

LETTER OF ACCEPTANCE

4 weeks/120 hrs of neurology 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

NEUROLOGY PRACTICE

General program:

1. Case history preparation (four cases).
2. Physical examination, signs and symptoms of most common neurological diseases (stroke, multiple sclerosis, epilepsy, headache, Parkinson's disease and other movement disorders, polyneuropathy, neuropathic pain, Guillain-Barre disease, intracranial tumor, myasthenia gravis, polymyositis, amyotrophic lateralsclerosis, encephalitis, myelitis-myelopathy).
3. Routine laboratory tests (indications, diagnostic accuracy and value).
4. Radiology (skull, spine radiograph, indication for CT, MRI, DSA, SPECT and PET in neurological patients, costs, risk and benefit of imaging techniques).
5. Electrophysiology (indication and evaluation for routine EEG, EMG, ENG, SSEP, MEP)
6. Work in the outpatient clinic, investigation of patients presenting with stroke, multiple sclerosis, headache, Parkinson's disease, epilepsy, peripheral neuropathy, neuropathic pain.
7. Administration of intramuscular and intravenous injection (under supervision).
8. Catheterization of the urine bladder (under supervision).
9. Administration of paravertebral injection (under supervision).
10. Management of lumbar puncture (under supervision).
11. Evaluation for cerebrospinal fluid (multiple sclerosis, encephalitis, meningitis).
12. Taking part in night shift (under supervision).
13. Neurological emergencies (acute patient care at emergency ward)