

# Clinical Specialist Radiation Therapist (CSRT)

## Sustainability Project:

### New CSRT Report

Name: <name>

Clinical Specialist Radiation Therapist - <speciality/disease site>

Supervisor: <name>

Manager: <name>

Location: <location>

Submitted: <date>

Contact Info: <name>

<address>

<phone number>

<email address>

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## CSRT DEVELOPMENT

### CURRENT JOB DESCRIPTION

\* Complete for April 15<sup>th</sup>, 2016

*In this section please insert the current job description for your position, highlighting and explaining any changes from the original job description. This need not include the administrative information required for your human resources department.*

*Please highlight any NEW skills/activities you are undertaking/delegated in the updated position description*

New Skill / Activity	Description	Start Date

*Complete the table below with your typical weekly schedule with regards to the various aspects of your position (e.g. clinical duties, research, education, teaching/mentoring, other, etc.). Provide further details, if required, outside of the table provided below.*

TYPICAL WEEKLY SCHEDULE					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

### ADVANCED PRACTICE SKILLS/TASKS

\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*In this section please list and describe advanced practice skills that you are currently working on or plan to work on in the future.*

ADVANCED PRACTICE SKILLS/TASKS	
Current Advanced Practice Skills/Tasks	Future Advanced Practice Skills/Tasks

## PROCESS FLOW MAP

\*Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*In this section please insert your Process Flow Map.*

***NOTE: If you have revised it since initial submission, please insert revised version. If you have not made any revisions, please provide it here and indicate that “no revisions” have been made since your initial submission.***

## COMPETENCY DEVELOPMENT PLAN/LEARNING OBJECTIVES

\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*In this section please insert your Competency Development Plan/Learning Objectives. Please comment on the status of the learning objectives listed (e.g. 'completed', 'in progress', etc.) and add any new objectives you have established since the original plan was developed.*

## COMPETENCY ASSESSMENT

\*Ottawa, Southlake, Peel, Simcoe Muskoka and Odette- Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

\*Durham, PMH-Complete for April 15<sup>th</sup>, 2016

*In this section please insert the Competency Assessment Form completed by your direct supervisor(s), and/or other stakeholders as identified within the program.*

***NOTE: Only submit the completed forms from the most recently scheduled evaluation.***

## CONCORDANCE DATA

**\*Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)**

*Insert concordance data in the relevant spreadsheet if available.*

*In this section, please insert your abstract for the (planned/ongoing/completed) concordance project and include the headings listed below. Ensure that you include the time range of data collection (per period if appropriate), total N (and subgroup n), definitions of your gold standard (including # of persons where applicable) as well as the definitions how you are defining concordance.*

Background:

Methodology:

Findings:

Discussion:

Conclusion:

Quality Summary:

Quantity Summary:



## CSRT SAFETY OCCURRENCE PROTOCOL

*\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)*

*Record information, if applicable, in the relevant spreadsheet. Please describe any safety issues associated with your position or the CSRT role that have been identified during your position, include time range of tracking, number of occurrence, and degree of occurrences (e.g., minor/major). It is not required that you include specific details of occurrence, but, rather, provide a general overview of issues that may impact patient, staff, and institutional safety (length of document can be as you require it). If no incidents occurred, please provide a brief confirmation that no incidents have occurred to date (e.g. 'No patient or staff safety concerns or safety issues were associated with this role during the period of XX to XX.'). If others offered information in regards to safety issues, provide this information; however, do not include personal identifiers.*

## QUANTITY MEASURES

### WAIT TIMES

\* Durham-Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

\*Ottawa, Southlake, Peel, Simcoe, Muskoka, Odette-Complete for February 15<sup>th</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*Insert wait time data in the relevant spreadsheet if available.*

*In this section, please insert your abstract on the (planned/ongoing/completed) wait time project and include the headings listed below. Ensure that you include the time range of data collection (per period if appropriate), total N (and subgroup n), measurement of wait time (minutes, seconds, hours, days, etc.), identify how your position impacted the wait time (or not) and how your advanced skills contributed to this.*

Background:

Methodology:

Findings:

Discussion:

Conclusion:

Quality Summary:

Quantity Summary:

## THROUGHPUT AND TIME SAVINGS

*\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)*

*Insert your data in the relevant spreadsheet if available.*

*In this section, please insert your abstract(s) on the throughput and time savings project(s) and include the headings listed below. Ensure that you include the time range of data collection (per period if appropriate), total N (and subgroup n), identify how your position impacted the situation (or not) and how your advanced skills contributed to this. Also, please include all information associated with calculation of throughput and time savings e.g., How did you calculate time (minutes, seconds, hours)? How did you determine dollar value associated with time savings (oncologist /nurse wage, funding associated with new case)?*

Background:

Methodology:

Findings:

Discussion:

Conclusion:

Quality Summary:

Quantity Summary:

# QUALITY MEASURES

## STAKEHOLDER SATISFACTION

Stakeholder Satisfaction \*Ottawa, Durham, Simcoe Muskoka-Complete for December 21<sup>st</sup>, 2015

*Insert stakeholder satisfaction data in the relevant spreadsheet. In this section results should be written up as a partial abstract and include headings such as Findings, Discussion, Challenges’.*

*Ensure that you include the time range of data collection (per period if appropriate). Do not include personal identifiers.*

Radiation Therapist Satisfaction \*Durham- Complete for December 21<sup>st</sup>, 2015

*Insert radiation therapist satisfaction data in the relevant spreadsheet. In this section results should be written up as a partial abstract and include headings such as Findings, Discussion, Challenges’*

*Ensure that you include the time range of data collection (per period if appropriate). Do not include personal identifiers.*

Patient Satisfaction \* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*Insert patient satisfaction data in the relevant spreadsheet. In this section results should be written up as a partial abstract and include headings such as ‘Findings, Discussion, Challenges’.*

*Ensure that you include the time range of data collection (per period if appropriate). **Do not include personal identifiers.***

## IMPROVED PROCESSES

\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*In this section document any process improvements that you have been able to complete or are planning. Please note that the amount of information that you provide per improvement listed should be at the level of an abstract submission.*

IMPROVED PROCESSES			
Description of Process Improvement Activity	Category of Improvement: <ul style="list-style-type: none"><li>• Patient experience</li><li>• Patient outcomes</li><li>• Provider experience</li></ul>	Data to Support Improvement <i>*sample size, time period, numerator, denominators, etc.</i>	Impact Conclusion

# INNOVATION, DEVELOPMENT AND KNOWLEDGE TRANSLATION MEASURES

Activities to be included in this section can be categorized under a number of headings including:

- A new service
- A new process or model of care
- Program evaluation
- New knowledge
- Knowledge translation/adoption
- Dissemination (academic/scholarly activity)
- Teaching

The tables below are for recording your innovations and knowledge translation activities (completed, in progress or planned). Examples have been inserted in some cases to illustrate the nature of activities that are suitable for the categories.

## 1. INNOVATIONS

\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

INNOVATIONS	
Category	Descriptions
New Service	<b>Media-facilitated Follow Ups:</b> As Lead, a grant proposal has been written and submitted for the initiation and evaluation of impact of a new CSRT led telemedicine follow-up care program via phone, email and/or video conference. Follow up appointments are not currently standard practice in the PROP Program.
New Process / Model of Care	<b>Outcome Monitoring and Analysis:</b> The CSRT manages a database to collect information on palliative and radical H&N cases: disease free survival, severity and dissipation of treatment related sequelae, time to recurrence, second primaries, long term complications, persistent disease, etc. Future analyses will be conducted to look for recurrence trends that will inform treatment decisions for the H&N population.
Program Evaluation	<b>Attendance patterns related to current funding model:</b> Data was collected for 21 skin clinics (Sep 11 – Mar 12) resulting in 282 patients booked for appointments. Of these, 19 (7%) failed to show for their appointment. Of the patients who attended clinic and were potentially new radiation cases, 30% (78/263) were previously seen for other lesions (BCC or SCC) and 70% (185/263) were valid new cases to the program. Analysis of this data is currently underway and potential actions to improve patient attendance and understand/report on the patient population relative to the funding model are currently in the initial stages.

## 2. KNOWLEDGE TRANSLATION AND DISSEMINATION

\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*In addition to the information provided in the 'Publications' section of your submitted CV (Appendix A), please include a summary of your activity. Please fill in the below tables. If you have any questions regarding what content should or should not be included, do not hesitate to contact Nicole or Laura. Please attach any abstracts available.*

Presentations				
	Intra-department (e.g., staff meetings, RT supervisor/manager meets, etc.)	Inter-department (e.g., centre rounds, other profession's meetings, etc.)	External (e.g., community, other cancer centres, etc.)	Conference (e.g., invited or peer-reviewed)
Poster				
Podium				
Workshop				
Panel				
<b>TOTAL</b>				

Teaching/ Mentoring				
	Intra-department (e.g., RT team members, new RT staff)	Inter-department (i.e., other non-RT health care professionals)	Undergraduate or Pre-Certification Lessons/Courses (e.g., RT students, Residents/Fellows)	Post-Certification, Professional Development, or Continuing Medical Education Lessons/Courses
Mentoring (informal)				
Teaching (formal)				
<b>TOTAL</b>				

### 3. CURRENT RESEARCH INVOLVEMENT

\* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

*In this section please include a summary of any research involvement **that has not been captured in your CV** (because there has been no academic production to date) by filling in the table below. Please demonstrate how your involvement utilizes advanced practice skills/competencies. Please attach any abstracts available.*

RESEARCH INVOLVEMENT	
<b>Research Project #1 - Title</b>	
<b>Period of Involvement:</b>	
<b>Purpose:</b>	
<b>Description:</b>	<p><i><b>Example:</b></i></p> <p><i><b>Technique Change:</b> In Princess Margaret Hospital, left sided breast cancer patients undergoing whole breast irradiation are screened through a protocol for the moderate deep inspiration breath-hold (mDIBH) technique to decrease cardiac toxicity. The breast CSRT is collaborating with a Radiation Oncologist to use ultrasound to identify patients who would benefit from the heart sparing mDIBH technique.</i></p>
<b>CSRT Role:</b>	
<b>Relevant Advanced Practice Skills/ Competencies:</b>	
<b>Research Project #2 - Title</b>	
<b>Period of Involvement:</b>	
<b>Purpose:</b>	
<b>Description:</b>	
<b>CSRT Role:</b>	
<b>Relevant Advanced Practice Skills/ Competencies:</b>	
<b>Research Project #3 - Title</b>	
<b>Period of Involvement:</b>	
<b>Purpose:</b>	
<b>Description:</b>	
<b>CSRT Role:</b>	
<b>Relevant Advanced Practice Skills/ Competencies:</b>	



## QUALITATIVE COMMENTS

*In this section please include any comments that you have received from direct supervisors, managers, other colleagues, patients, etc. about your work that you would like to share. Cards from patients or family members or comments from colleagues can be included here. Personal identifiers should not be included, however, you may want to include general information about the individual that provided the card/comment (e.g. indicate whether the individual was a patient, family member, co-worker, manager, etc.).*

## CSRT REFLECTION

*In this section please include a write up of your experience and learning in your position. This section should be 1-2 pages single spaced.*

*As you are the integral component of this project, it is important for us to understand your thoughts and feelings about the CSRT role across time. We would like you to create an informal response to the below questions. Your information will be used qualitatively to understand the positive and negative components of the CSRT role.*

*Please note that your position will **not** be evaluated based on your response. Your current manager will not be given a copy of this response. Information from this informal report will be aggregated and personal identifiers/remarks will be removed for purposes of evaluating the role.*

*Please take a moment to consider the questions. Please note that you will be asked to complete these questions at approximately the 6-month and 1-year marks of your position, and annually thereafter.*

1. What do you find enjoyable about the CSRT role?
2. What do you find challenging about the CSRT role (both personal challenges and externally imposed challenges)?
  - a. What would you change? How would you change it?
3. How do others perceive you in this role? How easy has it been to integrate into your environment?
4. Comment about the training you received during this position.
5. Comment about your confidence and ability to complete the tasks asked of you.
6. Comment on any safety concerns you have regarding the CSRT role (i.e., patient or staff).
7. Comment on your perceived impact on patients and coworkers to date.
8. Identify any other comments you have that are not addressed in the above questions.

**APPENDIX A: Curriculum Vitae Template** \* Complete for December 21<sup>st</sup>, 2015 (Final data to be submitted April 15<sup>th</sup>, 2016)

**Curriculum Vitae**

**(First and Last Name, Degrees)**

**Radiation Therapist  
Assistant Professor  
Date**

**A. Biographical Information**

Primary Office                      Centre/Hospital  
# Street  
City, Province, Canada  
Postal Code

Telephone                          Number  
Cell phone                        Number  
Fax                                  Number  
Email                                [Name@institution.ca](mailto:Name@institution.ca)

**1. EDUCATION**

**Degrees**

Year – Year                      Degree and Institution  
*Example: MSc, Radiation Therapy, Faculty of Health, Social Care & Education, Anglia Ruskin University, Cambridge, United Kingdom. Supervisor: Jon Svensson.*

Year – Year                      Degree and Institution

**Qualifications, Certifications and Licenses**

Year – Year                      *Example: Leadership Course: Title, Institution, City, Province, Canada*

Year – Year                      *Example: Licensed medical radiation technologist (magnetic resonance imaging), College of medical radiation technologists of Ontario, Toronto, Ontario, Canada. [License: 10805]*

Year – Year                      *Example: Diploma, Magnetic Resonance Imaging, University of Toronto / The Michener Institute, Toronto, Ontario, Canada.*

Year – Year                      *Example: Diploma, Radiation Therapy, School of Radiation Therapy, Princess Margaret Hospital, Toronto, Ontario, Canada.*

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## 2. EMPLOYMENT

*Note: This includes employment as well as academic appointments, even if “status only”*

### Current Posts/Appointments

Year – Present                      *Example: Assistant Professor, University of Toronto, Toronto, Ontario, Canada.*

Year – Present                      *Example: MRI research therapist, Radiation medicine program, Princess Margaret Hospital, Toronto, Ontario, Canada.*

### Previous Posts/Appointments

Year – Year                      *Example: Radiation therapist, Radiation medicine program, Hospital, Toronto, Ontario, Canada.*

## 3. HONOURS AND CAREER AWARDS

*Note: This includes merit awards, speaker contests, and professional honours*

### Distinctions and Research Awards

#### INTERNATIONAL

Year                      **Title of Award** for “ Title of work”. Conference, City, Country (\$ Amount).

#### NATIONAL

Year                      **Title of Award** for “ Title of work”. Organization (\$ Amount).

Year                      **Title of Award** for “ Title of work”. Organization (\$ Amount).

#### LOCAL

Year                      **Title of Award** for “ Title of work”. Conference, City, Country (\$ Amount).

Year                      **Title of Award** for “ Title of work”. Conference, City, Country (\$ Amount).

### Student/Trainee Awards

*Note: This includes merit awards, bursaries won, writing competitions, etc.*

#### PROVINCIAL/ REGIONAL

Year                      **Title of Award** for “ Title of work”. Organization (\$ Amount).

LOCAL

Year                      **Title of Award** for “ Title of work”. Conference, City, Country (\$ Amount).

#### 4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES

##### Professional Memberships

Year – Present	<i>Example: Member, Canadian Radiation Research Network</i>
Year – Present	<i>Example: Member, European Society of Therapeutic Radiology and Oncology</i>
Year – Present	<i>Example: Member, American Society for Therapeutic Radiology and Oncology</i>
Year – Present	<i>Example: Member, Canadian Association of Medical Radiation Technologists</i>

##### Professional Committee Participation

Year – Present	<i>Example: Conference Chair, Conference Name</i>
Year – Present	<i>Example: Member, Committee Name, Organization</i>
Year – Year	<i>Example: Member, Committee Name, Organization</i>

##### Peer Review Activities

###### EDITORIAL BOARD ACTIVITIES

Year – Year	<i>Example: Member, Journal name.</i>
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###### MANUSCRIPT REVIEWS

###### Manuscript reviewer

Year – Present	<i>Example: Journal name. Number of Reviews: X</i>
Year – Present	<i>Example: Journal name. Number of Reviews: X</i>

###### PRESENTATION REVIEWS

###### Abstract reviewer

Year – Present	<i>Example: Conference name. Number of Reviews: X</i>
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###### OTHER

###### Thesis examiner

Year – Present	<i>Example: Masters thesis reviewer, Department name, University Name, Country Number of Reviews: X</i>
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##### Consultation

Year – Year	<i>Example: BC Cancer Agency. Consulted on development of program</i>
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## B. Academic History

### 1. RESEARCH STATEMENTS

Year – Present      *Example: **Co- Principal Investigator:** Title  
Sponsor: Department, Institution  
Principal Investigators: Names  
Co-Investigators: Names  
REB#:*

### 2. RESEARCH AWARDS

#### Grants, Contracts and Clinical Trials

Year – Present      *Example: Co-Investigator. Title  
Sponsor: Department, Institution  
Principal Investigators: Names  
Co-Investigators: Names  
Amount: \$\$\$*

### 3. PATENTS

Year      *Example: Inventor. RT 6060 T-Form Extremity Immobilizer. Exclusive license agreement.  
[Ongoing Co-development collaboration], University Health Network Invention Disclosure  
TDC Reference No: WS2005-032. Worldwide. Dickie, C., Parent, A., Sharpe, M.*

## C. Publications

### 1. PEER-REVIEWED PUBLICATIONS

#### Journal Articles

1.      *Example: Gropper R, **Harnett N**, Parker K, Pearce S, MacIver D, Murray L, Ramsay L, Ripley A, Sands B, Zychla L. The Path to Simulated Learning: Developing a Valid and Reliable Tool to Evaluate Radiological Technology Students' Performance in Patient Interactions. Journal of Allied Health. 39(1):28-33, 2010. Co-PI*

#### Manuscripts in Progress

1.      *Example: Gillan C., Briggs, K., Goytisolo Pazos, A., Maurus, M., **Harnett, N.**, Catton, P., & Wiljer, D. (2012). Barriers to accessing radiation therapy in Canada: a systematic review. Radiother Oncol (Submitted). CoA.*
2.      *Example: Gillan C, **Harnett N**, Wiljer D, Jaffray D. Image guided radiation therapy: a case study for adoption of innovation. (In progress) CoA.*

#### Invited Editorials

1.      *Example: **Harnett N**. Resolving the issues of advancing practice: communicate and substantiate. Canadian Journal*

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of Medical Radiation Technologists, 38(4), 56 – 60, 2007. PA

## Abstracts

1. Example: Palmer C, Catton P, Evans M, **Harnett N**, Cherryman F. Peeling back the layers of professional communication in a Medical Radiation Sciences Program. *Radiother Oncol*, 72 (Suppl 1) S146, 2004. CoA.

## Book Chapters

1. Example: **Dickie C**, O'Sullivan B. *Soft Tissue Sarcoma. Target Volume Delineation and Field Setup: A Practical Guide for Conformal and Intensity-Modulated Radiation Therapy*, 1<sup>st</sup> Edition, Springer Berlin Heidelberg, 277-286, 2013. PA

## 2. NON-PEER-REVIEWED PUBLICATIONS

### Abstracts

1. Example: **Dickie C**, O'Sullivan B. *Sarcoma Research in the Radiation Medicine Program. Canadian Association of Medical Radiation Technologists Annual Conference Proceedings, Quebec, Canada, 2009.*

### Manuals and Reports

Example: **Dickie C**. *Institutional Imaging OBI CBCT protocol. Radiation Medicine Program, Institutional Policies and Procedures, Clinical Practice, Super Team 4, Sarcoma. Princess Margaret Hospital, Ontario, Canada 2011.*  
<http://intranet.rmp.uhn.on.ca/AssetFactory.aspx?did=9574>

### Multimedia

Example: **Dickie C**, Parent A. "Sarcoma Immobilization, Invention and Commercialization". July 2011 newsletter for the Canadian Radiation Research Network. <http://www.radiationresearch.ca/>

Example: **Harnett N**. "Clinical Specialist Radiation Therapist: Effective, Efficient, Evidence-based". June 2014, promotional video for Cancer Care Ontario. [www.cancercare.on.ca/ocs/clinicalprogs/radiationtreatment/radiationtherapy](http://www.cancercare.on.ca/ocs/clinicalprogs/radiationtreatment/radiationtherapy)

### Other Publications

Example: **Dickie C**, Parent A., Masters, R. "Bionix® Radiation Therapy introduces T-Form Extremity Immobilizer System". Press Release by Bionix Medical Technologies (Toledo, Ohio). May 2010

## D. Presentations and Special Lectures

### Podium presentations

1. Example: Chan B, Vakilha M, O'Sullivan B, **Harnett N**, Waldron J. *Organs-At-Risk (OAR) in H&N Radiation Therapy – Delineation Challenges and Dosimetric Relevance. CARO, Vancouver, October, 2010.*
2. Example: **Harnett N**, Cowling C. "Offering Distance Programs in Allied Health Professions." *World Health Congress III, San Juan, Puerto Rico. 2003.*

## Workshops

1. Example: Higgins J, Li W, **Harnett N**. Lavalife for Lung IGRT: Finding Your Best Match! CARO, Quebec City, September 2009.

## Poster presentations

1. Example: Higgins J, Li W, **Harnett N**. Lavalife for Lung IGRT: Finding Your Best Match! CARO, Quebec City, September 2009.

## Invited Lectures and Presentations

1. Example: **Harnett N**. "Putting the "you" in professional "contribution"". Alberta College of Medical Diagnostic and Therapeutic Technologies; Calgary AB. April 2012.
2. Example: **Harnett N**. "Developing Advanced Practice in Radiation Therapy: respond, research and report". College of Medical Radiation Technologists of Ontario Annual Education Dinner, Toronto, December 2011.

## E. Teaching and Design

### Teaching

1. Example: Supervision, Teaching & Training of Radiation Sciences Program Students for the Princess Margaret Hospital Practical Selectives Course: Sarcoma Research in the radiation therapy department, Princess Margaret Hospital 2009 (1.0 hour presentation)

### Course Design

1. Example: RT 6060 Extremity Immobilizer implementation: Small group sessions of supervision, teaching, training, monitoring, evaluation of equipment competency as well as feedback to improve performance of radiation therapists for the clinical implementation of the "new collamy" device commercialized through BIONIX radiation therapy for extremity immobilization for radiotherapy treatment. Hands-on practical component. Radiation Medicine Program, Princess Margaret Hospital 2011 (20.0 hours of direct interaction and interaction via email)

## F. Research Supervision

1. Example: **Mentorship**, John San Miguel. Student's Current Institution: UT/TMI Radiation Therapy 3<sup>rd</sup> Year Student Course Code: PJRD 370/ MRS177H1. Final BSc Thesis Clinical Project: Local Recurrence in Soft Tissue Sarcoma Patients After Combined Surgery and Radiotherapy. Collaborators: Amy Parent. Completed / Graduated 2010.