

33.3%. The most common tumour locations were the convexity of the brain (39.5%) and base of skull (30.9%). Tumour size ranged from 0.1 to 51.8 cc (median = 4.3 cc). The median PTV volume was 5.9 cm³ and median prescription isodose line was 75%. Total dose ranged from 14 to 25 Gy in 1 to 5 fractions, with the most common schedule being 18 Gy in 3 fractions (35.8%). Treatment was completed as planned in 98.6% of patients. After a median follow-up of 50 months, crude local control rate was 97.5%. Five-year OS and PFS were 93.9% and 90.7%, respectively. Overall, the late Grade III/IV toxicity rate was 2.7%. Radionecrosis rate was 6.2%, with 60% of cases being symptomatic necrosis. One patient had a surgical resection and the others were managed conservatively with corticosteroids. The median time from treatment completion to radionecrosis presentation was seven months. There were no deaths attributable to ICM or treatment-related complications.

Conclusions: Based on the data from our centre, SRS remains a safe modality to treat low-grade ICM with acceptable long-term toxicity and radionecrosis rates. Efficacy is similar to conventional fractionation and even larger lesions may be treated with a hypofractionated course. SRS should be offered to patients who are not ideal surgical candidates, for recurrent disease, and for those who wish to avoid an invasive operation.

106 "RESILIENCE BY DESIGN" - DESCRIPTION OF A PILOT RADIATION ONCOLOGY WELLNESS PROGRAM

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Purpose: A recent national survey of Canadian Oncology residents found a burnout rate of 42% in respondents¹. Low resiliency has been associated with higher burnout, and therefore strategies to improve resident resiliency may decrease burnout rates. Prior research has shown that strategies such as group discussions, mentorship and teaching communication and stress management skills have promoted resiliency and wellness in oncology residents. A pilot wellness program was developed at our centre for Radiation Oncology residents.

Materials and Methods: The structure of the pilot program included an initial two-hour resident wellness seminar with a pre-, post- and three-month post-survey. The seminar, led by a local Radiation Oncologist, covered topics such as mindfulness, healthy habits and reframing stress with an interactive focus on experiential learning and group discussion. A follow-up resident and staff session was a one-hour informal group discussion session focused on sharing personal experiences of dealing with difficult cases and discussing stress-management and self-care strategies.

Results: The resident group (n=8) had a burnout rate of 50% and an average Connor-Davidson Resiliency score of 68, which was comparable to the national population¹. Overall rating of the initial resident seminar was 8.3/10. Individual topics were rated from 7.0-8.9/10 in terms of usefulness to participants as residents. Overall rating of the resident and staff session (nine attendees) was 8.4/10 with individual activities rated from 8.3-8.8/10. Many comments indicated an interest in participating in these sessions more frequently.

Conclusions: The pilot Radiation Oncology resident program had excellent initial feedback with strong interest from many participants for more sessions focused on fostering resiliency and wellness in the future. These results suggest that resiliency education is an essential part of Radiation Oncology residency curriculum and is valued highly by both residents and faculty.

1. Dahn H, McGibbon A, Bowes D. Burnout and resiliency in Canadian oncology residents: A nationwide resident and program director survey. *Pract Radiat Oncol.* 2019;9(1):e118-e125. doi: 10.1016/j.prro.2018.08.007 [pii].

107 AN ESCAPE ROOM AS A NOVEL MULTIPLE MINI INTERVIEW (MMI) STATION FOR RADIATION ONCOLOGY RESIDENT SELECTION

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Purpose: Selection of residency candidates in a fair and effective way is a critical task for residency programs. Our program has employed a Multiple Mini Interview (MMI) format for selecting Radiation Oncology residents which abides by published guidelines¹. A novel Escape Room (ER) - style station was developed to assess critical thinking, problem-solving and time management skills.

Materials and Methods: Our selection process assesses candidates based on objective scoring of the online CaRMS application as well as an MMI interview. The MMI included four stations, each designed to assess a quality relevant to Radiation Oncology training. The ER station included five linked puzzles and a self-assessment component with prompts from evaluators. An evaluation rubric was created using existing critical thinking assessment tools and an evidence-based rubric design approach to assess problem-solving, implementation of potential solutions, time management, organization and self-assessment²⁻⁴. Successful "escape" was not included in the evaluation. Correlations between individual station rank lists, total interview rank list and overall rank list, were examined using Pearson correlation coefficient (r).

Results: The ER ranking was similarly correlated with the total interview rank list (r=0.70) and overall rank list (r=0.67) when compared to the other three stations (r=0.70 - 0.76 for total interview rank list correlation and r=0.50 - 0.79 for overall rank list). All correlations were statistically significant except for the Station 1 correlation with overall rank list (r=0.50, p=0.39). There was not a significant correlation between the ER rank list and any other station rank list, indicating the ER assessed different characteristics and was not redundant.

Conclusions: A novel ER style MMI station produced a rank list that was correlated with the overall rank list, and was not strongly correlated with another station, implying it provided valuable non-redundant assessment information.

¹Bandiera et al, *Acad Med* 2015;90:1594-1601.

²Nguyen et al, *Adv Phys Ed* 2017;41(4):604-611.

³Gleason et al, *Am J Pharm Educ* 2013;77(8):166.

⁴University of Southern Maine 2019; https://usm.maine.edu/sites/default/files/assessment/Rubric-ProblemSolvingSkills_2.pdf. Boateng et al, *J Grad Med Educ* 2009;1:45-48

108 INDIVIDUALIZED DOSE-ESCALATION OF HDR PROSTATE BRACHYTHERAPY IMPLANT TO DECREASE REQUIRED EXTERNAL BEAM RADIATION DOSE: A RETROSPECTIVE FEASIBILITY STUDY

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Purpose: High dose rate brachytherapy (HDR-BT) is commonly combined with external beam radiation therapy (EBRT) for the treatment of localized prostate cancer. Escalating the HDR-BT dose as far as organ at risk (OAR) constraints allow, on a personalized basis, would allow for a reduction in EBRT dose, while achieving similar total biological equivalence. The primary objective of this study was to determine the dosimetric feasibility of escalating the HDR-BT dose from 15Gy to 16Gy or 17Gy, while continuing to meet OAR constraints from the original 15Gy plan, on an individualized basis.