



Competency/Skills Self-Appraisal: Radiology 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:					▪ Patient/Caregiver Education				
▪ ARRT Expires:					▪ Quality Control Equipment				
▪ Fluoro Expires:					5. PROCEDURES:				
▪ Other Certification (specify): _____					Extremities				
▪ Computerized Charting System (specify) _____					▪ Upper				
▪ Drug Administration System (specify) _____					▪ Lower				
1. AGE SPECIFIC PRACTICE CRITERIA:					▪ Pelvis Obs/Judet views				
▪ Newborn/Neonate (birth to 30 days)					▪ Pelvis SI joints				
▪ Infant (30 days to 1 year)					▪ Pelvis Sacrum/Coccyx				
▪ Toddler (1 -3 years)					Spine				
▪ Preschooler (3-5 years)					▪ Cervical spine – OBLs/Flexion/Extension				
▪ School Age Children (5-12 years)					▪ Thoracic spine – Swimmer's view				
▪ Adolescent (12-18 years)					▪ Lumbar spine- Obs/Flexion/Estension				
▪ Young Adults (18-39 years)					▪ Scoliosis study				
▪ Middle Adults (39-64 years)					Head				
▪ Geriatric (64 +)					▪ Facial bones				
2. EXPERIENCE WITH AGE GROUPS:					▪ Mandible				
▪ Able to adapt care to incorporate normal growth and development					▪ Mastoids				
▪ Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level					▪ Orbits				
▪ Ensures safe environment reflecting specific needs of various age groups					▪ Sinus series				
3. EXPERIENCE IN SETTINGS:					▪ TMJs				
▪ Adult acute care					▪ Skill series				
▪ ER/Trauma					▪ IACs				
▪ Adult outpatient					▪ Larynogogram				
▪ Pediatric acute care					▪ Salivary gland				
▪ Pediatric outpatient					Chest studies				
▪ Portables					▪ Chest PA/LAT				
▪ OR					▪ Infant				
4. GENERAL SKILLS:					▪ Pediatric				
▪ Charting/Documentation/Consents/Care Plans					▪ Decubitus				
▪ Confidentiality of Information/HIPAA					▪ Lordotic				
▪ Ordering Supplies					▪ Sternum				
▪ Universal Precautions/Infection Control Procedures					▪ Ribs				
▪ Advance Directives					Abdominal studies				
▪ JCAHO – National Patient Safety Guidelines					▪ AP				
▪ Vital Signs					▪ KUB				
▪ Use of transfer/lift devices					▪ Complete				

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SKILLS	3	2	1	0	SKILLS	3	2	1	0
5. PROCEDURES CONTINUED:					▪ Retrograde urography				
▪ Cline-Esophagram					6. EQUIPMENT:				
▪ Gall bladder					▪ R&F rooms				
▪ Foreign body/soft tissue studies					▪ C-Arm				
▪ Specimen radiography					▪ Portable exams				
Tomography					▪ Automatic processing				
▪ Renal					▪ Darkroom				
▪ TMJs					▪ Daylights system				
▪ Spine					▪ Panoramix				
Fluoroscopy/Contrast Studies									
▪ Barium swallow/Esohagram									
▪ Modified barium swallow/Protocol swallow									
▪ Swallow studies with videotaping									
▪ Upper GI series – single contrast									
▪ Upper GI series – air contrast									
▪ Small bowel follow through									
Enema Studies									
▪ Barium enema – single contrast									
▪ Barium enema – double contrast									
▪ Barium enema – air contrast									
▪ Water soluble contrast enema (Hypaque)									
▪ Lower GI series thru colostomy									
Cystography									
▪ Cystogram									
▪ Voiding cystogram									
▪ Urethrography									
Contrast Injection Studies									
▪ IVP									
▪ IVP with Tomograms									
▪ IV Cholangiogram									
Myelograms									
▪ Cervical spine									
▪ Thoracic spine									
▪ Lumbar spine									
Mobile C-Arm Fluoroscopy									
▪ Bronchoscopy with fluoro guidance									
▪ Bedside line and tube placement									
OR cases									
▪ Sterile procedures in OR									
▪ Spine work									
▪ Operative cholangiography									
▪ Hip studies									
▪ Extremity studies									
▪ Cystography									