During 1990s of the 20th century period we established the successful passing the test as a condition of achieving the credit in the subject of psychiatry. At the beginning, the success was approximately at 70%, the unsuccessful students of the test had to repeat it. As the percentage of failures was relatively high, the same tests were submitted to the doctors from clinics, mostly already attested. Even our colleagues did not achieve greater success than the undergraduate students. In fact, the battery of questions contained a number of "catch questions", which were not essential for mastering the basics of psychiatry. Therefore, at the end of the 1990s, we returned to a practical individual examination of the patient as a condition of getting a credit. As a clinical workplace, we support the idea that the oral test can examine the student’s knowledge better and can give the examiner a greater possibility to determine student’s ability to synthesize the knowledge, received during the study at the Faculty, in the diagnostic and differentially diagnostic processes. The oral examination can also give the student a chance to complete and/or correct some partial ignorance which would lead to a failure in the test. Finally, we find the personal contact with the examiner as well as and the method of communication extremely important, as communication plays key role in our field and its skills cannot be verified by testing. However, we are considering a supplementary form of testing when testing English-speaking students who, because of the language barrier, only with difficulties manage examination of patients which is in psychiatry based on an interview. Test questions will have to be drafted simply focusing on the basic knowledge of the subject. Let me add an interesting detail at the end: since the examination of pharmacology in the form of electronic tests was introduced, students’ knowledge of psychotropic drugs has rapidly decreased.