## Clinical Skills Checklist (Radiology Technologist)

Name $\qquad$ Date $\qquad$

## Levels of Proficiency

A = Perform Well (at least one year experience within the last two years)
B $=$ Limited Experience ( 6 months to one year within the last two years)

C $=$ Perform Infrequently (less than three months within the last two years)
D = No Experience

General Radiology


| MRI | A | B |  | C |  | ) |  | (Cont.) Ultra Sound | A | B | C | D |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Gallium Scan |  |  |  |  |  |  |  |  |  |  |  |  |
| 1-131 Therapy |  |  |  |  |  |  |  | Carotid |  |  |  |  |
| 1-123 Uptake |  |  |  |  |  |  |  | Cyst Aspiration |  |  |  |  |
| Thyroid Therapy |  |  |  |  |  |  |  | Doppler Studies |  |  |  |  |
| Bone Scan |  |  |  |  |  |  |  | Gall Bladder |  |  |  |  |
| Brain Scan |  |  |  |  |  |  |  | Heart |  |  |  |  |
| Partial Saturation Images |  |  |  |  |  |  |  | Liver |  |  |  |  |
| Spin-Echo Images |  |  |  |  |  |  |  | Neonatal head |  |  |  |  |
| Cerebral Blood Flow |  |  |  |  |  |  |  | OB/BYN |  |  |  |  |
| Radionuclide Venogram |  |  |  |  |  |  |  | OPG Eye |  |  |  |  |
| GI Bleeding Study |  |  |  |  |  |  |  | Pancreas |  |  |  |  |
| T-1 Weighted Images |  |  |  |  |  |  |  | Pelvic |  |  |  |  |
| Gradient Echo Imaging |  |  |  |  |  |  |  | Popliteal |  |  |  |  |
| Surface Coils |  |  |  |  |  |  |  | Renal |  |  |  |  |
|  |  |  |  |  |  |  |  | Small Bowel |  |  |  |  |
| Nuclear Medicine |  |  |  |  |  |  |  | Small Parts |  |  |  |  |
| Radionuclide Arteriogram |  |  |  |  |  |  |  | Thyroid |  |  |  |  |
| T-2 Weighted Images |  |  |  |  |  |  |  | Transrectal Procedures |  |  |  |  |
| Thallium Stress Test |  |  |  |  |  |  |  | Transvaginal Procedures |  |  |  |  |
| Multiplanar Reconstruction |  |  |  |  |  |  |  | Venogram |  |  |  |  |
| Liver Scan |  |  |  |  |  |  |  |  |  |  |  |  |
| Lung Scan |  |  |  |  |  |  |  | Radiation Therapy |  |  |  |  |
| Muga Scan |  |  |  |  |  |  |  | Cobalt 60 Therapy |  |  |  |  |
| Renal Scan |  |  |  |  |  |  |  | Dosemetry |  |  |  |  |
| Spleen Scan |  |  |  |  |  |  |  | Hyperthermia treatment |  |  |  |  |
|  |  |  |  |  |  |  |  | Linear Accelerator |  |  |  |  |
| Thyroid Scan |  |  |  |  |  |  |  | Linear Accelerator w / Electrons |  |  |  |  |
| Ultra Sound | A | B |  | C |  | D |  | Ortho Voltage Radiation |  |  |  |  |
|  |  |  |  |  |  |  |  | Simulation of treatment sites |  |  |  |  |
| Aorta |  |  |  |  |  |  |  | Stontium 90 therapy |  |  |  |  |
| Biliary tree |  |  |  |  |  |  |  | Superficial Radiation Treatment |  |  |  |  |
| Biopsy Puncture |  |  |  |  |  |  |  | Treatment Planning |  |  |  |  |
| Breast |  |  |  |  |  |  |  |  |  |  |  |  |

Age Specific Competency
Instruction: Please check the boxes below for age specific competency skills for which you can provide expertisenursing care.
A = Infancy 0-1 Years
C $=$ Preschool 3-6 Years $\quad \mathrm{E}=$ Early Adulthood 19-45 Years
B = Toddler 1-3 Years
D = Preschool 3-6 Years $\mathrm{F}=$ Middle Adulthood 45-60 Years

| Experience With Age Groups: | A | B | C | D | E | F |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Involve patient and / or family in planning decision- <br> making and control of treatment and care. |  |  |  |  |  |  |
| Demonstrates knowledge of the physical and <br> psychosocial needs of the patient. |  |  |  |  |  |  |
| Demonstrates understanding of equipment and <br> procedures needs. |  |  |  |  |  |  |
| Provides safe environment for specific needs for all <br> age groups. |  |  |  |  |  |  |

## Signature Department Head/Designee

## Employee Signature

Date

