



# 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.

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

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



Initials \_\_\_\_\_

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

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

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



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

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

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

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