The Radiation Therapy Center at Fairview Lakes is a regional, ambulatory center designed so patients can receive treatments closer to their homes. Residents typically spend 3, 3 months blocks (one in first year, one in the third year and one in the fourth year) working with department faculty Dr. Wang. This experience provides an excellent complement to the University site and the VAMC in that it is an ambulatory, community based treatment site exposure to a wide range of disease entities and patient types. The major sites seen at the Lakes are Prostate, Breast, Lung, GI, CNS, Head and Neck.

This is a very busy service and the resident is not expected to see and/or follow all patients. They are expected to see and follow a number of patients commensurate with their level of training. The resident is expected to be involved in all aspects of care for the patients they are actively following. The resident is also expected to see some of the patients returning for follow-up visits.

During this rotation you will evaluate and manage a variety of patients in a private practice-type setting. The majority of patients have either breast, prostate, lung, gastrointestinal, head and neck or brain tumors. Prostate cancer patients are managed with external beam irradiation, permanent interstitial brachytherapy or a combination of both.

Responsibilities:

1. Residents are expected to be present in the department from 8:00 am until the last patient has completed their treatment. Resident’s are expected to attend the monthly tumor conference (3rd Thursday of the month, 12:00 to 1:00 pm).
2. Residents are expected to follow through entire process of consultation, simulation, planning, treatment, port films check, weekly visit and follow up of the patients.
3. Medical Documentation- Residents are strongly encouraged to dictate all consultation notes (i.e. H and P’s.). Simulation notes, treatment summary notes, OTV notes, and follow-up notes. It is expected that the treatment summary note be completed within 1 week of the end of treatment.
4. Evaluation- this will consist of observations of resident performance during the rotation and an end-of rotation oral exam based on specific learning objectives specified by the resident at the start of the rotation.

First Block Objectives (First or Second year): Upon completion of this rotation the resident is expected to:

• Perform initial work up of patients referred for breast cancer treatment (PC, MK, PBLI).
• Perform initial work up of patient referred for prostate cancer treatment (PC, MK, PBLI)
• Understands the basic epidemiology and biology of breast cancer.
• Know the spread pattern of common cancers (prostate, breast, GI, lung) (MK, PBLI, PC)
• Understand the basics of the surgical and chemotherapeutic approaches to breast cancer (PC, MK, PBLI).
• Understand the basics of the surgical and chemotherapeutic approaches to prostate cancer (PC, MK, PBLI).
• Understands the roles that are taken by surgeons, medical oncologists, diagnostic radiologist and radiation oncologists in the multi modality approach to breast cancer (PC, MK, SBP)
• Programs and diagrams a chart so it is ready for patient treatment (PC, MK, CS).
• Understand the various roles of members of the treatment team (PC, Prof, SBP)
• Interacts appropriately and effectively with physicist, technician, and other team members (PC, Prof, SBP, CS)
• Prescribe doses, develop general ideas of what doses are given for the routine situations encountered and how to do calculations (PC, MK, PBLI).
• Determine the assessment (and AJCC stage) of the patient (PC, MK, PBLI).
• Manages complex problems of patients on treatment (grade 3-4 complications) (PC, MK, PBLI).
• After evaluating the patient, discusses the pros and cons of using radiation for that particular patient (PC, MK, PBLI).

Second Block Objectives (third or fourth year): At this stage of training, residents are expected to function independently under staff supervision. By the end of this rotation residents are expected to:

• Understands whether RT is indicated and why, what other treatments might be available and why they are or are not indicated (PC, MK, PBLI).
• Knows the techniques by which to give the radiation, the dose to give and the expected side effects (PC, MK, PBLI).
• Directs a simulation from start to finish (PC, MK, CS).
• Draws the target, give directions to the physicist, and evaluate the computer plans generated (MK, PC, CS, PBLI, SBP).
• Know when to use the different devices (IJ, wedge, compensators) (PC, MK, PBLI)
• Demonstrates competency in interstitial brachytherapy for prostate cancer without direction (PC, MK, SBP).
• Effectively works with team members and patients to coordinate care throughout treatment and between visits (initial and treatment, treatment and follow up) (PC, MK, SBP).
• Answer patient and family questions accurately and honestly (PC, CS, MK).
• Appropriately document treatments, visits and phone calls in a timely and accurate manner (PC, CS).
• Accurately document services to ensure appropriate billing (PC, Prof, SBP).
• Understands the major differences between a private-practice type patient setting such as Lakes and an academic practice such as UMMC (PC, SBP)

For this rotation, I have reviewed the Brachytherapy procedures: Curator and Checker Source Preparation, Loading, and Logging. Low Dose Rate Implant Emergency Procedures.