

Southwestern Community College - Radiography Program

Clinical Competency Evaluation Form

Student Name/Clinical Site _____ Examination: _____

XR#: _____ Lab Date: _____ Comp date: _____ Clinical Coordinator Faculty Initials: _____

Competency Eval.:	Technique:	Manual 9	AEC 9	Digital 9	Simulated Competency Evaluation 9		
Patient information							
Lab	stretcher "	wheelchair "	uncooperative "	trauma "	pediatric "	geriatric "	
Comp	stretcher "	wheelchair "	uncooperative "	trauma "	pediatric "	geriatric "	

Objectives:

PRE PROCEDURE PREPARATION:	N	R	F	A	Lab	Comp	Re T
Equipment & room preparation complete	0	1	2	3			
Patient is questioned about possible pregnancy. Auto failure	X	X	X	X			
Patient's name/DOB or wrist bracelet checked	0	5	6	7			
Communication with patient/history	0	2	3	4			
Proper dressing instructions given	0	2	3	4			
POSITIONING AND TECHNICAL SKILLS:							
Proper type & size Image receptor selected (blocker location)	0	2	3	4			
Patient correctly positioned for routine projections	0	13	14	16			
Central ray directed properly (anatomically,directionally)	0	9	10	12			
Films accurately identified with a patient's name/ID	0	2	3	4			
Left or right marker accurately placed on radiograph. Auto Failure	X	X	X	X			
Exposure factors set accurately	0	2	2	4			
Used appropriate breathing instructions	0	2	3	4			
Artifacts (jewelry, teeth, hairpins, etc.)	0	2	3	4			
Examination performed in a satisfactory time frame	0	3	4	5			
RADIATION SAFETY:							
Collimation satisfactory	0	2	3	5			
Protection to self, other personnel and patient Auto Failure	X	X	X	X			
POST PROCEDURE ACTIVITY:							
Infection control demonstrated	0	2	2	3			
Requisition and exam completed as required	0	1	2	3			
Image evaluation/anatomy	0			18			
Totals:							

Evaluation scoring options:

N = **No Skills** - Student unable to/does not perform any part of the stated task.

R = **Rudimentary Skills** - Student is able to partially perform the task but needs assistance to complete any part of the task.

F = **Functionally Adequate Skills** - Student performs the tasks competently within a reasonable time frame but required refinement of the skills in one or more areas.

A = **Accomplished Skills** - Student performs all portions of the task correctly and independently at an advanced level of working speed.

Evaluations	Lab	Comp	Re T
Clinical Instructor's Signature			
Student's initials			
Date			

Comments: See the back of this page.

Date	COMMENTS	Signature
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Lab

Comp

CRITERIA FOR AUTOMATIC FAILURE

The student shall fail any competency if he/she:

1. Does not question female patients between the ages of 12-55 regarding the possibility of pregnancy.
2. Does not shield patient
3. Does not use lead radiographic R/L marker appropriately (right side/right extremity)

Anatomy: Refer to Anatomy list for exam being done.

Lab

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Comp

15. _____
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

11. _____
12. _____
13. _____
14. _____
15. _____