

Clinical Competency Requirements

23 Clinical Competencies must be successfully completed prior to graduation. The Competency list is divided by anatomic regions. There is no set order in which the competencies must be performed; however, there is a required minimum number that must be completed each semester (see Master Competency Checklist). The student is encouraged to begin with basic 3D conformal treatments and progress to more complex plans after mastering basic skills. The student should practice and perfect their skills prior to attempting a competency. The competency must be performed on a patient dataset different from practice datasets.

The following 5 competencies will be satisfied within Clinical Lab Assignments:

1. Mantle treatment plan (lymphoma-full mantle with off-axis calculations)
2. Conventional 3D plan for Anus/Vulva
3. Brachytherapy treatment plan (LDR interstitial or HDR intracavitary)*
4. Craniospinal (CSI) plan
5. SBRT treatment plan

Note: The student is encouraged to complete any of the above requirements on a live patient in the clinic if the opportunity arises. *One brachytherapy plan must be performed using a patient data set in the clinic.

Clinical Competency Evaluations

The preceptor/clinical instructor must fill out a clinical competency evaluation form in the Clinical Management system Typhon following each competency attempt. The type of competency evaluation submitted in Typhon should correlate with the technique that is used (i.e. some competencies can only be IMRT/VMAT, some can be any technique, some require 3D technique only). Evaluations are labeled in Typhon as follows:

- 3D Conformal (CRT) Photon Plan
- IMRT (this includes VMAT or SBRT) Plan
- External beam Electron Plan
- Image Fusion (PET, MR, etc)
- Brachytherapy (Interstitial or Intracavitary)
- Proton Evaluation (optional for those with proton exposure)

Competency Grading

All competency evaluation forms should be reviewed with the student after completion.

Students are responsible for submitting their completed evaluations (required number of completed competencies is determined by semester) and Master Competency Checklist by the designated due dates in the respective clinical course. If an issue arises and an evaluation cannot be submitted by the date indicated, the Clinical Education Coordinator* must be notified. Points will be deducted for late submissions without notification.

A student must score “Satisfactory” in all categories on the competency evaluation form. Any task item on the Typhon Competency Evaluation marked as “Unsatisfactory” constitutes a competency failure and needs to be marked as such on the evaluation.

Competency Failure/ Poor Clinical Performance

The initial competency failure must be reported by either email or telephone call to the Clinical Education Coordinator on the day that the failure occurs. A remedial plan to improve student weaknesses will be developed.

If the student fails a competency and then passes on the second attempt, both competency forms must be filled out and submitted in the Clinical Management system, and in Canvas for grading. The initial failure will result in a zero, which will then average with the passing second attempt for a final grade of 50% for that competency.

If the student fails a competency on a second attempt, a Medical Dosimetry Advisory committee meeting will be scheduled within 10 business days of the reported failure to recommend additional remedial actions or possible dismissal from the program. The Clinical Preceptor, or a designated clinical representative, must participate in the Advisory meeting.

Note: Failure of more than one competency from the Master Competency Checklist will also constitute a Program Advisory Committee Review and probable dismissal from the program.

If a student is performing poorly in the clinic and has not attempted a competency, it is recommended that the Clinical Education Coordinator be notified to help the clinical staff devise and implement remedial actions as early as possible.

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