



BONE MINERAL DENSITY

MEDICAL RADIATION TECHNOLOGIST OBSERVATION FORM

Please complete one form for each examination observed

MRT OBSERVED:	
CMRTO #:	

PATIENT IDENTIFIER:	
PATIENT WRITTEN CONSENT OBTAINED:	

	C	NC	NA
1.8.1 DUTIES AND RESPONSIBILITIES OF MRTs			
Ensure appropriate delegations (when required).			
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. (patient height and weight taken and documented)			
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 (ie. Baseline vs. High Risk).			
Ensure female patients are confirmed and documented – “Not Pregnant”?			
Inquire about and record any contraindications (e.g. barium studies) 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).			

	C	NC	NA
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 BMD Patient Questionnaire is completed.			
Follow facility protocols when unexpected findings are found that would require immediate attention (e.g. fracture seen.)			
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.			
Was the data from previous scans compared to the current exam? (if applicable). If so, was a "trend" demonstrated on the findings?			
Ensure that the orientation of the body and other pertinent parameters are marked correctly on the image and data.			
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.			
Do all technologists have an up-to-date precision study? (No older than 5 years).			
Perform quality control procedures as per facility policies?			
○ Shewhart testing on each clinical day of operation. (daily phantom testing)			
○ Is documentation available			
Ensure the door to the examination room is self-closing, marked with a radiation warning symbol and closed during radiation exposures.			
Ensure that patient examination images and data contains patient name, ID number, date of examination and type of examination.			
Ensure that each patient record has the MRT identifier to verify who performed the examination.			

	C	NC	NA
Were infection control procedures followed? (e.g. table covered with paper, hand washing/sanitizer used before and after touching patient etc.)			
Comply with privacy and confidentiality legislation such as the Personal Health Information Protection Act (Ontario). Was patient privacy maintained at all times?			
IMAGE REVIEW:			
Are the images diagnostic and include 2 sites?			
Ensure correct anatomy is displayed on image for accuracy of positioning			
○ Ensure proper positioning of scan (spine and femur)?			
○ Ensure appropriate region placement (spine and femur)?			
○ Ensure vertebrae are correctly numbered?			

General Comments: *(Please use this section to provide overall comments regarding the technologist's performance, attitude, competency etc. Is the facility an OAR accredited site? What infection control measures were taken? Document products used?)*

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