

LOGBOOK

# **RADIOLOGICAL SCIENCES DEPARTMENT**

Academic year 2018/ 2019

Trainee	Name & Signature
Trainee's ID	
Hospital/s	
Supervisor	Name & Signature
Level of Training	Internship
Duration of Training	From to

Head of Radiological Sciences Department:	Signature & Stamp
Head of College Training Unit :	Signature & Stamp

Hospital/ Training Dep. Stamp

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#### **SYNOPSIS**

#### For Internship Period 8/12 months:

Welcome to the internship training year. In this period, you will spend 12 months in the Radiology Department in the hospital. During this short period, the aim is for you to grasp adequate knowledge and understanding of basic radiological principles techniques. We hope you can correlate the teaching with the lectures that you have had previously.

During the whole 12 months of the specialized training, there will be also many additional lectures and seminar. Learning doesn't stop

in this 12 months short radiology training. It is a continuous learning process which started on the first day you enter the college.

In every clinical training there will be things in radiology need to be learned. Whatever you have learned in the previous years, training

need to be correlated with what you have and what you will going to learn in all the clinical trainings.

We hope in this year that you can consult your supervisor to discuss any interesting cases that you will see during your clinical trainings. This will give you more understanding on the clinical cases.

### **OBJECTIVES**

#### **GENERAL OBJECTIVES**

The general objectives are for the students:

- 1. To acquire adequate knowledge and understanding of basic radiological principles, techniques and applications.
- 2. To be able to recognize and interpret basic, common and emergency radiological abnormalities.
- 3. To gain exposure as a stimulus for those who would later wish to specialize in the field of radiology and diagnostic imaging.

#### SPECIFIC OBJECTIVES

- 1. To understand how a basic radiological examination and film processing are carried out.
- 2. To learn and understand in principle how various procedures in radiology are performed.
- 3. To understand the reasons and indications for various radiological examinations and procedures performed.
- 4. To understand the role of the doctor where radiological investigations or procedures are concerned.
- 5. To understand the rationale in preparing patients for various radiological examinations such as IVU (intravenous urography), contrast studies, ultrasound, CT and MRI scan.
- 6. To understand and be aware of complications that may arise from the various procedures in radiology.
- 7. To know about contrast agents and other drugs frequently used in radiology.
- 8. To realize and be familiar with the advantages and limitations of radiology in the diagnosis and management of patients.

## LEARNING OUTCOME

At the end of the training, the students are expected to be able:

- 1. To differentiate the nature of ionizing and non-ionizing radiation.
- 2. To list uses of ionizing radiation in medical practice.
- 3. To define the basic principle of X-ray production and how a radiograph is obtained.
- 4. To explain how X-ray is used in diagnostic work.
- 5. To describe the normal radiological anatomy of the chest, abdomen, gastrointestinal tract, genitourinary system, central nervous system, spine and musculoskeletal system.
- 6. To identify common anatomical variations of the chest, abdomen, gastrointestinal tract, genitourinary system, central nervous system, spine and musculoskeletal system.
- 7. To identify the radiological abnormalities and provide differential diagnoses for the chest, abdomen, gastrointestinal tract, genitourinary system, central nervous system, spine and musculoskeletal system.
- 8. To list the use of various imaging modalities available for the chest, abdomen, gastrointestinal tract, genitourinary system, central nervous system, spine and musculoskeletal system.
- 9. To identify and interpret radiological abnormalities and provide differential diagnoses in common emergency radiology imaging.
- 10. To list the use of other imaging modalities available for emergencies.
- 11. To describe all the contrast agents used in radiology
- 12. To explain the indications and contraindications for contrast agents in radiology.
- 13. To explain the side effects of all the contrast media
- 14. To state the adverse reactions of contrast agents in radiology.
- 15. To identify the adverse effect of ionizing radiation on human i.e. patients, radiation workers and public.
- 16. To define the principles of radiation protection.
- 17. To describe the various radiation protection procedures and devices available in medical use.

### LECTURE AND SEMINAR TOPICS

- 1. Ionizing radiation for medical use
- 2. Principles of X-ray diagnosis
- 3. Imaging of the Chest
- 4. Imaging of the Abdomen and Gastrointestinal Tract
- 5. Imaging of the Central Nervous System and Spine
- 6. Imaging of the Musculoskeletal System and Soft Tissues
- 7. Emergency Radiology
- 8. Contrast Agents used in Radiology
- 9. Imaging of the Genitourinary System
- 10. Radiation hazards and protection
- 11. Ultrasound and its Medical Applications

## **TUTORIALS AND ON-SITE TRAININGS**

#### **Tutorials**

- 1. Chest Imaging
- 2. Head and Neck Imaging
- 3. Abdomen and Gastrointestinal tract Imaging
- 4. Musculoskeletal Imaging
- 5. Genitourinary Tract Imaging
- 6. Others

## **On-Site Trainings**

- 1. General Radiography
- 2. Computed Tomography
- 3. Magnetic Resonance Imaging
- 4. Fluoroscopy
- 5. Angiography
- 6. Ultrasound
- 7. Mammography
- 8. Bone Densitometry
- 9. Others

# 8/12 -MONTHS INTERNSHIP DURATION

No.	Modality	-	ration
		(mo	onths)
1	PLAIN RADIOGRAPHY		
2	LINEAR ACCELERATOR		
3	FLUOROSCOPY / CONTRAST STUDY		
4	ANGIOGRAPHY		2/6
5	MAMMOGRAPHY		2/0
6	BONE DENSITOMETRY		
7	INTERVENTIONAL PROCEDURES		
8	NUCLEAR IMAGING SCANS		
9	ULTRASOUND	2	
10	COMPUTED TOMOGRAPHY SCAN (CT)	2	
11	MAGNETIC RESONANCE IMAGING (MRI)	2	
	Total	8	/12

### **RULES AND REGULATIONS**

#### A. On-Site Training

- a. You are expected to be in the department at all times from 8.00 am to 5.00 pm.
- b. The trainee is expected to record all procedures which he/she has carried in this logbook.
- c. You are advised to divide yourselves into small groups for the room training especially for ultrasound, CT scan and MRI room trainings.
- d. The trainee, also, is expected to repeat at least 10 procedures (cases) of plain radiography per week.
- e. However, for IVU and Fluoroscopy trainings, all of you are advised to attend these rooms, due to limited cases done during the available weeks of training.
- f. All of you are advised to read about the procedures a day before by checking the type of cases from the appointment book.
- g. Please introduce yourself to the Radiologists, Medical Officer, Radiographers or Staff Nurse when you enter any examination rooms in the department.
- h. Interventional procedures are being performed on ad-hoc basis. You should ask the medical officers or staff nurses if there are any interventional cases which will be performed on that day.
- i. Procedures listed acts as guide, and the trainee may add accordingly.
- j. This logbook is valid for the duration of period stated on the front page.
- k. The trainee must submit this logbook on the last working day of the final month stated in the duration.

#### **B.** Tutorials

- a. All tutorials are being done either in the tutorial room, examination room in the hospital.
- b. There are no fixed times for tutorials.
- c. You should check your e-mail for the time and schedule for the tutorials.
- d. You must go through the provided material before the tutorials, to expedite the discussion. The films could be discussed later during the tutorials with the radiologist/ Trainer Education Coordinator who briefed you.

## C. Filling the log book

- a. The log book must be with you all the time during the training.
- b. You must study all the request form, for the clinical data, indication for study and brief description.
- c. Due to limited spaces, only relevant data must be included in the log book.
- d. The procedures can only be signed either by the medical officer or radiologist in charge of the cases.
- e. For plain radiography section, it can be signed by radiographers or Medical Radiation Technologists (MRTs).
- f. For mammography, male students are not encouraged to observe the examination unless allowed by the patient.

#### D. End of training Assessment

- a. At the end of the training, there will be an end of training assessment.
- b. It will be done in OSCE format (Objectively Structured Clinical Examination).
- c. There will be 4 OSCE questions.
- d. You will be given 5 minutes to view the film and answer the questions given for each OSCE.
- e. For the assessment, you will be divided into 2 groups, with 3 to 4 persons per group.
- f. The total time for the test is about 1 hour.

## **EXPECTATIONS AFTER FINISHING TRAINING PERIOD**

The trainee will be expected to:

- Assists in more complicated or invasive clinical procedures (such as myelogram, venogram, arteriography, biopsy, etc..).
- Determine the appropriate radiological examination for the patient based on provisional clinical information.
- Perform simple procedures such as barium contrast studies (such as barium meal, barium enema, etc..) with minimal supervision or assistance.
- Evaluate the acceptability of radiographic images and adequacy of radiological procedures, including the need for repeat examinations.
- Perform clear and effective verbal communication with patients and the radiographic staff.

## TABLES OF PROCEDURES

TABLE #1 PLAIN RADIOGRAPHY (THE SKULL)	
PROCEDURE	PROJECTION
SKULL FACIAL BONES PITUITARY FOSSA (SELLA TURCICA) ORBIT (OPTIC CANAL	PA, AP, LAT., TOWNS', SMV, CALDWELL, PA, LAT., TOWN'S, CALDWELL PA, LAT. PA, LAT.

TABLE #2 (CERVICAL VERTEBRA)	
PROCEDURE	PROJECTION
CERVICAL SPINE	AP, LAT., AP (OPEN MOUTH FOR ATLANTO- OCCIPITAL JT., LATERAL IN FLEXION AND EXTENSION (FOR SUBLUXATION), SWIMMER'S VIEW FOR LOWER CERVICAL, OBLIQUE INTERVERTEBRAL FORAMINA.
NECK (SOFT TISSUE)	LAT.
LARYNX	AP, LAT.

TABLE #3 (THORACIC & LUMBAR VERTEBRAE)		
PROCEDURE	PROJECTION	
THORACIC SPINE	AP, LAT.	
LUMBOSACRAL SPINE	PA, LAT.	
INTERVERTEBRAL FORAMINA	OBLIQUE	
APOPHYSEAL JOINTS	PARS INTERARTICULARIS	
SACRO-ILIAC JOINTS	PA, AP OBL.	

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TABLE #4 (THE CHEST)	
PROCEDURE	PROJECTION
CHEST	PA ERECT, DECUBITUS, LAT., LORDATIC VIEW, APICAL VIEW, OBLIQUE, PA (INSPIRATION AND EXPIRATION).
CHEST (INJURY)	PA, OBL. STERNUM, OBLIQUE.

TABLE #5 (ABDOMEN)	
PROCEDURE	PROJECTION
ABDOMEN (KUB)	AP SUPINE, ERECT, DECUBITUS, OBLIQUE

TABLE #6 (UPPER EXTREMITIES)	
PROCEDURE	PROJECTION
SHOULDER JOINTS	AP., TRANS-THORACIC.
HUMERUS	AP, LAT.
ELBOW JOINT	AP, LAT., VIEW FOR RADIAL HEAD.
RADIUS AND ULNA	AP, LAT.
WRIST AND CARPAL BONES .	AP, LAT.
VIEWS FOR SCAPHOID	

TABLE #7 (LOWER EXTREMITIES)	
PROCEDURE	PROJECTION
HIP JOINTS	AP.
FEMORAL NECK	AP, LAT., LAT OBL.
FEMUR	PA, LAT.
KNEE JOINTS	AP, LAT.
TIBIA AND FIBULA	AP, LAT.
ANKLE JOINT	AP, LAT.
FOOT	AP, OBLIQUE.

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TABLE #8 (MAMMOGRAPHY)	
PROCEDURE	PROJECTION
MAMMOGRAPHY	
MR MAMMOGRAPHY	
DUCTOGRAPHY	
STEREOTACTIC BIOPSY	
ULTRASOUND BIOPSY	

TABLE #9 (INTRAVENOUS UROGRAPHY)							
PROCEDURE	PROJECTION						
INTRAVENOUS UROGRAPHY (IVU)							
IVU WITH TOMOGRAPHY							
СТИ							

TABLE #10 (FLUOROSCOPY)	
PROCEDURE	PROJECTION
ANTEGRADE PYELOGRAPHY	
MICTURATING CYSTOURETHROGRAPHY (MCU)	
ASCENDING URETHROGRAPHY	
BARIUM SWALLOW	
BARIUM MEAL	
BARIUM FOLLOW THROUGH	
BARIUM ENEMA	
SMALL BOWEL ENEMA	
U/L LIMB VENOGRAPHY	
HYSTEROSALPINGOGRAPHY (HSG)	
SIALOGRAPHY	
ARTHROGRAPHY	
FISTULOGRAM	
MYELOGRAPHY	
RETROGRADE PYELOGRAPHY (RPG)	

TABLE #11 (ANGIOGRAPHY)	
PROCEDURE	PROJECTION
VERTEBRAL ARTERY ANGIOGRAM	
INTERNAL CAROTID ARTERY ANGIO	
COMMON AND EXTERNAL CAROTID ANGIO	
ANGIO OF UPPER LIMB	
ANGIOGRAPHY – SMA, IMA, CELIAC ARTERY	
RENAL ANGIO	
ARCH AORTOGRAM	
VENOGRAM	
SPLENOPORTOGRAPHY	
JUGULAR ANGIO	

TABLE #12 (ULTRASOUND/ DOPPLER U/S)	
PROCEDURE	PROJECTION
U/S OF THE THYROID HEPATOBILIARY SYSTEM, PANCREASES, AND SPLEEN PELVIS BRAIN SOFT TISSUE THORAX KIDNEY, URETER, AND URINARY BLADDER ADRENAL GLANDS TESTES ABDOMEN U/S OF THE NECK RENAL ARTERIES DOPPLER HIP JOINT ORBITAL	

TABLE #13 (COMPUTED TOMOGRAPHY - CT SCAN)	
PROCEDURE	PROJECTION
AXIAL BRAIN, AXIAL AND CORONAL PITUITARY GLAND MYELOGRAPHY OF THE SPINE	
ORBIT	
AXIAL AND CORONAL SKULL	
AXIAL AND CORONAL PARANASAL SINUSES	
NASOPHARYNGEAL AND PARAPHARYNGEAL SPACES NECK	
URINARY SYSTEM	
BOWEL	
PANCREAS	
LUNGS	
ANGIOGRAPHY (CTA)	
DUAL-PHASE CT ABDOMEN	

TABLE #14 (MAGNETIC RESONANCE IMAGING - MRI)							
PROCEDURE	PROJECTION						
BRAIN							
SPINE							
KNEE JOINTS, SHOULDER							
PELVIS							
ABDOMEN							
UPPER LIMB							
MR SPECTROSCOPY							
DIFFUSION WEIGHTED							
MR ANGIOGRAPHY (MRA)							
ABDOMEN							

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TABLE #15 (GENERAL INTERVENTIONAL PROCEDURES - MODALITY GUIDED)							
PROCEDURE	PROJECTION						
PTC AND DRAINAGE DRAINAGE - ABDOMEN							
STENTING							
PELVIS EMBOLIZATION							
DORMIA BASKET EXTRACTION							

### REFERENCES

#### Required

i. Diagnostic Imaging, 5<sup>th</sup> edition by Peter Armstrong, Martin L. Wastie, Andrea G. Rockall. Blackwell Science 2004. ISBN 1405102306

#### Recommended

- i. Radiology and Imaging for Medical Students, 7<sup>th</sup> edition by David Sutton. Churchill Livingston 1998. ISBN 0-443-05917-9
- ii. Imaging Atlas of Human Anatomy, 3rd Edition by Jamie Weir. Mosby Inc 2003. ISBN 0723432112

#### Websites

- <u>http://www.med-ed.virginia.edu/courses/rad/cxr/index.html</u>
- <u>http://www.med-ed.virginia.edu/courses/rad/</u>
- <u>http://brighamrad.harvard.edu/education/online/clerk\_2/toc.html</u>
- <u>http://www.radiology.co.uk/srs-x/tutorials.htm</u>
- <u>http://www.auntminnie.com</u>
- <u>http://www.radiologyeducation.com</u>
- <u>http://www.rad.uab.edu:591/tf/browse\_category.htm</u>

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

## PLAIN RADIOGRAPHY

#### **MUST SEE CASES**

- a. Chest X-ray: PA, AP, Lateral, Decubitus for adult and children.
- b. Abdominal X-ray: Supine, Erect and Decubitus
- c. Skull X-ray.
- d. Spine X-ray: Cervical (AP, Lateral and Open Mouth), Thoracic, Lumbar, Sacrum.
- e. Extremities: Upper and Lower Limbs.

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**Trainee: Signature** 

#### Trainer Education Coordinator: Signature & Stamp

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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# EVALUATION FORM (PLAIN RADIOGRAPHY)

Trainee Name:					
Radiological Department:					
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EVALUATION				i a	stam
PERFORMANCE MAR	KS		POSITIVE QUALITIES	N.	S
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Knowledge		10	Punctual      intelligent      good English	nature	natur
Safety & QC		10	c = c c	la	na
Attention and Judgment		10	□ Motivated □ integrity □ hard-worker	6	6
Communication skills		10	□ Organized □ cooperative □ willing to learn	S	S
Patient care and welfare		10			
Initiative and creativity		5	Comments / Recommendations		
Interpretation of requisition form		5			ř
Proper use of instruments		5		0	ne
Completion of assigned tasks		5		lat	ai
Result interpretation		5		i.	ct.
Room preparation		5		lid	ц
Total		100		00	de la
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	ular :		Emergency : Sick :	L O	s
Approved leaves ( Days )				ti	LT.
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Do you recommend the trainee as	a Healt	h Pro	fession Specialist?	qu	r/\$
Highly recomment	nded		Comments:	Trainer Education Coordinator	Preceptor/staff student trainer
				ain	ece
□ Not recommende	d				Ρι

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## LINEAR ACCELERATOR

#### **Knowhow training and skills**

- Use radiotherapy equipment such as linear accelerators and cobalt-60 units to administer prescribed radiation dose
- Position patients properly during examination or radiation therapy
- Comply with safety guidelines, procedures and standards to prevent undue exposure to radiation
- Explain to patients and their families the details of treatment, possible treatment effects and ways to adjust accordingly
- Inspect radiation equipment to ensure they are operational and function efficiently
- Adjust equipment position and input accurate dosage information into computerized machine prior to use
- Keep record of treatment information such as radiation dosage, equipment settings, and patients' response to medication
- Assist physicians and oncologists to develop treatment plans for cancer patients
- Use diagnostic imaging equipment such as x-ray to obtain images of treated area
- Direct and supervise the activities of radiotherapy assistants and technologists to ensure their work is up to acceptable standards
- Monitor patients to check for side effects such as nausea or hair loss to make appropriate recommendations or changes where necessary
- Develop treatment plans to address the health condition of individual patients
- Collaborate with oncologists and other healthcare practitioners to locate tumors and prepare radiation doses
- Sterilize medical equipment such as applicators to ensure they are free of microbes
- Make calculations to determine actual radiation dose administered.

## PROCEDURES DONE

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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PROCEDURES DONE														
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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# **EVALUATION FORM (LINEAR ACCELERATOR)**

Trainee Name:											
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Safety & QC			10			÷	÷	C C		nature	gnature
Attention and Judgment			10	□ M	Iotivated 🗆	] integrity	□ ha	rd-worker		at	lat
Communication skills			10		rganized 🗆	] cooperati	ve 🖂 wil	lling to learn		ug	gn
Patient care and welfare			10		2 _	-		e		sig	N.
Initiative and creativity			5	Com	ments / Reco	mmendatio	ns				
Interpretation of requisition f	orm		5								
Proper use of instruments			5								<u> </u>
Completion of assigned tasks			5							DO LO	ne
Result interpretation			5							lat	a.
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	Regi	ular :			Emergency	7:	Sick :		_	۲ ۲	itu
Approved leaves ( Days )									_	.0	s T
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Do you recommend the train	ee as	a Healt	th Pro	ofession	n Specialist?					luc	·/st
☐ Highly reco	mmen	ded		Comr	nents:					Trainer Education Coordinator:	Preceptor/staff student trainer
Recommend	led									aine	ecel
D Not recomm	nendeo	d								T	۲ ۲

#### Internship: RAD LOG BOOK

PG: Patient Gender (M; Male/ F; Female) - PA: Patient Age (year)

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

## FLUOROSCOPY / CONTRAST STUDY

#### **MUST SEE CASES**

- a. Gastrointestinal Tract.
  - a. Barium Swallow
  - b. Barium meal/ UGI series.
  - c. Barium Follow Through / Small Bowel Enema.
  - d. Barium Enema.
- b. Genitourinary System.
  - a. Micturating Cystourethrogram.
  - b. Ascending Urethrogram
  - c. Retrograde Pyelogram
  - d. Intravenous Urography.
  - e. Cystogram.
- c. Others.
  - a. Myelography
  - b. Hysterosalpingography
  - c. T-tube Cholongiogram
  - d. Percutaneous Transhepatic Cholangiogram (PTC).
  - e. Venogram.
  - f. Endoscopic Retrograde Cholangiopancreaticogram (ERCP).
  - g. Theatre radiography/ C-arm procedures.

**Trainee: Signature** 

**Trainer Education Coordinator: Signature & Stamp** 

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PR	OCEDURES D	ONE											
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No.	Date	PA	PG	Procedure	Position		1	0	BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PROCEDURES DONE														
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No.	Date	PA	PG	Procedure	Position				BRIEF DESCRIPTION	0	A	WA	NA	
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
							Indication/ Finding				

**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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No.	Date	PA	PG	Procedure	Position		1	-	BRIEF DESCRIPTION	0	Α	WA	NA		
									Indication/ Finding						

**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

# **EVALUATION FORM (FLUOROSCOPY / CONTRAST STUDY)**

Trainee Name:				
Radiological Department:				
From			to degg	du
EVALUATION			j j	stam
PERFORMANCE M	ARKS		POSITIVE QUALITIES	S
Attendance		10	8	CO CD
Behavior and Discipline		10	Choose qualities that best describe the trainee	Ire
Knowledge		10	Choose qualities that best describe the trainee     ■       □ Punctual     □ intelligent     □ good English	natur
Safety & QC		10		Da
Attention and Judgment		10	☐ Motivated ☐ integrity ☐ hard-worker ☐ ☐	
Communication skills		10	□ Organized □ cooperative □ willing to learn	S
Patient care and welfare		10		
Initiative and creativity		5	Comments / Recommendations	
Interpretation of requisition fo	rm	5		ř
Proper use of instruments		5	<u> </u>	ne
Completion of assigned tasks		5	lat lat	a.
Result interpretation		5		ct.
Room preparation		5		ъ
Total		100		de
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	Regular	r:	Emergency : Sick :	st
Approved leaves ( Days )				ff
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Do you recommend the traine	e as a H	Iealth Pro	Emergency :     Sick :     Sick :       Eession Specialist?     Eession Specialist?	r/9
Highly recon	mended	d		Preceptor/staff student trainer
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□ Not recomme	nded			Pr

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

## ANGIOGRAPHY

#### **MUST SEE CASES**

- a. Cerebral angiogram
- b. Lower limb angiogram
- c. Flush aortogram.

	Date	PA		Procedure	Position	SS							
No.			PG						BRIEF DESCRIPTION	0	Α	WA	NA
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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PROCEDURES DONE													
No.	Date			Procedure	Position	SS			BRIEF DESCRIPTION	0	A	WA	
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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# **EVALUATION FORM (ANGIOGRAPHY)**

Trainee Name:					
Radiological Department:					
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EVALUATION				stal	stam
PERFORMANCE MA	RKS		POSITIVE QUALITIES	N.	S
Attendance		10		రం	60
Behavior and Discipline		10	Choose qualities that best describe the trainee	re	Ire
Knowledge		10	Punctual      intelligent      good English	natu	nature
Safety & QC		10	c - c - c	na	na
Attention and Judgment		10	$\Box$ Motivated $\Box$ integrity $\Box$ hard-worker		ig
Communication skills		10	□ Organized □ cooperative □ willing to learn	Si	S
Patient care and welfare		10			
Initiative and creativity		5	Comments / Recommendations		
Interpretation of requisition form		5			F
Proper use of instruments		5		0	ne
Completion of assigned tasks		5		at	ā.
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Approved leaves ( Days )				tic	ff
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Do you recommend the trainee a	s a Heal	th Pro	Cession Specialist?	np	r/s
□ Highly recomm	ended		Comments:	Trainer Education Coordinator:	Preceptor/staff
				ain	ece
□ Not recommend	ed			Ĕ	Pr

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

### MAMMOGRAPHY

<b>P</b> R		DONE										
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No.	Date	ΡΑ	PG	Procedure	Position	1	r	BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
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No.	Date	PA	PG	Procedure	Position	 T	BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
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No.	Date	PA	PG	Procedure	Position		 BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

	OCEDURES D	ONE									
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No.	Date	PA	PG	Procedure	Position		 BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

# **EVALUATION FORM (MAMMOGRAPHY)**

Trainee Name:				
Radiological Department:				
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EVALUATION				stam
PERFORMANCE M	ARKS	5		S
Attendance		10	d d	00
Behavior and Discipline		10	Choose qualities that best describe the trainee	Ire
Knowledge		10	□ Punctual □ intelligent □ good English	nature
Safety & QC		10		na
Attention and Judgment		10	□ Motivated □ integrity □ hard-worker	B
Communication skills		10	□ Organized □ cooperative □ willing to learn	S
Patient care and welfare		10		
Initiative and creativity		5	Comments / Recommendations	
Interpretation of requisition fo	rm	5	· · · ·	5
Proper use of instruments		5		ne
Completion of assigned tasks		5		ä
Result interpretation		5		ct (
Room preparation		5		ut 🔰
Total		100		le
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Approved leaves ( Days )	Regula	ır :	Emergency : Sick : Co	<u>v</u>
Approved leaves ( Days )				ff
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Do you recommend the traine	e as a I	Health Pro	fession Specialist?	r/;
□ Highly recon			Emergency : Sick :   Ession Specialist?   Comments:	Preceptor/staff student trainer
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□ Not recomme	ended			Pr

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

### **BONE DENSITOMETRY**

	OCEDURES					SS					
No.	Date	РА	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
							Indication/ Finding				
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
						 SS			_		
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

# EVALUATION FORM (BONE DENSITOMETRY)

Trainee Name:				
Radiological Department:				
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PERFORMANCE M	ARKS		POSITIVE QUALITIES	S
Attendance		10	8	CO CD
Behavior and Discipline		10	Choose qualities that best describe the trainee	Ire
Knowledge		10	Choose qualities that best describe the trainee     ■       □ Punctual     □ intelligent     □ good English	natur
Safety & QC		10		Da
Attention and Judgment		10	☐ Motivated ☐ integrity ☐ hard-worker ☐ ☐	
Communication skills		10	□ Organized □ cooperative □ willing to learn	S
Patient care and welfare		10		
Initiative and creativity		5	Comments / Recommendations	
Interpretation of requisition fo	rm	5		ř
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Do you recommend the traine	e as a H	Iealth Pro	Emergency :     Sick :     Sick :       Eession Specialist?     Eession Specialist?	r/9
Highly recon	mended	d		Preceptor/staff student trainer
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□ Not recomme	nded			Pr

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

### **INTERVENTIONAL PROCEDURES**

#### **MUST SEE CASES**

- a. Ultrasound guided biopsy.
- b. CT guided biopsy.
- c. Nephrostomy.
- d. PTC / PTBD.

PR	OCEDURES D	ONE									
						 SS					
No.	Date	PA	PG	Procedure	Position		 BRIEF DESCRIPTION	0	Α	WA	NA
							Indication/ Finding				
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE										
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No.	Date	PA	PG	Procedure	Position	1	1	BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position	 	BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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No.	Date	PA	PG	Procedure	Position		 BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

# EVALUATION FORM (INTERVENTIONAL PROCEDURES)

Trainee Name:					
Radiological Department:					
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PERFORMANCE M	ARKS		POSITIVE QUALITIES	N I	S
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Knowledge		10	Punctual      intelligent      good English	nature	natur
Safety & QC		10	$e^{-e^{-e^{-e^{-e^{-e^{-e^{-e^{-e^{-e^{-$	la	na
Attention and Judgment		10	□ Motivated □ integrity □ hard-worker	0	sig
Communication skills		10	□ Organized □ cooperative □ willing to learn	S.	S
Patient care and welfare		10			
Initiative and creativity		5	Comments / Recommendations		
Interpretation of requisition for	rm	5			F
Proper use of instruments		5		ō	ne
Completion of assigned tasks		5		at	ai
Result interpretation		5		Li I	đ
Room preparation		5		l	t
Total		100		8	le
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Approved leaves ( Days )	Regulai	. •		ō	ſ
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□ Highly recon			Comments:	БЧ	Preceptor/staff student trainer
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□ Not recomme	ended			Ĕ	Ρι

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

#### NUCLEAR IMAGGING SCANS

#### **MUST SEE CASES**

- a. Thyroid/ Parathyroid Scan
- b. Bone Scan (Skeletal Imaging)
- c. Brain Scan/ SPECT
- d. Positron emission tomography (PET)
- e. Combined positron emission tomography/computed tomography (PET/CT)

#### PROCEDURES DONE

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**Trainee: Signature** 

**Trainer Education Coordinator: Signature & Stamp** 

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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# EVALUATION FORM (NUCLEAR IMAGGING SCANS)

Trainee Name:					
Radiological Department:					
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PERFORMANCE MAR	KS		POSITIVE QUALITIES	S	
Attendance	10		ං	CO (D)	
Behavior and Discipline	10		Choose qualities that best describe the trainee	Ire	
Knowledge	10		Choose qualities that best describe the trainee     Punctual     intelligent     good English	natur	
Safety & QC	10			u	
Attention and Judgment	10		Motivated integrity hard-worker	, ig	
Communication skills	10		Organized  cooperative  willing to learn		
Patient care and welfare	10				
Initiative and creativity	5	Сог	mments / Recommendations		
Interpretation of requisition form	5		<u> </u>	er	
Proper use of instruments	5		S	ľ.	
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Do you recommend the trainee as	a Health	rofessi	ion Specialist?	r/	
Highly recommen	nded	Cor	mments:	pto	I
Recommended					
□ Not recommende	d		Þ	L L	

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

#### ULTRASOUND

#### **MUST SEE CASES**

- a. Abdomen/pelvis
- b. Thyroid.
- c. Testes.
- d. Breast
- e. Cranium
- f. MSK.
- g. Doppler.

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
						SS					
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
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No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

Page 61

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
							Indication/ Finding				

**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PF	ROCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
							Indication/ Finding				

**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

# EVALUATION FORM (ULTRASOUND)

Trainee Name:					
Radiological Department:					
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EVALUATION					Ę
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Attendance			10	a a a a a a a a a a a a a a a a a a a	00
Behavior and Discipline			10	Choose qualities that best describe the trainee	L O
Knowledge			10	Punctual intelligent good English	nature
Safety & QC			10		Da
Attention and Judgment			10	□ Motivated □ integrity □ hard-worker	sig
Communication skills			10	Organized cooperative willing to learn	0
Patient care and welfare			10		
Initiative and creativity			5	Comments / Recommendations	
Interpretation of requisition f	orm		5		D L
Proper use of instruments			5		<u>, i</u>
Completion of assigned tasks			5	ן ש	ā
Result interpretation			5 5		ц. Ц
Room preparation			5 100		, T
Total			100	, j	qe
Ammonad looping ( Down )	Regi	ılar :		Emergency : Sick : C	stu
Approved leaves ( Days )					ff
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Do you recommend the train	ee as	a Heal	th Pro	fession Specialist?	Ľ
Highly reco	mmen	ded		Emergency :     Sick :       Emergency :     Sick :       Image: Sick :     Image: Sick :	Preceptor/staff student trainer
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□ Not recomm	ended	d			P

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

### **COMPUTED TOMOGRAPHY SCAN (CT)**

#### **MUST SEE CASES**

- a. Brain
- b. Thorax
- c. Abdomen
- d. Pelvis
- e. CT Myelogram (May not be done in your 2 weeks training).
- f. Orbit PNS.
- g. Upper/Lower extremities.

### PROCEDURES DONE

							SS					
No.	Date	PA	PG	Procedure	Position			BRIEF DESCRIPTION	0	Α	WA	NA
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Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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No.	Date	PA	PG	Procedure	Position	 	BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s)

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PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		BRIEF DESCRIPTION	0	Α	WA	NA
							Indication/ Finding				
											<b> </b>

**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

# EVALUATION FORM (COMPUTED TOMOGRAPHY SCAN)

Trainee Name:					
Radiological Department:					
From			to	du	du
EVALUATION				stal	stam
PERFORMANCE M	ARKS		POSITIVE QUALITIES	N N	S S
Attendance		10		60	CO CO
Behavior and Discipline		10	<i>Choose</i> qualities that best describe the trainee	Ő	
Knowledge		10	Punctual intelligent good English	nature	natur
Safety & QC		10	c = c c	la	
Attention and Judgment		10	☐ Motivated ☐ integrity ☐ hard-worker	0	sig
Communication skills		10	$\Box$ Organized $\Box$ cooperative $\Box$ willing to learn	<u>.</u>	S
Patient care and welfare		10			
Initiative and creativity		5	Comments / Recommendations		
Interpretation of requisition for	m	5			Ţ
Proper use of instruments		5	4	Ō	ũ
Completion of assigned tasks		5	4	lat	a.
Result interpretation		5	4		4
Room preparation		5	4		Ę
Total		100			de
			Emergency : Sick :		Ĩ
Approved leaves ( Days )	Regular :		Emergency : Sick :	- 5	V.
Approved leaves ( Days )					f
			I		st
Do you recommend the trained	e as a Hea	lth Pro	ofession Specialist?	- <b></b>	Ľ,
Highly recom			Comments:	Trainer Education Coordinator:	Preceptor/staff student trainer
Recommende	d			ain	ece
□ Not recomme	nded				Pr

SS: Special Specifications; Contrast (Type, Dose, Rout)/ Transducer Type; (Convex, Linear, Sector), Exposure Factor (KV, mA, s) O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

### **MAGNETIC RESONANCE IMAGING (MRI)**

#### **MUST SEE CASES**

- a. Brain
- b. Cervical/Thoracic/Lumbar Spine
- c. MRI Abdomen MRU MRCP.
- d. MRI Upper and Lower Limbs (Shoulder, Knee, etc....)

PR	OCEDURES D	ONE									
						SS					
No.	Date	PA	PG	Procedure	Position		 BRIEF DESCRIPTION	0	Α	WA	NA
							Indication/ Finding				
1											
2											
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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

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**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PROCEDURES DONE													
						SS							
No.	Date	PA	PG	Procedure	Position				BRIEF DESCRIPTION	0	Α	WA	NA
									Indication/ Finding				

**Trainee: Signature** 

Trainer Education Coordinator: Signature & Stamp

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O: observes only - A: assists only - WS: perform the case with supervision - NS: performs the case independently (with no supervision)

PROCEDURES DONE													
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No.	Date	PA	PG	Procedure	Position				BRIEF DESCRIPTION	0	Α	WA	NA
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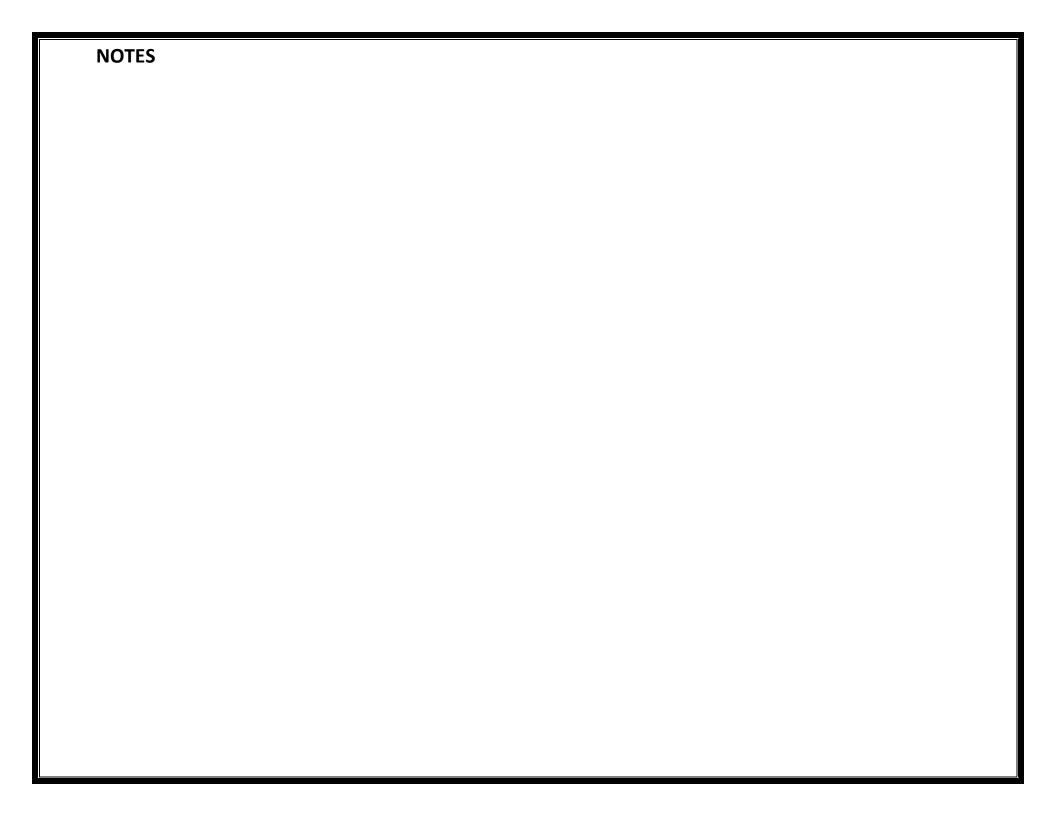
**Trainee: Signature** 

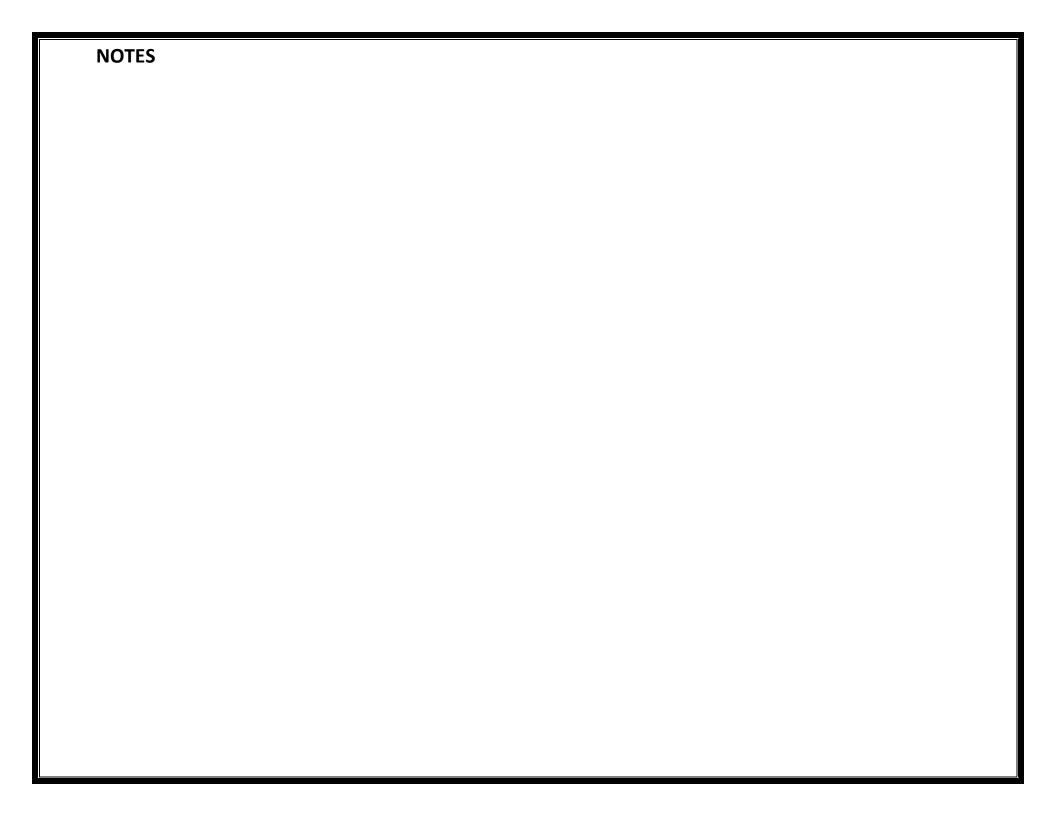
Trainer Education Coordinator: Signature & Stamp

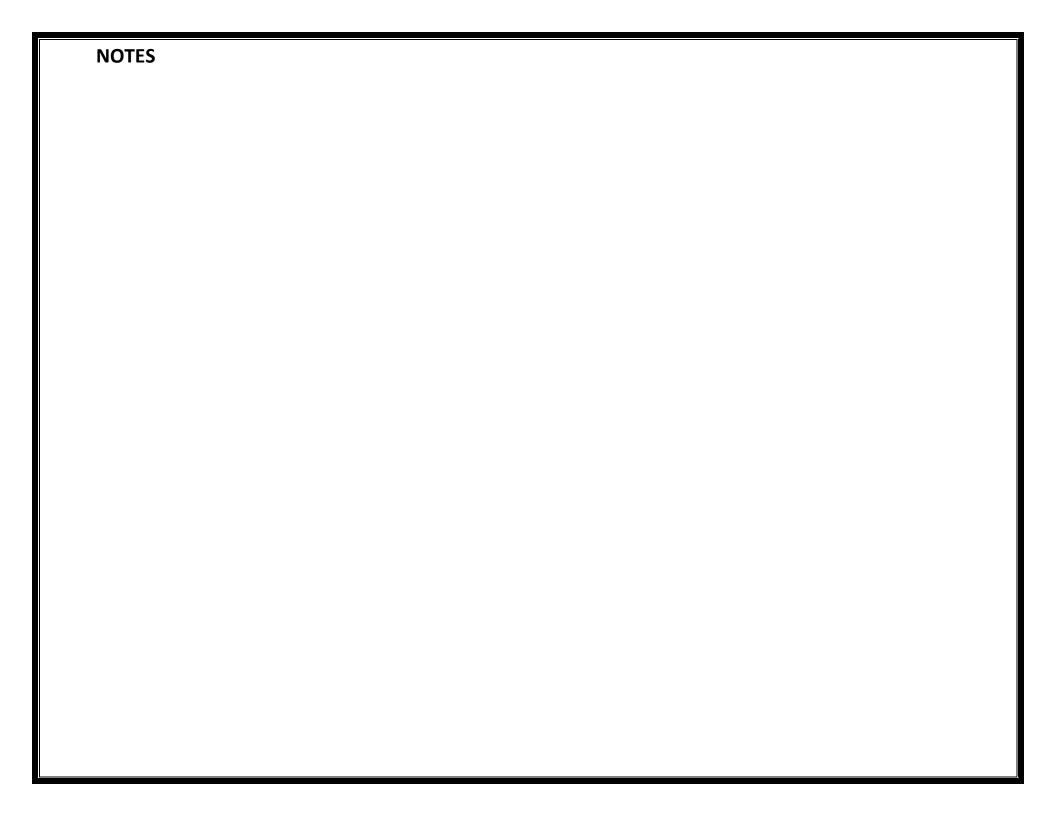
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### **EVALUATION FORM (MAGNETIC RESONANCE IMAGING)**

Trainee Name:				
Radiological Department:				
From		to	du	du
EVALUATION			stamp	stam
PERFORMANCE MAR	KS	POSITIVE QUALITIES	<b>N</b>	S
Attendance	10		ంర	CO LD
Behavior and Discipline	10	Choose qualities that best describe the trainee	re	
Knowledge	10	□ Punctual □ intelligent □ good English	nature	natur
Safety & QC	10	$\varepsilon - \varepsilon - \varepsilon$	na	na
Attention and Judgment	10	☐ Motivated ☐ integrity ☐ hard-worker	0	sig
Communication skills	10	□ Organized □ cooperative □ willing to learn	S	S
Patient care and welfare	10			
Initiative and creativity	5	Comments / Recommendations		
Interpretation of requisition form	5			P
Proper use of instruments	5	-	to	trainer
Completion of assigned tasks	5	-	lat	je L
Result interpretation	5	4		t.
Room preparation	5	4	Dro	ä
Total	10		ŏ	de
Approved leaves ( Days )	ular :	Emergency : Sick :	Trainer Education Coordinator:	Preceptor/staff student
Do you recommend the trainee as	a Health P	ofession Specialist?	np	1
Highly recommen	nded	Comments:	erE	pto
Recommended			ain	ece
□ Not recommende	d		L	<b>T</b>







### **OVERALL EVALUATION**

<b>Trainee Name:</b>	
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ID Number: \_\_\_\_\_

PROCEDURE	Marks/ 10	COMMENTS	amp	stamp
PLAIN RADIOGRAPHY			& sta	ంర
LINEAR ACCELERATORS			ture	gnature
FLUOROSCOPY / CONTRAST STUDY			gna	igna
ANGIOGRAPHY				d d
MAMMOGRAPHY			Ē	s Dep
NUCLEAR IMAGING SCANS			trainer	Buce
BONE DENSITOMETRY			_	Radiological Sciences
INTERVENTIONAL PROCEDURES			student	gical
ULTRASOUND			taff	liolo
COMPUTED TOMOGRAPHY SCAN (CT)			Preceptor/staff	Rad
MAGNETIC RESONANCE IMAGING (MRI)			cept	ad of
TOTAL	/	Percentage %:	Pre	Head

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Hospital/ Training Dep. Stamp	Head of College Training Unit	Head of Radiological Sciences Dep.
Stamps	Signature & Stamp	Signature & Stamp