Clinical Competency Assessment for Cardiac Catheterization Lab
(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: ___________ Tech’s Name and Exam Time: ___________________________

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 using two patient identifiers, 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, labs, contrast allergies) 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 transfer methods including falling precautions. 0 1 2 3 4
   8. Knows emergency protocol for contrast reactions. 0 1 2 3 4
   9. Assists the patient, physician, nurse, and anesthesiologist throughout procedure. 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=16 and Seniors/Post Grads=18

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 exposure frames. 0 1 2 3 4
   4. Positions patient efficiently and correctly for the examination. 0 1 2 3 4
   5. Uses proper immobilization devices. 0 1 2 3 4
   6. Knows how to maneuver C-arm into different angles. 0 1 2 3 4
   7. Knows storage location of necessary supplies. (Catheters, guide wires, etc.) 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. Correctly operates the automatic power injector. 0 1 2 3 4
   12. Properly selects and prepares sterile procedure tray. 0 1 2 3 4
   13. Properly opens sterile instruments or supplies onto tray during procedure. 0 1 2 3 4
   14. Preps area of interest using proper sterile technique and maintains the sterility of the field throughout the procedure. 0 1 2 3 4
   15. Properly disposes of used supplies and sharps. 0 1 2 3 4

   Total for Section II: ____________
   Maximum points = 60 Minimum passing points: Juniors=24 and Seniors/Post Grad=27

III. Image Critique
   1. Diagnostic image quality (contrast/density). 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 use of 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 and fluoroscopy air kerma/DAP appropriately. 0 1 2 3 4

   Total for Section IV: ____________
   Maximum points = 16 Minimum passing points: Juniors=7 and Seniors/Post Grads=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.

Revised 8/2018