



INTERNSHIP YEAR medicine | 2022-2023



University of Szeged

Albert Szent-Györgyi Medical School | English Language Program

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- Thesis Registration and Consultation Form (p.36-37)

Foreign Students' Secretariat

12 Dóm tér, Szeged, H-6720, Hungary

Phone: +3662 545030

Email: med6.fs@med.u-szeged.hu

Website: <http://www.med.u-szeged.hu/kulfoldi-hallgatok/final-year/final-year>

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General Information

In order to register for the 6th year and to be able to start your internship year you are required to submit or present the following documents after finishing the fifth year examinations:

- **the registration form including the schedule of the time and place of your planned internships for the 1st semester of the 6th year (July 4, 2022 to February 3, 2023)**, also indicating whether you would like to take the exam in the given subject during the first semester (*the registration form will be sent to you in June by email*)
- copy of your **valid residence permit/registration card** (scanned copy sent by email is acceptable)

Please pay your immediate attention to your obligation of holding a **valid medical fitness certificate** issued by the occupational doctor of the university, because without that you might not be able to start your practice at the clinics of the University of Szeged. In case they have expired, **you** must contact the occupational doctor (Dr. Andrea Kiss, +3662 455052, workhealth2.model@med.u-szeged.hu) to have it renewed.

It is also advisable to hold a **valid accident and liability insurance**. You are covered when doing a practice at the clinics of the university, however, no liability insurance is provided by the university for practices outside Szeged.

Acceptance letters which you have already collected must be submitted at the time of registration for the 6th year. The templates of the acceptance letters are available at the following website: <http://www.med.u-szeged.hu/kulfoldi-hallgatok/final-year/final-year> The deadline of submitting them is the last Monday before the beginning of the practice concerned. (Acceptance letters can be submitted via e-mail in case you are not in Szeged to submit the original document, however, the original acceptance letter(s) must be submitted when you are back to Szeged.) In case of spending a practice at the departments of the University of Szeged which is organized by the Foreign Students' Secretariat (i.e. you are registered for them in the rotation schedule), no acceptance letter is necessary to be submitted. If you organize a practice yourself at a clinic of our university, you must obtain a letter of acceptance from the clinic and submit it at the Secretariat before starting the practice.

1. Internships

When organizing your internships outside Szeged please contact **teaching/university hospitals** (clinics and hospitals affiliated with medical schools/universities that train medical students or hospitals that have a licence to accommodate medical students for practices). You can see the names of some hospitals abroad on *page 7* where many of our students go to to complete their practices.

1.1. Internships spent at the clinics of the University of Szeged

Practices at the clinics of the University are scheduled through the Foreign Students' Secretariat, but in case you would like to do your practice during a period which is not offered in the rotation schedule, you may contact the department concerned and ask if they can accept you for the requested period. If the whole practice is spent in Szeged, the final examination in the subject can be completed during the **last week of the practice** taking into account the examination schedule of the department concerned. In that case you do not need to attend the practice during that week, you can concentrate on preparing for the exam.

1.2. Internships spent outside the University of Szeged

In case you would like to complete your practices in hospitals outside the University of Szeged, a letter of acceptance from the hospital(s) must be submitted at the Secretariat before starting the practice.

After a practice outside the University of Szeged, the final examination can be taken only after the accomplishment of the complete practice.

Practices can be split, but the final examination can only be taken when the whole practice (all the necessary weeks/hours of the practice) has been completed.

Officially students work 6 hours/day, 5 days/week. A practice week starts on a Monday and finishes on a Friday. In some countries (e.g. in Germany) medical students work 8 hours/day during their clinical rotations. In such a case the compulsory number of the practice hours can be completed in a shorter period of time. For example, by working 8 hours/day, 5 days/week a 4-week (120-hour) psychiatry practice can be completed in 3 weeks instead of 4. When filling in the evaluation sheet about the practice the actual (i.e. shorter) period must be written and in the line „Number of hours completed” the total number of hours must be written.

A practice period can be shortened by working more than 6 hours per day only with the permission of your practice supervisor. The compulsory number of practice hours must be completed even when the practice period is shortened.

2. Evaluation forms

The accomplishment of a practice can be proved with:

- an **original** filled in evaluation sheet (the forms are available at the following website: <http://www.med.u-szeged.hu/kulfoldi-hallgatok/final-year/final-year>). **Please make sure that the completion of all tasks are certified (i.e. signed and stamped) in the forms.**
- **in case no English-language stamp (or no stamp at all) is at the disposal of the hospital, individual letters composed by the clinic/hospital on their own letterhead must be submitted in addition to your evaluation form.**
- **if you split your practice, separate evaluation sheets must be filled out about the two (or more) parts of the practice**

The evaluation form **WILL NOT BE** accepted in the following cases:

- **if it is not the original document but a photocopy or a scanned version sent by email**
- **if an overlapping exists with another practice**
- **if any information is missing from the form**
- **if the period of the practice is not given correctly**
- **if the completion of the tasks are not certified by the signature and the stamp of your supervisor.**

3. Examinations

After completing a practice you have to sit for the final examination. If a practice is spent in Szeged, the final examination in the subject can be completed in the last week of the practice taking into account the examination schedule of the department concerned. **However, in case of spending your practice abroad, there is no possibility to take the examination during the last week of the practice period.**

Examinations can only be taken on the days scheduled by the respective department. Exam registration is conducted through the Neptun system. **The precondition of taking the examinations is having submitted the original practice evaluation sheet at the Foreign Students' Secretariat 1 day before the examination date at the latest.** In case the exam is scheduled for a Monday, the evaluation sheet must be submitted on the Friday before the day of the exam, at the latest. Those who fail to submit the practice evaluation sheet before the deadline described above will not be allowed to take the exam on that day.

Students are encouraged to submit the evaluation sheet immediately after the end of the practice to prevent cases of losing the document or forgetting to submit it in time to become eligible to take the examination.

Students are also recommended to keep a scanned copy of the evaluation sheets before they are submitted in case they need them when applying for jobs/trainings/exams abroad after graduation.

An unsuccessful final examination can be retaken upon the completion of extra weeks of practice in or outside Szeged the following way:

Internal Medicine	4 weeks
Pediatrics	4 weeks
Surgery	3 weeks
Neurology	2 weeks
Psychiatry	2 weeks
Obstetrics and Gynaecology	2 weeks

In case a student fails the exam for the 2nd time, the complete practice must be repeated in Szeged.

The final examinations are taken in person at the university clinics. Due to the COVID pandemic, in the academic years 2020/2021 and 2021/2022 students staying abroad could request the possibility to take their exams online. In case in the academic year 2022/2023 it will still be possible, you will be informed about it.

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Some teaching hospitals abroad

Many of our students visit the following hospitals abroad to complete their practices there:

ISRAEL

E. Wolfson Medical Center

Hillel-Yaffe Medical Center (Hadera)

Hadassah Ein Karem Medical Center (Jerusalem)

Shaare Zedek Medical Center (Jerusalem)

Sheba Medical Center (Tel-Hashomer)

Shamir Medical Center /Assaf Harofeh/ (Beer Yaakov)

KOREA

Ilsan Paik Hospital (Seoul)

Yonsei University Hospital (Seoul)

JAPAN

Dokkyo Medical University Hospital (Mibu-machi, Tochigi)

Juntendo University Hospital (Tokyo)

National Center for Global Health and Medicine (Tokyo)



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Calendar

- Beginning of the sixth year: July 4, 2022
The precondition of enrollment to the sixth year is the successful completion of the fifth year study requirements (and thus the clinical module) and having all your 5th year marks recorded on neptun. You must submit a schedule of your planned sixth year practices for the 1st semester of your internship year before starting your 6th year. No 6th year practice can be started before the above date in or outside Szeged.

- Deadline for submitting the thesis: January 20, 2023
Extension (maximum of two weeks) is only possible with permission of the Dean

- Period of thesis defence: March 6 to 31, 2023

- Deadline of defending the thesis and completing all the sixth year practices and examinations: two weeks prior to the first part of the State Board Examination

- State Board Examinations:

1st period:	written exam: May 24, 2023 practical and oral exams: between May 25 and June 2, 2023
2nd period:	written exam: August 23, 2023 practical and oral exams: between August 24 and 30, 2023
3rd period:	written exam: November 22, 2023 practical and oral exams: between November 23 and 29, 2023

- Graduation ceremonies:

June 23, 2023
September 8, 2023
December 8, 2023

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Length of practices

Subjects	Practice	Credits	Form of examination
Internal Medicine <i>Incl. 1 week of General Practice*</i>	9 weeks (270 hrs)	10	Comprehensive Examination
Oncological Module in Internal Medicine	1 week (30 hrs)	0	Signature
Surgery	6 weeks (180 hrs)	9	Comprehensive Examination
Oncological Module in Surgery	1 week (30 hrs)	0	Signature
Traumatology	1 week (30 hrs)	0	Signature
Emergency Medicine	1 week (30 hrs)	0	Signature
Paediatrics <i>Incl. 1 week of District Paediatric Consultation</i>	8 weeks (240 hrs)	8	Comprehensive Examination
Obstetrics and Gynaecology	4 weeks (120 hrs)	5	Comprehensive Examination
Oncological Module in Obstetrics and Gynecology	1 week (30 hrs)	0	Signature
Neurology	4 weeks (120 hrs)	4	Comprehensive Examination
Psychiatry	4 weeks (120 hrs)	4	Comprehensive Examination
Total	40 weeks		
Total credits obtained for the exams		40	

(6 hours/day, 5 days/week, 30 hours/week)

*In some countries (e.g. UK, Germany) GPs accept students for their 1-week GP practice. In case you would like to do your GP practice separately from the rest of your internal medicine practice, please ask the GP to sign the acceptance letter for you just like in case of any other practice. On our website you can find an evaluation sheet template for GP practices, please have that filled in upon completion of the practice.

WHEN YOU HAVE COMPLETED A PRACTICE PLEASE SUBMIT THE ORIGINAL EVALUATION SHEET AT OUR OFFICE AS SOON AS POSSIBLE TO AVOID PROBLEMS OF NOT BEING ABLE TO SUBMIT THE SHEET IN TIME BEFORE THE EXAM OR EVEN LOSING IT.

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Educational Advisors

Department of Internal Medicine

Dr. András Rosztóczy (gastroenterology, endocrinology, nephrology), Dr. Andrea Vass (cardiology) and Dr. Tímea Gurbity Pálfi (hematology)

Department of Surgery

Prof. Dr. András Petri (office.surg@med.u-szeged.hu)

Department of Emergency Medicine

Dr. Krisztina Kabai (office.sbo@med.u-szeged.hu)

Department of Traumatology

Dr. Petra Hartmann (office.trauma@med.u-szeged.hu)

Department of Neurology

Dr. János Tajti (office.neur@med.u-szeged.hu)

Department of Psychiatry

Dr. Bence András Lázár (office.psych@med.u-szeged.hu)

Department of Obstetrics and Gynaecology

Dr. Norbert Pásztor (office.obgyn@med.u-szeged.hu)

Department of Paediatrics

Dr. Judit Mari (office.pedia@med.u-szeged.hu)



THESIS REGULATIONS AND REQUIREMENTS AT THE FACULTY OF MEDICINE OF THE UNIVERSITY OF SZEGED

1. THESIS OBJECTIVES:

- To assist the student in an independent, scientific elaboration of a problem in the domain of medical, pharmaceutical or relevant social sciences.
- To aid the student in developing capabilities through professional activity and in formulating an opinion comprehensively and adequately.
- To master the use of libraries, databases, the methods of literary research.
- The thesis does not necessarily have to be a new scientific achievement, but it should be the result of the student's individual work.

2. GENERAL REQUIREMENTS OF FORMAT:

- The length of the thesis should be 25 to 50 pages (including illustrations and charts, list of abbreviations, but without the references and the table of contents) typed on A/4 sized sheets with 1.5 spacing, font 12, Times New Roman. The margins should be the following: 3 cm on the right and the left, 2.5 cm at the top and the bottom of the page.
- Page numbering should be at the top of the page in the middle.
- The tables, charts and photos should be labeled with a number preceding the table title. The author should refer to the tables, charts and photos with the numbers in the thesis.
- The references must be in alphabetic order.

3. STRUCTURE OF THE THESIS:

Cover Page

The cover should include the following: "THESIS", name of the author (student), year of the thesis defence (e.g. 2022).

First Title Page

The first title page should include the title of the thesis, the name of the author, the name of the supervisor(s), the academic titles of the supervisor(s), the name of the department concerned and the year of the thesis defence.

see appendix 2.

List of Abbreviations

The list of abbreviations should follow the first title page (if more than 6 abbreviations are used)

Table of Contents

The Table of Contents should follow the List of Abbreviations on a separate page.

The text of the thesis

The main part of your thesis should include the following chapters:

1. Abstract/ Summary of the thesis (a maximum of 1 page),
2. Introduction
3. Research objectives (a maximum of 1 page)
4. Methods (incl. the number of the ethical approval, if applicable)
5. Results (if applicable)
6. Discussion and Conclusion
7. References/Bibliography (a maximum of 50 references, 1.0 spacing possible, using reference management softwares (eg. EndNote, Mendeley or Reference Manager) is advised)
8. Acknowledgement (optional)

Declaration

The last page of your thesis must be the Declaration that the thesis is your own work and you understand that plagiarizing may have legal consequences. *See appendix 3.* The declaration must be signed by the author of the thesis.

4. CITATION AND QUOTATION

4.1. Plagiarism

Plagiarism is the use of another author's ideas or words, illustration, tables etc. as if they were one's own. If this practice is revealed, the thesis will be rejected. In order to avoid plagiarism, you need to faithfully and accurately cite all your sources, including books, journals, handouts and unpublished manuscripts, as well as any other media, such as the Internet, letters or significant personal communication.

4.2. Citation and quotation

There are two ways to borrow and use someone's idea in your thesis:

(1) CITATION: when you express something in your own language then acknowledge the borrowing with a note or reference

(2) QUOTATION: in case you use verbatim quote in your thesis, or in other words, you quote someone's idea word for word, you need to enclose it in quotation marks and acknowledge your debt with a note/reference.

4.3. References in the text: adding notes in parentheses

It is not enough to list your references only at the end of your thesis, in the bibliography, but you are required to incorporate your references in the text by using parenthetical notes. A parenthetical note is a short reference enclosed in parentheses and incorporated without a number in the text of your paper. It refers in brief to a source already cited once in full; or to an item in your bibliography/reference list at the end of your paper. Parenthetical citations take the form of (Author Date). Note that 'Author' means the author's last name; 'Date' is the date of publication as listed in the bibliography of your paper. E.g.:

(B.Albert 1995,)

In case of two authors: The authors' last names (joined with 'and') and the year of publication in question must be put in brackets and separated with a comma:

(Müller and Fischer, 2010).

In case of more than two authors: The last name of the first author followed by 'et al' in italics and the year of the publication in question must be put into brackets and separated with a comma:

(Müller *et al*, 2010).

4.4. Bibliography

A bibliography is a list of works cited in your text. The references should include the name of the author, the title of the work, the editor, the date of publishing; in case of a journal the number of the volume and the page number has to be indicated as well. List works alphabetically according to the last name of the author. You can use maximum 50 references. It is highly recommended to use specialized software for this, like Reference Manager, or EndNote. This latter is free. Example for the format of the references:

Publications:

SZABÓ GY, JANCsó L, CSERE T: A hosszan tartó vizes tárolás hatása a protézis alaplemezyanyag egyes mechanikai tulajdonságaira. *Fogorv Szle* 2000; 93: 239-243.

REICHART P: The biological approach in oral diagnosis. *Int Dent J* 1993; 43: 355-358.

Books:

BÁNÓCZY J, NYÁRASDY I: *Preventív Fogászat*. Medicina, Budapest, 1999; 121-152.

SCULLY C, CAWSON RA: *Medical probleme in dentistry*. 2nd ed. Wright, Bristol, 1993; 25-45.

Book chapters:

GERA I: A fogágybetegség. In: BÁNÓCZY J, NYÁRASDY I (szerk.): *Preventív fogászat*. Medicina, Budapest, 1999; 121-192.

O'MULANE D: Caries decline in Europe. In: STÖSSER L (ed.): *Kariesdynamik und Kariesrisiko*. 3rd ed. Quintessenz, Berlin, 1998; 10-23.

5. DIPLOMAWORK-WRITING REGULATIONS

Faculty Academic Regulations (16.) The thesis

16.1. Each department's thesis topics and supervisors are published in the Faculty guide on the Faculty's website. A maximum of two supervisors may be assigned to a topic. Topics not on the publication list are approved by the head of the department on the consultation sheet. The inclusion of an external consultant is permitted by the Dean on the student's request.

16.2. Changing the thesis topic, the supervisor or the department is possible by the beginning of the second month prior to the thesis submission deadline. (*in the academic year 2022/2023 it will be November 1, 2022*)

16.3. One printed, bound and one electronic version (in pdf format, through MODULO) of the thesis must be submitted at the academic office within the deadline specified by the Faculty Council. The printed and electronic versions must be identical. The thesis evaluation form filled in correctly must also be submitted, which must include the English title of the thesis as well in case of students of the Hungarian medical program. The thesis submission deadline can be modified once on request in justified cases by paying a penalty fee. An obligatory attachment of the request is the approval of the head of the department conducting the thesis defense. In case the student fails to submit the thesis by the deadline permitted, he or she may submit a new thesis in the thesis submission period of the subsequent academic year at the earliest.

16.5. Consultation

Students are obliged to register for the "thesis consultation" course in Neptun in the ninth or tenth semester of their studies. The topics, tasks and the frequency of consultations (at least three occasions) to be completed are prescribed by the supervisor. The consultant records the students' partaking in the consultation sessions, and observations on the writing of their thesis on the "evaluation of the thesis" form, which is countersigned by the student on each occasion. The supervisor declares on the last consultation day that the thesis is suitable for submission.

6. THESIS DEFENCE

16.6. Thesis evaluation procedure

The academic office forwards the thesis submitted for evaluation to department concerned. The head of the department has the thesis evaluated by a teacher experienced in the subject concerned who grades the paper with a scale from 1 to 5, which will form the suggested grade of the thesis. The referee records his or her evaluation on the “evaluation of the thesis” form (the form is downloadable from the Faculty’s website) in one page in length at the most. The referee considers the thesis’s logical structure, the extent to which it is supported by relevant literature, the methods applied, and the accuracy of the description of the results.

A thesis deemed suitable for submission by the supervisor but failed by the referee must be evaluated by another referee appointed by the Dean. If the second referee accepts the thesis submitted, the student must be ensured to join the ongoing defense procedure. A thesis failed by the second referee as well cannot be defended and another thesis must be submitted in the subsequent academic year at the earliest.

16.7. Thesis defense procedure

The defense of the thesis in the departments takes place in front of a committee of at least three, whose members are appointed by the head of the department. The members and the chair of the committee must bear the title of one of the following: University professor, associate professor, scientific adviser or — in exceptional cases — assistant professor. Members with a title other than the above may only be appointed by the permission of the Dean. The supervisor is not entitled to be a member of the committee. The committee evaluates the thesis by the five-grade scale at a closed meeting. Two copies are made of the minutes taken of the meeting. The minutes of the defense are made according to the form downloadable from the Faculty’s website, which shall include the student’s name, address, the title of the thesis in Hungarian and English, the place and date of the defense, the names of the committee and their title, the questions posed by the members and the response given to them, and the grade agreed on by the committee. An original copy of the minutes of the thesis, and both the original and the electronic copy of the “evaluation of the thesis” must be forwarded to the academic office. The hard copy and the electronic copy of the thesis, moreover, the second original of the “evaluation of the thesis” are retained by the department.

16.8. The scientific student circle (henceforth referred to as TDK) research paper can be accepted as a thesis, provided that it has not been awarded with credit points. The request asking the TDK research paper to be accepted must be submitted to the Dean of the SZTE ÁOK, in which the student declares that his or her TDK research paper has not been previously awarded with credits. The request is to be submitted at the academic office along with the TDK research paper as per the thesis format requirements (see appendix 2) and the referee evaluations obtained from the scientific student circle council. Only a single author can use a research paper with multiple authors in its unaltered form as a thesis. In such a case, a declaration on the resignation of authorship rights by the other author(s) must be attached upon the submission of the thesis. TDK research papers submitted as theses will not be evaluated in writing but must be defended orally.



State Board Examination

- It is a form of examination that concludes the student's higher education. For those students who have attended training at the Faculty of Medicine of the University of Szeged, the State Board Examination demands demonstration by the student that the knowledge and skills and their application, are appropriate to the levels required by the medical profession.
- In all branches of study the final examination is separated from the thesis defence and is taken in those subjects (topics) determined in the Curriculum.
- It consists of three components: written, oral and practical exam. The thesis defence, although it usually happens in March or April, is part of the state board exam thus its mark is calculated in the result of the state board exam.
- Permission for a student to take the examination is granted on condition that the student has passed all examinations required by the Curriculum, completed all study requirements and was awarded the Graduation Certificate (Abszolutórium).
- State Board Examination should be taken within two years following award of the Graduation Certificate (i.e. following the completion of all the study and examination requirements of the university)

State Board Examination test

You can prepare for the written exam by visiting the following website where you can find the preparatory material and requirements of the exam:

<http://finalexam.eu>

After registration, you can access the tests and mock exams. The written exam of the state board examination will be compiled using the questions of the tests on the above website.

State Board Examination Board

- The State Board Examination is to be taken in the presence of a board comprising an uneven number of members. Following the recommendation of the Faculty Board, the chairman and the members of the board of examiners are appointed by the Dean to serve for a period of one year.
- The board shall be comprised of teachers, readers, senior professors, senior readers, and guest lecturers of the University of Szeged. It shall also have at least one independent specialist member who is not employed by the university.
- The candidate's performance is marked with a 1-5 grade. In the event of a deadlock that cannot be resolved by voting, the chairman's decision shall be final.
- A record sheet of the examination will be kept. The chairman of the final examination board will report directly to the Dean on the examination.

Results of State Board Examination

- The final result of the state board examination will be calculated on equal basis of marks obtained from the written test, the patient examination, the oral exam and the thesis defence.
- A State Board Examination will be failed where one or more of the examination components has been failed. When a final examination is repeated it will only be those failed components that are re-examined.
- Repeat examinations may only be taken during the next scheduled State Board Examination period.
- Where a candidate is unable to take a final examination within two years following the award of the graduation certificate, the Rector, on recommendation by the Dean, may grant permission for the final examination to be taken on one occasion.

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Diploma

- At the conclusion of the State Board Examination, the candidate will be awarded a Doctor of Medicine degree at the Albert Szent-Györgyi Medical School. The degree certificate will be signed by the Dean.
- The qualification of the Diploma is calculated by taking the sum of grades achieved in the final examinations: Anatomy, Histology and Embryology III., Biochemistry II., Medical Physiology II., Pathophysiology II., Microbiology II., Pathology II., Examination in Behavioural Sciences, Hungarian Language VIII., Pharmacology II., Public Health and Preventive Medicine II., 6th year finals: Internal Medicine, Surgery, Neurology, Psychiatry, Obstetrics & Gynaecology, Pediatrics and the following end semester examinations: Medical Physics and Statistics II., Cell Biology and Molecular Genetics II., Medical Chemistry II., Pulmonology, Orthopedics, Radiology II., Anesthesiology and Intensive Therapy II., Stomatology, Ophthalmology, Oto-Rhino-Laryngology, Urology, Forensic Medicine II., Immunology, Dermatology, Traumatology and the grades of the thesis defence and State Board Examination (written, oral, practical parts) and dividing it by the number of them (mathematical average).
- Examination grades obtained at other higher educational institutions or other faculties are to be taken into account as follows:
 - if the student began his/her studies at a Hungarian higher educational institution and then transferred to the Albert Szent-Györgyi Medical School of the University of Szeged, grades obtained previously will be taken into account when calculating the diploma average,
 - if the student began his/her studies at a foreign higher educational institution and then transferred to the Albert Szent-Györgyi Medical School of the University of Szeged, grades will be taken into account only in accordance with the resultant decision of the Academic and Credit Transfer Committee,
- Doctor of Medicine diplomas are rated as follows:
 - "*Summa cum laude*" (4.51 - 5.00)
 - "*Cum laude*" (3.51 - 4.50)
 - "*Rite*" (2.00 - 3.50)
- The degree certificate (diploma) is issued in Hungarian and English languages. The decorated diploma (certificate) is issued in Hungarian and Latin languages.

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Fees

1. Practices:

The tuition fee is going to be counted on the basis of the academic year when the student started their studies at the Albert Szent-Györgyi Medical School of the University of Szeged.

Paying the obligatory tuition fee in the first semester of the 6th year entitles students to complete half of the practices (20 weeks) at the University of Szeged without additional costs.

Should the student accomplish more than 20 weeks at the University of Szeged during the whole 6th year (i.e. during the 1st and 2nd semesters), a fee will be calculated on pro rata basis in the second semester, when the student has submitted all the evaluation sheets about the practices (usually in April or May).

The tuition fee for the 1st semester of the 6th year must be paid before taking the first examination or – in case you do not take any examinations before September 30 - by September 30, 2022 the latest. Please note that the tuition fee must be credited to the university's account by the above deadlines.

Please note that only those students are eligible to sit for the State Board Examination who do not have any outstanding debts toward the university. The deadline to pay for any debts are **5 working days** before the first part of the State Board Examination.

2. Procedural fees

Diploma, diploma case, tassel, rent of the gown, hat* (for all graduating students)	5000 HUF
Extension of thesis submission deadline (for students who request and get extension for the submission)	1500 HUF

* subject to change

The procedural fees must be paid via neptun.

Bank transfers in USD have to be made to the following bank account:

University of Szeged
IBAN: HU94-1000-4012-1000-8016-0022-0332
Bank name: Hungarian State Treasury
(correspondent: Hungarian National Bank, SWIFT code: MANEHUHB)
Bank address: H-1054 Budapest, Hold u. 4.
Swift code: HUSTHUHB

There is no possibility to pay in cash.

When transferring your tuition fee please take into consideration the fact that your bank and intermediary bank(s) charge you commission for the transactions, which must be borne by the ordering party.

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Topics for the final examinations

For the updated topic lists please check regularly the websites of the departments concerned.

1. INTERNAL MEDICINE

DIFFERENTIAL DIAGNOSIS (Summarizing questions)

1. Types of hypertension and their differentiation.
2. Causative mechanisms of icterus and their differential diagnosis.
3. Differential diagnosis of diseases with lymphonode enlargement.
4. Causes and differential diagnosis of long-term vomiting.
5. Ascites (causes and differential diagnosis).
6. Differentiation of diseases with pleural effusions.
7. What may cause lung infiltration?
8. Acute abdomen (causes, symptoms, localisation, diff. diagn.)
9. Prolonged unconscious conditions and their differentiation.
10. Causes of hepatosplenomegaly, possibilities of diff. dg.
11. Diff. diagn. of diseases causing joint pain and/or inflammation.
12. Headaches (differential diagnosis).
13. Edema (differential diagnosis).
14. Causes of dyspnoea.
15. Diagnostic significance in changes of the skin color and its appendages.
16. Causes of subfebrility and fever, types of fever curves and their diagnostic significance.
17. Fever of unknown origin (FUO).
18. Electrolyte disturbances (hyper-, hyponatraemia, hyper-, hypokalaemia, hyper-, hypomagnesaemia, hyper-, hypochloraemia).
19. Acid-base balance and blood gas disturbances; hypoxaemia, hypo- and hypercapnia, altered blood pH-levels.
20. Back and lumbar pain (differential diagnosis).
21. Extremities pain (differential diagnosis).
22. Diagnostic meaning if skin pruritus.
23. Coughing and sputing (differential diagnosis).
24. Resistancy in abdomen.
25. Indication and contraindic. of biopsies used in int. med.
26. Diagnostic methods to judge the liver functions.
27. Isotope diagnostic methods in internal medicine.
28. Long-lasting abdominal pain (differential diagnosis).
29. Haematemesis, melaena, haematochezia (diff. diagnosis).
30. Causes of the haematuria.
31. Causes of the proteinuria.
32. What may cause pyuria?
33. Diff. dg. of disorders associated with leukocytosis or leukopenia.
34. Diff. dg. of chest pain.
35. Diff. dg. of bleeding disorders.
36. Diff. dg. of anaemias.
37. AIDS

38. Causes of the anorrhexia and weight loss.
39. Causes of the nausea and vomiting.
40. Diagnostic possibilities making difference amongst diseases causing dysphagia.
41. Diagnostic possibilities in differentiation of the stomach emptying.
42. Diff. dg. of the chronic constipation and disorders of defecation.
43. Diff. dg. of Crohn's disease and ulcerative colitis.
44. Diff. dg. and causes of the chronic diarrhoea.
45. Diff. dg. of the polyuria and polydipsia.
46. Diff. dg. of hypercalcaemias.
47. Diff. dg. of hyponatraemias.
48. Diff. dg. of osteocalcopenias.
49. Diff. dg. and aetiopathogenetic forms of the hyperthyroidism.
50. Diff. dg. of the weight loss.
51. Role of the ultrasonography in the internal medicine.

MAIN QUESTIONS

1. Anaemias caused by vitamin B12 and folic acid deficiency.
2. Hemolytic anaemias (classification and clinical examination).
3. Acute leukemias.
4. Aplastic anemias.
5. Congenital coagulation factor deficiencies, haemophilias.
6. Classification of platelet disorders and idiopathic thrombocytopenic purpura (ITP).
7. Iron deficiency anaemia.
8. Chronic myelogenous leukemia and leukemoid reaction.
9. Lymphogranulomatosis (Hodgkin's disease).
10. Polycythaemia vera, polyglobulias. Primary and secondary erythrocytosis.
11. Multiple myeloma, plasmocytomas.
12. Malignant lymphomas (except M. Hodgkin).
13. Neutropenias, agranulocytosis.
14. Typhus abdominalis, salmonellosis.
15. Shigellosis.
16. Infectious mononucleosis, mononucleosis syndromes.
17. Intoxications caused by narcotics, sedatives, hypnotics.
18. Organophosphates (pesticides) poisoning.
19. Systemic lupus erythematosus.
20. Scleroderma (PSS).
21. Sjögren's syndrome.
22. Polyarteritis nodosa.
23. "Classic" endocrine diseases with hypothalamic origin (Fröhlich sy. , Laurence -Moon -Biedl sy., Kallman sy., anorrhexia nervosa).
24. Diseases of the neurohypophysis (diabetes insipidus, Schwarz-Bartter syndrome).
25. Adenohypophysis hyperfunction.
26. Adenohypophysis hypofunction.
27. Different types of adrenal cortical deficiencies (corticosteroid treatment: indications, contraindications, side effects).
28. Adrenal cortical hypofunctional diseases.
29. Pheochromocytoma.
30. Hypothyreosis.
31. Signs and treatment of the hyperthyreosis.
32. Tumors of the thyroid gland.
33. Parathyroid gland diseases, tetany syndrome.
34. Obesity.
35. Struma with normal function.

36. Types of diabetes mellitus (clinical features).
37. Complications of diabetes mellitus.
38. Treatment of diabetes mellitus.
39. Hyperinsulinism (metabolic X syndrome) - hypoglycaemia.
40. Gout disease and CPPD (calcium pyrophosphat dihydrat deposition).
41. Porphyrin metabolic disorders.
42. Hyperlipoproteinaemias.
43. Osteoporosis.
44. Rheumatoid arthritis.
45. Spondylarthritis ankylopoetica.
46. General characteristics of the seronegative spondylarthritis.
47. Reiter's syndrome, psoriatic arthritis.
48. Juvenile chr. arthritis and old-aged rheumatoid arthritis.
49. Osteoarthritis, spondylosis.
50. Dermatomyositis, polymyositis.
51. Kidney function (clinical tests).
52. Urinary tract infections
53. Acute poststreptococcal (postinfectious) glomerulonephritis and rapidly progressive glomerulonephritis.
54. Primary glomerulonephritides (classification, pathogenesis, therapy).
55. Nephrotic syndrome.
56. Renal hypertension.
57. Renal manifestations of systemic diseases (diabetes mellitus, gout, disproteinaemias, collagen diseases).
58. Kidney tumors.
59. Acute renal failure and its therapy.
60. Chronic renal failure and its therapy.
61. Noninvasive technics in the diagnosis of heart and circulation.
62. Infective diseases of the heart.
63. Rheumatic fever.
64. Cor pulmonale (acute, chronic).
65. Ischemic heart diseases, angina petoris.
66. Acute myocardial infarction and its complications.
67. Aquired valvular disease (mitral and tricuspidal valves).
68. Aquired valvular disease (aortic and pulmonary valves).
69. Cardiac arrhythmias (impulse generating disorders) and therapy.
70. Conduction abnormalities and therapy.
71. Congenital heart diseases and their therapy.
72. Heart failure and therapy.
73. Shock (types, therapy).
74. Hypertension (malignant phase).
75. Diseases of arterial system (atherosclerosis included).
76. Venous system diseases and their complications.
77. Cardiomyopathies.
78. Pericardial diseases.
79. Asthma bronchiale.
80. Diffuse obstructive chronic pulmonary diseases.
81. Pneumonias.
82. Purulent diseases of lungs and bronchectasis.
83. Lung tumors.
84. Disorders of the lung circulation.
85. Pleural diseases (pleuritis, pneumothorax, empyema).
86. Diagnosis of the gastroesophageal reflux disease (GERD).
87. Treatment of the gastroesophageal reflux disease (GERD).
88. Benign and malignant narrowings of the esophagus.
89. Acute and chronic gastritis.
90. Ulcer diseases (nomenclature, pathogenesis, symptomes).

91. Gastropathy caused by non-steroidal anti-inflammatory drugs (NSAID).
92. Zollinger-Ellison syndrome.
93. Ulcer disease (med. therapy and postresectional complains).
94. Gastric tumors.
95. Malabsorption syndrome (non-tropical sprue, jejunoileal deficiency, appendix syndrome, Whipple disease).
96. Functional intestinal diseases (chronic enteritis, irritable colon syndroma, pseudometeorism) .
97. Disorders of the defecation.
98. Colorectal tumors.
99. Precarcinomatous lesions of the colorectal region.
100. Ulcerative colitis.
101. Crohn's disease.
102. Acute hepatitis.
103. Chronic hepatitis.
104. Cholestasis (definition, clinical forms, drug induced icterus, recurrent benign cholestasis).
105. Liver cirrhosis.
106. Liver failure (vascular and parenchymatous).
107. Liver tumors, cysts.
108. Causes of the portal hypertension.
109. Tumors of the bile ducts.
110. Gallstone disease (cholecysto-, and choledocholithiasis).
111. Complications of gallstone disease.
112. Syndromes after cholecystectomy (incl. Oddi-sphincter dysfunction).
113. Diagnostic possibilities of liver and bile duct diseases.
114. Alcohol induced liver diseases.
115. Toxic liver injuries (alcohol excluded).
116. Diagnosis of pancreatic diseases.
117. Acute pancreatitis.
118. Chronic pancreatitis (pancreatic stones, pancreas pseudocysts).
119. Role of the imaging methods in diagnosis of the pancreatic diseases.
120. Carcinoma of the pancreas.
121. Gastro-entero-pancreatic (GEP) tumors.
122. Gastrointestinal endocrinology.
123. Peritoneal diseases and their diagnosis.

SIDE QUESTIONS

1. Clinical evaluation of the patient with haematologic disease. (blood, sternum, lymphonode biopsies, imaging technics).
2. Anaemias due to increased destruction of erythrocytes with enzyme deficiencies.
3. Myelofibrosis.
4. Monoclonal gammopathies (except plasmacytoma).
5. Thrombocytosis and thrombotic thrombopenic purpura (TTP).
6. Diseases of spleen (hypersplenism).
7. Sideroachrestic anaemia, anaemia of patients with chronic diseases.
8. Non-thrombocytopenic purpuras, vascular and platelet disorders).
9. Haemoglobinopathies and thalassemias.
10. Paroxysmal nocturnal haemoglobinuria (PNH).
11. Classification and clinical manifestations of disorders of haemostasis (except haemophilias), DIC.
12. Transfusion (indications, complications).
13. Preleukemic syndromes.
14. Bone marrow transplantation.
15. Chronic lymphocytic leukemia.

16. Ionizing radiations (radiational hazards), therapy, prevention.
17. Drug hazards (alkaloids, analgetics, fetotoxic agents, liver poisons, etc.).
18. Acids, bases, corrosives.
19. Plumb-, mercury-, arsen-, phosphor poisoning.
20. Alcohol intoxication (ethyl-, methyl alcohol).
21. Mushroom poisoning.
22. Botulism.
23. Neurogenic diseases (vegetative dystonia).
24. Iatrogenic hazards (definition, classification, polypragmasy).
25. Wegener's granulomatosis and Churg-Strauss vasculitis.
26. Polymyalgia rheumatica and giant-cell arteritis.
27. Takayashu's arteritis and Henoch-Schönlein purpura.
28. Felty's syndrome and rheumatoid vasculitis.
29. Enzymopathies of the suprarenal glands.
30. Hypogonadisms (women, men); climax included.
31. Examination methods of thyroid function.
32. Examination methods of adeno-, and neurohypophysis.
33. Examination methods of suprarenal glands.
34. Thyroiditis.
35. Prevention of diabetes mellitus and fitness for work.
36. Disorders of the potassium metabolism.
37. Periarthritis humeroscapularis.
38. Tubular nephropathies (tubular acidosis, glycosuria, aminaciduria, etc.).
39. Acute and chronic interstitial nephritis (except pyelonephritis).
40. Polycystic and medullary cystic kidney diseases.
41. Nephropathies during pregnancy.
42. Kidney stone disease.
43. Pericardial diseases.
44. Exercise tests of the heart. Functional capacity in myocardium diseases.
45. Cardiac arrest and resuscitation.
46. Hypotension.
47. Vascular headaches.
48. Raynaud's syndrome.
49. Aortic aneurysm, aneurysma dissecans, aortic arch syndrome.
50. Antiarrhythmic treatment: PM, CV and defibrillation.
51. Indication and use of echocardiography.
52. Importance of the 24-hour esophageal pH-monitoring.
53. Primary motility disorders of the esophagus.
54. Definition of the migrating motor complex (MMC), intestinal diseases with hypo and hypermotility.
55. Hiatus hernia, gastric and duodenal diverticula.
56. Hirschsprung's disease.
57. Diverticulosis, diverticulitis.
58. Enterocolitis induced by non-steroidal anti-inflammatory drugs (NSAID).
59. Gastrointestinal polyposis syndromes.
60. Intestinal tuberculosis.
61. Intestinal vascular diseases.
62. Gastrointestinal allergy.
63. Gilbert's disease.
64. Primary sclerosing cholangitis.
65. Wilson's disease (hepatolenticular degeneration), haemochromatosis.
66. Liver abscess.

THERAPEUTIC QUESTIONS

1. Therapeutic usage of corticosteroid hormones (indication, contraindication, complications) .
2. Cytostatic and hormonal therapy of tumors.
3. Collaps and shock therapy.
4. Arrhythmic agents and therapy.
5. Indications and types of iron therapy.
6. Antipyretics.
7. Treatment of the insomnia.
8. Analgetics.
9. Treatment of climax (women, men).
10. Treatment of constipation.
11. Treatment of diarrhea.
12. Dosage of digitalis.
13. Treatment of the gastroesophageal reflux disease (GERD).
14. H2-blockers and proton pump inhibitors.
15. Prokinetic drugs.
16. Diuretics (dosage and side effects).
17. Hypertension therapy.
18. Treatment of hypertensive crisis.
19. Treatment of angina pectoris.
20. Spasmolytic therapy.
21. Drugs for headache.
22. Hyperthyreosis treatment.
23. Principles of diet therapy.
24. Narcotics, sedatives, hypnotics.
25. Treatment of cardiac failure.
26. Non-steroidal anti-inflammatory drugs (NSAID).
27. Indications of immunosuppressive treatment.
28. Treatment of cytopenias (excluding anaemias).
29. Recently applied, most important antibiotics, trends of the treatment, indications, hazards.
30. Treatment of pancreatitis (total parenteral nutrition, jejunal nutrition, substitution).
31. Indication of the interferon therapy.
32. Demolition of gallstones, lithotripsy.
33. Treatment of haemophylas.

2. NEUROLOGY

FINAL EXAMINATION

1. Circulatory disturbances of the brainstem. Clinical symptoms.
2. Sleep and its disturbances.
3. Disturbances of extrapyramidal movements.
4. The pathomechanism and clinical symptoms of parkinsonism.
5. Treatment of parkinsonism.
6. Neurodegenerative disorders associated with parkinsonism.
7. Essential tremor. Wilson's disease.
8. Sydenham's chorea. Huntington's chorea.
9. Friedrich's ataxia.
10. Symptoms of thalamus syndrome.
11. Brain tumors. Clinical symptoms.
12. Symptoms of raised intracranial pressure.
13. Therapy of brain edema.
14. Meningeomas.
15. Gliomas.
16. Tumors of the hypophysis.
17. Tumors of the pontocerebellar region. Acoustic neuroma.
18. Clinical symptoms of intra- and extramedullary tumors.
19. Injuries of the central nervous system.
20. Neurological symptoms related to the spinal column.
21. Classification of cerebrovascular disorders.
22. Transient ischemic attack.
23. Cerebral embolism.
24. Cerebral hemorrhage.
25. Treatment of cerebrovascular disorders.
26. Differential diagnosis of cerebrovascular disorders.
27. Subarachnoid hemorrhage.
28. Amyotrophic lateral sclerosis. Differential diagnosis of bulbar and pseudobulbar palsy.
29. Syringomyelia.
30. Morphological anomalies of craniovertebral junction.
31. Progressive muscular dystrophy. Myopathies.
32. Myasthenia gravis.
33. Meningitides.
34. Encephalitides. Neuroborreliosis.
35. Polimyelitis.
36. Slow virus infections.
37. Brain abscessus.
38. Herpes zooster.
39. Clinical symptoms and diagnosis of multiple sclerosis.
40. Treatment of multiple sclerosis.
41. Funicular myelosis.
42. Syphilis of the central nervous system.
43. Classification of epilepsies.
44. Treatment of epilepsies. Epileptic status.
45. Etiology of epilepsies.
46. Classification of headaches.
47. Migraine and its pharmacotherapy.
48. Cluster type and tension headache. Pathomechanism and therapy.
49. Neurological consequences of alcoholism. Intensive neurology.
50. Dementias. Alzheimer and Pick diseases.
51. Normal pressure hydrocephalus. Cerebral pseudotumor.
52. AIDS related neurological abnormalities.

53. Neuritides and neuropathies.
54. Trigeminal neuralgia.
55. Pathomechanism of neurodegeneration.
56. Cellular disturbances in ischemia
57. Clinical neuropharmacology: drugs in neurology
58. Emergency neurology in practice

Questions of the End Semester Exam*

(Literature: lectures and practices. Mumenthaler, M.: Neurology. Latest edition).

1. Spinal cord. Neurological localization.*
2. Muscular tone. Disturbances of muscular tone.*
3. Superficial and deep reflexes. Pathological reflexes.*
4. Medulla. Neurological localization.*
5. Pons. Neurological localization.*
6. Mesencephalon. Neurological localization.*
7. Cranial nerves. (except III., IV., VI.).*
8. III., IV., VI. cranial nerves. Pupil reactions.*
9. Brainstem circulation.*
10. Reticular system.*
11. EEG and evoked cortical potentials in the neurological practice.*
12. Frontal lobe. Neurological localization.*
13. Pyramidal system. Neurological localization.*
14. Differential diagnosis of central and peripheral pareses.*
15. Structure of the extrapyramidal system. Neurological localization.*
16. Parietal lobe. Neurological localization.*
17. Thalamus. Neurological localization.*
18. Temporal lobe. Neurological localization.*
19. Limbic system. Neurological localization.*
20. Occipital lobe. Neurological localization.*
21. Optic system. Neurological localization.*
22. MRI, PET and EMG in the neurological practice.*
23. Arteriography (DSA, CT, MRI-angiography) and myelography in the neurological practice.*
24. Doppler ultrasonography, CT and SPECT and receptor-SPECT in the neurological practice.*
25. Cerebrospinal fluid: production, circulation, resorption and its disturbances.*
26. Facial palsy.*
27. Supranuclear impairments of eye movements.*
28. Reflexes in frontal lobe damage.*
29. Disorders of consciousness.*
30. Cerebellum. Neurological localization.*
31. Aphasias.*
32. Clinical symptoms of the damaged sensory system.*
33. The functional anatomy and disturbances of the vegetative system.*
34. Neurovascular circulation.*
35. Indication of the lumbar puncture, laboratory investigations.*
36. Report of neurological patients. Evidence based medicine.
37. History of neurology
38. Principles of neurogenetics.

*=end semester exam

3. OBSTETRICS & GYNAECOLOGY

topic list available on Coospace

4. PEDIATRICS

Please see: <https://u-szeged.hu/szakk/pedia/en/education/topics-for-pediatrics>

5. SURGERY

Please see: <https://u-szeged.hu/szakk/surg/en/h/education/for-students/comprehensive-exam>

6. PSYCHIATRY

Please also see: <https://u-szeged.hu/szakk/psych/en/education/contact>

End Semester Exam (/i/ and /ii/), Final Exam (/i//, /ii/, and /iii/)

/i/ General Psychiatry

1. The psychiatric interview
2. Psychiatric history
3. Mental status examination
4. Disturbances in perception
5. Symptoms of thought disorders
6. Disturbances in affect
7. Motor behaviour abnormalities
8. Psychopathology of memory and intelligence
9. Laboratory tests in psychiatry
10. Clinical psychometric scales
11. Psychodynamic concepts in psychiatry
12. Doctor-patient relationship
13. Defense mechanisms against conflict and anxiety
14. Cultural influences on human behaviour
15. Group influences on human behaviour
16. Primary and secondary prevention
17. Genetic factors in psychic disorders
18. Neurochemical alterations in psychiatric diseases
19. Classification of mental disorders
20. Principles of psychotherapies
21. Dynamic psychotherapies
22. Behaviour therapies
23. Group therapies
24. Hypnosis in psychotherapy
25. Social rehabilitation
26. Principles of biological therapies
27. Antipsychotic pharmacotherapy
28. Antidepressant drug treatment
29. Anxiolytic pharmacotherapy
30. Electroconvulsive therapy
31. Ethical issues in psychiatry
32. Forensic psychiatry
33. Principles in child and adolescence psychiatry
34. Principles in geriatric psychiatry

/ii/ Psychiatric Disorders

1. Dementia
2. Alzheimer's disease
3. Multi-infarct dementia (MID)
4. Clinical signs of delirium
5. Distinction between dementia and delirium
6. Causative factors provoking delirium
7. Amnestic disorder
8. Opioid addiction
9. Dependence on CNS stimulants and depressants
10. Abuse of hallucinogens and cannabinoids
11. Alcohol abuse and dependence
12. Alcohol withdrawal
13. Clinical features of alcohol-related diseases
14. Paranoid schizophrenia
15. Disorganized (hebephrenic) schizophrenia
16. Catatonic schizophrenia
17. Residual schizophrenia
18. Paranoid disorders
19. Depression
20. Bipolar affective disorder
21. Cyclothymia
22. Dysthymia
23. Generalized anxiety disorder
24. Panic disorder
25. Phobic disorder (neurosis)
26. Obsessive-compulsive disorder (neurosis)
27. Conversion disorder (neurosis)
28. Dissociative disorders
29. Psychosomatic diseases
30. Suicide
31. Personality disorders
32. Sexual dysfunctions
33. Gender identity disorders
34. Paraphilias
35. Sleeping disorders
36. Impulse control disorders
37. Anorexia nervosa
38. Bulimia
39. Clinical features of mental retardation
40. Metabolic disturbances leading to mental retardation
41. Nonmetabolic causative factors in mental retardation
42. Autism
43. Separation anxiety
44. Conduct disorders of childhood and adolescence
45. School phobia
46. Gilles de la Tourette's disorder
47. Specific developmental disorders of childhood
48. Attention-deficit hyperactivity disorder

/iii/ Special Questions in Psychiatry

1. Sensory deprivation
2. Psychological and physical dependence
3. Extrapyramidal side effects of neuroleptics
4. Anticholinergic side effects in psychiatry
5. Sleep deprivation
6. Progressive relaxation
7. Flooding. Implosion therapy
8. Use of sleeping pills
9. Epidemiology of depression
10. Epidemiology of bipolar mood disorder
11. Epidemiology of schizophrenia
12. Epidemiology of dementia
13. Role of serotonin in psychiatric disorders
14. Dopamine in schizophrenia and parkinsonism
15. Relationship between CABA and benzodiazepines
16. Acetylcholine and cognitive processes
17. Noradrenaline in depression
18. Reuptake of neurotransmitters at synaptic terminal
19. Membrane transport of ions relevant in psychiatry
20. Role of receptor blockade and stimulation in psychiatry
21. Neuroendocrine alterations in psychiatry and drug treatments
22. Twin studies in psychiatric genetics
23. Adoption studies in psychiatric genetics
24. Molecular genetics in psychiatric research
25. Minnesota Multiphasic Personality Inventory (MMPI)
26. Hamilton's depression scale
27. Brief Psychiatric Rating Scale (BPRS)
28. Mini-Mental State (MMS)
29. Suicide in depression
30. Cognitive distortions in depressive thinking
31. REM latency and psychiatric disorders
32. Dexamethason suppression test (DST)
33. White blood cell counts and psychopharmacotherapy
34. Light therapy
35. Lithium prophylaxis
36. Selective serotonin reuptake inhibitors
37. Monoamino oxidase inhibitors and diet
38. Atypical neuroleptics
39. Double bind theory in schizophrenia
40. Learned helplessness theory in depression
41. Neuropathological alterations in Alzheimer's disease
42. Alexithymia
43. Psychosocial stressors
44. Role of life events in psychic disturbances
45. Repression in psychodynamic theory
46. Genesis of paranoid ideation according to Freud
47. Classical and operant conditioning
48. Attitude and prejudice
49. Dyadic interactions in communication
50. Transference and countertransference
51. Projection in doctor-patient relationship
52. Treatment of sexual dysfunctions
53. Family therapy
54. Art therapy
55. Closed and open-ended questions in psychiatric interview

56. Waxy flexibility
57. Blunted affect
58. The meaning of IQ
59. Synaesthesia
60. Approach-approach and aversion-aversion conflicts
61. Hypnagogic and hypnopompic hallucinations
62. Querulant paranoid ideations
63. Mood-congruent thought content disturbances
64. Fornication
65. Tangential and circumstantial thinking
66. Definition of psychosis
67. Denial as defense mechanism in psychiatric disorder
68. Alcohol idiosyncratic intoxication
69. Lipid metabolism alterations leading to mental retardation
70. Tic as symptom in psychiatry
71. Male sexual response cycle
72. Female sexual response cycle
73. Pathological gambling
74. Coping strategies in the elderly
75. Psychopharmacotherapy in old age
76. Biological and psychological changes in aging
77. Pseudodementia
78. Systemic diseases causing psychiatric complications
79. High-risk child groups
80. Interview and testing in child and adolescent psychiatry
81. Special therapeutic considerations in child psychiatry
82. Constitution types and psychic disturbance

THESIS

**NAME OF THE STUDENT
YEAR**

TITLE OF THE THESIS

Author: XY

Supervisor: Dr. XXX

Title: (e.g. professor)

University of Szeged

Albert Szent-Györgyi Medical School

XXX Department

Year

DECLARATION

I, student of the Albert Szent-Györgyi Medical School of the University of Szeged, aware of my responsibility of the penal law, declare and certify with my signature that my thesis entitled

.....
.....
.....

is entirely the result of **my own work**. I have faithfully and accurately cited all my sources, including books, journals, handouts and unpublished manuscripts, as well as any other media, such as the Internet, letters or significant personal communication.

I understand that

- literal citing without using quotation marks and marking the references
- citing the contents of a work without marking the references
- using the thoughts of somebody else whose work was published, as of our own thoughts

are counted as plagiarism.

I declare that I understood the concept of plagiarism and I acknowledge that my thesis will be rejected in case of plagiarism.

Szeged,yearmonth.....day

.....
Signature of thesis writer



Faculty of Medicine
Thesis registration and consultation form

The deadline of the 4th year thesis topic submission as well as the deadline of submitting your complete thesis during 6th year is published in the relevant Info Sheet.

Phase 1: Registration of the thesis topic

To be filled in the second semester of the fourth year. The form has to be submitted at the Foreign Students' Secretariat.

Name of the student, Neptun code:

Mailing address:

Thesis topic:

Signature of the Head of the Department, if the topic chosen is different from those published by the department

*Signature:and
stamp:*

Department:

Name of the supervisor: Academic title:.....

Is an ethical approval needed for the thesis topic? Yes No If yes, the number of the ethical approval:

.....

Compulsory bibliography:.....

.....

.....

Compulsory research work:

.....

.....

Signature of the supervisor: *Stamp*

Date:

Phase 2: Consultations

From 5th year on, this form can be collected at the Foreign Students' Secretariat in order to get the completed consultations certified by your supervisor.

Date of first consultation:

Opinion and suggestion of the supervisor:

Signature of the supervisor: *Stamp* Signature of the student:.....

Date of second consultation:

Opinion and suggestion of the supervisor:

Signature of the supervisor: *Stamp* Signature of the student:.....

Date of third consultation:

Opinion and suggestion of the supervisor:

Signature of the supervisor: *Stamp* Signature of the student:

Phase 3: Submission of the completed thesis and consultation form

in 6th year, place of submission: Foreign Students' Secretariat

Title of the thesis (it is sufficient to provide it when submitting the completed thesis):

Suggestion of the supervisor (*Please underline*):

The thesis can be submitted

The thesis cannot be submitted

Signature of the supervisor: *Stamp*

Date:

Date of thesis submission (to be filled in by the Academic Office):.....