



## Form CR-2A

### Clinical Competence Assessment for GI and Chest Procedures

(esophageal study; swallowing function study; upper GI study; small bowel study; enema with barium, air, or water soluble contrast; nasogastric/enteric and orogastric/enteric tube placement; percutaneous, nasogastric/enteric or orogastric/enteric tube evaluation verification with contrast injection; t-tube cholangiogram; ; post-operative esophageal or Upper GI study; chest fluoroscopy)

**Directions:** This form should be completed by the radiologist supervising the procedure after the candidate has completed a sufficient number of cases to merit evaluation. To meet the required performance standard, the candidate must perform each clinical activity safely and effectively on a consistent basis.

Procedure: \_\_\_\_\_ Date Performed: \_\_\_\_\_

Clinical Activity	Performance Standard		
	does not meet	meets	exceeds
Review patient record, lab, previous imaging, and other information. Verify appropriateness of procedure. Assess patient for possible contraindications (e.g., history, medications, pregnancy, psychological status).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview patient to obtain, verify, or update medical history. Explain procedure (risks, benefits, alternatives) and any required pharmaceuticals. Obtain or verify informed consent, if applicable, and confirm adequate exam preparation (e.g., diet, medications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report findings to the radiologist from physical exam as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and administer contrast agents prescribed by the radiologist. Position patient, operate imaging equipment, modify procedure as necessary; observe and evaluate structure and function; and document fluoroscopy time where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor patient status and respond as needed (e.g., discomfort, drug reactions, cardiac distress).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate procedure for completeness and diagnostic quality; recommend additional images as required; communicate initial observations to the radiologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate patient regarding follow-up care and verify comprehension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document procedure and record exceptions from established protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	does not meet	meets	exceeds
<b>Overall Evaluation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Radiologist Comments</b>			
(Note any particular strengths or areas for improvement for the candidate, or unusual features of the case that warrant consideration.)			
<b>Radiologist Signature</b>		<b>Date</b>	
<b>Candidate Signature</b>		<b>Date</b>	



## Form CR-2B

### Clinical Competence Assessment for GU Procedures

(antegrade urography; cystography or voiding cystourethrography, retrograde urethrography or urethrocystography; loopography /urinary diversion; hysterosalpingography)

**Directions:** This form should be completed by the radiologist supervising the procedure after the candidate has completed a sufficient number of cases to merit evaluation. To meet the required performance standard, the candidate must perform each clinical activity safely and effectively on a consistent basis.

Procedure: \_\_\_\_\_ Date Performed: \_\_\_\_\_

Clinical Activity	Performance Standard		
	does not meet	meets	exceeds
Review patient record, lab, previous imaging, and other information. Verify appropriateness of procedure. Assess patient for possible contraindications (e.g., history, medications, pregnancy, psychological status).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview patient to obtain, verify, or update medical history. Explain procedure (risks, benefits, alternatives) and any required pharmaceuticals. Obtain or verify informed consent, if applicable, and confirm adequate exam preparation (e.g., diet, medications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report findings to the radiologist from physical exam as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform urinary catheterization or access pre-existing catheter; prepare and administer contrast agents prescribed by the radiologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position patient; operate imaging equipment; modify procedure as necessary; observe and evaluate structure and function; and document fluoroscopy time where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor patient status and respond as needed (e.g., discomfort, drug reactions, cardiac distress).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate procedure for completeness and diagnostic quality; recommend additional images as required; communicate initial observations to the radiologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate patient regarding follow-up care and verify comprehension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document procedure and record exceptions from established protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	does not meet	meets	exceeds
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Evaluation</b>			
<b>Radiologist Comments</b>			
(Note any particular strengths or areas for improvement for the candidate, or unusual features of the case that warrant consideration.)	_____		
	_____		
	_____		
<b>Radiologist Signature</b>	_____	<b>Date</b>	_____
<b>Candidate Signature</b>	_____	<b>Date</b>	_____



## Form CR-2C

### Clinical Competence Assessment for Invasive Nonvascular Procedures

(arthrogram, therapeutic bursa aspiration and/or injection, joint injection and aspiration; lumbar puncture with or without contrast; myelography imaging only; thoracentesis; placement of catheter for pneumothorax; paracentesis; abscess, fistula, or sinus tract study; injection for sentinel node localization; ; change of percutaneous tube or drainage catheter; percutaneous drainage with or without placement of catheter (excluding thoracentesis and paracentesis); thyroid biopsy; superficial lymph node biopsy; liver biopsy; superficial soft tissue mass biopsy)

**Directions:** This form should be completed by the radiologist supervising the procedure after the candidate has completed a sufficient number of cases to merit evaluation. To meet the required performance standard, the candidate must perform each clinical activity safely and effectively on a consistent basis.

Procedure: \_\_\_\_\_ Date Performed: \_\_\_\_\_

Clinical Activity	Performance Standard		
	does not meet	meets	exceeds
Review patient record, lab, previous imaging, and other information. Verify appropriateness of procedure. Assess patient for possible contraindications (e.g., history, medications, pregnancy, psychological status).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview patient to obtain, verify, or update medical history. Explain procedure (risks, benefits, alternatives) and any required pharmaceuticals. Obtain or verify informed consent and confirm adequate exam preparation (e.g., diet, medications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report findings to the radiologist from physical exam as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer local anesthetic; select and insert needle, catheter, or tube to required location; collect fluids and measure pressures as needed; administer prescribed contrast; maintain aseptic environment throughout procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position patient: operate imaging equipment, modify procedure as necessary; observe and evaluate structure and function; and document fluoroscopy time where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor patient status and respond as needed (e.g., discomfort, drug reactions, cardiac distress).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate procedure for completeness and diagnostic quality; recommend additional images as required; communicate initial observations to the radiologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate patient regarding follow-up care and verify comprehension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document procedure and record exceptions from established protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Evaluation</b>	does not meet <input type="checkbox"/>	meets <input type="checkbox"/>	exceeds <input type="checkbox"/>
<b>Radiologist Comments</b> <small>(Note any particular strengths or areas for improvement for the candidate, or unusual features of the case that warrant consideration.)</small>	_____ _____ _____		
<b>Radiologist Signature</b>	_____		<b>Date</b> _____
<b>Candidate Signature</b>	_____		<b>Date</b> _____



## Form CR-2D

### Clinical Competence Assessment for Invasive Vascular Procedures

(PICC placement; insertion of non-tunneled central venous catheter; central venous catheter or port injection; tunneled venous catheter removal; extremity venography)

**Directions:** This form should be completed by the radiologist supervising the procedure after the candidate has completed a sufficient number of cases to merit evaluation. To meet the required performance standard, the candidate must perform each clinical activity safely and effectively on a consistent basis.

Procedure: \_\_\_\_\_ Date Performed: \_\_\_\_\_

Clinical Activity	Performance Standard		
	does not meet	meets	exceeds
Review patient record, lab, previous imaging, and other information. Verify appropriateness of procedure. Assess patient for possible contraindications (e.g., history, medications, pregnancy, psychological status).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview patient to obtain, verify, or update medical history. Explain procedure (risks, benefits, alternatives) and any required pharmaceuticals. Obtain or verify informed consent and confirm adequate exam preparation (e.g., diet, medications).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report findings to the radiologist from physical exam as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer local anesthetic; select and insert needle or catheter to required location; administer contrast and/or other medications as needed; maintain aseptic environment throughout procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position patient, operate imaging equipment, modify procedure as necessary; observe and evaluate structure and function; and document fluoroscopy time where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor patient status, obtain hemostasis, and respond as needed (e.g., discomfort, drug reactions, cardiac distress).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate procedure for completeness and diagnostic quality; recommend additional images as required; communicate initial observations to the radiologist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate patient regarding follow-up care and verify comprehension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document procedure and record exceptions from established protocol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Evaluation</b>	does not meet <input type="checkbox"/>	meets <input type="checkbox"/>	exceeds <input type="checkbox"/>
<b>Radiologist Comments</b>	_____ _____ _____		
(Note any particular strengths or areas for improvement for the candidate, or unusual features of the case that warrant consideration.)	_____ _____		
<b>Radiologist Signature</b>	_____	<b>Date</b> _____	
<b>Candidate Signature</b>	_____	<b>Date</b> _____	



## Form CR-2E

### Clinical Competence Assessment for Post-Processing Activities

(CT post-processing; MR post-processing)

**Directions:** This form should be completed by the radiologist supervising the procedure after the candidate has completed a sufficient number of cases to merit evaluation. To meet the required performance standard, the candidate must perform each clinical activity safely and effectively on a consistent basis.

Procedure: \_\_\_\_\_ Date Performed: \_\_\_\_\_

Clinical Activity	Performance Standard		
	does not meet	meets	exceeds
Retrieve image data from archive system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preview image data set.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Load image data set.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display volume using MPR, MIP, SSD, VRT, or CPR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use segmentation or editing tools to remove obstructive anatomy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess final images for quality and completeness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use measuring tools (distance, ROI, percent of stenosis calculation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Export images to server, secure web site, or report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall Evaluation</b>	does not meet <input type="checkbox"/>	meets <input type="checkbox"/>	exceeds <input type="checkbox"/>
<b>Radiologist Comments</b>	_____ _____ _____		
(Note any particular strengths or areas for improvement for the candidate, or unusual features of the case that warrant consideration.)	_____ _____		
<b>Radiologist Signature</b>	_____	<b>Date</b> _____	
<b>Candidate Signature</b>	_____	<b>Date</b> _____	



## Summative Evaluation Rating Scales

Name of Candidate _____	Preceptorship Start Date _____
Name of Educational Program _____	Preceptorship End Date _____
Chief Preceptor* _____ signature after completing this form	Date _____
Program Director* _____ signature after reviewing this form	Date _____

### 1. Evaluation of Medical Information

Incomplete evaluation of records and other information; inefficient use of time; does not independently determine what data to obtain or where; superficial knowledge of imaging sciences; fails to apply information to decision making; does not recognize fallibility of certain types of data.	<b>Performance Standard</b>  does not meet      meets      exceeds <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> 1    2    3    4    5    6	Thorough evaluation of records and other information; autonomous in locating information; in-depth knowledge of imaging sciences literature; understands how data may or may not apply to case at hand, while clearly recognizing potential limitations of that data.
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### 2. Patient Communication

Fails to explain procedure in a manner that patient will understand; does not consider patient preferences or address patient concerns; neglects patient education needs; does not inspire patient confidence; inconsistent patient follow-up.	<b>Performance Standard</b>  does not meet      meets      exceeds <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> 1    2    3    4    5    6	Explains procedure to patient in clear and understandable fashion; considerate of patient interests and preferences; identifies and addresses patient education needs; exhibits empathy and helps patient feel at ease; consistent patient follow-up.
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### 3. Professionalism

Does not participate in professional development or quality improvement; minimal benefit from peer review or supervision; lacks appreciation for the total healthcare system; shows little regard for legal, ethical and scope of practice issues; makes little or no contribution to integrity of department.	<b>Performance Standard</b>  does not meet      meets      exceeds <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> 1    2    3    4    5    6	Participates in and benefits from activities such as continuing education, peer review, and other professional interactions; appreciates intricacies of the healthcare system; understands and respects legal, ethical and scope of practice issues; contributes to overall integrity of department.
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### 4. Safety

Limited knowledge of physics, and biological effect of imaging modalities; unaware of or does not follow regulations; fails to take precautions to minimize risk to patient, self, or others (e.g., radiation or thermal dose, MR safety, reproductive status).	<b>Performance Standard</b>  does not meet      meets      exceeds <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/> 1    2    3    4    5    6	Demonstrates knowledge of physics, and biological effect of imaging modalities; appreciates importance of and adheres to regulations; conscientious about minimizing risk to patient, self, and others (e.g., radiation or thermal dose, MR safety, reproductive status).
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\* Complete next page before signing.