Photon Planning Competency Evaluation (rev2015) Completed by the Clinical Instructors, regarding the Students (ALL), answered on a As needed basis. Before beginning an evaluation, the clinical instructors will be asked to select which student they are evaluating, followed by the date of the evaluation period. Select the external beam photon planning competency from the drop down menu below: **\$** --SELECT ONE--(ANSWER REQUIRED) If Other competency, please specify the type here: Please assign each task a score of Satisfactory or Unsatisfactory. Unsatisfactory in any essential task constitutes competency failure. The student will repeat the competency at a later date. Unsatisfactory Satisfactory N/A Discusses the plan prescription with the physician. Additional Comment: Loads the patient imaging studies into the planning computer. Additional Comment: Contours the appropriate anatomy on the image data set. Additional Comment: Successfully places the isocenter using simulation data. Additional Comment: Correctly generates plan using blocks, wedges, segmented fields.

Generates plan with appropriate energies.

Generates plan with appropriate weighting.

Additional Comment:

Additional Comment:

0		\circ		0
Additional Comment:				
Accurately calculates daily isocenter dose for each treatment field using prescription % and weighting.				
0		\circ		0
Additional Comment:				
Accurately generates a	single fraction DVH or co	omposite DVI	H (for correct # of fraction	ons).
0		\circ		0
Additional Comment:				
Communicates effectively with physician for plan review and makes changes as requested.				
0		0		0
Additional Comment:				
Unsatisfacto	ry Sa	ntisfactory		N/A
Exports/Prints appropri	ate plan data.			
0		0		0
Additional Comment:				
Performs a verification	calculation for plan MU s	ettings.		
0		0		0
Additional Comment:		No.		
Enters correct paramet	ers for the patient chart.			
0		\circ		0
Additional Comment:				
Performs pretreatment	checks/calculations.			
0		\circ		0
Additional Comment:		-		
Observes patient treatr	nent.			
0		0		0
Additional Comment:		-		
(ANSWER REQUIRED FO	OR EACH OPTION)			
Overall rating:				
	Fail		Pass	
If applicable, please sp	ecify reason for failure:			
(ANSWER REQUIRED)				

Submit Evaluation