

ECHO-VASCULAR TECHNICIAN SKILLS EVALUATION - SELF ASSESSMENT

Date _____

Name _____

Signature _____

Level of Proficiency

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

Echo-Vascular Technician	A	B	C	D		A	B	C	D
Technique					Vascular Procedures				
Use of contrast agents					Arterial peripheral upper extremity				
IV insertion					Arterial peripheral lower extremity				
IV maintenance					Arterial peripheral stress/ pressure testing				
Setup errors					Carotid artery				
Technical artifact					Vertebral artery				
Other (list):					Subclavian artery				
					Venous peripheral upper extremity				
Echocardiography					Venous peripheral lower extremity				
M-Mode					Other (list):				
Color flow									
Real time					General				
Stress echo					Quality control of equipment				
Pediatric echocardiogram					Recognition of malfunctions				
Adult echocardiogram					Transducer selection				
Doppler					Image annotation				
Dobutamine stress echocardiogram					Patient variables				
TEE (transesophageal esopography)					Criteria for diagnostic quality				
Other (list):					Universal precautions				
					Disinfection and cleaning				
Vascular Procedures					Other (list):				
M-Mode									
Color flow					Equipment (list):				
Real time									
Duplex									
Flow studies									
Photoplethysmography									
Strain gauge and Pneumoplethysmography									



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	A	B	C	D		A	B	C	D
Certifications						Age Specific			
RCS (Registered cardiac sonographer)						Neo-natal			
RVS (Registered vascular specialist)						Pediatrics			
RDCS (Registered diagnostic cardiac sonographer)						Adolescents			
RVT (Registered vascular technician)						Adults			
						Geriatrics			

Reviewed by: _____ **Date:** _____