

## OREGON BOARD OF MEDICAL IMAGING 800 NE Oregon Street – Suite 1160A Portland, OR 97232-2162

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## **ON-SITE**

## **EVALUATION FORM & INSTRUCTIONS**

- **1.)** An evaluation form is required for each radiograph evaluated.
- **2.)** The evaluator must be a person designated in the Limited X-Ray Machine Operator (LXMO) Instruction Manual dated October 2023
- **3.)** This evaluation form must be retained for two (2) years after the evaluation has been completed.
- **4.)** Do not submit this form with your practical evaluation certificate.
- **5.)** Refer to the table listed in this practical experience evaluation to determine the minimum requirements for each anatomic area.

## THE STUDENT MUST ATTAIN A MINIMUM OF 80% COMPETENCY TO RECEIVE CREDIT.

ON-SITE PREPARATION AND PROCEDURES (100- Points Maximum For This Section)				SCORE
			•	_
A.	ROOM	PREPARATION (4- points possible)		
	1.)	Have appropriate-size cassettes available in room prior to starting		
		exam, if applicable.	1	
	2.)	Have sheet on table, and stool or chair available if needed.	1	
	3.)	Have necessary tape, sponges, sandbags, and lead shielding		
		available in room.	1	
	4.)	Prepare equipment prior to procedure.	1	
B.	INTERPRETATION OF REQUISITION (2- points possible.)			
	1.)	Identify procedures to be performed and check chart for order, etc.	1	
	2.)	Identify reason for procedure.	1	
C.	PAT	TIENT INSTRUCTION (4- points possible.)		
	1.)	Confirm identity of patient.	1	
	2.)	Explain procedure to patient in clear, concise manner.	1	
	3.)	Give proper breathing instructions.	1	
	4.)	Give proper positioning instructions.	1	
D.	PATIEN	IT CARE (6- points possible.)		
	1.)	Treat patient with consideration and cultural sensitivity.	1	
	2.)	Keep patient as comfortable as possible during the procedure.	1	
	3.)	Assist patient onto and off of the radiographic table.	1	
	4.)	Follow proper isolation procedures when appropriate.	1	
	5.)	Assess patient's condition before positioning.	1	
	6.)	Be aware of patient's restrictions.	1	

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		ON-SITE PREPARATION AND PROCEDURES	POSSIBLE POINTS	SCORE
		1		
E.	POSITIONING (20- points possible.)			
	1.)	State the routine for the examination performed.	5	
	2.)	Position correctly the area to be demonstrated.	5	
	3.)	Align center of part to be demonstrated to center of film.	5	
	4.)	Use the correct angle, entrance or exit of the central ray.	5	
F.	•	MENT MANIPULATION (4- points possible.)		
	1.)	Handle equipment in a safe manner and use tube locks correctly.	2	
	2.)	Select cassette size pertinent to the examination, if applicable.	2	
G.		URE FACTORS (12- points possible.)		
	1.)	Set exposure factors correctly before positioning patient.	3	
	2.)	Calculate exposure factors with reasonable speed and accuracy.	3	
	3.)	Evaluate the exposure indicator number to see if it is within		
		acceptable limits for the digital image.	3	
	4.)	Explain how mAs and kVp will affect the radiograph and the		
		radiation exposure to the patient.	3	
н.		TION PROTECTION (12- points possible)		
	1.)	Collimate to the anatomic part examined.	4	
	2.)	Use gonadal shielding when appropriate.	4	
	3.)	Use exposure factors that provide best radiographic quality with		
		minimal patient exposure.	4	
I.	FILM N	MARKERS & IDENTIFICATION (12- points possible)		
	1.)	Place correct lead markers on film, i.e., R and L.	4	
	2.)	Position markers correctly on film (same direction as patient and		
		same direction as film will be read and out of area to be		
		demonstrated.	4	
	3.)	Use identifying lead markers when appropriate (decubitus, post		
		reduction, upright, etc.)	4	
J.	TECHNICAL FILM EVALUATION (24- points possible)			
	1.)	Evaluate whether the quality of the image was acceptable to		
		department or office standards, and correct if necessary.	6	
	2.)	Check for proper patient identification on the radiograph.	6	
	3.)	Identify anatomic parts on the radiograph.	6	
	4.)	Explain what the radiograph should demonstrate.	6	

Total Score (add pages 1 & 2)

Evaluator's Comment:			
Student Sign-Off: I have read this evaluation and the evaluator has discussed it with me.	Evaluator Sign-Off:  I have discussed this evaluation with the student and verify that the student understands it.		
	Evaluator Signature	OBMI No	

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