

Clinical Competency Evaluation

Student: _____

Passed Failed**

Hospital: _____

Evaluator: _____
(Please Print)

Mode of Transport: Ambulatory Wheelchair Stretcher Portable

Date: _____

Examination: _____

Trauma Study? Yes No

Pathology: _____

Projections: 1) _____ 2) _____ 3) _____

Category: **A B C D E F**

The student has performed a minimum of three (3) exams under **DIRECT SUPERVISION** prior to challenging this competency.

Please indicate your rating of the above student for each category listed below:

	Good 3	Satisfactory 2	Needs Improvement 1	Fail 0	Does Not Apply -
1. Patient Care/Student Patient Interaction					
a. Student utilizes appropriate hand-washing techniques	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Correlate the patient identification with the requisition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Communicate and interact professionally with patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Determine if patient is pregnant		<input checked="" type="checkbox"/>			
e. Insure patient privacy and modesty					
f. Student maintains standard precautions		<input checked="" type="checkbox"/>			
g. Student provides effective patient care					
2. Patient Transfer					
a. Student transferred the patient properly and safely	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	n/a
b. Student utilized proper body mechanics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Technical Factors					
a. Student's ability to compute appropriate exposure factors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Select the appropriate technical factors: image receptor and grid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Equipment Manipulation					
a. Adequately manipulate the locks, bucky and/or grid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Identify the image with the appropriate markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Student must successfully complete all items to receive a passing grade.
** Form 025 Unsatisfactory Clinical Competency Evaluation must be completed.**

Please indicate your rating of this student for each category listed below:

	Good 3	Satisfactory 2	Needs Improvement 1	Fail 0	Does Not Apply -
5. Positioning Skills					
a. Position the patient correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Center the anatomical area of interest to the image receptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Align the central ray to the image receptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Use immobilization devices correctly, if applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
e. Instruct the patient correctly/communicate effectively					
6. Radiation Protection					
a. Collimate the beam properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Shield the patient correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Evaluate the exposure index information, if applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
7. Image Evaluation					
a. Evaluate the image for visibility and sharpness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Evaluate the image for proper positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Identify the rationale for the study					
d. Identify relevant anatomy					
e. Pathology recognition (seniors)					

Please explain any item receiving a failing grade below

Evaluator's Comments:

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NO COMMENTS

_____ Clinical Evaluator's Signature

Student's Comments:

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NO COMMENTS

_____ Student's Signature