



Faculty of Medicine

PSYCHIATRY PRACTICE EVALUATION SHEET
(4 weeks) 6th year

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

This is to certify that Ms./Mr.....
(born on.....in (city/country).....)
completed the following tasks within Psychiatry practice at our Institution:

<u>General program:</u>	<i>Stamp and Signature of Supervisor*</i>
1. Taking patients' physical, neurological, and psychiatric history (together with the supervisor psychiatrist)	
2. First interview with a patient (together with the supervisor psychiatrist)	
3. Physical examination	
4. Neurological examination	
5. Mental status writing	
6. Interview with the relatives of the patients (together with the supervisor psychiatrist)	
7. Participation on physicians' rounds	
8. Active participation in case discussions	
9. Observation and evaluation of changes in the patients' physical and mental conditions	
10. Observation and interpretation of basic brain imaging (CT, MRI, SPECT)	
11. Interpretation of laboratory results with specific psychiatric relevance (thyroid functions, lithium levels, white blood cell count, etc.)	
12. Interpretation of ECG with special relevance to psychopharmacotherapy	
13. Administration of basic psychopathology screening tests: Mini-Mental State Examination, Clock Drawing Test, Hamilton Depression Scale, Hamilton Anxiety Scale, Brief Psychiatric Rating Scale	
14. Clinical (bedside) basic aspects of psychopharmacology (indications, side effects, limitations)	

* completion certified by stamp and signature of supervisor

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

Number of hours completed:

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

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Department:.....

Accreditations of the hospital/clinic if any:.....

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Name of the supervisor (in block capitals):.....

Evaluation of the student:.....

.....

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Date:.....

Stamp

Signature

