

LSUHSC / RIS: Competency Assessment Program

Title of Competency : *SYNGO* Radiology Training V27.2.1

Name: _____ Department: _____ Job Title: _____

Competency Statement: Colleague is proficient with the <i>SYNGO</i> Radiology Information System			
Performance Criteria	yes	no	comments
Tracking Select a patient (4 ways) <ul style="list-style-type: none"> <input type="checkbox"/> Find patient button <input type="checkbox"/> patient list <input type="checkbox"/> MR number <input type="checkbox"/> accession number 			
Track a procedure <ul style="list-style-type: none"> <input type="checkbox"/> enter department <input type="checkbox"/> enter room <input type="checkbox"/> begin procedure <input type="checkbox"/> end procedure <input type="checkbox"/> leave room <input type="checkbox"/> leave department <input type="checkbox"/> Initials <input type="checkbox"/> Tracking Date/Time <input type="checkbox"/> Exam Location 			
Tracking options <ul style="list-style-type: none"> <input type="checkbox"/> Interactive Document <input type="checkbox"/> cancel <input type="checkbox"/> change <input type="checkbox"/> add <input type="checkbox"/> supplies <input type="checkbox"/> reactions <input type="checkbox"/> drugs <input type="checkbox"/> track event 			
Patient Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> Find patient button <input type="checkbox"/> Find procedure from procedure list <input type="checkbox"/> Observe Pt Details <input type="checkbox"/> Observe Visit Details <input type="checkbox"/> Observe Reactions <input type="checkbox"/> Observe Supplies <input type="checkbox"/> Observe Drugs <input type="checkbox"/> Observe Interactive Documents Tracking Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> Observe tracking times <input type="checkbox"/> Observe tracking location <input type="checkbox"/> Observe tracking initials History Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> exam <input type="checkbox"/> audit <input type="checkbox"/> detail <input type="checkbox"/> view - print or fax this result Film Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> general <input type="checkbox"/> folder reservations <input type="checkbox"/> film checkout <input type="checkbox"/> outside film <input type="checkbox"/> copies 			

Passed Competency: Yes: _____ No: _____ **Date:** _____

Employee Signature: _____

Evaluator Signature: _____

LSUHSC Shreveport
Radiology Department
Proc 9.17