



## ***Oncology Practice Evaluation Sheet 6<sup>th</sup> Year***

### **Oncological Module in Surgery Practice**

#### **5x6 hours: Practical aspects of medical therapies**

Name of the Student, EHA code:

Period of the Registration:

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#### ***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

<b>Period</b>	<b>Date</b>	<b>Task</b>	<b>Signature of the Supervisor</b>
6 hours			
6 hours			
6 hours			

#### ***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

<b>Period</b>	<b>Date</b>	<b>Task</b>	<b>Signature of the Supervisor</b>
6 hours			
6 hours			

Hereby I approve the completion of the Oncological Module in Surgery Practice: