

MASARYKOVA UNIVERZITA V BRNĚ

Lékařská fakulta/Medical School

I. neurologická klinika, Fakultní nemocnice u sv. Anny v Brně

Attendance list - Neurology – General Medicine (VL-A)

Surname and given name:

Identification number (UČO):

E-mail or phone number: _____

WEEK 1

<p>1. Propedeutics in neurology Date and teacher's signature: Diagnosis in neurology. History in neurology. Reflexes. Lower and upper motor neuron lesion. Cranial nerves examination. Bedside examination of cognitive functions.</p>	
<p>2. Propedeutics in neurology Date and teacher's signature: Cerebellar examination. Examination and phenomenology in movement disorders Examination of somatosensory system. Meningeal signs. Examination of spinal column. Examination of comatous patient.</p>	
<p>3. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule. Doctor's stamp:</p>	<p>Workshop Date and teacher signature:</p>
<p>4. Morning clinical round at an in-patient or out-patient ward of the department. According to a schedule. Doctor's stamp:</p>	<p>Workshop Date and teacher's signature:</p>
<p>5. Morning clinical round- at an in-patient or out-patient ward of department. According to a schedule. Doctor's stamp:</p>	<p>Workshop Date and teacher's signature:</p>

WEEK 2

<p>6. Stay at the Department of Children Neurology.. Neurological diseases in children (<u>KDN – DFN FNB- Children's hospital</u>) Date and teacher's signature:</p>
<p>7. Stay at the Department of Children Neurology. Neurological diseases in children (<u>KDN – DFN FNB - Children's hospital</u>) Date and teacher's signature:</p>

8. SIMU – Simulation centre of Masaryk University

Date and teacher's signature:

9. SIMU – Simulation centre of Masaryk University

Date and teacher's signature:

10. SIMU – Simulation centre of Masaryk University

Date and teacher's signature:

WEEK 3

<p>11. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>12. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>13. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>14. Morning clinical round- at an in-patient or out-patient ward of the department. According to a schedule</p> <p>Doctor's stamp:</p>	<p>Workshop</p> <p>Date and teacher's signature:</p>
<p>15. Graded credit, neurological examination: Questions: 1. 2. 3.</p>	<p>Date:</p> <p>Grade-credit: Teacher's signature:</p>

Oral exam from Neurology.

Date:

Questions:

- 1.
- 2.
- 3.

Final grade:

Teacher's signature: