Freedom Healthcare Staffing

# Imaging Skills Checklist

*This assessment is for determining your experience in the below outlined clinical areas. This checklist will not be used as a determining factor in accepting your application to become an employee of Freedom HCS.*

***PROFICIENCY SCALE***

*1. No Experience* *2. Need Training*

*3. Able to perform with supervision* *4. Able to perform independently*

| Proficiency Scale | 1 | 2 | 3 | 4 | Proficiency Scale | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|---|
| **CT Scanning** | | | | | **GENERAL DIAGNOSTICS** | | | | |
| Abdomen | | | | | Abdomen | | | | |
| Biopsy procedures | | | | | Abdominal arteriogram | | | | |
| Brain with contrast | | | | | Air-contrast barium enema | | | | |
| Brain without contrast | | | | | Angioplasty | | | | |
| Cervical spine | | | | | Arch arteriogram | | | | |
| Chest | | | | | Barium enema | | | | |
| Cardiac echo imaging | | | | | Barium swallow/small bowel series | | | | |
| IAC | | | | | Bone Density | | | | |
| Larynx | | | | | Brachial arteriogram | | | | |
| Liver | | | | | Bronchogram | | | | |
| Lumbar spine | | | | | C-arm fluoroscope | | | | |
| MR angiography | | | | | Carotid arteriogram | | | | |
| Orbits | | | | | Cervical spine | | | | |
| Pancreas | | | | | Chest series | | | | |
| Partial saturation image | | | | | ER exams | | | | |
| Pelvis | | | | | ERCP | | | | |
| Renal cyst puncture | | | | | Esophogram | | | | |
| Surface coils | | | | | Extremities | | | | |
| Thoracic spine | | | | | Facial series | | | | |
| TM joints | | | | | Femoral arteriogram | | | | |
| | | | | | Foreign body localization | | | | |
| **ULTRASOUND** | | | | | Gall bladder | | | | |
| Aorta | | | | | GI series | | | | |
| Biliary tree | | | | | Hip series | | | | |
| Biopsy puncture | | | | | Hypotonic duodenography | | | | |
| Breast | | | | | Hysterosalpingogram | | | | |
| Carotid | | | | | IVP | | | | |
| Cyst aspiration | | | | | KUB | | | | |
| Doppler studies | | | | | Lumbar spine | | | | |
| Gall bladder | | | | | Lung biopsy | | | | |
| Heart | | | | | Mammogram | | | | |
| Liver | | | | | Mastoid | | | | |
| Neonatal head | | | | | Mesenteric arteriogram | | | | |
| OB/GYN | | | | | Myelogram | | | | |
| OPG eye | | | | | Needle localization | | | | |
| Pancreas | | | | | OR exam | | | | |
| Pelvic | | | | | Pediatric exam | | | | |
| Popliteal | | | | | Peripheral Dexascan | | | | |
| Renal | | | | | Portable films | | | | |

Freedom Healthcare Staffing

# Imaging Skills Checklist

| Proficiency Scale | 1 | 2 | 3 | 4 | Proficiency Scale | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|---|---|---|
| Thyroid | | | | | Pulmonary arteriogram | | | | |
| Transrectal procedure | | | | | Renal arteriogram | | | | |
| Transvaginal procedures | | | | | Renal cyst puncture | | | | |
| UGI and small bowel | | | | | Salpingogram | | | | |
| Venogram | | | | | Selective angiography | | | | |
| | | | | | Sialography | | | | |
| **NUCLEAR MEDICINE** | | | | | Skull series | | | | |
| Bone scan | | | | | Small bowel series | | | | |
| Brain scan | | | | | Soft tissue | | | | |
| Cerebral blood flow | | | | | Specimen radiographs | | | | |
| Gallium scan | | | | | Thoracic spine | | | | |
| GI bleed study | | | | | Tomogram | | | | |
| 23 uptake | | | | | Transhepatic cholangiogram | | | | |
| Liver scan | | | | | Voiding cystourethrogram | | | | |
| Lung scan | | | | | | | | | |
| MUGA scan | | | | | **RADIATION** | | | | |
| Radionuclide arteriogram | | | | | Cobalt therapy | | | | |
| Radionuclide venogram | | | | | Dosimetry | | | | |
| Renal scan | | | | | Hyperthermia treatment | | | | |
| SPECT scanning | | | | | Linear accelerator with electrons | | | | |
| Spleen scan | | | | | Linear accelerators | | | | |
| Thallium stress test | | | | | Ortho voltage radiation treatment | | | | |
| Thyroid scan | | | | | Strontium 90 therapy | | | | |
| Thyroid therapy | | | | | Superficial radiation treatment | | | | |
| | | | | | Treatment planning | | | | |
| **EQUIPMENT** | | | | | | | | | |
| GE .5 | | | | | **MRI** | | | | |
| GE 1.0 | | | | | Gradient echo imaging | | | | |
| GE 1.5 | | | | | Multiplanar reconstruction | | | | |
| Hitachi .5 | | | | | Partial saturation images | | | | |
| Hitachi 1.0 | | | | | Spin-echo images | | | | |
| Hitachi 1.5 | | | | | T-1 weighted images | | | | |
| Phillips .5 | | | | | T-2 weighted images | | | | |
| Phillips 1.5 | | | | | | | | | |
| Phillips 1.0 | | | | | | | | | |
| Picker .5 | | | | | | | | | |
| Picker 1.0 | | | | | | | | | |
| Picker 1.5 | | | | | | | | | |
| Siemens .5 | | | | | | | | | |
| Siemens 1.0 | | | | | | | | | |
| Siemens 1.5 | | | | | | | | | |
| Toshiba .5 | | | | | | | | | |
| Toshiba 1.0 | | | | | | | | | |
| Toshiba 1.5 | | | | | | | | | |
| Other_____ | | | | | | | | | |

Freedom Healthcare Staffing

# Imaging Skills Checklist

**Age Specific Competency**

Able to ensure a safe and caring environment for the specific age groups indicated below; able to communicate and instruct patients from various age groups; able to evaluate age-appropriate behavior and skills.

| PROFICIENCY SCALE | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Newborn (birth-30 days) | | | | |
| Infant (30 days-1 yrs) | | | | |
| Toddler (1-3 yrs) | | | | |
| Preschooler (3-5 yrs) | | | | |
| School Age (5-12 yrs) | | | | |
| Adolescents (12-18 yrs) | | | | |
| Young Adults (18-39 yrs) | | | | |
| Middle Adults (39-64 yrs) | | | | |
| Older Adults (64 yrs +) | | | | |

The information represented above is true and correct to the best of my knowledge. I also authorize ***Freedom*** Healthcare Staffing to share the above skills checklist with its hospital clients.

Signature _____ Date_____

Name (Printed) _____