Program guide
NSAMRT Radiological Technology Refresher Program
Clinical Site Criteria

It is important when selecting a clinical site to ensure the required procedures are attainable. The process of site approval requires that the candidate submit a clinical site proposal to the refresher program coordinator. Once a clinical site is approved a clinical site agreement must be signed.

Sites must meet the following criteria to be considered appropriate:

1. There must be a variety of radiographic, fluoroscopic, mobile, CT and OR procedures performed.
2. There must be a variety of imaging equipment.
3. Clinical preceptor(s) who are registered with CAMRT must be available and willing to assist in meeting the learning needs of the candidate.
4. A quality assurance program to monitor equipment performance must be in place.
5. A radiologist must be available on-site a minimum of 50% of the time.

When considering a site, the availability of interventional procedures and mammography are considered an asset, but are not required.

Areas of Assessment

Below are some examples of areas of assessment. For a comprehensive list of required procedures refer to the Preceptor Guide Appendix A.

- Professional Practice
  - Punctuality
  - Initiative
  - Attitude
  - Appearance
  - Team Player
- Patient Management
  - Patient Interviews
  - Vital Signs (B/P, Respirations etc)
  - Oxygen Therapy (crack tanks etc)
  - Body mechanics
  - Respond to patient changing status (diabetic shock, syncope, CPR)
  - Follow Standard Precaution Guidelines
- Radiation Health and Safety
- Operation of Equipment
- Procedure Management
  - Skeletal System
NSAMRT REFRESHER PROGRAM
RADIOLOGICAL TECHNOLOGY
PROGRAM GUIDE

- Digestive System
- Respiratory System
- Urinary System
- Reproductive System
- Computed Tomography
- Bone Mineral Densitometry
- Interventional Radiology

The role of the preceptor is to act as an advisor/mentor to candidates in the clinical environment by providing learning experiences.

A preceptor:
- Is a role model
- Is a clinical expert
- Demonstrates professional behavior and accountability
- Re-orient the candidate to the roles and responsibilities required of the clinical site and rotations.

❖ Facilitates:
- A successful transition to the clinical environment
- Opportunities for increasing independence in the performance of procedures, skills and duties required of a nuclear medicine technologist.
- A professional relationship between all members of the health care team
- Attainment of the objectives required for success in the clinical environment.

❖ Provides:
- Support through discussions with the candidate:
  - Prior to commencing the clinical component to assist the candidate with setting goals
  - At the beginning of the day to assist with particulars of the rotation. This can be verbal for 2-3 minutes.
- Daily feedback on strengths and areas requiring improvement. This can be verbal for 2-3 minutes at the end of each day.
- Formative feedback to be provided four(4) times, approximately every 10 days
- Summative feedback at the completion of the clinical component
The preceptor is responsible for assessing the candidate’s skill competency level prior to deciding the appropriate level of supervision required.

Skill Competency Level

**Level 1:**  **Guided Performance:** Candidate is able to make decisions about appropriate procedures with some technologist direction (comprehension/understanding of the suitable procedure for specific scenarios).

  e.g. Candidate can perform some aspects of the procedure while still requiring direction for procedure.

**Level 2:**  **Minimally Directed Performance:** Candidate can perform individual skills accurately according to protocol with minimal technologist direction.

  e.g. Able to perform the skill with minimum direction but may check the accuracy of positioning/analysis with the technologist. The technologist does not perform any part of the procedure but must be in attendance at all times.

**Level 3:**  **Indirect Performance:** Candidate can adapt and organize in order to perform individual tasks/skills with sufficient efficiency and accuracy to be independently successful, with no technologist direction.

  e.g. Candidate performs task to completion independently. All results checked prior to submission for reporting.
NSAMRT Radiological Technology Refresher Program Safety and Orientation Checklist

Candidate_________________________ Clinical Site________________________________

The safety and orientation checklist is to be completed by the candidate and the preceptor upon the candidate’s arrival in the clinical area. It is essential the candidate is aware of all safety procedures and departmental policies and adheres to safe work practices at all times. The following checklist is designed to help guide the candidate’s orientation to the department. The preceptor will provide a tour of the clinical site and ensure all policies are followed.

The candidate will read the following hospital/departmental documents in order to apply procedures to practice as appropriate:

- Hospital/department organisational chart
- Radiation safety policy and procedures
- Disaster planning policies (bomb threat, mass casualty, pandemic etc)
- Fire policy and procedure
- Emergency codes and cardiac arrest procedure
- WHMIS policy and procedures
- Incident reporting policy and procedures
- Protocol or procedures manual

Within Diagnostic Imaging, the candidate should locate:

- Crash cart, emergency equipment and exits, fire alarms, and fire extinguishers
- Patient reception and booking, patient changing area and waiting rooms, and patient washrooms
- Imaging areas/units (CT, US, etc), image processing area, reporting, other relevant areas

Preceptor Signature
________________________________________________________ Date ____________________________

Candidate Signature
________________________________________________________ Date ____________________________
Clinical Site Proposal

Candidate:____________________________________________________
Anticipated Start Date:_______________________________________
Proposed Preceptor:_________________________________________

NOTE: If additional space required please attach to this form.
List all radiographic equipment available on site:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How many general radiography exams does the department perform monthly?

How many CT exams does the department perform monthly?

What type of mobile, fluoroscopic and OR procedures are performed?

If these are not deemed sufficient, how does the candidate propose competency will be gained in these areas?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Does the department participate in a quality assurance program?

How many radiologists are on site?

Provide a basic description of the workings of the department.
Preceptor: Having reviewed the required clinical competencies outlined in the clinical guide, do you believe the candidate will have ample opportunity to gain competence during the clinical period? Explain.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Other comments or concerns

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Preceptor
Signature: __________________________ Date: __________________________

________________________
Candidates
Signature: __________________________ Date: __________________________

________________________
Approval
NSAMRT refresher program coordinator: __________________________ Date: __________________________