



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

6 month – Final 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:.....

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 | Not competent. |

If by the end of the 6 months the supervisor considers that the technologist hasn't achieved the required level of competence in all areas, the PDY Technologist can apply to the ANZSNM/TSIG for an extension of the PDY.



CORE COMPETENCY ASSESSMENT

Instructions:

For each of the following core *competencies* please indicate in the box the Technologist's current level of competence according to the scale on the previous page.

Demonstration of Skills in the Core Competency Area of Routine Diagnostic Imaging

- ability to acquire and process a wide variety of scintigraphic procedures (including: planar, SPECT and ECG-gated imaging in adults and children including studies of the heart, kidneys, lungs, skeleton, thyroid and tumours)
- ability to manage daily allocated case load
- ability to perform routine quality control of gamma camera
- ability to perform quality control on film production (wet/dry/printer)
- understanding of camera networks, data storage & retrieval, eg PACS
- ability to perform routine archiving of patient data

Demonstration of Skills in the Core Competency area of Laboratory Skills

- ability to use dose calibrators, radiation survey meters and probe (where available)
- ability to reconstitute and dispense diagnostic radiopharmaceuticals using aseptic technique
- ability to dispense therapeutic and palliative radiopharmaceutical doses
- ability to perform blood labelling procedures using aseptic technique
- ability to perform QC on dose calibrators, radiation survey meters
- ability to perform quality control of radiopharmaceuticals
- knowledge of cold laboratory procedures



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 (RSP) and spill protocols
- understanding of packaging and transport of radioactive material in accordance with legislative requirements
- awareness of and conformity with State Legislation i.e. 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.

ABSENCE FROM WORKPLACE

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