



OBSTETRICS AND GYNAECOLOGY PRACTICE EVALUATION SHEET
(4 weeks/120 hours) 6th year

The basic principle: practice relating to all work involved in the ward of a Obstetrics and Gynaecology department in connection with the patients

This is to certify that Ms./Mr.....
(Neptun code.....) completed the following tasks within an Obstetrics and Gynaecology practice internship at our institution:

<u>General program:</u>	<i>Stamp and Signature of Supervisor*</i>
OBSTETRICS	
1. Anamnestic history taking	
2. Physical, bimanual (abdominal, pelvic and vaginal examinations)	
3. Active attendance of vaginal delivery	
4. Assisting in cesarian sections	
5. Basic ultrasonographic examinations (FHR, CRL, BPD)	
6. Evaluation of cardiotocographic findings	
7. Management of the newborn	
GYNAECOLOGY	
1. Anamnestic history taking	
2. Vaginal binamual examination	
3. Cervical screening, colposcopy	
4. Assisting in vaginal and abdominal operations	

* completion certified by stamp and signature of supervisor

Period of practice: from.....to.....

Number of hours completed:

Name and address of the clinic/hospital:.....

Department:.....

Medical school/university the hospital is affiliated with:.....

Name of the supervisor:.....

Evaluation of the student:.....

Date:.....

Stamp

Signature

