



Oncology Practice Evaluation Sheet 6th Year
Oncological Module in Internal Medicine Practice
5x6 hours: Oncoteams

Name of the Student, NEPTUN code:

Period of practice: -

Name of Hospital and the medical university it is affiliated with:

.....
.....

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

Students join to the assigned specialists for patient examinations (in Building B at University of Szeged), later on they join the Organ-specific Oncoteams according to the attached schedule.

Ambulant chemotherapy

	Date	Task	Signature of the Supervisor
1.			
2.			
3.			
4.			
5.			

Organ-specific Oncoteams (According to the weekly schedule of the Dept. Oncotherapy, Szeged, can be different at other sites)

Team	Date	Task	Signature of the Supervisor
M: Head & neck, Uro			
Tu: Dermato, Breast, Pulmo			
W: Neuro			
Th: Gynaeco, Gastro			
Other:			

Hereby I approve the completion of the Oncological Module in Internal Medicine Practice:

Date:

Head of the Department