Task performance Algorithm for the student.

№ п/п	Actions sequence	Control criteria of correct performance
1	A physician must put on a mask, wash the hands with soap and dry them.	
2	One should wear rubber gloves, sponge hands in latex gloves with an antiseptic solution.	
3	To choose instruments and materials for the initial surgical debridement (a puncture, a contusion or a bite wounds).	Surgical forceps, "Mosquito" –like clamp, scalpel, scissors, needle holder, self-retaining retractor, and rubber drain tube for a puncture and a bite wounds, suture material, antiseptic solution, abluent solution, gauze wipes and pads, adhesive plaster.
4	A physician is from the right site of the simulation phantom.	Correct allocation of the physician relatively to the simulation phantom.
5	To paint the skin around the wound with an abluent solution making movements from peripheral the wound to inside (a bite wounds). To paint the skin around the wound with an antiseptic solution making movements from the wound outside.	No contamination, foreign particles, blood clots,etc inside the injured area.
6	Puncture wound turn into incised one. The incision line is parallel to physiological skin lines.	Incision line is 3cm
7	Divide the wound edges with the self-retaining retractor. To arrest residual bleeding with vessel fixation using "Mosquito"-like clamp and apply a bandage –a suture is put across around the vessel, to bind it up and cut close to the knot.	No bleeding from the wound.
8	To make a check up of the wound using the self-retaining retractor for opening the edges of the wound and "mosquito"-like clamp.Remove blood clots, foreign materials, free small fragments of soft tissues. Remove the self-retaining retractor.	Absence of foreign bodies and visualization of the wound seen at complete depth.
9	To perform wound closure in layers, starting from the depth. By means of a needle holder squeeze in a needle with suture and make a prick in and out at the same distance from the edge and the depth of the wound perpendicularly to the wound line. Deep layers –muscles, fascia, subcutaneous cellular tissue are closed with a dissolving material (vicryl), suture is cut down to the base of the knot.	Wound edges closing, with tissues not holding tight, wound edges are adapted.Stitches are at 0,5 cm distance from each other, the suture is cut down above the base of the knot.
10	To make drainage of the puncture and the bite wounds with a rubber drain tube which is introduced into the wound by "mosquito"-like clamp, an outer tip is hold with forceps.	A drainage tube is inserted into the whole depth of the wound; the tip of 1 cm long is on the surface.
11	To apply stitches onto the skin using polyimide suture. A needle holder presses the needle with suture; make a prick in and out at the equal distance from the wound edge and the same depth	Wound edges closing, with tissues not holding tight, wound edges are adapted.Stitches are at

	perpendicularly to the wound line. The knots are located from one site from the stitches line; sutures are cut down leaving 0, 5 cm from the knot.	0,5 cm distance from each other. The knots are located on one site from the stitches line, sutures are cut down leaving0,5 cm from the knot.
12	To paint the stitches line with an antiseptic solution.	
13	To apply an aseptic dressing and fix it with adhesive plaster.	Properly fixed dressing.
14	A physician follows the stages of the initial surgical debridement performing.	Correct sequence of performing stages has been followed.