# A Day in the Life of a Radiation Therapist in Dosimetry

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| 8:00 - 8:15am | I start my day by prioritizing or ranking the patient plans currently on my work list. On any given day I have plans I am currently working on, plans which I have sent to the radiation oncologist (RO) for approval, plans which have been approved but I need to finish the paperwork, and plans that I may be modifying due to comments from the RO or physicists. |
| 8:15 -10:15am | For the next few hours, I work on my tasks in order of priority. The complexity of the plan required for the tumour site will determine how many different plans I work on during this time. The plan must meet dose requirements, but I must consider the physical condition of the patient, the time available on the treatment floor as well as the immobilization of the patient.<br><br>A head and neck IMRT plan might take an entire day or longer to plan. It includes performing an image fusion, contouring surrounding critical structures and noting the various different dose constraints that are involved. Conversely, a 3-field neo-adjuvant rectum plan may only take a couple of hours to plan depending on whether it is placed fields or a PTV. |
| 10:15 -10:45am | Coffee Break |
| 10:45am -1:00pm | Sometimes, I may work on several patient cases at the same time, if a number of workstations are available. I might plan one patient's treatment and write the documents for another patient's treatment.<br><br>Throughout the planning process there will be times when I must consult either with the radiation oncologist or a physicist to make sure that I meet the prescription requirements as well as all of the dose constraints. |
| 1:00 - 2:00pm | Lunch. There is no set schedule for lunch in dosimetry. Some days I take a lunch break and other days I might eat my lunch at my desk in order to get a patient's plan out on time. I will keep track of any break time I miss and take this time on a slower day. |

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| 2:00 - 4:00pm | One of my duties is to check the plans that other therapists have done. I might spend a couple of hours doing this on any given day. I can only check plans that are at, or below, the complexity level that I plan. My knowledge of acceptable dose distributions and dose/fractionation regimes for various treatment sites will be important during this step.<br><br>I might also modify plan parameters or perform a recalculation in order to optimize dose distribution for a patient already on treatment. This could be a result of a contour change from weight loss or tumour reduction or growth. |
| 4:00 - 4:30pm | Complete all tasks for the day. I make sure there is nothing urgent that I must finish before leaving for the day or requires a radiation oncologist’s immediate attention. |