CSUN BS, Radiologic Technology Program

Clinical Competency Assessment for Genitourinary
(Use one form per competency)

The student must pass all sections of this form. In every section, each student must accumulate the minimum points necessary based on their Junior or Senior/Post Grad status. If a licensed RT intervenes during any part of the evaluation, the assessment is discontinued and the student must be re-evaluated on a different exam. The following total points are needed to pass this competency: Juniors 52 and Seniors/Post Grads 59.

Name: ___________________________ Procedure: ___________________________
Date of Exam: ___________________________ Patient’s Accession/Case #: ___________________________

Scale: 0=Unacceptable; 1=Needs Improvement; 2=Competent/Acceptable; 3=Above Average; 4=Exceeds Expectations (at RT level)

I. Patient Care & Communication
1. Verifies correct patient, procedure, and clinical diagnosis/indication. 0 1 2 3 4
2. Communication skills – Provides clear and complete explanation of procedure to age appropriate patient, surname use, etc. 0 1 2 3 4
3. Obtains patient assessment, preparation, history, and consent. (Verifies NPO, bowel prep) 0 1 2 3 4
4. Insures patient privacy and dignity. 0 1 2 3 4
5. Knows emergency protocol for Code situations. 0 1 2 3 4
6. Insures patient safety and comfort throughout procedure. 0 1 2 3 4
7. Practices safe patient care methods including falling precautions. 0 1 2 3 4
8. Completes patient assessment form for iodinated contrast. 0 1 2 3 4
9. Provides proper breathing instructions; appropriate for exam and patient language. 0 1 2 3 4
10. Provides post examination instructions. 0 1 2 3 4

Total for Section I: __________

Maximum points = 40 Minimum passing points: Juniors=24 and Seniors/Post Grads=27

II. Technical Requirements & Positioning
1. Correctly enters patient information. 0 1 2 3 4
2. Selects appropriate exam protocol or adjusts as necessary. 0 1 2 3 4
3. Adjusts exposure factors and selects proper image receptor. 0 1 2 3 4
4. Positions patient efficiently and correctly for the examination. (Scout, overheads, etc.) 0 1 2 3 4
5. Uses proper immobilization devices. 0 1 2 3 4
6. Uses tube angulations properly. 0 1 2 3 4
7. Knows storage location of necessary supplies. 0 1 2 3 4
8. Examination completed in a timely fashion. 0 1 2 3 4
9. Properly archives images to PACS or prints images. 0 1 2 3 4
10. Properly selects and prepares contrast media. 0 1 2 3 4
11. Uses correct film sizes. 0 1 2 3 4
12. Uses proper alignment of x-ray tube to film. (Bucky or grid) 0 1 2 3 4
13. Uses proper central ray location and SID. 0 1 2 3 4
14. Uses proper orientation of Image Receptor. (Cassette, image intensifier) (Lengthwise, crosswise) 0 1 2 3 4
15. Uses personal lead markers on all images. 0 1 2 3 4

Total for Section II: __________

Maximum points = 60 Minimum passing points: Juniors=24 and Seniors/Post Grad=27

III. Film Critique
1. Diagnostic image quality. (Contrast/density) CR exposure range must meet department protocols. 0 1 2 3 4
2. Patient positioning demonstrates anatomy and pathology properly. 0 1 2 3 4
3. Able to identify which projection of the image was taken. (AP, Lateral, RAO, LAO, etc.) 0 1 2 3 4

Total for Section III: __________

Maximum points = 12 Minimum passing points: Juniors=5 and Seniors/Post Grad=6

IV. Radiation Protection
1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.) 0 1 2 3 4
2. Uses proper shielding and radiation protection for patient/staff/parents. 0 1 2 3 4
3. Uses proper collimation of the body part. 0 1 2 3 4
4. Documents fluoroscopy time appropriately. 0 1 2 3 4

Total for Section IV: __________

Maximum points = 16 Minimum passing points: Juniors=7 and Seniors/Post Grad=8

*** If the student receives a “0” in any of the above categories, then he/she will not receive credit for the comp. ***

RT’s Name (Print): ___________________________ RT’s Signature: ___________________________ Date: __________

In order for this form to be valid, the technologist must be registered by the ARRT for at least 2 years.

IVP(Post CTU) IVP IVP w/ Tomos VCUG Cystogram

Revised 1/2010