**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 **Course Requirements** during his/her traineeship in Surgery.

Syllabus for the practice placement in

Surgery – 1 month, 168 hours

Recommended practical activities include:

* examining acute and elective surgical patients
* wound dressing
* participating in surgical outpatient clinics
* assisting in surgeries as second assistant
* surgical administration and
* postoperative care and medication

Name: Signature:

Title/position:

Organisational unit:

Date:

Institute stamp: