

# LETTER OF ACCEPTANCE

4 weeks/120 hrs of obstetrics and gynaecology 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

## **OBSTETRICS AND GYNAECOLOGY PRACTICE**

### **General program:**

#### **OBSTETRICS**

1. Anamnestic history taking
2. Physical, bimanual (abdominal, pelvic and vaginal examinations)
3. Active attendance of vaginal (physiological, vacuum and forceps) delivery
4. Assisting in Caesarian sections
5. Basic ultrasonographic examinations (FHR, CRL, BPD)
6. Evaluation of cardiotocographic findings
7. Management of the newborn
8. Participation in on call duty

#### **GYNAECOLOGY**

1. Anamnestic history taking
2. Vaginal bimanual examination
3. Cervical screening, colposcopy
4. Assisting in vaginal and abdominal operations