

Radiology Technician Skills Checklist

Please check the level of proficiency for each skill.

- 1. Proficient
- 2. Knowledgeable
- 3. Little or No Experience

I. Patient Care:

- | | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|
| A. Patient Preparation and Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Evaluation of order and review of medical record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Identification of patient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Verification of Informed Consent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Vital Signs (Temperate, Pulse, Respiration, Blood Pressure, Pain) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. BLS Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. O2 Administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Preparation of exam room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Universal (Standard) Precautions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Provides appropriate patient education and comfort related to diagnostic test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Aware of, and is guided by, National Patient Safety Goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Demonstrates appropriate use of Radiation Safety measures and utilizes PPE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Follows exam protocol: including patient positioning technique and image display | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Image Evaluation: quality, optimal view of anatomic region and pathology & exam completeness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Maintains patient chart/films/labeling/ and department files/ archiving with confidentiality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| P. Notifies MD or RN of any change in condition during diagnostic tests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

III. Additional Sonographic Examinations

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| A. GI tract (eg. Appendix, pyloric stenosis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Adrenals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Prostate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Abdominal wall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Breasts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Superficial masses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

II. Sonographic Examinations

- | | 1 | 2 | 3 |
|---|--------------------------|--------------------------|--------------------------|
| A. Abdomen/Pelvis | | | |
| Liver | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biliary tract/gallbladder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pancreas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spleen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidneys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bladder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aorta | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IVC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vasculature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Superficial Structures | | | |
| Scrotum and testis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thyroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Gynecology | | | |
| Uterus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ovaries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Obstetrics | | | |
| First trimester obstetrics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second trimester / third trimester obstetrics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Interventional Procedures | | | |
| Biopsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aspiration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drainage procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Scanning Techniques | | | |
| Doppler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M-mode | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Harmonics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Fetal biophysical profile | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Amniocentesis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Pediatric or neonatal studies (any sonographic exam) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I, _____ hereby acknowledge that the following information attached herein is true and correct to the best of my knowledge. In addition, I hereby authorize Advanced Medical Placement, to release the skills checklist to any client institutions of Advanced Medical Placement, in relation to my employment.

Signature _____ Date _____