

10/2013



**COMPETENCY REQUIREMENTS
for the
CERTIFICATION BOARD
FOR
RADIOLOGY PRACTITIONER ASSISTANTS**

CERTIFICATION EXAMINATION

Note: The competency requirements contained in this document will be in effect as of July 1, 2014.

Requirements for professional practice include academic preparation and demonstration of clinical competency. Academic preparation is accomplished by graduating from a program of study recognized by the Certification Board for Radiology Practitioner Assistants (CBRPA). Clinical competency is demonstrated by completing the required category competencies as outlined by CBRPA and by verification that the listed competencies contained in this document have been acquired.

In order to qualify for the CBRPA certification examination, students must demonstrate competency in all of the mandatory competencies, which must involve patient examinations and/or procedures. Students must demonstrate competency in eight (8) of the diagnostic, therapeutic or vascular of examinations/procedure performance that must also involve patients.

In addition to the *Image Evaluation and Procedure Performance Competencies*, the student must also demonstrate competency in the *Patient Care, Assessment and Management* requirements. All competencies must reflect patient-specific variations, such as age, pathology and condition.

The clinical competencies listed herein are supervised by a ABR certified radiologist to determine the level of competency, with adherence to the *Scope of Practice for the Radiology Practitioner Assistant*. The Radiology Practitioner Assistant (RPA) shall provide only those services for which they are qualified via education and experience, as determined by the supervising radiologist. Supervision by a radiologist is defined as direct guidance or the availability for direct communication, depending on the performance and competency level of the RPA.

Student Name: _____

Year Completed Program _____

Supervising Physician Signature _____

Supervising Physician Initials: _____ Date Submitted: _____

PATIENT CARE, ASSESSMENT AND MANAGEMENT

Competency Requirement: While performing procedures or evaluating a patient case, competency is demonstrated by performance of:

- ▶ **objective and subjective patient assessment**
- ▶ **evaluation of patient's medical history**
- ▶ **readiness of equipment and needed accessories for procedures**
- ▶ **patient care and sensitivity to patient condition and needs**
- ▶ **patient education**
- ▶ **physical examination, if necessary**
- ▶ **obtaining informed consent**
- ▶ **performing intravenous injections of contrast media and medications**
- ▶ **catheter placement**
- ▶ **radiation protection for patient, self and others**
- ▶ **efficiency in the performance of fluoroscopic procedures**
- ▶ **fluoroscopic equipment operation**
- ▶ **case management**
- ▶ **determination of clinical pathways**
- ▶ **providing a technical report to the supervising radiologist**

Note: All of the above listed competencies may not apply in every patient case. Competency is determined by successfully meeting the requirements that apply to each patient case.

Additions to the following list of examinations or procedures are at the discretion of the radiologist following demonstration of competency in performance, knowledge and skills .

Verification by a radiologist of the following listed competencies implies that the student has successfully obtained an acceptable level of competency and can work

independently with indirect supervision by the radiologist.

Student Name: _____

<u>PLAIN FILM MEDICAL IMAGE EVALUATION</u>				
<p>The listed medical imaging examinations incorporate patient-specific variations, such as, pathology, medical/surgical condition, including trauma and critical patients.</p> <p>Image evaluation includes images obtained from various imaging modalities, as appropriate according to patient case management, institutional capabilities and physician's approval.</p>				
THORAX	Mandatory	Elective	Modality	Date/Verified by:
Chest, routine	✓			
Chest, infant	✓			
Chest, non-routine	✓			
Chest for catheter placement	✓			
Ribs	✓			
Sternum	✓			
UPPER EXTREMITIES	Mandatory	Elective	Imaging Modality	Date/Verified by:
Finger or thumb	✓			
Hand	✓			
Wrist	✓			
Forearm	✓			
Elbow	✓			
Humerus	✓			
Shoulder	✓			
Trauma Shoulder (Y-view or transthoracic)	✓			
Clavicles	✓			

UPPER EXTREMITIES	Mandatory	Elective	Imaging Modality	Date/Verified by:
A-C Joints	✓			
Joint evaluation	✓			
LOWER EXTREMITIES	Mandatory	Elective	Imaging Modality	Date/Verified by:
Toes	✓			
Foot	✓			
Os Calcis	✓			
Ankle	✓			
Tibia and Fibula	✓			
Knee	✓			
Trauma - Extremity	✓			
Femur	✓			
Hip	✓			
Trauma - Hip	✓			
Joint Evaluation	✓			
SPINE AND PELVIS	Mandatory	Elective	Imaging Modality	Date/Verified by:
Cervical Spine	✓			
Trauma - Cervical Spine	✓			
Thoracic Spine	✓			
Lumbosacral Spine	✓			
Trauma - Thoracic- Lumbar	✓			
Scoliosis	✓			

SPINE AND PELVIS	Mandatory	Elective	Imaging Modality	Date/Verified by:
Pelvis	✓			
Sacrum and Coccyx	✓			
Sacroiliac Joints	✓			
HEAD AND NECK	Mandatory	Elective	Imaging Modality	Date/Verified by:
Routine skull	✓			
Trauma skull	✓			
Facial bones	✓			
Trauma Facial Bones	✓			
Nasal Bones	✓			
Paranasal Sinuses	✓			
Orbits	✓			
Zygomatic arches	✓			
Mandible	✓			
Pharynx and Larynx (Soft Tissue)	✓			
T-M Joints	✓			
Brain Tissue Abnormalities	✓			
Hydrocephalus Shunt Evaluation		✓		
ABDOMEN AND GENITOURINARY SYSTEMS	Mandatory	Elective	Imaging Modality	Date/Verified by:
Abdominal Abnormalities	✓			

ABDOMEN AND GENITOURINARY SYSTEMS	Mandatory	Elective	Imaging Modality	Date/Verified by:
Intravenous Urography	✓			
Cystography and/or Cystourethrography	✓			
Retrograde Cystography	✓			
Obstruction Series	✓			
Appendix-CT	✓			

FLUOROSCOPIC/CONTRAST PROCEDURES

GASTROINTESTINAL TRACT	Mandatory	Elective	Imaging Modality	Date/Verified by:
Esophagus - Barium Swallow	✓			
Swallowing Study		✓		
Sialogram		✓		
Upper G. I. Series -	✓			
Small Bowel Study	✓			
Barium Enema - Single Contrast	✓			
Barium Enema Double Contrast	✓			

Diagnostic Procedures

The listed procedures are performed under the direct supervision of a radiologist until competency is achieved, whereupon indirect supervision is acceptable.

The list is not intended to be inclusive and may be expanded at the radiologist's discretion.

Diagnostic Procedures	Performed	Assisted	Elective	Date/Verified by:
Lumbar puncture and Myelogram			✓	
Joint Arthrography			✓	
Hystrosalpingogram			✓	
Needle Localizations			✓	
MRI Guided Procedures			✓	
Dynamic Procedures			✓	

Therapeutic Procedures

	Performed	Assisted	Elective	Date/Verified by
1. Paracentesis			✓	
2. Thoracentesis			✓	
3. PICC line placement	✓			
4. Venous catheter placement	✓			
5. Dialysis maintenance			✓	
6. Tunneled and non-tunneled venous central line placement			✓	
7. Image Guided Biopsies			✓	
8. Pain Management Injections			✓	
9. Interventional Oncology Procedures			✓	
10. Joint Aspiration			✓	
11. Fluid Drainages	✓			

Therapeutic Procedures				
	Performed	Assisted	Elective	Date/Verified by
12. Lumbar Puncture	✓			
13. Transhepatic Cholangiography			✓	
14. Kyphoplasty			✓	
15. Esophageal and Colonic Stenting			✓	

VASCULAR PROCEDURES

IMAGING PROCEDURE	Performed	Assisted	Elective	Date/Verified by:
Venography	✓			
Primary assist in vascular and interventional procedures			✓	
Arterial catheter introduction/placement			✓	
MRI Angiography			✓	
Venous Access Procedures Declots Permacath placements IVC Filter Placement			✓	
Vascular Stenting			✓	

EVALUATION OF IMAGES FROM OTHER MODALITIES	Mandatory	Elective	Date Completed	Verified by:
Mammogram [If an R.T. (R)(M)]		✓		
Mammography Glactogram		✓		
Ectopic Pregnancy Sonography		✓		
Testicular Torsion Sonography or Nuclear Medicine		✓		
Bone Scan Nuclear Medicine		✓		
Biliary System Sonography and/or Nuclear Medicine		✓		
Lung Scan Nuclear Medicine		✓		
Fetal and Placenta Position-Sonography		✓		
Fetal Viability Sonography		✓		
Appendix Evaluation CT or Sonography		✓		
Trauma CT Procedures	✓			
Trauma MRI Procedures	✓			

PATIENT MANAGEMENT

Management Tasks	Mandatory	Elective	Date Completed	Verified by:
ACLS Certification	✓			
IV Therapy (Care and Adjustments)	✓			

Management Tasks	Mandatory	Elective	Date Completed	Verified by:
Oxygen Administration	✓			
Contrast Injection and Other pharmaceuticals	✓			
Foley Placement (With & W/O PTA)	✓			
NG Tube Placement	✓			
Cardiac Monitoring	✓			
Infection Control	✓			
Risk Management	✓			
Incision/Wound Dressing	✓			
Suturing	✓			
Radiation Safety	✓			
Conscious Sedation Administration/Monitoring		✓		
Documentation of Protocol Application/Patient Status	✓			
Determining Appropriate Management Plan	✓			
Obtain Pertinent History & Physical Examination Data	✓			
Determine Medication Regimen	✓			
Document Consent	✓			
Determine Physician Orders	✓			
Evaluation of Pertinent Reports for Evaluation (lab, x-rays,etc)	✓			

PATIENT SERVICES

Patient Service	Mandatory	Elective	Date Completed	Verified by:
Patient Education	✓			
Patient Assessment	✓			

PATIENT SERVICES				
Obtain Medical & Clinical History	✓			
Obtain Informed Consent	✓			
Pre- and Post- Procedure Instructions	✓			
Post Procedure Follow-up	✓			
HIPPA Compliance	✓			
Incision/Wound Care	✓			
Check Blood Sugar Levels	✓			
ADDITIONAL TASKS/PROCEDURES				