**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 **attached 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: