

Radiation Therapist Skills Checklist

Name: _____ **Date:** _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Radiation Therapy				
Linear accelerator				
Linear accelerator with electrons				
Superficial radiation treatment				
Ortho voltage radiation treatment				
Simulation of treatment sites				
Treatment planning				
Cobalt 60 therapy				
Hyperthermia treatment				
Strontium 90 therapy				
Dosimetry				
Calculations				
Radiation precautions				
Provision of treatment to patients with:				
Hodgkin's				
Childhood cancer				
Brain cancer				
Lip & oral cavity cancer				
Oropharyngeal cancer				
Esophageal cancer				
Hypo pharyngeal				
Laryngeal				
Stomach				
Liver				
Gall bladder				
Kidney				
Endocrine				
Pancreatic				
Bladder				
Colon				
Anal				
Testicular				
Vaginal				
Vulvular				

Skill Level	1	2	3	4
Provision of treatment to patient cont				
Uterine				
Cervical				
Ovarian				
Endometrial				
Breast cancer				
Bone cancer				
Lung cancer				
Metastatic squamous cancer				
General Skills				
Patient / family teaching				
Care of the patient in restraints				
Lift / transfer devices				
National Patient Safety Goals				
Accurate patient identification				
Effective communication				
Pain assessment & management				
Infection control				
Universal precautions				
Minimize risk of falls				
Prevention of pressure ulcers				
Age Appropriate Care				
Infant (birth to 1 year)				
Toddler (ages 2-3 years)				
Preschooler (ages 4-5 years)				
Childhood (ages 6-12 years)				
Adolescents (ages 13-21 years)				
Young Adults (ages 22-39 years)				
Adults (39-64)				
Older Adults (64+years)				
EMR				
Allscript				
Cerner				
Epic				

<i>EMR cont.</i>				
Homecare HomeBase				
Mckesson				
Meditech				
Other Computerized Documentation System				

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Onyx Health Care Staffing in this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Signature: _____ Date: _____