



Radiology Technician Skills Checklist

Please rate your experience / frequency (within the last year) using the following scale (check the appropriate boxes below):

Name _____ Date _____

Experience Scale:

- 0 - No Experience / Theory Only
- 1 - Limited Experience / Need Review
- 2 - Frequent Experience / May Need Some Review
- 3 - Experienced / Perform Well

Frequency Scale:

- 0 - Observed Only / Never Done
- 1 - Rarely Done (<6 times/year)
- 2 - Occasionally Done (1-2 times/month)
- 3 - Frequently Done (daily or weekly)

Signature: _____

	<u>Experience</u>				<u>Frequency</u>			
GENERAL SKILLS:								
Universal Precautions	0	1	2	3	0	1	2	3
Working with the Patient in Isolation	0	1	2	3	0	1	2	3
Working w/ Patient Under Conscious Sedation	0	1	2	3	0	1	2	3
Patient/Family Teaching of Radiology Procedures	0	1	2	3	0	1	2	3
Pediatric Cardiac/Respiratory Arrest	0	1	2	3	0	1	2	3
Adult Cardiac/Respiratory Arrest	0	1	2	3	0	1	2	3
Crash Carts	0	1	2	3	0	1	2	3

	<u>Experience</u>				<u>Frequency</u>			
EXPERIENCE WITH FOLLOWING AGES:								
Newborn/Neonate (birth to 30 days)	0	1	2	3	0	1	2	3
Infant (1 month to 1 year)	0	1	2	3	0	1	2	3
Toddler (1 year to 3 years)	0	1	2	3	0	1	2	3
Preschooler (3 years to 5 years)	0	1	2	3	0	1	2	3
School Age Child (5 years to 12 years)	0	1	2	3	0	1	2	3
Adolescents (12 years to 18 years)	0	1	2	3	0	1	2	3
Young Adults (18 years to 39 years)	0	1	2	3	0	1	2	3
Middle Adults (39 years to 64 years)	0	1	2	3	0	1	2	3
Older Adults (64 years to 79 years)	0	1	2	3	0	1	2	3
Elderly Adults (over 79+ years)	0	1	2	3	0	1	2	3

	<u>Experience</u>				<u>Frequency</u>			
RADIOLOGY:								
HEAD AND NECK:								
Orbits	0	1	2	3	0	1	2	3
Mandible	0	1	2	3	0	1	2	3
Facial Bones	0	1	2	3	0	1	2	3
Nasal Bones	0	1	2	3	0	1	2	3
Mastoids	0	1	2	3	0	1	2	3
Skull	0	1	2	3	0	1	2	3
Sialography	0	1	2	3	0	1	2	3

	<u>Experience</u>				<u>Frequency</u>			
SPINE:								
Cervical Spine	0	1	2	3	0	1	2	3
Thoracic Spine	0	1	2	3	0	1	2	3
Lumbar Spine	0	1	2	3	0	1	2	3
Myelogram	0	1	2	3	0	1	2	3
Scoliosis Studies	0	1	2	3	0	1	2	3

	<u>Experience</u>				<u>Frequency</u>			
CHEST:								
Chest	0	1	2	3	0	1	2	3
Chest PA/Lateral	0	1	2	3	0	1	2	3
Lung Scan	0	1	2	3	0	1	2	3
TB Screening	0	1	2	3	0	1	2	3
Lordotic Views	0	1	2	3	0	1	2	3
Bronchogram	0	1	2	3	0	1	2	3
Esophagram	0	1	2	3	0	1	2	3
Bilateral Mammograms	0	1	2	3	0	1	2	3
Needle Localization	0	1	2	3	0	1	2	3
Foreign Body Localization	0	1	2	3	0	1	2	3

	<u>Experience</u>				<u>Frequency</u>			
ABDOMEN AND PELVIS:								
Abdomen	0	1	2	3	0	1	2	3
Liver	0	1	2	3	0	1	2	3
Spleen	0	1	2	3	0	1	2	3
Gall Bladder	0	1	2	3	0	1	2	3
KUB	0	1	2	3	0	1	2	3
Abdominal Series	0	1	2	3	0	1	2	3
GI Series	0	1	2	3	0	1	2	3
GI Bleeding Scan	0	1	2	3	0	1	2	3
Barium Emema	0	1	2	3	0	1	2	3
Barium Swallow	0	1	2	3	0	1	2	3
Small Bowel Series	0	1	2	3	0	1	2	3
Hypotonic Duodenography	0	1	2	3	0	1	2	3
ERCP	0	1	2	3	0	1	2	3
T-Tube Cholangiogram	0	1	2	3	0	1	2	3
Transhepatic Cholangiogram	0	1	2	3	0	1	2	3
Renal Cyst Puncture	0	1	2	3	0	1	2	3
Voiding Cystogram (VCUG)	0	1	2	3	0	1	2	3
Intravenous Pyelogram (IVP)	0	1	2	3	0	1	2	3
Hysterosalpingogram	0	1	2	3	0	1	2	3
Hip/Pelvis	0	1	2	3	0	1	2	3
Bone Survey	0	1	2	3	0	1	2	3
Bone Age	0	1	2	3	0	1	2	3

	<u>Experience</u>				<u>Frequency</u>			
OTHER:								
Upper Extremities	0	1	2	3	0	1	2	3
Lower Extremities	0	1	2	3	0	1	2	3
Specimen Radiographs	0	1	2	3	0	1	2	3
Therapy Placement Films	0	1	2	3	0	1	2	3
Digital Imaging	0	1	2	3	0	1	2	3
PACS	0	1	2	3	0	1	2	3
CR/DR	0	1	2	3	0	1	2	3
C-Arm Fluoroscope	0	1	2	3	0	1	2	3
ER Exams	0	1	2	3	0	1	2	3
OR Exams	0	1	2	3	0	1	2	3
Portable Exams	0	1	2	3	0	1	2	3
Pediatric Exams	0	1	2	3	0	1	2	3
Selective Angiography	0	1	2	3	0	1	2	3
Carotid Arteriogram	0	1	2	3	0	1	2	3
Brachial Arteriogram	0	1	2	3	0	1	2	3
Pulmonary Arteriogram	0	1	2	3	0	1	2	3
Arch Arteriogram	0	1	2	3	0	1	2	3
Renal Arteriogram	0	1	2	3	0	1	2	3
Femoral Arteriogram	0	1	2	3	0	1	2	3
Abdominal Arteriogram	0	1	2	3	0	1	2	3
Mesenteric Arteriogram	0	1	2	3	0	1	2	3
Venography	0	1	2	3	0	1	2	3