



# Cardiac Cath Technologist/Special Procedures Technologist/Cardiovascular Technologist Self Assessment

### Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

**Print Name** \_\_\_\_\_ **Last 4 Digits of SS#** \_\_\_\_\_ **Date** \_\_\_\_\_

CCATH	Experience					
Cardiac catheterization - adult R/L	0	1	2	3	4	5
Cardiac catheterization - pediatric/neonatal R/L	0	1	2	3	4	5
Aortography	0	1	2	3	4	5
Internal mammary angiography	0	1	2	3	4	5
Pulmonary angiography	0	1	2	3	4	5
Saphenous vein graft angiography	0	1	2	3	4	5
Ventricular assist device	0	1	2	3	4	5
Shunt detections & calculation	0	1	2	3	4	5
Permanent pacemaker placement	0	1	2	3	4	5
Temporary pacemaker placement	0	1	2	3	4	5
Automatic implantable cardiac defibrillator	0	1	2	3	4	5
Angioplasty	0	1	2	3	4	5
Arrhythmia ablation	0	1	2	3	4	5
Debulking	0	1	2	3	4	5
Stent placement	0	1	2	3	4	5
Assist with A-line insertion	0	1	2	3	4	5
Assist with central line insertion	0	1	2	3	4	5
Assist with PA line insertion	0	1	2	3	4	5
Assist with open chest emergency	0	1	2	3	4	5
FemStop device	0	1	2	3	4	5
Vasoseal	0	1	2	3	4	5
Angioseal	0	1	2	3	4	5
Perclose	0	1	2	3	4	5
<b>Hemodynamic Monitoring:</b>						
PAP	0	1	2	3	4	5
PCW	0	1	2	3	4	5
CVP	0	1	2	3	4	5
SVR	0	1	2	3	4	5
PVR	0	1	2	3	4	5
CO	0	1	2	3	4	5



Initials \_\_\_\_\_

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CCATH - cont.	Experience					
CI	0	1	2	3	4	5
SVO2 recording	0	1	2	3	4	5

Special Procedures	Experience					
Specimen radiographs	0	1	2	3	4	5
Selective angiography	0	1	2	3	4	5
<b>Cerebral Embolization:</b>						
Coiling	0	1	2	3	4	5
Gelfoam	0	1	2	3	4	5
PVA	0	1	2	3	4	5
Cerebral angiography	0	1	2	3	4	5
Carotid arteriogram	0	1	2	3	4	5
Brachial arteriogram	0	1	2	3	4	5
Pulmonary arteriogram	0	1	2	3	4	5
Arch arteriogram	0	1	2	3	4	5
Renal arteriogram	0	1	2	3	4	5
Femoral arteriogram	0	1	2	3	4	5
Abdominal arteriogram	0	1	2	3	4	5
Mesenteric arteriogram	0	1	2	3	4	5
Venogram	0	1	2	3	4	5
Angioplasty	0	1	2	3	4	5
Nephrostomy	0	1	2	3	4	5
Embolizations	0	1	2	3	4	5
A/V fistulas	0	1	2	3	4	5
IVC filter (Inferior Vena Cava)	0	1	2	3	4	5
TIPPS procedure	0	1	2	3	4	5
Ablations	0	1	2	3	4	5
Endografts	0	1	2	3	4	5
Pressure monitoring	0	1	2	3	4	5

Equipment	Experience					
Cardioversion	0	1	2	3	4	5
Defibrillator	0	1	2	3	4	5
Intra aortic balloon pump	0	1	2	3	4	5
Lead placement	0	1	2	3	4	5
<b>Computerized Charting</b>						
Cerner	0	1	2	3	4	5
EPIC	0	1	2	3	4	5
McKesson	0	1	2	3	4	5
Meditech	0	1	2	3	4	5



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Equipment - cont.	Experience					
<b>National Patient Safety Goals</b>						
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5
Infection control	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5
Patients in isolation	0	1	2	3	4	5
Minimize risk for falls	0	1	2	3	4	5

General Skills	Experience					
Patient/family teaching	0	1	2	3	4	5
Patients in restraints	0	1	2	3	4	5
Lifting/transfer devices	0	1	2	3	4	5
Cardiac arrest/CPR	0	1	2	3	4	5
Use of rapid response teams	0	1	2	3	4	5

Age Specific Competencies	Experience					
Infant (Birth - 1 years)	0	1	2	3	4	5
Preschooler (ages 2-5 years)	0	1	2	3	4	5
Childhood (ages 6-12 years)	0	1	2	3	4	5
Adolescents (ages 13-21 years)	0	1	2	3	4	5
Young Adults (ages 22-39 years)	0	1	2	3	4	5
Adults (ages 40-64 years)	0	1	2	3	4	5
Older Adults (ages 65-79 years)	0	1	2	3	4	5
Elderly (ages 80+ years)	0	1	2	3	4	5

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_