



X-Ray/ Mammography Skills Inventory

Technologist _____ Date _____

PLEASE USE THE FOLLOWING KEY WHEN SELF-RATING YOUR LEVEL OF EXPERIENCE IN EACH OF THE SKILLS LISTED BELOW:

<p>1 <i>No Experience</i></p> <p>3 <i>Experienced - Works without supervision in most cases</i></p>	<p>2 <i>Minimal - Some experience, works with supervision</i></p> <p>4 <i>Highly Skilled - Perform well without assistance</i></p>
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SKILLS CATAGORIES	SELF RATING			
Chest and Thorax	1	2	3	4
Routine Chest.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stretcher or Wheelchair Chest.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ribs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lateral Decubitus Chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sternum.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper Airway (Soft Tissue Neck).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper Extremity	1	2	3	4
Thumb or Finger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wrist.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forearm.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elbow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humerus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapular "Y"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transthoracic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Axillary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clavicle.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scapula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AC Joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower Extremity	1	2	3	4
Toes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foot.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ankle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knee.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tibia-Fibula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Femur.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patella.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcaneus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head	1	2	3	4
Skull.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranasal Sinuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial Bones.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orbits.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zygomatic Arches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasal Bones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandible.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spine and Pelvis	1	2	3	4
Cervical Spine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross Table Lateral Cervical Spine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumbar Spine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pelvis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross Table Lateral Hip	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacrum and/or Coccyx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scoliosis Series.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacroiliac Joints.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	1	2	3	4
Supine Abdomen (KUB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upright Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decubitus Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intravenous Urography.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SKILLS CATAGORIES

SELF RATING

Fluoroscopy

	1	2	3	4
Upper GI Series (Single and/or Double Contrast)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barium Enema (Single and/or Double Contrast)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Bowel Series	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cystography/Cystourethrography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ERCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myelography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthrography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Surgical Procedures

	1	2	3	4
Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinal Stimulators.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain Mngmnt.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholangiograms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Seed Implants.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ORIF Extrem.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pacemaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi Ports.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulders/Clavicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bronchoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ERCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Portable Studies

	1	2	3	4
Chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pediatrics

	1	2	3	4
Routine Chest.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper Extremity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower Extremity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mammography

	1	2	3	4
Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound Guided Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle Localization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stereotactic Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magnification Views.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone Densities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Q.C.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Premier to release this Skills Checklist to staffing clients of Premier.

Updated Annually.

Technologist Signature/Date

Supervisor Signature/Date