

Oncology Practice Evaluation Sheet 6th Year

Oncological Module in Surgery Practice 5x6 hours: Practical aspects of medical therapies

| Oncology ward practice | |
|-------------------------|--|
| Period of the practice: | |
| Name of the Student: | |

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

| Period | Date | Task | Signature and stamp of the Supervisor |
|---------|------|------|---------------------------------------|
| 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

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

| Hereby I appr | ove the comple | tion of the Oncological Module in Surgery | Practice: |
|---------------|----------------|---|-----------|
| D . | - | | |
| Date: | | • • • • | |

Signature and stamp of the Head of the Department