Part 2 Viva Questions: 2009

- Explain your route from getting your first degree to where you are now.
- Explain the QART system – how does it work and what is it for?
- What is the difference between ISO 9000 and ISO 9001?
- What are the sources of error in a monitor unit calculation and what magnitude of error would you accept?
- What is the purpose of routine dose calculations at your department?
- Explain your routine energy check. What would be a better way of checking the energy?
- Why are you still using the Al block for energy check if a risk assessment regarding neutron activation was necessary?
- How does your routine output check work? Why do you not calculate the cGy/MU?
- What is the protocol at your department for taking EPID images during treatment?
- Why do you use angled lateral fields for prostate treatments? Are the radiographers not angry at you for doing this as it makes taking lateral EPID images difficult?
- Explain your prostate plan. What dose limits do you work to?
- Why are you still using TDF calculations? How do these work? Do you actually think you are accounting for treatment breaks using this method (because you're not)?
- How else could you be doing these calculations? What is the best way to account for treatment breaks?
- If you are going to account for a treatment break by giving more than one fraction in a day, what day would be best to start this?
- Are you familiar with any documentation available dealing with treatment breaks?
- How did you measure the doses from neutron activation in the critical exam? Why was the focus on public areas when the dose to

radiographers entering the room following treatment is likely to be significant?

- What are TADR2000 doses and why did you not measure/calculate them in a critical exam?

- Explain the dose adjustment on your linac when the outputs were out of tolerance. What was the cause and why did you not get a new monitor chamber?

- What is your role under IRMER when planning a treatment?