

LETTER OF ACCEPTANCE

1-week Oncological Module in Surgery 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

5x6 hours: Practical aspects of medical therapies

Oncology ward practice

Physical examination, anamnesis record, therapeutic plan, pharmacological effect of medications, side effect management, oncological emergencies (increase in cranial pressure, febrile neutropenia, pain control, hypercalcaemia)

Supportive treatments: anti-emetic therapies, nutrition, bis-phosphonate, mucositis and dermatitis prevention and treatment

Ambulant chemotherapy

Hormone- and immune therapies, their effects and treatment of their side-effects, focusing on types, symptoms and acute treatment of immune-mediated side-effects