



Competency/Skills Self-Appraisal: Cardiac Interventional Technologist

Name _____

Date _____

Please check the column that applies to your skill level:

3= Very Competent > 1yr Exp.

2=Some Help needed <1 yr. Exp.

1=Need Direction <6 months Exp.

0=Never Done

SKILLS	3	2	1	0	SKILLS	3	2	1	0
▪ BCLS Expires: _____					▪ Pain management				
▪ ACLS Expires: _____					▪ Caregiver Education				
▪ PALS Expires: _____					5. ASSESSMENT SKILLS:				
▪ ARRT Expires: _____					▪ Blood pressure – invasive				
▪ ARRT – Cardiac Intervention Expires: _____					▪ Blood pressure – noninvasive				
▪ ARRT - Fluoroscopy Expires: _____					▪ Right heart assessment				
▪ Other Certification (specify): _____					▪ Waveform assessment				
▪ Computerized Charting System (specify) _____					▪ Arrhythmia interpretation				
▪ Drug Administration System (specify) _____					▪ 12 lead interpretation				
1. AGE SPECIFIC PRACTICE CRITERIA:					▪ Pain assessment/reassessment				
▪ Newborn/Neonate (birth to 30 days)					6. SPECIFIC CARDIAC RHYTHM KNOWLEDGE, DYSRHYTHMIA INTERPRETATION:				
▪ Infant (30 days to 1 year)					▪ Asystole				
▪ Toddler (1 -3 years)					▪ Ventricular Tachycardia, Fibrillation				
▪ Preschooler (3-5 years)					▪ Bradycardia				
▪ School Age Children (5-12 years)					▪ Atrial Fibrillation				
▪ Adolescent (12-18 years)					▪ Junctional Rhythm				
▪ Young Adults (18-39 years)					▪ Idioventricular Rhythm				
▪ Middle Adults (39-64 years)					▪ Supraventricular Tachycardia				
▪ Geriatric (64 +)					▪ First Degree AV Block				
2. EXPERIENCE WITH AGE GROUPS:					▪ Second Degree AV Block				
▪ Able to adapt care to incorporate normal growth and development					▪ Third Degree Heart Block				
▪ Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level					▪ Premature Ventricular Contractions				
▪ Ensures safe environment reflecting specific needs of various age groups					▪ Premature Atrial Contractions				
3. EXPERIENCE IN SETTINGS:					▪ Bigeminy, Trigeminy				
▪ Acute care facility – small					7. EQUIPMENT:				
▪ Acute care facility – regional center/large					▪ Assist with A-line insertion				
▪ Outpatient facility					▪ Assist with central line insertion				
4. GENERAL SKILLS:					▪ PA line insertion				
▪ Charting/Documentation/Consents/Care Plans					▪ Open chest emergency				
▪ Confidentiality of Information/HIPAA					▪ Automatic ICD				
▪ Ordering Supplies					▪ Cardioversion				
▪ Universal Precautions/Infection Control Procedures					▪ Defibrillation				
▪ Advance Directives					▪ Intra aortic balloon pump (IABP)				
▪ JCAHO – National Patient Safety Guidelines					▪ Lead placement				
▪ Lab work – ordering					▪ Hemodynamic monitoring				
▪ Specimen Collection					▪ PAP				
▪ Vital Signs					▪ PCW				
▪ Use of transfer/lift devices					▪ CVP				

Competency/Skills Self-Appraisal: Cardiac Interventional Technologist

Please check the column that applies to your skill level:

3= Very Competent > 1yr Exp. 2=Some Help needed <1 yr. Exp. 1=Need Direction <6 months Exp. 0=Never Done

SKILLS	3	2	1	0	SKILLS	3	2	1	0
7. EQUIPMENT CONTINUED:									
▪ SVR									
▪ PVR									
▪ CO									
▪ CI									
▪ SVO2 recording									
▪ Calculation of value parameters									
8. PROCEDURES:									
Pacemaker placement									
▪ Permanent									
▪ Temporary									
▪ Pacemaker pockets – suturing									
▪ AICD									
▪ Closures									
▪ Ventricular assist device									
▪ Cardiac catheterization – adult (R/L)									
▪ Cardiac catheterization – pediatric/neonatal (R/L)									
▪ Shunt detection and calculation									
Interventional									
▪ Angioplasty									
▪ Arrhythmia ablation									
▪ Debulking									
▪ Stent placement									
▪ Thrombolysis									
▪ Angiojet									
▪ Directional Coronary Artherectomy									
▪ Pericardiocentesis									
▪ Rotational coronary artherectomy									
▪ Transluminal extraction catheter									
▪ Aortography									
▪ Internal mammary angiography									
▪ Saphenous vein graft angiography									
9. CARE OF PATIENT WITH:									
▪ Femstop device									
▪ Vasoseal									
▪ Angioseal									
▪ PerClose									
10. MEDICATION ADMINISTRATION:									
▪ Xanax									
▪ Ativan									
▪ Versed									