



Practical Oncology Experience (POE) – Radiation Treatment Planning – Log Sheet

Trainee Full Name: _____ Training Site: _____

Attendance Record

<i>Case Requirement</i>	<i>Date of Experience</i>	<i>Patient Initials and Record Number</i>	<i>Signed off by</i>
Look at the following plans:			
• Breast Cancer Plan			
• Prostate Cancer Plan			
• Other Thoracic Plan			
• Other Pelvic Plan			
• Head and Neck Plan			
• Single field plan			
• Parallel opposed fields plan			
• Multi-field (>2) plan			
• Plan using blocks or MLC shielding			
• Plan using bolus			
• Electron Plan			
• Superficial or Orthovoltage plan			

TRAINEE DECLARATION

I declare that I have attended the sessions listed and obtained sign-off from the supervisor(s) nominated. I have completed this Practical Oncology Experience.

Trainee signature

Date



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Making of individually moulded equipment (vacuum-bag, thermoplastic mask or perspex cast)			
Marking of tattoos at simulation			
Prescription using field(s) – DRR or sim film			
Prescription to a target volume			
Observe a simulator QA procedure (by physicist or RT)			

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Trainee signature

Date

DIRECTOR OF TRAINING APPROVAL

Director of Training Name

Director of Training Signature

Date