ROLE OF THE RADIOLOGIST PRECEPTOR
IN THE WEBER STATE UNIVERSITY
RPA/RA PROGRAM

Students who have been accepted into the WSU RPA/RA Program are experienced radiologic technologists with a minimum of 3 years of experience as an ARRT R.T. (R). Many are certified in more than one area of medical imaging and enter with different skills, abilities, experiences and credentials. During the program, the RPA/RA student is to enhance, improve and gain different skills, abilities, experiences, and credentials. The RPA/RA student should know that a well-rounded education experience is what should be strived for. There are expectations of each student for the Weber State University RPA/RA program.

Whatever the radiologist preceptor wants to teach the RPA/RA student is certainly their choice, within state law and institutional policy. Every radiology practice is different, there are some things that the RPA/RA student may not do because of the practice the RPA/RA student is training in. If possible, a student should contact another facility and do a rotation there to gain all competencies. A new affiliation agreement and/or preceptor form may needed before completing such a rotation, if the facility is out of the network of the current facility and/or a new preceptor form is completed if the new preceptor is not in the same practice as the original preceptor.

As a technologist, the RPA/RA students are accustomed to reviewing images and many are able to discern abnormalities; however, their primary focus has been on correct positioning and technique to provide quality images. To assist them in learning to detect abnormal patterns in medical images, guidance is needed, but direct supervision is may not be required.

The graduate of our program is then eligible to take either or both the Certify Board of The Radiology Practitioner Assistant (CBRPA) and/or the American Registry of Radiologic Technologist (ARRT) RRA exam/s.
The preceptor guidance, supervision, and mentoring is provided by the following methods:

**Clinical Preceptorship Requirements**

Students must complete 24 hours per week during a semester, gaining clinical experience as a RPA/RA student. Of the 24 hours per week, 8 hours minimum is spent with a radiologist during interpretation, so abnormalities can be pointed out and to review patient cases that the RPA/RA has completed. The remaining 16 clinical hours are spent functioning as a RPA/RA student intern within the department. The student should complete approximately 1700 total clinical hours throughout the program.

The radiologist preceptor will initial throughout the semester student patient-technical reports and competency list. At the end of each semester the radiologist will complete and sign semester evaluation and sign off student clinical hours. The final competency evaluation at the end of the last semester will also be completed. If at any time during the student’s internship, the radiologist preceptor has questions or comments for the educational director, please email the educational director of the program, Diane Newham at dnewham@weber.edu.

**Patient Evaluation & Assessment:**

The clinical competency evaluation system requires the RPA/RA student completes a Patient Technical Report Form on each patient and attach this form to the study for radiologist interpretation purposes. The form requires the student to assess the patient’s condition, obtain a clinical/medical history and to provide an initial assessment of the images. The radiologist then reviews the form and then places a circle on a scale of 1-5, indicating the degree of correctness. The student is also required to spend a minimum of 8 hours per week with a radiologist who is doing interpretation, so the student improves their understand of radiology, anatomy, normal variants, and pathology can be pointed out to the student. In departments that have digital equipment, some radiologists allow the student to dictate a patient technical report for review, instead of using the form. The data from the technical report can help the radiologist in their documentation efforts for ICD-10 compliance.
**Fluoroscopic & Invasive Procedures:**

When learning the performance of fluoroscopic and invasive procedures, personal supervision by the radiologist is required until the RPA/RA student demonstrates competency and the radiologist feels comfortable allowing the RPA/RA student to work more independently; thereafter, personal supervision by the radiologist is no longer required and the radiologist may delegate procedures to the RPA/RA student following facility guidelines and state law.

**Semester Evaluations:**

The radiologist preceptor must complete a semester evaluation form. Understanding the busy schedule radiologists have, the forms are in a check list form and easy to complete. Comments may be added, as time permits and if the preceptor has any concerns to convey to the program. The university faculty will complete the calculations to determine the grade for the student intern’s clinical preceptorship.

**Separate Billing:**

Separate billing is not needed because the RPA/RA intern is a student, supervised by the radiologist, and the radiologist provides the final interpretation and signature, much like they do with an ultrasound technologist.

**Malpractice Insurance:**

RPA/RA students are covered by WSU state policy for $1M liability insurance which covers general liability and medical liability. In addition, the RPA/RA students purchase additional liability insurance with a $1M/$3M aggregate.

**RPA/RA Student Clinical Logs and Competency list:**

Following certification agency requirements, our program is tailored to meet the needs of the RPA/RA, the healthcare facility, patients/clients, and the radiology practice. The
RPA/RA student must keep track of everything done as a student intern/midlevel provider in their clinical logs.

**CBRPA**

For the CBRPA certification requirements, the student must follow the CBRPA competency list and provide a list of any additional competencies not on the WSU RPA/RA competency list. As there may be competencies that a radiologist teaches the RPA/RA student, that are not on the CBRPA RPA/RA competency list. If a competency is not possible, for the CBRPA final competency list, put NA for that competency and the RPA/RA student provides a brief explanation for each competency that RPA/RA student has an NA for.

**ARRT**

For the ARRT certification requirements, the student must follow the ARRT requirements and competencies. Candidates for ARRT certification must document performance of a set number of cases for a specified list of radiologic procedures and must successfully pass a competence assessment for each procedure (i.e., be evaluated by a preceptor and be deemed competent). The candidate’s clinical experience and competence assessments are documented on the Summary of Clinical Experience and Competence Assessment Form (CR-1) which is submitted to ARRT as part of the application materials. The competence assessments for individual procedures are documented on ARRT Forms CR-2A through CR-2E and are also submitted to ARRT as part of the application materials.

**Summative Evaluation Rating Scales.**

The radiologist serving as the chief preceptor completes an overall evaluation of the candidate’s cognitive, psychomotor, and affective skills at the end of the preceptorship. The term “summative evaluation” denotes that this is an end-of-the-preceptorship summary assessment. The scales address five performance domains: evaluation of medical information; patient communication; radiation safety; professionalism; and specific procedural skills (GI/Chest, GU, invasive vascular, invasive nonvascular). To be eligible for certification, the candidate for certification must receive a rating of three or higher in each domain. The form is submitted to ARRT as part of the application materials.
End of Semester:
At the end of each semester, the radiologist preceptor must complete and sign an academic semester evaluations and sign off on student clinical logs and clinical hours for the semester.

Summary:
An attempt is made to keep the time requirements for the radiologist to a minimum, due to their busy schedules and workloads, yet still obtain an objective and thorough evaluation of the student’s progress. The role of the radiologist preceptor as a mentor is to review the Patient Technical Report Form or any initial student observations. As part of the evaluation process, to point out abnormalities to the RPA/RA student during the interpretation process, to provide assistance and guidance when learning fluoroscopic, nonvascular and vascular invasive procedures and to complete a semester evaluation form and to check off the procedures the students has demonstrated competency in performing.

Supervision Levels

**Personal supervision** means a physician must be in attendance in the room during the performance of the procedure.

**Direct supervision** in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

**General supervision** means the procedure is furnished under the physician’s overall direction and control, but the physician’s presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.
Delegation of Supervision:

The radiologist preceptor may delegate supervision duties to others for the supervision of the RPA/RA student as the radiology practice may include more than one radiologist or practicing RPAs/RRAs. **Each semester the Radiologist Preceptor must complete and sign forms on the student, even if they delegated supervision duties to others.**

In some institutions there is more than one practice in radiology. The student should have a preceptor for each practice, with a preceptor form completed for each practice. The student may go to another hospital/facility to gain competency in some area. This may require another affiliation agreement and preceptor form. The radiology practice may change for a student while in the program. When that happens, a radiologist from the new practice must be willing to be a preceptor for the student.

**Note:** *If the student does not have a radiologist preceptor and/or clinical site, that individual can no longer remain in the WSU RPA/RA program.*

RPA/RA Student Portfolio

The portfolio is purposeful collections of examples of RPA/RA student work annotated with RPA/RA student reflective commentary. Examples may be drawn from assignments associated with a single clinical event, or from curricular and co-curricular activities spanning a broad period of time.

Portfolio development consists of five stages:

1. **Collection:** RPA/RA students learn to save artifacts that represent the successes (and “growth opportunities”) in their day-to-day teaching and learning. (included are case studies, presentations, and professional writings and publications)

2. **Selection:** RPA/RA students review and evaluate the artifacts they have saved, and identify those that demonstrate achievement of specific objectives and goals.
3. **Reflection**: RPA/RA students become reflective individuals, evaluating their own growth and their clinical achievements over time, as well as the gaps in their development.

4. **Direction**: Radiologist mentors and RPA/RA students compare their reflections to performance indicators and set learning goals for the future. This portion of individual professional development supports key elements of lifelong learning.

5. **Presentation**: RPA/RA students share their portfolios with their peers. This stage helps to encourage collaboration and commitment to professional development and lifelong learning.

RPA/RA student portfolios offer another bridge that deepens the RPA/RA student-radiologist mentor relationship. Portfolios also provide insights for tailoring learning contracts as the RPA/RA student progresses through the clinical experience.

**Radiology Policies, Procedures, and Protocols:**

There should be a radiology policy, procedure, and protocol for every thing that the non-physician mid-level radiology practitioner does. This is important for the liability of the healthcare facility, radiologist and their practice, and the RPA/RA student.

If there is no facility policy, procedure, and protocol in place, the RPA/RA student may have to be the one that works with the radiologist and others to develop a policy, procedure, and protocol. (However, know that the RPA/RA student does not have to reinvent the wheel, other RPA’s, RA’s and RPA/RA students in the profession may be doing something similar. That is why it is important for the student to network with other mid-level Radiology Practitioner Assistants and Registered Radiologist Assistants.)

The RPA/RA student should also follow the **Guidelines for Preparing Clinical Protocols**

The American Society of Radiologic Technologists (ASRT) has developed this guidance document as a resource to assist radiologist assistants (RA) in the
development of procedure-specific clinical protocols. Go to the following link for the guidance.

https://www.asrt.org/content/RadiologistAssistants/_radiologistassistant.aspx

Also the above link also has a short video about the Preceptor’s Role.

The RPA/RRA Program Manual and other program information can be accessed at:
http://radpacs.weber.edu
username: preceptor
password: preceptor

If you have questions or concerns, please contact the RPA/RA Education Director at the following:

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Since 1996 we have worked with many radiologist preceptors across the country in different practices, for their contact information please contact the Education Director