

# Learning the Ropes: Clinical Immersion in the First Month of Residency

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# **Goals for the First Month**

- Didactic:
  - Equipment
  - Workflow
- Soft Skills
  - Get to know departmental staff
  - Staff gets to know resident

		BREAKING BARRIERS TO BEAT CANCER
Mentor	Subject	Tasks
SD	Clinic Orientation	<ul> <li>Attend all orientation lectures</li> <li>Follow three patients (H&amp;N, breast, prostate) longitudinally from consult through treatment</li> <li>Observe Simulation/HDR (1 week)</li> <li>Observe Elekta (1 week)</li> <li>Observe Tomo/Dosimetry (1 week)</li> </ul>
	QA Orientation	<ul> <li>Attend radiation safety training. Sign-off on training topics.</li> <li>Credential Radiation Safety read-and-sign</li> <li>Attend engineering introduction to treatment machines</li> <li>Attend machine operation and safety inservice</li> <li>Observe machine warm-up and daily (morning) QAs on all treatment and simulation units:</li> <li>Agility, Integrity, Tomo, HDR, Gamma Knife, CT-sim. Coordinate with the appropriate therapists.</li> <li>Complete on-line Mandatory Annual Training</li> <li>Attend new employee orientation</li> </ul>
	Required Reading	<ul> <li>AAPM TG109 - Code of Ethics (4<sup>th</sup> week)</li> <li>ASTRO Safety is No Accident (3<sup>rd</sup> week)</li> <li>AAPM MPPG on Supervision (2<sup>nd</sup> week)</li> </ul>
	Didactics	<ul> <li>Review basic principles in radiation therapy chapter in Perez &amp; Brady</li> <li>Review Emami et al paper &amp; Milano et al paper Semin Radiat Oncol 17:131-140, 2007</li> <li>Review simulation P&amp;Ps</li> <li>Clinical Lectures</li> <li>Clinical Conferences</li> </ul>

## *Clinic Orientation: The "axial" slice of workflow*



COMPREHENSIVE CANCER CENTER RADIATION ONCOLOGY

# **Clinic Orientation Week 1: Administrative**

- 2 Days of Orientation jointly with Physician Residents
  - Shared physics/RadOnc residency room
  - Establish social ties with physician residents
- 1 Day for mandatory training (HIPAA etc.)
- 1 Day for departmental training (engineering intro, linac safety, radiation safety etc.)

# **Clinic Orientation Week 2: Simulation**

- Meet RTTs on simulator
- "Pretend here is your new therapy student"
- Simulation connects patients from physician to treatment
- Introduces the human aspect to the chart
- Appreciate the challenges of a good setup
- Learn about good bedside manners
- Communication between care team members

ADIATION ONCOLOGY

# **Clinic Orientation Week 3: Elekta**

- Meet RTTs on machines
- Learn about reproducibility of setup from Sim to treatment
- Relationship between RTT and patient
- Feedback loop from machine to attending
- Start recognizing types of treatments (breast, prostate, H&N)
- Get a feel for workflow, typical issues (e.g. Monday chemo patients etc.)





# **Clinic Orientation Week 4: Tomo/Dosimetry**

- Meet Tomo RTT team
- Compare/contrast Tomo vs. Elekta workflow
- Dosimetry
  - Meet dosimetrists
  - Workflow
  - Communication between dosimetrist, resident, attending, physics

### Clinic Orientation: The "longitudinal" slice of workflow



# **Site-Specific Clinic Rotation**

- In parallel to machine observation
- Three high-volume sites:
  - Breast
  - H&N
  - Lung
- Strengthens tie with three of the physician residents

# **QA** orientation

# **QA orientation: Daily warm-ups**

- Work with morning RTT, Clin Eng, Physics
- Why it is important to leave machines in a good state at night!
- How to communicate issues found at night and actions taken to morning warm-up

Machine down. Clin Eng/Chief RTT notified. No ETA for repair. Resident, 8/2 10 pm

# **Other Thoughts**

# Shared Workspace Physician/Physics residents

- Larger peer group means better social support
  - Finding your best buddy to weather the storms
  - Can de-escalate tension between the two physics residents
  - Diversity of background and experience
- Mutual understanding between professions
- Mutual teaching of didactics



ICAL CENTER IENSIVE CANCER CENTER RADIATION ONCOLOGY