NEUROLOGY PRACTICE EVALUATION SHEET
(4 weeks/120 hours) 6th year

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

This is to certify that Ms./Mr.…….. (Neptun code: ……..) completed the following tasks within Neurology practice at our institution:

General program	*Stamp and Signature of Supervisor**
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 (acut patient care at emergency ward)	

* *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 (in block capitals):…….

Evaluation of the student:…….....

……...

……...

Date:…….. Stamp Signature ……