

## ACCEPTANCE LETTER

For Summer Practice in Medical Communication Skills

<b>Personal data of the student:</b>	
Surname:	First name:
Email address:	EHA code:
Mailing address:	Phone number:

<b>Practice details (to be completed by the host institution):</b>	
Name of family practitioner:	
Address:	
Period of practice (from/until):	
Family practitioner's email address:	
Telephone number:	Fax:

<b>Conditions for acceptance:</b>
The basics of doctor-patient encounter. Meeting with the patient. Greeting. Interviewing Patients. Verbal and non-verbal communication. Ethical issues.
<b>Practice:</b>
Day 1. : ntroduction to the team. Place and role of the medical student in the office.
Day 2.: introduction, greeting, getting familiar with patients and their problems, administration, latent studiing, somatometric data collection
Day 3.: the first interview with patient, reason of the patient's presence, complaints, basic data, environment
Day 4.: home-visit, evaluation of the home-visit
Day 5.: second patient interview, evaluation of the interview, evaluation of the summer practice

I acknowledge and accept that the practice will be completed  
according to the requirements mentioned above

Supervisor's signature:	Date/Stamp:
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