



MAMMOGRAPHER 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:

Mammographer	A	B	C	D		A	B	C	D
Interventional					Positions/ Views				
Core biopsy					Mediolateral projection				
Ductography					Craniocaudal				
Fine needle aspiration					Modified oblique				
Breast specimen imaging					Lateromedial				
Pneumocystography					Lateromedial oblique				
Other (list):					Spot compression				
					Implant displaced				
General					Other (list):				
Density setting									
Cm of compression									
Film processing					Specialties				
Photocell positioning					Males				
mAs application					Irradiated breast				
kVp (high vs. low) application					Chest wall deformities				
MQSA (Mammography Quality Standards Act) Standards					Post-surgical breast				
Compton effect					Kyphotic patients				
Xeromammography					Reduction mammoplasty				
Screening mammogram					Protruding abdomen				
Photoelectric effect					Implants				
Post partum mastitis					Pacemaker				
Post menopausal					Port-a-cath				
Pre menopausal					Mastectomy-partial and radical				
Diagnostic mammogram									

Reviewed by: _____ **Date:** _____