



## COURSE EVALUATION SHEET for professional practice

Student's name: .....

Student Identification code (NEPTUN kód): .....

Year: .....

Name of practice: .....

Period of practice: .....

Name and address of the hospital/clinic: .....

.....

.....

Department: .....

Written assessment of the student's performance: .....

.....

.....

.....

Institutional Seal

Signature

*Comments: Once the practice has been completed, this form must be filled in and returned directly to the Hungarian Students' Secretariat.*



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

### **Oncological Module in Internal Medicine Practice**

#### **5x6 hours: Oncoteams**

Name of the Student:

Period of the practice:

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

Students participate at the daily Oncoteam of the Department (8-9 a.m.), later on they join the Organ-specific Oncoteams

#### *Daily Oncoteam at the Department*

	<b>Date</b>	<b>Task</b>	<b>Signature and stamp of the Supervisor</b>
1.			
2.			
3.			
4.			
5.			

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

<b>Team</b>	<b>Date</b>	<b>Task</b>	<b>Signature and stamp of the Supervisor</b>
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: .....

Signature and stamp of the  
Head of the Department



## ***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:

Period of the practice:

#### ***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 and stamp 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 and stamp of the Supervisor</b>
6 hours			
6 hours			

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

Date: .....

Signature and stamp of the  
Head of the Department



## 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:

Period of the practice:

#### *Physical bases of radiation therapies*

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

Period	Date	Task	Signature and stamp of the Supervisor
6 hours			

#### *Brachytherapy*

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

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

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

Date: .....

Signature and stamp of the  
Head of the Department