



# Nuclear Medicine 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

Nuclear Medicine	Frequency				Experience			
Cerebral blood flow	1	2	3	4	1	2	3	4
GI bleeding study	1	2	3	4	1	2	3	4
Radionuclide arteriogram / venogram	1	2	3	4	1	2	3	4
1-131 therapy	1	2	3	4	1	2	3	4
Cardiac stress test	1	2	3	4	1	2	3	4
SPECT scan	1	2	3	4	1	2	3	4
1-123 uptake	1	2	3	4	1	2	3	4
Thyroid therapy	1	2	3	4	1	2	3	4
Bone scan	1	2	3	4	1	2	3	4
Brain scan	1	2	3	4	1	2	3	4
Gallium scan	1	2	3	4	1	2	3	4
Liver scan	1	2	3	4	1	2	3	4
Lung scan	1	2	3	4	1	2	3	4
Muga scan	1	2	3	4	1	2	3	4
PET scan	1	2	3	4	1	2	3	4
Renal scan	1	2	3	4	1	2	3	4
Spleen scan	1	2	3	4	1	2	3	4
Thyroid scan	1	2	3	4	1	2	3	4
HepatoBiliary (HIDA) scan	1	2	3	4	1	2	3	4
Meckel's study	1	2	3	4	1	2	3	4
Lymphoscintigraphy	1	2	3	4	1	2	3	4
Gastric emptying	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



Initials \_\_\_\_\_

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)	

National Patient Safety Goals	Frequency				Experience			
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

Age Specific Competencies	Frequency				Experience			
Infant (birth to 1 year)	1	2	3	4	1	2	3	4
Toddler (ages 2-3 years)	1	2	3	4	1	2	3	4
Preschooler (ages 4-5 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