogenesis, clinical manifestation, complications and treatment				
13.	Panaris, hand phlegmon. Ethio-pathogenesis, clinical manifestation, complications and treatment.	2	1	0	1
14.	Generalized infection. Sepsis: definition, classification, clinical manifestations, diagnosis, complications and treatment.	2	1	0	1
15.	Anaerobic infections. Clostridian and non - clostridian, ethio-pathogenesis, clinical manifestation, diagnosis and treatment.	1	1	0	1
16.	Osteomyelitis. Definition. Acute hematogenic osteomyelitis: classification, ethio-pathogenesis, clinical manifestation, complications and treatment.	1	1	0	1
17	The trauma – general meaning The trauma of the skeleton, head, chest and abdomen.	0	1	0	1
Total hours		17	17	9	17

VI. REFERENCE OBJECTIVES AND CONTENTS UNITS

REFERENT OBJECTIVES	CONTENTS UNITS
Chapter 1. Asepsis and antisepsis	



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REFERENT OBJECTIVES

- To be define the basic concepts of asepsis and antisepsis
- To know the methods of sterilization
- To know the methods of sterilization quality control.
- To demonstrate ability to analyze asepsis and antisepsis in the surgery room.
- To apply the knowledge gained in the general surgery clinic and dental clinics. To integrate knowledge about asepsis and antisepsis in dentistry.

CONTENTS UNITS

Antiseptic: definition, classification. History of antisepsis: empirical period, J.Lister's antisepsis, modern surgical antisepsis.

Fundamental concepts of asepsis and antisepsis

Methods of instruments sterilization

Methods of sterilization quality control.

Rules of asepsis, antiseptic measures and practical recommendations.

Physical antisepsis: definition, main methods. Mechanism of antiseptic action of hygroscopic dressing material (gauze) and hypertonic solution. Drainage systems in surgery: passive, active and continuous lavage. Additional methods of physical antisepsis: drying, liquid jetting, ultrasound, high energy laser, ultraviolet rays.

Chemical antiseptic: notion, characteristic. Chemical groups of antiseptic solutions: haloids, heavy metal salts, alcohols, aldehydes, phenols, acids, bases, oxidants, detergents, nitrofurans derivatives, 8-oxichinolone derivatives, quinoxaline derivatives, nitromidazole derivatives, sulfanilamides. Antiseptics of vegetable origin. The notion of antiseptics and disinfectants.

Biological antiseptic: notion, characteristic. Biological direct-acting antiseptics (antibiotics, proteolytic ferments, bacteriophages, curative serum) and indirect (immunostimulators, vaccines, anatoxins, non-specific resistance stimulating methods). Antibiotics: notion, groups. Complications of antibiotics. Principles of rational antibiotherapy.

Chapter 2. Haemorrhage

To define the notion of hemorrhage, haemorrhagic shock, intravascular coagulation syndrome

To know the compensatory reactions of the body and the pathological changes in hemorrhages, the semiology of internal and external haemorrhages, the methods of provisional and defensive hemostasis

To apply temporary and definitive hemostasis methods in professional activity and everyday life.

Hemorrhage: notion, clinical importance. Classification of bleeding (anatomical, depending on the production mechanism, by the blood flow, by the time of occurrence, by the evolution-intensity, by the severity of the blood loss). Definition of massive hemorrhage. Physiological mechanisms in case of hemorrhage: increased venous tone, tachycardia, "centralization of hemodynamics", hyperventilation, hemodilution, renal mechanism with oliguria, mobilization of erythrocytes from the body reserves. Pathological mechanisms of hemorrhage



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REFERENT OBJECTIVES

CONTENTS UNITS

decompensation: myocardial ischemia, sympathetic systolic decubitus, hemodynamic decentralization, cerebral ischemia, severe metabolic disorders and gas exchange, systemic inflammatory response syndrome,.

Conservative treatment of massive bleeding. Surgical haemostasis. Methods of temporary surgical haemostasis. Principles of application of the hemostatic garment. Methods of definitive surgical hemostasis: mechanical, physical, chemical, biological. Discussion of case studies in hemorrhages. Practical applications of hemostatic methods in medicine.

Chapter 3. Determination of blood groups ,hemotransfusion

To define the blood groups and the basic concepts of hemotransfusion, methods, procedures and types of hemotransfusion
To know the indications and contraindications to hemotransfusion, post-transfusion reactions and patient resuscitation measures.
To be demonstrated analytic capacities for blood transfusion indications, methods of blood types determination, blood samples used in haematransfusion.
to apply the practical determination of the blood groups and the Rh factor.
to integrate knowledge about blood groups into everyday life

Definitions of hemotransfusion. History of blood groups, Rh factor and hemotransfusion. General blood cell antigens: cellular (erythrocytes, leucocytes, platelets), plasma. The role of blood antigens in medical practice. Hemagglutination: notion, types of agglutination, use of agglutination in haematransfusions. The Ottenberg rule. Determination of blood group with standard serum and monoclonal antibodies. Possible errors in blood groups determination. Rh factor and its role in hemotransfusion. Determination of Rh factor .

The direct and indirect methods of blood transfusion, autologous blood transfusion (autohemotransfusion, reinfusion). Discussion of case studies in post-transfusion complications. Determination of blood groups and resus factor - practical guide.

Chapter 4. Operation. Definition, classification of operations. Preparation for surgery, postoperative period - early and late complications.

To know the notion of surgery, the meaning of preoperative and postoperative periods, the types of surgical operations
To be demonstrate skills for surgical operation indications (vital, absolute, relative), and contraindications for

Surgery: definition. Classification of operations according with urgency purpose, with number of surgical steps to treat a pathology (unimomentan, multiple times, repeated), with operation volume (simultaneous, combined), by degree of infection. Particularities of laparoscopic and endoscopic operations. Stages of surgery: access, surgical maneuver, surgery finishing.



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REFERENT OBJECTIVES

CONTENTS UNITS

surgery.

To apply the knowledge about surgical operation and preoperative conclusion in professional activity.

To integrate knowledge about surgery, indications and contraindications to surgery in dentistry

Possible intraoperative complications. The notion of iatrogenic lesion. Indications and contraindications to surgery. Types of Surgery - Discussion of case studies. Discussion of case studies - postoperative complications. Scheme of preoperative conclusion.

Chapter 5. Surgical infection. Boils, carbuncles, abscess, hidradenitis, erysipelas, phlegmon, mastitis. Panaris, the flegmon of the wrist. Nursing in necrosis, gangrene, fistula, ulcers.

Obiective

Unitati de continut

To know the etiopathogenesis, classification, general and local signs of the inflammatory process in general and various local infectious processes requiring surgical treatment.

To demonstrate the capabilities of analyzing of various particular forms of surgical infection

To be able to apply surgical care in the treatment of patients with local surgical infections.

To be integrated optimal decisions to optimize surgery in patients with various types of local surgical infections.

The notion of surgical infection. Etiological, clinical and topical classification of surgical infection. Semiology of surgical infection: local and general symptom. Semiology of acute purulent processes of the skin and adipose tissue. Boil, carbuncle, abscess, phlegmon, erysipelas, mastitis, perirectitis, lymphangitis, lymphadenitis: definition, semiology, treatment. Semiology of acute purulent processes of the finger and hand. Semiology of ulcers, necroses, gangrene and ulcers. Principles of treatment of local surgical infection, necroses, gangrene, fistulas, ulcers. Discussion of case studies and local treatment in various particular forms of surgical infection. Practical applications of local treatment methods of local surgical infections. Nursing in local surgical infections - debridement, dressings, antimicrobial therapy.

Chapter 6. Trauma (wounds, burns)

Obiective

Unitati de continut

To know the notion of wound, burns, burn

The pathophysiological concepts of the wound healing



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REFERENT OBJECTIVES	CONTENTS UNITS
<p>shock, burn disease.</p> <p>To be demonstrated correct diagnostic capabilities of depth and extent of burns and burn disease phases.</p> <p>To be able to give first aid in wounds, thermal, chemical burns.</p> <p>To integrate knowledge about the wound process, and the principles of its treatment in dentistry</p>	<p>process, burn disease, fractures.</p> <p>Definition of wound. Local symptoms of wound: pain, dehiscence of the edges, haemorrhage. Classification of wounds. Types of wound regeneration: Primary, secondary, and under crust. Complications of wounds and regeneration process.</p> <p>Fractures: definition, classification. Semiology of bone fractures. Probable and true fractures symptoms. Radiological signs of fractures. First medical help in case of fractures. Types of immobilization. General principles of treatment.</p> <p>Dislocations: definition, classification. Semiology of limb trauma. Radiological signs of dislocations. First aid and general principles of treatment of dislocations.</p> <p>The burns. Methods for determining of burns surface. Burns disease.</p>
Chapter 7. Local anesthesia.	
<p>To know local methods of anesthesia, indications, contraindications, advantages and disadvantages. Characteristics of the main local anesthetic drugs.</p> <p>To be demonstrated the capabilities of selecting the local anesthetic method according to the patient's needs.</p> <p>To be apply the methods of local anesthesia in medical practice.</p> <p>To be integrated knowledge about local anesthesia into dental practice.</p>	<p>Local anesthesia. Indications. Contraindications. Advantages and disadvantages.</p> <p>Methods of local anesthesia. Classification. Description.</p> <p>Technical procedures of local anesthetic methods.</p> <p>Practical applications of local anesthetic methods in dental practice.</p>
Chapter 8. Sepsis and anaerobic infection.	
<p>To define the notion of sepsis and SRIS</p> <ul style="list-style-type: none"> • To know the classification of sepsis and SRIS. • Demonstration of homeostasis disorders in 	<p>Definition of sepsis, bacteremia, septicemia, septicopyemia. Systemic Inflammatory Response Syndrome (SIRS). Incidence and mortality in sepsis. The pathophysiology of surgical sepsis. Cytokines and their role in the pathogenesis of sepsis. Classification of</p>

**REFERENT OBJECTIVES****CONTENTS UNITS**

the case of sepsis and SRIS.

- Apply methods for assessing the diagnosis of sepsis and SRIS.
- To integrate knowledge from pathological physiology to be explaining the state of sepsis.

sepsis. Clinical manifestations of sepsis. Diagnosis of sepsis: detection of the primary outbreak of infection, haemoculture, laboratory data. Local and general treatment of surgical sepsis. Principles of antimicrobial therapy for sepsis.

Clostridial anaerobic infection of soft tissues (gangrene): characteristic of the bacterial agent, conditions for the development of infection. Classification. Pathophysiology, clinical manifestations, diagnosis and treatment of clostridial anaerobic infection of soft tissues (gangrene). Particularities of surgical treatment of clostridial anaerobic infection of soft tissues.

- **VII. PROFESSIONAL (SPECIFIC (SC)) AND TRANSVERSAL (TC) COMPETENCES AND STUDY OUTCOMES**

- **SC1.** Strong knowledge, understanding and operation with theoretical knowledge and basic practical methods of General Surgery.
- **SC2.** Knowledge and simulation of the clinical and paraclinical examination of patients with General Surgery pathologies; Evaluation of paraclinical examination data. Knowing and simulating the surgeon's preparation for surgery. Knowledge and description of patient preparation for surgery.
- **SC3.** Developing a diagnostic and treatment plan for pathologies that are relevant to General Surgery and selecting appropriate surgical procedures for them, including emergency surgical care in hemorrhages, burns, wounds, gangrene, in various surgical infections.
- **SC4.** Use of medical techniques, instrumental and laboratory investigations, digital technologies for solving patient-specific tasks in various pathologies that refer to General Surgery.
- **SC5.** Planning, co-ordinating and conducting health promotion activities and prophylactic measures to improve individual and community health.
- **SC6.** Demonstration and application of acquired knowledge in the clinical and paraclinical assessment of the patient. Selection and argumentation of communication techniques, data collection and patient preparation for surgery. Promoting the principles of tolerance and compassion towards patients.
- **Transverse competencies (skills) (TC)**
- **TC1:** Applying professional standards of assessment, acting according to professional ethics, as well as the provisions of the legislation. Promoting logical reasoning, practical applicability, assessment and self-assessment in decision-making.



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- **TC2:** Performing activities and exercising the roles specific to teamwork in the surgery section. Promoting the spirit of initiative, dialogue, cooperation, positive attitude and respect for others, empathy, altruism and continuous improvement of their own activity.
- **TC3:** Systematically assessing of personal skills, of the role and expectations, applying self-assessments for learned processes, acquired skills and professionalism needs, effective use of language skills, knowledge in informational technologies, research and communication skills, in order to provide qualified services and adaptation to the dynamics of health policy requirements and personal and professional development.
- **Study finalizations**
- **UPON COMPLETION OF THE COURSE THE STUDENT WILL BE ABLE TO:**
 - To know: the components of a successful surgical act;
 - To know the qualities and the optimal behavior for the successful practice of medicine.
 - To identify the main types of mistakes most commonly encountered during the establishment and conduct of the physician and patient relationship (RIP - Dr. - Pt);
 - To formulate optimal decisions in helping patients in critical situations: haemorrhages, hypovolemic shock, first aid in thermal and chemical burns , electric shock. (including terminal state.)
 - To be apply local haemostasis methods, perform wound healing, apply first aid in wounds, perform simple methods of regional anesthesia.
- **VIII. STUDENT'S SELF-TRAINING**

Nr.	The expected product	Implementation strategies	Assessment criterias	Implementation terms
1.	Working with informational sources	<p>Reading the lecture or the material in the manual on the subject.</p> <p>Reflecting on the topic in the questions.</p> <p>Knowing and selecting additional information sources on the topic.</p> <p>Reading the text carefully and describe the essential content.</p> <p>Wording of generalizations and conclusions regarding the</p>	<p>The ability to extract the essentials.</p> <p>Interpretative skills. The ability to analyze and communicate the material accumulated on its own.</p>	During the semester



		importance of the theme / subject		
2.	Reference	Analysis of relevant sources on the topic of the paper. Analysis, systematization and synthesis of information on the proposed theme. Compilation of the report in accordance with the requirements in force and presentation to the chair.	1. The quality of systematization and analysis of the informational material obtained through its own activity. 2. Concordance of information with the proposed theme	During the semester
3.	Solving case problems	Choice and description of the case study Analysis of the causes of the issues raised in the case study. Prognosis of the case investigated. Deduction of the expected outcome of the case.	Analysis, synthesis, generalization of data obtained through own investigation. Formation of an algorithm of knowledge based on the obtained conclusions.	During the semester

IX. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

In the teaching process of the discipline "General Surgery" different teaching methods are used, oriented towards the efficient acquisition and achievement of the objectives of the didactic process. The course provides lectures, seminars, practical works and individual work. Courses are held in the fifth semester by the course owner (titular). The following forms of training are used in the practical work: frontal, individual activity, brainstorming sessions, group discussions, case studies in community pharmacies, case study. As a teaching aid, the specialized manuals are available in the university library, the methodological recommendations of the department's staff, tables, schemes, information sources in electronic format, national and international professional websites, etc. are available.

Recommended *learning* methods are: *learning* theoretical material after lecture and manual; *observation* - identifying the characteristic features of doctor-patient communication; *analysis* - in the use of clinical and paraclinical examination methods of patients, as well as methods and stages of prevention, asepsis and antisepsis; *comparison* - analysis by comparison of the methods of collecting



the anamnesis, of the paraclinical examination methods according to their advantages and disadvantages; *elaboration of the algorithm* - selection of the mandatory elements and elaboration of the patient consultation algorithm; *modeling* - identifying and selecting the elements necessary for modeling the situations when consulting patients, formulating the conclusions, argumentation and making the final decision.

✓ ***Applied teaching strategies / technologies (specific to the discipline)***

Face-to-face, individual, brainstorming, group discussion, clinical case analysis, teambuilding, clinical exam simulation, mini-research, comparative analysis.

✓ ***Methods of assessment (including the method of final mark calculation)***

- ✓ **Current:** Current checks during seminars and practical lessons, 3 totals orally or in writing. For the individual work done during the semester, the student is evaluated, the grade being included in totals. At the end of the semester, based on the grades from the totals, the average annual score is calculated.

Final: Colloquium

Oral test is effectuated by providing each student with an examination card, which contains three theoretical questions. The student has 30 minutes to prepare for the answer. Oral test is marked from 0 to 10.

The final grade will consist of the average mark of 3 totals (share 0.5), plus the average mark at the colloquium (share 0.5).

How to round up the grades at the evaluation

Intermediate note grid (annual average, grades from the exam stages)	National scoring system	Equivalent ECTS
1,00-3,00	2	F
3,01-4,99	4	FX
5,00	5	E
5,01-5,50	5,5	
5,51-6,0	6	
6,01-6,50	6,5	D
6,51-7,00	7	
7,01-7,50	7,5	C
7,51-8,00	8	

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8,01-8,50	8,5	B
8,51-9,00	9	
9,01-9,50	9,5	A
9,51-10,0	10	

The average annual mark and the scores of all the final examination (oral) - all will be expressed in numbers according to the scoring scale (according to the table), and the final grade obtained will be expressed in two decimal digits will be transferred to the notes book. Failure to attend the examination without good reason is recorded as "absent" and is equivalent to 0 (zero). The student is entitled to 2 repeated claims of the unsuccessful exam.

X . RECOMMENDED LITERATURE:**A. Compulsory:**

1. V.K.Gostishcev General surgery. Moscow „Geotar _ Media,, 2007. Pages:7- 38, 46-160, 196-204.
2. The course of lectures of Surgery Chair Nr.5.

B. Additional:

- 1.Schwartz's Principles of Surgery, Ninth Edition by F. Brunicaudi, Dana Andersen, Timothy Billiar and David Dunn (Sep 11, 2009)