

**Form I  
Northern Essex  
Community College  
Radiologic Technology  
Program Request for  
Competency Evaluation**

|         |                    |                                    |                      |
|---------|--------------------|------------------------------------|----------------------|
| Student | Student            | Date                               | MR#                  |
|         | Procedure          | Clinical Site                      |                      |
|         | Patient Age        | History                            |                      |
|         | Initial Competency | 2 <sup>nd</sup> Attempt Competency | Continued Competency |

**This form must be presented to the supervising RT prior to beginning the procedure**

|  |   |                |                |                |                |                |                |
|--|---|----------------|----------------|----------------|----------------|----------------|----------------|
| Technologist   | Student prepared the room before positioning the patient                                      |                | Yes            | No             |                |                |                |
|  | Student set an average technique before positioning the patient                               |                | Yes            | No             |                |                |                |
|  | Student properly verified the patient ID, procedure, accession number, and MD order           |                | Yes            | No             |                |                |                |
|  | Student provided proper general patient care  |                | Yes            | No             |                |                |                |
|  | Student use the correct SID and IR size/type  |                | Yes            | No             |                |                |                |
|  | Student provided appropriate shielding for patient and self and verified pregnancy status     |                | Yes            | No             |                |                |                |
|  | Student properly completed the exam (discharge patient, process and archive images)           |                | Yes            | No             |                |                |                |
|  | <b>Number of initial images needing repeats.( Please provide explanation on back of form)</b> |                |                |                |                |                |                |
| Please comment on any No's or intervention on the back of form and deposit completed form in the "black box" |   |                |                |                |                |                |                |
| <b>Supervising RT Signature</b>  |   |                |                |                |                |                |                |
| Student  |   | <b>Image 1</b> | <b>Image 2</b> | <b>Image 3</b> | <b>Image 4</b> | <b>Image 5</b> | <b>Image 6</b> |
|  | Enter technique used if AEC identify cells used   |                |                |                |                |                |                |
|  | Enter Initial S Value/EI  |                |                |                |                |                |                |
| Clinical Preceptor   |   | <b>Image 1</b> | <b>Image 2</b> | <b>Image 3</b> | <b>Image 4</b> | <b>Image 5</b> | <b>Image 6</b> |
|  | <b>Complete Techniques/Exposure Values Recorded</b>   | <b>Yes</b>     |                | <b>No</b>      |                |                |                |
|  | All anatomy seen on image   | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |
|  | Correct patient position  | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |
|  | Correct alignment of CR/IR  | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |
|  | Appropriate marker  | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |
|  | Image displays appropriate exposure index   | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |
|  | Image displays appropriate collimation/shielding  | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |
|  | Student is able to identify factors of image quality  | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |
|  | Student is able to ID required anatomy on image   | Y N            | Y N            | Y N            | Y N            | Y N            | Y N            |

Competency Score \_\_\_\_\_

Student Signature \_\_\_\_\_ CP or Faculty Signature \_\_\_\_\_

## Competency Scoring

Passing score = **85%** or higher

**Automatic Score = 75% if No is recorded for:**

- Student properly verified the patient ID, procedure, accession number, and MD order?
- Student provided appropriate shielding for patient and self and verified pregnancy status?
- Technologist Intervention
- Appropriate Marker
- 50% or more of the exam repeated
- **Complete Techniques & Exposure Indicators Documented**

Number of times “No” is recorded

|             |            |
|-------------|------------|
| 0.          | 100%       |
| 1.          | 98%        |
| 2.          | 95%        |
| 3.          | 93%        |
| 4.          | 90%        |
| 5.          | 88%        |
| 6.          | 85%        |
| 7.          | <b>83%</b> |
| 8.          | <b>80%</b> |
| 9.          | <b>78%</b> |
| 10.         | <b>75%</b> |
| 11.         | <b>73%</b> |
| 12.         | <b>70%</b> |
| 13. Or more | <b>60%</b> |