

**LIMITED DIAGNOSTIC X-RAY OPERATOR
DIDACTIC AND CLINICAL TRAINING RECORD**



**NORTH DAKOTA DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SECTION
AIR QUALITY DIVISION**

**RADIATION CONTROL PROGRAM
918 EAST DIVIDE AVENUE - 2ND FLOOR
BISMARCK, ND 58501-1947**

For questions about these procedures, contact the Radiation Control Program by telephone (701-328-5188) or fax (701-328-5185)

LIMITED DIAGNOSTIC X-RAY OPERATOR

DIDACTIC AND CLINICAL TRAINING RECORD

Background:

North Dakota Century Code Chapters 23-20, 23-20.1, and 23-20.2, gives the Department the authority to promulgate and enforce regulations for the safe and beneficial use of ionizing radiation. North Dakota Administrative Code Chapter 33-10-06 of the North Dakota Radiological Health Rules, "X-Rays in the Healing Arts" has been enacted to control machine produced radiation used in the healing arts and contains didactic and clinical training and experience requirements for operators of X-ray machines in the healing arts. These requirements are to assure the operator has adequate instruction for the safe use of machine produced X-radiation commensurate with the size, scope and nature of the service being provided.

The current X-ray operator training regulations became effective March 1, 2003 and supersede any previous education and training requirements.

For the first 3 years following the effective date of the rule, training requirements are based on the date an individual began actively working as an X-ray operator.

- 1) Individuals beginning work after March 1, 2004, must meet all requirements prior to performing X-ray exams.
- 2) Individuals beginning work after March 1, 2003, but before March 1, 2004, have one (1) year from their date of employment to meet the new requirements but may operate if they meet training standards that existed at the facility before March 1, 2003.
- 3) Individuals beginning operation after September 1, 2002, but before March 1, 2003, have until March 1, 2004, to complete the new requirements.
- 4) Individuals beginning operation before September 1, 2002, will have three (3) years to meet the new requirements (March 1, 2006).

CLINICAL TRAINING RECORDS

This portion of the manual 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.

The **“X-ray Procedure and Image Competency Criteria Evaluation Record”** (SFN 53770) included in this manual 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”** record.
 - 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.

REQUEST FOR SPECIFIC VIEW/EXAMINATION APPROVAL FORM

Item 33-10-06-06.2.c[2] provides for the limited operator to perform specific views and/or examinations outside the scope of practice as listed in Appendix I.

[2] When a practice requires a specific view or examination outside the scope of practice listed in Appendix I to be conducted on a routine basis, and the facility has only limited diagnostic operators, application may be made to the Department requesting approval for a limited diagnostic operator to perform the procedure. This allowance shall be limited to the facility, the specific individual, and the procedure requested. After an allowance has been granted, re-application and re-authorization are not necessary for the same procedure.

Facilities requesting this approval shall provide the Department with the following information:

- 1) Documentation which demonstrates the need for the specific view, and
- 2) Documentation indicating that each individual has demonstrated competence in the procedure, and
- 3) Proof of additional didactic instruction.

(Attach additional documentation as necessary)

FACILITY NAME: _____

SPECIFIC VIEW/EXAMINATION: _____

NAME(S) OF OPERATORS: _____

DOCUMENTATION OF COMPETENCY: Final X-Ray Procedure and
Image Competency Criteria Evaluation Record

DIDACTIC INSTRUCTION: Include instructional material references, instructor name and qualifications.

Signature of Facility Owner/Administrator

Date



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

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

CHEST	RIBS	ABDOMEN	HAND/FINGERS
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

IEWS / PROJECTIONS →

	1		2		3		FINAL		PASS		FAIL	
	Pass	Fail	Pass	Fail	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: _____

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 - a) Date of exam
 - b) Patient identifier (or insert “simulated”, if applicable)
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** 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 form.

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 requested 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 #		
		Final Evaluation		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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