



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

### **Oncological Module in Obstetrics and Gynaecology Practice 5x6 hours: Practical aspects of radiation therapies**

Name of the Student, NEPTUN code: .....

Period of practice: ..... - .....

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

.....

.....

#### ***Physical bases of radiation therapies***

Preparation of radiation therapy, steps of radiation planning, types of radiation devices

| Period  | Date | Task | Signature of the Supervisor |
|---------|------|------|-----------------------------|
| 6 hours |      |      |                             |

#### ***Brachytherapy***

Practical techniques of brachytherapy, focusing on the radio- and radio-chemotherapy of gynaecological tumors

| Period  | Date | Task | Signature of the Supervisor |
|---------|------|------|-----------------------------|
| 6 hours |      |      |                             |

#### ***Teletherapy***

Stereotactic radiations (cranial and extracranial)

Radiation therapy in oncological emergencies: spinal cord compression, vena cava superior syndrome, basic principles and practical aspects of radiation treatment of bone metastases, pain relief, bleeding

| Period  | Date | Task | Signature of the Supervisor |
|---------|------|------|-----------------------------|
| 6 hours |      |      |                             |
| 6 hours |      |      |                             |
| 6 hours |      |      |                             |

Hereby I approve the completion of the Oncological Module in Obstetrics and Gynaecology Practice:

Date: .....

Head of the Department