

CLINICAL AFFILIATE APPLICATION INFORMATION

1. Proposed Clinical Affiliate Information:

a. Clinical Facility Name:

b. Clinical Facility Address:

c. Department Director Contact: Phone (____) _____
email: _____

d. _____ (check or "x") Accreditation: accredited by JCAHO (The Joint Commission), ACRO, ACR, ACC or an equivalent accrediting body. If yes, by which organization?

e. Facility CEO/CFO or other chief administrative officer Name, contact (phone, email)
Name _____
Phone (____) _____ -- _____
Email _____

f. Facility type: (check/"x" one)

_____ 1. Hospital

_____ 2. Outpatient clinic

_____ 3. Other (describe) _____

2. Clinical staff: Please respond to the following as they relate to the organization/staffing of your department.

_____ a. Number of full-time (FTE) ARRT Registered radiation therapy positions scheduled to be present on a typical day during the time (about 8:00-5:00) that students will be on site (ex. If there is one full time RTT and two ½ time RTT's, that would be 2 FTE's):

_____ b. Number of certified Dosimetrists (CMD's)

_____ c. Number of licensed (board certified) Radiation Oncologists

_____ d. Number of licensed (board certified) Radiation Oncologists expected on site on a daily basis (average)

3. TREATMENT EQUIPMENT

In order to be in compliance with current accreditation Standards, students will need to be able to rotate through the following areas within the radiation therapy department:

Treatment machines, simulation, dosimetry (typically a single 3-5 week dosimetry rotation), with some observation in brachytherapy, as well as the opportunity to fashion a handful of custom blocks (electron or photon). (Students will also need to be able to have a rotation through rad onc nursing)

_____ Number of linear accelerators (total)

_____ Number of linear accelerators with electron capability

_____ *Average daily patient load per linear accelerator, estimates are ok (excluding tomo and KV)

Make/model of treatment units (including any KV units) example "Varian Trilogy":

Simulator(s)

make/model(s): _____

Treatment Planning System:

Record & Verify system (if applicable):

Please check or "x" the following that apply:

_____ *Access to observe any brachytherapy (LDR and/or HDR)?

If brachy is checked (above):

_____ LDR

_____ HDR

_____ *If no, could this be arranged through another nearby facility? (check or "x" only if yes)

_____ Access to a block/mold room area where student can participate in making blocks (either electron or photon), bolus formation and thermoplastics (aquaplast) formation (this can be on live patients or under simulated circumstances)?

_____ EPID

_____ any form of IGRT

_____ Tomotherapy

_____ CyberKnife

_____ Gamma knife

_____ Access to observe and participate in routine machine Quality checks

_____ Access to observe a treatment machine full calibration

_____ Access to work directly with other advanced or complex immobilization devices (vacuum bags, foaming agents, belly boards, etc.)

Special Procedures: though these may not come along very often, is the facility equipped to treat (and allow the student to observe)

_____ TBI

_____ TSI

_____ craniospinal axis (total spinal field)

_____ Respiratory gating

_____ Other (please explain, e.g. pediatrics, etc.) _____

OTHER EDUCATIONAL OPPORTUNITES

The following are areas or opportunities that could be advantageous for students to observe or, in the case of specific personnel areas, shadow a non-radiation therapy staff member to get a more complete view of the healthcare team and their role/responsibilities.

- **Please check or "x" areas where you feel the student might be able to get some observational time.**

_____ Tumor Boards or Chart Rounds where student can sit in and observe.

_____ Regular departmental meetings

- _____ Medical Oncology (Chemo observation)
- _____ Dietician/nutritional counseling
- _____ Social worker
- _____ Pastoral care (chaplain)
- _____ Hospice care (outpatient or in-patient)
- _____ Reception
- _____ Diagnostic radiology (for students that are not already ARRT registered radiographers)
- _____ *If no, could these be arranged through another nearby facility? (check or “x” only if yes)

IMPORTANT: Please send as an email attachment documentation of the total number of patients treated on treatment machines, along with a breakdown of the diagnoses from a recent year (within the past two years). Send email to Tony Tackitt at tmtackitt@actx.edu with the subject heading “**(Your clinic name) case load and diagnoses breakdown**”.

A variety of treatment sites and other clinical experiences are required by accreditation and ARRT Standards. Some of these can be performed in a lab setting as per our lab courses (resulting in checking-off these few procedures with the student after-hours or between patients). The great majority of these can be performed during normal operational hours. A full list of ARRT competency requirements that need to be fulfilled is found at the end of this document.

PROPOSED CLINICAL AFFILIATE ACKNOWLEDGEMENTS

Please check or “x” the following acknowledgements regarding program requirements.

- _____ I/We understand that any students will be involved in clinical duties 2-3.5 days/week (depending on the semester)
- _____ I/We understand that students will be rotating through a variety of areas in and outside of the radiation therapy treatment area—including Sim, Dosimetry and Nursing.
- _____ I/We understand that all clinical staff (RTT’s) will work with, and evaluate the student(s). While it is not mandatory that all clinical staff be ARRT certified, all clinical radiation therapists that work with and evaluate students must be ARRT Certified and fully licensed (where applicable) in their state.
- _____ I/We understand that students will receive “Direct Supervision” from clinical staff (in short, an RTT must be present in the room when the student is operating any equipment and/or positioning a patient).
- _____ I/We understand that the clinical affiliate will have the final say (through an interview process and a job shadow by the prospective student) as to whether or not a student is accepted into their clinical site.
- _____ I/We understand that the student can not receive a wage from the affiliate during program-scheduled clinical hours. Additionally, the student can not be used as staff or considered when making staffing decisions
- _____ I/We understand that the clinical affiliate will appoint a Clinical Supervisor that will work with the program Clinical Coordinator, but will ultimately be responsible for directing the student rotations throughout the department (assigning student rotations to different areas). The Clinical Supervisor can be a department director, chief/lead therapist, staff therapist, etc. The Clinical Supervisor will need approximately 1 hour/week of release time during school semesters for managing student educational opportunities, for which the program will give direction. The Clinical Supervisor will also serve as the liaison between the Clinical Affiliate and the School/Clinical Coordinator of

the school. Clinical Supervisors can temporarily assign their duties to another qualified staff member in cases of vacation, illness, etc.

- *Clinical Supervisor Qualifications:*
 - *ARRT registered in radiation therapy*
 - *Valid state or other license where applicable*
 - *Minimum two years experience as a registered radiation therapist*
 - *Submit name and resume (CV) of proposed Clinical Supervisor, as well as photocopy of ARRT certification and state or other applicable licensure.*

Additional Comments:
