

# 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: .....

Medical school/university the hospital is affiliated with:

.....

Contact person : .....

Phone number: .....

E-mail address: .....

The above-named 6th year student 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