Competency Form
Fluoroscopy

Student Name: 
Site: 
Exam: Fluoro Time: Overhead images: yes/no

Log of Clinical Practice

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient ID</th>
<th>Age</th>
<th>In Lab</th>
<th>Observed</th>
<th>Assisted</th>
<th>Direct Sup.</th>
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Patient Information for Competency Exam

Patient ID: 
Age: 
Gender: 
Date: 

1/Pass 0/Fail Notes

Must pass all shaded areas in order to successfully complete the competency

1. Identify Patient - minimum of 2 identifiers
2. Evaluate requisition for correct exam
3. Verify exam being performed and set up the proper contrast material
4. Explain exam in terms that the patient understands, continue communication throughout the exam
5. Obtain Patient History and Pregnancy Status
6. Have patient change if necessary, being mindful of patient modesty, remove any possible artifacts
7. Demonstrates Radiation Safety; including shielding the patient, self, and others
8. Demonstrate proper movement of x-ray equipment
9. Use Correct Exposure Factors
10. Accurately enter patient information
11. Demonstrate correct patient position for scout images
12. Communicates effectively with patient and radiologist during the exam
13. Assist patient and radiologist during procedure.
15. Applies proper collimation, sets appropriate technique and correctly places lead marker on cassette for all overhead projections.
16. Exhibits the ability to adapt to new and difficult situations
17. Takes charge of the procedure before and after the radiologist’s interaction with the patient
18. Collect necessary equipment (ex: grids, lead aprons)
19. Properly assess patient (can the patient sit upright, be aware of medical devices, etc.)
20. Correct SID
21. Demonstrates Correct Image Processing Procedures
22. Produces images that are of diagnostic quality
23. Correctly orientate the images on screen
24. Maintained patient safety throughout the exam
25. Add any necessary annotations
26. Room left in orderly and neat manner and return portable location, clean, and charge it.
27. Completes the exam in reasonable time frame while demonstrating confidence.

Total: _____/27

Supervising Radiologic Technologist

Name: 
Signature: 

Updated May 2017
**Clinical Coordinator/Program Coordinator Evaluation**

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<th>Image Critique:</th>
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Review Total ____/6

**Overall Grade  ____/33**

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