



LETTER OF ACCEPTANCE

4 weeks/120 hrs of psychiatry 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



PSYCHIATRY PRACTICE

General program:

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)