

CERTIFICATE

OF 4-WEEKS OBLIGATORY INTERNSHIP
IN PSYCHIATRY
AS PART OF THE STUDENT'S SIXTH YEAR'S CURRICULUM

Name:

Date and place of birth:

The above student of the SEMMELWEIS University, Budapest has duly performed the obligatory 4-week internship in the hospital/clinic under my supervision, according to the requirements defined below by the Department of Psychiatry and Psychotherapy.

Information on PSYCHIATRY for 6th year English students

1. The 6th year includes a **4-week-long rotation** in Psychiatry in a hospital or clinic which is accredited for teaching by Semmelweis University.
2. If you want to complete your rotation abroad, then before you start it, you must present at our department an officially stamped **Letter of Acceptance** issued by the teaching hospital abroad where you intend to spend your rotation.
3. The Psychiatry rotation must consist of 8 hours on 20 (4x5) workdays at psychiatric wards. Students participate in the everyday work of the wards, in patients' admission, in ward rounds and in therapeutic decisions. One all-night-duty is part of the rotation period.
4. Writing a case report during rotation period is a task for every student. A **Guide for the Case Report** is available on the website of our department <http://www.psych.sote.hu>. Case reports should not include patients' personal data (name, birth date, insurance number, etc). **Only those practice places are acceptable where the release of the case report is not forbidden by law.**
5. **Students are eligible to sit the final exam in Psychiatry if they are able to submit to the examiner the following documents:**
 - a) this signed **Certificate** of the practice <http://www.psych.sote.hu>
 - b) the case report signed by your tutor
 - c) the mark for the case report
 - d) the completed and signed **Register of Observed Psychiatric Conditions** <http://www.psych.sote.hu>**Without these documents students are not allowed to take their final exam in Psychiatry.**
6. Final exams are after the last week of the 4-week-long official rotation.
Sign up for the exams: through the NEPTUN SYSTEM.

Duration of practice: from: **to:**

Signature for the night duty: **Date of the night duty:**

Mark for the case report:

Evaluation of the practice: excellent / satisfactory / unsatisfactory

Comments on the student's performance noting strengths and weaknesses:

.....
.....

Date and place:

Stamp

.....
Name of Hospital/Clinic

.....
Tutor's signature

.....
**Signature of the Professor in charge/
Head of Department**

Name in capital letters

Name in capital letters

Name in capital letters