**CERTIFICATE**

OF PRACTICE PLACEMENT IN

**SURGERY**

AS PART OF THE TRAINING IN YEAR 4

**STUDENT DETAILS**: .....................................................................................................

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

Place and date of birth: ...............................................................................................

**DETAILS OF THE INSTITUTION (HOSPITAL/CLINIC)**

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

Full address: ................................................................................................................

**Duration of practice:** from: .................................. to: ...............................................

As the authorised representative of the above named institute providing the practice placement, I hereby declare that the above named student has attained the skills defined in the list below during his/her traineeship in Surgery.

**Syllabus for the practice placement in**

**Surgery – 1 month, 168 hours**

*Recommended practical activities:*

*- Examination of acute surgical patient*

*- Examination of elective surgical patient*

*- Wound care*

*- Participation in the work of the surgical outpatient clinic*

*- Surgery assistance*

*- Surgery administration*

*- Postoperative care, medication*

**Practice evaluation (practical grade):**

Fail (1)

Pass (2)

Fair (3)

Good (4)

Excellent (5)

Please underline the appropriate grade.

Name: Signature:

Title/position:

Organisational unit:

Date:

Institute stamp: