THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

MAMMOGRAPHY

MEDICAL RADIATION TECHNOLOGIST OBSERVATION FORM

Please complete one form for each examination observed

MRT OBSERVED:	
CMRTO #:	

PATIENT IDENTIFIER:	
PATIENT WRITTEN CONSENT OBTAINED:	

TYPE OF EXAMINATION OBSERVED?	

	C	NC	NA
1.8.1 DUTIES AND RESPONSIBILITIES OF MRTs			
Is the Facility CARMAP accredited?	○	○	○
Is the technologist listed under the facility CARMAP number?	○	○	○
Follow facility policy regarding situations where the use of chaperones may be appropriate.	○	○	○
Ensure the room is prepared for the procedure specified in the order.	○	○	○
Select and set up the equipment and materials needed for the procedure specified in the order.	○	○	○
Ensure correct patient identification (e.g. confirmation of patient name, date of birth, examination to be performed, and physician/authorized health professional authorization is present).	○	○	○
Confirm that the order is appropriate based on the patient history.	○	○	○
Ensure female patients are confirmed and documented – “Not Pregnant”?	○	○	○

	C	NC	NA
Inquire about and record any contraindications before starting the exam.	○	○	○
Ensure that the worklist contains the correct patient information (if applicable).	○	○	○
Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions).	○	○	○
Ensure pertinent clinical history is available and supplement as necessary.	○	○	○
Instruct the patient to remove only the clothing and items that will interfere with the procedure, providing the patient with a gown or sheet to cover areas where clothing was removed and explaining to the patient when and where the MRT may touch them and why.	○	○	○
Follow the facility examination protocols.	○	○	○
Ensure Mammography Patient Questionnaire is completed (include asking about previous.)	○	○	○
Follow facility protocols when unexpected findings are found that would require immediate attention (i.e. cancer)	○	○	○
THROUGHOUT THE EXAMINATION:			
Assess the patient's condition before, during and after the procedure or course of treatment and make modifications to procedures based on the patient's physical, medical and/or emotional status and needs.	○	○	○
Maintain patient comfort, privacy and dignity at all times.	○	○	○
Stop procedure if at any time the patient withdraws consent and record withdrawal of consent and reason as per site protocol.	○	○	○
Use radiation protection devices and other patient protection devices, as required, and record.	○	○	○
Use PPE (personal protection equipment masks/gloves/gown etc.) as required for the procedure and as indicated by personal risk assessment.	○	○	○
Ensure the processed image provides diagnostic image quality while using minimal radiation (ALARA – As Low As Reasonably Achievable). Take corrective action if necessary and record explanation of sub-optimal imaging.	○	○	○
Ensure the door to the examination room is self-closing, has a radiation warning symbol and therefore closed during radiation exposures.	○	○	○
Were infection control procedures followed? (e.g. Breast surface wiped before the exam, hand washing/sanitizer used before and after touching patient, etc.)	○	○	○
Is diagnostic mammography performed under the supervision of a radiologist? (On-site or via PACS).	○	○	○
Comply with privacy and confidentiality legislation such as the Personal Health Information Protection Act (Ontario). Was patient privacy maintained at all times?	○	○	○

	C	NC	NA
FILM/SCREEN:			
Ensure film and cassettes are stored appropriately and not left in the examination room.	○	○	○
Ensure each film is labeled with a cassette number.	○	○	○
Are screens cleaned on a daily basis?	○	○	○
Does the facility have a dedicated processor or 90 second processing with appropriate film?	○	○	○
OUTCOMES:			
When an abnormality is detected is the patient referred for diagnostic mammography or sonography?	○	○	○
Is there a system in place for reviewing outcome data from mammography?	○	○	○
Does the facility track number of cancers detected – both occult and clinically palpable?	○	○	○
IMAGE REVIEW:			
Ensure the breast is completely in the film and/or no skin line or cut-off?	○	○	○
Ensure that the nipple is in profile on each view?	○	○	○
Ensure the pectoral muscle down to the level of nipple (minimum) on the ML view?	○	○	○
Ensure the breast is centered to the film (top to bottom)?	○	○	○
Ensure the inframammary fold is up and out (no “camel nose)?	○	○	○
Ensure no artifacts (dust) or skin folds present on films?	○	○	○
Ensure that patient examination images and data contains patient name, ID number, date of examination and type of examination.	○	○	○
Ensure appropriate collimation is used. This can be verified by viewing the raw image.	○	○	○
Exposure factors are recorded.	○	○	○
Ensure that the orientation of the body and other pertinent parameters are marked correctly on the image and data. (e.g. RT MLO, RT CC)	○	○	○
Ensure that each patient record has the MRT identifier to verify who performed the examination.	○	○	○

General Comments: *(Please use this section to provide overall comments regarding the technologist's performance, attitude, competency etc.) Is the facility OBSP affiliated? Describe infection control practise e.g. Was the breast surface wiped and if so what with? Document product(s) used.*

Recommendations: These recommendations must be documented in the Final Assessment Report

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