



A Day in the Life of a Radiation Therapist on the Treatment Floor in British Columbia

7:30am

Today it is my turn to come in 30 minutes before we start treating patients, in order to run the warm-up beams on the linear accelerator and perform the quality assurance checks. In BC, a typical work day on the treatment unit involves treating a variety of oncology patients throughout an 8 hour shift. This may be 7.5 hours at a clinic elsewhere in the country.

8:00am

My two coworkers arrive. We have 12 minutes to get organized for our day before we begin treating patients every 12 or 24 minutes.

Our radiation therapy student also arrives. We are a teaching facility and work with students from the local education program throughout the year.

Each treatment unit at my centre has the same treatment energies. Therefore, no machine is specific to certain techniques. However, two of the units have kV and cone beam imaging and we do restrict our fiducial marker prostate patients, thorax patients and stereotactic body radiotherapy (SBRT) patients to these units.

8:12 - 9:30am

Treat patients with one of my colleagues.

We prepare all technical parameters required for treatment. As well, we align the patient and equipment for accurate treatment delivery. We also assess each patient on a daily basis and develop a care plan for that patient, if necessary. We provide any necessary teaching or referrals for that patient and ensure their needs are met before they go home.

As part of the patient's daily treatment, we receive and review electronic portal images or cone beam CTs to decide whether the

daily set-ups are acceptable. We consider these for new patient appointments as well. If there are difficulties in a set-up, I may consider options and come to an acceptable solution.

I continue to ask and answer questions of the student.

9:30 – 10:30am

We take turns for our morning coffee break. No additional paperwork gets done on the treatment unit during this time, as there are only two staff present.

It is important that we work efficiently and effectively, practice proper body mechanics, safe patient transfers to and from the treatment couch and use universal infection control precautions during and between patients.

10:30am – 12:00pm

It is now my turn to “sit out” from treating patients and to perform image review tasks, chart quality assurance checks, and follow up on any other patient or treatment plan related items.

This would also be the time when any staff in-services or educational sessions would be offered, so that staff can provide relief for each other in order to attend.

12:00 – 2:45pm

We divide the lunch break between staff, to have two staff on the unit at any one time.

The focus is purely on treating patients and attending to any immediate needs they may have. This may include referrals to other healthcare professionals within our organization or within the community to ensure continuity of care for the patient's needs.

2:45 – 3:40pm

Finish up my day treating more patients. The workday of the machine ends at 4:30 pm. My colleagues will continue to treat patients until 4:12 pm. Then they will then have 15 minutes or so to complete all necessary tasks before going home.