



Competency Checklist

Radiological procedures

The procedures, as identified, should accurately reflect the experiences of the applicant. Those items achieved at a level of 'competence' indicate that the applicant has demonstrated, through independent actions, the orderly progression of tasks required to achieve accurate diagnostic images within a reasonable standard of time, for a variety of patient cases. Those identified as N/A may require orientation within the Alberta clinical setting.

To complete the checklist:

1. indicate the date when the procedure was last performed
2. indicate whether competence was demonstrated or whether the particular procedure was not applicable to the area of clinical practice
3. obtain supervisor validation for the checklist entries

| Procedure/Study | Date last performed | Competent | N/A | Supervisor Validation |
|----------------------------------|---------------------|-----------|-----|-----------------------|
| General Radiography | | | | |
| Skull | | | | |
| Facial bones/Zygomatic arches | | | | |
| Orbits | | | | |
| Mandible/Panagram | | | | |
| Sinuses | | | | |
| Hand/scaphoid/elbow/humerus | | | | |
| Clavicle/Acromioclavicular joint | | | | |
| Shoulder | | | | |
| Toes | | | | |
| Foot/calcaneus/ankle | | | | |
| Tibia/fibula/femur | | | | |
| Knee | | | | |
| Pelvis | | | | |
| Hip – non-trauma/trauma | | | | |
| Spine - cervical | | | | |
| Spine – thoracic/lumbar | | | | |
| Sacrum/coccyx | | | | |
| Ribs | | | | |
| Systems Imaging | | | | |
| Soft tissue neck | | | | |
| Chest – ambulatory | | | | |
| Chest – non-ambulatory | | | | |
| Abdomen - series/with upright | | | | |

| | | | | |
|--|--|--|--|--|
| Abdomen - series/with decubitus views | | | | |
| Pediatric Imaging | | | | |
| Infants | | | | |
| Children (3 – 7 yrs) | | | | |
| Fluoroscopy Procedures | | | | |
| Upper gastric imaging | | | | |
| Small bowel series/follow thru | | | | |
| Air contrast colon | | | | |
| Arthrography | | | | |
| Mobile Radiography | | | | |
| Pediatric imaging | | | | |
| Adult abdomen | | | | |
| Adult skeletal | | | | |
| Surgical Suite Procedures | | | | |
| Retrograde urography | | | | |
| Orthopedic | | | | |
| Non-orthopedic | | | | |
| Cardiovascular/Angiography | | | | |
| Specify: | | | | |
| Specify: | | | | |
| Computed Tomography | | | | |
| Specify: | | | | |
| Specify: | | | | |
| Other Procedures | | | | |
| Bone Mineral Densitometry | | | | |
| Mammography | | | | |
| Quality Control of: | | | | |
| Basic radiographic equipment | | | | |
| Shielding devices | | | | |
| Processing accessories | | | | |
| Repeat/Reject analysis | | | | |
| Additional Clinical Tasks | | | | |
| Prepare contrast media | | | | |
| Format/Optimize images | | | | |
| Ensure radiation safety | | | | |
| Patient Care | | | | |
| Obtain & assess vital signs | | | | |
| Maintain sterile/isolation precautions | | | | |
| Insert enema tip | | | | |

Applicant Name: _____ Date: _____

Supervisor Name: _____
(please print)

Supervisor Signature: _____

Supervisor Contact Info:

Phone Number: _____ email: _____