



Australian and New Zealand Society of Nuclear Medicine 6 Month PDY Program

2 + 4 month – Progress Report Review date: _____

These forms are to be completed by the PDY with the workplace supervisor, forwarded to ANZSNM Mentor for comment and then to PDY Program Co-ordinator.

Name of Technologist:.....

Is the Technologist working part-time? No /Yes Hours per week:

Practice Name:

Practice Address:.....

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Chief Technologist:.....

Physician In Charge:

Technologist Supervisor:.....

PDY Mentor:.....

Commencement date of PDY:.....

ASSESSMENT RATINGS

IF COMPETENCIES/PROCEDURES ARE GAINED THROUGH OFF SITE VISITS NOMINATED IN THE INDIVIDUAL SITE PROGRAM, PLEASE ATTACH A LETTER FROM THE DESIGNATED SUPERVISOR AT THE OFF SITE PRACTICE DETAILING TIME SPENT AND COMPETENCIES ACHIEVED.

CORE COMPETENCY AREAS/ KEY SKILL REQUIREMENTS

- Radiation Safety and Protection
- Laboratory Skills
- Radiopharmaceutical Dose Administration
- Diagnostic Imaging
- Administration (Including scheduling and other relevant organisation skills)

SCALE

Rating:

1 **Competent and safe.** - Confident, outcomes substantially achieved and able to meet deadlines.

2 **Progressing.** - Occasional cues or supervision required. May include need to improve accuracy or speed.

3 **Not competent.** - Desired behaviours not yet observed.



Demonstration of Skills in the Core Competency Area of Radiopharmaceutical Dose Administration

- ability to administer a diagnostic radiopharmaceutical dose intravenously, via inhalation and orally
- knowledge of the therapeutic administration of oral Iodine –131
- awareness of the preparation of a therapy room or hot cell
- knowledge of requirements to facilitate administration of other therapeutic radionuclides
eg. 89Sr, 32P, 153Sm

Demonstration of Skills in the Core Competency Area of Radiation Safety and Protection

- consistently demonstrate knowledge of ALARA principle to limit exposure to self, staff and others
- demonstrate safe storage and disposal of radioactive waste
- knowledge of practice Radiation Safety Plan (RSPP) and spill protocols
- understanding of packaging and transport of radioactive material in accordance with legislative requirements
- awareness of and conformity with State Legislation ie. Radiation Safety Act and Regulations
- maintenance of radiopharmaceutical receipt and disposal logs

Demonstration of Skills in the Core Competency Area of Administration

- ability to prioritise services by managing patient case loads and associated administrative Processes
- awareness of Medicare billing/accounts
- ability to order radiopharmaceuticals/supplies and maintenance of dose log books
- ability to take bookings and appropriately prepare a patient prior to their appointment
- knowledge of protocol development



EXPOSURE TO PET IMAGING*

Observation or assistance in PET imaging is desirable.
Has the PDY technologist had exposure to PET in this review period?

Yes/No Number of Days: _____

EXPOSURE TO SPECT/CT

Observation or assistance in SPECT/CT imaging is desirable.
Has the PDY technologist had exposure to SPECT/CT in this review period?

Yes/No Number of Days: _____

EXPOSURE TO PAEDIATRIC NUCLEAR MEDICINE*

Observation or assistance in paediatric nuclear medicine is required for the equivalent of 2 weeks.
Has the PDY technologist had exposure to paediatric nuclear medicine this review period?

Yes/No Number of Days: _____

EXPOSURE TO OTHER HEALTH FIELDS*

Please list the health area visited this review period.
Observe/Assist Number of Days _____

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*If undertaken off-site, please attach documents validating your participation.

PROFESSIONAL ATTRIBUTES

Rating: C = Consistently, R = Rarely

PATIENT CARE

Please take into account attributes such as correct identification, monitoring of the patient, awareness of patient needs, consideration of patient confidentiality, and effective communication.

Rating:
Comments

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TEAM WORK

Please take into account attributes such as understanding of the role of a multidisciplinary team, recognition of limitations and willingness to seek assistance when appropriate, ability to accept direction graciously, and effective communication with the health care team.

Rating:
Comments :.....
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SAFETY

Please take into account attributes such as awareness of a safe working environment for patients, relatives and staff, demonstrated knowledge of universal precautions, awareness and application of the local radiation protection plan.

Rating:
Comments :.....
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CODES OF PRACTICE

Please take into account attributes such as awareness of and compliance with local and national codes of practice and ethics

Rating:
Comments :.....
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PROFESSIONAL DEVELOPMENT

Participation in professional development activities is **required** for national registration. Activities include but not limited to:

- Participation in journal club, film reading sessions;
- In-service attendance;
- Attendance at conferences, scientific meetings, continuing education events, seminars;
- Joining professional bodies;
- Research or quality improvement participation;
- Oral presentation or oral Case Study Review to peers.

Title:.....
Presented at:.....
Presented to:.....



Please list the professional development activities undertaken this review period.

Activity :.....
Date:

Activity:.....
Date:

Activity:.....
Date:

Activity:.....
Date:

*Professional Development participation may be audited. Please keep documents validating your participation.

SHIFT WORK OR ON CALL DECLARATION (To be completed after 4 months of PDY experience)

- Participation in shift work is at the discretion of the supervisor who signs to indicate that the PDY Technologist has demonstrated those skills that will be required for shift work.
- A shift for the purpose of this declaration is designated as work carried out by the PDY Technologist between the hours of 6pm and 6am Monday to Friday or at any time on Saturday or Sunday, with a reduced supervision ratio.
- 1 Accredited Technologist eligible to be a supervisor must be available to the PDY Technologist AT ALL TIMES during these shifts. The Accredited Technologist must be able to be contacted by telephone and come into the practice if required.
- During the 'normal working day' i.e. Monday to Friday 6 am to 6 p.m. the ratio of 1 eligible Accredited Technologist to each PDY Technologist must be maintained.

I hereby declare that the PDY Technologist has / has not* demonstrated adequate ability to begin participating in On Call/shift work. (* delete as applicable)

Signed (Primary Supervisor or Chief Technologist)

Name.....

Date

- Declaration MUST be signed regardless of practice policy regarding PDY Technologist participation in shift work.
- Failure to sign will indicate that the PDY Technologist has not demonstrated adequate ability.
- If the PDY Technologist has not demonstrated adequate ability at this time, this form can be signed at any time during the remainder of the PDY and notified to the PDY Program Co-ordinator



ABSENCE FROM WORKPLACE DURING ASSESSMENT PERIOD

Annual leave days taken by PDY Technologist:

Sick days taken by PDY Technologist:

Other Leave taken by PDY Technologist:

COMMENTS

Primary Supervisor's Comments:

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Signature: _____ Date: _____

Name: _____

PDY Technologist's comment:

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Signature: _____ Date: _____

Name: _____

Mentor's comment:

Date received by Mentor: _____

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Signature: _____ Date: _____

Name: _____



ADDITIONAL DOCUMENTATION (Please Attach)

1. OFF SITE VERIFICATION
2. PROFESSIONAL DEVELOPMENT VERIFICATION
3. PART-TIME HOURS WORKED

PDY Technologist to forward completed form to Mentor who should add their comments and forward to:

ANZSNM Secretariat

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Email: secretariat@anzsnm.org.au