Standards of Care for Radiation Therapy Services

Introduction

The administration and delivery of external beam ionizing radiation requires strict adherence to high professional standards. The standards described in this document set goals to deliver the optimal level of care goals. These standards outline the major operating functions and clinical functions of the radiation therapist in delivering a prescribed amount of external beam radiation.

These radiation therapy standards are divided into primary, secondary, tertiary, and forth-level headings. The primary headings section the document into major areas of radiation therapist interest: clinical practice, quality performance, and professional performance. Secondary headings denote a defined standard for each area of interest. Each standard is followed by tertiary headings denoting criteria, which evaluate and measure the standard. There are forth-level headings that identify indicators of compliance that denote specific activities used to assess the criteria. Compliance with these standards will be monitored through supervisory observation, periodic employee evaluation, annual competency assessment, and notation of treatment administration variances. All standards and criteria are designed to adhere to the Radiation Therapist Scope of Practice as developed and adopted by the American Society of Radiologic Technologists.

STANDARDS OF CARE FOR RADIATION THERAPY SERVICES

I. Radiation Therapy Services
   A. Clinical Practice and Competence
      1. Patient Assessment - The radiation therapist collects, uses and shares pertinent data and information concerning patient and procedure to provide appropriate therapeutic services.
         a) Patient identity is verified prior to each treatment delivery.
            (1) Review of face and field images.
            (2) Assessment of matching medical record numbers.
            (3) Review of blue hospital identification cards.
            (4) Wristbands and hospital charts for inpatients are assessed.
         b) Verification of consent is obtained.
            (1) Prior to any treatment delivery, physically check treatment chart for signed, witnessed, and dated consents.
            (2) Side effect notation for area to be treated is present.
         c) The patient's risk for allergic reaction to contrast material is assessed prior to simulation procedures.
            (1) Previous experience with contrast materials and known drug allergies assessed prior to contrast administration.
d) The patient's need for information and reassurance is assessed daily.
   (1) Patients are referred to nursing for teaching as needed.
   (2) Patient asked if any assistance in their care is needed, with appropriate referral provided.

e) Side effects and reactions to treatment and medications are monitored daily.
   (1) Daily observation of patient physical presentation is assessed.
   (2) Changes to skin conditions and overall physical condition are documented and referred to nursing and physician staff for comprehensive assessment.

f) The clinical progress of the patient is observed.
   (1) Ensure patient attends weekly visit with nursing and physician staff.
   (2) Use of probing questions as patients are escorted into treatment area.
   (3) Observation in changing physical status reported to appropriate practitioner immediately after need is assessed.

g) Patient mobility is determined prior to initiation of procedures. Additional personnel are secured for patient transfer.
   (1) Review of mode of transportation to treatment unit.
   (2) Assessment of patient stability during transport into treatment room.

h) The treatment record is reviewed prior to treatment or simulation.
   (1) The treatment record is secured prior to treatment.
   (2) The treatment chart is scanned for notes or amendments to treatment.
   (3) Clarification of need for physician see-on-table notes made sought prior to treatment.

i) Normal tissue doses are monitored during each treatment delivery.
   (1) Daily dose documented in the paper and electronic treatment records.
   (2) Assessment of site doses reviewed with dosimetry at least weekly.

j) Information regarding a procedure is gathered prior to initiation.
   (1) Review of simulation sheet prior to patient start.
   (2) Review of chart notations prior to start of any new field.
(3) Clarification from simulation team gathered as necessary.

k) Indications of a medical emergency are recognized.
   (1) Strict attention paid to patient while in treatment area.
   (2) Appropriate personnel are notified with sudden change is physical status.
   (3) Physician, nurse or code-calling procedures are adhered to if needed.

l) The patient's need for referral to other care providers, e.g., nurse, social worker, nutritionist, is recognized.
   (1) Assessment of daily patient communication.
   (2) Comparison of daily status noted and shared with care providing team.

m) Patients are monitored and assessed throughout the treatment.
   (1) Visual and audible monitoring equipment are on and functional at all times of patient treatment.

2. Analysis/Determination - The radiation therapist analyzes the information and develops an action plan for completing the procedure that optimizes patient safety, comfort, and cost effectiveness.

   a) The radiation therapist determines the type of assistance a patient requires in preparation for treatment and simulation.
      (1) Assessment of the treatment chart for notations on patient needs is made daily.
      (2) Communication with other care providers as necessary.
      (3) The patient's need for extra time, assistance, or special treatment devices are assessed and implemented as needed.

   b) Appropriate immobilization and positioning aids for simulation and treatment are selected.
      (1) Procedural protocols for immobilization and positioning aids are followed as described in policy and procedure manual.
      (2) Assessment of patient ability to maintain position and use ancillary devices and restraints as necessary and as stated in protocols and any standing orders.

   c) The radiation therapist participates in decisions about appropriate means of simulation and treatment positions.
      (1) Attendance at chart rounds as necessary.
      (2) Discussion and sharing with physician and dosimetry staff regarding machine limitations and set-ups.
d) Patient treatment records and doses are reviewed daily to determine if treatment may be delivered so as not to exceed prescribed dose or normal tissue tolerance doses.
   (1) Cumulative doses are recorded and reviewed in the electronic and paper treatment records.
   (2) Adherence to established protocols for review of normal tissue tolerance doses.

e) Determination is made as to when to contact the physician and nurse regarding patient side effects or questions.
   (1) Probing questions used to discern physical and mental status during treatment.
   (2) Appropriate referrals are provided quickly and appropriately as established in protocols.

f) The course of action for an emergency or problem situation is determined as the need arises.
   (1) Strict attention paid to patient while in treatment area.
   (2) Appropriate personnel are notified with sudden change in physical status.
   (3) Physician, nurse or code-calling procedures are adhered to if needed.

g) Demands and requirements for treatment delivery are matched with available resources.
   (1) Clinical resources, human resources and treatment/simulation supplies in treatment room and treatment area are assessed throughout the day.
   (2) Needed adjustments are communicated to supervisory and administrative staff as necessary.

h) Determination is made when to withhold treatment until a physician is contacted.
   (1) Patients are assessed daily for unexpected or severe reactions.
   (2) Treatment discrepancies are clarified before treatment is delivered.

i) The type of emergency care/response needed is determined.
   (1) Strict attention paid to patient while in treatment area.
   (2) Appropriate personnel are notified with sudden change in physical status.
   (3) Physician, nurse or code-calling procedures are adhered to if needed.

3. Education - The radiation therapist provides information regarding procedures to the patient, significant others and other health care providers to enhance and maximize those relationships.
a) Procedures and activities are explained prior to initiation.
(1) Patients are given instructional material by the nursing staff.

(2) Review of treatment expectations and monitoring system reiterated by therapy team prior to initial treatment delivery.

(3) Review of chart for consent forms before treatment.

b) Possible delays in treatment due to maintenance and repair are explained on the first day of treatment.

   (1) Expected wait times are explained.
   (2) Explanation of downtime procedures reviewed.
   (3) Patient paging system explained.

c) The patient is instructed in the maintenance of treatment field markings.

   (1) Marking maintenance explained.
   (2) Bathing procedures reviewed.
   (3) Touch-up procedures shared with patient.

d) Information and instruction on proper skin care, diet and self-care procedures provided.

   (1) Nursing teaching reiterated on first day of treatment and any other time as necessary.
   (2) Referral to dietician made as appropriate.

e) The radiation therapist utilizes any tools necessary and available to provide instruction.

   (1) Explanation of how the multidisciplinary team works shared with patient.
   (2) Referral to other care providers per protocol and as needed.

f) The radiation therapist anticipates a patient's need for information and provides it throughout the treatment course.

   (1) Daily assessment of needs inclusive of checking for understanding and assessment of general comprehension of treatment issues.

g) Instruction is repeated as needed.

   (1) Additional information is provided in oral and written form.
   (2) The patient is referred to other resources for additional information.

h) The radiation therapist provides clinical instruction to students.

   (1) Active participation in student assessment, evaluation, competency assessment and mentoring at a level expected and described in their competency level.
   (2) Annual attendance at program functioning inservice.
(3) Review of clinical instructor evaluation forms on a quarterly basis with each staff therapist assessed.

(4) Clarification of student issues and procedures actively sought through identified clinical education supervisor, program educational coordinator, and/or program director.

4. Performance - The radiation therapist implements the treatment plan and related aspects of care to ensure rendering of quality services.

a) Performance of treatment plan falls within established protocols and guidelines.
   (1) Treatments are delivered in accordance to signed treatment prescription.
   (2) Review of discrepancies between prescription, set-up, and treatment plan are identified prior to treatment delivery.

b) The radiation therapist assists the radiation oncologist in simulating the optimum field to cover volume of interest.
   (1) Suggestions and information regarding machine limitations and reproducibility of set-ups shared during initial process to maximize treatment delivery efficiency.

c) The patient is prepared and positioned for simulation and daily treatment using appropriate positioning aids and immobilization devices.
   (1) Follow procedural protocols for area being simulated and treated, making notations in the paper and electronic charts of variances.

d) Simulation films are created, developed and labeled appropriately.
   (1) Labels and its documentation are double-checked prior to transport to following planning session.
   (2) All parameters are documented in the treatment chart and records.

e) The radiation therapist simulates and schedules the treatment as directed and prescribed by the radiation oncologist.
   (1) Treatment unit capabilities, limitations and available times are assessed and coordinated with patient.
   (2) Appropriate and accurate scheduling protocols are adhered to.

f) Monitor units and treatment times are calculated.
   (1) Fields are calculated according to prescription and double-checked prior to patient treatment.

g) The initial setup is reproduced daily.
(1) Documentation of treatment parameters are assessed and reviewed prior to treatment delivery.

(2) Review of simulation set-up sheet completed prior to patient invitation into the treatment room.

h) The radiation therapist implements and delivers a planned course of treatment.

(1) Review of prescription and treatment plan prior to delivery.

(2) Review of notations and amendments prior to treatment.

(3) Communication with dosimetry and physicians as clarification is needed.

i) Appropriate beam shaping and beam modifying devices are utilized as required by the treatment plan.

(1) Review of prescription and treatment plan prior to delivery.

(2) Review of notations and amendments prior to treatment.

(3) Communication with dosimetry and physicians as clarification is needed.

j) The patient is monitored through visual and audible means during treatment.

(1) Visual and audible monitoring equipment are on and functional at all times of patient treatment.

k) The radiation therapist activates the treatment unit control and console to deliver treatment per physician prescription.

(1) Review of paper and electronic prescription.

(2) Review of notations and prescription amendments.

l) Portal films are taken according to established protocols.

(1) All treatment fields are ported for field placement verification on the first day of treatment.

(2) After the initial portals are checked, verification films are taken of alternating fields at least once a week and at regular scheduled intervals as part of the quality assurance program at a established frequency and intervals.

m) The radiation therapist reviews port films and initiates change as necessary.

(1) Review of films prior to next scheduled treatment and not treat until physician assessment is made.

(2) Assesses and implements changes in patient delivery scheme as noted on reviewed film.

(3) Invoke appropriate subsequent verification of changes made.

n) The radiation therapist maintains standards of cleanliness and practices universal precautions.
(1) Annual inservice on universal precautions attendance documented.
(2) Treatment areas adhere to institutional infection control standards and protocols.
(3) Adhere to universal precautions as outlined by hospital policy.

o) Care is provided in a calm and assured manner.
   (1) Professional and assuring demeanor displayed at all times.

p) The radiation therapist provides comfort to the patient and preserves his or her dignity.
   (1) Patient comfort and modesty are protected at all times.
   (2) Special arrangements are made whenever necessary to provide patients with special needs the comfort they require.

q) The radiation therapist provides support and to the patient and their family.
   (1) Provision of therapeutic communication and assessment provided throughout care delivery.
   (2) Provision of information regarding ancillary support group to patients as requested or needed.

r) The radiation therapist maintains patient confidentiality at all times.
   (1) Adherence to patient Bill of Rights.
   (2) Inappropriate discussion of cases not done.
   (3) Protection of patient charts and records from inappropriate individuals and practitioners.
   (4) Strict maintenance of radiation therapist Code of Ethics are observed with established protocols ensuring their upkeep.

s) Emergency care is provided as required.
   (1) Appropriate personnel are notified in the event of an emergency.
   (2) Codes called when necessary and per institution protocol.

t) The radiation therapist communicates clearly and professionally using appropriate terminology.
   (1) Medical jargon limited in patient interactions.
   (2) Information is given professionally with terminology that is not misleading or easily confused.

u) Referral is made to other appropriate professionals to meet the patient's needs.
Patients are referred to other care providers for special needs beyond the scope of practice of the radiation therapist.

5. Evaluation - The radiation therapist determines the treatment plan has been achieved through careful examination of the completed procedures.

   a) The radiation therapist reviews the quality of the simulation film.
      (1) Films are repeated as needed in order to provide a quality radiograph for treatment planning and treatment delivery.

   b) Port films are reviewed for needed changes prior to more treatments.
      (1) Films are assessed prior to turning in to ensure proper information documentation.
      (2) Requested film changes are made and refilmed consistent with protocols.

   c) Treatment calculations are checked.
      (1) Calculations are done according to prescription and are double-checked before treatment. Utilization through self-assessment and physics support provided.

   d) The accuracy of the patient setup is verified prior to treatment delivery.
      (1) Discrepancies are identified and resolved prior to treatment delivery.

   e) Treatment console readouts and settings are verified prior to initiating treatment.
      (1) Programmed treatment parameters assessed and checked in the treatment charts and any other set-up sheets used.
      (2) Any treatment record overrides or other treatment variations noted are appropriately documented for quality assurance reporting.

   f) Treatment console readouts are verified upon termination of treatment.
      (1) Delivered treatments are recorded and verified in electronic and paper records via electronic and physical means.

   g) The radiation therapist compares the completed procedure with the expected procedure.
      (1) Review of simulation films and treatment plan prior to initial delivery.
      (2) Review of portal images prior to physician submission.
h) The radiation therapist evaluates the patient daily for any unwanted effects, reactions, and therapeutic responses.
   (1) Adverse reactions are documented and reported to the appropriate support staff and physician depending on severity.

6. Implementation - The radiation therapist implements any necessary changes in the treatment plan to achieve the intended outcome.
   a) Deviations from the standard or planned procedure are reported to appropriate persons and documented.
      (1) Variance from the treatment plan and prescription is documented and reported to the appropriate personnel.
      (2) Remediation provided to limit recurring problems in performance.
   b) The radiation therapist initiates physician determined field changes indicated on simulation radiographs or port films.
      (1) Requested film changes are made and re-filmed for verification upon notice of need.
   c) The radiation therapist works with radiation oncologists, physicists, and dosimetrists to compensate for and document treatment inaccuracies as they occur.
      (1) Treatment inaccuracies are documented and corrected upon occurrence.
      (2) Administration trends and follow-up on inaccuracies with 24 hours of reporting.

7. Outcome Measurement - The radiation therapist reviews and evaluates the quality of care and compares the actual outcomes with the intended outcomes.
   a) The radiation therapist reviews all diagnostic/therapeutic data for completeness and accuracy.
      (1) Treatment charts are reviewed for accuracy and completeness each day prior to treatment delivery.
      (2) Port films are taken and reviewed at regularly documented protocol intervals (at least once per week).
   b) The radiation therapist assesses the process and recognizes opportunities for future changes.
      (1) Participation in departmental quality assurance and improvement initiatives.
      (2) Shares thoughts and ideas for improvement at unit, area, and town hall meetings.
   c) Patient status is monitored during procedures, throughout the treatment course and for follow-up care.
      (1) Monitored patient visually and audibly throughout the treatment process.
(2) Patients are directed to weekly clinical visits with physician and nursing staff.

(3) Follow-up care is scheduled at the time of treatment completion or just prior to that time and is facilitated by the nursing staff.

d) Deviations from normal procedure and outcomes are documented and reported according to established protocol.

(1) Variance from the treatment plan and prescription is documented and reported to the appropriate personnel as they occur.

(2) Remediation provided to the radiation therapist to limit recurring problems in performance.

e) Changes in setup instructions or parameters are documented and dated as they are needed.

(1) Changes are documented in the treatment chart by dosimetry or a new field is created containing the new information.

(2) Clear instructions are documented to avoid error opportunity.

B. Quality Performance

1. Assessment - The radiation therapist collects pertinent information regarding equipment, procedures and the work environment to ensure safe and effective services for the patient, staff and public.

a) Simulation and treatment equipment is warmed up and tested following manufacturer and institutional procedure prior to daily use.

(1) Patient monitoring equipment is tested daily.

(2) Documentation of QA procedures is done daily.

(3) Discrepancies from standards and operational protocols are assessed and managed accordingly.

b) Ancillary devices are inspected prior to use.

(1) Inspection of all treatment delivery equipment and aids assessed each day prior to and after each treatment delivery.

(2) Appropriate use of supplies used to prevent excessive wear.

c) Patient and treatment information is reviewed prior to initiation of procedure.

(1) Review of electronic and paper charts and comparison prior to each treatment delivery.

(2) Review of notations as necessary.

d) Treatment unit operation is monitored during use.

(1) Report of interlocks to engineering staff via phone or email as they occur for immediate assessment of safe treatment delivery.
(2) Attentiveness to inappropriate operation or sounds with referral to engineering as appropriate.

e) Radiation exposure reports are issued and reviewed monthly by the administrative and supervisory staff.
   (1) Film badges and records maintained by administrative and supervisory staff.
   (2) Adherence to badge placement and wearing policy.
   (3) Invoke limitation to occupational radiation exposure as outlined in state and national statute.

f) The radiation therapist reviews treatment charts daily for accuracy and completeness.
   (1) Documentation of treatment of all aspects of treatment delivery.
   (2) Maintenance of records via chart inspection (treatment photographs, treatment parameters, etc.).
   (3) Solicit dosimetry support in maintaining consistent chart checking procedures.

g) The radiation therapist observes the environment of any areas of potential hazards.
   (1) Clean and orderly environment is maintained.
   (2) Limitation of non-involved individuals from treatment area.
   (3) Adhere to established clinical environment guidelines.

2. Analysis/Determination - The radiation therapist analyzes assessment information in accordance with acceptable guidelines to determine acceptable performance for safe and effective services.

a) The mathematical accuracy of the prescription and the daily treatment summary is verified.
   (1) Prescription, chart dosing, calculations, and treatment plans are verified as being consistent and coincident prior to treatment delivery.

b) The radiation therapist recognizes or determines when equipment is malfunctioning and notifies the appropriate personnel immediately.
   (1) Problems are consistently reported to engineering via e-mail and telephone as they occur.
   (2) Attention is given to the sight and sound of the clinical equipment environment in effort to assess state of equipment function.

c) The radiation therapist determines the existence of radiation hazards and implements established procedures to handle them.
   (1) Maintain daily quality assurance practices and invoke appropriate action plan as established in
department policy and procedure practices as outlined during orientation.

(2) When applicable, attends annual demonstration of Cobalt-60 emergency procedures.

d) The radiation therapist ensures that prescriptions have been signed before treatment delivery.

(1) Review and assessment of treatment chart for signed prescription prior to treatment.

(2) Adhere to prescription policies as outlined in the departmental policy and procedure manual.

3. Education - The radiation therapist provides information to the patient, public, and other health care providers regarding equipment and facilities to promote safe practices and ensure consumer and public confidence.

a) The radiation therapist attends educational courses on quality assurance and equipment usage and maintenance.

(1) Maintains compliance with educational requirements for licensure, certification and for competency requirements of the department.

(2) Attends annual in-service on quality practices for therapists.

b) The radiation therapist provides instruction to students regarding safe and appropriate practices.

(1) Mentors students and new employees through their rotations at a level of responsibility commensurate with documented competency level.

(2) Timely assessment of students and appropriate levels of documentation provided in offering student developmental insight and feedback.

c) The patient and family are informed regarding appropriate and essential uses of radiation and misconceptions are corrected.

(1) As queried, debunks misconceptions, myths and inaccuracies patients and students may have concerning the delivery of ionizing radiation therapeutically, within the domain of the therapist’s scope.

(2) Refers individual to appropriate practitioner as appropriate.

d) The radiation therapist participates in the instruction of other health care providers in radiation protection procedures.

(1) Facilitates open communication during tours and instructional events as they occur on the treatment units.
4. Performance - The radiation therapist performs quality assurance activities on equipment and materials.

a) The radiation therapist performs warm-up and quality assurance testing on all equipment prior to use.
   (1) Documentation and maintenance of quality assurance and control procedures as outlined in radiation therapist orientation procedures.

b) The radiation therapist conducts quality assurance checks including, but not limited to, dose rate verification, lasers, interlocks, optical distance indicator, and emergency off switches.
   (1) Documentation of testing is maintained as performed.

c) The radiation therapist takes port films according to established protocols.
   (1) All treatment fields are ported for field placement verification on the first day of treatment.
   (2) After the initial portals are checked, verification films are taken of alternating fields at least once a week and at regular scheduled intervals as part of the quality assurance program at a established frequency and intervals.
   (3) Appropriate adjustments are made to any required fields directly upon next treatment delivery day with refilming procedures done.

d) Malfunctions are reported promptly according to established procedures.
   (1) Immediate reports are made to engineering via email or telephone to facilitate repair assessment, regardless of severity.

e) The radiation therapist reports any treatment deviations according to established procedures.
   (1) Accurate and immediate reporting of all treatment variances for remediation, patient dose adjustment and QA reporting.

f) The radiation therapist makes the decision to discontinue providing patient treatment until equipment is operating properly.
   (1) Use discretion in assessing need to have machine repaired as necessary, regardless of machine load at the time of failure.
   (2) Invoke appropriate tagging procedure as outlined in departmental policy and procedure manual.

g) The radiation therapist applies principles of radiation safety and protection at all times.
1. Maintains established safety practices to minimize inappropriate exposure to ionizing radiation to public and staff.

2. Documents knowledge of safety practices by participation in appropriate inservices provided by the department and institution.

3. Acts on hazardous situations as appropriate and necessary.

h) The radiation therapist participates in quality assurance activities such as chart rounds.
   (1) Interface with physicians and physics staff at chart rounds to participate in maintenance aspect of care delivery.

i) The radiation therapist performs procedures and practices techniques to prevent the spread of infection.
   (1) Participate in universal precaution inservices on an annual basis.
   (2) Maintain institutional standards on infection control consistently during treatment.

j) The radiation therapist ensures that only the patient is in the treatment room prior to initiating treatment.
   (1) Review of video and audio monitor prior to treatment delivery.
   (2) Limit the number of non-essential personnel in the treatment area.
   (3) With pediatric patients requiring special accommodations, maintain practice of being the last out of and first into the treatment room.

k) The radiation therapist ensures that all shut down procedures are followed in order to prevent superficial wear of equipment.
   (1) Document compliance with knowledge of unit shut-down procedures.

5. Evaluation - The radiation therapist evaluates quality assurance results and establishes an appropriate action plan.
   a) The radiation therapist reviews port films for accuracy.
      (1) Film changes are consistently made via port filming protocols at the appropriate intervals and refilmed as appropriate.
      (2) Maintenance of refilming documentation is maintained in the treatment record.
   b) The radiation therapist participates in evaluation process for other areas in the department.
      (1) Participation in the team approach to quality management through town hall meeting and established committees as assigned and is
appropriate with leadership level documented in the competency assessment plan.

6. Implementation - The radiation therapist implements the quality assurance action plan that is imperative for quality therapy procedures.
   a) The radiation therapist implements, maintains or participates in all aspects of quality assurance.
      (1) Maintenance of established QA protocols for treatment unit and patient care.
      (2) Accurately document all aspects of quality care in appropriate recording system.
   b) The radiation therapist promotes activities to correct any radiation safety and quality assurance issues.
      (1) Reporting of all potential hazards/problems immediately to appropriate clinical personnel.

7. Outcome Measurement - The radiation therapist assesses the outcomes of the quality assurance action plan in accordance with established guidelines.
   a) Quality assurance tools and instruments are periodically reviewed and evaluated for effectiveness.
      (1) Report of all QA discrepancies to appropriate management and physics practitioners immediately upon discovery to minimize patient care impact.
      (2) Report on resultant follow-up procedure and needs to appropriate therapy team members.

8. Documentation - The radiation therapist documents quality assurance activities and results based on established guidelines to provide evidence of quality assurance activities.
   a) The radiation therapist ensures that documentation of all quality assurance procedures is timely, concise, accurate and complete.
      (1) Records are for daily monitor tests.
      (2) Assessment is shared with appropriate person to report on activities as performed and deemed necessary.

C. Professional Performance
1. Quality - The radiation therapist strives to provide optimal care to all patients.
   a) The radiation therapist promotes quality patient care in personal practice.
      (1) Accurately delivers daily treatment according to prescription and treatment plan.
      (2) Conducts business in a professional manner at all times.
   b) The radiation therapist works with others to evaluate quality of care.
(1) Recognizes need for prescription clarification and secures it as necessary.
(2) Effectively communicates with multidisciplinary team members in formal and transient treatment delivery settings
(3) Adheres to quality assurance standards and principles.

c) The radiation therapist participates in quality assurance programs.
   (1) Attends chart rounds and planning clinic as appropriate.
   (2) Maintains documentation on daily quality practices as outlined by protocol and policy and procedures.

d) The radiation therapist adheres to the accepted standards, policies, and procedures adopted by the professional and regulated by law.
   (1) Maintenance of all established competency criteria as outlined in the department’s competency assessment plan for the radiation therapist.
   (2) Secures and maintains licensure and certification required for practice.
   (3) Adhere to all established legal guidelines and precedents set by federal and state law concerning patient care delivery and safe administration of ionizing radiation.

e) The radiation therapist works to make ensure cultural aspects of cancer management are assessed.
   (1) Provides accurate and timely information to patients and their families.
   (2) Participates in annual in-service on cultural diversity knowledge.

f) The radiation therapist performs skillfully in all types of situations.
   (1) Performs in a calm assured manner with all patients.
   (2) Respectfully addresses, treats and attends to patients care needs.

g) The radiation therapist adheres to applicable standards, policies and procedures.
   (1) Annual review of policy and procedure manual.
   (2) Review of periodic policy and procedure changes via interface with electronic mail.
   (3) Maintenance of all established competency criteria as outlined in the department’s competency assessment plan for the radiation therapist.
   (4) Secures and maintains licensure and certification required for practice.
(5) Adhere to all established legal guidelines and precedents set by federal and state law concerning patient care delivery and safe administration of ionizing radiation.

2. Required Staffing Levels - The radiation therapist shall work in an environment that promotes effective delivery of quality patient care
   a) There shall be at least two appropriately credentialed radiation therapists per treatment unit for environments that average more than twelve (12) patients per unit.
   b) Additional staffing shall be available to support the volume of patients under treatment
      (1) A system exists to justify staffing level for the volume of patients treated.

3. Self-Assessment - The radiation therapist evaluates personal performance, knowledge and skills to enhance professional growth and development.
   a) The radiation therapist monitors personal work behaviors and attitudes.
      (1) Conducts self in and ethical, professional manner at all times.
      (2) Demonstrates respect to patients and colleagues.
   b) The radiation therapist evaluates his/her own performance and recognizes opportunities for improvement.
      (1) Communicates quarterly with supervisory staff on aspects of professional development needs and assessment of progress.
      (2) Accepts constructive feedback to facilitate development and improvement.
   c) The radiation therapist recognizes his or her strengths and utilizes them to the betterment of patients, co-workers and the profession.
      (1) Actively interfaces with team members to maximize treatment efficiency through use of diverse and specific skill sets that establish competence in an assessment area.
      (2) Accepts level of leadership responsibilities commensurate with documented competency level.
   d) The radiation therapist only performs procedures after appropriate education, training, and competency levels have been attained.
      (1) Consistently demonstrates new and continued competent performance of duties.
      (2) Acknowledges limitations in competence and proficiency.
4. Education - The radiation therapist acquires and maintains current knowledge in clinical practice.
   a) The radiation therapist has completed the appropriate education and credential level related to clinical practice.
      (1) Documented graduation from an accredited school of radiation therapy.
      (2) Established and/or maintains national certification by the American Registry of Radiologic Technologists.
      (3) Where appropriate, maintains state licensure that is renewed annually.
      (4) Documentation and maintenance of annual CPR proficiency.
   b) The radiation therapist participates in educational activities to enhance knowledge, skills and performance.
      (1) Continuing education is maintained according to licensure requirements and the requirements of the department's competency program.
      (2) Maintains or exceeds mandatory continuing education requirements of credentialing agencies and competency program.
   c) The radiation therapist shares knowledge and expertise with others.
      (1) Openly communicates with all team care providers.
      (2) Fosters a cordial communication environment.
      (3) Facilitates student learning at a level consistent with competency level expectations.
   d) The radiation therapist demonstrates understanding of the functions and operations of equipment, accessories, treatment methods and protocols.
      (1) Attends new unit inservices as scheduled.
      (2) Complies with orientation requirements maintained and required at the beginning of each new unit rotation.
      (3) Documents understanding through the competency requirements of his/her level.

5. Interdisciplinary Interaction - The radiation therapist promotes a positive collaborative practice atmosphere with the health care team to the benefit of the patient and the health care delivery system.
   a) The radiation therapist shares knowledge and expertise with colleagues.
      (1) Provides detailed information to students and practitioners to promote a professional work environment and facilitate expected patient care outcomes.
b) The radiation therapist develops collaborative partnership with other health care providers in the interest of therapy quality and cost effectiveness.
   (1) Assesses and maintains appropriate supply levels daily.
   (2) Exercises prudence in the use of equipment and supplies.
   (3) Manages scarce/limited supplies effectively in the delivery of care.

c) The radiation therapist interfaces with other members of the radiation oncology team.
   (1) Maintains and demonstrates professional interaction skills with colleagues.
   (2) Demonstrates ability to diffuse problematic scenarios and promote an environment conducive to quality care delivery.

6. Ethics - The radiation therapist adheres to the profession's accepted Code of Ethics. All decisions and actions made on behalf of the patient are based on sound ethical foundations.

a) The radiation therapist provides health care services with respect for the patient's dignity.
   (1) Patient comfort, dignity, and privacy are reserved at all times.
   (2) Maintenance of patient confidentiality.
   (3) Adheres to accepted ethical standards in all aspects of care delivery.

b) The radiation therapist acts as a patient advocate to support the patient's rights.
   (1) Annually assessed on knowledge of patient Bill of Rights through completion of annual inservice series.
   (2) Facilitates patient interface with patient advocate as necessary to attend to care needs.

c) The radiation therapist assumes responsibility for professional decisions and actions.
   (1) Demonstrates accountability for actions and decisions made in the delivery of treatment and provision of patient care, those with both positive and negative implications.

d) The radiation therapist delivers patient care and services without bias based on personal attributes, nature of disease, sex, race, creed, religion, or socioeconomic status.
   (1) Attends annual cultural diversity inservice.
   (2) Establishment of nonbiased care delivery.
(3) Adherence to patient’s cultural desires and needs during the delivery of care without comment or ridicule when requested or anticipated.

e) The radiation therapist respects the patients' right to privacy and confidentiality.
   (1) Principles of confidentiality maintained throughout care delivery.
   (2) Discussion of patient specific care limited to care providing personnel.

f) The radiation therapist adheres to the established standards of practice of the profession.
   (1) Consistent maintenance of all standards, criteria, and indicators outlined in the profession’s and department’s established standards.


g) The radiation therapist adheres to the tenets and domains of the scope of practice.
   (1) Knowledgeable and adherent to practices outlined within the radiation therapist scope of practice.
   (2) Refers patients to appropriate care provider when queried about matters outside of their established realms of responsibility as not to confuse practitioner roles.

h) The radiation therapist engages in lifelong learning.
   (1) Maintenance of continuing education requirements as set forth by required licensure and competency needs.
   (2) Engages in new learning opportunities as they arise and documents appropriate level of compliance and participation in departmental sanctioned learning events.

7. Exploration/Investigation - The radiation therapist participates in the advancement of the knowledge base relative to practice, thus improving the quality and efficiency of patient services.

a) The radiation therapist participates in data collection.
   (1) Participates in departmental protocols and clinical trials as patients under their care are enrolled.
   (2) Participate in scholarly presentation of research efforts as required by competency levels.