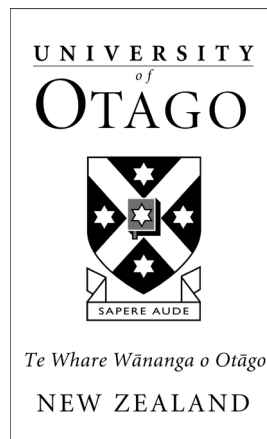


**Department of Radiation Therapy  
University of Otago, Wellington**



**BACHELOR  
OF  
HEALTH SCIENCES  
(Medical Radiation Therapy)**

**BHealSc (MRT)**

**CURRICULUM DOCUMENT**

**February 2009**

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# 1. Aims of the Programme

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## 1.1 General Aims

The Bachelor of Health Sciences programme (Medical Radiation Therapy) aims to produce graduates with the following attributes:

- 1.1.1 clinical competence in medical radiation therapy, demonstrating safe and professional practice.
- 1.1.2 a sound understanding of the theoretical basis for clinical practice.
- 1.1.3 excellent interpersonal skills in the demonstration of empathy and sensitivity to all patients.
- 1.1.4 excellent communication skills, both oral and written in communicating with colleagues and the health care team.
- 1.1.5 the ability to act independently when professionally appropriate as well as co-operatively with colleagues and other health care team members.
- 1.1.6 sound analytical skills to enable flexible and creative responses to the changes and challenges presented by clinical practice.
- 1.1.7 the skills of the “reflective practitioner” in being willing and able to review their own clinical competence and be responsive to the need for personal and professional change.
- 1.1.8 the ability to apply the principles of research as a foundation for on-going personal and professional development.
- 1.1.9 an awareness of the importance of the Treaty of Waitangi to the delivery of health care in New Zealand.

Cognitive skills will be progressively enhanced throughout the learning activities that will develop both an academic foundation and technical skill. The student will deal with problems of increasing complexity, recognising increasing contextual dimensions and the recognition of a range of possible solutions. This will involve increasingly proficient and perceptive interpersonal skills.

## 2. Occupational Conditions

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During the programme, students must undertake approved work experience hours.

- The Work Experience hours complement the formal academic clinical components of the BHealSc (MRT) ie Stage I Clinical Placements, Clinical Studies II and Clinical Studies III, and fully prepares students for clinical practice upon qualifying.
- Work Experience hours can be completed at times during the year which are not committed to academic studies, eg : mid November to mid February and inter-semester breaks.
- It is recommended that the Work Experience hours are evenly divided between Stage II and Stage III so that integration and consolidation of learning is based on a standard policy.
- Students will have completed approximately 2500 clinical hours (clinical studies plus work experience) at the completion of the degree.

### Relocation to the University of Otago

With the dis-establishment of CIT in June 2001, the Bachelor of Health Science (Radiation Therapy) relocated to the University of Otago's Wellington School of Medicine and Health Science. The programme was renamed the Bachelor of Health Sciences (Medical Radiation Therapy).

The radiation therapy profession and the University of Otago took the opportunity to develop the programme in a university environment. This then permitted the opportunities for study and research at undergraduate and postgraduate levels in an internationally recognized university focused on health sciences.

### Background

The Bachelor of Health Science (Radiation Therapy) programme was a development of the National Diploma in Medical Radiation Therapy – which in turn developed from the Central Institute of Technology Diploma in Therapeutic Radiography.

The radiation therapy profession had, for a number of years, considered that a degree level qualification should be available in New Zealand. In 1990 a survey of the profession was conducted in which 81% of the respondents favoured a degree as the standard qualification. The British profession had a degree in radiation therapy for many years as had Australia. The USA moved in this direction also. Canada had announced a requirement for a degree level qualification as a pre-requisite for registration by the year 2005. For New Zealand graduates to maintain parity with their overseas counterparts they required a bachelor's level degree. Between 50-75% of New Zealand graduates in radiation therapy gain overseas experience in Australia and the United Kingdom.

A degree in Diagnostic Imaging had been developed by Unitec and commenced in 1995. Manawatu Polytechnic (now known as UCOL) also offered a degree, a Bachelor in Applied Science (Medical Imaging Technology), which commenced in 1996. A degree was also developed and implemented by CPIT (Christchurch Polytechnic Institute of Technology) in 1998. For therapy the implementation of the Bachelor of Health Science (Radiation Therapy) at CIT (Central Institute of Technology) allowed radiation therapists to maintain parity with their professional colleagues in New Zealand.

The therapy degree was developed in consultation with the radiation therapy profession. A sub-committee of the Radiation Therapy Advisory Committee was formed which had the major responsibility for both the structure and content of the degree programme.

In 2005 a University of Otago led Curriculum Review commenced and the revised curriculum is being implemented from 2009 onwards. This curriculum has been developed after extensive consultation with the profession, university, stakeholders and external reviewers.

## 4. Programme Description

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The curriculum is designed so that papers are taught as part of an integrated and coherent structure, with a consistent overall process of learning and problem solving and a series of vertical and horizontal learning areas or strands.

### 4.1 The Three Stage Programme

The Bachelor of Health Sciences (Medical Radiation Therapy) comprises three stages. Generally each stage will be completed in one year's full time study.

A new curriculum has been implemented from 2009, commencing with Stage I.

**All papers are compulsory**

### 4.2 Stage I

Stage I consists of the following papers:

Paper Title	Points
MERA 111 Anatomy & Imaging	30
MERA 112 Cancer Cell Biology	10
MERA 113 Health & Human Behaviour	9
MERA 114 Healthcare Communication	9
MERA 115 Radiation Technology I	18
MERA 116 Radiation Therapy and Oncology I	30
MERA 117 Radiation Therapy Planning Concepts I	14

*1 point is equivalent to 12.5 hours of student learning*

### 4.3 Stage II

Stage II consists of the following papers:

Paper Title	Prerequisite	Points
MERA 201 Anatomy, Physiology and Pathology II	<i>Anatomy, Physiology and Pathology I</i>	9
MERA 202 Clinical Studies II	<i>Clinical Studies I</i>	60
MERA 203 Behavioural Science II	<i>Behavioural Science I</i>	9
MERA 204 Principles of Research		9
MERA 205 Radiation Technology II	<i>Radiation Technology I &amp; Radiation Physics</i>	18
MERA 206 Radiation Therapy and Oncology II	<i>Radiation Therapy and Oncology I</i>	24

*1 point is equivalent to 10 hours of student learning*

### 4.4 Stage III

Stage III consists of the following papers:

Paper Title	Prerequisite	Points
MERA 301 Clinical Studies III	<i>Clinical Studies II</i>	60
MERA 302 Applied Research Methods	<i>Principles of Research</i>	15
MERA 303 Radiation Technology III	<i>Radiation Technology II</i>	15
MERA 304 Radiation Therapy and Oncology III	<i>Radiation Therapy and Oncology II</i>	27

*1 point is equivalent to 10 hours of student learning*

#### **4.5 Integration of a Process Curriculum**

Vertical and horizontal integration of the programme is important to enable students to develop increasingly complex cognitive, affective and psychomotor skills. This integration has been achieved by the overall programme design which links paper content and learning outcomes within and across stages.

Integration will also be achieved by the extensive use of case studies, projects, problem solving exercises, seminars and through clinical situations.

Sequencing will guide the student to obtain sufficient background information and level of skill to deal with progressively more complex material and situations.

Integration will require good communication among lecturers. To this end the Head of Department is responsible for regular and frequent communication between members of the teaching team.

#### **4.6 Learning, Interacting and Self-Management**

The way in which the student learns and interacts with others (staff, students, patients and other professionals) throughout the programme is considered to be the key to the achievement of the aims concerning personal growth. Students will be encouraged, from the outset, to develop the skills of an independent learner and to reflect upon their learning. The ability to self-assess is an integral part of the programme's objectives.

It is essential to facilitate the early adaptation of students to expectations regarding their role in the learning process and their ability to interact with others.

Exercises in independent learning and critical thinking are introduced at the start of the programme. Developing effective verbal and written communication skills is an important aim throughout the programme. There are papers which specifically address these areas, such as the Behavioural Science papers. However, there is also a formal expectation of early application of the principles in all courses in the first stage and beyond.

In all papers, students will be required to investigate topic areas to a greater depth than that provided during class contact hours. To this end, formal class contact will usually be no more than 20 hours per week.

#### **4.7 Accessing a Specific Academic Base Biological Sciences**

Students will develop the ability to understand the basic systems of the human body and how these interact.

This is delivered through the anatomy and cancer cell biology papers. The imaging of anatomy is introduced at the beginning of Stage I and forms a foundation for the *Radiation Therapy & Oncology* and *Radiation Therapy Planning Concepts* papers.



#### **4.8 Behavioural Science**

Students need to have access to knowledge from behavioural science to enable them to perform as competent professionals in the field of radiation therapy.

This knowledge is essential to enable graduates to understand the context of illness and work with clients, colleagues and others they may interact with while performing as a professional in the field. These skills will be integrated into the *Clinical Studies* and *Healthcare Communication* papers as well as the *Behavioural Science* components.

#### **4.9 Physics and Allied Sciences**

Since most radiation treatment is provided using advanced technology students require a sound knowledge of physics as well as sufficient understanding of radiation technology to enable them to perform in a professional manner. Specialist lecturers will be employed to ensure that the latest information is presented to students. The papers relevant to this area are the three stages of *Radiation Technology*.

#### **4.10 Clinical Studies**

This section of the curriculum, which includes the Stage I clinical placements and the Stage II and III *Clinical Studies* papers, is designed to prepare the student for practice in a modern clinical setting. The clinical studies papers are designed to integrate the students' learning to a point where practical skills and theoretical understanding merge. Students currently have the opportunity to develop their clinical skills under supervision in well equipped radiation oncology departments in Auckland, Auckland private, Waikato, Palmerston North, Wellington, Christchurch and Dunedin.

#### **4.11 Research**

As professionals in the field of radiation therapy graduates must be able to critically analyse research published by others. To this end students will study the principles of good research methodologies. While these principles are covered in the *Principles of Research* and *Applied Research Methods* papers the concepts will be carried through all the subjects of the final stages of the programme.

## **5. Timing of the Programme**

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### **5.1 Duration of the Course**

The Bachelor of Health Sciences (Medical Radiation Therapy) is a three year full time programme.

### **5.2 Composition of Each Stage**

#### **5.2.1 Stage I**

30 weeks attending classes at the Department of Radiation Therapy, University of Otago, Wellington.

3 weeks clinical placement with a Clinical Provider.

#### **5.2.2 Stage II**

1 semester clinical studies with a Clinical Provider.

1 semester attending classes at the Department of Radiation Therapy, University of Otago, Wellington.

1 week clinical placement visiting another Clinical Provider.

#### **5.2.3 Stage III**

1 semester attending classes at the Department of Radiation Therapy, University of Otago, Wellington.

1 semester clinical studies with a Clinical Provider.

## 6. Structure of the Programme

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The programme consists of 3690 notional hours of student learning divided into three stages.

### 6.1 Stage I

MERA 111	Anatomy & Imaging
MERA 112	Cancer Cell Biology
MERA 113	Health & Human Behaviour
MERA 114	Healthcare Communication
MERA 115	Radiation Technology I
MERA 116	Radiation Therapy and Oncology I
MERA 117	Radiation Therapy Planning Concepts I

### 6.2 Stage II

MERA 201	Anatomy, Physiology and Pathology II
MERA 202	Clinical Studies II
MERA 203	Behavioural Science II
MERA 204	Principles of Research
MERA 205	Radiation Technology II
MERA 206	Radiation Therapy and Oncology II

### 6.3 Stage III

MERA 301	Clinical Studies III
MERA 302	Applied Research Methods
MERA 303	Radiation Technology III
MERA 304	Radiation Therapy and Oncology III

## 7. Assessment

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### 7.1 Assessment Philosophy

*All assessment tasks will allow students to demonstrate their achievement of the learning outcomes being assessed.*

This philosophy will be implemented by the use of the following strategies:

- All assessment tasks will be appropriate for the level and nature of the learning outcomes being assessed.
- Each assessment task will be clearly stated.
- Dates for assessments will be advised to students in advance. The dates for all summative assessments will be published at the beginning of each semester.
- Self and peer assessment will be encouraged and used whenever appropriate.
- Formative assessments will be carried out to identify difficulties students may be encountering, and to provide frequent feedback on learning progress.
- When it is appropriate for students work to be returned after marking, it will be returned as soon as practical.

### 7.2 Assessment Pattern

Students must have a current approved comprehensive first aid certificate before taking a final clinical or written assessment. This is relevant for Stage I, II and III.

#### **MERA 111: Anatomy & Imaging**

Summative assessment will consist of the following:

- one test = 15% of total mark
- one test = 15% of total mark
- one test = 15% of total mark
- one test = 15% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to sit the final examination.

A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

#### **MERA 112: Cancer Cell Biology**

Summative assessment will consist of the following:

- one test = 30% of total mark
- one assignment = 30% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

### **MERA 113: Health & Human Behaviour**

Summative assessment will consist of the following :

- one assignment = 25% of total mark
- one assignment = 35% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to sit the final examination.

A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

### **MERA 114: Health Care Communication**

Summative assessment will consist of the following:

- one assignment = 50% of total mark
- one observational analysis = 50% of total mark
  - role play (10%)
  - peer evaluation (15%)
  - assessor evaluation (25%)

A pass will be awarded to all students who gain 50% overall in the coursework.

### **MERA 115: Radiation Technology I**

Summative assessment will consist of the following :

- one test = 20% of total mark
- one test = 20% of total mark
- one test = 20% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework and the computer assignment must be successfully completed to be eligible to take the final examination.

A pass will be awarded to all students who gain a minimum of 50% in the examination and 50% overall.

### **MERA 116: Radiation Therapy and Oncology I**

Summative assessment will consist of the following :

- one test = 20% of total mark
- one test = 20% of total mark
- one assignment = 20% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

### **MERA 117: Radiation Therapy Planning Concepts I**

Summative assessment will consist of the following:

- one test = 30% of total mark
- one assignment = 40% of total mark
- one viva = 30% of total mark

A pass will be awarded to all students who gain 50% minimum overall.

### **MERA 201: Anatomy, Physiology and Pathology II**

Summative assessment will consist of the following :

- one test (applied anatomy) = 40% of total mark
- one test (pathology) = 35% of total mark
- one assignment (pathology) = 25% of total mark

A pass will be awarded to all students who gain 50% overall.

### **MERA 202: Clinical Studies II**

Summative assessment will consist of the following :

- one rotational assessment (simulation/CT) = Pass/Fail
- one rotational assessment (dosimetry) = Pass/Fail
- one rotational assessment (treatment) = Pass/Fail
- one clinical journal = Pass/Fail

A pass will be awarded to those students who gain a pass in each component.

**Reassessment:** A reassessment can occur for the clinical journal and one rotational assessment.

### **MERA 203: Behavioural Science II**

Summative assessment will consist of the following :

- one case study = 40% of total mark
- one assignment = 30% of total mark
- one assignment = 30% of total mark

A pass will be awarded to all students who gain 50% overall.

### **MERA 204: Principles of Research**

Summative assessment will consist of the following :

- one assignment = 50%
- one test = 50%

A pass will be awarded to all students who gain 50% overall.

### **MERA 205: Radiation Technology II**

Summative assessment will consist of the following :

- one test = 20% of total mark
- one test = 25% of total mark
- one assignment = 15% of total mark
- one final 2 hour examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

### **MERA 206: Radiation Therapy and Oncology II**

Summative assessment will consist of the following :

- one test (radiobiology) = 20% of total mark
- one presentation (cancer) = 20% of total mark
- one practical assignment = 10% of total mark
- one viva = 10% of total mark
- one 2 hour examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

### **MERA 301: Clinical Studies III**

Summative assessment will consist of the following :

- one rotational assessment (simulation/CT) = Pass/Fail
- one rotational assessment (dosimetry) = Pass/Fail
- one rotational assessment (treatment) = Pass/Fail
- one OSCE = Pass/Fail  
(Objective Structured Clinical Examination)

A pass will be awarded to those students who gain a pass in each component.

#### **Reassessment:**

- A reassessment can occur for one rotational assessment in dosimetry and one rotational assessment in either simulation/CT or treatment.
- One reassessment can occur for the OSCE.

### **MERA 302: Applied Research Methods**

Summative assessment will consist of the following :

- written report = 70% of total mark
- oral presentation = 15% of total mark
- poster presentation = 15% of total mark

Students must complete all three aspects of the assessment.

A pass will be awarded to students who have gained a mark of 50% overall.

### **MERA 303: Radiation Technology III**

Summative assessment will consist of the following :

- one assignment
  - (IMRT, brachytherapy, quality assurance) = 30% of total mark
- one assignment
  - (imaging) = 15% of total mark
- one assignment
  - (resource management) = 15% of total mark
- one final 2 hour examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

### **MERA 304: Radiation Therapy and Oncology III**

Summative assessment will consist of the following :

- one test (radiobiology) = 15% of total mark
- one assignment (professional issues) = 15% of total mark
- one dosimetry assessment (20/30 pass mark)= 30% of total mark
- one 2 hour examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

#### **Reassessment:**

One reassessment can occur in the dosimetry assessment if the pass mark of 20/30 is not achieved.

### **7.3 Assessment Standards**

The overall standards are laid out in the *Aims of the Programme* as the attributes of the graduate of the programme. (See 1. Aims of the Programme, p.1).

These aims have been developed in close association with the profession through the Radiation Therapy Advisory Degree Sub-committee and more recently the University of Otago Curriculum Review Committee and Radiation Therapy Board of Studies and Examinations.

### **7.4 Moderators**

Internal moderation occurs for each paper within the Department of Radiation Therapy. Two external moderators are appointed from the profession (one clinical tutor and one senior clinical radiation therapist) to moderate written examinations. A clinical radiation therapist moderates a sampling of clinical journals.

### **7.5 Monitor**

Academic monitoring occurs from the School of Medical Radiation Science, University of Sydney.

The Medical Radiation Technologists Board monitors the Bachelor of Health Sciences (Medical Radiation Therapy) in accordance with guidelines, under the Health Practitioners Competence Assurance Act, 2003.



## **8. Procedures for Changes to the Programme**

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There are three levels of change in the programme which can take place:

### **8.1 Minimal Changes**

Small alterations to the programme will be implemented within the Department of Radiation Therapy.

### **8.2 Minor Changes**

Where the changes are more significant, but do not involve the structure of the programme they will be referred on to the Radiation Therapy Board of Studies and Examinations. Minutes from these minutes refer issues to the Health Sciences Divisional Board.

### **8.3 Major Changes**

Any change to the overall structure will be referred to CUAP for approval following approval by the University of Otago Senate.

## **9. Management of the Programme**

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### **9.1 Programme Co-ordination**

The Director and Head of Department has responsibility for the overall co-ordination of the programme.

### **9.2 Paper Convenors**

Paper convenors are responsible for the efficient co-ordination and delivery of papers. The internal moderators work with the paper convenors on content and assessment.

### **9.3 Year Leaders**

Year leaders have an overall responsibility for the students in a particular stage of the course. Responsibilities include pastoral care and assessment schedules.

## 10. Relationship to Other Programmes

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### 10.1 Overseas Undergraduate Qualifications

A number of New Zealand radiation therapists have gained degree level qualifications in radiation therapy. The most popular programmes were the BHSc – Conversion Programme from the Central Institute of Technology and the BSc (Radiography) Conversion Programme from the Anglia Polytechnic University in England. These programmes and others such as the BSc(Hons) Radiotherapy from Southbank University, London, require students to attain high levels of competency, the skills of the reflective practitioner and the skills of critical analysis in relation to research. The outcomes of these qualifications are similar to those of the BHealSc(MRT) programme.

### 10.2 New Zealand Postgraduate Qualifications

There are a number of postgraduate qualifications available to the graduates from the BHealSc(MRT).

The University of Otago offers the BHealSc(MRT) - Honours and also postgraduate certificates, diplomas, degrees, up to PhDs.

The University of Sydney offers postgraduate specialisations in MRT up to PhD level. The University of Otago and University of Sydney have a formal contract to deliver postgraduate brachytherapy.

The University of Otago and Monash University have a formal contract to deliver Advanced Practice in Principles & Practice of Radiation Therapy Led Treatment Review.

## 11. Programme Regulations

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### 11.1 Entry Requirements

All enrolments to the Bachelor of Health Sciences (Medical Radiation Therapy) degree programme are subject to the approval of the Radiation Therapy Admissions Committee. To gain entry to the programme applicants must satisfy the following criteria:

- Eligibility to enter the University having satisfied the University's admission requirements as stated in the University Calendar (ie. gained an entrance qualification based on NCEA Level 3 results or equivalent).  
**Priority will be given to those successfully completing English or an English rich subject, Mathematics (Statistics or Calculus), and either Biology or Physics at NCEA Level 3 or equivalent.**
- Demonstration of suitability to the profession by interview.

For a student whose application for admission is based on qualifications gained outside New Zealand and whose first language is not English or Maori, evidence of such competence and understanding to be supplied shall be in the form of certified results in:

- the International English Language Test (IELT) with a score of not less than 7.5 in the academic band, with a score of 8 or better in the listening band and 8 or better in the speaking band. This test is to be taken in New Zealand.
- In general students will have clinical placements with Clinical Providers which operate an oncology unit. This is to ensure that there is adequate access to an appropriate clinical environment. An exception to this may be made provided the applicant can provide evidence that she or he can obtain the required clinical experience and tuition.
- Students are required to hold a current comprehensive first aid certificate on entry to the programme. This certificate is to be maintained throughout the duration of the programme.

Note: Student numbers will be limited to the availability of clinical placements.

### 11.2 Admission to the Course

- (a) Admission to the course for the degree of Bachelor of Health Sciences shall be determined by the Assistant Vice-Chancellor (Health Sciences) on the advice of the Radiation Therapy Admissions Committee.
- (b) The number of candidates to be admitted to the first year of the course will be determined by the number of places available for clinical education.

- (c) Candidates will be selected by the Radiation Therapy Admissions Committee on the basis of their academic record and their interview.

Note: Applications for admission to first year classes must reach the Division of Health Sciences not later than 15<sup>th</sup> September in the year preceding desired entry.

### 11.3 Completion of the Programme

- (a) The programme consists of three stages. Generally students must succeed at each stage to progress to the next stage.
- (b) The structure of the programme makes it unlikely that a student would be able to complete a trailing subject and continue with the following stage of the programme.
- (c) Students will be expected to complete the programme in five years or less. Students will need to seek a clinical placement before re-enrolling in a clinical paper.
- (d) Every course of study must satisfy the requirements for one option in the schedule of endorsements for the degree.
- (e) Every course of study for the degree shall normally be followed for not less than three years of full-time study.

### 11.4 Assessments

- (a) Students will be given a range of formative assessments throughout the year as a basis for determining progress.
- (b) Extensions to due dates will only be considered by the Head of Department in mitigating circumstances.
- (c) In the case of illness at the time of a test, the student must notify the lecturer, either directly or through Reception, **PRIOR** to the start of a test. A medical certificate must be presented (dated the day of the test) to the Head of Department before an alternative test will be arranged. Failure to observe this procedure may result in the student being refused an opportunity to sit the test, and therefore receive a score of zero for it.
- (d) Students must complete all coursework requirements, which includes formative and summative assessments to gain terms.

- (e) Students who are refused terms will be required normally to repeat the year as a whole, subject to the approval by the Radiation Therapy Board of Studies and Examinations.

#### Submission of Previously Assessed Work

- (f) Any student who attempts to pass off their own work, either in part or whole, which has previously been assessed in the same or another paper, **as original work** will receive no assessment result for that work, nor will they have an opportunity to resubmit the work for that assessment. In addition, the student may be subject to disciplinary action.

#### Plagiarism

- (g) Students should make sure that all submitted work is their own. Plagiarism (including being party to someone else's plagiarism) is a form of dishonest practice. Plagiarism is defined as copying or paraphrasing another's work, whether intentionally or otherwise, and presenting it as one's own. In practice this means plagiarism includes any attempt in any piece of submitted work (e.g. an assignment or test) to present as one's own work the work of another (whether of another student or a published authority). Any student found responsible for plagiarism in any piece of work submitted for assessment shall be subject to the University's dishonest practice regulations which may result in various penalties, including forfeiture of marks for the piece of work submitted, a zero grade for the paper, or in extreme cases exclusion from the University.

#### General

- (h) Any student who attempts to deceive or practice deceit, or obtain unfair advantage by their actions as a student may be subject to disciplinary action.

### **11.5 Reassessment Policy**

- There will be no reassessments except for the Clinical Studies and the dosimetry assessment in Radiation Therapy & Oncology III.
- Clinical Studies II
  - a reassessment can occur for the clinical journal and one rotational assessment.
- Clinical Studies III
  - a reassessment can occur for one rotational assessment in dosimetry and one rotational assessment in either simulation/CT or treatment.
  - one reassessment can occur for the OSCE
- Radiation Therapy and Oncology III
  - one reassessment can occur if the pass mark of 20/30 is not achieved in the dosimetry assessment.

## **11.6 Examination**

- (a) Every candidate must gain terms before being admitted to examinations. This is defined as at least a 50% pass in the coursework component.
- (b) Candidates in Stage I will need to achieve at least 50% in any examination to be eligible to be awarded a pass overall.
- (c) Candidates in Stage II and III will need to achieve at least 40% in any examination to be eligible to be awarded a pass overall.
- (d) An OSCE (Objective Structured Clinical Examination) reassessment is offered in MERA 301: Clinical Studies III.

## **11.7 Awarding of Degree**

Candidates must pass all papers in the programme to be awarded the Bachelor of Health Sciences (Medical Radiation Therapy) degree by the University of Otago.

## **11.8 Withdrawal from the Course**

A candidate who withdraws from the course must obtain the approval of the Radiation Therapy Board of Studies and Examinations before being readmitted to the course. Applications for readmission must be with the Board of Studies and Examinations by 1 November in the year prior to that for which readmission is sought.

## **11.9 Exclusion from the Course**

Any candidate who fails to complete the requirements for a paper in two academic years may be excluded by the Board of the Division of Health Sciences on the recommendation of the Radiation Therapy Board of Studies and Examinations in Health Sciences.

## **11.10 Variations**

The Pro-Vice-Chancellor (Health Sciences) may in exceptional circumstances approve a course of study which does not comply with these regulations.

**PAPER  
DESCRIPTORS**



## **STAGE ONE PAPERS**

- MERA 111 Anatomy & Imaging
- MERA 112 Cancer Cell Biology
- MERA 113 Health & Human Behaviour
- MERA 114 Healthcare Communication
- MERA 115 Radiation Technology I
- MERA 116 Radiation Therapy and Oncology I
- MERA 117 Radiation Therapy Planning Concepts I

## 12. Anatomy and Imaging

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<b>Reference Number</b>	MERA 111
<b>Date:</b>	February 2009
<b>Duration:</b>	150 contact hours and 225 hours of independent learning
<b>Points:</b>	30
<b>Aim:</b>	To gain a basic understanding of the gross and sectional anatomy of the human body and to be able to identify body structures on radiographic images
<b>Recommended Entry Level:</b>	Entry to the programme
<b>Learning outcomes:</b>	On the completion of this paper the successful student will be able to:

1. describe the anatomical organisation of the human body in terms of cells, tissues and organs for each of the principal organ systems;
2. describe in detail the lymphatic drainage of structures affected by cancer;
3. be able to relate surface anatomy to underlying body structures;
4. use knowledge of gross body anatomy to identify body structures on X-rays, CT scans and MRI scans.

### **Content:**

#### **Corresponding to learning outcome 1**

- (a) Cell types, tissue types, organs and function of:

- Integumentary system
- Skeletal system
- Muscular system
- Cardiovascular system
- Lymphatic system
- Respiratory system
- Digestive system
- Urinary system
- Reproductive systems
- Endocrine system
- Nervous system

#### **Corresponding to learning outcome 2**

- (a) Lymphatic drainage of structures in: head and neck, thorax, abdomen, pelvis and extremities

### **Corresponding to learning outcome 3**

- (a) Body regions and planes
- (b) Boundaries and contents of body cavities
- (c) Clinical significance of surface land marks and planes of head, thorax, abdomen and extremities

### **Corresponding to learning outcome 4**

- (a) Principles and diagnostic purpose of X-rays, CR scans, MRI scans;
- (b) Identification of structures on X-rays, CT scans and MRI scans.

### **Suggested Learning and Teaching Approaches**

The learning outcomes of this paper could be achieved by the following:

- Lectures
- Student centred tutorials
- The use of models, X-rays, CT scan and MRI scans

### **Assessment of Learning Outcomes**

Summative assessment will consist of the following:

- one test = 15% of total mark
- one test = 15% of total mark
- one test = 15% of total mark
- one test = 15% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to sit the final examination.

A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

### **Reporting Results to Students**

Results will be reported to students as follows:

Course work out of	60
Final examination, out of	40
TOTAL	100

Student result notices will carry grades from A to E

### **Resources**

- Backhouse, K.M. (1986). *A colour atlas of surface anatomy, clinical and applied*. Wolfe Medical Publications, England
- Ellis, H., Logan, B. and Dixon, A. (1999). *Human sectional anatomy (2<sup>nd</sup> edition)*. Reed Elsevier, England
- Hansen, J.T. and Koeppen, B. M. (2002). *Netter's atlas of human physiology*. Icon Learning Systems, USA
- Kelly, L.L. and Petersen, C. M. (2007). *Sectional Anatomy for Imaging Professionals*. Mosby.
- Kember, P. (2000). *Imaging for Junior Doctors. A survival Guide*. WB Saunders, London.
- Knollman, F. and Coakley (2006). *Multi slice CT, principles and protocols*. Saunders, Elsevier, USA

Tortora, G.J. & Derrickson, B. (2009). *Principles of Anatomy and Physiology*. (12<sup>th</sup> Edition).  
John Wiley & Sons.

Moeller, B. and Reif, E.(2007). *Pocket atlas of sectional anatomy, Volume I and II*. Thieme, USA

Patton, K.T. (2006). *Survival guide for anatomy and physiology*. Mosby, Elsevier, USA

Webber, E.C., Vilensky, J.A. & Carmichael, S.W. (2009). *Netter's Concise Radiologic Anatomy*.  
Saunders, an imprint of Elsevier Inc.

Wicke, L. (1996) *Atlas of radiologic anatomy 6<sup>th</sup> edition*. Williams and Wilkins, USA

## 13. Cancer Cell Biology

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<b>Reference Number</b>	MERA 112
<b>Date:</b>	February 2009
<b>Duration:</b>	50 contact hours and 75 hours of independent learning
<b>Points:</b>	10
<b>Aim:</b>	To gain a basic understanding of cancer cell biology
<b>Recommended entry level:</b>	Entry to the programme
<b>Learning outcomes:</b>	On the completion of this paper the successful student will have a basic understanding of:

1. DNA synthesis and gene expression;
2. cell cycle and cell cycle progression;
3. mutagenesis and carcinogenesis;
4. radiobiology of normal tissues and tumours;
5. chemotherapy ;
6. immunotherapy.

### **Content:**

#### **Corresponding to learning outcome 1:**

- (a) Basic biochemistry, including structure of DNA and RNA
- (b) Genetic code
- (c) Molecular dogma (DNA synthesis, transcription, reverse transcription, translation)

#### **Corresponding to learning outcome 2:**

- (a) Cell cycle, check points and progression

#### **Corresponding to learning outcome 3:**

- (a) Mutagenesis (chemically, virally, radiation-induced)
- (b) Epigenetics (methylation, acetylation)
- (c) Carcinogenesis (tumour suppressor genes, proto-oncogenes, cell cycle progression, tumour staging)

#### **Corresponding to learning outcome 4:**

- (a) Radiobiology of healthy tissues (pathology and kinetics, 4Rs)
- (b) Radiobiology of tumours

#### **Corresponding to learning outcome 5:**

- (a) Principles of pharmacology
- (b) Chemotherapy that targets fast proliferating cells
- (c) Targeted Chemotherapy
- (d) Hormone therapy

### **Corresponding to learning outcome 6:**

- (a) Basic immunology
- (b) Escaping immuno-surveillance
- (c) Antibody based therapies
- (d) Adoptive immune transfer and immune vaccines

### **Suggested learning and Teaching Approaches:**

The learning outcomes of this paper could be achieved by the following:

- Lectures
- Student centred tutorials
- The use of videos, books and journals

### **Assessment of Learning Outcomes:**

Summative assessment will consist of the following:

- one test = 30% of total mark
- one assignment = 30% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination. A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

### **Reporting Results to Students**

Results will be reported as a mark out of 100 for coursework. Student result notices will carry grades from A to E

### **Resources**

- Bryant, B. and Knights, K. (2007). *Pharmacology for Health Professionals (2<sup>nd</sup> edition)*. Mosby, Elsevier, Australia.
- Campbell, M.K. (1999), *Biochemistry (3<sup>rd</sup> edition)*. Saunders College publishing.
- Cooper, G.M. (1997). *The cell: a molecular approach*. ASM Press, USA.
- Delves, P.J., Martin, S.J., Burton, D. R. and Roitt, I. M. (2006). *Roitt's Essential Immunology (11<sup>th</sup> edition)*. Blackwell publishing, UK
- McCance, K.L. and Huether, S. E. (2002). *Pathophysiology. The biologic basis for disease in adults and children (4<sup>th</sup> edition)*. Mosby, Elsevier, Australia
- Martini. F.H. (2006) *Fundamentals of anatomy and physiology (7<sup>th</sup> edition)*. Pearson, Benjamin Cummings, USA
- Springhouse. (2008). *Clinical pharmacology made incredibly easy (3<sup>rd</sup> edition)*. Lippincott, Williams and Wilkins, USA

## 14. Health and Human Behaviour

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<b>Reference Number :</b>	MERA 113
<b>Date :</b>	February 2009
<b>Duration :</b>	40 contact hours and 72.5 hours of independent learning
<b>Points :</b>	9
<b>Aim :</b>	To introduce students to the psychological and sociological models of thinking about health, illness and coping with life-threatening illness and to apply this knowledge to the radiation therapy setting.
<b>Recommended Entry Level :</b>	Entry to programme
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to :

1. demonstrate an understanding of the relationship between health, well-being and human behaviour;
2. identify social, political, economic and cultural determinants of health;
3. discuss stress and coping in relation to diagnosis of and treatment(s) for life-threatening illness, with special emphasis on cancer;
4. discuss risk and protective factors across the lifespan that affect coping with life-threatening illness;
5. discuss the relevance of culture to an individual's and group's experience of society with particular reference to health and illness;
6. describe the relevance of the Treaty of Waitangi to New Zealand society and the delivery of health care;
7. discuss decision-making in relation to diagnosis, side-effects and survivorship of cancer and its treatment(s);
8. identify research methodologies in health psychology and health sociology.

### **Content:**

#### **Corresponding to Learning Outcome 1**

- (a) Definitions of health, well-being, illness and disease
- (b) Health beliefs and health behaviour
- (c) Theoretical perspectives of personality, learning and social learning, motivation and perception

#### **Corresponding to Learning Outcome 2**

- (a) Systems of inequality based on class, age, gender, race, ethnicity, disability, sexual orientation,
  - prejudice, stereotyping, discrimination and stigma
- (b) Inequalities in New Zealand society

- (c) The consequences of inequalities in access to resources, including health for the individual, family and society, with an emphasis on cancer

### **Corresponding to Learning Outcome 3**

- (a) Causes and effects of stress on individuals  
(b) Stress and the immune system  
(c) Reactions to illness: interactions between physical, mental, emotional and social phenomena  
(d) Coping strategies in relation to stress and illness

### **Corresponding to Learning Outcome 4**

- (a) Psychosocial modifiers of stress and coping across the lifespan  
(b) Contextual influences on risk and protective factors that affect coping  
(c) Human development and health

### **Corresponding to Learning Outcome 5**

- (a) The meaning and relevance of culture to individual and group self perception, beliefs and practices  
(b) The relevance of culture to New Zealand society  
(c) Culture, health, illness, and health care delivery in the radiation therapy setting  
(d) Cultural safety in health care delivery

### **Corresponding to Learning Outcome 6**

- (a) The Treaty of Waitangi and its significance to Maori and Pakeha  
(b) The relevance and application of the Treaty of Waitangi to health, illness and health care delivery

### **Corresponding to Learning Outcome 7**

- (a) Cognition and health beliefs  
(b) Clinical decision making  
(c) Adherence to treatment, management of side-effects, survivorship/ living with life-threatening illness

### **Corresponding to Learning Outcome 8**

- (a) Quantitative research methodology in health psychology and sociology  
(b) Qualitative research methodology in health psychology and sociology

### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- the use of research-based evidence;
- guest speakers who are able to offer current and practical information on topics;
- case studies and problem based learning;
- seminar and project presentations;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, exploration and debate;
- use of a variety of small scale investigative techniques.



## Assessment of Learning Outcomes :

Summative assessment will consist of the following :

- one assignment = 25% of total mark
- one assignment = 35% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to sit the final examination.

A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

## Reporting Results to Students

Results will be reported to students as follows:

Course work, out of	100
TOTAL	100

Student result notices will carry grades from A to E.

## Recommended Resources

- Alfaro-LeFevre, R. (2004). *Critical thinking and clinical judgement: A practical approach*. St Louis, Mo.: Saunders.
- Bird, L., & Drewery, W. (2004). *Human Development in Aotearoa*. (2<sup>nd</sup> Ed.). McGraw Hill, Auckland.
- Blakely, T. (2007). *Tracking disparity: Trends in Ethnic and Socioeconomic Inequalities in Mortality, 1981-2004*. Ministry of Health: Wellington, NZ.
- Brennan, J., & Moynihan, C. (2004). *Cancer in Context: A Practical Guide to Supportive Care*. Oxford: Oxford University Press.
- Camic, P.M., Rhodes, J.E. & Yardley, L. (2003). *Qualitative Research in Psychology: Expanding Perspectives in Method and Design*. Washington, DC: American Psychological Association.
- Cooper, C.L. (2005). (Ed.). *Handbook of Stress Medicine and Health*. Boca Raton: CRC Press.
- Davidson, C. and Tolich, M. (Eds.). (2007). *Social Science Research in New Zealand: Many Paths to Understanding*. (2<sup>nd</sup> Ed.). North Shore: Pearson Education New Zealand.
- Davis, P., & Dew, K. (2005). *Health and Society in Aotearoa New Zealand*. (2<sup>nd</sup> Ed.). Wellington: Oxford University Press.
- Dew, K. (2003). *Borderland Practices: Regulating Alternative Therapies in New Zealand*. Dunedin: University of Otago Press.
- Dew, K., & Kirkman, A. (2002). *Sociology of Health in New Zealand*. Auckland: Oxford University Press.
- Durie, M. (1998). *Whaiora: Maori Health Development*. (2<sup>nd</sup> Edition). Auckland: Oxford University Press.
- Durie, M. (2001). *Mauri Ora: The Dynamics of Maori Health*. Auckland. Oxford University Press.
- Feurerstein, M. (2007). (Ed.). *Handbook of Cancer Survivorship*. New York: Springer.
- Germov, J. (Ed.). (2000). *Second Opinion: An Introduction to Health Sociology*. (2<sup>nd</sup> Ed.). Melbourne: Oxford University Press.
- Goodwin, James C. (2005). *Research in Psychology: Methods and Design*. Hoboken, NJ: John Wiley & Sons.
- Gurbutt, R. (2006) *Nurses' clinical decision making*. Oxford: Radcliffe.

- Harms, L. (2005). *Understanding Human Development: A Multidimensional Approach*. Melbourne: Oxford University Press.
- Jones, K., & Creedy, D. (2008). *Health and Human Behaviour*. (2<sup>nd</sup> Ed.). Melbourne: Oxford University Press.
- Kerslake, P. (2006). *Life, Happiness and Cancer: Survive with Action and Attitude*. Wellington, NZ: Steele Roberts Ltd.
- Lee, C., & Glynnowens, R. (2002). *The Psychology of Men's Health*. Buckingham. Open University Press.
- Lupton, D. (1994). *Medicine as culture: Illness, Disease and the Body in Western Societies*. London: Sage Publications.
- McLennan, G., Ryan, A. & Spoonley, P. (2004). *Exploring Society: Sociology for New Zealand Students*. Auckland: Pearson Education New Zealand.
- Macpherson, C., Spoonley, P. & Anae, M. (Eds.). (2000). *Tangata o te moana nui: The evolving identities of Pacific peoples in Aotearoa New Zealand*.
- Ministry of Health. (2002). *Reducing Inequalities*. Wellington: Ministry of Health.
- Ministry of Health. (2002). *He Korowai Oranga (Maori Health Strategy)*. Wellington. Ministry of Health.
- Ministry of Health. (2004). *Tupu Ola Moui: The Pacific Health Chart Book*. Wellington, NZ: Ministry of Health.
- Ministry of Health. (2005). *New Zealand Cancer Control Strategy: Action Plan 2005-2010*. Wellington: Ministry of Health.
- Nettleton, S. (1995). *The Sociology of Health and Illness*. Cambridge: Polity Press
- Ratima, M.M. (2001). *Kia uruwru mai a harora: Being Healthy, Being Maori*. Conceptualising Maori health promotion. Unpublished dissertation.
- Santrock, J.W. (2008). *Life-Span Development*. (11<sup>th</sup> Ed.). Boston: McGraw-Hill.
- Sarafino, E.P. (2002). *Health Psychology: Biopsychosocial interactions*. (4<sup>th</sup> Ed.). New York: Wiley.
- Spoonley, P. (1993). *Racism and Ethnicity*. Auckland: Oxford University Press.
- State Services Commission. (2004). *The Treaty or Waitangi*. Wellington. State Services Commission.
- Swan, R. (1996). *The Big C: My experience with Cancer*. Auckland: Hoddermoa Beckett Publishers.
- Thompson, C., & Dowding, D. (Eds.). (2002). *Clinical decision making and judgement in nursing*. Edinburgh: Churchill Livingstone.
- Weiten, W. (2004). *Psychology: Themes and Variations*. (6<sup>th</sup> Ed.). Brooks/Cole.
- Wepa, D; (2005). *Cultural safety in Aotearoa NZ*. Auckland: Pearson Education NZ.
- White, P. (2005). (Ed.). *Biopsychosocial Medicine: An Integrated Approach to Understanding Illness*. Oxford: Oxford University Press.

## 15. Healthcare Communication

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<b>Reference Number :</b>	MERA 114
<b>Date :</b>	July 2009
<b>Duration :</b>	50 contact hours and 62.5 hours of independent learning
<b>Points :</b>	9
<b>Aim :</b>	To introduce students to the foundations of healthcare communication skills and strategies and apply these to the radiation therapy setting.
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to :

1. describe core qualities and skills involved in establishing a healthcare professional-patient relationship in the radiation therapy setting;
2. demonstrate an understanding of core verbal and non-verbal communication skills in a range of contexts;
3. analyse different social, professional and personal value bases in the provision of healthcare;
4. identify the principles of culturally safe healthcare practice in the radiation therapy setting.

### Content

#### Corresponding to Learning Outcome 1

- (a) Core qualities, attitudes and skills of a healthcare professional  
Social and emotional intelligence
  - Empathy
  - Rapport
  - Respect
- (b) Professional relationships in the health care setting: patients, their families and colleagues
  - Ethical practice
    - Trust
    - Control
    - Self-disclosure
    - Self-care and self-reflection

#### Corresponding to Learning Outcome 2

- (a) Core verbal and nonverbal communication skills in health care relationships
  - multidimensional approach to listening
  - communication microskills: verbal and nonverbal
  - affirm, motivate, and educate others
- (b) Cross cultural communication

- (c) Communication contexts
  - environmental
  - social and political
  - ethical
- (d) Interviewing skills
- (e) Communication within healthcare teams
- (f) Speaking to a group

### **Corresponding to Learning Outcome 3**

- (a) Personal values and moral development
- (b) Professional values in health care
- (c) Social values in health care

### **Corresponding to Learning Outcome 4**

- (a) Cultural diversity, cultural safety and cultural competence
- (b) Social and personal attitudes towards diversity and equality
  - prejudice, stereotyping, discrimination and stigma
- (c) Professional culturally safe practice in New Zealand

### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- guest speakers who are able to offer current and practical information on topics;
- case studies and problem based learning;
- role plays, with the lecturer and others modelling and coaching appropriate behaviours;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, exploration and debate;
- use of a variety of small scale investigative techniques;
- the teaching material should draw on the student's personal and professional experiences and encourage critical inquiry and examination of the "taken for granted world".

### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following:

- one assignment = 50% of total mark
- one observational analysis = 50% of total mark
  - role play (10%)
  - peer evaluation (15%)
  - assessor evaluation (25%)

A pass will be awarded to all students who gain 50% overall in the coursework.

## Reporting Results to Students

Results will be reported to students as follows:

Course work, out of	100
TOTAL	100

Student result notices will carry grades from A to E.

## Recommended Resources

- Andrews, M.M., & Boyle, J.S. (2003). *Transcultural concepts in nursing care*. (4<sup>th</sup> Ed.). Philadelphia: Lippincott Williams & Wilkins.
- Berglund, C. & Saltman, D. (Eds.). (2002). *Communication in health care*. Oxford University Press: Melbourne.
- Durie, M. (1998). *Whaiora: Maori health development*. (2<sup>nd</sup> Edition). Auckland: Oxford University Press.
- Durie, M. (2001). *Mauri ora: The dynamics of Maori health*. Auckland. Oxford University Press.
- Egan, G. (2007). *The skilled helper: A problem-management and opportunity-development approach to helping*. Belmont, CA: Thomson Brooks/Cole.
- Harms, L. (2007). *Working with people*. Melbourne: Oxford University Press.
- Hosley, J. & Molle, E.A. (2006). *A practical guide to therapeutic communication for health professionals*. St Louis, Mo.: Saunders Elsevier.
- Leininger, M. M., and McFarland, M. R. (2006). (Eds.). *Culture care diversity and universality: a worldwide nursing theory*. Sudbury, MA: Jones and Bartlett.
- Leininger, M.M., & McFarland, M.R. (2002). *Transcultural nursing: concepts, theories, research and practice*. New York: McGraw-Hill.
- Ministry of Health. (2004). *Tupu Ola Moui: The Pacific Health Chart Book*. Wellington, NZ: Ministry of Health.
- Ministry of Health (2003). *New Zealand Cancer Control Strategy*. Wellington, NZ: Ministry of Health.
- Ministry of Health (2002). *He Korowai Oranga (Maori Health Strategy)*. Wellington., NZ: Ministry of Health.
- Nursing Council of New Zealand. (2005). *Guidelines for cultural safety, the Treaty of Waitangi and Maori health in nursing education and practice*. Wellington, NZ: Nursing Council of New Zealand.
- Platt, F.W. & Gordon, G.H. (2004). *Field guide to the difficult patient interview*. Philadelphia: Lippincott Williams & Wilkins.
- Satcher, D., Pamies, R.J. & Woelfl, N.N. (2006). *Multicultural medicine and health disparities*. New York: McGraw-Hill.
- Spoonley, P., Pearson, D.G., & Macpherson, C. (2004). (Eds.). *Tangata, tangata: the changing contours of New Zealand*. Southbank, Vic.: Thomson.
- State Services Commission. (2004). *The Treaty of Waitangi*. Wellington. State Services Commission.
- The Journal of Multicultural Nursing and Health [electronic resource].
- Thompson, N. (2002). *People skills*. Basingstoke: Palgrave.
- Verderber, K.S. & Verderber, R.F. (2004). *Inter-act: Interpersonal communication concepts, skills and contexts*. New York: Oxford University Press.
- Wepa, D; (2005). *Cultural safety in Aotearoa NZ*. Auckland: Pearson Education NZ.

## 16. Radiation Technology I

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<b>Reference Number :</b>	MERA 115
<b>Date :</b>	February 2009
<b>Duration :</b>	90 contact hours and 135 hours of independent learning
<b>Points :</b>	18
<b>Aim :</b>	To introduce students to the basic principles of radiation physics, the application to radiation technology and the use of radiation therapy equipment.
<b>Recommended Entry Level:</b>	Entry to the programme
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to:

1. demonstrate an understanding of general physical principals in relation to radiation therapy;
2. discuss the basic physics of X and gamma radiation;
3. describe the principles of radiation protection and safety;
4. describe the principles of construction and operation of radiation therapy and imaging equipment;
5. describe the principles of diagnostic imaging technologies;
6. demonstrate an understanding of the use of computers and their applications.

### Content

#### Corresponding to Learning Outcome 1

- (a) Measurement – units, uncertainties
- (b) Systematic and random errors
- (c) Properties of electromagnetic radiation
- (d) Light sources (point sources, extended sources, lasers)
- (e) Electric charge, fields, potential
- (f) DC circuits and electrical measurements
- (g) Alternating current and rectification

#### Corresponding to Learning Outcome 2

- (a) Ionizing radiation, exposure, dose
- (b) Production of X-rays
- (c) Radioactive decay and the production of gamma rays
- (d) Interaction of radiation with matter, absorption processes
- (e) Measurement of radiation

### **Corresponding to Learning Outcome 3**

- (a) Radiation protection principles
- (b) Radiation safety legislation
- (c) Personnel monitoring

### **Corresponding to Learning Outcome 4**

- (a) Kilovoltage X-ray units, power supplies and x-ray tubes
- (b) Megavoltage X-ray units, linear accelerator technology

### **Corresponding to Learning Outcome 5**

- (a) Radiographic imaging, contrast agents, film, fluoroscopy
- (b) Digital imaging, digital detectors, digital image processing
- (c) CT
- (d) MRI
- (e) Ultrasound
- (f) Nuclear medicine imaging

### **Corresponding to Learning Outcome 6**

- (a) Computer hardware and operation
- (b) Software applications (word processing, spreadsheets, PowerPoint)

### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following:

- lectures
- student centred tutorials
- laboratory demonstrations and practical sessions

### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one test = 20% of total mark
- one test = 20% of total mark
- one test = 20% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework and the computer assignment must be successfully completed to be eligible to take the final examination.

A pass will be awarded to all students who gain a minimum of 50% in the examination and 50% overall.

### **Reporting Results to Students**

Results will be reported to students as follows:

Course work, out of	60
Final examination, out of	40
TOTAL	100

Student result notices will carry grades from A to E.

## Resources

### Electronic Media

European Society for Therapeutic Radiography and Oncology (ESTRO) <http://www.estro.org>  
American Association of Physicists in Medicine (AAPM) <http://www.aapm.org/>  
International Atomic Energy Agency (IAEA) <http://www.iaea.org/>  
Varian Medical Systems <http://www.varian.com/>  
Elekta <http://www.elekta.com/>  
GE Healthcare <http://www.gehealthcare.com>  
US National Cancer Institute <http://www.cancer.gov/>  
Siemens Medical <http://www.medical.siemens.com>

### Textbooks

Ball, J., & Moore, A. (1997) *Essential Physics for Radiographers*. Blackwell Scientific.

Bomford, C.K. & Kunkler, I.H. (2003) *Walter and Miller's textbook of radiotherapy : radiation, physics, therapy and oncology*. (6th ed.) Edinburgh, Churchill Livingstone.

Bushong, S C. (2001) *Radiologic science for technologists : physics, biology, and protection*. St. Louis : Mosby.

Bushberg, J. T. (2002) *The essential physics of medical imaging*. Philadelphia, Pa.; London : Lippincott Williams & Wilkins.

Chesney, D., & Chesney, M. (1984). *Chesney's equipment for student radiographers*. Blackwell Scientific.

Graham, D.T., Cloke, P. & Vosper, M. (2007). *Principles of Radiological Physics*. (5<sup>th</sup> Edition). Churchill Livingstone.

Giancoli, D.C. (2005). *Physics - Principles with Applications*. (6<sup>th</sup> Edition). Prentice Hall, USA.

Greene, D & Williams, P. (1997) *Linear accelerators for radiation therapy* Institute of Physics Publishing

Guy, G. & ffitche, D. (2005) *An introduction to the principles of medical imaging*. London : Imperial College Press.

Hendee, W. & Ritenour R. (2002). *Medical imaging physics*. New York ; Chichester : Wiley-Liss,

Hazle, J D. & others (1998) *Imaging in radiation therapy : American Association of Physicists in Medicine 1998 Summer School proceedings*, University of Wisconsin, Madison, Wisconsin.. Madison, WI : Published for the American Association of Physicists in Medicine by Medical Physics Pub.

Karzmark, C. J (1998) *A primer on theory and operation of linear accelerators in radiation therapy*. Madison, Wis. Medical Physics Pub.

Khan, F. (2003). *The Physics of Radiation Therapy*. (3<sup>rd</sup> Edition). Williams and Wilkins, Baltimore.

Morris, S. (2001). *Radiotherapy physics and equipment*. Churchill Livingstone.

Purdy, J A. (2001) *3-D conformal and intensity modulated radiation therapy : physics & clinical applications*. Madison, WI, U.S.A. Advanced Medical Pub.

Roberts, D., & Smith, N. (1988). *Radiographic Imaging*. Churchill Livingstone.

Stanton, R., & Stinton, D. (1992). *An Introduction to Radiation Oncology Physics*. Medical Physics Publishing.

Washington, C.M., & Leaver, D.T. (2009) *Principles and Practice of Radiation Therapy*. (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.



## 17. Radiation Therapy and Oncology I

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<b>Reference Number:</b>	MERA 116
<b>Date:</b>	February 2009
<b>Duration:</b>	150 hours contact and 225 hours independent learning
<b>Points:</b>	30
<b>Aim:</b>	To enable students to gain a basic understanding of oncology, and the treatment modalities available to treat malignant disease.
<b>Recommended Entry Level:</b>	Entry to programme
<b>Learning Outcomes:</b>	On completion of this paper the successful student will be able to describe and discuss in some detail:

1. legal and ethical issues related to radiation therapy and patient care;
2. pathology of common tumours and the ways in which they are classified;
3. treatment modalities used to treat benign and malignant disease;
4. radiation therapy techniques used in the treatment of disease;
5. care a patient may require when receiving radiation therapy;
6. chemotherapy for patients with malignant disease;
7. pharmacological approach to patient care during radiation therapy;
8. commonly used mould room techniques;
9. clinical trials.

### Content

#### Corresponding to Learning Outcome 1

- (a) Code of Ethics
- (b) Ethical issues and privacy
- (c) Relevant legislation
- (d) Informed consent
- (e) Professional organizations/Registration Boards
- (f) Introduction to the health system
- (g) Use of clinical information

#### Corresponding to Learning Outcome 2

- (a) Malignant tumours
- (b) Benign tumours treated with radiation therapy
- (c) Epidemiology
- (d) Aetiology
- (e) Classification systems

### **Corresponding to Learning Outcome 3**

- (a) Surgery
- (b) Radiation therapy
- (c) Chemotherapy (including hormone therapy)
- (d) Other treatment modalities
- (e) Principles underlying the choice of treatment

### **Corresponding to Learning Outcome 4**

- (a) Radical intent
- (b) Palliative intent
- (c) Pre and post operative techniques
- (d) Adjuvant techniques

### **Corresponding to Learning Outcome 5**

- (a) Local reactions to radiation therapy
- (b) Systemic reactions to radiation therapy
- (c) Blood counts
- (d) Diet and fluid intake
- (e) Patient information
- (f) Manual handling
- (g) Infection control
- (h) Specific patient needs, ie. catheter/colostomy, bedpan

### **Corresponding to Learning Outcome 6**

- (a) Principles of chemotherapy for cancer
- (b) Side effects of chemotherapy

### **Corresponding to Learning Outcome 7**

- (a) Pharmacological principles
- (b) Adverse reactions to drugs
- (c) Medications used for radiation therapy reactions
- (d) Management of side effects including chemotherapy

### **Corresponding to Learning Outcome 8**

- (a) Immobilisation devices
- (b) Tissue compensators
- (c) Electron cut outs
- (d) Shielding
- (e) Bolus

### **Corresponding to Learning Outcome 9**

- (a) Phase I, I, III, IV clinical trials
- (b) Clinical trial groups in radiation therapy (e.g. TROG)
- (c) Publications

## Suggested Learning and Teaching Approaches:

The learning outcomes of this paper could be achieved by the following:

- student centred tutorials with an emphasis on class discussion and debate;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, and exploration;
- three one week visits to a radiation therapy department

## Assessment of Learning Outcomes :

Summative assessment will consist of the following :

- one test = 20% of total mark
- one test = 20% of total mark
- one assignment = 20% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 50% minimum in the examination and 50% overall.

## Reporting Results to Students

Student result notices will carry grades from A to E.

## Resources

*A Guide to Palliative Care in New Zealand.* (2nd Edition). Douglas Pharmaceuticals 1992.

Baird, S. (1991). *A Cancer Source Book for Nurses.* (6th Edition). American Cancer Society.

*Blackburns Introduction to Clinical Radiation Therapy.* (1989) Medical Physics Publishing Co-Op, Madison

Bomford, C., Kunkler, I., & Sherriff, S. (2003). *Walter & Miller's Textbook of Radiotherapy.* (6<sup>th</sup> Edition). Churchill Livingstone.

Bryant, B., & Knights K. (2007). *Pharmacology for Health Professionals* (2<sup>nd</sup> Edition). Mosby Elsevier, Sydney

*Clinical Pharmacology made Incredibly Easy* (2<sup>nd</sup> Edition) Lippincott Williams and Wilkins 2003

Coia, L., & Moycan, D. (1989). *Introduction to Clinical Radiation Oncology.* Medical Physics Publishing Co-Op, Madison.

Faithfull, S., & Wells, M. (2003). *Supportive Care in Radiotherapy* Churchill Livingstone, Edinburgh

Griffiths, S., & Short, C. (1994). *Radiotherapy : Principles to Practice.* Churchill Livingstone.

Hass, M.L., Hogle, W.P., Moore-Higgs, G.J. & Gosselin-Acomb, T.K. (2007). *Radiation Therapy: A guide to patient care.* Mosby Elsevier, St Louis.

International Commission on Radiation Units and Measurements: (1993) Prescribing, Recording, and Reporting Photon Beam Therapy. (*ICRU Report 50*)

International Commission on Radiation Units and Measurements: (1999) Prescribing, Recording, and Reporting Photon Beam Therapy. Supplement to ICRU 50 (*ICRU Report 62*).

Moller, T.B. & Reif, E. (2006). *Pocket Atlas of Sectional Anatomy, CT and MRI, Vol 1 & Vol 2.* (3<sup>rd</sup> Edition). Thieme, New York.

Neal, A. & Hoskin, P. (2003). *Clinical Oncology - Basic Principles and Practice.* (3<sup>rd</sup> Edition). Edward Arnold.

Washington, C.M. & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy.* (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.

## 18. Radiation Therapy Planning Concepts I

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<b>Reference Number:</b>	MERA 117
<b>Date:</b>	July 2009
<b>Duration:</b>	70 hours contact and 105 hours independent learning
<b>Points:</b>	14
<b>Aim:</b>	To enable students to gain a basic understanding of planning the treatment of malignant disease
<b>Recommended Entry Level:</b>	Entry to programme
<b>Learning Outcomes:</b>	On completion of this paper the successful student will be able to demonstrate: <ol style="list-style-type: none"><li>1. knowledge of basic calculations used in radiation therapy;</li><li>2. an understanding of manual planning principles;</li><li>3. knowledge and performance of basic principles and concepts of computer planning.</li></ol>

### Content

#### Corresponding to Learning Outcome 1

- (a) Calibration conditions
- (b) Inverse square law
- (c) Attenuation factors for SSD and SAD techniques
- (d) Manual calculations of basic radiation therapy SSD and SAD treatment techniques

#### Corresponding to Learning Outcome 2

- (a) Isodose distributions
- (b) ICRU 50/62
- (c) Normalisation
- (d) Weighting
- (e) Beam energy, d-max, exit dose and arrangement
- (f) Organs at risk

#### Corresponding to Learning Outcome 3

- (a) Isodose distributions
- (b) Computer planning principles
- (c) ICRU 50/62
- (d) Normalisation
- (e) Weighting
- (f) Beam energy, d-max, exit dose and arrangement
- (g) Inhomogeneities
- (h) Wedges

- (i) Monitor Units
- (j) Field verification
- (k) Organs at risk

### **Suggested Learning and Teaching Approaches:**

The learning outcomes of this paper could be achieved by the following:

- practical laboratory tutorials for computer planning
- student centred tutorials with an emphasis on class discussion and debate
- the use of media such as videos, journals, and texts, will provide a rich source of material for discussion, and exploration;

### **Assessment of Learning Outcomes:**

Summative assessment will consist of the following:

- one test = 30% of total mark
- one assignment = 40% of total mark
- one viva = 30% of total mark

A pass will be awarded to all students who gain 50% minimum overall.

### **Reporting Results to Students**

Student result notices will carry grades from A to E.

### **Resources**

Eclipse Planning System

#### **Textbooks**

- Bomford, C., Kunkler, I., & Sherriff, S. (2003). *Walter & Miller's Textbook of Radiotherapy*. (6<sup>th</sup> Edition). Churchill Livingstone.
- Ball, J., & Moore, A. (1997) *Essential Physics for Radiographers*. Blackwell Scientific.
- Bomford, C.K. & Kunkler, I.H. (2003) *Walter and Miller's textbook of radiotherapy : radiation, physics, therapy and oncology*. (6th ed.) Edinburgh, Churchill Livingstone.
- Bushberg, J. T. (2002) *The essential physics of medical imaging*. Philadelphia, Pa.; London : Lippincott Williams & Wilkins.
- Giancoli, D.C. (2005). *Physics - Principles with Applications*. (6<sup>th</sup> Edition). Prentice Hall, USA.
- Coia, L., & Moycan, D. (1989). *Introduction to Clinical Radiation Oncology*. Medical Physics Publishing Co-Op, Madison.
- Greene, D & Williams, P. (1997) *Linear accelerators for radiation therapy* Institute of Physics Publishing
- Griffiths, S., & Short, C. (1994). *Radiotherapy : Principles to Practice*. Churchill Livingstone.
- Hass, M.L., Hogle, W.P., Moore-Higgs, G.J. & Gosselin-Acomb, T.K. (2007). *Radiation Therapy: A guide to patient care*. Mosby Elsevier, St Louis.
- Hendee, W. & Ritenour R. (2002). *Medical imaging physics*. New York ; Chichester : Wiley-Liss,
- International Commission on Radiation Units and Measurements: (1993) Prescribing, Recording, and Reporting Photon Beam Therapy. (*ICRU Report 50*)
- International Commission on Radiation Units and Measurements: (1999) Prescribing, Recording, and Reporting Photon Beam Therapy. Supplement to ICRU 50 (*ICRU Report 62*).

- Khan, F. (2003). *The Physics of Radiation Therapy*. (3<sup>rd</sup> Edition). Williams and Wilkins, Baltimore.
- Moller, T.B. & Reif, E. (2006). *Pocket Atlas of Sectional Anatomy, CT and MRI, Vol 1 & Vol 2*. (3<sup>rd</sup> Edition). Thieme, New York.
- Morris, S. (2001). *Radiotherapy physics and equipment*. Churchill Livingstone.
- Purdy, J A. (2001) *3-D conformal and intensity modulated radiation therapy : physics & clinical applications*. Madison, WI, U.S.A. Advanced Medical Pub.
- Stanton, R., & Stinton, D. (1992). *An Introduction to Radiation Oncology Physics*. Medical Physics Publishing.
- Washington, C.M. & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy*. (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.



## **STAGE TWO PAPERS**

MERA 201 Anatomy, Physiology & Pathology II

MERA 202 Clinical Studies II

MERA 203 Behavioural Science II

MERA 204 Principles of Research

MERA 205 Radiation Technology II

MERA 206 Radiation Therapy and Oncology II



## **STAGE THREE PAPERS**

- MERA 301 Clinical Studies III
- MERA 302 Applied Research Methods
- MERA 303 Radiation Technology III
- MERA 304 Radiation Therapy and Oncology III

## 19. Anatomy, Physiology and Pathology II

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<b>Reference Number :</b>	MERA 201
<b>Date :</b>	February 2009
<b>Duration :</b>	40 contact hours and 50 hours of independent learning
<b>Points :</b>	9
<b>Aim :</b>	To enable students to apply their understanding of the anatomy, physiology and pathology of the human body to the diagnosis and treatment of cancer.
<b>Recommended Entry Level:</b>	Satisfactory completion of Anatomy, Physiology and Pathology I
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to: <ol style="list-style-type: none"><li>1. use knowledge of anatomy to recognise structures on X-ray, CT and MRI scans;</li><li>2. demonstrate a basic understanding of pathology seen on X-ray, CT and MRI scans;</li><li>3. apply knowledge of surface anatomy to the clinical situation;</li><li>4. discuss common pathological conditions;</li><li>5. demonstrate a basic understanding of the process of carcinogenesis and the major relevant tumours found in the body.</li></ol>

### Content

#### Corresponding to Learning Outcome 1

1. Diagnostic purpose of X-ray, CT and MRI scans.
2. Representation of anatomical structures visible on X-ray, CT, and MRI scans.

#### Corresponding to Learning Outcome 2

1. Diagnosis of basic pathological changes seen on X-ray, CT and MRI scans.

#### Corresponding to Learning Outcome 3

1. Clinical significance of main landmarks and planes of :
  - head
  - thorax
  - abdomen
  - extremities

#### **Corresponding to Learning Outcome 4**

1. Infectious diseases (viral, bacterial, fungal, protozoal).
2. Generic disorders and cancers.

#### **Corresponding to Learning Outcome 5**

1. Mutagenesis (chemically induced, radiation induced, virus induced);
2. Carcinogenesis (oncogenes, tumour suppressor genes, angiogenesis, staging and grading);
3. Major relevant tumours in:
  - a. head and neck region
  - b. integumentary system, skeletal system
  - c. blood and lymphatics
  - d. endocrine system
  - e. urinary system
  - f. digestive system
  - g. male and female reproductive systems (including breast).

#### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion;
- seminar and project presentations;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, and exploration;
- laboratory demonstrations.

#### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one test (applied anatomy) = 40% of total mark
- one test (pathology) = 35% of total mark
- one assignment (pathology) = 25% of total mark

A pass will be awarded to all students who gain 50% overall.

#### **Reporting Results to Students**

Results will be reported to students as follows:

Course work, out of 100

Student result notices will carry grades from A to E.

## Resources

### Electronic Media

Website: [Netanatomy.com](http://Netanatomy.com)

### Textbooks

- Backhouse, K., & Hutchings, R. (1986). *A Colour Atlas of Surface Anatomy*. Wolfe.
- Field, D. (2001). *Anatomy, Palpation and Surface Markings*. (3<sup>rd</sup> Edition). Butterworth-Heinemann.
- Hansen, J.T., & Koepfen, B.M. (2002). *Netter's Atlas of Human Physiology*. Icon Learning Systems LLC.
- Hass, M.L., Hogle, W.P., Moore-Higgs, G.J. & Gosselin-Acomb, T.K. (2007). *Radiation Therapy: A guide to patient care*. Mosby Elsevier, St Louis.
- Moeller, T.B. & Reif, E. (2007). *Pocket Atlas of Sectional Anatomy, CT and MRI, Vol 1 & Vol 2*. (3<sup>rd</sup> Edition). Thieme, New York.
- Netter, F.W., & Hansen, J.T. (2003). *Atlas of Human Anatomy*. (3<sup>rd</sup> Edition). Icon Learning Systems.
- Tortora, G.J. & Derrickson, B. (2009). *Principles of Anatomy and Physiology*. (12<sup>th</sup> Edition). John Wiley & Sons.
- Washington, C.M., & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy*. (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.
- Webber, E.C., Vilensky, J.A. & Carmichael, S.W. (2009). *Netter's Concise Radiologic Anatomy*. Saunders, an imprint of Elsevier Inc.

## 20. Clinical Studies II

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<b>Reference Number :</b>	MERA 202
<b>Date :</b>	February 2009
<b>Duration :</b>	640 hours
<b>Points :</b>	60
<b>Aim :</b>	The student will gain skills and knowledge which will enable them to carry out the basic skills of a radiation therapist under supervision.
<b>Recommended Entry Level :</b>	Successful completion of all Stage I courses.
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to :
	<ol style="list-style-type: none"><li>1. demonstrate consistently the application of routine radiation therapy techniques;</li><li>2. demonstrate consistent safe practices when working with patients and equipment;</li><li>3. communicates information accurately and effectively;</li><li>4. recognises patients' needs and/or significant changes in patients' condition;</li><li>5. identify the key elements of teamwork with reference to the health care setting;</li><li>6. discuss and demonstrate methods of quality assurance in radiation therapy;</li><li>7. demonstrate consistently appropriate self-management techniques;</li><li>8. demonstrate the ability to identify problems in the clinical setting;</li></ol>

### **Content**

#### **Corresponding to Learning Outcome 1**

1. Description of routine radiation therapy techniques
2. Rationale for routine radiation therapy techniques

#### **Corresponding to Learning Outcome 2**

1. Potential hazards in a radiation therapy department
2. Safety regulations and procedures
3. Equipment faults
4. Patient safety and comfort

#### **Corresponding to Learning Outcome 3**

1. Written records and reports
2. Verbal reporting
3. Verification of information
4. Establish appropriate rapport within the workplace
5. Verbal and non-verbal communication skills
6. Cross-cultural communication/special needs

#### **Corresponding to Learning Outcome 4**

1. Physical, social and emotional needs of patients
2. Side effects and the treatment of these, to include medication
3. Normal range of responses to treatment
4. Indicators for reassessing patient condition
5. Appropriate referrals

#### **Corresponding to Learning Outcome 5**

1. Roles of healthcare team members
2. Channels of communication
3. Sources of conflict in teams
4. Conflict resolution skills

#### **Corresponding to Learning Outcome 6**

1. Importance of quality assurance in a radiation therapy department
2. Clinical quality assurance

#### **Corresponding to Learning Outcome 7**

1. The range of emotional responses radiation therapists may have when working with patients and colleagues
2. Appropriate coping strategies
3. Time management skills

#### **Corresponding to Learning Outcome 8**

1. Identification of problems in the clinical setting

#### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion;
- seminar and project presentations;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, exploration;
- use of a variety of small scale investigative techniques;
- clinically based practice;
- visit to another radiation therapy department.

#### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one rotational assessment  
- (simulation/computed tomography) = Pass/Fail
- one rotational assessment (dosimetry) = Pass/Fail
- one rotational assessment (treatment) = Pass/Fail
- one clinical journal = Pass/Fail

A pass will be awarded to all students who gain a pass in each component.

Students will need to gain 640 clinical hours for the semester in which they have enrolled.

**Reassessment:** A reassessment can occur for the clinical journal and one rotational assessment.

## Reporting Results to Students

Results will be reported to students as Pass/Fail

**Students will normally be required to retake all assessment components in a repeat enrolment.**

## Resources

Fully equipped and operational radiation therapy department.

### Textbooks

- Bomford, C., Kunkler, I., & Sherriff, S. (2003). *Walter & Miller's Textbook of Radiotherapy*. (6<sup>th</sup> Edition). Churchill Livingstone.
- International Commission on Radiation Units and Measurements: (1993) Prescribing, Recording, and Reporting Photon Beam Therapy. (*ICRU Report 50*)
- International Commission on Radiation Units and Measurements; (1999) Prescribing, Recording, and Reporting Photon Beam Therapy. Supplement to ICRU 50 Report (*ICRU Report 62*)
- Faithfull, S., & Wells, M. (2003). *Supportive Care in Radiotherapy*. Churchill Livingstone, UK.
- Hass, M.L., Hogle, W.P., Moore-Higgs, G.J. & Gosselin-Acomb, T.K. (2007). *Radiation Therapy: A guide to patient care*. Mosby Elsevier, St Louis.
- Khan, F.M., & Potish, R.A. (1998). *Treatment Planning in Radiation Oncology*. Williams and Wilkins. Baltimore.
- Ruben, P. (2001). *Clinical Oncology: A multidisciplinary approach for physicians and students*. (8<sup>th</sup> Edition). W.B. Saunders Company, Philadelphia, Pennsylvania.
- Washington, C.M., & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy*. (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.

## 21. Behavioural Science II

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<b>Reference Number :</b>	MERA 203
<b>Date :</b>	February 2009
<b>Duration :</b>	40 contact hours and 50 hours of independent learning
<b>Points :</b>	9
<b>Aim :</b>	To enable the student to apply theoretical perspectives from psychology and sociology to their role as a radiation therapist.
<b>Recommended Entry Level :</b>	Satisfactory completion of Behavioural Science I
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to : <ol style="list-style-type: none"><li>1. distinguish factors which are likely to influence the perception of pain and relate these to the role of the radiation therapist;</li><li>2. discuss the psychosocial consequences of terminal illness for the individual and the family;</li><li>3. demonstrate appropriate responses to individuals and family members who are coping with terminal illness;</li><li>4. determine appropriate personal and group management techniques for a range of situations in radiation therapy;</li><li>5. demonstrate conflict resolution strategies appropriate to the radiation therapy context.</li></ol>

### **Content**

#### **Corresponding to Learning Outcome 1**

1. Culture, age, gender, psychosocial factors which influence the perception of pain
2. Strategies to facilitate the identification of pain in the radiation therapy setting
3. Strategies to assist patients cope with pain

#### **Corresponding to Learning Outcome 2**

1. Terminal illness and models of grieving
2. Psychosocial consequences of terminal illness for the individual and family

#### **Corresponding to Learning Outcome 3**

1. Identification of grief responses in self and others
2. Appropriate responses to grieving individuals
3. Cross cultural differences in coping with hospitalisation, illness and terminal illness
4. Counselling as a helping tool
5. Identification of support systems for patients receiving radiation therapy



### **Corresponding to Learning Outcome 4**

1. Personal management strategies
2. Group/team dynamics and roles of participants
3. Managing group process
4. Management/leadership styles
5. Problem-solving and management

### **Corresponding to Learning Outcome 5**

1. Common sources of conflict
2. Sources of conflict in a health care setting
3. Strategies for dealing with conflict

### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- guest speakers who are able to offer current and practical information on topics;
- case studies and problem based learning;
- role plays, with the lecturer and others modelling and coaching appropriate behaviours;
- seminar and project presentations;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, exploration and debate;
- use of a variety of small scale investigative techniques;
- the teaching material should draw on the student's personal and professional experiences and encourage critical inquiry and examination of the "taken for granted world".

### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one case study = 40% of total mark
- one assignment = 30% of total mark
- one assignment = 30% of total mark

A pass will be awarded to all students who gain 50% overall.

### **Reporting Results to Students**

Results will be reported to students as follows:

Course work, out of 100

Student result notices will carry grades from A to E.

### **Resources**

- Aranda, S., & O'Connor, M.M. (2003). *Palliative care nursing: a guide to practice*. Melbourne: Ausmed Publications.
- Berger, A.M., Shuster, J.L. & von Roenn, J.H. (Eds.). (2007). *Principles and practice of palliative care and supportive oncology*. Philadelphia: Lippincott Williams & Wilkins.
- Berglund, C. (2004). *Ethics for healthcare*. (2<sup>nd</sup> Edition). Melbourne. Oxford University Press.

- Bruera, E.D. & Portenoy, R.K. (2003). *Cancer pain: Assessment and Management*. Cambridge: Cambridge University Press.
- Clark, C.C. (2003). *Group Leadership skills*. New York: Springer Publishers.
- Cornelius, H., & Faire, S. (1994). *Everyone can win: How to resolve conflict*. (10<sup>th</sup> Edition). Ease Roseville; Simon & Schuster.
- Doka, K.J. (Ed.). (2007). *Living with grief: Before and after the death*. Washington DC: Hospice Foundation of America.
- Ferrell, B.R., & Coyle, N. (Eds.). (2001). *Textbook of palliative nursing*. Oxford; Oxford University Press.
- Gatenby, B.I. (1998). *For the rest of our lives: after the death of a child*. Auckland: Reed.
- Klass, D., Silverman, P.R., & Nickman, S.L. (1998). *Continuing bonds: new understandings of grief*. Washington DC: Taylor and Francis.
- Kubler-Ross, L. (1969). *On Death and Dying*. New York: Macmillan.
- Lloyd-Williams, M. (2003). *Psychosocial issues in palliative care*. Oxford: Oxford University Press.
- Main, C.J., & Spanswick, C.C. (Eds.). (2000). *Pain Management: An interdisciplinary approach*. Edinburgh: Harcourt Publishes Ltd.
- Manning, G & Curtis, K. (2003). *The art of leadership*. Boston: McGraw-Hill/Irwin.
- Ministry of Health (2001). *The New Zealand Palliative Care Strategy*. Wellington: Ministry of Health.
- Mullins, L.J. (2005). *Management and organisational behaviour*. Harlow: Prentice Hall.
- Neimeyer, R.A. (Ed.). (2002). *Meaning reconstruction and the experience of loss*. (2<sup>nd</sup> Edition). Washington DC; American Psychological Association.
- Newberger, J. (2004). *Dying well: A guide to enabling a good death*. Oxford: Radcliffe.
- Northouse, L.L., & Northouse, P.G. (1998). *Health communication*. (3<sup>rd</sup> Edition). Appleton & Hall, USA.
- Skevington, S. (1995). *Psychology of pain*. Chichester: Wiley.
- Stroebe, M.S. (2001). *Handbook of bereavement research: Consequences, coping and care*. Washington DC: American Psychological Association.
- Strong, J. (Ed.). (2002). *Pain: A textbook for therapists*. Edinburgh: Churchill Livingstone.
- Victoria Hospice Society, Cairns, M., Thompson, M. & Wainwright, W. (2003). *Transitions in dying and bereavement: A psychosocial guide for hospice and palliative care*. Baltimore: Health Professions Press.
- Walsh-Burke, K. (2006). *Grief and loss: Theories and skills for helping professionals*. Boston: Pearson Allyn & Bacon.
- Weiten, W. (2004). *Psychology: Themes and Variations*. (6<sup>th</sup> Edition). Brooks Cole.
- West, M.A. (2004). *Effective teamwork: Practical lessons from organisational research*. Oxford: BPS Blackwell.
- Worden, J. (2002). *Grief Counselling and Grief Therapy*. (3<sup>rd</sup> Edition). A Handbook for the Mental Health Practitioner. Springer, New York.

## 22. Principles of Research

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<b>Reference Number :</b>	MERA 204
<b>Date :</b>	February 2009
<b>Duration :</b>	30 contact hours 60 hours of independent learning
<b>Points :</b>	9
<b>Aim :</b>	The student will gain a working knowledge of basic research methodology; they will also gain basic skills in critical analysis to enable them to evaluate research findings.
<b>Recommended Entry Level :</b>	Entry to programme
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to:

1. analyse research methodology including the use of information technology and identify the research processes involved;
2. critically appraise scientific papers and give a clear and rational interpretation of the material in a literature review;
3. document the history of research ethics; informed consent and experimental design;
4. explain the importance of mathematical measurements and statistical analysis in research;
5. assess the importance of research to the professional field of practice.

### Content

#### Corresponding to Learning Outcome 1

1. Qualitative and quantitative research
2. Hypotheses, research questions, null hypotheses
3. Types of research
4. Boundaries for research

#### Corresponding to Learning Outcome 2

1. Making sense of professional papers
2. Analysis of authors' methods, results and discussions, synthesizing information from a variety of sources

#### Corresponding to Learning Outcome 3

1. Informed consent and the ethics of research
2. Data gathering, use of existing information, interviews, observation techniques (participant and non-participant observation)
3. Bias, validity, reliability, repeatability, questionnaire design, experimental design
4. Combined methods of data gathering, data analysis, double blind trials, placebos

#### **Corresponding to Learning Outcome 4**

1. Confidence levels, statistical inferences, linear correlation coefficient and tests of significance, linear regression, interpretation of distributions
2. Population and samples, sample criteria, large and small sample theory
3. Significance testing, variables and control of variables - placebos, double blind trials, sources of error, statistical hypotheses, student t-test

#### **Corresponding to Learning Outcome 5**

1. Developing databases and referencing system
2. Consider the effects of applied research to medicine
3. History of research in radiation therapy research and the present culture

#### **Suggested Learning and Teaching Approaches :**

- A number of papers will be given to students to allow practise of evaluation.
- Lectures
- Student centred tutorials with an emphasis on class discussion and debate

#### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one assignment = 50%
- one test = 50%

A pass will be awarded to all students who gain 50% overall.

#### **Reporting Results to Students**

Results will be reported to students as follows:

Course work out of 100

Student notices will carry grades from A to E.

#### **Resources**

- Davidson, C. & Tolich, M. (2007). *social Science Research in New Zealand*. Pearson, Prentice Hall, Australia.
- Jenkins, S., Price C.J., Straker, L. (1998). *The Researching Therapist*. Churchill Livingstone.
- Moore, D., & McCabe, G. (1994). *Introduction to the Practice of Statistics*. (2<sup>nd</sup> Edition). Freeman, NY.
- Peat, J. (2001). *Health Science Research. A handbook of quantitative methods*. Allen & Unwin, NSW, Australia.
- Polgar, S., & Thomas, S. (2000). *Introduction to Research in the Health Sciences*. (4<sup>th</sup> Edition). Churchill Livingstone.

## 23. Radiation Technology II

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<b>Reference Number :</b>	MERA 205
<b>Date :</b>	February 2009
<b>Duration :</b>	100 contact hours and 80 hours of independent learning
<b>Points :</b>	18
<b>Aim</b>	To enable students to apply their understanding of computers, radiation therapy equipment and radiographic photography to the planning and delivery of radiation therapy.
<b>Recommended Entry Level :</b>	Successful completion of Radiation Technology I and Radiation Physics
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to: <ol style="list-style-type: none"><li>1. use a range of computer programmes relevant to radiation therapy;</li><li>2. describe the role of the different types of radiation for use in radiation therapy;</li><li>3. describe radiation detection and measurement;</li><li>4. apply the principles of radiation protection and safety;</li><li>5. discuss equipment and technologies used in radiation therapy;</li><li>6. explain the use of radioactive materials in radiation therapy;</li><li>7. describe the use of linear accelerators in radiation therapy;</li><li>8. describe computed tomography (CT) as a treatment planning tool.</li></ol>

### **Content**

#### **Corresponding to Learning Outcome 1**

1. Radiation therapy software usage
2. Optimal planning procedures
3. Record and verification systems

#### **Corresponding to Learning Outcome 2**

1. Photons
2. Electrons
3. Other particles

#### **Corresponding to Learning Outcome 3**

1. Radiation detectors
2. Radiation measurement
3. Machine calibration

#### **Corresponding to Learning Outcome 4**

1. Radiation protection and safety equipment checking procedures
2. Protection and safety reporting procedures
3. Fault identification
4. Radiation monitoring

#### **Corresponding to Learning Outcome 5**

1. Linear accelerators versus  $^{60}\text{Co}$  for teletherapy
2. Conebeam CT
3. On Board Imaging (OBI)

#### **Corresponding to Learning Outcome 6**

1. Sealed sources
2. Unsealed sources
3. Safety procedures

#### **Corresponding to Learning Outcome 7**

1. Multileaf collimators (MLC)
2. Electronic portal imaging (EPI)
3. Wedges

#### **Corresponding to Learning Outcome 8**

1. Evolution of CT/MRI
2. Codes of Practice
3. Practical applications
4. Image interpretation

#### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- seminar and project presentations;
- the use of media such as videos, journals and texts;
- laboratory demonstrations;
- practical sessions.

#### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one test = 20% of total mark
- one test = 25% of total mark
- one assignment = 15% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

#### **Reporting Results to Students**

Results will be reported to students as follows:

Course work, out of	60
Final examination, out of	40
TOTAL	100

Student result notices will carry grades from A to E.

## Resources

### Electronic Media

European Society for Therapeutic Radiography and Oncology (ESTRO) <http://www.estro.org>  
American Association of Physicists in Medicine (AAPM) <http://www.aapm.org/>  
International Atomic Energy Agency (IAEA) <http://www.iaea.org/>  
Varian Medical Systems <http://www.varian.com/>  
Elekta <http://www.elekta.com/>  
GE Healthcare <http://www.gehealthcare.com>  
US National Cancer Institute <http://www.cancer.gov/>  
Siemens Medical <http://www.medical.siemens.com>

### Textbooks

- Bomford, C., Kunkler, I., & Sherriff, S. (2003). *Textbook of Radiotherapy*. (6<sup>th</sup> Edition). Churchill Livingstone.
- Bushong, S. (1993). *Radiologic Science for Technologists - Physics, Biology and Protection*. Mosby.
- Chesney, D., & Chesney, M. (1994). *Chesney's Equipment for Student Radiographers*. Blackwell Scientific.
- Dowd, S., & Steven, B. (1994). *Practical Radiation Protection & Applied Radiobiology*. W B Saunders Company.
- Graham, D.T., Cloke, P. & Vosper, M. (2007). *Principles of Radiological Physics*. (5<sup>th</sup> Edition). Churchill Livingstone.
- Hendee, W. (1981). *Radiation Therapy Physics*. Year Book Medical Publishers.
- Karzmark, C. (1998). *Theory of Operation of Linear Accelerators in Radiation Therapy*. Medical Physics Pub, Madison, Wis.
- Khan, F. (2003). *The Physics of Radiation Therapy*. Williams and Wilkins. Baltimore.
- Khan F., & Potish R.A. (1998). *Treatment Planning in Radiation Oncology*. Williams and Wilkins. Baltimore.
- Klevenhagen, S. (1985). *The Physics of Electron Beam Therapy*. Adam Hiler in collaboration with the Hospital Physicians Association. Bristol.
- Morris, S. (2001). *Radiotherapy physics and equipment*. Churchill Livingstone.
- Nag, S. (1994). *Textbook on High Dose Rate Brachytherapy*. Blackwell Science.
- National Radiation Code of safe practice for the use of irradiating apparatus in medical Laboratory Therapy, NRL 1992
- Roberts, D., & Smith, N. (1988). *Radiographic Imaging*. Churchill Livingstone.
- Stanton, R., & Stinton D. (1996). *Applied Physics for Radiation Oncology*. (2<sup>nd</sup> Edition). Medical Physics Publishing, Wisconsin, USA.
- Taylor, J. (1988). *Imaging in Radiotherapy*. Groom Helm.
- Wilks, R. (1987). *Principles of Radiological Physics*. Churchill Livingstone.
- Washington, C.M., & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy*. (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.

## 24. Radiation Therapy and Oncology II

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<b>Reference Number :</b>	MERA 206
<b>Date :</b>	February 2009
<b>Duration :</b>	140 contact hours and 100 hours of independent learning
<b>Points :</b>	24
<b>Aim :</b>	To enable the student to integrate their knowledge of oncology and treatment modalities to determine optimal treatment for malignant disease.
<b>Recommended Entry Level :</b>	Successful completion of Radiation Therapy and Oncology I
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to: <ol style="list-style-type: none"><li>1. describe the pharmacological approach to patient care during radiation therapy;</li><li>2. identify the role of chemotherapy for patients with malignant disease;</li><li>3. discuss the oncology of and the clinical rationale for selecting appropriate treatment for the stated 'Site List';</li><li>4. demonstrate the basic principles of treatment planning and dose calculation;</li><li>5. discuss the effects of radiation on biological systems.</li></ol>

### **Content**

#### **Corresponding to Learning Outcome 1**

1. Pharmacological principles
2. Adverse reactions to drugs
3. Medications used for radiation therapy reactions

#### **Corresponding to Learning Outcome 2**

1. Principles of chemotherapy for cancer
2. Classification of chemotherapy drugs
3. Side effects of chemotherapy
4. Management of side effects



### **Corresponding to Learning Outcome 3**

- Site List
- urogenital
  - head and neck
  - gynaecological
  - skin
  - haematological
  - lymphoma
  - paediatric tumours

1. Patient assessment methods
2. Tumour characteristics
3. Optimal treatment techniques
4. Combined modality treatments
5. Typical treatment reactions

### **Corresponding to Learning Outcome 4**

1. Basic planning techniques
2. Tumour localisation
3. Contouring methods
4. Manual calculations for basic SSD and SAD treatment techniques
5. Factors affecting dosage

### **Corresponding to Learning Outcome 5**

1. Radiation chemistry
2. Mammalian cell sensitivity
3. Physical modification of radiation exposure
4. Acute radiation syndrome
5. Late effects of radiation

### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- seminar and project presentations;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, and exploration;
- laboratory demonstrations.

### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- |  |   |                   |
|--|---|-------------------|
| • One test (radiobiology)              | = | 20% of total mark |
| • One group presentation (cancer)      | = | 20% of total mark |
| • One practical assignment             | = | 10% of total mark |
| • One viva                             | = | 10% of total mark |
| • One final 2 hour written examination | = | 40% of total mark |

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

## Reporting Results to Students

Results will be reported to students as follows:

Course work, out of	60
Final examination, out of	40
TOTAL	100

Student result notices will carry grades from A to E.

## Resources

Varian Eclipse - Radiation therapy Planning system

### Textbooks

*A Guide to Palliative Care in New Zealand.* (2nd Edition). Douglas Pharmaceuticals 1992

Bomford, C., Kunkler, I., & Sherriff, S. (2003). *Textbook of Radiotherapy.* (6<sup>th</sup> Edition). Churchill Livingstone.

Dobbs, J., Barrett, A., & Ash, D. (1994). *Practical Radiotherapy Planning.* (2<sup>nd</sup> Edition). Edward Arnold, London.

Dowd, S. (1994). *Practical Radiation Protection and Applied Radiobiology.* W B Saunders Company.

Greening, J. (1981). *Fundamentals of Radiation Dosimetry.* Medical Handbooks 6, Adam Hilger Ltd.

Griffiths, S., & Short, C. (1994). *Radiotherapy : Principles to Practice.* Churchill Livingstone.

Haskell, C. (1980). *Cancer Treatment,* W B Saunders Company.

International Commission on Radiation Units and Measurements: (1993) Prescribing, Recording, and Reporting Photon Beam Therapy. (*ICRU Report 50*)

International Commission on Radiation Units and Measurements: (1999) Prescribing, Recording, and Reporting Photon Beam Therapy. Supplement to ICRU 50 (*ICRU Report 62*).

Moss, W., Brand, W., & Battifora, H. (1979), *Radiation Oncology - Rationale, Technique, Results.* (5<sup>th</sup> Edition). The CV Mosby Company.

Mould, R. (1981). *Radiotherapy Treatment Planning.* Medical Physics Handbooks 7, Adam Hilger Ltd.

Murphy, G., Lawrence, W., & Lenhard, R. (1995). *American Cancer Society Textbook of Clinical Oncology.* American Cancer Society.

National Radiation Code of Safe Practice for the Use of Irradiating Apparatus in Medical Laboratory Therapy, NRL 1992

Ruben, P. (2001). *Clinical Oncology: A Multidisciplinary approach for physicians and students.* (8<sup>th</sup> Edition). W.B. Saunders Company, Philadelphia, Pennsylvania.

Washington, C.M., & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy.* (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.



## 25. Clinical Studies III

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<b>Reference Number :</b>	MERA 301
<b>Date :</b>	February 2009
<b>Duration :</b>	640 hours
<b>Points :</b>	60
<b>Aim :</b>	The student will demonstrate their ability to effectively carry out the duties of a radiation therapist, taking responsibility for their actions while still being under the supervision of a qualified radiation therapist.
<b>Recommended Entry Level :</b>	Successful completion of all Stage II courses.
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to: <ol style="list-style-type: none"><li>1. demonstrate consistently the application of a range of radiation therapy techniques with minimal supervision;</li><li>2. demonstrate consistent safe practice and optimal patient care;</li><li>3. demonstrate consistently the ability to problem solve in the clinical setting;</li><li>4. analyse the resource implications of managing an oncology department;</li><li>5. demonstrate an understanding of pharmaceuticals used in oncology.</li></ol>

### **Content**

#### **Corresponding to Learning Outcome 1**

1. Description and rationale of routine radiation therapy techniques
2. Demonstrate consistently the application of routine radiation therapy techniques

#### **Corresponding to Learning Outcome 2**

1. Demonstrates safe practices and optimal patient care
2. Demonstrates quality assurance practices in the clinical setting
3. Communicates information accurately and effectively
4. Recognises patient needs and/or significant changes in patient condition

#### **Corresponding to Learning Outcome 3**

1. Identification of problems in clinical setting
2. Problem solving techniques in clinical setting
3. Evaluation of problem solving outcomes

#### **Corresponding to Learning Outcome 4**

1. Human resource management
2. Financial resource management
3. Time management
4. Equipment/plant/stock/management
5. Use of statistics in management

#### **Corresponding to Learning Outcome 5**

1. Chemotherapy
2. Adjuvant chemotherapy and radiation therapy
3. Analgesics
4. Other routine medications used in a radiation therapy department

#### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- clinically based practice;
- student centred tutorials with an emphasis on class discussion;
- seminar and project presentations;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, exploration;
- use of a variety of small scale investigative techniques.

#### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one rotational assessment  
- (simulation/computed tomography) = Pass/Fail
- one rotational assessment (dosimetry) = Pass/Fail
- one rotational assessment (treatment) = Pass/Fail
- one OSCE = Pass/Fail  
(Objective Structured Clinical Examination)

A pass will be awarded to all students who gain a pass in each component.

#### **OSCE Eligibility**

1. Students will need to have passed MERA 302, MERA 303, MERA 304 and coursework requirements of MERA 301.
2. Students will need to receive a minimum of **TWO** mock OSCEs in each of the areas: simulation/computed tomography, and treatment, prior to the OSCE examination.
3. Students will need to gain 640 clinical hours for the semester in which they have enrolled.

#### **Reassessment:**

- A reassessment can occur for one rotational assessment in dosimetry and one rotational assessment in either simulation/CT or treatment
- One reassessment can occur for the OSCE

#### **Reporting Results to Students**

Results will be reported to students as Pass/Fail

**Students will normally be required to retake all assessment components in a repeat enrolment.**

## Resources

Fully equipped and operational radiation therapy department.

### Textbooks

- Baird, S. (1991). *A Cancer Source Book for Nurses*. (6<sup>th</sup> Edition). American Cancer Society.
- Bomford, C., & Kunkler, I. (2003). *Walter & Miller's Textbook of Radiotherapy*. (6<sup>th</sup> Edition) Churchill Livingstone.
- Dobbs, J., Barrett, A., & Ash, D. (1994). *Practical Radiotherapy Planning*. (2<sup>nd</sup> Edition). Edward Arnold, London.
- Dowd, S. (1994). *Practical Radiation Protection and Applied Radiobiology*. WB Saunders Company.
- Faithfull, S., & Wells, M. (2003). *Supportive Care in Radiotherapy*. Churchill Livingstone, UK.
- Griffiths, S., & Short, C. (1994). *Radiotherapy : Principles to Practice*. Churchill Livingstone.
- Hass, M.L., Hogle, W.P., Moore-Higgs, G.J. & Gosselin-Acomb, T.K. (2007). *Radiation Therapy: A guide to patient care*. Mosby Elsevier, St Louis.
- International Commission on Radiation Units and Measurements: (1993) Prescribing, Recording, and Reporting Photon Beam Therapy. (*ICRU Report 50*)
- International Commission on Radiation Units and Measurements: (1999) Prescribing, Recording, and Reporting Photon Beam Therapy. Supplement to ICRU 50 Report (*ICRU Report 62*).
- Khan, F.M., & Potish, R.A. (1998). *Treatment Planning in Radiation Oncology*. Williams and Wilkins. Baltimore.
- Lau, L., & Campo, J. (1985). *Radiological Diagnosis*. Holt-Saunders.
- Mould, R. (1985). *Radiotherapy Treatment Planning*. (2<sup>nd</sup> Edition). (Medical Physics Handbook 14), Adam Hilger Ltd.
- New Ethical Catalogue*. 1994.
- Osten, R., & Shahabi, S. (1990). *Cancer Manual*. (8<sup>th</sup> Edition). American Cancer Society.
- Ruben, P. (2001). *Clinical Oncology: A multidisciplinary approach for physicians and students*. (8<sup>th</sup> Edition). W.B. Saunders Company, Philadelphia, Pennsylvania.
- Washington, C.M., & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy*. (2<sup>nd</sup> Edition). Mosby, St Louis, Missouri.

## 26. Applied Research Methods

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<b>Reference Number :</b>	MERA 302
<b>Date :</b>	February 2009
<b>Duration :</b>	30 contact hours and 120 hours of independent learning
<b>Points :</b>	15
<b>Aim :</b>	To enable students to demonstrate their abilities to apply knowledge of research, design and analysis to a topic of their choice.
<b>Recommended Entry Level :</b>	Satisfactory completion of MERA 204 Principles of Research
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to: <ol style="list-style-type: none"><li>1. demonstrate skills of research design;</li><li>2. critically evaluate research design in clinical, epidemiological and social science research particularly in relation to radiation therapy;</li><li>3. identify the appropriate protocol for writing up and publishing research and for applying for research funding;</li><li>4. produce a research project following specific guidelines and procedures commensurate with degree level studies.</li></ol>

### **Content**

#### **Corresponding to Learning Outcome 1**

1. Design of research protocols
2. Ethical considerations in design

#### **Corresponding to Learning Outcome 2**

1. Critical analysis of clinical, epidemiological and social science research related to radiation therapy

#### **Corresponding to Learning Outcome 3**

1. Research paper presentation
2. Publishing criteria
3. Application for research funding

#### **Corresponding to Learning Outcome 4**

1. Production of research project

### **Suggested Learning and Teaching Approaches:**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- guest speakers who are able to offer current and practical information on topics;
- seminar and project presentations;
- use of a variety of small scale investigative techniques.

### **Assessment of Learning Outcomes:**

Summative assessment will consist of the following:

- written presentation = 70% of total mark
  - description (20)
  - analysis (30)
  - structure (20)
- oral presentation = 15% of total mark
- poster presentation = 15% of total mark

Students must complete all three aspects of the assessment.

A pass will be awarded to students who have gained a mark of 50% overall.

### **Resources**

Davidson, C. & Tolich, M. (2007). *Social Science Research in New Zealand*. Pearson, Prentice Hall, Australia.

Hall, G (Ed). (1998). *How to write a paper*. (2<sup>nd</sup> Edition). BMJ Publishing Group, London.

Jenkins, S., Price, C.J., & Straker, L. (1998). *The Researching Therapist*. Churchill Livingstone.

Peat, J. (2001). *Health Science Research. A handbook of quantitative methods*. Allen & Unwin, NSW, Australia.

Polgar, S., & Thomas, S. (2000). *Introduction to Research in the Health Sciences*. (4<sup>th</sup> Edition).



## 27. Radiation Technology III

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<b>Reference Number :</b>	MERA 303
<b>Date :</b>	February 2009
<b>Duration :</b>	60 contact hours and 90 hours of independent learning
<b>Points :</b>	15
<b>Aim :</b>	To enable students to use radiation therapy equipment safely and effectively with minimal supervision.
<b>Recommended Entry Level :</b>	Successful completion of Radiation Technology II
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to: <ol style="list-style-type: none"><li>1. evaluate the suitability of radiation therapy equipment for different clinical situations and evaluate the skills of resource management in relation to a radiation therapy department;</li><li>2. evaluate Intensity Modulated Radiation Therapy (IMRT).</li><li>3. discuss the use of brachytherapy equipment in radiation therapy;</li><li>4. discuss quality assurance systems in radiation therapy;</li><li>5. discuss the principles of planning and treatment in specialised techniques;</li><li>6. evaluate diagnostic imaging as a treatment planning tool, to include CT, MRI, SPECT and PET;</li><li>7. discuss the potential future developments of radiation therapy equipment;</li></ol>

### Content

#### Corresponding to Learning Outcome 1

1. Equipment currently available
2. Clinical resource management
3. Service planning and strategic planning
4. Human resource management
5. Problem solving

#### Corresponding to Learning Outcome 2

1. Aim and theory of IMRT
2. Delivery of IMRT – methods and equipment required
3. Treatment planning for IMRT
4. Quality assurance methods
5. Comparison of dose distributions and outcomes with other treatment modalities

### **Corresponding to Learning Outcome 3**

1. Applications and source placement
2. Sources
3. Loading techniques and systems
4. Safety and quality assurance

### **Corresponding to Learning Outcome 4**

1. Principles of quality assurance
2. Systems of quality assurance
3. Rationale for quality assurance

### **Corresponding to Learning Outcome 5**

1. Stereotactic techniques
2. Specialist techniques, eg. IGRT, Gating
3. Protons, neutrons and other particles in radiation therapy

### **Corresponding to Learning Outcome 6**

1. Image interpretation to include fusion and co-registration
2. Role of diagnostic imaging in treatment planning (CT, MRI, SPECT, PET)
3. Simulators with CT options
4. CT as a simulation tool

### **Corresponding to Learning Outcome 7**

1. Future technological trends
2. Computer networking
3. Information resources

### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- seminar and project presentations;
- the use of media such as videos, journals, and texts;
- practical sessions.

### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- one assignment  
- (IMRT, brachytherapy, quality assurance) = 30% of total mark
- one assignment  
- (imaging) = 15% of total mark
- one assignment  
- (resource management) = 15% of total mark
- one final 2 hour written examination = 40% of total mark

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

## Reporting Results to Students

Results will be reported to students as follows:

Course work, out of	60
Final examination, out of	40
TOTAL	100

Student result notices will carry grades from A to E.

## Resources

### Electronic Media

European Society for Therapeutic Radiography and Oncology (ESTRO) <http://www.estro.org>

American Association of Physicists in Medicine (AAPM) <http://www.aapm.org/>

International Atomic Energy Agency (IAEA) <http://www.iaea.org/>

Varian Medical Systems <http://www.varian.com/>

Elekta <http://www.elekta.com/>

GE Healthcare <http://www.gehealthcare.com>

US National Cancer Institute <http://www.cancer.gov/>

Siemens Medical <http://www.medical.siemens.com>

### Textbooks

Bomford, C., Kunkler, I., & Sherriff, S. (2003). *Textbook of Radiotherapy*. (6<sup>th</sup> Edition). Churchill Livingstone.

Bushong, S. (1993). *Radiologic Science for Technologists*. Physics Biology and Protection, Mosby.

Dobbs, J., Barrett, A., & Ash, D. (1994). *Practical Radiotherapy Planning*. (2<sup>nd</sup> Edition). Edward Arnold, London.

Graham, D.T., Cloke, P. & Vosper, M. (2007). *Principles of Radiological Physics*. (5<sup>th</sup> Edition). Churchill Livingstone.

Griffiths, S., & Short, C. (1994). *Radiotherapy : Principles to Practice*. Churchill Livingstone.

Khan, F. (2003). *The physics of radiation therapy*. Williams & Wilkins, Baltimore.

Morris, S. (2001). *Radiotherapy physics and equipment*. Churchill Livingstone.

Nag, S. (1994). *Textbook on High Dose Rate Brachytherapy*. Blackwell Science.

Purdy, J. (2001). *3-D Conformal and Intensity Modulated Radiation Therapy*. Advanced Medical Publishing Inc., Madison, Wi.

Stanton, R., & Stinson, D. (1996). *Applied Physics for Radiation Oncology*. (2<sup>nd</sup> Edition). Medical Physics Publishing, Wisconsin, USA.

Washington, C.M., & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy*. (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.

Webb, S. (1994). *The Physics of Three Dimensional Radiation Therapy*. Institute of Physics Publishing, Bristol.

Webb, S. (2001). *Intensity Modulated Radiation Therapy*. IOP Publishing Ltd , Bristol, UK.

## 28. Radiation Therapy and Oncology III

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<b>Reference Number :</b>	MERA 304
<b>Date :</b>	February 2009
<b>Duration :</b>	140 contact hours and 130 hours of independent learning
<b>Points :</b>	27
<b>Aim :</b>	For students to apply their understanding of oncology by demonstrating the appropriate use of radiation therapy techniques.
<b>Recommended Entry Level :</b>	Successful completion of Radiation Therapy and Oncology II
<b>Learning Outcomes :</b>	On completion of this paper the successful student will be able to :
	<ol style="list-style-type: none"><li>1. identify the structure and functions of the health care system in New Zealand and the role of radiation therapy within the health care system.</li><li>2. evaluate the ways in which effects of radiation therapy can be enhanced;</li><li>3. critically analyse standard radiation therapy techniques with application to variations in clinical conditions;</li><li>4. apply their knowledge of radiobiology to the clinical setting;</li><li>5. discuss the oncology of and the clinical rationale for selecting appropriate treatment for the stated 'Site List';</li><li>6. demonstrate the principles of treatment planning and dose calculation;</li><li>7. determine a personally and professionally acceptable version of the role of a radiation therapist and be able to integrate this professional role into all their other life roles;</li><li>8. consider issues relevant to future professional development and career planning;</li><li>9. determine the causes and effects of stress on the human organism and ways in which stress can be managed;</li><li>10. describe appropriate strategies for dealing with burnout in the workplace.</li></ol>

### Content

#### Corresponding to Learning Outcome 1

1. Structure of the New Zealand health care system, historical and current
2. Role of radiation therapy in the New Zealand health care system
3. Medico-legal dimensions of the role of the radiation therapist
4. Codes of ethics and the radiation therapist

### **Corresponding to Learning Outcome 2**

1. Chemotherapeutic agents
2. Radiosensitising drugs
3. Other methods

### **Corresponding to Learning Outcome 3**

1. Standard protocols
2. Anatomical and physiological differences
3. Radiosensitive structures
4. Dose limits

### **Corresponding to Learning Outcome 4**

1. Radiobiological principles
2. Clinical decision making
3. Factors influencing cell response
4. Fractionation
5. Hypoxia and radiosensitivity
6. Dose and dose rate
7. Time and dose relationships
8. Acute radiation syndrome
9. Acute and late effects

### **Corresponding to Learning Outcome 5**

- Site List:
- gastrointestinal
  - lung
  - breast
  - sarcomas
  - head and neck
  - central nervous system

1. Patient assessment methods
2. Tumour characteristics
3. Optimal treatment techniques
4. Combined modality treatments
5. Typical treatment reactions

### **Corresponding to Learning Outcome 6**

1. 2D and 3D computer planning
2. Plan and dose optimisation
3. Describe major factors affecting dosage
4. Manual calculation of dose for radiation therapy treatment techniques
5. Spatial perception

### **Corresponding to Learning Outcome 7**

1. Personal management strategies
2. Professional socialisation
3. Radiation therapists as members of a profession - roles and responsibilities
4. Problem solving within a moral/ethical and medico-legal framework
5. Moral dimensions of the role of the radiation therapist

### **Corresponding to Learning Outcome 8**

1. Issues relevant to future professional development and career planning – CV's, letters of application, interview skills

### **Corresponding to Learning Outcome 9**

1. Definitions of terminology, “stress”, “stressor”
2. Origins of stressors
3. Consequences of stress: cognitive, emotional, physical, behavioural
4. Positive and negative coping mechanisms
5. Strategies to prevent or minimise the effects of stress

### **Corresponding to Learning Outcome 10**

1. Definitions of burnout
2. Causes of burnout in a health care setting
3. Consequences of burnout
4. Strategies for dealing with burnout

### **Suggested Learning and Teaching Approaches :**

The learning outcomes of this paper could be achieved by the following :

- student centred tutorials with an emphasis on class discussion and debate;
- seminar and project presentations;
- the use of media such as videos, journals, texts, newspaper articles and television will provide a rich source of material for discussion, and exploration;
- laboratory demonstrations.

### **Assessment of Learning Outcomes :**

Summative assessment will consist of the following :

- |  |   |                   |
|--|---|-------------------|
| • One test (radiobiology)                    | = | 15% of total mark |
| • One assignment (professional issues)       | = | 15% of total mark |
| • One dosimetry assessment (20/30 pass mark) | = | 30% of total mark |
| • One final 2 hour written examination       | = | 40% of total mark |

50% must be gained in the coursework to be eligible to take the final examination.

A pass will be awarded to all students who gain 40% minimum in the examination and 50% overall.

### **Reassessment:**

One reassessment can occur in the dosimetry assessment (viva) if the pass mark of 20/30 is not achieved.

### **Reporting Results to Students**

Results will be reported to students as follows:

Course work, out of	60
Final examination, out of	40
TOTAL	100

Student result notices will carry grades from A to E.

## Resources

- A Guide to Palliative Care in New Zealand*. (2<sup>nd</sup> Edition). Douglas Pharmaceuticals 1992
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- International Stress Management Association. (2006). *Stress and quality of working life: current perspectives in occupational health*. Greenwich, Conn.: Information Age Publishers.
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- Stanton, R., & Stinson, D. (1996). *Applied Physics for Radiation Oncology*. (2<sup>nd</sup> Edition). Medical Physics Publishing, Wisconsin, USA.
- Washington, C.M., & Leaver, D.T. (2009). *Principles and Practice of Radiation Therapy*. (3<sup>rd</sup> Edition). Mosby, St Louis, Missouri.
- Weiten, W. (2004). *Psychology: themes and variations*. (6<sup>th</sup> Edition). Brooks Cole
- Wilson, P. (1999). *Calm at work*. Penguin Putnam, NY.

## APPENDIX A





## EXTERNAL MODERATORS

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### 1. **Functions**

- External moderators shall be responsible for providing an impartial evaluation of student assessment for degree programme papers.
- Two external moderators will be appointed from the profession to moderate written examinations (one clinical tutor and one senior clinical radiation therapist).
- One clinical tutor will be appointed to moderate clinical journals.

### **More Specifically**

The functions of the external moderators are to ensure that:

- the evaluation of students' performance was fair and impartial;
- the standard of achievement required of students is comparable with that required in other institutions offering degree qualifications.

### 2. **Specific Responsibilities**

- To report to the Radiation Therapy Board of Studies and Examinations Committee on the effectiveness of assessments and any conclusions drawn from them.
- To have authority to report directly to the Head of Department where there are concerns about standards of assessment and performance.
- To participate as required in any meeting of the Board of Studies and Examinations which relates to results recommended during the moderator's period of office.
- To concur with the form and content of summative assessments for the paper.
- To ensure that the assessments are conducted in accordance with programme regulations.

### 3. **Appointment Criteria**

To carry out their responsibilities, external moderators must be:

- competent in assessing student knowledge and skills at degree level;
- expert in the field of study concerned;
- impartial in judgement;
- properly briefed on their role and on the guiding principle and philosophy of the course.



## **APPENDIX B**



### **DEGREE MONITOR**

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This person will have responsibility for the following:

- appraising the quality management systems for the programme on an ongoing basis;
- assisting the University of Otago in identifying ways to maintain and enhance the quality of the programme;
- notifying the Head of Department and the Board of Studies and Examinations of any concerns regarding the standards or integrity of the programme.

This is to be achieved by:

- Providing verbal feedback to the Head of Department.
- Providing a report on the quality of the qualification, plus the teaching and research that support the qualification, to the Head of Department.

#### **Person Specification**

A monitor should:

- Be external to the University.
- Act as a critical colleague and make constructive comment.
- Possess appropriate research and academic expertise and experience to support a sound judgement on the quality of the qualification and the systems which support it.

In appointing a monitor the following should be taken into account:

- Qualifications appropriate to the profession.
- Present and/or past position of employment, preferably a current or recent academic position.
- Breadth of experience across teaching, research and/or employment.

#### **Appointment Process**

The appointment is approved by the Radiation Therapy Board of Studies and Examinations.

#### **Term of Monitoring**

Monitors will normally be appointed for a period of three years and will not normally serve for more than six years in total.

## **Procedures**

A copy of the Annual Self Evaluation Report will be sent to the monitor which will include:

- A copy of the External Moderator's Reports
- A copy of the Research Report
- A five-year projected research plan and objectives for the department
- A copy of staff professional development reports

## **Monitor's Report**

### ***Content:***

The report will address the following issues:

- An outline of the monitoring process
  - areas visited
  - meetings held
  - summary of topics discussed
  - any recommendations for future action
- Progress in responding to matters specified in the self-evaluation report.
- Progress in responding to recommendations at the previous monitor's visit.
- Moderation processes and performance.
- Proposed changes to the programme.
- Areas of strength and good practice.
- Areas of concern.
- Appropriateness of infrastructure to support research.
- Physical and financial resources in the context of achieving teaching and research objectives.
- Overall quality of research in the context of international research in similar areas.

### ***Report:***

- The report will be drafted and submitted to the Head of Department for comment.
- Any discrepancies must be discussed between the Head of Department and the monitor.
- The final signed report will be submitted to the Radiation Therapy Board of Studies and Examinations through the Head of Department.

### ***Response:***

- A draft response will be prepared by the Head of Department.
- The report and draft response will be discussed at the Radiation Therapy Board of Studies and Examinations where the final response from the University will be approved.
- The Head of Department will submit the response to the report to the monitor.

## **APPENDIX C**







**Minutes of the special meeting of the Academic Board  
held on Wednesday 25 October 1995**

**Present:** Trevor Boyle (Chair), Mike Marfell-Jones, Richard Winder, Packiam Skinnon, Tommy Honey, Jill Harris, Tim Lockyer, Murdoch Pahi, Mike Cooper, Stuart Arden.

**Apologies:** Christine Roberts, Andrew Logan, Sheena Hudson

**1. Validation Committee recommendations**

The following programmes were presented by the Validation Committee for endorsement by the Academic Board:

Bachelor of Design  
Bachelor of Health Sciences (Radiation Therapy)  
Bachelor of Health Sciences (Radiation Therapy) conversion  
Bachelor of Applied Technology  
Bachelor of Counselling Studies  
Bachelor of Hospitality Management  
Bachelor of Tourism Management  
Master of Science (by research) and Doctor of Philosophy

Richard Winder noted that of these, only Bachelor of Health Sciences (Radiation Therapy) had satisfied the Validation Committee's conditions.

**95/139**

**Resolved**

That the Academic Board approves the programme and recommends to Council the approval of the **Bachelor of Health Sciences (Radiation Therapy)** as a three year full time programme for 1997 to 2001 inclusive. Enrolment will be onto the full programme or part time on individual modules. Stage 1 of the programme is 33 teaching weeks plus 7 weeks of vacation, a total of 40 weeks. Stages 2 and 3 are 36 teaching weeks plus 3 weeks of vacation, a total of 39 weeks.

**Bachelor of Tourism Management**

Richard Winder advised that this degree had been removed from consideration.

The remaining programmes were to be considered at a special Academic Board meeting to be held on :

**Monday, 30 October 1995, 3.00pm, in the New Council Room.**

2. **Formal Thankyou**

The Academic Board thanked with acclamation the Academic Registrar and his various Validation Committee teams for their tremendous efforts in the degree development process.

The meeting closed at 9.00am.

Signed:

\_\_\_\_\_  
Chairperson

Dated:

\_\_\_\_\_  
octsp.min

Page 2.

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**FACULTY OF SCIENCE & HEALTH SCIENCES**

MEMORANDUM

Ref: MRT

TO: HOD, Radiation Therapy  
FROM: Dean  
SUBJECT: NZQA Official degree approval notification  
DATE: 14 August 1996

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Herewith a copy of the revised letter from NZQA re degree approval (and a copy of MHC's confirmation of receipt) for your records.



Dr Mike Marfell-Jones  
Dean



CENTRAL  
INSTITUTE OF  
TECHNOLOGY

*Te Whare Wananga O Whirinaki*

9 August, 1996

A2-54-1

*Copied MMS*

Barry Dawe,  
NZ Qualifications Authority,  
P.O. Box 160,  
WELLINGTON

Dear Barry,

Thank you for your letter of 1 August, 1996 advising of the resolution by the Board of the Qualifications Authority in respect of the Bachelor of Health Science (Radiation Therapy) degree.

The purpose of my letter is to confirm my understanding and acceptance of the four part resolution contained in your letter referring to the BHSc and the associated Conversion programme.

Thank you for your advice of the outcome.

Yours sincerely,

**MICHAEL H. COOPER**  
Principal and CEO



1 August 1996

Mr Michael H Cooper  
Chief Executive  
Central Institute of Technology  
Box 40-740  
UPPER HUTT

ACTIVITY	
FILE NO.	Acc-54-1
P	
P	
PM	
PP	
AP	
IP	
DE	Science

Dear Mr Cooper

The Board of the Qualifications Authority accepted the recommendation of the panel which evaluated Central Institute of Technology's Bachelor of Health Science (Radiation Therapy) degree. For your information I have incorporated into this letter the full text of the resolution approved by the Board:

It was resolved by the Board:

- "i that the proposed bachelor of Health Science (Radiation Therapy be approved;**
- ii that the Central Institute of Technology be accredited to provide the Bachelor of Health Science (Radiation Therapy);**
- iii that the conversion programme presented for approval by the Central Institute of Technology is approved as "a conversion programme leading to the award of Bachelor of Health Science" and that the Central Institute of Technology is accredited to teach it;**
- iv the conversion programme is approved for the same period of time as the full programme and that the Central Institute of Technology is accredited to teach it for that period of time."**

The Board requests that a formal reply be received from you indicating your understanding and acceptance of the resolution.

The length of the course is three years, full-time.

Degree and Post-graduate qualification approval and accreditation allows you to publicise the status of the programme by the following words on certificates and publications:

*"This degree is approved by the New Zealand Qualifications Authority under the provisions of the Education Act 1989, and Central Institute of Technology is accredited to offer it."*

The approval and accreditation is dependent upon your organisation maintaining the same standards as were documented and demonstrated in your application, and during the approval and accreditation process. If there are any significant changes you must advise NZQA immediately.

Subsequent to approval being granted, Qualifications Authority monitoring will be applied. You will be required to pay all costs relating to the monitoring process.

The approval and accreditation will be reviewed periodically. The first review date has been set at November 2001. Three months before this date information will be sent to you on the report which will be required. Two months before the review date you should send the Authority a report on the course and its delivery. You will be required to pay all the costs relating to this review.

Please convey my congratulations to members of Central Institute of Technology who contributed to the success of this degree approval process.

Yours sincerely

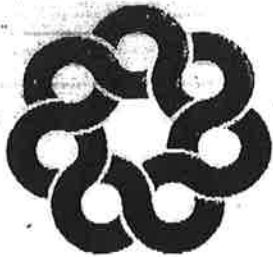


Barry Dawe  
Team Leader  
Quality Assurance

## **APPENDIX D**







# New Zealand Vice-Chancellors' Committee

*Postal address*

P O Box 11-915, Wellington, New Zealand

*Street address*

11th floor, 94 Dixon Street, Wellington

Telephone 64-4-381 8500

Facsimile 64-4-381 8501

Website [www.nzvcc.ac.nz](http://www.nzvcc.ac.nz)

## COMMITTEE ON UNIVERSITY ACADEMIC PROGRAMMES

Minutes of a meeting held on Thursday/Friday,  
19/20 July 2001, from 9.30 am, Thursday, in the NZVCC offices

<b>PRESENT:</b>	Professor G S Fraser	NZVCC (Chair)
	Professor D M Ryan	The University of Auckland
	Dr D W Brook	Auckland University of Technology
	Associate Professor K Turner	The University of Waikato
	Professor K S Milne	Massey University
	Ms P Fenwick	Victoria University of Wellington
	Dr J E Cameron	University of Canterbury
	Professor R J Field	Lincoln University
	Dr P H Meade	University of Otago
	Mr J W Scott	APNZ
	Mr D Scott	ACENZ
	Mr S Huggard	NZUSA
<b>In attendance:</b>	Mr L S Taiaroa	NZVCC (part of the time)
	Mrs A M Werren	NZVCC
	Dr A West	NZQA ) for
	Ms K Colbert	NZQA ) Item 11

12	Bachelor of Commerce and Administration / Bachelor of Arts	VUW/00	BCA/9 BA/45	na	na	Approved
<b>UNIVERSITY OF CANTERBURY</b>						
	Qualification	Univ. code	Proposal identification	Length*	PG Funding*	Resolved
1	Bachelor of Arts	UC/01	BA/1	na	na	Approved
2	Bachelor of Education	UC/01	BE/1	na	na	Approved
3	Bachelor of Education	UC/01	BE/2	na	na	Approved
<b>LINCOLN UNIVERSITY</b>						
	Qualification	Univ. code	Proposal identification	Length*	PG Funding*	Resolved
1	Graduate Diploma in Leisure Events Management	LU/01	GDipLEM/1	1	na	Approved
2	Bachelor of Tourism Management	LU/01	BTourMgt/1	3	na	Approved
3	Diploma in Conservation and Ecotourism Management	LU/01	DipCEM/1	2	na	Approved
4	Graduate Certificate in Maori Planning	LU/01	GCertMP/1	0.5	na	Approved
5	Graduate Diploma in Maori Planning	LU/01	GDipMP/1	1	na	Approved
6	Certificate in Maori Studies	LU/01	CertMS/1	1	na	Approved
7	Postgraduate Certificate in Indigenous Planning	LU/01	PGCertIP/1	0.5	na	Approved
8	Postgraduate Diploma in Indigenous Planning	LU/01	PGDipIP/1	1	na	Approved
9	Master of Maori and Indigenous Planning and Development	LU/01	MIPD/1	2	PG	Approved
<b>UNIVERSITY OF OTAGO</b>						
	Qualification	Univ. code	Proposal identification	Length*	PG Funding*	Resolved
1	Foundation Studies Certificate	UO-01	FoundStudCert-1	na	na	Approved
2	Bachelor of Health Sciences	UO-01	BHealSc-1	3	na	Approved
3	Bachelor of Health Sciences	UO-01	BHealSc-3 (Revised)	3	na	Approved backdated to 01.07.0
4	Bachelor of Medical Sciences	UO-01	BMedSc-1	(Hons) 1	PG	Approved
5	Postgraduate Diploma in Clinical Dentistry	UO-01	PGDipClinDent-1	1	PG	Approved
6	Master of Dental Surgery	UO-01	MDS-1	2	PG	Approved
7	Postgraduate Diploma in Health Sciences	UO-01	PGDipHealSc-1	1	PG	Approved
8	Postgraduate Certificate in Health Sciences	UO-01	PGCertHealSc-1	0.5	PG	Approved
9	Postgraduate Certificate in Health Sciences	UO-01	PGCertHealSc-2	0.5	PG	Approved
10	Postgraduate Certificate in Aeromedical Evacuation	UO-01	PGCertAerEv	0.5	PG	Approved
11	Master of Primary Health Care	UO-01	MPHC-1	2	PG	Approved
12	Postgraduate Certificate in Primary Health Care	UO-01	PGCertPHC-1	0.5	PG	Approved