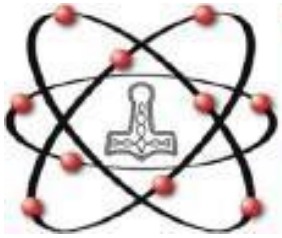

John Patrick University
of Health and Applied Sciences

Clinical Guidance for Preceptors
Medical Dosimetry Programs

2026

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CONTACT LIST

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CLINICAL PRECEPTOR ROLE

The role of the Clinical Preceptor is to maintain knowledge of the program mission and goals, understand the clinical objectives and clinical evaluation system, monitor and evaluate student's progress and clinical competence, provide students with clinical instruction and supervision, participate in the assessment process as appropriate, and possess current knowledge of, and enforce, current program clinical policies and procedures.

CLINICAL STAFF ROLE

The role of Clinical Staff is to understand the clinical competency system, understand requirements for student supervision, possess current knowledge of program clinical policies and procedures, and support the educational process by monitoring and evaluating student's progress and clinical competence, as appropriate.

JPU MEDICAL DOSIMETRY EDUCATION PROGRAM
CHECKLIST FOR STUDENT ADVISING PRIOR TO CLINICAL INTERNSHIP

Topics Discussed

1. ___ Competency Checklist
    a. Program specific – M.S. or B.S.
    b. Mandatory Treatment Planning Competencies
    c. Student must complete one form of planning for each Mandatory Treatment Planning Competency (e.g. Lung plan either 3D, IMRT, or VMAT according to the practice of the clinic)

2. ___ Mandatory Competency Evaluation Form
    a. Complete a from for EACH Mandatory Treatment Planning Competency
    b. Completed by Preceptor – Pass/Fail form
    c. Technical, cognitive, and behavior evaluation
    d. Grading rubric in Clinical Guidance for Students Handbook

3. ___ Tracks 1-4
    a. 180 hours per track
    b. Tracks independent of semesters
    c. Submit evaluation to school at the end of each Track and indicate student's eligibility to continue to the next Track
    d. Preceptor and student signature required

4. ___ Clinical Orientation Acknowledgement Form
    a. Student and preceptor must sign acknowledging student orientation
    b. Form located at the end of the Clinical Guidance for Students Handbook

5. ___ Radiation Badge Report
    a. Report is automatically downloaded by the school quarterly
    b. The school will supply the badge

6. ___ Attendance Requirements and Documentation
    a. Student must record time on Time Sheet and have preceptor signature
    b. Student must not receive pay during clinical internship hours
    c. The student is not allowed to complete more than 10 clinical hours per day. The student must attend the clinic each week. Students must be on-site.
    d. Students must complete all internship requirements by the end of the final didactic semester and not exceed one year in duration.

7. ___ Journal Expectations
    a. Must follow HIPAA guidelines for patient privacy
    b. Screenshots of work in clinic (e.g. Isodoses, DVHs)
    c. Demonstrate critical thinking
    d. Grading rubric located in Clinical Guidance for Students Handbook

8. ___ Competency Performance Requirements
    a. Mandatory competencies must be done independently
    b. Plan must be reviewed by a dosimetrist (or other qualified professional) and approved before treatment
    c. Any patient care competencies require direct supervision by a qualified practitioner
    d. Student is encouraged to participate in plan review with t he Radiation Oncologist

9. ___ Preceptor and Student Evaluations
    a. The student must complete the evaluation of the preceptor at the end of Tracks 2 and 4
    b. The preceptor must complete the evaluation of the student at the end of Tracks 2 and 4

The signatures below acknowledge that all of the above topics have been satisfactorily reviewed by a program official and all current questions by the student (and preceptor when feasible) have been addressed.

Program Official:

Name:_____

Signature:_____ Date:_____

Student:

Name:_____

Signature:_____ Date:_____

Preceptor/Staff:

Name:_____

Signature:_____ Date:_____

CLINICAL ORIENTATION ACKNOWLEDGEMENT FORM

I,_____, certify that I received and reviewed the safety and health policies and procedures established by my clinical site.

This training included HIPAA training, fire safety, emergency preparedness, medical emergencies, hazards, radiation safety, MRI safety, and standard precautions. My Clinical Preceptor has received the orientation material and disseminated it to the clinical staff.

I further understand that any patient contact procedure requires the direct supervision of a qualified/certified professional.

_____ _____

Student Signature Date

_____ _____

Preceptor Signature Date

Form updated April 20, 2022

CLINICAL STRUCTURE

The timeline below represents the student's expected progress through the clinical internship. This is provided as a sample for general guidance. Due to the nature of the clinical program and clinical sites, certain competencies may be engaged at a schedule that differs from that presented below.

***During the entire clinical internship, students are responsible for the JPU Clinical Competencies as provided in the Clinical Competencies Checklist.

The schedule below is separated into 4 tracks, each consisting of 180 hours. Feedback is provided to the student and the program by the preceptor on the student's progress after each track utilizing the feedback forms provided.

Track 1
Professionalism and Ethics (outline provided)
Clinical Process: ✓ Observation with Physician ✓ Observation with Nurse ✓ Observation with Therapist ✓ Chart Rounds ✓ Tumor Boards
Simulation Process and Procedures
Treatment Process and Procedures
Treatment Planning Process and Procedures, EMR
Radiation Safety in Radiation Oncology
3D and IMRT Planning
JPU Clinical Competencies ***

Track 2
Safety is No Accident Module
3D and IMRT Planning
VMAT Planning
Image Fusion
Patient Treatment QA
Radiation Safety in other Disciplines (Nuclear Medicine / Radiology)
RTOG Protocols
Literature Review Due (for graduate program students only)
JPU Clinical Competencies ***

Track 3
AAPM Task Group 100: Risk Assessment
3D and IMRT Planning
VMAT Planning
Specialty Procedures (e.g.-Brachytherapy)
Plan Benchmarking
Radiation Safety Meeting
Physics QA
JPU Clinical Competencies ***

Track 4
3D and IMRT Planning
VMAT Planning
Specialty Procedures
Patient QA and Physics / Dosimetry Consult
Medical Informatics in Oncology
Physics QA
Clinical Research Project Due (for graduate program students only)
JPU Clinical Competencies ***

Professionalism and Ethics	How covered	Comments
Professionalism		
○ Definition of a profession and professionalism		
○ Elements of a profession		
○ Definition of a professional		
○ Elements of professionalism		
○ How is professionalism judged?		
○ Do's and don'ts of professionalism		
○ Physician's charter and applicability to physicists		
Leadership		
○ Vision and charisma		
○ Qualities of leaders		
○ Rules of leadership		
○ Causes of leadership failure		
Ethics		
○ Ethics of a profession		
○ Ethics of an individual		
○ Interactions with colleagues and co-workers		
○ Interactions with patients and the public		
○ Confidentiality		
○ Peer review		
○ Negotiation skills		
○ Relationships with employers		
○ Conflicts of interest		
○ Ethics in research		
○ Use of animals in research		
○ Use of humans in research		
○ Relationships with vendors		
○ Publication ethics		
○ Ethics in graduate and resident education		
○ Selected case studies		

JPU Medical Dosimetry Internship
Track 1 Student Evaluation

This form is to be completed by the preceptor at the completion of Track 1 (180 contact hours) of clinical internship. Preceptors should schedule a conference with the student at the completion of Track 1 to discuss student progress and potential areas for improvement. The preceptor must indicate whether the student is eligible to continue to Track 2 (Question #5 below). This form must be signed by the preceptor and student and returned to the school office for retention in the student's record.

Clinical Site_____

_____ _____
Evaluator Name Student Name

1. Please indicate what clinical processes (e.g. observation with a nurse, chart rounds, tumor board) the student observed/completed during Track 1.

2. List simulation procedures the student participated in during this track.

3. Indicate treatment delivery procedures the student observed during this track.

4. Is the student able to answer questions/demonstrate radiation safety practice in radiation oncology? If no, please explain.

5. Did the student follow the direct supervision requirement while involved with patient contact competencies?

6. Is the student competent and prepared to proceed to Track 2 of the clinical internship experience? If no, please explain.

Preceptor Signature:_____ Date: _____

Student Signature:_____ Date: _____

JPU Medical Dosimetry Internship
Track 2 Student Evaluation

This form is to be completed by the preceptor at the completion of Track 2 (360 total contact hours) of clinical internship. Preceptors should schedule a conference with the student at the completion of Track 2 to discuss student progress and potential areas for improvement. The preceptor must indicate whether the student is eligible to continue to Track 3 (Question #5 below). This form must be signed by the preceptor and student and returned to the school office for retention in the student's record.

Clinical Site_____

_____ _____
Evaluator Name Student Name

1. Please indicate what patient treatment QA the student observed/completed during Track 2.

2. List types of treatment planning procedures (e.g. 3-D, IMRT, etc.) the student participated in during this track.

3. Is the student able to answer questions/demonstrate clinically relevant treatment protocols? (e.g. RTOG, NRG, ESTRO, ASTRO, etc.) If no, please explain.

4. Is the student able to answer questions/demonstrate radiation safety practice in other disciplines (Nuclear Medicine, MRI, Radiology, etc.)? If no, please explain.

5. Did the student follow the direct supervision requirement while involved with patient contact competencies?

6. Is the student competent and prepared to proceed to Track 3 of the clinical internship experience? If no, please explain.

Preceptor Signature:_____ Date: _____

Student Signature:_____ Date: _____

JPU Medical Dosimetry Internship
Track 3 Student Evaluation

This form is to be completed by the preceptor at the completion of Track 3 (3 total contact hours) of clinical internship. Preceptors should schedule a conference with the student at the completion of Track 3 to discuss student progress and potential areas for improvement. The preceptor must indicate whether the student is eligible to continue to Track 3 (Question #5 below). This form must be signed by the preceptor and student and returned to the school office for retention in the student's record.

Clinical Site_____

_____ _____
Evaluator Name Student Name

1. Please indicate what physics QA the student observed/completed during Track 3.

2. List types of treatment planning procedures (e.g. 3-D, IMRT, VMAT, etc.) the student participated in during this track.

3. Is the student able to answer questions/demonstrate understanding of AAPM Task Group 100? If no, please explain.

4. Please indicate what specialty procedures (e.g. Brachytherapy, SRS, SBRT, etc.) the student observed/completed during Track 3.

5. Did the student follow the direct supervision requirement while involved with patient contact competencies?

6. Is the student competent and prepared to proceed to Track 4 of the clinical internship experience? If no, please explain.

Preceptor Signature:_____ Date: _____

Student Signature:_____ Date: _____

JPU Medical Dosimetry Internship
Track 4 Student Evaluation

This form is to be completed by the preceptor at the completion of Track 4 (720 total contact hours) of clinical internship. Preceptors should schedule a conference with the student at the completion of Track 4 to discuss student achievement during the clinical internship and potential professional life-long learning opportunities. The preceptor must indicate whether the student is eligible to complete the clinical internship course (Question #5 below). This form must be signed by the preceptor and student and returned to the school office for retention in the student's record.

Clinical Site_____

_____ _____
Evaluator Name Student Name

1. Please indicate what patient specific QA and physics QA procedures the student completed during Track 4.

2. List types of treatment planning procedures (3-D, IMRT, VMAT, etc.) the student participated in during this track.

3. Is the student able to answer questions/demonstrate understanding of medical informatics, including billing for clinical procedures? If no, please explain.

4. Please indicate what specialty procedures (Brachytherapy, SRS, SBRT, etc.) the student completed during Track 4.

5. Did the student follow the direct supervision requirement while involved with patient contact competencies?

6. Is the student eligible to complete the clinical internship experience? If no, please explain.

Preceptor Signature:_____ Date: _____

Student Signature:_____ Date: _____

SPECIFIC GUIDANCE ON DELIVERABLES

“View Presentation”
This indicates that the student should watch a presentation or lecture corresponding to the topic. The presentations will be made available through the JPU course management system in a similar fashion to the lectures for didactic courses. If a particular presentation is available, the student is expected to watch it, even if the student is excused from other parts of that competency. The only means of being excused from watching a presentation is if that particular presentation is not available.

“Discuss in Journal”
This indicates that the student should discuss any associated deliverables and topics in the competency. This could include commenting on the contents of a lecture, recording observations of a procedure, summarizing a report, recording notes taken during a calibration, and so on. The specifics of the journal are discussed below.

“Document” / “Document and Discuss”
This indicates that the student is expected to provide relevant documentation, if any, for the other deliverables or activities in the competency. For instance, this could mean attaching a completed copy of worksheets or checklists used in a calibration. Be sure to respect any confidentiality and patient privacy needs when attaching documents.

If a competency does not have a “document” deliverable, do not assume that there is no documentation that may need to be attached. “Document” indicates that there will be an attachment; its absence does not indicate that there is no attachment. If you have any questions, please ask your coordinator or contact the school.

“Attend”
This indicates that the student is expected to sit in on a session or meeting. If your coordinator is not present at the meeting, have one other attendee countersign the coordinator's signature. For repeated meetings such as chart rounds, it is only necessary to have one countersignature.

“Observe”
This indicates that the student should observe a procedure. Shadow one of the physicists present, if possible, otherwise a dosimetrist, therapist, service engineer or other worker appropriate to the activity. Do not perform any action that you are uncomfortable in performing, untrained to perform, or incapable of performing.

“Perform”
This indicates that the student is to carry out an activity. Coordinate ahead of time with your coordinator a time to carry out these tasks—do not work alone, and do not work without your coordinator's approval. Do not attempt to perform any procedure that you are uncomfortable in performing, untrained to perform, or incapable of performing.

“Identify”
This indicates that the student should identify the equipment on-site, and provide spec sheets and other relevant reports, if possible.

Pregnancy Policy

Students should understand that a pregnancy during the Medical Dosimetry program may have an impact on their education and possibly upon the timing of graduation. Two important factors are involved.

1. Courses are only offered at select times each year and time missed for pregnancy and/or delivery will likely necessitate make up work or perhaps delay of up to a year to maintain the proper sequence of courses, depending on the timing and amount of time missed.
2. There are potential risks to an embryo or fetus secondary to radiation exposure that may require counseling and alteration of the clinical education experience.

The following policy has been developed to guide the program and its students in the event of a student pregnancy.

A. Female students are asked to read The U. S. Nuclear Regulatory Commission Regulatory Guide 8.13 regarding "Possible Health Risks to Children of Women Who are Exposed to Radiation During Pregnancy"as well as the pregnancy policy and complete and return the associated form. This document can be found at: http://pbadupws.nrc.gov/docs/ML0037/ML003739505.pdf.
B. All students will be made aware of risks and hazards of prenatal radiation exposure during coursework at JPU and upon orientation to the clinical internship.
C. A student who is pregnant, or suspects that she may be, has the option to voluntarily declare that condition to program officials.
    a. If the student decides to declare the pregnancy it shall be done in writing to the Program Director and/or the Clinical Supervisor of her internship site. The notification shall also include the expected date of delivery.
    b. A student may reverse their pregnancy declaration at any time. This option is voluntary and the reversal must be provided in writing to the Program Director and/or the Clinical Supervisor of her internship site.
    c. The program will comply with student confidentiality requests as much as possible.
D. If a student chooses to declare a pregnancy, a counseling session will be set up with the radiation safety officer at the student's clinical internship site to review radiation exposure risks and any additional monitoring practices which may be initiated.
E. A declared pregnant student may choose one of the options below (or may choose to change to a different option at a later time if desired, with written notice):
    a. Take a leave of absence from the program. (See policy for leave of absence.) Should the declared pregnant student decide to leave the program during pregnancy and delivery, tuition will be refunded according to the Tuition Refund Policy. In this circumstance the student would be readmitted to the program at the first available opening after delivery.
    b. Stay in the program, but make modifications in her clinical rotation schedules to reduce the chance of exposure to the fetus.
        i. For example, she will not participate in site specific rotations as recommended by the Radiation Safety Officer during the time of the pregnancy.

    Competency and experience in all required areas will be made up following

delivery. This could delay graduation beyond the originally expected date.

c. Stay in the program and/or internship during pregnancy and continue the program without modification of learning activities or clinical rotations. If she decides to do this, she does so in full knowledge of the potential hazard of embryo/fetal radiation exposure.
    i. It is recommended that the student consult their personal physician should they choose this option. The student must also indicate, in writing her intention to continue the program without modification. A copy of this document will be kept in the student's file.

Should delivery occur during clinical internship, all course work and clinical time must be completed before the student is eligible for graduation.

Student Radiation Safety Policy

A. Students entering the clinical setting for their internship must receive orientation to radiation safety practices and requirements by the Radiation Safety Officer.
B. A radiation monitoring badge must be worn by the student at all time while in the department. JPU assigns a dosimeter to each student prior to entering their clinical setting.
C. Students assisting in the simulator and treatment units must never be in the room during exposure to treatments
D. Students working in brachytherapy must remember and put to use techniques of time, distance, and shielding.
E. Radiation exposure levels will be monitored by the University RSO annually. If a student's radiation exposure reading exceeds (30 mrem) on a single report, the program director must be informed immediately. The RSO and program director will investigate the reason for the reading and determine an action plan within 10 days to ensure that the student follows ALARA principles.
F. If the student exceeds the trigger dose limit (30 mrem) on any personal monitoring report, the student must be removed from the clinical setting and counseled immediately by the University RSO on how to avoid further exposure.
G. Notification: Students in the clinical setting have access to their readings at any time through a secure username and password. Students receive notifications monthly telling them to review their reading or contact the clinical coordinator. Correspondence to students monthly also includes informing them of the trigger dose of 30 mrem and the procedure to follow if their reading exceeds the trigger dose on a single reading. Annual reports reviewed by the University RSO are provided to the student within 30 school days after being reviewed. Students receive the report through their University student account through a secured username and password. No personal information will be visible to individuals other than the one named on the report.

MANDATORY COMPETENCY EVALUATION FORM

Student Name:_____ Date: _____

Evaluator Name: _____ Site: _____

This form is to be completed by the evaluator.

Evaluator: Please mark each task as P (pass), F (fail), or NA (not applicable). For mastery, the student must Pass in each Task listed below unless a specific task is determined N/A by the evaluator.

The competency is a Fail and should be repeated by the student for mastery attainment if the plan is not treatable or unacceptable for treatment or has an error that makes a significant difference in the distribution. Documentation of a Failed competency should be submitted to the program for statistical analysis.

Task	Pass	Fail	N/A	Evaluator Comments
1. The student completed the plan independently				
2. Treatment Prescription followed				
3. Isocenter/Calc Point Placement				
4. Treatment structures identified (CTV, PTV, etc.)				
5. Treatment structures covered adequately				
6. Critical structures contoured (OAR, etc)				
7. Critical structure doses appropriate				
8. Hot spot placement				
9. Beam angle selection				
10. Treatment accessory devices appropriately utilized				
11. Dose engine/algorithm appropriate				
12. Heterogeneity appropriately selected				
13. Appropriate Dose grid selection				

Task	Pass	Fail	N/A	Evaluator Comments
14. Image transfer/Fusion				
15. Tx Couch contoured appropriately				
16. Minor contours correct				
17. Independent calculation performed (Hand calc., Computer MU Calc., etc.)				
18. Record and Verify System information correct				
19. Plan can be implemented clinically				
20. Overall plan appropriateness acceptable				
21. Overall plan quality acceptable				
22. Student obtained plan approval from a certified medical dosimetrist or other credentialed practitioner as appropriate prior to treatment				
23. Student obtained plan approval from physician				
24. Planning time reasonable				
25. Able to answer questions relevant to planning of case (cognitive evaluation)*				
26. Interact with others in a mentoring/mentee role as appropriate (affective evaluation)				
27. Courteous and professional behavior displayed (affective evaluation)				
28. Virtual interaction/communication with others in a clinical capacity are appropriate and effective (affective evaluation)				

* Note: Examples of appropriate questions include the following:

1. What would be other possible treatment options for this clinical case?

2. What possible complications might the patient experience as a result of this treatment dose?

3. What are difficulties that the radiation therapist may experience when implementing this treatment plan?

4. What are some benefits of this particular treatment delivery modality, energy, beam arrangement, etc?

Evaluator Comments:

_____
_____
_____
_____

Student Comments:

_____
_____
_____
_____

_____ _____
Student Signature **Date**

_____ _____
Evaluator Signature **Date**

JPU Medical Dosimetry Educational Program Internship

Mandatory Competency Evaluation Form Grading Rubric

The grading rubric below is designed to clearly identify expected behaviors for each item in the Mandatory Competency Evaluation Form. Evaluators are encouraged to include an explanation when an item is marked "N/A".

Task	Pass	Fail	N/A
1.The student completed the plan independently	The student completed all work on the treatment plan working independently	The student did not complete all work on the treatment plan working independently	This item must be completed by the preceptor. N/A will result in student's failure of the competency.
2. Treatment Prescription followed	The student followed the prescription as written by the physician	The student failed to follow the prescription as written by the physician	This item is not applicable to this competency.
3. Isocenter/Calc Point Placement	The student placed the isocenter and/or calculation point properly for this plan based on accepted planning practice and patient anatomy	The student failed to place the isocenter and/or calculation point properly based on accepted planning practice and patient anatomy	This item is not applicable to this competency.
4. Treatment structures identified (CTV, PTV, etc.)	The student identified and segmented (contoured) treatment structures properly for this plan based on accepted planning practice and patient anatomy	The student failed to identify and/or segment (contour) treatment structures properly for this plan based on accepted planning practice and patient anatomy	This item is not applicable to this competency.
5. Treatment structures covered adequately	Treatment plan for the clinical case achieved adequate coverage of treatment structures (PTV, CTV, etc) according to clinical practice standards as specified by RTOG protocol, clinical protocol, and/or physician prescription.	Treatment plan for the clinical case failed to achieve adequate coverage of treatment structures (PTV, CTV, etc) according to clinical practice standards as specified by RTOG protocol, clinical protocol, and/or physician prescription.	This item is not applicable to this competency.
6. Critical structures contoured (OAR, etc)	The student identified and segmented (contoured) critical structures properly for this plan based on accepted planning practice and patient anatomy	The student failed to identify and segment (contour) critical structures properly for this plan based on accepted planning practice and patient anatomy	This item is not applicable to this competency.
7. Critical structure doses appropriate	Treatment plan for the clinical case achieved adequate coverage of critical structures according to clinical practice standards as specified by RTOG protocol, clinical protocol, and/or physician prescription.	Treatment plan for the clinical case did not achieve adequate coverage of critical structures according to clinical practice standards as specified by RTOG protocol, clinical protocol, and/or physician prescription.	This item is not applicable to this competency.
8. Hot spot placement	Treatment plan for the clinical case achieved placement of hot spot according to clinical practice standards as specified by RTOG protocol, clinical protocol, and/or physician prescription.	Treatment plan for the clinical case failed to achieve placement of hot spot according to clinical practice standards as specified by RTOG protocol, clinical protocol, and/or physician prescription.	This item is not applicable to this competency.

9. **Beam angle selection**	The student selected beam angles properly for this plan based on accepted planning practice and patient anatomy	The student failed to select beam angles properly for this plan according to accepted planning practice and patient anatomy	This item is not applicable to this competency.
10. **Treatment accessory devices appropriately utilized**	The student selected treatment accessory devices (wedges, custom blocks, bolus, etc.) properly for this plan based on accepted planning practice and patient anatomy	The student failed to select treatment accessory devices (wedges, custom blocks, bolus etc.) properly for this plan according to accepted planning practice and patient anatomy	This item is not applicable to this competency.
11. **Dose engine/algorithm appropriate**	The student selected the dose engine/calculation algorithm (e.g. Pencil Beam, AAA, Monte Carlo, etc.) properly for this plan based on accepted treatment planning practice	The student failed to select the dose engine/calculation algorithm (e.g. Pencil Beam, AAA, Monte Carlo, etc.) properly for this plan according to accepted treatment planning practice	This item is not applicable to this competency.
12. **Heterogeneity appropriately selected**	The student utilized heterogeneity corrections properly for this plan based on accepted treatment planning practice	The student failed to utilize heterogeneity corrections properly for this plan according to accepted treatment planning practice	This item is not applicable to this competency.
13. **Appropriate Dose grid selection**	The student ensured that the dose grid for the plan calculation was appropriate based on accepted treatment planning practice	The student failed to ensure that the dose grid for the plan calculation was appropriate according to accepted treatment planning practice	This item is not applicable to this competency.
14. **Image transfer/Fusion**	The student performed image data set transfer and fusion (if required) properly for this plan based on accepted planning practice and patient anatomy	The student failed to perform image data set transfer and fusion (if required) properly for this plan based on accepted planning practice and patient anatomy	This item is not applicable to this competency.
15. **Tx Couch contoured appropriately**	The student contoured the treatment/simulation couch properly for this plan based on accepted planning practice and patient anatomy	The student failed to contour the treatment/simulation couch properly for this plan	This item is not applicable to this competency.
16. **Minor contours correct**	The student contoured any minor structures (e.g. carina, T-12, etc.) properly for this plan based on accepted planning practice and patient anatomy	The student failed to contour minor structures (e.g. carina, T-12, etc.) when needed or contoured them improperly for this plan	This item is not applicable to this competency.
17. **Independent calculation performed (Hand calc., Computer MU Calc., etc.)**	The student performed an independent calculation (e.g. hand calc, computer-based MU calc) properly for this plan using accepted planning practice	The student did not perform an independent calculation or failed to perform the independent calculation (e.g. hand calc, computer-based MU calc) properly according to accepted planning practice	This item is not applicable to this competency.
18. **Record and Verify System information correct**	The student entered and/or verified the Record and Verify information properly for this plan using accepted planning practice	The student failed to enter and/or verify the Record and Verify information properly for this plan using accepted planning practice	This item is not applicable to this competency.

19. **Plan can be implemented clinically**	The student ensured that the treatment plan can be implemented in the clinic through interaction with other clinical team members (e.g. therapist, dosimetrist, radiation oncologist)	The student failed to ensure that the treatment plan can be implemented in the clinic through interaction with other clinical team members (e.g. therapist, dosimetrist, radiation oncologist)	This item is not applicable to this competency.
20. **Overall plan appropriateness acceptable**	The overall treatment plan is appropriate according to accepted medical dosimetry practice.	The overall treatment plan is not appropriate according to accepted medical dosimetry practice.	This item is not applicable to this competency.
21. **Overall plan quality acceptable**	Quality of the treatment plan meets or surpasses clinical practice standards acceptable as specified by RTOG protocol, clinical protocol, and/or physician prescription	Quality of the treatment plan does not meet clinical practice standards acceptable as specified by RTOG protocol, clinical protocol, and/or physician prescription	This item is not applicable to this competency.
22. **Student obtained plan approval from a certified medical dosimetrist or other credentialed practitioner as appropriate prior to treatment**	Student actively interacted with a CMD or other appropriately credentialed practitioner as appropriate regarding the treatment plan to gain approval prior to implementation.	Student failed to interact with a CMD or other credentialed practitioner as appropriate regarding the treatment plan to gain approval prior to implementation	This item is not applicable to this competency.
23. **Student obtained plan approval from physician**	Student actively interacted with the physician regarding the treatment plan to gain approval.	Student failed to interact with the physician regarding the treatment plan to gain approval	This item is not applicable to this competency.
24. **Planning time reasonable**	The amount of time the student utilized to successfully complete a treatment plan is reasonable relative to plan complexity (e.g. 2-6 hours total planning time for simple or intermediate plans, 8 or more hours for complex plans)	The amount of time the student utilized to successfully complete a treatment plan is unreasonable relative to plan complexity	This item is not applicable to this competency.
25. **Able to answer questions relevant to planning of case (cognitive evaluation)***	Student confidently and clearly presented answers to evaluator questions relevant to the clinical case.	Student failed to confidently and clearly present answers to evaluator questions relevant to the clinical case.	This item is not applicable to this competency.
26. **Interact with others in a mentoring/mentee role as appropriate (affective evaluation)**	Student behavior exemplified characteristics of a mentor and/or mentee as appropriate. These behaviors include active eagerness to learn and actively assisting others.	Student behavior failed to exemplify characteristics of a mentor and/or mentee. These behaviors include lack of eagerness to learn and lack of desire to assist others.	This item is not applicable to this competency.
27. **Courteous and professional behavior displayed (affective evaluation)**	Student behaved in a courteous and professional manner during all interpersonal interactions according to guidelines for the organization in which the student is assigned. ***Note: The student must be informed regarding professional behavior guidelines for the**	Student failed to behave in a courteous and professional manner during all interpersonal interactions according to guidelines for the organization in which the student is assigned.	This item is not applicable to this competency.

	organization prior to completing competencies		
28 **Virtual interaction/ communication with others in a clinical capacity as appropriate (affective evaluation)**	Student virtual interactions were appropriate to successfully complete all aspects of the treatment plan in a virtual environment.	Student behavior failed to exemplify virtual interactions were appropriate to successfully complete all aspects of the treatment plan in a virtual environment.	This item is not applicable to this competency.

PRECEPTOR UPDATES

The Medical Dosimetry Program Director will typically hold meetings every 6 months, or as needed. Preceptors are always encouraged to communicate with JPU outside of meetings with questions, concerns, feedback, or suggestions.

EVALUATIONS

JPU values feedback from both the Preceptor and the Student throughout the clinical internship. The Preceptor is expected to complete the Medical Dosimetry Student Clinical Evaluation at the end of Track 2 and Track 4. Preceptors are encouraged to complete an evaluation any time they feel is appropriate during the internship. Preceptors are also encouraged to contact the Program Director at any time with questions or concerns.