



# Self-Assessment of Clinical Practice

## for internationally trained radiological technologists

Applicant's name

This self-assessment tool is meant to assist you in identifying how your previous work experience and post-program training and educational opportunities compare to the general competency requirements for Alberta-trained technologists. If you have not been employed in the profession, please cross-reference the statements below to your educational program (i.e., courses). This tool is used to assist the Registration Committee when your documents are reviewed.

There are six sections in this self-assessment tool. These sections, and the statements below each, closely compare to the required knowledge, skills and attitudes expected of technologists in Alberta.

Each statement requires you to complete two steps:

1. For each statement, rate your own professional practice and determine the status of your knowledge, skill and competency as it relates to the statement. Please review the chart below to understand the rating system. Indicate the number that is applicable to your own practice by writing the number in the statement-corresponding box under the heading "Self-Rating". There is no right or wrong answer.
2. For each statement, reference where you practiced or performed this competency during your clinical experience. The reference should include the facility where the work experience took place and the date range during which it was performed. If you do not have any clinical experience with the competency statement being referenced, please indicate any applicable courses in which you learned about the competency. Please include documents with your application verifying completion of any additional training and educational sessions. The more information you can provide, the more information the Registration Committee will have when making a decision regarding your application. List this information under the column heading "Reference".

| Self-Assessment Rating Scale |   |  |
|------------------------------|---|--|
| 1                            | I have never performed or learned about this skill/task.                  | <i>This is not something taught within the respective clinical program or learned through work experience.</i>   |
| 2                            | I have not performed this skill since my initial training.                | <i>This is something only learned in the clinical program and not put into practice while working in the field.</i>  |
| 3                            | I have had experience in this area. The experiences have not been recent. | <i>This is something taught within the clinical program or practiced early on in the career. This skill has not been practiced in the past five years.</i>           |
| 4                            | I have limited experience in this area. The experiences are recent.       | <i>This is something taught within the clinical program and/or practiced in the career. The occurrences are infrequent and practiced within the last five years.</i> |
| 5                            | I have extensive experience in this area. The experiences are recent.     | <i>This is something that is performed on a daily basis or fairly regularly. The occurrences are frequent and practiced within the last five years.</i>              |

## Section 1: Professional Accountability and Responsibility

### Legislation, Standards and Ethics

| Competency Statement  | Self-Rating | Reference |
|---|-------------|-----------|
| Adhere to and apply the Code of Ethics and Standards of Practice within my practice as outlined by my association or regulatory body. |             |           |
| Perform my duties while upholding my patients' legal and civil rights.  |             |           |
| Maintain confidentiality of patient information and records.  |             |           |

### Teamwork

| Competency Statement  | Self-Rating | Reference |
|---|-------------|-----------|
| Work effectively and communicate professionally within a multidisciplinary healthcare team. |             |           |
| Negotiate resolutions to conflicts and problems in my practice environment.                 |             |           |

### Professional Advocacy

| Competency Statement   | Self-Rating | Reference |
|--|-------------|-----------|
| Supervise, interact with and evaluate student technologists in the practice environment.                     |             |           |
| Provide education which is responsive to the diverse needs of the patient, public and healthcare population. |             |           |
| Contribute to quality control initiatives and/or research activities.  |             |           |

**Professional Competence**

| Competency Statement  | Self-Rating | Reference |
|---|-------------|-----------|
| Demonstrate personal commitment to continuing professional development through formal programs and/or self-directed learning. |             |           |

**Section 2: Workplace Health & Safety**

**Radiation Safety/Protection**

| Competency Statement   | Self-Rating | Reference |
|--|-------------|-----------|
| Consistently apply the principles of ALARA (as low as reasonably achievable).  |             |           |
| Follow established policies and procedures to reduce radiation exposure risks to staff and others within the work environment. |             |           |
| Follow established policies and procedures regarding patients who might be pregnant.   |             |           |
| Follow established policies and procedures to seek clarification to orders, requisitions or instructions.                      |             |           |

**Occupational Health and Safety**

| Competency Statement  | Self-Rating | Reference |
|---|-------------|-----------|
| Consistently apply standards in the handling, use, storage and disposal of hazardous workplace materials. |             |           |
| Adhere to Occupational Health and Safety standards in the workplace.                                      |             |           |

**Emergencies**

| <b>Competency Statement</b>                                    | <b>Self-Rating</b> | <b>Reference</b> |
|--|--------------------|------------------|
| Respond appropriately to all facility threats and emergencies. |                    |                  |

**Section 3: Patient Care**

**Patient Environment**

| <b>Competency Statement</b>  | <b>Self-Rating</b> | <b>Reference</b> |
|--|--------------------|------------------|
| Administer first aid/basic life support in emergency situations.   |                    |                  |
| Apply body-fluid precautions to prevent contamination of person(s), equipment and environment.   |                    |                  |
| Appropriately manage patient ancillary devices (i.e. intravenous (IV) lines and other diagnostic and therapeutic tubes/lines; IV pumps and other patient monitors; oxygen flow). |                    |                  |
| Ensure safe patient transfers.   |                    |                  |

**Patient Assessment and Intervention**

| <b>Competency Statement</b>  | <b>Self-Rating</b> | <b>Reference</b> |
|--|--------------------|------------------|
| Ensure the patient's understanding of, and consent for, all procedures prior to action.  |                    |                  |
| Adapt assessment and screening procedures according to patient's presentation and needs. |                    |                  |

|  |  |  |
|--|--|--|
| Identify contraindications to proceed with the patient's procedure.  |  |  |
| Operate power injector.  |  |  |
| Safely administer medications and/or contrast agents to the patient as required for imaging purposes.  |  |  |
| Monitor and assess patient vital signs.  |  |  |
| Recognize and respond appropriately to changes in patient condition including when adverse reactions are experienced by patients receiving medications or contrast agents. |  |  |

**Communication and Education**

| <b>Competency Statement</b>   | <b>Self-Rating</b> | <b>Reference</b> |
|---|--------------------|------------------|
| Provide pre- and post-procedural instructions, education and care to the patient. |                    |                  |
| Provide for the needs of patients and their families.                             |                    |                  |

**Recording and Documenting**

| <b>Competency Statement</b>                             | <b>Self-Rating</b> | <b>Reference</b> |
|---|--------------------|------------------|
| Use current, appropriate and clear medical terminology. |                    |                  |
| Input and retrieve data using appropriate media.        |                    |                  |

## Section 4: Operation of Equipment

### Fundamental Equipment Procedures

| Competency Statement  | Self-Rating | Reference |
|---|-------------|-----------|
| Ensure safe operation of radiation emitting, radiation safety and radiation monitoring equipment according to manufacturer's specification and departmental policies. |             |           |
| Perform basic troubleshooting; correct or report as appropriate.  |             |           |

### Perform Equipment Quality Control (QC)

| Competency Statement  | Self-Rating | Reference |
|---|-------------|-----------|
| Perform QC of imaging equipment according to departmental policies and standards. |             |           |
| Evaluate outcomes of QC procedures.   |             |           |
| Maintain equipment QC and repair records.   |             |           |

## Section 5: Clinical Procedures

### Fundamental Clinical Procedures

| Competency Statement  | Self-Rating | Reference |
|---|-------------|-----------|
| Confirm accuracy and completeness of requisition and resulting documentation. |             |           |
| Accurately prepare the patient and the equipment for all procedures.          |             |           |

|  |  |  |
|--|--|--|
| Perform venipuncture.  |  |  |
| Insert or remove instruments, devices or fingers <ul style="list-style-type: none"> <li>i. beyond the opening of the urethra</li> <li>ii. beyond the anal verge, and</li> <li>iii. into an artificial opening in the body</li> </ul> for the purpose of administering diagnostic examinations. |  |  |
| Input and access digital and electronic data relative to the management of the patient.  |  |  |
| Perform general radiography.   |  |  |
| Perform fluoroscopic procedures.   |  |  |
| Perform computed tomography (CT).  |  |  |
| Perform mammography.   |  |  |
| Perform bone mineral densitometry.   |  |  |
| Perform intraoperative radiography.  |  |  |
| Perform mobile radiography.  |  |  |

|   |  |  |
|---|--|--|
| Perform trauma radiography.   |  |  |
| Perform angiography.  |  |  |
| Perform interventional radiography.   |  |  |
| Adapt standard protocols for the patient's age and condition.                                       |  |  |
| Complete all procedures while adhering to high standards of radiation protection for the patient.   |  |  |
| Perform lithotripsy.  |  |  |
| Assess images and data sets and confirm accuracy, acceptability and completeness.                   |  |  |
| Evaluate the need for additional or modified views based on radiographic appearance of pathologies. |  |  |
| Optimize and store electronic images.   |  |  |
| Maintain knowledge of pathologies, conditions, diseases and disorders.                              |  |  |



**Additional Procedures**

| Competency Statement   | Self-Rating | Reference |
|------------------------|-------------|-----------|
| Prepare sterile trays. |             |           |

**Section 6: Interpretation and Analysis**

**Analyze and Enhance Practice**

| Competency Statement   | Self-Rating | Reference |
|--|-------------|-----------|
| Evaluate 'best practices' in relation to quality assurance programs.                       |             |           |
| Participate in professional growth opportunities which include research and presentations. |             |           |

**Applicant's Declaration**

*I verify that all information contained in this self-assessment are accurate.*

|                       |      |
|-----------------------|------|
| Applicant's signature | Date |
|-----------------------|------|