



LETTER OF ACCEPTANCE

2 weeks/60 hrs of urology practice

Name of the student:

Period of practice:

Number of weeks:

Name of the hospital/clinic:

Address of the hospital/clinic:

Medical school/university the hospital is affiliated with:

.....

Contact person :

Phone number:

E-mail address:

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:

Signature:

Stamp



UROLOGY PRACTICE

TASKS

- 1. Participate in the process of outpatient patient care**
- 2. Perform ultrasound examinations**
- 3. Perform physical examinations**
- 4. Participate in morning rounds**
- 5. Assist in departmental medical tasks**
- 6. Master catheterization and bandaging**
- 7. Perform bladder function tests, learn about urodynamic devices**
- 8. Learn about stoma treatment**
- 9. Participate in the surgical program as assistants**
- 10. Learn about all the details of the clinic's operation during departmental discussions**