Radiologic Technology

Clinical Competency Handbook

Class of 2025

SRJC RADIOLOGIC TECHNOLOGY PROGRAM

This CLINICAL COMPETENCY HANDBOOK belongs to

_____

The Faculty of the
Radiologic Technology Program
Santa Rosa Junior College

Effective August 2025

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Introduction

It is the intent of this handbook to provide the format for evaluating student progress and competency in the clinical setting. Students, clinical instructors, and college officials keep an ongoing accurate picture of the students' clinical progress through recorded performance evaluations. This assessment process assures that students will not perform procedures on patients without direct supervision before they are proven competent in those procedures.

Feedback from students and their instructors in the clinical settings is solicited and is essential in making this a reliable tool in the evaluation process. This evaluative tool helps in assessing students' skill performance while the clinical evaluation form evaluates the student's overall performance in the Radiology Department.

We aim to promote a high degree of competency, professionalism, and self-motivation in each participant in this program. Everything that you do during your clinical rotations will be evaluated. Treat your clinical education as if it were your extended work interview.

Students are urged to preserve this handbook as a confidential document and keep it in a safe place as it is not replaceable if misplaced. The program is not responsible for its loss.

Definitions

Clinical Coordinator (CC): a college faculty member who oversees the clinical education of students in the Radiologic Technology Program. Clinical Coordinators make regular visits to Clinical Education Centers to meet with the students and Clinical Instructors.

Clinical Education Center: a Medical Imaging Department approved by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and affiliated with Santa Rosa Junior College. Registered students in the program can only be assigned to the recognized Clinical Education Centers for their clinical experience.

Clinical Instructor (CI): a registered radiologic technologist assigned to supervise, guide, and evaluate the Radiologic Technology Program students assigned to their department. Clinical Instructors are employees of the Clinical Education Centers, are assigned the position of Clinical Instructor by their employers, and in some cases time equivalent of their duties to schedule, teach, supervise, and evaluate students.

Student Learning Outcomes

Operate radiographic imaging equipment, and position patients to perform radiographic examinations and procedures with minimum radiation exposure for the patient, self and others.

Student Requirements for Clinical Experience

1. **You *must* contact your clinical instructor at the clinical site at least 2 weeks before each semester begins.** You need to schedule a time for orientation and a time to set up your schedule for your upcoming clinical rotation.

2. Take a completed pre-rotation form to your clinical instructor on the day of orientation. This self-evaluation form will help the department determine what you have completed and areas of competency you need to gain further experience.

3. Complete, with the help of your clinical instructor, a semester schedule of your days and hours. A copy of this schedule must be posted in the department and a copy must be given to your college clinical coordinator.

4. The hourly assignment, as printed in the college catalog each semester, must be met weekly. Your clinical instructor and coordinator must first approve any deviation from your assigned weekly schedule. Students are strongly encouraged to accrue more than the minimum hours each week.

5. Preserve professional relations at all times at your clinical site. Always call your clinical instructor and clinical coordinator before your scheduled time if you will be late or absent. You are expected to be there on the days and times you are scheduled.

6. Maintain the student dress code as it is outlined in your Student Handbook at all clinical sites. Any reported violation of the dress code may result in a disciplinary action.

7. Due dates for the completion of **progress reports**, **clinical evaluations**, **time sheets**, and **competency handbook** are printed on your roster each semester. Forms are available on the program website: http://radtech.santarosa.edu/. Program faculty will distribute other forms, when necessary. The completed original forms should be turned in on campus within one week after they are signed.

DUE DATES	FREQUENCY	SUBMIT TO:
Time Sheets:	Every Month	LCC or PD
Progress Reports:	Every 2 weeks	CI @ clinical site
Clinical Evaluation:	End of semester	LCC or PD
Special Procedures Evaluations:	End of special rotation	PD or LCC
Competency Handbook:	End of semester	LCC or PD

8. There is a required 2-week observational rotation in CT Scanning. This is assigned during the fall or spring semester of your 2nd year. During your special rotation there may be some days when little or nothing is scheduled because of equipment down time, low census, or patient cancellation. When permitted, you may go back to your regular assignment during the days that there are no special procedures scheduled. Additional time in a special rotation may be arranged with your clinical instructor and clinical coordinator. There is a CT observational checkoff form elsewhere in this handbook. (See p. 17).

9. In the second year of training, students have the option of choosing an additional rotation in MRI and/or Mammography. Appropriate didactic training is required. Please see your program director for additional elective studies course(s).

Curriculum Schedule effective Fall 2023

	1st Year 60, 61A, 64 & 64L	2nd Year 63B & 66	2nd year elective 98 or 102
August	Positioning CXR Patient Care transfers, med asepsis	Physics, tube circuitry, Q/A procedures Special Modalities	Clinical Experience MRI or Mammography
September	Positioning Abdomen Patient Care surgical asepsis, isolation	Physics X-ray production, physics Q/A procedures Digital Imaging	Clinical Experience MRI or Mammography
October	Positioning Upper extremities Patient care Vital signs, drug preps.	Physics Fluoroscopy, radiobiology and Q/A	Clinical Experience MRI or Mammography
November	Positioning lower extremities Patient Care BE, catheterization	Physics Advanced radiation protection, fluoroscopy	Clinical Experience MRI or Mammography
December	Positioning lower extremities Patient care drainage tubes	Physics Advanced radiation protection, The ALARA Project Research Project Presentation	Clinical Experience MRI or Mammography
	Clinical Course 71A 306 hours	**Clinical Course 71D 441 hours**	

	1st Year 61B, 63A	2nd Year 65	2nd year elective 98 or 102
January	Positioning GI System Physics Rad. technique & QA	Pathology	Clinical Experience MRI or Mammography
February	Positioning GU System Physics Rad. technique & QA	Cross Sectional Anatomy	Clinical Experience MRI or Mammography
March	Positioning Spine and contrast media Physics Radiographic technique & QA	Research Paper	Clinical Experience MRI or Mammography
April	Positioning vertebral column Physics Grids screens & QA	Current Technical Advancements	Clinical Experience MRI or Mammography
May	Positioning Ribs & sternum Physics The Technique Chart Project	Research Project Presentation	Clinical Experience MRI or Mammography
	Clinical Course 71B 315 hours	**Clinical Course 71E 441 hrs.**	

	1st Year 61C	2nd Year 68	
May	Positioning Intro to skull positioning	Resume, cover letter, interviewing	
June	Skull, sinus, facial bones	Prepare for National Board Exam	
July	Orbits, TMJ's, zygomatic Arch, mandible	Prepare for National Board Exam	
	Clinical Course 71C 117 hours	**Clinical Course 71F 165 hours**	**1785 hours minimum**

The program didactic curriculum is designed in close sequence with the clinical competency evaluations that are expected of students throughout their clinical experience.

Breakdown of Required Clinical Hours

Semester	Course Number	Clinical Hours	Semester	Cum. Hrs.	Rotation	No. of Weeks
1st Fall	RT 71A	18 / week	306	306	#1	17
1st Spring	RT 71B	18 / week	315	621	#2	17
1st Summer	RT 71C	18 /week	117	738	#3	8
2nd Fall	RT 71D	27 / week	441	1179	#4	17
2nd Spring	RT 71E	27 /week	441	1620	#5	17
2nd Summer	RT 71F	27 /week	165	1785	#6	8

Elective rotations available: MRI and/or Mammography – up to 40 hours. Mammography and MRI hours do not count towards the completion of clinical hours.

Important Notes:

1. Students are **not limited** as to the number of additional hours of clinical experience they may have, **providing the daily hours never exceed 10 and the weekly hours never exceed 40 (including didactic).** It is OK to stay and finish a case even if staying may keep you over your approved time for that day if you do so for educationally valid reasons. If additional clinical experience is warranted or desired, students may remain in clinical sites during any hours agreed to by the clinical instructor up to 40 hours per week, including classroom time.

2. Banked Hours: Students may bank extra hours each semester by earning up to 10 clinical hours per shift, instead of the required 9 hours. Banked hours may not be accrued on weekends. The maximum number of banked hours earned during the entire program may not exceed 50 at any time. Banked hours must be used first to cover clinical hours missed due to documented illness or other documented emergency circumstances. Use of banked hours under these circumstances must be approved by the Program Director. Any hours missed due to illness or emergency circumstances that are not covered by banked hours must be made up in the semester they were missed. (See attendance policy). Banked hours may be used for students to be excused from their clinical rotation during the final summer clinical rotation, up to 9 hours per week.

3. Students are allowed to have elective rotations in specialty areas after they have completed all mandatory and elective competencies of the clinical experience requirements at the end of the first year.

4. Student requesting weekend or evening clinical experience must submit the ***Request for Special Assignment*** form for approval and complete additional competencies on appropriate page(s). The process is initiated in the "On- demand" resources page of the Rad tech website.

Clinical Experience Grading Procedures

Grading for clinical experience is based on overall student progress and performance in the clinical area. Students must demonstrate completion of clinical hours and semester competencies to receive credit for the clinical performance evaluation.

CLINICAL EVALUATIONS

It is the responsibility of each student to submit a Clinical Evaluation Form to his/her clinical instructor prior to the end of each semester. This <u>original</u> completed and signed evaluation form must be delivered to the program clinical coordinator on campus within 10 working days of, or on the due date. Copies documents are not accepted. Students who receive an overall final grade that is lower than 75% on the final clinical evaluation form, or a failure in any one or more of the 10 areas on the final clinical evaluation will fail the course and subsequently be dropped from the program.

CLINICAL COMPETENCIES

Students are required to complete an assigned number of mandatory and elective competency evaluations on patients in the clinical setting each semester (See page 11). ***Until a competency exam has been successfully completed and signed off by the clinical instructor or authorized technologist, the student may not perform that exam without direct supervision.*** Students will begin their Elective and Mandatory Competencies during the 1st semester. Some of the elective and mandatory competencies may be signed off in the radiology lab during positioning classes, due to the scarcity of certain procedures. All of the 36 mandatory competency evaluations and at least 15 of the elective competency evaluations must be signed off before a student can graduate.

GRADING COMPETENCIES

Competency Evaluations are a part of the Clinical Experience grade. The Clinical Competency Handbook with the assigned number of competency exams completed and signed off is due at the end of each semester. (See page 18). Students who do not turn in their Competency binders by the due date will be penalized with a 10% reduction in their clinical experience course grade. Failure to complete the required number of competencies in a semester can result in an "F" in the clinical experience course.

TIME SHEETS

Students must turn in a completed and signed time sheet every month. The time sheet will be initialed by an RT with the time in and time out each day. All assigned hours must be completed each semester. Students who do not turn in their time sheets by the due date will be penalized with a 10% reduction in their clinical experience course grade. Failure to complete the required number of clinical hours in a semester can result in an "F" in the clinical experience course.

Grading Scale

The following grading scale applies to all clinical experience courses.

95 - 100% = A
85 - 94%   = B
75 - 84%   = C
70 -74%=D
Below 70% = F

Students must maintain a "C" or higher grade in each radiologic technology course at end of semester in order to continue in the program.

Clinical Evaluation Criteria

It is vital to each student's progress that they are evaluated in their clinical site. The overall performance and professional behavior of each student are evaluated regularly in the clinical setting. The overall evaluation is completed by the clinical instructor at the end of each semester. The evaluations are filled out on the Clinical Evaluation forms, which are scored on a scale of zero to 100 points.

Progress Reports

In order to support the ongoing progress of students in the clinical setting, we require that that every 2 weeks throughout the semester students ask a technologist with whom they are working to fill out a Progress Report. At least 2 different technologists and the lead clinical instructor should be asked to fill out Progress Reports as the semester progresses. The lead clinical instructor must complete, at least, 2 Progress Reports in the Fall and Spring semesters. The original Progress Reports are to be submitted to the lead clinical instructor, not to the college faculty. The student should make and keep a copy. This on-going evaluation serves to keep students fully informed as to how they are fitting in to the clinical setting and how their overall performance and professional behavior are being evaluated. It gives each student an ongoing written assessment of their performance prior to their written graded evaluation.

When a student appears to be failing to meet the performance criteria in any area, a written assessment describing the area of deficiency must be prepared for the student. This procedure is designed to allow students an opportunity to correct performance problems before their grading period is completed. If necessary, clinical instructors can consult with the college faculty on these Progress Reports during the semester to determine how the student is progressing. The lead clinical instructor reviews the Progress Reports when completing the student Clinical Evaluation at the end of the semester.

Clinical Competency Criteria

One of the ways that the student's clinical hands-on performance is assessed is through the performance of clinical competencies. These are competency evaluations of the student's performance on 36 mandatory exams and at least 15 (out of 34) elective exams. A minimum of 36 of the mandatory exams must be performed on patients or simulated in the clinical setting. Up to 10 exams total, in specified areas, may be simulated. Students must successfully complete the competency evaluation of each exam before they may perform that exam without the direct supervision of a certified radiologic technologist. However, any repeat radiograph must be performed under the direct supervision of a registered radiologic technologist.

HOW TO COMPLETE THE COMPETENCIES

Pre-competence: When a student feels capable of doing one of the exams independently, with a minimum of errors, he or she should approach a clinical instructor and request to be observed during that exam for a Clinical Competency Evaluation. Only the clinical instructors may evaluate competency exams. Competency exams evaluated by other technologists will not be accepted.

When the student demonstrates competency by successfully completing all aspects of the exam as outlined in the competency book, **with no more than 2 minor improvements, then the exam may be signed off as completed**. If a student fails to successfully complete an exam for the clinical competency evaluation then he or she must review and practice that exam further under the supervision of a technologist. When the student is ready to be evaluated again, the above procedure should be repeated. A student may not perform an exam with indirect supervision until he or she has passed the competency evaluation for that exam. **Any competency bearing a "zero" or more than two "minor improvements" will constitute a failed check-off**.

STUDENT SUPERVISION POLICY

Students must be under the direct supervision of a qualified radiologic technologist during every exam until that student has successfully completed and been signed off on the exam in his or her Clinical Competency Handbook. Once an exam has been signed off, the student may perform that exam under indirect supervision. A technologist must always be immediately available. All images to be repeated MUST be completed under direct supervision regardless of the student having already achieved a competency in that exam.

Schedule of Competency Evaluations

Positioning Courses	Semester	Assigned Competencies
RADT 61A Chest, abdomen, upper & lower extremities, hips & pelvis	1st Fall	**3 Mandatory Competencies:** 2 V Routine Chest and Abdomen – Upright or Supine
RADT 61B Spine, ribs, UGI, BE, GU, contrast exams	1st Spring	**5 Mandatory Competencies:** Spine (any level) plus 4 other exams **3 Elective Competencies:** 1 Fluoroscopy study plus 2 other exams
RADT 61C Skull, facial bones, mandible, sinuses	1st Summer	**7 Mandatory Competencies** **3 Elective Competencies:** 1 elective from skull & facial bones 61C counts as an elective
Clinical Course	2nd Fall	**7 Mandatory Competencies:** 1 C-Arm Study + 6 other exams **3 Elective Competencies**
Clinical Course	2nd Spring	**9 Mandatory Competencies** **3 Elective Competencies:** 1 Fluoroscopy study plus 2 other exams
Clinical Course	2nd Summer	**5 Mandatory Competencies** **3 Elective Competencies**

DOCUMENTING YOUR SEMESTER PROGRESS

<u>Your Clinical Competency Handbooks are due on campus for grading on the due date and time posted on your clinical assignment roster.</u> Before you turn them in, please take time to make sure your binders are in order.

<u>Here's what we require:</u>

- Your full name on the front and spine of your binder.
- 1 ½" to 2" thick binder maximum
- **<u>Your pages in numerical order</u>** and your check-off sheets printed in landscape mode. If you have rearranged your binder, you'll need to put it back in numerical order please.
- Procedure logs should be printed double sided.
- You should submit the Final Clinical Evaluation form to your Clinical Instructor with two weeks' notice to give you the grade you deserve.

- Your completed Semester Final Clinical Evaluation form needs to be placed in the front pocket of your binder. (Make a copy of it before turning it in.)
- We need original signatures on all documents (check off sheets and final clinical evaluation form).
- It is not required but would make our grading system much smoother, if you can put a sticky tab or post-it on the pages you have check offs.
- Make sure all of your check offs have medical record/PACS #'s and dates on the Mandatory/Elective sheets. The ARRT sheets need a date and a signature of the technologist checking you off. If this requirement is not met, you will get a default grade of an "F" until it is fixed. We need to submit grades in a timely manner. That's the policy of our program and the SRJC.
- Make sure the technologist who checked you off on your exams is listed as either your Clinical Instructor, or an additional Clinical Instructor. We cannot accept check offs from anyone else.

Exceeding the Minimum Assignment

Students are not limited to the assigned number of competencies each semester. The extra competencies checked off are *not* carried over to fulfill requirements of subsequent semesters. Students are advised to be mindful of the limited schedules in the handbook, to not run out of space for those scheduled mandatory competencies. Additional sheets are provided for this purpose. Competency re-checks are acceptable and apply to the minimum number of competencies required each semester.

To achieve a passing grade on your semester clinical course, you must:
- Document the required number of competencies
- Document sufficient clinical time on your timesheets
- Achieve a passing clinical evaluation.

Students who have not completed all requirements each semester may fail the course and subsequently be dropped from the program.

Guidelines for Competency Evaluations

I. **Procedural Performance**
    A. Scheduling and sequencing of exams
    B. Order/requisition evaluation and corrective measures
    C. Facilities setup
    D. Patient assessment, clinical history, education, and care
        1. Patient monitoring – emergency and nonemergency
            a. Vital signs
            b. Assessment and clinical history
            c. Equipment
            d. Patient emergencies
        2. Patient privacy and confidentiality (HIPAA)

3. Documentation
4. Infection control
    a. Personal protective equipment (PPE)
        1. Types
        2. Proper use
5. Patient education
    a. Personal protective equipment (PPE)
        1. Appropriate communication style
        2. Age-specific
        3. Cultural sensitivity
        4. Socioeconomic sensitivity
        5. Patient-centered care
6. Medical error reduction
7. Patient safety considerations

E. Imaging
1. Positioning considerations
2. Technical considerations
3. Image acquisition
4. Image analysis

F. Radiation protection
1. Principles (ALARA)
2. Radiation safety practices
    a. Protection of the patient (AAPM recommendations)
    b. Protection of personnel
    c. Protection of others
3. Education
    a. Patient, family members, or authorized representatives
    b. Other members of the healthcare team
4. Equipment and accessories

Competency Evaluations

The Mandatory (M) Competency Evaluations cover a total of 36 radiographic examinations.

> - **A *minimum of 26* of these exams must be completed on patients in the clinical setting.**
> - **10 exams, in specified areas, may be completed using a phantom or simulated in the clinical or lab setting.**

Radiographic procedures must be covered in the classroom before they can be checked off in the handbook. It is possible to complete more than the assigned number of *Mandatory Competency* Evaluations on patients in any given semester, but the minimum number must be done each semester. Make use of additional pages, as needed.

Every exam performed on a patient in the clinical setting must be performed under the direct supervision of a qualified technologist until the student successfully completes the competency evaluation for that exam. When an exam has been signed off in the handbook it may then be performed with indirect supervision, but a technologist must always be immediately available.

For record keeping, make copies of the pages that bear the checked off competencies!

Santa Rosa Junior College
Radiologic Technology Program

C-Arm Orientation Checklist

Student Name:	Semester:

Locate and/or operate	completed	N/A
- Brakes and steering mechanisms.		
- Connect C-Arm unit to monitors.		
- ON/OFF switch/button.		
- Exposure technique control buttons/knobs.		
- Low dose and boost control.		
- Contrast and brightness control on monitor.		
- Collimation control.		
- Image orientation control.		
- Fluoro timer reset.		
- Movement control levers/handles.		
- Image save/store buttons.		
- Exposure switches (hand, foot), controls.		
- Hard copy devices.		
- Data entry using keyboard.		
- Annotate data before and after procedure.		
- Storage location.		
- Send images to PACS		
Radiation Protection		
- Understands how surgical cases are ordered.		
- Only expose when ordered by the physician.		
- Make sure all personnel are wearing protective aprons.		
Advanced Procedures (if applicable)		
- Cine radiography		
- Road mapping		
- Image subtraction		
- Peak opacification		
- Storing of images and cine		

Comments:

Evaluating R.T. _____ Date: _____

Santa Rosa Junior College Radiologic Technology Program
CT Orientation Documentation

Student Name: _____ Date: _____

Clinical Education Center: _____

(YES)	(NO)	
		Student shows willingness, appropriate skills & care with transporting patients, attending to patients' needs, handling IV's & catheters.
		Willingness and ability to load the power injector.
		Willingness to assist with (not perform) venipuncture.
		Willingness to assist positioning patient for CT scan.
		Ability to identify the scan planes and basic anatomy. Demonstrates interest in the exams and procedures. Asks relevant questions.
		Demonstrates knowledge of CT fundamental scanning principles.

Student has basic knowledge of common examinations:	Completed	N/A
A. Head/Face – Brain, IAC, Facial bones, Orbits, Sinuses, COW.		
B. Spine (Cervical) – Carotid angio, cervical trauma.		
C. Chest – Heart, Aorta, Mediastinum, Lungs, Hi-Res Chest.		
D. Abdomen/Pelvis – Liver & spleen, pancreas, retroperitoneal, adrenals, general surgery for mass or abscess, bladder.		
E. Spine (T&L) – Spinal stenosis, spinal trauma reconstructions.		
F. Special Studies – Post myelogram, biopsy, 3D reconstruction, MIPS, Orthopedic and spinal image guided surgery workup, cardiac scoring.		

	Completed	N/A
2. Examination preparation, patient care, and vital signs.		
3. Use of contrast agents (contraindications and adverse reactions).		
4. I.V. and power injector before and during scans.		
5. Basic knowledge of the scanner, accessory equipment & software		
6. Knowledge of image processing and archiving.		
7. Imaging protocols and image management.		
8. Knowledge and observance of radiation safety protocols.		

Supervising RT Signature and Comments:

Mandatory & Elective Competence Evaluation Verification
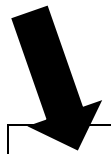
Student's Name: _____	Patients Number Completed		Simulated Number Completed		Date	Clinical Coordinator's Comments and initials
	Mandatory	Elective	Mandatory	Elective		
Fall - M 3 2 V Routine Chest and Abdomen – Upright or Supine						
Spring - 5 M/3E Spine (any level) plus 4 other exams 1 Fluoroscopy study plus 2 other exams						
Summer - M7/E3 1 elective from skull & facial bones 61C counts as an elective						
Fall - M7/E3 1 C-Arm Study + 6 other exams						
Spring – M9/E3 1 Fluoroscopy study plus 2 other exams						
Summer M5/E3						

MANDATORY COMPETENCY EVALUATIONS

Instructions: The evaluator will mark each area according to the following scale: 3 = Acceptable
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	CHEST ROUTINE	CHEST AP – W/C or STRETCHER	*RIBS*	*THUMB OR FINGER*	HAND	WRIST	FOREARM
Simulation or Patient ID #:							
DATE:							
Patient identity verification							
Examination order verification							
Patient assessment, clinical history, education, and care							
Room preparation							
Equipment Operation							
Technique Selection							
Patient positioning							
Radiation Safety – principles, shielding, marker placement, protecting personnel and others							
Image processing and evaluation							
EXAMINATION PASSED: (Evaluator's Signature)							

*Eligible for Simulation
More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

MANDATORY COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   **3 = Acceptable**
                                                                                        1 = Requires minor improvement
                                                                                        0 = Unacceptable

AREA OF EVALUATION:	ELBOW	*HUMERUS*	SHOULDER	CLAVICLE	TRAUMA SHOULDER or HUMERUS (See ARRT Sheet)
Simulation or Patient ID #:					
DATE:					
Patient identity verification					
Examination order verification					
Patient assessment, clinical history, education, and care					
Room preparation					
Equipment Operation					
Technique Selection					
Patient positioning					
Radiation Safety – principles, shielding, marker placement, protecting personnel and others					
Image processing and evaluation					
EXAMINATION PASSED: (Evaluator's Signature)					

*Eligible for Simulation
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No image acquisition is performed without direct supervision of a registered technologist.

MANDATORY COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   3 = Acceptable
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	TRAUMA NON-SHOULDER UPPER EXTREMITY (See ARRT Sheet)	FOOT	ANKLE	KNEE	*TIB/FIB*	*FEMUR*
Simulation or Patient ID #:						
DATE:						
Patient identity verification						
Examination order verification						
Patient assessment, clinical history, education, and care						
Room preparation						
Equipment Operation						
Technique Selection						
Patient positioning						
Radiation Safety – principles, shielding, marker placement, protecting personnel and others						
Image processing and evaluation						
EXAMINATION PASSED: (Evaluator's Signature)						

*Eligible for Simulation
More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

MANDATORY COMPETENCY EVALUATIONS

Instructions: The evaluator will mark each area according to the following scale: 3 = Acceptable
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	TRAUMA LOWER EXTREMITY (See ARRT Sheet)	CERVICAL SPINE	*THORACIC SPINE*	LUMBAR SPINE	*XTL SPINE* (See ARRT Sheet)	PELVIS
Simulation or Patient ID #:						
DATE:						
Patient identity verification						
Examination order verification						
Patient assessment, clinical history, education, and care						
Room preparation						
Equipment Operation						
Technique Selection						
Patient positioning						
Radiation Safety – principles, shielding, marker placement, protecting personnel and others						
Image processing and evaluation						
EXAMINATION PASSED: (Evaluator's Signature)						

Eligible for Simulation
More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

MANDATORY COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   3 = Acceptable
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	HIP	*XTL HIP* (See ARRT Sheet)	ABDOMEN SUPINE	*ABDOMEN UPRIGHT*	*C-ARM W/MANIPULATION* (See ARRT Sheet)	*SURGICAL C-ARM* (See ARRT Sheet)
Simulation or Patient ID #:						
DATE:						
Patient identity verification						
Examination order verification						
Patient assessment, clinical history, education, and care						
Room preparation						
Equipment Operation						
Technique Selection						
Patient positioning						
Radiation Safety – principles, shielding, marker placement, protecting personnel and others						
Image processing and evaluation						
EXAMINATION PASSED: (Evaluator's Signature)						

*Eligible for Simulation
More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

MANDATORY COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   **3 = Acceptable**
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	MOBILE CHEST	MOBILE ABDOMEN	MOBILE UPPER or LOWER EXTREMITY	*PEDIATRIC CHEST ROUTINE*	GERIATRIC CHEST ROUTINE (See ARRT Sheet)	GERIATRIC UPPER OR LOWER EXT. (See ARRT sheet)
Simulation or Patient ID #:						
DATE:						
Patient identity verification						
Examination order verification						
Patient assessment, clinical history, education, and care						
Room preparation						
Equipment Operation						
Technique Selection						
Patient positioning						
Radiation Safety – principles, shielding, marker placement, protecting personnel and others						
Image processing and evaluation						
EXAMINATION PASSED: (Evaluator's Signature)						

Eligible for Simulation
More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

ELECTIVE COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   **3 = Acceptable**
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	*CHEST LATERAL DECUB*	*STERNUM*	*UPPER AIRWAY (SOFT TISSUE NECK)*	*SC JOINTS*	*SCAPULA*	*AC JOINTS*	*TOES*
Simulation or Patient ID #:							
DATE:							
Patient identity verification							
Examination order verification							
Patient assessment, clinical history, education, and care							
Room preparation							
Equipment Operation							
Technique Selection							
Patient positioning							
Radiation Safety – principles, shielding, marker placement, protecting personnel and others							
Image processing and evaluation							
EXAMINATION PASSED: (Evaluator's Signature)							

Eligible for Simulation
More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

ELECTIVE COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   **3 = Acceptable**
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	*PATELLA*	*CALCANEOUS*	*SKULL*	*FACIAL BONES*	*MANDIBLE*	*TEMPEROMANDIBULAR JOINTS*
Simulation or Patient ID #:						
DATE:						
Patient identity verification						
Examination order verification						
Patient assessment, clinical history, education, and care						
Room preparation						
Equipment Operation						
Technique Selection						
Patient positioning						
Radiation Safety – principles, shielding, marker placement, protecting personnel and others						
Image processing and evaluation						
EXAMINATION PASSED: (Evaluator's Signature)						

Eligible for Simulation
More than two 1's constitutes a failed check-off.   A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

ELECTIVE COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   3 = Acceptable
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	*NASAL BONES*	*ORBITS*	*PARANASAL SINUSES*	*SACRUM &/OR COCCYX*	*SCOLIOSIS SERIES*
Simulation or Patient ID #:					
DATE:					
Patient identity verification					
Examination order verification					
Patient assessment, clinical history, education, and care					
Room preparation					
Equipment Operation					
Technique Selection					
Patient positioning					
Radiation Safety – principles, shielding, marker placement, protecting personnel and others					
Image processing and evaluation					
EXAMINATION PASSED: (Evaluator's Signature)					

Eligible for Simulation
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ELECTIVE COMPETENCY EVALUATIONS

Instructions: The evaluator will mark each area according to the following scale: 3 = Acceptable
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	*SACROILIAC JOINTS*	*ABDOMEN DECUB*	INTRAVENOUS UROGRAPHY	UGI-SINGLE OR DOUBLE CONTRAST	SINGLE OR DOUBLE CONTRAST ENEMA	SMALL BOWEL SERIES
Simulation or Patient ID #:						
DATE:						
Patient identity verification						
Examination order verification						
Patient assessment, clinical history, education, and care						
Room preparation						
Equipment Operation						
Technique Selection						
Patient positioning						
Radiation Safety – principles, shielding, marker placement, protecting personnel and others						
Image processing and evaluation						
EXAMINATION PASSED: (Evaluator's Signature)						

Eligible for Simulation
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No image acquisition is performed without direct supervision of a registered technologist.

ELECTIVE COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**   **3 = Acceptable**
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	ESOPHAGUS – NOT BA SWALLOW	CYSTOGRAPHY/ CYSTOURETHROGRAPHY	ERCP	MYELOGRAPHY	ARTHROGRAPHY
Simulation or Patient ID #:					
DATE:					
Patient identity verification					
Examination order verification					
Patient assessment, clinical history, education, and care					
Room preparation					
Equipment Operation					
Technique Selection					
Patient positioning					
Radiation Safety – principles, shielding, marker placement, protecting personnel and others					
Image processing and evaluation					
EXAMINATION PASSED: (Evaluator's Signature)					

Eligible for Simulation
More than two 1's constitutes a failed check-off. A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

ELECTIVE COMPETENCY EVALUATIONS

Instructions: The evaluator will mark each area according to the following scale: **3 = Acceptable**
1 = Requires minor improvement
0 = Unacceptable

AREA OF EVALUATION:	HYSTERO-SALPINGOGRAPHY	*PEDIATRIC UPPER OR LOWER EXTR.*	*PEDIATRIC ABDOMEN*	*PEDIATRIC MOBILE STUDY*	GERIATRIC HIP OR SPINE
Simulation or Patient ID #:					
DATE:					
Patient identity verification					
Examination order verification					
Patient assessment, clinical history, education, and care					
Room preparation					
Equipment Operation					
Technique Selection					
Patient positioning					
Radiation Safety – principles, shielding, marker placement, protecting personnel and others					
Image processing and evaluation					
EXAMINATION PASSED: (Evaluator's Signature)					

Eligible for Simulation
More than two 1's constitutes a failed check-off. A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

RECHECK COMPETENCY EVALUATIONS

Instructions: **The evaluator will mark each area according to the following scale:**
3 = Acceptable   1 = Requires minor improvement   0 = Unacceptable

AREA OF EVALUATION:						
Simulation or Patient ID #:						
DATE:						
Patient identity verification						
Examination order verification						
Patient assessment, clinical history, education, and care						
Room preparation						
Equipment Operation						
Technique Selection						
Patient positioning						
Radiation Safety – principles, shielding, marker placement, protecting personnel and others						
Image processing and evaluation						
EXAMINATION PASSED: (Evaluator's Signature)						

More than two 1's constitutes a failed check-off. A zero constitutes a failed check-off.
No image acquisition is performed without direct supervision of a registered technologist.

Student Name_____   **Clinical Education Center**_____

Semester (check one):   1_____   2_____   3_____   4_____   5_____   6_____

Date	Patient ID	Name of Exam/Procedure	Rm. or equip #	Fluoro: Exam Time	*O A P	REPEATS # & reason	Supervising RT (PRINT PLEASE)	Signature of RT (CRT/permit # for fluoro)

*O=Observe / A=Assist / P=Perform

SRJC Radiologic Technology Clinical Competency Documentation
Imaging Procedures ~ 36 Mandatory & 15 Elective Required /10 Simulations Allowed
(> = Eligible for Simulation)
(* = Trauma requires modifications in positioning due to injury with monitoring of the patient's condition.)

Student Name: _____

Chest and Thorax			1. Date completed	2. Date re-check	Pt. or Simulate	Competency Verified by:	
Chest Routine	**M**					1	2
Chest AP (w/c or stretcher)	**M**					1	2
Ribs	**M>**					1	2
Chest Lateral Decubitus		**E>**				1	2
Sternum		**E>**				1	2
Upper Airway (Soft Tissue Neck)		**E>**				1	2
Sternoclavicular (SC) Joints		**E>**				1	2
Upper Extremity							
Thumb or Finger	**M>**					1	2
Hand	**M**					1	2
Wrist	**M**					1	2
Forearm	**M**					1	2
Elbow	**M**					1	2
Humerus	**M>**					1	2
Shoulder	**M**					1	2
Clavicle	**M>**					1	2
Scapula		**E>**				1	2
A-C joints		**E>**				1	2
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	**M**					1	2
Trauma Upper Extremity,(Non -Shoulder)*	**M**					1	2
Lower Extremity							
Toes		**E>**				1	2
Foot	**M**					1	2
Ankle	**M**					1	2
Knee	**M**					1	2
Tibia-Fibula	**M>**					1	2
Femur	**M>**					1	2
Trauma: Lower Extremity*	**M**					1	2
Patella		**E>**				1	2
Calcaneus (Os Calcis)		**E>**				1	2
Head – Must select at least one least one elective procedure from this section.							
Skull		**E>**				1	2
Facial Bones		**E>**				1	2
Mandible		**E>**				1	2
Temporomandibular Joints (TMJ's)		**E>**				1	2
Nasal Bones		**E>**				1	2
Orbits		**E>**				1	2
Paranasal Sinuses		**E>**				1	2
Spine and Pelvis							
Cervical Spine	**M**					1	2
Thoracic Spine	**M>**					1	2
Lumbosacral Spine	**M**					1	2
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	**M>**					1	2

SRJC Radiologic Technology Clinical Competency Documentation
Imaging Procedures ~ 36 Mandatory & 15 Elective Required /10 Simulations Allowed
(> = Eligible for Simulation)
(* = Trauma requires modifications in positioning due to injury with monitoring of the patient's condition.)

Student Name: _____

Spine and Pelvis			1. Date completed	2. Date re-check	Pt. or Simulate	Competency Verified by:	
Pelvis	M					1	2
Hip	M					1	2
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	M>					1	2
Sacrum and/or Coccyx		E>				1	2
Scoliosis Series		E>				1	2
Sacroiliac Joints		E>				1	2
Abdomen							
Abdomen Supine	M					1	2
Abdomen Upright	M>					1	2
Abdomen Decubitus		E>				1	2
Intravenous Urography		E				1	2
Fluoroscopy Studies – Must select two procedures from this section and perform per site protocol.							
UGI Series, Single or Double Contrast		E				1	2
Contrast Enema, Single or Double Contrast		E				1	2
Small Bowel Series		E				1	2
Esophagus(NOT Swallowing Dysfunction Study)		E				1	2
Cystography / Cystourethrography		E				1	2
ERCP		E				1	2
Myelography		E				1	2
Arthrography		E				1	2
Hysterosalpingography		E				1	2
Mobile C-Arm Studies							
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	M>					1	2
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	M>					1	2
Mobile Radiographic Studies							
Chest	M					1	2
Abdomen	M					1	2
Upper or Lower Extremity	M					1	2
Pediatrics (Age 6 or Younger)							
Chest Routine	M>					1	2
Upper or Lower Extremity		E>				1	2
Abdomen		E>				1	2
Mobile Study		E>				1	2
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)							
Chest Routine	M						
Upper or Lower Extremity	M						
Hip or Spine		E					

SRJC Radiologic Technology Clinical Competency Documentation

Student Name: _____

General Patient Care	Date Completed	Competence Verified by
CPR/BLS Certified		
Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)		
Vital Signs - Blood Pressure		
Vital Signs - Temperature		
Vital Signs - Pulse		
Vital Signs - Respiration		
Vital Signs – Pulse Oximetry		
Care of medical; equipment (e.g., oxygen tank, IV tubing)		
Sterile and Medical Aseptic Technique		
Venipuncture		