AbstractID:9734Title:Midd lewarefor th eClinic -TakingSm allSt epsTowards Implementing NewTechn ologiesintoRou tinePrac tice

Newp roductsfro mven dorsma y not workim mediatelyinm anycli nicsduetoavariety ofreaso ns. Oneoft hem ainreasons ,however, is duetothe fact that mosteli nicsar einamul ti-vendoren vironment. Theworkflowdemonstratedby thevendormayn otcomple tely workinamulti -vendor /h ospital-specific environment. Similarly, new technologies are not perf ect; they often r equire supplementary workflow solutions to a ccomplish the main g oal. Often in time, vendor's support is limited. Simply waiting for the next product releaseis notalwaysw orking. Asthetechnology leaderin aradiat iononcolog yteam, medical physicist s should be actively involved in the technologyi mplementation process, which can be hospital-specific. However, there are common steps in achieving the goal of technologyintegration. Thef irst stepis often involved in identifying whyt hingsar e notworkin g. Thi str ouble-shooting processmay requireth eassistant fr om vendors orfriendsi notherhospit als. Once t hem ainproblemisidentifi ed, value-addingnewideas shouldbe sought asalternati vesol utions. After an alternati vesolut ionis judged feas ible, res our cesneedt obeidentif iedtoi mplement it in the clinic.Th is resource-seekingpro cessmay requireyou to "sell" your ideato your chiefphysi cist, thevendor,or otherm embers of the radiation oncology team. It is important to get buy-ins in the clinic before you invest time significantly. Successful clinical implementation often r elies on t he key clini cal iss ues identi fied. Technol ogies used for such i mplementation do not need to be complicated, definitelyn ot aco mpleteoverh auloftheexist ingworkflow. While inventing a technical solution may not be easy, the biggestchallengeist otak eitlivein yourclini c. In addition, conti nuous support, im provement and adapting to changes are equired. It is worth mentioning that many of the sem iddleware solutions can be short -lived. The goal is not to insist "in -house" solution s. Rather, the eventual goal is the clinical efficacy for your clinic. Examples of in -houses olutions will be discussed to il lustrate these processesande xperiencewill bes haredamongot herpresent ers.

LearningO bjectives

- 1. To suggest commons trategies for in -houseimp lementation of newt echnologies
- 2. To share experienceon howtoworkeffect ivelywit hyour vendors
- 3. To identify challenges in in -house solutions