DIAGNOSTEMPS
Radiology Staffing

Diagnostic Cardiac Sonography Skills Inventory

Technologist _____ Date_____

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

1 ..... *No Experience*
2 ..... *Minimal* - Some experience, works with supervision
3 ..... *Experienced* - Works without supervision in most cases
4 ..... *Highly Skilled* - Perform well without assistance

SKILLS CATAGORIES	SELF RATING			
Echocardiography	1	2	3	4
Adult Echocardiography	☐	☐	☐	☐
Pediatric Echocardiography	☐	☐	☐	☐
Fetal Echocardiography	☐	☐	☐	☐
Trauma Echocardiography	☐	☐	☐	☐
TEE	☐	☐	☐	☐
Intraoperative Echocardiography	☐	☐	☐	☐
Mycardial Contrast	☐	☐	☐	☐
Echo-Guided Procedures	☐	☐	☐	☐
Plethysmography	☐	☐	☐	☐
Vascular Doppler Procedures	☐	☐	☐	☐
Pressure Measurements	☐	☐	☐	☐
Age	1	2	3	4
Neonatal (Birth to 6 weeks)	☐	☐	☐	☐
Infant (6 weeks to 3 years)	☐	☐	☐	☐
Children (4-11 years)	☐	☐	☐	☐
Adolescent (12-18 years)	☐	☐	☐	☐
Adults (19-64 years)	☐	☐	☐	☐
Elderly (65+ years)	☐	☐	☐	☐
Echocardiography Techniques	1	2	3	4
M-Mode	☐	☐	☐	☐
Two-Dimensional	☐	☐	☐	☐
Three-Dimensional	☐	☐	☐	☐
Pulse Dopplar	☐	☐	☐	☐
Color Dopplar Mapping	☐	☐	☐	☐
EKG	☐	☐	☐	☐
ECG	☐	☐	☐	☐

List Equipment Used

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Certifications / Licensures	Expiration Date
RDCS	_____
ARDMS (AB) (OB) (BR)	_____
RCS	_____
RVT	_____
BLS / ACLS	_____

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

Updated Annually.

_____

Technologist Signature/Date

_____

Supervisor Signature/Date