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Clinical Integration Reflection #2

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An important concept that became clearer during clinical placement was image critique. I got to learn the importance of it. Learning how to critique and the criteria of each type of exam, all made sense once using it in the clinical setting. It is critical when doing the procedure to know what you need to do if the position is not optimal, so you know how to fix it. Being able to perform the exam and do a quick critique definitely helped my critique skill. Seeing in real time how the patient is actually positioned compared to the image taken. What I found the most helpful with continuing my understanding of image critique was the one on one critiques I got to do with my clinical instructor. I'd ensure to review the part and critique points before each IC, so going into it I knew the basics of the image I was going to critique and I left knowing tips, tricks and a better understanding of the exam and why we do it.

I learned how important technique adjustment is especially on portable runs. The patients we are going to perform the exam on are often critical care patients. They have lots of lines and monitors on them. I was able to learn when it's important to use a grid and a different technique. As well as reviewing the history to know the reason for the exam we are doing, so we know if it is line or tube placement to change our technique, compared to our routine chest or abdominal. Exams. I found that it related well to what we learned in class. Having a good understanding of

KVP and mAs and what factors they change. Also knowing the difference between a grid vs non grid technique played a crucial role.