



INAYA
MEDICAL COLLEGE
كلية العناية الطبية

LOGBOOK

RADIOLOGICAL SCIENCES DEPARTMENT

Academic year 2018/ 2019

Trainee	Name & Signature
Trainee's ID	
Hospital/s	
Supervisor	Name & Signature
Level of Training	<input type="checkbox"/> 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	Duration (months)
1	PLAIN RADIOGRAPHY	2/6
2	LINEAR ACCELERATOR	
3	FLUOROSCOPY / CONTRAST STUDY	
4	ANGIOGRAPHY	
5	MAMMOGRAPHY	
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	PA, AP, LAT., TOWNS', SMV, CALDWELL,
FACIAL BONES	PA, LAT., TOWN'S, CALDWELL
PITUITARY FOSSA (SELLA TURCICA)	PA, LAT.
ORBIT (OPTIC CANAL	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.

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.

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 CTU	

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 HYSTEOSALPINGOGRAPHY (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	

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, 5th edition by Peter Armstrong, Martin L. Wastie, Andrea G. Rockall. Blackwell Science 2004. ISBN 1405102306

Recommended

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

Websites

- <http://www.med-ed.virginia.edu/courses/rad/cxr/index.html>
- <http://www.med-ed.virginia.edu/courses/rad/>
- http://brighamrad.harvard.edu/education/online/clerk_2/toc.html
- <http://www.radiology.co.uk/srs-x/tutorials.htm>
- <http://www.auntminnie.com>
- <http://www.radiologyeducation.com>
- http://www.rad.uab.edu:591/tf/browse_category.htm

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)

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.

PROCEDURES DONE													
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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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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 Cholangiogram
 - d. Percutaneous Transhepatic Cholangiogram (PTC).
 - e. Venogram.
 - f. Endoscopic Retrograde Cholangiopancreaticogram (ERCP).
 - g. Theatre radiography/ C-arm procedures.

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ANGIOGRAPHY

MUST SEE CASES

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

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MAMMOGRAPHY

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Trainee: Signature

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EVALUATION FORM (MAMMOGRAPHY)

Trainee Name:	
Radiological Department:	

From _____ to _____

EVALUATION				
PERFORMANCE MARKS			POSITIVE QUALITIES	
Attendance	10		<p style="text-align: center;"><i>Choose qualities that best describe the trainee</i></p> <p><input type="checkbox"/> Punctual <input type="checkbox"/> intelligent <input type="checkbox"/> good English</p> <p><input type="checkbox"/> Motivated <input type="checkbox"/> integrity <input type="checkbox"/> hard-worker</p> <p><input type="checkbox"/> Organized <input type="checkbox"/> cooperative <input type="checkbox"/> willing to learn</p>	
Behavior and Discipline	10			
Knowledge	10			
Safety & QC	10			
Attention and Judgment	10			
Communication skills	10			
Patient care and welfare	10			
Initiative and creativity	5			Comments / Recommendations
Interpretation of requisition form	5			
Proper use of instruments	5			
Completion of assigned tasks	5			
Result interpretation	5			
Room preparation	5			
Total	100			

Approved leaves (Days)	Regular :	Emergency :	Sick :

Do you recommend the trainee as a Health Profession Specialist?		
<input type="checkbox"/> Highly recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended		<u>Comments:</u> <div style="height: 80px;"></div>

signature & stamp	signature & stamp
Trainer Education Coordinator:	Preceptor / staff student trainer

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

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BONE DENSITOMETRY

PROCEDURES DONE													
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Trainer Education Coordinator: Signature & Stamp

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)

PROCEDURES DONE													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
14													
15													
16													
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20													

Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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)

INTERVENTIONAL PROCEDURES

MUST SEE CASES

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

PROCEDURES DONE													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
1													
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Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
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Trainee: Signature

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No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA

Trainee: Signature

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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													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
1													
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Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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

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PROCEDURES DONE													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
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20													

Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

EVALUATION FORM (NUCLEAR IMAGGING SCANS)

Trainee Name:	
Radiological Department:	

From _____ to _____

EVALUATION			
PERFORMANCE MARKS			POSITIVE QUALITIES
Attendance	10		<p style="text-align: center;"><i>Choose qualities that best describe the trainee</i></p> <p><input type="checkbox"/> Punctual <input type="checkbox"/> intelligent <input type="checkbox"/> good English</p> <p><input type="checkbox"/> Motivated <input type="checkbox"/> integrity <input type="checkbox"/> hard-worker</p> <p><input type="checkbox"/> Organized <input type="checkbox"/> cooperative <input type="checkbox"/> willing to learn</p>
Behavior and Discipline	10		
Knowledge	10		
Safety & QC	10		
Attention and Judgment	10		
Communication skills	10		
Patient care and welfare	10		
Initiative and creativity	5		
Interpretation of requisition form	5		
Proper use of instruments	5		
Completion of assigned tasks	5		
Result interpretation	5		
Room preparation	5		
Total	100		Comments / Recommendations

Approved leaves (Days)	Regular :	Emergency :	Sick :

Do you recommend the trainee as a Health Profession Specialist?		
	<input type="checkbox"/> Highly recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended	<u>Comments:</u>

Trainer Education Coordinator: signature & stamp	Preceptor / staff student trainer signature & stamp
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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)

ULTRASOUND

MUST SEE CASES

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

PROCEDURES DONE													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
1													
2													
3													
4													
5													
6													
7													

Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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)

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PROCEDURES DONE													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
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Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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)

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													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
1													
2													
3													
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Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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)

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PROCEDURES DONE													
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Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

EVALUATION FORM (COMPUTED TOMOGRAPHY SCAN)

Trainee Name:	
Radiological Department:	

From _____ to _____

EVALUATION				
PERFORMANCE MARKS			POSITIVE QUALITIES	
Attendance	10		<p style="text-align: center;"><i>Choose qualities that best describe the trainee</i></p> <p><input type="checkbox"/> Punctual <input type="checkbox"/> intelligent <input type="checkbox"/> good English</p> <p><input type="checkbox"/> Motivated <input type="checkbox"/> integrity <input type="checkbox"/> hard-worker</p> <p><input type="checkbox"/> Organized <input type="checkbox"/> cooperative <input type="checkbox"/> willing to learn</p>	
Behavior and Discipline	10			
Knowledge	10			
Safety & QC	10			
Attention and Judgment	10			
Communication skills	10			
Patient care and welfare	10			
Initiative and creativity	5			Comments / Recommendations
Interpretation of requisition form	5			
Proper use of instruments	5			
Completion of assigned tasks	5			
Result interpretation	5			
Room preparation	5			
Total	100			

Approved leaves (Days)	Regular :	Emergency :	Sick :

Do you recommend the trainee as a Health Profession Specialist?		
<input type="checkbox"/> Highly recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended		<u>Comments:</u>

Trainer Education Coordinator: signature & stamp	Preceptor / staff student trainer signature & stamp
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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)

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....)

PROCEDURES DONE													
No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
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Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

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

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No.	Date	PA	PG	Procedure	Position	SS			BRIEF DESCRIPTION Indication/ Finding	O	A	WA	NA
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20													

Trainee: Signature

Trainer Education Coordinator: Signature & Stamp

EVALUATION FORM (MAGNETIC RESONANCE IMAGING)

Trainee Name:	
Radiological Department:	

From _____ to _____

EVALUATION			
PERFORMANCE MARKS			POSITIVE QUALITIES
Attendance	10		<p style="text-align: center;"><i>Choose qualities that best describe the trainee</i></p> <p><input type="checkbox"/> Punctual <input type="checkbox"/> intelligent <input type="checkbox"/> good English</p> <p><input type="checkbox"/> Motivated <input type="checkbox"/> integrity <input type="checkbox"/> hard-worker</p> <p><input type="checkbox"/> Organized <input type="checkbox"/> cooperative <input type="checkbox"/> willing to learn</p>
Behavior and Discipline	10		
Knowledge	10		
Safety & QC	10		
Attention and Judgment	10		
Communication skills	10		
Patient care and welfare	10		
Initiative and creativity	5		
Interpretation of requisition form	5		
Proper use of instruments	5		
Completion of assigned tasks	5		
Result interpretation	5		
Room preparation	5		
Total	100		

Approved leaves (Days)	Regular :	Emergency :	Sick :

Do you recommend the trainee as a Health Profession Specialist?		
<input type="checkbox"/> Highly recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended		<u>Comments:</u>

signature & stamp	signature & stamp
Trainer Education Coordinator:	Preceptor / staff student trainer

NOTES

NOTES

NOTES

OVERALL EVALUATION

Trainee Name: _____

ID Number: _____

PROCEDURE	Marks/ 10	COMMENTS
PLAIN RADIOGRAPHY		
LINEAR ACCELERATORS		
FLUOROSCOPY / CONTRAST STUDY		
ANGIOGRAPHY		
MAMMOGRAPHY		
NUCLEAR IMAGING SCANS		
BONE DENSITOMETRY		
INTERVENTIONAL PROCEDURES		
ULTRASOUND		
COMPUTED TOMOGRAPHY SCAN (CT)		
MAGNETIC RESONANCE IMAGING (MRI)		
TOTAL	___ / ___	Percentage %: _____

signature & stamp	signature & stamp
Preceptor / staff student trainer	Head of Radiological Sciences Dep.

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

Signature & Stamp

Signature & Stamp