



RADIATION THERAPY 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:

Radiation Therapy	A	B	C	D		A	B	C	D
Background					Radiation Therapy				
Hospital					Neutron beam				
Doctor's office					Brachytherapy wires				
Orthopaedics					Brachytherapy seeds or molds				
Surgery					Brachytherapy rods				
Trauma					Interstitial Brachytherapy				
Clinic					Intraluminal radiation therapy				
Other (list):					Intravenous radioactively tagged molecules				
					I-131				
Radiation Therapy					Other (list):				
Ortho voltage radiation treatment									
Simulation of treatment sites					Provision of treatment to patients with cancer				
Cobalt 60 therapy					Anal cancer				
Strontium 90 therapy					Bone cancer				
Accelerator with electrons					Brain cancer				
Calculations					Breast cancer				
Radiation precautions					Bladder cancer				
Hyperthermia treatment					Cervical cancer				
Linear accelerator					Childhood cancer				
Superficial radiation treatment					Colon cancer				
Block cutting					Esophageal cancer				
Geometric parameters					Endometrial cancer				
Patient measurements					Endocrine system cancer				
Venipuncture					Gallbladder cancer				
Proton beam					Hodgkin's and other Lymphomas				



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	A	B	C	D			A	B	C	D	
Provision of treatment to patients with cancer											
Hypo pharyngeal cancer						Oropharyngeal cancer					
Kidney cancer						Penile cancer					
Laryngeal cancer						Pancreatic cancer					
Lip and oral cavity cancer						Testicular cancer					
Lung cancer						Uterine cancer					
Liver cancer						Vaginal cancer					
Metastatic squamous cancer						Vulvular cancer					
Ovarian cancer											

CERTIFICATION:

BCLS: Yes_____ No_____

Expiration Date:_____

Reviewed by: _____ Date: _____