

CLINICAL TRAINING RECORDS

This portion of the guidance document has been prepared to assist the Limited Diagnostic Operator and Associated Supervisor in recording documentation necessary to comply with the requirements of the North Dakota Radiological Health Rules. Three (3) examinations must be performed prior to requesting a final competency evaluation for each of the limited scope examinations. The three pre-evaluation examinations should be on actual patients but may be simulated if there is an insufficient number of patients requiring the procedure during the competency training period. **All “Final Competency Evaluations” must be performed on patients in the clinical setting.**



**X-RAY PROCEDURE AND IMAGE
COMPETENCY CRITERIA EVALUATION RECORD**
SFN 53770 (7/2003)

Instructions for completing this form are located on the reverse side:

	RIBS	ABDOMEN	HAND/FINGERS
CHEST			
WRIST	FOREARM	ELBOW	HUMERUS
SHOULDER	CLAVICLE	PELVIS	HIPS
FEMUR	KNEE	TIBIA/FIBULA	ANKLE
FOOT/TOES	SINUSES	SKULL	FACIAL BONES
C-SPINE	T-SPINE	L-SPINE	

EVALUATION # 1 2 3 FINAL PASS FAIL

VIEWS / PROJECTIONS →								
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
A) Select appropriate film size								
B) Select appropriate technique								
C) Use correct source to image distance								
D) Establish proper direction of central ray								
E) Execute proper direction of central ray								
F) Collimate if appropriate								
G) Provide gonadal shielding if appropriate								
H) Use correct film markers								
I) Give proper patient instruction								
J) Place patient information correctly on film								
K) Complete examination in an acceptable time limit								
L) All anatomical parts included on the film								
M) Correct positioning of anatomical parts								
N) Appropriate contrast								
O) Appropriate density								
P) Correct use of right and left markers								
Q) Proper accessory markers as needed								
R) No visible motion								
S) Patient information correct and clearly visible								

COMMENTS: _____

Limited Operator: _____

Date: _____

Supervisor: _____

This **“X-ray Procedure and Image Competency Criteria Evaluation Record”**

(SFN 53770) is to be used in the following manner:

NOTE: Each Trainee will need a minimum of 92 copies of this form:

- 1) Circle the applicable procedure.
- 2) Identify the evaluation number by circling.
- 3) List the Views/Projections applicable to the specific procedure.
- 4) Following performance of the exam by the Limited Diagnostic Operator Trainee, he/she and the associated supervisor will have to critique applicable radiographs for acceptable quality.
- 5) For each Evaluation, the Limited Diagnostic Operator Trainee shall sign and date the record. The supervisor shall also sign the record.
- 6) For each Final Competency Evaluation the supervisor shall also include any applicable comments, and indicate a pass/fail rating.
- 7) For each supervised simulation/performance and final competency evaluation, the Limited Diagnostic Operator Trainee shall complete and record the following information on the “Limited Operator Clinical Competency Summary.”
 - a) Date of exam
 - b) Patient identifier (or insert “simulated”, if applicable)
 - c) Supervisor identifier

** All “Final Competency Evaluations” must be performed on patients in the clinical setting.

Scoring Performance:

Pass/Fail shall be utilized for all applicable criteria listed on the evaluation record. A “**Fail**” rating in any of the criteria during the three (3) pre-evaluation exams does not require the trainee to repeat the pre-evaluation exam..

A “**Fail**” rating, on any criteria, during a final competency evaluation requires the trainee to repeat the entire final competency evaluation.

LIMITED OPERATOR CLINICAL COMPETENCY SUMMARY

PROCEDURE:	Date		Patient Identifier	Supervisor
CHEST		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
RIBS		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
ABDOMEN		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
HAND/FINGERS		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
WRIST		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
FOREARM		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
ELBOW		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
HUMERUS		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
SHOULDER		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
CLAVICLE		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
PELVIS		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
HIPS		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
FEMUR		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
KNEE		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
TIBIA/FIBULA		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
ANKLE		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
FOOT/TOES		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
SINUSES		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
SKULL		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
FACIAL BONES		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
C-SPINE		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
T-SPINE		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
L-SPINE		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
_____		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

PROCEDURE:	Date		Patient Identifier	Supervisor
_____		Evaluation #1		
		Evaluation #2		
		Evaluation #3		
		Final Evaluation		

Limited Scope X-ray Operator Training

Three-month probationary training will include an evaluation of all films and 6 hours of direct supervision on a weekly basis.

Week _____ Date _____

Evaluation and comments on all patient films submitted to be read.

Evaluation and comments on waste films.

Suggestions or improvements:

Supervisor signature _____

Date: _____

Limited Scope X-ray Operator: _____