



Medical Radiation Technologists Board of Queensland

Supervised Practice Program Committee

PROGRESS REPORT FORM 601A MRTBQ SECTION 61, MEDICAL RADIATION TECHNOLOGISTS ACT 2001

PROGRESS REPORT

MEDICAL IMAGING TECHNOLOGY

Name of probationary registrant:

Registration number:

Name of supervisor or SPP coordinator:

Registration Number:

Professional setting or whole of practice:

Address:

.....

Commencement date of SPP:

Is probationary registrant working at practice part time yes no

If yes please attach details of hours worked per week





ASSESSMENT RATINGS

CORE COMPETENCIES

ALL OF THE FOLLOWING

- *general and contrast radiographic examinations of the genito-urinary, respiratory and skeletal systems and the alimentary tract*
- *paediatric imaging*
- *mobile radiography, including mobile image intensification*
- *radiography in the context of an operating theatre*
- *trauma radiography*
- *routine computed tomography*

C COMPETENT

P PROGRESSING BUT REQUIRES REINFORCEMENT

N/C COMPETENCY NOT YET DEMONSTRATED

OTHER PROCEDURES

ONE OR MORE OF THE FOLLOWING

- *angiography and interventional procedures*
- *bone mineral densitometry*
- *digital subtraction angiography*

O OBSERVE

The Probationary Registrant must attend a procedure a number of times to observe, and gain knowledge and an understanding of the procedure. This observation period shall be determined by supervisor.

A ASSIST

The Probationary Registrant must attend a procedure and participate in this procedure, under direct supervision, to gain knowledge and understanding as determined by the primary supervisor.

IF COMPETENCIES/PROCEDURES ARE GAINED THROUGH OFF SITE VISITS NOMINATED IN THE INDIVIDUAL SITE PROGRAM, PLEASE ATTACH A LETTER FROM THE DESIGNATED SUPERVISOR AT THE OFF SITE PRACTICE DETAILING TIME SPENT AND COMPETENCIES ACHIEVED

PERSONAL AND PROFESSIONAL ATTRIBUTES

C CONSISTENTLY

M MOSTLY

R RARELY



CLINICAL SKILLS ASSESSMENT

General Radiographic Examinations of the Genito-urinary, Respiratory, Skeletal Systems and the Alimentary Tract

DEMONSTRATION OF CORE COMPETENCIES

RATING: **C** = COMPETENT **N/C** = NOT YET DEMONSTRATED **P** = PROGRESSING REQUIRES REINFORCEMENT

- Clinical knowledge _____
- Ability to recognise and describe Radiographic Anatomy _____
- Ability to recognise and describe Pathology _____
- Ability to interpret request form _____
- Performs additional projections when appropriate _____
- Demonstrates ability and flexibility in Imaging Techniques _____
- Demonstrates competence in use of equipment and ability to adapt _____
- Accuracy and efficiency _____
- Ability to assess images _____
- Demonstrates awareness of Radiation Hygiene _____

Mobile Radiography including Mobile Image Intensification

DEMONSTRATION OF SKILLS ADDITIONAL TO CORE COMPETENCIES OUTLINED ABOVE

RATING: **C** = COMPETENT **N/C** = NOT YET DEMONSTRATED **P** = PROGRESSING REQUIRES REINFORCEMENT

- Demonstrates ability to communicate with health care team and relatives /visitors _____
- Demonstrates adaptability and flexibility in equipment use _____
- Demonstrates ability to download and store images on mobile image intensifiers _____
- Demonstrates understanding of patient acuity _____
- Demonstrates awareness of radiation hygiene when using mobile and mobile image intensifier equipment _____
- Ability to orientate and assess images on mobile image intensifiers _____
- Demonstrates understanding of specialised examinations using image Intensifiers e.g. E.R.C.P, Pain Blocks, Bronchoscopy, Colonoscopy etc _____

IF COMPETENCY IS TO BE GAINED IN SECOND HALF OF SUPERVISED PRACTICE PROGRAM PLEASE INDICATE BELOW

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Radiography in the context of the Operating Theatre

DEMONSTRATION OF SKILLS ADDITIONAL TO CORE COMPETENCIES OUTLINED ABOVE

RATING: **C** = COMPETENT **N/C** = NOT YET DEMONSTRATED **P** = PROGRESSING REQUIRES REINFORCEMENT

Demonstrates ability to communicate with health care team in OT setting _____

Demonstrates ability and flexibility in imaging techniques in OT setting _____

Demonstrates knowledge of sterile conditions required in OT setting _____

Ability to orientate and assess images _____

Demonstrates knowledge and use of ancillary equipment in OT setting operating tables, pressure injectors, etc _____

Demonstrates awareness of radiation hygiene in OT setting _____

IF COMPETENCY IS TO BE GAINED IN SECOND HALF OF SUPERVISED PRACTICE PROGRAM PLEASE INDICATE BELOW

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Trauma Radiography

DEMONSTRATION OF SKILLS ADDITIONAL TO CORE COMPETENCIES OUTLINED ABOVE

RATING: **C** = COMPETENT **N/C** = NOT YET DEMONSTRATED **P** = PROGRESSING REQUIRES REINFORCEMENT

Clinical knowledge with special reference to trauma _____

Ability to interpret request form _____

Demonstrates logical sequence in imaging trauma patients _____

Ability to assess images and perform additional projections when appropriate _____

Demonstrates ability and flexibility in imaging techniques _____

Demonstrates understanding of patient acuity in trauma setting _____

Demonstrates ability to work effectively within trauma team _____

Demonstrates awareness of radiation hygiene in the trauma setting _____

IF COMPETENCY IS TO BE GAINED IN SECOND HALF OF SUPERVISED PRACTICE PROGRAM PLEASE INDICATE BELOW

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Paediatric imaging

DEMONSTRATION OF SKILLS ADDITIONAL TO CORE COMPETENCIES OUTLINED ABOVE

RATING: **C** = COMPETENT **N/C** = NOT YET DEMONSTRATED **P** = PROGRESSING REQUIRES REINFORCEMENT

- Demonstrates ability to communicate with patient and carer for paediatric imaging _____
- Demonstrates awareness of appropriate radiographic technique and protocol _____
- Demonstrates awareness of exam preparation and use of immobilisation devices _____
- Demonstrates awareness of radiation hygiene for patient and carer _____
- Demonstrates appropriate use of lead and other shielding devices _____
- Demonstrates appropriate selection of exposure techniques _____
- Demonstrates knowledge of paediatric anatomy and pathology _____
- Demonstrates knowledge of child protection and advocacy issues _____

IF COMPETENCY IS TO BE GAINED IN SECOND HALF OF SUPERVISED PRACTICE PROGRAM PLEASE INDICATE BELOW

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Use of Contrast Media

DEMONSTRATION OF SKILLS ADDITIONAL TO CORE COMPETENCIES OUTLINED ABOVE

RATING: **C** = COMPETENT **N/C** = NOT COMPETENT

- Knowledge of contrast media and its specific use _____
- Knowledge of contra indications associated with contrast media _____
- Knowledge of emergency procedures _____
- Demonstrates understanding of patient acuity in association with contrast examinations _____
- Demonstrates knowledge and safe use of ancillary equipment e.g. tilting Tables, tomography, Compression, IV Cannulae, catheters, insufflation devices, etc. _____



Routine Computed Tomography

DEMONSTRATION OF SKILLS ADDITIONAL TO CORE COMPETENCIES OUTLINED ABOVE

RATING: C = COMPETENT N/C = NOT COMPETENT

Demonstrates ability to interpret the request form _____	<input type="text"/>
Demonstrates ability to recognise and describe CT anatomy _____	<input type="text"/>
Demonstrates ability to recognise and describe basic CT pathology, i.e. subdural, aortic dissection _____	<input type="text"/>
Demonstrates a working understanding of routine CT technical factors, i.e. mAs, KV, pitch _____	<input type="text"/>
Demonstrates an understanding of the different reconstruction algorithms and their uses _____	<input type="text"/>
Demonstrates ability to appropriately minimise radiation to a patient whilst ensuring adequate image quality _____	<input type="text"/>
Demonstrates an understanding of appropriate and safe dose levels for CT of the brain, chest and abdomen _____	<input type="text"/>
Demonstrates ability to operate a pressure injector _____	<input type="text"/>
Demonstrates an understanding of CT contrast:	
• An understanding of when it is clinically appropriate to use contrast _____	<input type="text"/>
• An understanding of when it is clinically safe to inject the contrast _____	<input type="text"/>

OTHER PROCEDURES

Only observation or assistance in one of the competencies listed below is required. Please comment on numbers of days probationary registrant participated. No minimum required.

	observe/assist	days
Angiography and Interventional Procedures _____	<input type="text"/>	<input type="text"/>
Bone Mineral Densitometry _____	<input type="text"/>	<input type="text"/>
Fluoroscopy / Contrast Studies _____	<input type="text"/>	<input type="text"/>

IF COMPETENCY IS TO BE GAINED IN SECOND HALF OF SUPERVISED PRACTICE PROGRAM PLEASE INDICATE BELOW

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PERSONAL /PROFESSIONAL ATTRIBUTES

RATING: **C** = CONSISTENTLY **M** = MOSTLY **R** = RARELY

PATIENT CARE

Please take into account attributes such as correct identification, monitoring of the patient, awareness of patient needs, consideration of patient confidentiality, effective communication and cultural awareness.

Rating: Comments :.....
.....
.....

TEAM WORK

Please take into account attributes such as understanding of the role of a multidisciplinary team, recognition of limitations and willingness to seek assistance when appropriate, ability to accept direction graciously, and effective communication with the health care team.

Rating: Comments :.....
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.....

SAFETY

Please take into account attributes such as awareness of a safe working environment for patients, relatives` and staff, demonstrated knowledge of universal precautions, awareness and application of the local radiation protection plan.

Rating: Comments :.....
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.....

CODES OF PRACTICE

Please take into account attributes such as awareness of and compliance with local and national codes of practice and ethics

Rating: Comments :.....
.....
.....



PROFESSIONAL DEVELOPMENT

ANY ONE OF THE ACTIVITIES INVOLVING IN-SERVICE, SEMINARS AND SKILLS DEVELOPMENT ATTENDED

When

Where

Topic

IF INSUFFICIENT SPACE PLEASE ATTACH AS A DOCUMENT

CASE STUDY/ PRESENTATION BY PROBATIONARY REGISTRANT

When

Where

Topic presented

To whom

A MINIMUM OF ONE CASE STUDY/ PRESENTATION IS REQUIRED PER YEAR

IF COMPETENCY IS TO BE GAINED IN SECOND HALF OF SUPERVISED PRACTICE PROGRAM PLEASE INDICATE BELOW

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THE BOARD MAY AUDIT THE PROFESSIONAL DEVELOPMENT PROGRAM FOR PROBATIONARY REGISTRANT.
DOCUMENTS VALIDATING PARTICIPATION WILL BE REQUIRED ON REQUEST

COMMENTS

PRIMARY SUPERVISORS/SPP COORDINATORS COMMENTS

Please comment on the progress and competence of the probationary registrant at this stage of the supervised practice program including areas which need improvement.

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SIGNATURE: NAME:

DATE:



PROBATIONARY REGISTRANT'S COMMENTS

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.....
.....

SIGNATURE: NAME:

DATE:

SHIFT WORK DECLARATION

- Participation in shift work is at the discretion of the supervisor who signs to indicate that the Probationary Registrant has demonstrated those skills that will be required for shift work
- A shift for the purpose of this declaration is designated as work carried out by the Probationary Registrant between the hours of 6pm and 6am Monday to Friday or at any time on Saturday or Sunday with a reduced ratio as indicated in the Guidelines to Supervised Practice Program www.mrtboard.qld.gov.au.
- One General Registrant eligible to be a supervisor must be available to the Probationary Registrant **AT ALL TIMES** during these shifts.
- During the 'normal working day' i.e. Monday to Friday 6 am to 6 p.m. the ratio of two eligible General Registrants to each Probationary Registrant must be maintained.

I hereby declare that the Probationary Registrant
(please tick)

has

has not

demonstrated adequate ability to begin participating in shift work

Signed (Primary Supervisor as indicated on Form 501A)

Date

- Declaration **MUST** be signed regardless of practice policy regarding Probationary Registrants' participation in shift work.
- Failure to sign will indicate that the Probationary Registrant has not demonstrated adequate ability.
- If Probationary Registrant has not demonstrated adequate ability at this time, this form can be signed at any time during the remainder of the SPP with prior notification to the MRTBQ of intent. Apply to Board for additional form.
- This form must be returned to the MRTBQ.

PROVIDE ATTACHMENTS OF THE FOLLOWING IF APPLICABLE AT THIS TIME:

1. OFF SITE VISIT VERIFICATION
2. IN-SERVICE ATTENDANCE
3. PART-TIME HOURS WORKED

Probationary Registrant

Registration Number