

LETTER OF ACCEPTANCE

1-week Oncological Module in Internal Medicine practice

Name of the student:.....

Period of practice:.....

Name of the hospital/clinic:

Address of the hospital/clinic:

Accreditation number of the hospital/clinic:

Contact person :

Phone number:

E-mail address:

The above-namedstudent is accepted to perform his/her compulsory practice at our institution for a period of one week. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp

Oncological Module in Internal Medicine Practice

5x6 hours: Oncoteams

Format and elements of the medical documentations for the Oncoteam, workflow of the multidisciplinary teams, most important legal regulations regarding oncological care

Students participate at the daily Oncoteam of the Department (8-9 a.m.), later on they join the Organ-specific Oncoteams out of: Head & neck, Urological, Dermatological, Breast, Pulmonological, Neurological, Gynaecological, Gastro, Neuroendocrin, Radiation therapy, Stereotactical Radiation Teams