



**STUDENT CLINICAL SKILLS POCKET BOOK**  
**(NOVICE)**  
**MIDS 231 – 2022**

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Name

Diagnostic Medical Sonography Program

If found, please call: 250-370-3161



# CLINICAL SCANNING SKILLS

***DEVELOPING  
COMPETENCE***

**Term 1**

MIDS 121

**Term 2**

MIDS 151

***NOVICE***

**Term 3**

MIDS 181

**Term 4**

MIDS 231

***ADVANCED BEGINNER***

**Term 5**

MIDS 281

**Term 6**

PRAC 290 +

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## Use of Pocket Book

This pocket book should be used on a daily basis to keep track of clinical experiences, including participation in ultrasound examinations and personal notes for self-reflection.

This book is an intermediary between work that is completed in the department and evidence that is transferred to the Portfolio of Clinical Experience. The portfolio should remain outside of patient care areas and updated by the student in conjunction with the Clinical Liaison

Technologists must initial for an unassisted procedure on the same day the examination was performed.

Otherwise, the case **cannot** be recorded as an Unassisted Case.

## Supervision

Students must complete all orientation requirements before being permitted to interact with patients independently while on a clinical site.

Students must work and perform imaging under **direct supervision** in the **MIDS 151, MIDS 181, MIDS 231 and MIDS 281** Clinical Skills courses.

Once portfolio requirements have been completed in these areas, the student will be permitted to work under indirect supervision during their clinical practicum (**PRAC 290 + PRAC 295/296/299**) provided all prerequisite assessments are complete.

The student level of competence is based on the ability to demonstrate all skills as listed on the unassisted validation forms, as well as consistently demonstrating the criteria that were practiced and assessed in the ultrasound labs on campus.

Where patient complexity/acuity is deemed too high, assistance from a technologist is required to ensure high-quality, safe patient care.

## Levels of Participation (O, A, U)

### Observed (O)

- **Must** be observant of all steps of the procedure; likely minimal patient interaction; assist with simple tasks (e.g. room clean up)

*(Most likely when a new examination type is encountered or when the patient complexity and/or acuity are too high.)*

### Assisted (A)

- Demonstrate **some** criteria on “unassisted case validation” form and **must** observe or assist technologist with steps of the procedure not performed independently

*(Most likely when experience with the examination type is limited or there is a sudden change in patient status or an unexpected complication.)*

### Unassisted (U)

- Demonstrate **all** criteria on unassisted observation form with minimal guidance or completely independently

*(Most likely when a similar examination type has already been observed or assisted with or the patient complexity/acuity is low.)*

## Clinical Skills Portfolio Logbook: Guidelines

It is up to the student to ensure that ultrasound examinations meet the criteria before presenting them to the technologist for feedback.

In order to be considered for the portfolio, unassisted examinations must meet the following criteria:

- At least one attempt for the anatomical part has been documented in the Log of Daily Work
- Technologist completed validation form for unassisted case on the same day the examination was performed
- Student initials are visible on the ultrasound images
- Optimal/diagnostic imaging
- Optimal/diagnostic depth, landmarks, focus, gain, frequency and measurements
- Images are obtained per the imaging site's protocol and displayed in PACS appropriately
- Examination write-up (tech report) is completed correctly and counter-signed by the supervising technologist

## US Unassisted Case Validation: Superficial Structures

Anatomical Part: **Neck (Lymph Node Assessment)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: SS

Anatomical Part: **Groin (Lymph Node Assessment)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: SS

Anatomical Part: **Popliteal Fossa**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: SS

Anatomical Part: **Left Lobe of Thyroid**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: SS

Anatomical Part: **Right Lobe of Thyroid**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US Unassisted Case Validation: Vascular

Anatomical Part: **Common Carotid Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (CEREBROVASCULAR)**

Anatomical Part: **Internal Carotid Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (CEREBROVASCULAR)**

Anatomical Part: **External Carotid Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (CEREBROVASCULAR)

Anatomical Part: **Vertebral Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (CEREBROVASCULAR)

Anatomical Part: **Subclavian Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (CEREBROVASCULAR)**

Anatomical Part: **Innominate (Brachiocephalic Artery)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)**

Anatomical Part: **Jugular Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)**

Anatomical Part: **Innominate Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Subclavian Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Axillary Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Brachial Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Basilic Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Cephalic Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL VEINS)**

Anatomical Part: **Forearm Veins**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)**

Anatomical Part: **Iliac Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)**

Anatomical Part: **Common Femoral Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Femoral Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Popliteal Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)**

Anatomical Part: **Sapheno-Femoral Junction**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)**

Anatomical Part: **Sapheno-Popliteal Junction**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Calf Veins**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Graft**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL VEINS)

Anatomical Part: **Stent**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)

Anatomical Part: **Aorta**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)**

Anatomical Part: **Celiac Trunk**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)

Anatomical Part: **Hepatic Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)**

Anatomical Part: **Superior Mesenteric Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)

Anatomical Part: **Renal Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)

Anatomical Part: **Renal Veins**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

---

## US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)

Anatomical Part: **Hepatic Veins**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)

Anatomical Part: **Portal Veins**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)

Anatomical Part: **Splenic Vein**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (ABDOMINAL)**

Anatomical Part: **Inferior Vena Cava**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Innominate (Brachiocephalic)  
Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Subclavian Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Axillary Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Brachial Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

---

## **US UNASSISTED CASE VALIDATION: VASCULAR (UPPER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Forearm Arteries**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Iliac Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Common Femoral Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Femoral Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Popliteal Artery**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: VASCULAR (LOWER EXTREMITY PERIPHERAL ARTERIES)**

Anatomical Part: **Calf Arteries**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US Unassisted Case Validation: Cardiac

### Anatomical Part: **2D Measurement of Left Ventricle PLAX (IVSd, LVIDd, PWd, LVIDs)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

### Anatomical Part: **2D Measurement of the Right Ventricle AP4 (RVIDd)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

### Anatomical Part: **2D Measurement of the Inferior Vena Cava (Subcostal short axis)**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurement is made 1-2 cm from the junction with the RA during 'sniff' test and normal inspiration**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **2D LA Volume Measurement – AP4, AP2**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **2D LA Measurement - PLAX**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

### Anatomical Part: **2D Measurement of Aortic Root - PLAX**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

### Anatomical Part: **2D Measurement of Ascending Aorta – High PLAX**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

---

## US UNASSISTED CASE VALIDATION: CARDIAC

### Anatomical Part: **2D Measurement of the Left Ventricular Outflow Tract – Zoomed PLAX**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **LV Simpson's Bi-plane Ejection Fraction – AP4, AP2**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

### Anatomical Part: **2D Measurement of the Right Ventricular Outflow Tract – PLAX RVOT or PSAX Views**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **M-Mode of the Aortic Valve**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **M-Mode of the Mitral Valve**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

### Anatomical Part: **RV Function – Tricuspid Annular Plane Systolic Excursion – AP 4 M-Mode**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- **Measurements can be performed offline (at workstation) or online (while scanning)**
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **Colour Doppler of the Hepatic Vein and Inferior Vena Cava – Subcostal short axis**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **Colour Doppler of the RVOT – PLAX or PSAX**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION: CARDIAC

Anatomical Part: **Colour Doppler of the LVOT – AP5 or AP3**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: CARDIAC**

### **Anatomical Part: Colour Doppler of the Right Superior Pulmonary Vein – AP4**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: CARDIAC**

Anatomical Part: **Colour Doppler of the Ascending Aorta – SSN View**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: CARDIAC**

### **Anatomical Part: Colour Doppler of the Descending Aorta – SSN View**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: CARDIAC**

Anatomical Part: **Colour Doppler of the Left Atrium and Mitral Valve – PLAX or AP4 or AP2 or AP3**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: CARDIAC**

Anatomical Part: **Colour Doppler of the Right Atrium and Tricuspid Valve – AP4 or RVIT**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: CARDIAC**

Anatomical Part: **Colour Doppler of the Aortic Valve – PLAX or PSAX or AP5 or AP3**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## **US UNASSISTED CASE VALIDATION: CARDIAC**

Anatomical Part: **Colour Doppler of the Pulmonic Valve – PSAX or PLAX RVOT**

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: \_\_\_\_\_

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: \_\_\_\_\_

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: \_\_\_\_\_

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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## US UNASSISTED CASE VALIDATION

Anatomical Part: \_\_\_\_\_

Date: \_\_\_\_\_ Accession: \_\_\_\_\_

Initial to validate that the student independently performed the following steps:

- Selected appropriate examination protocol
- Explained procedure to patient and introduced the supervising technologist
- Used measurements and/or colour Doppler as appropriate for part(s) imaged
- Identified and documented any relevant pathology
- Completed appropriate write-up for the anatomical part(s) per department protocol

Comments:

Technologist name and initials:

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# Technologist Feedback Form

Week 5

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 7

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 9

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 11

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week 13

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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## TECHNOLOGIST FEEDBACK FORM

Week 15 or 16 (as required)

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# TECHNOLOGIST FEEDBACK FORM

Week: \_\_\_

Date: \_\_\_\_\_ # of hours spent with student: \_\_\_\_\_

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

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Technologist name and initials:

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# Daily Log and Self-Reflection Notes

Use this section to track your clinical experience during each rotation, including your ongoing **level of participation** (O, A, or U) and case difficulty and details (easy, moderate, hard), (IV, Bed, Catheter).

Be honest about the workload you participated in and only include cases in which you were present from start to finish. You are not required to log cases in excess of the number of spaces provided.

In your reflection notes, consider:

- What were technologists most likely to assist me with?
- How busy was my rotation?
- What were the patients mostly like (e.g. routine, trauma, adaptive, etc.)?
- What was most challenging part of this rotation and why?
- What was my greatest accomplishment this rotation?'

## Week 4-5

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>21</b>				
<b>Difficulty Level/Notes:</b>				
<b>22</b>				
<b>Difficulty Level/Notes:</b>				
<b>23</b>				
<b>Difficulty Level/Notes:</b>				
<b>24</b>				
<b>Difficulty Level/Notes:</b>				
<b>25</b>				
<b>Difficulty Level/Notes:</b>				



<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
26				
<b>Difficulty Level/Notes:</b>				
27				
<b>Difficulty Level/Notes:</b>				
28				
<b>Difficulty Level/Notes:</b>				
29				
<b>Difficulty Level/Notes:</b>				
30				
<b>Difficulty Level/Notes:</b>				

# Self-Reflection Notes Weeks 4-5

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## Weeks 6-7

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>21</b>				
<b>Difficulty Level/Notes:</b>				
<b>22</b>				
<b>Difficulty Level/Notes:</b>				
<b>23</b>				
<b>Difficulty Level/Notes:</b>				
<b>24</b>				
<b>Difficulty Level/Notes:</b>				
<b>25</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
26				
<b>Difficulty Level/Notes:</b>				
27				
<b>Difficulty Level/Notes:</b>				
28				
<b>Difficulty Level/Notes:</b>				
29				
<b>Difficulty Level/Notes:</b>				
30				
<b>Difficulty Level/Notes:</b>				





## Weeks 8-9

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
<b>Difficulty Level/Notes:</b>				
2				
<b>Difficulty Level/Notes:</b>				
3				
<b>Difficulty Level/Notes:</b>				
4				
<b>Difficulty Level/Notes:</b>				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>21</b>				
<b>Difficulty Level/Notes:</b>				
<b>22</b>				
<b>Difficulty Level/Notes:</b>				
<b>23</b>				
<b>Difficulty Level/Notes:</b>				
<b>24</b>				
<b>Difficulty Level/Notes:</b>				
<b>25</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
26				
<b>Difficulty Level/Notes:</b>				
27				
<b>Difficulty Level/Notes:</b>				
28				
<b>Difficulty Level/Notes:</b>				
29				
<b>Difficulty Level/Notes:</b>				
30				
<b>Difficulty Level/Notes:</b>				





## Weeks 10-11

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>21</b>				
<b>Difficulty Level/Notes:</b>				
<b>22</b>				
<b>Difficulty Level/Notes:</b>				
<b>23</b>				
<b>Difficulty Level/Notes:</b>				
<b>24</b>				
<b>Difficulty Level/Notes:</b>				
<b>25</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
26				
<b>Difficulty Level/Notes:</b>				
27				
<b>Difficulty Level/Notes:</b>				
28				
<b>Difficulty Level/Notes:</b>				
29				
<b>Difficulty Level/Notes:</b>				
30				
<b>Difficulty Level/Notes:</b>				



## Weeks 12-14

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				



<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>21</b>				
<b>Difficulty Level/Notes:</b>				
<b>22</b>				
<b>Difficulty Level/Notes:</b>				
<b>23</b>				
<b>Difficulty Level/Notes:</b>				
<b>24</b>				
<b>Difficulty Level/Notes:</b>				
<b>25</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
26				
<b>Difficulty Level/Notes:</b>				
27				
<b>Difficulty Level/Notes:</b>				
28				
<b>Difficulty Level/Notes:</b>				
29				
<b>Difficulty Level/Notes:</b>				
30				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>31</b>				
<b>Difficulty Level/Notes:</b>				
<b>32</b>				
<b>Difficulty Level/Notes:</b>				
<b>33</b>				
<b>Difficulty Level/Notes:</b>				
<b>34</b>				
<b>Difficulty Level/Notes:</b>				
<b>35</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
36				
<b>Difficulty Level/Notes:</b>				
37				
<b>Difficulty Level/Notes:</b>				
38				
<b>Difficulty Level/Notes:</b>				
39				
<b>Difficulty Level/Notes:</b>				
40				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
41				
<b>Difficulty Level/Notes:</b>				
42				
<b>Difficulty Level/Notes:</b>				
43				
<b>Difficulty Level/Notes:</b>				
44				
<b>Difficulty Level/Notes:</b>				
45				
<b>Difficulty Level/Notes:</b>				





## Weeks 15-16 (if assigned)

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
6				
<b>Difficulty Level/Notes:</b>				
7				
<b>Difficulty Level/Notes:</b>				
8				
<b>Difficulty Level/Notes:</b>				
9				
<b>Difficulty Level/Notes:</b>				
10				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>11</b>				
<b>Difficulty Level/Notes:</b>				
<b>12</b>				
<b>Difficulty Level/Notes:</b>				
<b>13</b>				
<b>Difficulty Level/Notes:</b>				
<b>14</b>				
<b>Difficulty Level/Notes:</b>				
<b>15</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>16</b>				
<b>Difficulty Level/Notes:</b>				
<b>17</b>				
<b>Difficulty Level/Notes:</b>				
<b>18</b>				
<b>Difficulty Level/Notes:</b>				
<b>19</b>				
<b>Difficulty Level/Notes:</b>				
<b>20</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
<b>21</b>				
<b>Difficulty Level/Notes:</b>				
<b>22</b>				
<b>Difficulty Level/Notes:</b>				
<b>23</b>				
<b>Difficulty Level/Notes:</b>				
<b>24</b>				
<b>Difficulty Level/Notes:</b>				
<b>25</b>				
<b>Difficulty Level/Notes:</b>				

<b>Anatomical Part and Description</b>	<b>Accession Number</b>	<b>Date</b> (DD/MM/YY)	<b>Participation</b> (O, A, or U)	<b>Validation</b>
26				
<b>Difficulty Level/Notes:</b>				
27				
<b>Difficulty Level/Notes:</b>				
28				
<b>Difficulty Level/Notes:</b>				
29				
<b>Difficulty Level/Notes:</b>				
30				
<b>Difficulty Level/Notes:</b>				

