

# ECHO-VASCULAR TECHNICIAN SKILLS EVALUATION - SELF ASSESSMENT

**Level of Proficiency**

Date A = Never Performed. You have never performed the stated

task and have no experience with this type of skill.

Name 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.

Signature

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.

Please select the column that most accurately describes your proficiency level: D = Expert. You have a performed this task frequently; you

feel comfortable and proficient in this skill; you would not require supervision or practice.



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| **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 |  |  |  |  |
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