

**NORTHERN VIRGINIA COMMUNITY COLLEGE
C-Arm Clinical Competency Form**

STUDENT _____ DATE _____

EXAM _____ HOSPITAL _____

1ST PT XR# _____ RT _____ DATE _____ (ASSISTED)

2ND PT XR # _____ RT _____ DATE _____ (UNASSISTED) 2nd Attempt

3rd PT XR# _____ RT _____ DATE _____ (COMP)

Please enter a check (✓) in accordance with appropriate student performance.

AUTOMATIC FAILURE

1. Correctly evaluates requisition for patient name, exam, and history	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
2. Correctly identifies patient using facility protocol	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
3. Correct patient information on image	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
4. Correct anatomic marker (L or R) on image	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

PRE-PROCEDURE SET-UP

1. Sets up C-Arm and monitor in OR/room	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Evaluates requisition for clinical information	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Enters/downloads patient data in monitor	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Sets up control panel on C-Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Communicates with OR staff regarding exam specifics	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Ascertains LMP and questions about possible pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Observes sterile field	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXAM PERFORMANCE

1. Identifies patient pleasantly and professionally (if possible)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Shields patient (if possible)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Provides appropriate radiation protection (utilizes appropriate fluoro settings, monitors staff shielding, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Manipulates equipment correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Orients anatomy correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Anticipates physician's needs	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Manipulates C-Arm angles appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Saves images	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Cleans equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No

POST-PROCEDURE

1. Acquires images	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Annotates correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Collimates (if appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Adds comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Sends images to printer and/or PACS	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Completes PACS and all other necessary computer/paperwork	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMAGE EVALUATION:

Recognizes correct projection and patient body position

RADIOGRAPHIC ANATOMY

TECHNOLOGIST COMMENTS

Student accepted constructive criticism during review of competency with technologist: Yes No

Competency has been discussed with the Student

RT signature _____ Student signature _____