



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 Cesarian 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 binamual examination
3. Cervical screening, colposcopy
4. Assisting in vaginal and abdominal operations