**Clinical Assessment Form 1 – Simple Technique (palliative)**

|  |  |
| --- | --- |
| Student Name: |  |
| Hospital/Placement: |  |
| Assessor: |  |
| Examination Assessed: |  |
| Examination Date: |  |

|  |  |
| --- | --- |
|  |  |
| ***( “D” indicates that this aspect of the assessment was based on dialogue / discussion)*** | | |

**Pre-examination checks – Pass/Fail**

|  |  |
| --- | --- |
| Pass | Fail |
| Patient correctly identified |  |  |
| Any instructions required prior to treatment communicated |  |  |
| Appropriate preparation of the patient for treatment |  |  |

**Room Preparation (D)**

|  |  |
| --- | --- |
| Pass | Fail |
| Appropriate room set-up |  |  |
| Infection control |  |  |
| Appropriate immobilisation and positioning equipment set-up |  |  |

**During the Procedure**

|  |  |  |
| --- | --- | --- |
| Yes | No | N/A |
| **Did the student?** |  | | |
| Call the patient into the room appropriately? |  |  |  |
| Correctly identify the patient? |  |  |  |
| Get the patient prepared for the procedure? |  |  |  |
| **(D)** Correctly set up the immobilisation and positioning equipment |  |  |  |
| **(D)** Show clear communication with other members of the team on how to accurately position the patient? |  |  |  |
| **(D)** Correctly position the patient following the instruction on the patient’s treatment plan? |  |  |  |
| Communicate appropriately with the patient while positioning them |  |  |  |
| Show safe and effective use of the linear accelerator controls in setting up the patient |  |  |  |
| **(D)** Communicate appropriately with the patient on exiting the treatment room |  |  |  |
| Communicate with other members of the team on exiting the treatment room |  |  |  |
| Correctly follow procedures for exiting the treatment room considering radiation protection protocols |  |  |  |
|  |  |  |  |
| Yes | No | N/A |
| **Did the student?** |  | | |
| Correctly communicate the appropriate information to the operator? |  |  |  |
| **(D)** Consider and communicate the requirement of any required verification imaging? |  |  |  |
| **(D)** Ensure it was safe to carry out exposure? |  |  |  |
| Accurately record the treatment detail and dose the patient received including verification dose? |  |  |  |
| Communicate correctly with the patient at the end of the treatment? |  |  |  |
| **(D)** Use the correct techniques to support the patient leaving the treatment area? |  |  |  |

|  |
| --- |
| Assessor Comments: |

**Following the Procedure**

|  |  |
| --- | --- |
| Pass | Fail |
| Did the student? |  |  |
| Accurately explain the procedure to the assessor? |  |  |
| **(D)** Correctly process any verification images and recorded the relevant information? |  |  |

|  |
| --- |
| Assessor Observations and Comments: |

|  |  |  |
| --- | --- | --- |
| **Student achieved** | **Pass:** | **Fail:** |
| Signed by Assessor |  | |