College of Allied Health Sciences

Advanced Medical Imaging Technology

University of Cincinnati

PO Box 670394

Cincinnati OH 45267-0394

Health Sciences Building

3225 Eden Ave

513-558-4009 (fax)

AdvMedImaging@uc.edu

Nuclear Medicine Clinical Document Addendum

2025-2026

# Clinical Competencies

## Nuclear Medicine Technology Didactic and Clinical Competency Requirements

### Nuclear Medicine Scope of Practice

The spectrum of responsibilities for a nuclear medicine technologist varies widely across the United States. Practice components presented in this document provide a basis for establishing the areas of knowledge and performance for the nuclear medicine technologist. The nuclear medicine technologist must be in compliance with all federal, state, and institutional guidelines, including proper documentation of initial and continued competency in those practices and activities.

Continuing education is a necessary component in maintaining the skills required to perform all duties and tasks of the nuclear medicine technologist in this ever-evolving field.

The Nuclear Medicine Technologist Scope of Practice and Performance Standards document is intended to set forth the standards in important areas of the nuclear medicine technologist’s responsibilities.  It may not cover all areas which may present themselves in actual practice.  These standards do not supersede the judgment of the individual nuclear medicine technologist and other healthcare professionals serving the patient in light of all of the facts of the individual case.  THE SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING AND THE SOCIETY OF NUCLEAR MEDICINE AND MOLECULAR IMAGING TECHNOLOGIST SECTION DISCLAIM ALL LIABILITY ARISING FROM USE OF THESE DOCUMENTS.

[**NMT Scope of Practice and Performance Standards**](https://s3.amazonaws.com/rdcms-snmmi/files/production/public/NMT%20Scope%20of%20Practice%20and%20Performance%20Standards-2020%20Complete-Approved_5-5-20.pdf) - ***Approved May 2020***

#### Nuclear Medicine Program Technology Outcomes & Goals

* Students who complete the NMT curriculum will pass the NMTCB or ARRT nuclear medicine technology exam on their first attempt at a rate that exceeds national averages.
* Students who complete the NMT curriculum will either continue their education in MRI or find employment within 12 months of graduation.
* Graduates will be satisfied with their program of study.
* Graduates are prepared for entry-level work in nuclear medicine technology.

#### NMT Student Learning Objectives

1. Graduates will possess the oral and written communication skills for advanced and leadership roles.
2. Graduates will understand the processes for contributing to the knowledge base of the professional community.
3. Graduates will demonstrate professionalism and compassion in the clinical setting.
4. Graduates will perform imaging procedures according to program and/or departmental protocol integrating scientific knowledge and patient care skills.
5. Graduates will demonstrate knowledge of anatomy and physiological function of specific organs or organ systems.
6. Graduates will be cognizant of the effects of radiation and the methods utilized to reduce radiation exposure.
7. Graduates will be capable of performing quality assurance procedures on the various imaging, counting, and measuring instruments. Knowledge base will include the mechanics of nuclear medicine instrumentation.
8. Graduates will be proficient and/or knowledgeable of the imaging procedures likely to be encountered by recent graduates in the clinical setting.

# Nuclear Medicine Student Clinical Site Orientation Checklist

**This form is to be completed by the Supervising Technologist on the first day of clinical rotation to ensure each Nuclear Medicine student technologist has been formally orientated on the items listed below.**

**Upon completion, the student technologist will submit this form to Nuclear Medicine clinical coordinator. This form must be completed and submitted by the second week of each rotation or the student’s rotations will be suspended until completed.**

* HIPAA training
* Emergency Overhead Code training
* Cardiac/Respiratory Code training and procedures (including crash cart location)
* Fire safety and procedures
* Electrical hazard procedures
* Evacuation procedures
* Chemical spill/hazard procedures
* RAM spill procedures (including location of cleanup materials)
* RAM storage & waste locations
* Standard precautions
* Venipuncture (including location of supplies, sharps containers & syringe shields)
* Protocol book

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Site

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervising Technologist (Print & Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Technologist Signature (Print & Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE

# Nuclear Medicine Clinical Time Sheet

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Semester/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Date | Time In | Technologist’s Initials | Time Out | Total Hours | Technologist’sInitials | Lunch | Sent Home Early | If sent home earlyPlease circle one |
| Monday |  |  |  |  |  |  | Yes No\_\_\_\_\_\_ minutes | **Yes****No** | Low census Inspection/maintenanceStudent illness Other |
| Tuesday |  |  |  |  |  |  | Yes No\_\_\_\_\_\_ minutes | **Yes** **No** | Low census Inspection/maintenanceStudent illness Other |
| Wednesday |  |  |  |  |  |  | Yes No\_\_\_\_\_\_ minutes | **Yes****No** | Low census Inspection/maintenanceStudent illness Other |
| Thursday |  |  |  |  |  |  | Yes No\_\_\_\_\_\_ minutes | **Yes****No** | Low census Inspection/maintenance Student illness Other |
| Friday |  |  |  |  |  |  | Yes No\_\_\_\_\_\_ minutes | **Yes****No** | Low census Inspection/maintenanceStudent illness Other |
| TOTAL |  |  |  |  |  |  |  |  |  |

**STUDENT LEAVE AUTHORIZATION ATTACHED?** YES NO

**Technologist’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this, I verify the time listed is the actual time I was there.**

# STUDENT LEAVE AUTHORIZATION

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TODAY'S DATE \_\_\_\_\_\_\_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_\_\_\_\_\_\_

Leave of absence for \_\_\_\_\_\_\_\_ hours

Reason for Absence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time will be made up by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Documentation attached: YES\_\_\_\_\_ NO\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT'S SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM OFFICIAL’S SIGNATURE

# Nuclear Medicine Technology

**Introduction**

The University of Cincinnati Nuclear Medicine Technology Program requires students to complete a number of clinical competencies over the clinical year in order to fulfill program requirements for graduation and to comply with regulations of the organizations who administer board examinations, the American Registry of Radiologic Technologists – Nuclear Medicine Technology (ARRT) and the Nuclear Medicine Technology Certification Board (NMTCB). The purpose of clinical competency requirements is to verify examinees have demonstrated the competencies that a new graduate can realistically expect to encounter in their day-to-day duties as an entry-level nuclear medicine technologist. All students who successfully complete this program will meet the requirements of both organizations.

Each semester, students will be responsible for completing a given number of these competencies at a variety of levels of completion. Levels of completion refer to the amount of student participation on the given exam. Students may submit competencies from studies they perform on actual patients, simulated at the clinic, observed at the clinic or by journal (P/S/O/J); exact numbers and completion levels (P/S/O/J) for your program year will be found in your directed practice syllabus. Students who do not complete competencies as the syllabus dictates, have not satisfied program requirements and will receive a grade of “I” or “F” (at the instructor’s discretion) in the Directed Practice course for that semester.

By the end of the clinical year, all studies below must be completed at some level (P/S/O/J) in order to receive a grade for the Directed Practice III course. Students having an “I” or “F” at the end of the program year in this or any course, will not be eligible for board examination, program advancement or graduation. Students may be offered the opportunity to remediate grades of I over 1 semester following the semester where they received the I grade.

Definitions:

1. Patient: Student performs a study on an actual clinical patient. A limited number of aspects of the procedure may be simulated when the clinical situation deems necessary but overall, the student must perform the imaging/therapy protocol(s) independently and meet ‘acceptable’ standards as seen fit by the supervising technologist.
2. Simulated: The student performs all possible hands-on tasks of the procedure on a live human being [doesn’t have to be a clinical patient] using proper equipment such as gamma camera and processing station with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a real patient.
3. Observation: Student watches and/or simulates all aspects of a clinical study or therapy from start to finish with a supervising technologist. Student is able to explain the procedure after the observation to the satisfaction of supervising technologist.
4. Jornal: Students study the steps of a particular procedure to connect didactic learning with clinical application. Students submit this write up to AMIT instructional staff for review.

**Clinical Procedures**

|  |  |  |
| --- | --- | --- |
| **Patient Care Procedures****\*All 6 Required** | **Date Completed** | **Competence Verified By** |
| CPR Certified |  |  |
| Vital Signs – Blood Pressure |  |  |
| Vital Signs - Pulse |  |  |
| Vital Signs - Respiration |  |  |
| Venipuncture |  |  |
| Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt) |  |  |
| ECG (e.g. Lead Placement and Recognition of Common Dysrhythmias) |  |  |
| Maintain and Care for Patient Ancillary Equipment (e.g., Pump, Collection Bag, Oxygen Delivery) |  |  |

|  |  |  |
| --- | --- | --- |
| **Quality Control Procedures****\*All 5 Required** | **Date Completed** | **Competence Verified By** |
| SPECT Gamma Camera(Uniformity, Resolution, and Center of Rotation) |  |  |
| Dose Calibrator(Constancy, Linearity, Accuracy & Geometry) |  |  |
| Well Counter/Uptake Probe(Energy Calibration) |  |  |
| Survey Meter(Battery Check, Constancy, use, Components & QC) |  |  |
| PET or PET/CT(Reference or Blank Scan, Normalization, 2D-3D Well Counter) |  |  |

*Please note that this list is continuously under review. Student responsibilities are discussed in the Directed Practice courses. Students will also review ARRT guidelines on their own.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Nuclear Medicine Performance Category**S=Simulated, O=Observed, P=patient, J=Journal | **Date Completed** | **Category (S,O,P,J)** | **Competence Verified By** |
| **Cardiovascular (2 must be patients)** |   |   |   |
| Myocardial Perfusion Gated Rest (P) |   |   |   |
| Myocardial Perfusion Gated Stress (P) |   |   |   |
| Gated Blood Pool Study (P/S/O) |   |   |   |
| Cardiac Amyloid Imaging (P/S/O) |   |   |   |
| Cardiac Viability (FDG or Tl) (P/S/O/J) |   |   |   |
| **Central Nervous System (1 must be patient)** |   |   |   |
| Brain SPECT (P) non DaT |   |   |   |
| DaT Scan SPECT (P) |   |   |   |
| Brain dynamic (such as brain death) (P/S ) |   |   |   |
| Shunt patency |   |   |   |
| Cisternography – Routine & Leak (J) |   |   |   |
| **Endocrine/Exocrine (4 must be patients)** |   |   |   |
| Thyroid Uptake (P)  |   |   |   |
| Thyroid Scan (P) -  |   |   |   |
| Parathyroid–Planar (P) |   |   |   |
| Parathyroid – SPECT (P) |   |   |   |
| Thyroid Metastatic Survey (P/S/O/J) |   |   |   |
| **Abscess and Infection (1 P/S/O)** |   |   |   |
| FDG or Ga-67 infection imaging (P/S/O/J) |   |   |   |
| WBC Imaging (E/S/O/J) |   |   |   |
| **Gastrointestinal (3 must be patients)** |   |   |   |
| Gastroesophageal Reflux (J-S) |   |   |   |
| Gastric Emptying (Solid or Liquid) (P) |   |   |   |
| Hepatobiliary W or WO GBEF (P) |   |   |   |
| Hemangioma (J)  |   |   |   |
| GI Bleeding (P/S/O/J)  |   |   |   |
| Liver/Spleen Planar (P/S)  |   |   |   |
| Liver SPECT of any kind |   |   |   |
| Liver-Lung Shunt Map imaging (P/S/O/J)  |   |   |   |
| Meckel’s Diverticulum (P/S/O/J) |   |   |   |
| **Genitourinary (1 must be patient)** |   |   |   |
| Renogram with or without Lasix (P) |   |   |   |
| Renogram with Captopril (J) |   |   |   |
| Effective Renal Plasma Flow/GFR (P/S/O/J) |   |   |   |
| Radionuclide Cystogram (P/S/O/J) |   |   |   |
| Renal Cortical Planar or SPECT (J) (speficy) |   |   |   |
|   |   |   |   |
| **Lymphatics (1 must be P/S)** |   |   |   |
| Lymphoscintigraphy – breast (P/S/O/J) |   |   |   |
| Lymphoscintigraphy – melanoma (P/S/O/J) |   |   |   |
| Lymphangiography (P/S/O/J) |   |   |   |
| **Respiratory (2must be patient)** |   |   |   |
| Perfusion (P)  |   |   |   |
| Ventilation Gas (P) |   |   |   |
| Quantitative VQ (P/S) |   |   |   |
| Ventilation Aerosol (P/S/O/J) |   |   |   |
| Lung SPECT (P/S/O/J) |   |   |   |
| **Skeletal (3 must be patients)** |   |   |   |
| Limited Planar/Static (P) |   |   |   |
| Three Phase or 4 phase (P) |   |   |   |
| Whole Body (P) |   |   |   |
| Bone SPECT (P) |   |   |   |
| **Tumor/Other (1 on P/S/O/J)** |   |   |   |
| Neuroendocrine Planar or SPECT (specify) |   |   |   |
| MIBG (P/S/O/J) Planar or SPECT (specify) |   |   |   |
| Bone Marrow Imaging (P/S/O/J) |   |   |   |
| Other  |   |   |   |
| Other  |   |   |   |
| **Therapeutic Procedures 1 must be patient** |   |   |   |
| Thyroid Ablation (P) |   |   |   |
| Thyroid Hyperthyroidism (P/S/O/J) |   |   |   |
| Palliative Bone/Prostate (P/S/O/J) |   |   |   |
| Other/Endocrine (Lutathera) (P/S/O/J) |   |   |   |
| Selective Internal Radiation Therapy Y-90 SIRT (P/S/O/J) |   |   |   |
| **PET/CT (3 must be patient)** |   |   |   |
| NaF Bone (P/S/O/J) |   |   |   |
| FDG Brain (P) |   |   |   |
| Other Brain (amyloid/tau) (J) |   |   |   |
| FDG oncology (P) |   |   |   |
| Neuroendocrine (dotatate) (P) |   |   |   |
| PSMA PET (P) |   |   |   |
| Breast (FES) PET (J) |   |   |   |
| Cardiac MPI (P/S/O/J) |   |   |   |
| Cardiac other (sarcoid) (P/S/O/J) |   |   |   |
| **CT procedures (1 must be patient)** |   |   |   |
| CT for attenuation correction (P) |   |   |   |
| Diagnostic CT (P/S/O/J) |   |   |   |
| CT contrast study (P/S/O/J) |   |   |  |

# WRITE UP FOR NUCLEAR MEDICINE PROCEDURES

THIS FORM IS TO BE COMPLETED BY THE STUDENT AND GIVEN TO PROGRAM OFFICIALS. USE THE BACK OF THIS PAGE IF NECESSARY. DO NOT INCLUDE ANY PATIENT NAMES OR NUMBERS THAT MAY BE LINKED TO A SPECIFIC PATIENT.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervising Technologist/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select One: Patient Simulated Observed Journal In-Class

1. Relevant Patient Information (e.g. Reason for admission, diagnosis, age. Is patient deaf, blind, obese, paralyzed, comatose, etc.?):

2. What is the clinical question?

3. What are the isotopes utilized and how are they administered? Are there alternative radiopharmaceuticals available that would yield the same or similar information? Why were these not used?

4. Is there any special patient prep (i.e., hydration, NPO, etc.?).

5. Describe techniques used for scanning and why (e.g.. was patient supine, upright, inclined, imaging time, delay time, images acquired, etc.).

6. Acquisition parameters utilized on the camera and computer (camera position, matrix, zoom, imaging time, etc.):

7. Critique the technical outcome of scan and why it appeared as such (e.g. were the pictures ideal or could something been done to make them better, was the quality compromised by the patient's condition, etc.). If possible, please provide a brief clinical outcome of the scan.

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervising Technologist/Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Performance Skills** | **Acceptable** | **Simulated** | **Observed** | **Write-Up** | **N/A** |
| 1 | Check requisition/order |  |  |  |  |  |
| 2 | Patient interaction (explain test, reassure patient) |   |  |  |  |   |
| 3 | Signed pregnancy/nursing statement (if applicable) |   |  |  |  |   |
| 4 | Patient history noted/obtained |   |  |  |  |   |
| 5 | Prepare radiopharmaceutical kit (if applicable) |   |  |  |  |   |
| 6 | Calibrate and log radiopharmaceutical |   |  |  |  |   |
| 7 | Set up gamma camera and/or other instrumentation |   |  |  |  |   |
| 8 | Set up computer/Select correct acquisition |   |  |  |  |   |
| 9 | Patient identification (2 means) |   |  |  |  |   |
| 10 | Administer radiopharmaceutical by appropriate route |   |  |  |  |   |
| 11 | Position patient |   |  |  |  |   |
| 12 | Image patient |   |  |  |  |   |
| 13 | Organization of procedure |   |  |  |  |   |
| 14 | Check images and take/suggest additional views if necessary |   |  |  |  |   |
| 15 | Post process images (if applicable) |  |  |  |  |  |
| 16 | Check images with physician (if applicable) |   |  |  |  |   |
| 17 | Give patient post-image instructions  |   |  |  |  |   |
| 18 | Clean up area |   |  |  |  |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Educational Performance** | **Acceptable** | **Simulated** | **Observed** | **Write-Up** | **N/A** |
| 1 | Student performs all stated objectives without instruction from senior technologist (attitudinal consideration) |   |  |  |  |   |
| 2 | Student applies basic understanding and reasoning in performance of all stated objectives (cognitive consideration) |   |  |  |  |   |
| 3 | Student demonstrates coordination and efficiency associated with the physical performance of all stated objectives (psychomotor consideration) |   |  |  |  |   |

**SIGNATURES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STAFF TECHNOLOGIST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STUDENT TECHNOLOGIST

\*Students must include image examples for journal write-ups.

# TECHNOLOGIST/FACULTY GUIDELINES FOR STUDENT EVALUATIONS

The numbers 0-4 will be used to evaluate the student's performance in each one of the categories. The meaning associated with these numbers are as follows:

**4 = EXCELLENT** The student performs in a clearly superior manner. This person is on track to become a superior technologist.

**3 = GOOD** The student is a solid and dependable performer. They continuously strive to do the right thing. This person is on track to become a versatile and dependable technologist.

**2 = AVERAGE** This student is usually reliable. Although they possess only a few negative characteristics they likewise possess only a few positive characteristics. This individual is on track to become a dependable and predictable technologist.

**1 = POOR** This person is not likely to hurt anyone, however, their current clinical performance leads you to believe that they will not make a trustworthy and competent technologist without significant improvement.

**0 = DEFICIENT** This student either has no concept of what is going on (considering the amount of time they have been in the program) or does not perform what is expected (i.e. procedures, conduct, etc.) Their actions lead you to believe that they may hurt a patient due to ineptitude. Without drastic improvement, this person will not make it as a technologist.

**- = UNABLE TO RATE** This student has not been observed enough in this category to detect any trends.

At the end of the semester, an average is calculated from all evaluations for the semester and this makes up a large portion of the grade the student will receive for the course Directed Practice. The results of the evaluations are shared with the students but the technologist has the option of remaining anonymous. Signatures are requested to document authenticity.

# CLINICAL EVALUATION REPORT

**Advanced Medical Imaging Technology Program**

**AMIT email: AdvMedImaging@ucmail.uc.edu**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Rotation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days absent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure performed (list by type, instrument, and/or location)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RATING BY NUMBER:**

4 = EXCELLENT 3 = GOOD 2 = AVERAGE 1 = POOR 0 = DEFICIENT (N/A) = UNABLE TO RATE

See reverse for considerations to be taken in rating student technologists

**TO BE COMPLETED BY THE SUPERVISING FACULTY/STAFF**

|  |  |  |
| --- | --- | --- |
| **SKILL AREA** | **RATING** | **COMMENTS** |
| Initiative |  |  |
| Professional Demeanor |  |  |
| Attitude |  |  |
| Interest |  |  |
| Patient Rapport |  |  |
| Technical Proficiency |  |  |
| Technical Knowledge |  |  |
| Staff Rapport |  |  |

Additional Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACTORS FOR CONSIDERATION**

Initiative - Does the student

1. Determine goal of study prior to its performance?
2. Prepare camera for acquisition ahead of time?
3. Clean and supply work area?
4. Take initiative in performing imaging procedures?
5. Check images with M.D. without prompting?
6. Possess genuine interest in maintaining workflow?
7. Attempt difficult or unfamiliar procedures with help rather than refuse to try?
8. Experiment with new techniques when time permits?

Professional Demeanor - Does the student

1. Exhibit ethical, mature, and professional conduct?
2. Adhere to departmental policies (i.e. dress code, fire, emergency, radiation safety, misadministration, etc.?)
3. Respectfully address physicians, administrators and other superiors?
4. Refrain from speaking in derogatory terms of patients, M.D.'s, fellow students, or technologists?
5. Focus their conversations on the patient?

Attitude - Does the student

1. Take responsibility for their education?
2. Demonstrate patience and maturity when working with difficult patients?
3. Follow through on written or verbal orders?
4. Possess a pleasant disposition?
5. Gracefully accept suggestions from superiors and fellow students?
6. Arrive punctually to rotation?
7. Take only allotted time for lunch?

Interest - Does the student

1. Stay late or come in early when situation warrants it?
2. Find out additional background information when warranted?
3. Willingly help out on projects or anything else that needs to be done?
4. Have good attendance while on rotation (excluding personal time or reasonable use of sick time)?
5. Remain accountable to assigned rotation/technologist?
6. Express curiosity or ask questions?
7. Use safety devices (i.e., side rails, brakes, restraints, etc.?) appropriately and correctly?
8. Frequently inquire into patient's comfort?
9. Adequately reassure nervous patients?
10. Position comatose and immobile patients as gently as alert patients?
11. Show patience toward combative, uncooperative and/or incoherent patients?

Patient Rapport - Does the student

1. Introduce self to patient?
2. Correlate patient's identification with requisition?
3. Explain exam clearly to patient on terms that patient understands?
4. Tactfully determine that female patients of childbearing years are neither pregnant nor nursing prior to administering activity?
5. Anticipate patient's needs and assists them as necessary?
6. Insure patient's privacy and modesty?

Technical Proficiency - Does the student

1. Readily learn new procedures?
2. Easily relearn or correct techniques that they have learned incorrectly?
3. Readily repeat views when quality is in doubt?
4. Make an effort to get the highest quality images within the available time constraints?
5. Apply classroom information to their working environment?
6. Demonstrate self confidence in their ability?
7. Adjust procedures to the individual patient and their needs?
8. Continuously strive to produce high quality work?

Technical Knowledge - Does the student

1. Always wears gloves, lab coats, and film badges when handling radioactive material?
2. Apply concepts of time, distance, and shielding to reduce radiation exposure?
3. Correctly set up and peaks camera?
4. Correctly set up and play back computer acquisitions?
5. Know procedures, radiopharmaceuticals, and activity ranges?
6. Label films properly?
7. Know contraindications for studies?
8. Know order of sequential studies?
9. Correct their own mistakes?

Staff Rapport - Does the student

1. Assist assigned technologist without prompting?
2. Attentively listen to technologist's explanation of procedures?
3. Anticipate equipment/computer/camera needs and handles the situation without prompting?
4. Communicate effectively with technologists and physicians and is able to answer their questions or perform their instructions

# Student Evaluation of Nuclear Medicine Clinical Site & Clinical Preceptor

**Student’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Semester & Year** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Site** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Clinical Preceptor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is confidential and is intended to enhance the clinical experience for future Nuclear Medicine students. Your honest input is appreciated.

**Clinical Site Evaluation**

Please evaluate your MRI clinical site on the following categories/questions.

Responses: Strongly Disagree=1, Disagree=2, Neither Agree Nor Disagree=3, Agree=4,

Strongly Agree=5, N/A

**Answer Scale:**  **Question:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. The pace of the site enhanced my learning experience.
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. The organization of the Nuclear Medicine department allowed for optimal learning experiences during your rotation.
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. The expectations of you were well outlined and communicated early on during your rotation.
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Were you comfortable with the level of responsibility you had during your rotation.
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. The technologist-student relationships enhanced my learning experience.
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. The technologist(s) were helpful.
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. The physician(s) were helpful.
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Do you feel that as a result of this rotation you have developed professionally?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Do you feel that your professional objectives were met during your rotation?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. How likely would you be to recommend this site to other students?
 |

Do you have any additional comments or feedback regarding your rotation?

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# Clinical Preceptor Evaluation

Please evaluate your Nuclear Medicine clinical preceptor on the following categories/questions.

**Responses**: Strongly Disagree=1, Disagree=2, Neither Agree Nor Disagree=3, Agree=4,

Strongly Agree=5, N/A

**Answer Scale:**  **Question:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor allow for optimal learning experiences during your rotation?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor provide feedback/constructive criticism regarding your performance?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor communicate your expectations well?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor oversee your clinical experience during your rotation (daily and/or weekly)?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor make themselves available to help you when needed?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor display or express enthusiasm to have you as a student?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor answer your questions carefully and with patience?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor act approachable and responsive when you have questions?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor use explanations that are clear and understandable?
 |
| 1 | 2 | 3 | 4 | 5 | N/A | 1. Does the preceptor encourage you to ask questions and participate in all aspects of MRI patient care and scanning?
 |

Do you have any additional comments or feedback regarding your preceptor?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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