MAXIM
HEALTHCARE SERVICES, INC.

# X-RAY SKILLS EVALUATION - SELF ASSESSMENT

Date_____

Name_____

Signature_____

Please select the column that most accurately describes your proficiency level:

**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 a performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

| | | | | | | | A | B | C | D |
|---|---|---|---|---|---|---|---|---|---|---|
| **Work Experience** | | | | | | **General Skill's cont.** | | | | |
| Acute Care | | | | | | Bone Survey | | | | |
| Outpatient facility | | | | | | Bronchogram | | | | |
| Rehab facility | | | | | | GI bleeding study scan | | | | |
| Long term care facility | | | | | | ERCP | | | | |
| Other (list): | | | | | | Portable exams | | | | |
| | | | | | | Gall bladder | | | | |
| **General Skills** | | | | | | Renal arteriogram | | | | |
| Mammograms | | | | | | GI series | | | | |
| Abdomen | | | | | | Skull | | | | |
| Barium enema | | | | | | OR exams | | | | |
| Barium swallow | | | | | | Small bowel series | | | | |
| Cervical spine | | | | | | Liver scan | | | | |
| Lumbar spine | | | | | | MUGA scan | | | | |
| Thoractic spine | | | | | | Thyroid scan | | | | |
| Sacral spine | | | | | | Lung scan | | | | |
| Upper extremities | | | | | | GI bleeding studies | | | | |
| Lower extremities | | | | | | Spleen scan | | | | |
| Chest | | | | | | Brain scan | | | | |
| Mastoids | | | | | | Renal scan | | | | |
| Portable exams | | | | | | Pediatric exams | | | | |
| Tomograms | | | | | | Skull scan | | | | |
| Voiding cystogram | | | | | | Foreign body localization | | | | |
| Hip series | | | | | | Other (list): | | | | |
| C-arm fluoroscope | | | | | | | | | | |

**Reviewed by:** _____ **Date:** _____