



OREGON BOARD OF MEDICAL IMAGING
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ON-SITE

EVALUATION FORM & INSTRUCTIONS

- 1.) An evaluation form is required for each radiograph evaluated.
- 2.) Evaluator must be a person designated in OAR 337-010-0030(2)(f)(A).
- 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)	POSSIBLE POINTS	SCORE
A. ROOM PREPARATION (4- points possible)		
1.) Have appropriate-size cassettes available in room prior to starting exam.	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. PATIENT 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. PATIENT CARE (6- points possible.)		
1.) Treat patient in a kind and considerate manner.	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 patients condition before positioning.	1	
6.) Be aware of patient's restrictions.	1	

ON-SITE PREPARATION AND PROCEDURES		POSSIBLE POINTS	SCORE
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. EQUIPMENT 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.	2	_____
G. EXPOSURE 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	_____
H. RADIATION 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 MARKERS & IDENTIFICATION (12- points possible)	1.) Place correct 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 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. _____
<i>Student Signature</i>	<i>Evaluator Signature</i> _____ <i>OBMI No</i> _____