External Beam ELECTRON Planning Competency

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.

1 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 field/SSD using simulation data.

○ ○ ○

Additional Comment: [_____]

Correctly generates plan using appropriate cone/cutout size.

○ ○ ○

Additional Comment: [_____]

Generates plan with correct reference depth.

○ ○ ○

Additional Comment: [_____]

Generates plan with appropriate energy.

○ ○ ○

Additional Comment: [_____]

Correctly adds the appropriate thickness of bolus.

○ ○ ○

Additional Comment: [_____]

Generates bolus to adequately cover treatment field borders.

○ ○ ○

Additional Comment: [_____]

Accurately calculates daily dose for treatment field using prescription % and weighting.

	O	O	O

Additional Comment: [_____]

Unsatisfactory	**Satisfactory**	**N/A**

Accurately generates a single fraction DVH or composite DVH (for correct # of fractions).

	O	O	O

Additional Comment: [_____]

Communicates effectively with physician for plan review and makes changes as requested.

	O	O	O

Additional Comment: [_____]

Exports/Prints appropriate plan data.

	O	O	O

Additional Comment: [_____]

Performs hand verification calculations for plan MU settings using data/calc books

	O	O	O

Additional Comment: [_____]

Enters in correct parameters for patient chart.

	O	O	O

Additional Comment: [_____]

Performs pretreatment checks/calculations.

	O	O	O

Additional Comment: [_____]

Observes patient treatment.

	O	O	O

Additional Comment: [_____]

(ANSWER REQUIRED FOR EACH OPTION)

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2 Overall rating:

Fail	**Pass**
O	O

If applicable, please specify reason for failure: [_____]

(ANSWER REQUIRED)

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3 Additional Comments:

[_____]

[Preview Submit (Results NOT Saved)]