

Student Name: \_\_\_\_\_ Date \_\_\_\_\_ Level \_\_\_\_\_ **S**

Technologist: \_\_\_\_\_ Validating Initials: \_\_\_\_\_ Clinical Site \_\_\_\_\_ **D**  
**U**

Indicate the consistency of the student's skill or behavior by identifying those which are demonstrated more than 75% of the time by placing an "S" (Satisfactory) beside that behavior or skill. Place a "D" (In Development) by those skills with less than 75% consistency. Indicate "N/A" if the attribute does not apply. Attributes with an asterisk "\*" require 100% proficiency and consistency to be considered satisfactory.

**SECTION 1: TECHNICAL SKILLS**

Any "In Development" selected in a category (eg. Professional Practice) will make that category developing. A maximum number of developing categories are allowed in this section for an overall satisfactory evaluation: **Level 3: 2 D's; Level 5: 1 D.**

**Prepare For Examination** **S D U**

<input type="checkbox"/> Reviews previous images <input type="checkbox"/> Correlates clinical information to exam <input type="checkbox"/> Verifies identification and introduces self and tech/CI* <input type="checkbox"/> Confirms patient exam and preparation	<input type="checkbox"/> Records additional history <input type="checkbox"/> Implements contrast media screening procedure <input type="checkbox"/> Assists with contrast administration
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**What works well?** \_\_\_\_\_  
**What can be better?** \_\_\_\_\_

**Scanning** **S D U**

<input type="checkbox"/> Positions patient correctly using immobilization and comfort devices <input type="checkbox"/> Uses landmarks correctly <input type="checkbox"/> Isocentres patient <input type="checkbox"/> Performs prep scans and bolus tracking <input type="checkbox"/> Performs correct protocols <input type="checkbox"/> Assesses image quality and completeness of exams	<input type="checkbox"/> Uses appropriate techniques <input type="checkbox"/> Recognizes contrast administration during bolus tracking (time bolus) <input type="checkbox"/> Recognizes artefacts/system errors <input type="checkbox"/> Correctly performs post procedural processing <input type="checkbox"/> DLP assessment* <input type="checkbox"/> Records data pertinent to exam
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**What works well?** \_\_\_\_\_  
**What can be better?** \_\_\_\_\_

**QC (indicate with N/A if student did not complete the following tests)** **S D U**

<input type="checkbox"/> Aware of & participates in QC tests & criteria values* <input type="checkbox"/> CT number accuracy* <input type="checkbox"/> CT noise* <input type="checkbox"/> CT uniformity*	<input type="checkbox"/> Aware of process if QC values out of range* <input type="checkbox"/> CT tomographic section thickness* <input type="checkbox"/> Calibration of CT number* <input type="checkbox"/> CT number linearity*
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**What works well?** \_\_\_\_\_  
**What can be better?** \_\_\_\_\_

**SECTION 2: PROFESSIONAL BEHAVIOURS**

Any "In Development" selected in a category (eg. Professional Practice) will make that category developing. A maximum number of developing categories are allowed in this section for an overall satisfactory evaluation: **Level 3: 2 D's; Level 5: 0 D's.**

**All Professional Behaviours** **S D U**

<input type="checkbox"/> Radiation protection (patient & staff)* <input type="checkbox"/> Post procedure processes <input type="checkbox"/> Initiative <input type="checkbox"/> Accountability* <input type="checkbox"/> Patient care & safety*	<input type="checkbox"/> Professionalism* <input type="checkbox"/> Communication <input type="checkbox"/> Teamwork <input type="checkbox"/> Confidence
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**What works well?** \_\_\_\_\_  
**What can be better?** \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_ CI signature: \_\_\_\_\_

Student  agrees  disagrees with the assessment Student's comments attached

Feedback