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# ULTRASOUND TECHNOLOGIST SKILLS EVALUATION - SELF ASSESSMENT

**Level of Proficiency**

Date 1 = Never Performed. You have never performed the stated

task and have no experience with this type of skill.

Name 2= 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 3 = 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: 4 = 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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| **Ultrasound** | **1** | **2** | **3** | **4** |  |  | **1** | **2** | **3** | **3** |
| **General** |  | **Small Parts** |
| Gallbladder/CBD (common bile duct) |  |  |  |  |  | Thyroids |  |  |  |  |
| Appendix |  |  |  |  |  | Testicles |  |  |  |  |
| Kidneys, Spleen, Adrenals |  |  |  |  |  | Superficial mass |  |  |  |  |
| Pancreas |  |  |  |  |  | Biopsies of the above |  |  |  |  |
| Popliteal |  |  |  |  |  | Color or Doppler studies of the above |  |  |  |  |
| Breast |  |  |  |  |  | Other (list): |  |  |  |  |
| Aorta/Heart |  |  |  |  |  |  |  |  |  |  |
| UGI and small bowel |  |  |  |  |  | **Vascular** |  |  |  |  |
| Venogram |  |  |  |  |  | Upper extremity arterial |  |  |  |  |
| Liver |  |  |  |  |  | Upper extremity venous |  |  |  |  |
| **Obstetrical** |  |  |  |  |  | Lower extremity arterial |  |  |  |  |
| Level 1 (0-12 weeks) |  |  |  |  |  | Lower extremity venous |  |  |  |  |
| Stomach, Heart, Kidneys |  |  |  |  |  | Abdominal aorta, IVC (inferior vena cava) |  |  |  |  |
| Diaphragm, Bladder |  |  |  |  |  | Carotid duplex |  |  |  |  |
| Cerebellum, Ventricles |  |  |  |  |  | Hepatic, splenic |  |  |  |  |
| Atria |  |  |  |  |  | Renal |  |  |  |  |
| Nuchal fold |  |  |  |  |  | C-W Doppler (Continuous wave) |  |  |  |  |
| BPD (Biparietal diameter) |  |  |  |  |  | Area of percentage of Stenosis |  |  |  |  |
| HC (Head circumference) |  |  |  |  |  | Diameter for percentage of Stenosis |  |  |  |  |
| AC (Abdominal circumference) |  |  |  |  |  | PVR (Post-void residual) |  |  |  |  |
|  Level II (12 weeks to term) |  |  |  |  |  | IPG (Impedance plethysmography, R/O DVT) |  |  |  |  |
| Bone lengths |  |  |  |  |  |  |  |  |  |  |
| Nose and lips |  |  |  |  |  |  |  |  |  |  |
| Fingers, toes |  |  |  |  |  |  |  |  |  |  |
| Inter & Intraorbital measurements |  |  |  |  |  | **Male Pelvis** |  |  |  |  |
| Amniocentesis |  |  |  |  |  | Prostate (transabdominal) |  |  |  |  |
| AFI (Amniotic fluid index) |  |  |  |  |  | Prostate (transrectal) |  |  |  |  |
| BPP (Biophysical profile) |  |  |  |  |  | Bladder |  |  |  |  |

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|  | **1** | **2** | **3** | **4** |  |  | **1** | **2** | **3** | **4** |
| **Female Pelvis** |  | **Cardiology** |
| Uterus |  |  |  |  |  | Stress test |  |  |  |  |
| Ovaries |  |  |  |  |  | TEE (Transesophageal echocardiography) |  |  |  |  |
| Vaginal |  |  |  |  |  | 2D- and M-mode |  |  |  |  |
| Transvaginal procedures |  |  |  |  |  | CW/PW Doppler |  |  |  |  |
| Color/ Doppler of above |  |  |  |  |  | Portable studies |  |  |  |  |
| Other (list) |  |  |  |  |  | Invasive procedure guidance |  |  |  |  |
|  |  |  |  |  |  | Adult echocardiogram |  |  |  |  |
|  |  |  |  |  |  | Pediatric echocardiogram |  |  |  |  |
|  |  |  |  |  |  | Other (list) |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Age Specific Level** |
| **Diagnostic** |  | Neonatal |  |  |  |  |
| Biopsy puncture |  |  |  |  |  | Pediatrics |  |  |  |  |
| Cyst aspiration |  |  |  |  |  | Adolescent |  |  |  |  |
| Other (list) |  |  |  |  |  | Adult |  |  |  |  |
|  |  |  |  |  |  | Geriatrics |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |