

STUDENT CLINICAL SKILLS POCKET BOOK (NOVICE) MIDS 181 – 2023

Name

CLINICAL SCANNING SKILLS

DEVELOPING COMPETENCE

Term 1

MIDS 121

Novice

Term 2 Term 3 Term 4 MIDS 151

MIDS 181

MIDS 231

ADVANCED BEGINNER

Term 5 Term 6

MIDS 281

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 <u>same day</u> the examination was performed. Otherwise, the case <u>cannot</u> 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 perquisite 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

Patient Care Validation

	re Skill: Introduction ame:
	Accession:
	alidate that the student independently I the following steps:
 Confire identifer 	med patient identity using at least two iers
	uced self to patient using SNOD ach (student, name, occupation/role,
0	explained procedure to patient and introduced the supervising technologist
	d nature of exam with patient and ed any additional history
Comments	S:
Technolog	ist name and initials:

PATIENT CARE VALIDATION

Patient Care Skill: During Exam Student Name:	
Date: Accession:	
Initial to validate that the student independent performed the following steps:	
 Explained procedure to patient; obtained informed consent (permission to touch 	
 answered questions, etc.) Ensured patient cooperation by careful instructing the patient (body movemen breathing instructions, etc.) 	-
 Explained reasoning behind touching, used appropriate palpation technique, and touched only as necessary 	
Comments:	
Technologist name and initials:	

PATIENT CARE VALIDATION

Patient Care Skill: End of Exam, Dismissal
Student Name:
Date: Accession:
Initial to validate that the student independently performed the following steps:
 Verified acceptability of all images with the technologist before dismissing patient Described the post-procedural instructions to the patient Cleaned and adequately restored the procedure room in preparation for the next patient
Comments:
Technologist name and initials:

US Unassisted Case Validation: OB2

Ana	tomical Part: Maternal Cx w/ Measurement
Stud	dent Name:
Dat	e: Accession:
	ial to validate that the student independently formed 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
Con	nments:
Tec	hnologist name and initials:

Anatomical Part: Ovaries + Adnexa
Student Name:
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:

Anatomical Part: FHR Student Name:	
Date: Accession:	
Initial to validate that the student indeperformed the following steps:	pendently
Selected appropriate examination p	rotocol
 Explained procedure to patient and 	
introduced the supervising technological	_
Used measurements and/or colour	Doppler
as appropriate for part(s) imaged	
 Identified and documented any relepathology 	evant
 Completed appropriate write-up for 	r the
anatomical part(s) per department	
Comments:	
Technologist name and initials:	

	atomical Part: Fetal Lie dent Name:
Dat	re: Accession:
	ial to validate that the student independently formed 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
Cor	mments:
Tec	chnologist name and initials:

Anatomical Part: Placenta Loc.+ Pla. Cl
Student Name:
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:

Anatomical Part: BPD + HC Student Name:
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:

Anatomical Part: AC + FL Student Name:
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:

Anatomical Part: Stomach + Bladder + Fetal CI
Student Name:
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:

Anatomical Part: Kidneys + Renal Pelvis
Student Name:
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:

Anatomical Part: Legs + Feet Student Name:
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:

Anatomical Part: Arms + Hands
Student Name:
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:

Anatomical Part: Fetal Spine Student Name:
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:

Anatomical Part: Profile + NB
Student Name:
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:

Anatomical Part: Orbits/Face/N+L Student Name:
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:

Anatomical Part: CP/LV/CSP Student Name:
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:

Anatomical Pa	art: Cere/CM/NF e:
Date:	Accession:
	ate that the student independently e following steps:
 Explained introduce Used mea as approp Identified pathology Complete 	ppropriate examination protocol procedure to patient and d the supervising technologist surements and/or colour Doppler riate for part(s) imaged and documented any relevant d appropriate write-up for the all part(s) per department protocol
Comments:	
Technologist	name and initials:

Anatomical Part: 4Ch/IVS/3VV Student Name:
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:

	omical Part: RVOT/LVOT nt Name:
Date:	Accession:
	to validate that the student independently rmed the following steps:
Ex in:Us asId paCo	elected appropriate examination protocol splained procedure to patient and troduced the supervising technologist sed measurements and/or colour Doppler appropriate for part(s) imaged entified and documented any relevant athology empleted appropriate write-up for the natomical part(s) per department protocol
Comn	nents:
Techn	nologist name and initials:

Anatomical Part: AA/Bicaval Student Name:
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: OB3

Anatomical Part: Maternal Cx w/ Measurement Student Name:
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:

Anatomical Part: FHR & Heart Views (min.3)
Student Name:
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:

Anatomical Part: Fetal Lie Student Name:
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:

Anatomical Part: Pl Student Name:	
Date:	Accession:
Initial to validate the performed the follo	nat the student independently owing steps:
• Selected appro	priate examination protocol
• Explained proce	edure to patient and
introduced the	supervising technologist
	nents and/or colour Doppler for part(s) imaged
• • •	documented any relevant
. 0,	ropriate write-up for the
• • • • • • • • • • • • • • • • • • • •	t(s) per department protocol
Comments:	
Technologist name	and initials:

Anatomical Part: BPD + HC Student Name:
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:

Anatomical Part: AC + FL
Student Name:
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:

Anatomical Part: Cord Doppler Student Name:
Date: Accession:
Initial to validate that the student independently performed the following steps:
Selected appropriate examination protocolExplained 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:

Anatomical Part: DVP/AFI Student Name:	
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: Cardiac

Anatomical Part: Chest & Thorax (TTE) Student Name:
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:

Anatomical Part: Hepatic Veins (SC) Student Name:
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:

Anatomical Part: Outflow Tracts (TTE)
Student Name:
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:

Anatomical Part: Pulmonary Veins (TTE) Student Name:
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:

Anatomical Part: Wall Layers & Segments (TTE)
Student Name:
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:

Anatomical Part: AO Arch & Branches (TTE) Student Name:
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:

Anatomical Part: Ascending, Descending & AO Root (TTE) Student Name:
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:

Anatomical Part: Atria & Lt Atrial Appendage (TTE Student Name:	
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:	

Anatomical Part: PA & Bifurcation (TTE) Student Name:
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:

Anatomical Part: Atrial & Ventricular Septa (TTE)
Student Name: 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:

Anatomical Part: Aortic Valve (TTE) Student Name:	
Date: Accession:	
Initial to validate that the student independe performed the following steps:	ently
 Selected appropriate examination protod Explained procedure to patient and introduced the supervising technologist Used measurements and/or colour Dopp as appropriate for part(s) imaged Identified and documented any relevant pathology Completed appropriate write-up for the anatomical part(s) per department proto 	ller
Comments:	
Technologist name and initials:	

Anatomical Part: Mitral Valve & Annulus (TTE)		
Student Name:		
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:		

Anatomical Part: Pulmonic Valve (TTE)		
Student Name:		
Date: Accession: _		
Initial to validate that the studer performed the following steps:	nt independently	
Selected appropriate examin	nation protocol	
• Explained procedure to patie	ent and	
introduced the supervising to	echnologist	
 Used measurements and/or 	_	
as appropriate for part(s) im	• •	
 Identified and documented a pathology 	_	
 Completed appropriate write 	e-un for the	
anatomical part(s) per depar	•	
Comments:		
Technologist name and initials:		

Anatomical Part: Tricuspid Valve & Annulus (TTE
Student Name: 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:

Anatomical Part: Rt Ventricle (TTE)
Student Name:
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:

Anatomical Part: Lt Ventricle (TTE)		
Stud	dent Name:	
Date	e: Accession:	
	al to validate that the student independently formed 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	
Con	nments:	
Tecl	hnologist name and initials:	

Anatomical Part: IVC (TTE) Student Name:	
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:	

Anatomical Part:
Student Name:
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:

Anatomical Part: Student Name:
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:

Student Nar	Part: ne:
Date:	Accession:
	idate that the student independently he following steps:
 Explaine introduction Used meas appropriate interesting appropriate interest	appropriate examination protocol d procedure to patient and sed the supervising technologist easurements and/or colour Doppler opriate for part(s) imaged d and documented any relevant say sed appropriate write-up for the cal part(s) per department protocol
Comments:	
Technologis	t name and initials:

Anatomical Part: Student Name:
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:

Technologist Feedback Form

Date: # of hours spent with student:
Rate your overall impression of the student: 0-never; 1-rarely; 2-sometimes; 3-often; 4-always
o never, 1 rarely, 2 sometimes, 3 orten, 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?
Technologist name and initials:

Date:	# of hours spent with student:	
•	rall impression of the student: ely; 2-sometimes; 3-often; 4-always	
Demonstrate schedule	es punctuality according to posted	
Communicat	es whereabouts	
Makes produ	active use of time	
Takes initiativ	ve to participate in procedures	
Works coope	eratively as member of team	
Openly receiving	ves feedback and suggestions for t	
Shows impro next	vement from one shift or case to the	
Any suggestion	ns for improvement? Other comments?	_
		_
		_
Technologist n	ame and initials:	_

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?	_
	_
	_
Technologist name and initials:	-

Date:	# of hours spent with student:	
•	rall impression of the student: ely; 2-sometimes; 3-often; 4-always	
Demonstrate schedule	es punctuality according to posted	
Communicat	es whereabouts	
Makes produ	uctive use of time	
Takes initiati	ve to participate in procedures	
Works coope	eratively as member of team	
Openly recei improvemen	ves feedback and suggestions for t	
Shows impro	evement from one shift or case to the	
Any suggestion	ns for improvement? Other comments?	•
		-
Technologist n	name and initials:	

Date:	# of hours spent with student:	
•	erall impression of the student: rely; 2-sometimes; 3-often; 4-always	
Demonstrate schedule	es punctuality according to posted	
Communicat	tes whereabouts	
Makes prod	uctive use of time	
Takes initiat	ive to participate in procedures	
Works coop	eratively as member of team	
Openly recei	ives feedback and suggestions for nt	
Shows impro	ovement from one shift or case to the	
Any suggestio	ins for improvement? Other comments?	-
		-
		-
Technologist r	name and initials:	•

Week 15 or 16 (as required)

Date:	# of hours spent with student:	
	ll impression of the student: y; 2-sometimes; 3-often; 4-always	
Demonstrates schedule	punctuality according to posted	
Communicates	swhereabouts	
Makes product	tive use of time	
Takes initiative	e to participate in procedures	
Works coopera	atively as member of team	
Openly receive improvement	es feedback and suggestions for	
Shows improve next	ement from one shift or case to the	
Any suggestions	for improvement? Other comments?	
		_
		_
Technologist nar	me and initials:	

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?
Technologist name and initials:

Week:___

Date:	# of hours spent with student:	
	verall impression of the student: arely; 2-sometimes; 3-often; 4-always	
Demonstra schedule	ates punctuality according to posted	
Communic	ates whereabouts	
Makes pro	ductive use of time	
Takes initia	ative to participate in procedures	
Works coo	peratively as member of team	
Openly rec	ceives feedback and suggestions for ent	
Shows imp	provement from one shift or case to the	
Any suggesti	ions for improvement? Other comments?	-
		-
Technologist	t name and initials:	

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:	l	I	l	
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:	1			
7				
Difficulty Level/Notes:	1	1		
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:	1	1		

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
11				
Difficulty Level/Notes:		•		
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:		l		L
14				
Difficulty Level/Notes:	1	L		L
15				
Difficulty Level/Notes:	<u>I</u>	I	L	L

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				!
17				
Difficulty Level/Notes:				
18				
Difficulty Level/Notes:		<u>l</u>		
19				
Difficulty Level/Notes:		<u>l</u>		
20				
Difficulty Level/Notes:		1	<u> </u>	<u>I</u>

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:		•		•
22				
Difficulty Level/Notes:		l		
23				
Difficulty Level/Notes:		<u>l</u>		
24				
Difficulty Level/Notes:	1	I.		
25				
Difficulty Level/Notes:	1	1	L	<u>I</u>

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

Self-Reflection Notes Weeks 4-5			
		<u> </u>	

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:		-1		L
4				
Difficulty Level/Notes:		-1		L
5				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:	1			
7				
Difficulty Level/Notes:	1	1		
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:	1	1		

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation	
11					
Difficulty Level/Notes:					
12					
Difficulty Level/Notes:		L	<u> </u>	<u> </u>	
13					
Difficulty Level/Notes:	,	l	1	I	
14					
Difficulty Level/Notes:	Difficulty Level/Notes:				
15					
Difficulty Level/Notes:	1	ı	1	1	

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				!
17				
Difficulty Level/Notes:				
18				
Difficulty Level/Notes:		<u>l</u>		
19				
Difficulty Level/Notes:		<u>l</u>		
20				
Difficulty Level/Notes:		1	<u> </u>	I

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:				
22				
Difficulty Level/Notes:				
23				
Difficulty Level/Notes:		l		
24				
Difficulty Level/Notes:				
25				
Difficulty Level/Notes:	1	·	1	1

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

Self-Reflection Notes Weeks 6-7			

Weeks 8-9

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:		-1		L
4				
Difficulty Level/Notes:		-1		L
5				

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

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

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

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:		•		•
22				
Difficulty Level/Notes:		l		
23				
Difficulty Level/Notes:		<u>l</u>		
24				
Difficulty Level/Notes:	1	I.		
25				
Difficulty Level/Notes:				

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:	1			l
27				
Difficulty Level/Notes:	l			
28				
Difficulty Level/Notes:		l		
29				
Difficulty Level/Notes:				
30				
Difficulty Level/Notes:				

Self-Reflection Notes Weeks 8-9		

Weeks 10-11

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

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:	1			
7				
Difficulty Level/Notes:	1	1		
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				

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

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

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:		•		•
22				
Difficulty Level/Notes:		l		
23				
Difficulty Level/Notes:		<u>l</u>		
24				
Difficulty Level/Notes:	1	I.		
25				
Difficulty Level/Notes:				

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

Self-Reflection Notes Weeks 10-11			
·	·	·	

Weeks 12-14

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

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

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

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
16				
Difficulty Level/Notes:				!
17				
Difficulty Level/Notes:				
18				
Difficulty Level/Notes:		<u>l</u>		
19				
Difficulty Level/Notes:		<u>l</u>		
20				
Difficulty Level/Notes:		1	<u> </u>	I

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
21				
Difficulty Level/Notes:	I	·		l
22				
Difficulty Level/Notes:		<u>I</u>	I	<u>I</u>
23				
Difficulty Level/Notes:		l	l	l
24				
Difficulty Level/Notes:		I	1	I
25				
Difficulty Level/Notes:	1	I	ı	I

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
26				
Difficulty Level/Notes:			L	
27				
Difficulty Level/Notes:		<u> </u>	l	<u> </u>
28				
Difficulty Level/Notes:		L	I	L
29				
Difficulty Level/Notes:	I	<u> </u>	1	<u>I</u>
30				
Difficulty Level/Notes:	1	I	ı	I

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
31				
Difficulty Level/Notes:	-		<u> </u>	!
32				
Difficulty Level/Notes:	I			
33				
Difficulty Level/Notes:		l		
34				
Difficulty Level/Notes:	I			
35				
Difficulty Level/Notes:	I	1	I	I

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
36				
Difficulty Level/Notes:	1		l	l
37				
Difficulty Level/Notes:				
38				
Difficulty Level/Notes:				
39				
Difficulty Level/Notes:				
40				
Difficulty Level/Notes:	1	1		

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
41				
Difficulty Level/Notes:	-			l
42				
Difficulty Level/Notes:				
43				
Difficulty Level/Notes:		l		
44				
Difficulty Level/Notes:	1	L		L
45				
Difficulty Level/Notes:	ı	I.	L	L

Self-Reflection Notes Weeks 12-14			

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:	l				
3					
Difficulty Level/Notes:		1			
4					
Difficulty Level/Notes:			•		
5					

Anatomical Part and Description	Accession Number	Date (DD/MM/YY)	Participation (O, A, or U)	Validation
6				
Difficulty Level/Notes:	1			l
7				
Difficulty Level/Notes:	I.			
8				
Difficulty Level/Notes:	1	L		L
9				
Difficulty Level/Notes:	1			
10				
Difficulty Level/Notes:	l	1	I	I

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

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

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

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

Self-Reflection Notes Weeks 15-16			