

# *Radiologic Technology*

## **Clinical Competency Handbook**

Class of 2023

**SRJC RADIOLOGIC TECHNOLOGY  
PROGRAM**

**This CLINICAL  
COMPETENCY  
HANDBOOK  
belongs to**

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The Faculty of the  
Radiologic Technology Program  
Santa Rosa Junior College

Effective August 2021

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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 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 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.


<u>DUE DATES</u>	<u>FREQUENCY</u>	<u>SUBMIT TO:</u>
<b>Time Sheets:</b>	<b>Every Month</b>	<b>PD</b>
<b>Progress Reports:</b>	<b>Every 2 weeks</b>	<b>CI @ clinical site</b>
<b>Clinical Evaluation:</b>	<b>End of semester</b>	<b>HS office or PD</b>
<b>Special Procedures Evaluations:</b>	<b>End of special rotation</b>	<b>PD or CC</b>
<b>Competency Handbook:</b>	<b>End of semester</b>	<b>HS office or PD</b>

8. There is a required 2-week observational rotation in CT Scanning. This is assigned during the spring semester of your 2<sup>nd</sup> 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 site 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.
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 2021

	<b>1<sup>st</sup> Year 60, 61A, 64 &amp; 64L</b>	<b>2<sup>nd</sup> Year 63B &amp; 65</b>	<b>2<sup>nd</sup> year elective 98 or 102</b>
August	Positioning CXR Patient Care transfers, med asepsis	Physics, tube circuitry, Q/A procedures	Clinical Experience MRI or Mammography
September	Positioning Abdomen Patient Care surgical asepsis, isolation	Physics X-ray production, physics Q/A procedures	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 hips and pelvis Patient care drainage tubes	Physics Advanced radiation protection, The ALARA Project Research Project Presentation	Clinical Experience MRI or Mammography
	<b>Clinical Course 71A 235 hours</b>	<b>Clinical Course 71D 442 hours</b>	

	<b>1<sup>st</sup> Year 61B, 63A</b>	<b>2<sup>nd</sup> Year 66</b>	<b>2<sup>nd</sup> year elective 98 or 102</b>
January	Positioning GI System Physics Rad. technique & QA	Special Modalities	Clinical Experience MRI or Mammography
February	Positioning GU System Physics Rad. technique & QA	Radiology in critical care	Clinical Experience MRI or Mammography
March	Positioning Spine and contrast media Physics Radiographic technique & QA	Digital Fluoroscopy	Clinical Experience MRI or Mammography
April	Positioning vertebral column Physics Grids screens & QA	Venipuncture and cross sectional anatomy	Clinical Experience MRI or Mammography
May	Positioning Ribs & sternum Physics The Technique Chart Project	Fundamentals of CT	Clinical Experience MRI or Mammography
	<b>Clinical Course 71B 315 hours</b>	<b>Clinical Course 71E 442 hrs</b>	

	<b>1<sup>st</sup> Year 61C</b>	<b>2<sup>nd</sup> Year 68</b>	
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	
	<b>Clinical Course 71C 140 hours</b>	<b>Clinical Course 71F 210 hours</b>	<b>1785 hours minimum</b>

**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
1 <sup>st</sup> Fall	RT 71A	18 / week	235	235	#1	14 <small>Start Mid-September</small>
1 <sup>st</sup> Spring	RT 71B	18 / week	315	550	#2	17
1 <sup>st</sup> Summer	RT 71C	18 per week	140	690	#3	8
2 <sup>nd</sup> Fall	RT 71D	27 per week	442	1132	#4	17
2 <sup>nd</sup> Spring	RT 71E	27 per week	442	1575	#5	17
2 <sup>nd</sup> Summer	RT 71F	27 per week	210	1785	#6	8

**Elective rotations available: MRI and 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. 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.
3. 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 original 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.

### 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 10). *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 2nd 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 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.

### 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**

**All Radiologic Technology courses must be completed with a grade of “C” or better.**



## 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 clinical instructor should be asked to fill out Progress Reports as the semester progresses. The original Progress Reports are to be submitted to the 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. In addition to a monthly on-line progress evaluation of students, the 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 37 mandatory exams and at least 15 (out of 35) elective exams. A minimum of 37 of the mandatory exams must be performed on patients or simulated in the clinical setting. Up to 8 exams total 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 the clinical instructor (or an approved designee) and request to be observed during that exam for a Clinical Competency Evaluation. Only the clinical instructors or approved designees 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**

<b>Positioning Courses</b>	<b>Semester</b>	<b>Assigned Competencies</b>
<b>RADT 61A</b> Chest, abdomen, upper & lower extremities, hips & pelvis	1 <sup>st</sup> Fall	- 3 Mandatory Competencies: 2v Chest and Abdomen
<b>RADT 61B</b> Spine, ribs, UGI, BE, GU, contrast exams	1 <sup>st</sup> Spring	- 5 Mandatory Competencies* Spine & any other 4 exams  - 3 Elective Competencies: UGI or BE (required elective)
<b>RADT 61C</b> Skull, facial bones, mandible, sinuses	1 <sup>st</sup> Summer	- 8 Mandatory Competencies  - 3 Elective Competencies: 1 skull from 61C counts as elective
Clinical Course	2 <sup>nd</sup> Fall	- 11 Mandatory Competencies - 3 Elective Competencies
Clinical Course	2 <sup>nd</sup> Spring	- 11 Mandatory Competencies  - 3 Elective Competencies myelogram, arthrogram or HSG
Clinical Course	2 <sup>nd</sup> Summer	- 7 Mandatory Competencies - 3 Elective Competencies

**\* The spine assignment can include sacrum and coccyx.**

## DOCUMENTING YOUR SEMESTER PROGRESS

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

### Here's what we require:

- Your full name on the front and spine of your binder.
- 1 ½” to 2” thick binder maximum
- **Your pages in numerical order** 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.
- Your 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.)
- You should submit the Final Clinical Evaluation form to your Clinical Instructor with two weeks' notice to give you the grade you deserve.
- 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 on 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 will not achieve a passing grade for that clinical course.

# **Guidelines for Competency Evaluations**

## ***EVALUATING PERFORMANCE***

### **EVALUATE REQUISITION**

Student must be able to:

- a) Select correct patient.
- b) Read and evaluate requisition.
- c) Assess the patient's condition.
- d) Review previous images, if available
- e) Determine if any condition or pathology requires adapting standard positioning.
- f) Determine if any condition or pathology requires adapting standard radiographic technique.

### **ROOM PREPARATION**

Student must:

- a) Prepare room for patient safety and comfort.
- b) Organize equipment and accessories needed for exam.
- c) Clean room when exam is completed.

### **PATIENT CARE**

Student must:

- a) Give proper explanation of examination.
- b) Assist patient throughout exam while maintaining modesty.
- c) Obtain adequate history prior to beginning exam.
- d) Obtain all appropriate previous history of allergies and reaction to contrast media before beginning an invasive study.
- e) Monitor and communicate with patient throughout exam.
- f) Fill syringes using aseptic technique when needed.

### **USE OF EQUIPMENT**

Student must be able to:

- a) Put overhead tube into proper detent at the correct SID and centered to bucky as applicable.
- b) Turn tube from horizontal to vertical and vice versa.
- c) Move bucky tray and utilize locks.
- d) Secure tube locks.
- e) Insert and remove image receptors from appropriate holders, slots or bucky.
- f) Operate mobile unit.
- g) Select proper image receptor and size.
- h) Select proper grid when needed.
- i) Set up and manipulate fluoro unit.

## **POSITIONING SKILLS**

Student must be able to:

- a) Center part to image receptor.
- b) Center central ray to the image receptor.
- c) Angle central ray to the center of the image receptor, if necessary.
- d) Oblique patient correctly, if required.
- e) Restrict collimation to the part of interest.

## **RADIATION PROTECTION**

Student must be able to:

- a) Cone or collimate to the part of interest or to the image receptor size.
- b) Use gonadal shielding when appropriate.
- c) Demonstrate appropriate use of protective apparel.
- d) Wear personnel radiation monitoring device on collar at all times.
- e) Inquire about pregnancy of all women of childbearing age.
- f) Practice good radiation protection by making optimum use of time distance and shielding.
- g) Demonstrate awareness of the principles of ALARA at all times.
- h) Give precise instructions to patient.
- i) Communicate with staff and patient in an effective manner.

## **IMAGE PROCESSING**

Student must be able to:

- a) Process image properly.
- b) Use care and safety around the processor.
- c) Use care in manipulating digital equipment.

## ***EVALUATING IMAGES***

### **ANATOMICAL PARTS**

Images should show:

- a) Correct alignment of anatomical parts
- b) No patient motion
- c) Image well-centered
- d) Correct angle of central ray

### **IMAGE DENSITY AND CONTRAST**

Images should demonstrate correct selection of:

- a) kVp and mAs.
- b) Processing algorithm.
- c) Grid or non-grid technique.
- d) AEC or manual technique

## **ANATOMICAL ALIGNMENT**

Images should show

- a) Part centered to image receptor.
- b) Parts aligned correctly.

## **IMAGE IDENTIFICATION**

Image should show:

- a) Identification on the image with appropriate markers.
- b) Radiograph identified with the correct patient's ID.
- c) Lead markers in the appropriate place.

## **RADIATION PROTECTION**

Image should show:

- a) Exposure index within tolerance
- b) Optimal contrast & density
- c) Visible collimation
- d) Gonadal and other shielding as appropriate.

**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:
---------------	-----------

<b>Locate and/or operate</b>	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		
<b>Radiation Protection</b>		
- Understands how surgical cases are ordered.		
- Only expose when ordered by the physician.		
- Make sure all personnel are wearing protective aprons.		
<b>Advanced Procedures (if applicable)</b>		
- 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.

**1. 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 Competency Evaluation Verification



<u>Student's Name:</u> _____	<u>Patients</u> Number Completed		<u>Simulated</u> Number Completed		Date	Clinical Coordinator's Comments and initials
	Mandatory	Elective	Mandatory	Elective		
<b>Fall M3</b> <i>Chest/Abdomen</i>						
<b>Spring M5/E3</b> <i>UGI/BE/Spine</i>						
<b>Summer M8/E3</b> <i>Upper/Lower Extremities X-tables Skull &amp; FB</i>						
<b>Fall M11/E3</b> <i>C-arm GI or BE</i>						
<b>Spring M11/E3</b> <i>Myelogram, HSG or Arthrogram</i>						
<b>Summer M7/E3</b>						

## Mandatory Competency Evaluations

The Mandatory (M) Competency Evaluations cover a total of 37 radiographic examinations.

- A *minimum of 29* of these exams must be completed on patients in the clinical setting.
- Eight exams may be completed using a phantom or simulated in the clinical or lab setting.
- The *Mandatory Competency Evaluations* must be completed according to the following schedule:
  - 3 in the first fall semester
  - 5 in the first spring semester
  - 8 in the first summer session (including lab activity)
  - 11 for the 2<sup>nd</sup> fall semester
  - 11 in the 2<sup>nd</sup> spring semester
  - 7 in the 2<sup>nd</sup> summer session

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.*

**Follow the Schedule of Competency Evaluation page 10**

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:	CHEST ROUTINE	CHEST w/c or gurney	RIBS	Mobile CHEST	CHEST ≤ 6 years	Geriatric Chest Routine
Simulation or Patient ID #:						
DATE:						
Evaluation of Requisition						
Room Preparation						
Patient Care						
Use of equipment						
Positioning Skills						
Radiation Protection						
Exposure Index within limits						
IMAGES SHOW CORRECT: Anatomical Parts						
Anatomical Alignment						
EI and Technique						
Image Identification						
Collimation to area of interest						
EXAMINATION PASSED: (Evaluator's Signature)						

More than two 1's constitutes a failed check-off. A zero constitutes a failed check-off.  
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# 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:	FINGER	HAND	WRIST	FOREARM	ELBOW	HUMERUS	SHOULDER
Simulation or Patient ID #:							
DATE:							
Evaluation of Requisition							
Room Preparation							
Patient Care							
Use of equipment							
Positioning Skills							
Radiation Protection							
Exposure Index within limits							
IMAGES SHOW CORRECT: Anatomical Parts							
Anatomical Alignment							
EI and Technique							
Image Identification							
Collimation to area of interest							
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.



# 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:	Tib/Fib	Trauma Lower Extremity	FEMUR	Geriatric Lower Extremity	C-Spine	T-Spine	L-Spine
Simulation or Patient ID #:							
DATE:							
Evaluation of Requisition							
Room Preparation							
Patient Care							
Use of equipment							
Positioning Skills							
Radiation Protection							
Exposure Index within limits							
IMAGES SHOW CORRECT: Anatomical Parts							
Anatomical Alignment							
EI and Technique							
Image Identification							
Collimation to area of interest							
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.

# 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:	PELVIS	HIP	XTL HIP	SPINE (x-table lateral)	Mobile ORTHO
Simulation or Patient ID #:					
DATE:					
Evaluation of Requisition					
Room Preparation					
Patient Care					
Use of equipment					
Positioning Skills					
Radiation Protection					
Exposure Index within limits					
IMAGES SHOW CORRECT:					
Anatomical Parts					
Anatomical Alignment					
EI and Technique					
Image Identification					
Collimation to area of interest					
EXAMINATION PASSED: (Evaluator's Signature)					

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# 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:	SUPINE ABDOMEN	UPRIGHT ABDOMEN	Mobile ABDOMEN	C-ARM Sterile PROCEDURE	C-ARM PROCEDURE W/MANIP.
Simulation or Patient ID #:					
PATIENT or SIMULATED?					
DATE:					
Evaluation of Requisition					
Room Preparation					
Patient Care					
Use of equipment					
Positioning Skills					
Radiation Protection					
Exposure Index within limits					
IMAGES SHOW CORRECT: Anatomical Parts					
Anatomical Alignment					
El and Technique					
Image Identification					
Collimation to area of interest					
EXAMINATION PASSED: (Evaluator's Signature)					

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# RECHECK COMPETENCY EVALUATIONS

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

<b>AREA OF EVALUATION:</b>						
<b>Patient ID #:</b>						
<b>DATE:</b>						
Evaluation of Requisition						
Room Preparation						
Patient Care						
Use of equipment						
Positioning Skills						
Radiation Protection						
Exposure Index within limits						
<b>IMAGES SHOW CORRECT:</b>						
Anatomical Parts						
Anatomical Alignment						
El and Technique						
Image Identification						
Collimation to area of interest						
<b>EXAMINATION PASSED: (Evaluator's Signature)</b>						

**More than two 1's constitutes a failed check-off.    A zero constitutes a failed check-off.  
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# RECHECK COMPETENCY EVALUATIONS

**Instructions:** The evaluator will mark each area according to the following scale:

**3 = Acceptable    1 = Requires minor improvement    0 = Unacceptable**

<b>AREA OF EVALUATION:</b>						
<b>Simulation or Patient ID #:</b>						
<b>DATE:</b>						
<b>Evaluation of Requisition</b>						
<b>Room Preparation</b>						
<b>Patient Care</b>						
<b>Use of equipment</b>						
<b>Positioning Skills</b>						
<b>Radiation Protection</b>						
<b>Exposure Index within limits</b>						
<b>IMAGES SHOW CORRECT:</b>						
<b>Anatomical Parts</b>						
<b>Anatomical Alignment</b>						
<b>EI and Technique</b>						
<b>Image Identification</b>						
<b>Collimation to area of interest</b>						
<b>EXAMINATION PASSED: (Evaluator's Signature)</b>						

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# RECHECK COMPETENCY EVALUATIONS

Instructions: The evaluator will mark each area according to the following scale:

**3 = Acceptable    1 = Requires minor improvement    0 = Unacceptable**

<b>AREA OF EVALUATION:</b>					
<b>Simulation or Patient ID #:</b>					
<b>DATE:</b>					
Evaluation of Requisition					
Room Preparation					
Patient Care					
Use of equipment					
Positioning Skills					
Radiation Protection					
Exposure Index within limits					
<b>IMAGES SHOW CORRECT:</b>					
<b>Anatomical Parts</b>					
<b>Anatomical Alignment</b>					
<b>EI and Technique</b>					
<b>Image Identification</b>					
<b>Collimation to area of interest</b>					
<b>EXAMINATION PASSED: (Evaluator's Signature)</b>					

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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:	SKULL	PARANASAL SINUSES	FACIAL BONES	ORBITS	ZYGOMATIC ARCHES	NASAL BONES	TMJ's
Simulation or Patient ID #:							
DATE:							
Evaluation of Requisition							
Room Preparation							
Patient Care							
Use of equipment							
Positioning Skills							
Radiation Protection							
Exposure Index within limits							
IMAGES SHOW CORRECT:							
Anatomical Parts							
Anatomical Alignment							
El and Technique							
Image Identification							
Collimation to area of interest							
EXAMINATION PASSED: (Evaluator's							

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# ELECTIVE COMPETENCY EVALUATIONS

The evaluator will mark each area according to the following scale:

- 3 = Acceptable
- 1 = Requires minor improvement
- 0 = Unacceptable

AREA OF EVALUATION:	MANDIBLE	SCAPULA	AC JOINTS
Simulation or Patient ID #:			
DATE:			
Evaluation of Requisition			
Room Preparation			
Patient Care			
Use of equipment			
Positioning Skills			
Radiation Protection			
Exposure Index within limits			
IMAGES SHOW CORRECT:			
Anatomical Parts			
Anatomical Alignment			
EI and Technique			
Image Identification			
Collimation to area of interest			
EXAMINATION PASSED: (Evaluator's Signature)			

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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:	TOES	PATELLA	OS CALCIS	UPPER EXT. < 6 YEARS	LOWER EXT. < 6 YEARS
Simulation or Patient ID #:					
PATIENT or SIMULATED?					
DATE:					
Evaluation of Requisition					
Room Preparation					
Patient Care					
Use of equipment					
Positioning Skills					
Radiation Protection					
Exposure Index within limits					
IMAGES SHOW CORRECT: Anatomical					
Anatomical Alignment					
El and Technique					
Image Identification					
Collimation to area of interest					
EXAMINATION PASSED: (Evaluator's Signature)					

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# ELECTIVE COMPETENCY EVALUATIONS: UGI or BE required by the ARRT

## Instructions

The evaluator will mark each area according to the following scale:

3 = Acceptable

1 = Requires minor improvement

0 = Unacceptable

AREA OF EVALUATION:	UGI	BE	SBFT	ESOPHAGRAM
Simulation or Patient ID #:				
DATE:				
Evaluation of Requisition				
Room Preparation				
Patient Care				
Use of equipment				
Positioning Skills				
Radiation Protection				
Exposure Index within limits				
IMAGES SHOW CORRECT:				
Anatomical Alignment				
EI and Technique				
Image Identification				
Collimation to area of interest				
EXAMINATION PASSED: (Evaluator's Signature)				

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# ELECTIVE COMPETENCY EVALUATIONS

## Instructions

The evaluator will mark each area according to the following scale:

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0 = Unacceptable

AREA OF EVALUATION:	CYSTOGRAM or Cystourethrogram	ERCP	MYELOGRAM	ARTHROGRAM	HSG
Simulation or Patient ID #:					
DATE:					
Evaluation of Requisition					
Room Preparation					
Patient Care					
Use of equipment					
Positioning Skills					
Radiation Protection					
Exposure Index within limits					
IMAGES SHOW CORRECT: Anatomical Parts					
Anatomical Alignment					
EI and Technique					
Image Identification					
Collimation to area of interest					
EXAMINATION PASSED: (Evaluator's Signature)					

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# ELECTIVE COMPETENCY EVALUATIONS

## Instructions

The evaluator will mark each area according to the following scale:

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0 = Unacceptable

AREA OF EVALUATION:	SACRUM/COCCYX	SI JOINTS	SCOLIOSIS SERIES	PEDIATRIC MOBILE 6 ≤ years	CXR LATERAL DECUB
Simulation or Patient ID #:					
DATE:					
Evaluation of Requisition					
Room Preparation					
Patient Care					
Use of equipment					
Positioning Skills					
Radiation Protection					
Exposure Index within limits					
IMAGES SHOW CORRECT: Anatomical Parts					
Anatomical Alignment					
EI and Technique					
Image Identification					
Collimation to area of interest					
EXAMINATION PASSED: (Evaluator's Signature)					

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# ELECTIVE COMPETENCY EVALUATIONS

**Instructions:**

The evaluator will mark each area according to the following scale:

- 3 = Acceptable
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- 0 = Unacceptable

AREA OF EVALUATION:	STERNUM	UPPER AIRWAY/SOFT TISSUE NECK	ABDOMEN ≤ 6 YEARS	ABDOMEN DECUB	IVU
Simulation or Patient ID #:					
DATE:					
Evaluation of Requisition					
Room Preparation					
Patient Care					
Use of equipment					
Positioning Skills					
Radiation Protection					
Exposure Index within limits					
IMAGES SHOW CORRECT: Anatomical Parts					
Anatomical Alignment					
El and Technique					
Image Identification					
Collimation to area of interest					
EXAMINATION PASSED: (Evaluator's Signature)					

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## SRJC Radiologic Technology Clinical Competency Documentation Imaging Procedures ~ 37 Mandatory / 15 Elective



**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 gurney)	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
<b>Upper Extremity</b>							
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
Trauma Shoulder (Scapular Y, Transthoracic or Axillary)*	M					1	2
Trauma Upper Extremity, Non shoulder*	M					1	2
Clavicle	M					1	2
Scapula		E				1	2
A-C joints		E				1	2
<b>Lower Extremity</b>							
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
Toes		E				1	2
<b>Head – Must complete one elective</b>							
Skull		E				1	2
Paranasal Sinuses		E				1	2
Facial Bones		E				1	2
Orbits		E				1	2
Zygomatic Arches		E				1	2
Nasal Bones		E				1	2
Mandible		E				1	2
TMJ's		E					
<b>Spine and Pelvis</b>							
Cervical Spine	M					1	2
Thoracic Spine	M					1	2
Lumbosacral Spine	M					1	2
Pelvis	M					1	2
Hip	M					1	2
Cross Table Lateral Hip	M					1	2
Spine (x- table lateral)	M					1	2
Sacrum and/or Coccyx		E				1	2
Sacroiliac Joints		E				1	2
Scoliosis Series		E				1	2



**SRJC Radiologic Technology Clinical Competency Documentation**  
**Imaging Procedures ~ 37 Mandatory / 15 Elective**



**Student Name:** \_\_\_\_\_

Abdomen			1. Date completed	2. Date re-check	Pt. or Simulate	Competency Verified by:	
Supine KUB	M					1	2
Abdomen Upright	M					1	2
Abdomen Decubitus		E				1	2
Intravenous Urography		E				1	2
<b>Fluoroscopy ~ UGI or BE + one other</b>							
UGI single or double contrast		E				1	2
Contrast Enema single or double contrast		E				1	2
Small Bowel Series		E				1	2
Esophagus		E				1	2
Cystography / Cystourethrography		E				1	2
ERCP		E				1	2
Myelography		E				1	2
Arthrography		E				1	2
Hysterosalpingogram		E					
<b>Surgical Studies</b>							
C-arm procedure (Requiring Manipulation to Obtain More Than One Projection)	M					1	2
C-arm manipulation around a sterile field	M					1	2
<b>Mobile Studies</b>							
PCXR	M					1	2
Abdomen	M					1	2
Orthopedic	M					1	2
<b>Pediatrics age 6 or younger</b>							
Chest Routine	M					1	2
Upper Extremity		E				1	2
Lower Extremity		E				1	2
Abdomen		E				1	2
Mobile Study		E				1	2
<b>Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)</b>							
Chest Routine	M						
Upper Extremity	M						
Lower Extremity	M						

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