

Contouring and Plan Evaluation Tool (CPET)

Trainee RANZCR ID: _____ Clinical Supervisor: _____

Patient Details Initials: _____ Age: _____ Tumour Site: _____

Brief description of the case:

e.g. 'Palliative RT for painful bony metastases lumbar spine' or 'Definitive RT for T2N2b SCC right base of tongue'

Key:

Direct input Requires direct instructions and inputs to fill knowledge gaps or to deliver effective treatment.	Substantial Guidance Requires substantial guidance to complete. Major corrections needed in order to deliver effective treatment.	Some Guidance Requires minimal supervision, but some guidance. Minor corrections needed to proposed treatment.	Competent Does not require guidance or support. Any suggestions for improvement had no significant impact on proposed treatment. Capable of independent practice.
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Instructions Please consider the trainee's performance on each of the following items. Tick the box which best corresponds to the trainee's level of performance. Provide specific feedback on how the trainee may improve toward the level of independent practice. Document feedback that would be most helpful to the trainee at this stage in their development.	Not Applicable	Direct Input	Substantial Guidance	Some Guidance	Competent
Simulation – Imaging Appropriate choice of simulation modality, patient positioning and immobilisation, use of contrast, physiological/internal motion management and clinical marks/bolus.					
Simulation - Image fusion Selection of appropriate imaging, plus fusion verification.					
Contouring - Target volumes Delineation and explanation of GTV, CTV (with ITV, if appropriate) and PTVs.					
Contouring - Organs at risk Delineation and explanation of OARs.					

Treatment technique and dose prescription Appropriate choice of radiation modality, energy, technique; dose/fraction regimen; dose constraints on OAR, image guidance strategy; intrafraction motion management strategy.					
Plan evaluation Effective evaluation of: target coverage; dose to OAR; and overall plan quality. Effective explanation of changes needed to improve plan quality.					

Level of Entrustment:

Select the level which is indicative of the trainee's performance on this case (provide an **overall impression** of the trainee's performance, as opposed to averaging the ratings indicated above).

<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Level 4
Direct input Requires direct instructions and inputs to fill knowledge gaps or to deliver effective treatment.	Substantial Guidance Requires substantial guidance to complete. Major corrections needed in order to deliver effective treatment.	Some Guidance Requires minimal supervision, but some guidance. Minor corrections needed to proposed treatment.	Competent Does not require guidance or support. Any suggestions for improvement had no significant impact on proposed treatment. Capable of independent practice

Clinical Supervisor signature: _____ Trainee signature: _____