

# University of Arkansas for Medical Sciences

## Radiologist Assistant Program

### Preceptor Information

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#### INTRODUCTION

**Thank you** for your interest in our graduate Radiologist Assistant (RA) program at UAMS, which awards the Master of Imaging Sciences (MIS) degree. As a Radiologist, you are the fundamental factor in making this program possible. Our RA interns will depend on you as their preceptor for the most critical part of their education, their clinical experience. Clinical activities should emphasize the education of the student as opposed to the productivity enhancement provided by the student. In turn, we strive to produce an advanced practice professional that will be a valuable asset for your practice.

#### HISTORICAL PERSPECTIVE

In March 2002, the Advanced Practice Advisory Panel of the American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT) produced a critical report: "The Radiologist Assistant: Improving Patient Care While Providing Work Force Solutions." As a result of this White Paper, the ACR agreed to move forward with the RA concept as was outlined by the panel.

The addition of the Radiologist Assistant into your practice promises to be a cost effective and efficient work force solution that will enhance the productivity of your department. According to E. Stephen Amis Jr., M.D., chairman of the ACR Board of Chancellors: "I am comfortable that supporting the RA concept is the right thing for radiology in this time of severe shortages. The RA, properly conceived and jointly supported, can improve the efficiency of the Radiologist while providing an attractive career pathway for radiologic technologists."

#### ANTICIPATED BENEFITS

The RA assumes a leadership role in the radiology department by focusing on patient care. The RA performs complex procedures competently and intelligently manages activities along the continuum of patient care. The Radiologist Assistant scope of practice will have higher levels of accountability and clinical responsibilities in the radiology department than current radiologic technologists. This added knowledge, accountability, and responsibility produces a positive outcome in regard to superior patient care, which enhances the referral base of your practice.

The RA lightens the Radiologist's procedural workload in the following ways:

- Performing fluoroscopic and complex studies
- Taking patient history and physicals
- Securing requisite laboratory results
- Obtaining informed consent
- Including additional views needed for diagnosis
- Triaging examinations for efficient interpretation
- Monitoring patients post procedure
- Discharging patients from radiologic procedures

The RA facilitates communication with the referring physician's office and patient management by reporting your stat reads and diagnostic procedure interpretations. The RA will further benefit your practice through increased time spent on patient evaluation and direct patient care. Your patients will experience having one care provider from the time they arrive in the department until they leave. Because the RA clinical requirements for national certification focus on patient assessment, patient management, patient education, and quality patient care in the radiology environment, we believe that the RA will have a positive impact on patient satisfaction and department productivity.

## PRECEPTOR RESPONSIBILITIES

During clinical experiences, RA interns are always under the supervision of Radiologist Preceptors who determine the capacity of the interns to perform any specific functions. Under Radiologist supervision, the RA interns will perform patient assessment, patient management and selected clinical imaging procedures. Clinical activities should emphasize the education of the student as opposed to the productivity enhancement provided by the student. The levels of Radiologist supervision expected must comply with those designated by the American Registry of Radiologic Technologists (ARRT) for interns learning these procedures in Radiologist assistant programs. Individual state and/or institutional regulations and policies may place additional limitations on the activities and responsibilities for the RA intern in a given clinical setting.

Radiologist Preceptors are responsible for the RA interns' clinical experiences, helping the intern plan their goals and rotations for each clinical internship course. The preceptors teach interns patient management skills, procedures, and image observations to meet the requirements of the RA program. The required clinical competencies are based in general diagnostic radiography. Additional skills may be taught to RA interns as deemed appropriate. Preceptors work directly with interns a minimum of twenty-four (24) clinical hours each week as part of each clinical education course. This clinical time may be divided between patient management, procedures, and image observation.

**Preceptors will verify that interns are actively participating in all their required clinical hours by**

- 1) verifying their daily log which documents the internship hours, image observation time, and individual patient cases involving the RA intern.**
- 2) documenting and verifying each competency evaluation (total of 15 minimum).**
- 3) evaluating the intern's clinical performance at least three times each semester.**
- 4) communicating with the program director following each evaluation and at other times as deemed appropriate.**

### LEVELS OF SUPERVISION

***Personal Supervision (PS)*** means the Radiologist must be in attendance in the room with the RA intern during the performance of the procedure.

***Direct Supervision (DS)*** means the Radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. The Radiologist is not required to be present in the room when the procedure is performed.

***General Supervision (GS)*** means the procedure is furnished under the Radiologist's overall direction and control, but the Radiologist's presence is not required during the performance of the procedure.

### COMPETENCY ASSESSMENT

Interns are to abide by the Radiologic Science Professional Code of Ethics, especially regarding patient protection, patient confidentiality, and patient care.

Each procedure performed must be observed at least one time, and then completed with assistance from the Radiologist at least once before the RA intern performs the procedure. The procedure may be completed with assistance from the Radiologist as many times as deemed appropriate before the RA intern may perform the procedure without assistance. Competence assessment may be conducted at the Radiologist's discretion following successful performance of

the procedure without assistance by the RA intern. Clinical competence means that the Radiologist Preceptors are satisfied that the intern can perform the procedure or function independently.

### REQUIRED & ELECTIVE CLINICAL COMPETENCIES

Interns are encouraged to participate fully in all procedures during clinical experiences. Radiologist Preceptors must verify clinical competence for each required clinical competency identified in the following chart. Additionally, the Radiologist Preceptors must verify clinical competence for elective procedures. Elective clinical competencies will vary from intern to intern depending on setting and clinical focus.

Each semester a specific number of clinical competencies and cases completed must be documented as part of the clinical course assignments. By the completion of the program, interns must demonstrate competence in patient management skills, all required procedure competencies, assigned image observation experiences, and at least six elective procedure competencies. The intern must also document performing at least 375 mandatory cases and 125 elective cases for a total minimum of 500 cases upon completion of the clinical component of the RA program.

### ARRT REQUIRED PROCEDURE COMPETENCIES

Sup Level	Required Competency				
	<b>Perform the following examinations and procedures including contrast media administration, operation of fluoroscopic unit, and needle or catheter placement:</b>				
	<ul style="list-style-type: none"> <li>After the intern has demonstrated competence in a procedure, he/she must complete the specified number of cases for each clinical procedure listed below (The competence exam may be included in total number of cases).</li> <li>The intern must document a minimum of 375 required procedure cases <u>performed</u> by the end of the clinical internship component of the RA program.</li> </ul>				
	Activities	Number of cases	Operation of Fluoroscopic Unit	Contrast Media Administration	Needle or Catheter Placement
DS	1. Upper GI (Including esophagus)	40	X	X	
DS	2. Small bowel study	35	X	X	
DS	3. Barium enema	30	X	X	X
DS	4. Cystogram (including at least 10 bladder catheterizations)	25	X	X	X
DS	5. Arthrogram/joint injection and aspiration (standard, CT, or MRI)	30	X	X	X
PS	6. Lumbar puncture under fluoroscopic guidance	10	X	X	X
DS	7. Nasoenteric & oroenteric feeding tube placement or adjustment	30	X		X
DS	8. Paracentesis/Thoracentesis with appropriate image guidance	20	X		X
DS/ GS	9. PICC placement (level of supervision dependent on complexity of examination)	25	X		X

## ARRT ELECTIVE CLINICAL PROCEDURES

Sup Level	Elective Competency				
	<ul style="list-style-type: none"> <li>Once an intern has demonstrated competence in an elective procedure, he/she must document minimum of four more cases performed (5 cases total) for at least <b>six</b> of the 15 procedures from the table below.</li> <li>The intern must document a minimum of 125 elective procedure cases <u>performed</u> by the end of the clinical internship component of the RA program.</li> </ul>				
	Activities	Operation of Fluoroscopic Unit	Contrast Media Administration	Needle or Catheter Placement	Post Processing Activity
DS	1. Fistulogram / sinogram	X	X	X	
DS	2. Hysterosalpingogram (imaging only)	X			
DS	3. Loopogram	X	X	X	
DS	4. Port injection	X	X	X	
DS	5. Retrograde urethrogram	X	X	X	
DS	6. Tube injections (including cholangiogram, nephrostogram, etc.)	X	X	X	
PS	7. Ductogram (galactogram)	X	X	X	
PS	8. Lower extremity venography (includes venipuncture)	X	X	X	
PS	9. Myelogram-standard, CT, or MR	X	X	X	
PS	10. Breast Needle localization		X	X	
PS	11. Non-tunneled venous central line placement	X	X	X	
DA	12. Venous catheter placement for dialysis	X	X	X	
GS	13. Routine CT (e.g., 3-D reconstruction, modifications to FOV, slice spacing or algorithm)				X
GS	14. Specialized CT (e.g., cardiac scoring, shunt graft measurements)				X
GS	15. MR data analysis (e.g., 3-D reconstructions. MIP, 3-D surface rendering, volume rendering)				X

### QUESTIONS?

The program director invites your comments, suggestions, and questions.

Rebecca Ludwig, Ph.D., R.T.(R)(QM)(ARRT)FAEIRS  
 Associate Professor, Chairman, & RA Program Director  
 Department of Imaging & Radiation Sciences  
 UAMS Slot 563, 4301 W Markham, Little Rock, AR 72205  
 Ph (501)686-7438 Fax (501)526-7975  
[ludwigrebecca@uams.edu](mailto:ludwigrebecca@uams.edu)

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**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
COLLEGE OF HEALTH RELATED PROFESSIONS  
DEPARTMENT OF IMAGING & RADIATION SCIENCES  
RADIOLOGIST ASSISTANT PROGRAM**

**RADIOLOGIST PRECEPTOR AGREEMENT**

I agree to serve as the Radiologist Preceptor without remuneration for (signature & printed name of applicant)

\_\_\_\_\_ as he/she completes a  
Signature Printed Name  
clinical internship in the UAMS Master of Imaging Sciences (MIS) Program for the Radiologist Assistant (RA).

The UAMS MIS program is designed to be completed in five semesters. A flexible course plan extends the program to a maximum of nine (9) semesters; however, the clinical internship courses must be completed consecutively. Upon fulfillment of all requirements for the MIS program, RA interns will become eligible to take the Radiologist Assistant examination available from the American Registry of Radiologic Technologists (ARRT).

Clinical preceptors are required to be American Board of Radiology certified or the equivalent, and must hold a full and unrestricted license to practice. **Copies of my credentials and current CV are attached**, and I agree to fulfill my responsibilities as a Radiologist Preceptor that include:

- Teaching and guiding the RA intern as he/she develops comprehensive RA clinical skills.
- Supervising and overseeing all RA intern interactions with patients.
- Evaluating and documenting successful completion by the RA intern of the RA Clinical Competencies (Required and Elective) as identified by the UAMS RA curriculum.
- Verifying that the RA intern has at least 24 clinical contact hours per week to develop RA clinical skills each semester.
- Maintaining communication with the UAMS faculty, including the RA medical director, about the progress of the RA intern in the MIS program and the overall quality of the educational process.

I understand that the RA intern **MUST** have a Radiologist Preceptor to participate in the MIS program. I also understand the intern will function under the affiliation and privileges extended to the radiologist or radiology group by the facilities served. The RA intern will obtain and maintain malpractice insurance coverage available through the college.

If, for any reason, I cannot continue to serve as this intern's preceptor, I will immediately notify the MIS program director with at least 30 days notice, if possible. I understand that the RA intern must identify another radiologist willing to serve as Radiologist Preceptor to remain in the MIS program.

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Radiologist Preceptor Signature	Printed Name	Date
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E-mail Address	Telephone Number	Fax Number
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Authorizing Signature for Group Practice	Printed Name	Date
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Address of Practice \_\_\_\_\_

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MIS Program Director Signature	Printed Name	Date
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