



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>
Breast Cancer Treatment			
Prostate Cancer Treatment			
Other Thoracic Treatment			
Other Pelvic Treatment			
Treatment of a Limb			
Head and Neck Treatment			
Multi-field Treatment			
Single field or parallel opposed fields treatment			
Treatment using blocks of MLC shielding			
Treatment using bolus			
Treatment using electrons			

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



The Royal Australian and New Zealand College of Radiologists®

The Faculty of Radiation Oncology

Practical Oncology Experience (POE) – Treatment Machines - Log Sheet

Trainee Full Name: _____ Training Site: _____

Attendance

<i>Case Requirement</i>	<i>Date of Experience</i>	<i>Patient Initials and Record Number</i>	<i>Signed off by</i>
Immobilisation using individually moulded equipment (vacuum bag, thermoplastic mask or Perspex cast)			
Immobilisation (without individually moulded equipment)			
Treatment verification using port film, EPI or kV portal image			
Observe a machine QA procedure (by physicist or RT)			
Observe the initiation of a new course of radiation treatment (1st fraction)			
Correctly identify the following if used on the machine: electron trimmer/ cone, physical wedge, block tray			
Superficial or Orthovoltage Treatment			
Any Case			
Any Case			

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



The Royal Australian and New Zealand
College of Radiologists®

The Faculty of Radiation Oncology

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

DIRECTOR OF TRAINING APPROVAL

Director of Training Name

Director of Training Signature

Date