INITIAL COMPETENCY/SKILLS CHECKLIST
Lithotripsy Technician

Associate Name: _____ **Hire Date:** _____

Registered as an ARRT in the State of Texas
Assists the physician with the completion of the lithotripsy treatment.
Competency will be assessed by a Spohn Staff preceptor.

Self Assessment: **1= Not Familiar** **2= Need Further Development** **3= Proficient**

Validation Method: **V=verbal** **O=Observation** **T= Test** **D= Demonstration/Lab**

Self Assessment	Performance Criteria	Method of Evaluation	Date Completed Initials/Coach	Comments
	Explains procedure and questions patients regarding treatment	**V=verbal** **O=Observation**		
	Communicates pertinent information or changes in patient condition to appropriate health team members.	**V=verbal** **O=Observation** **D= Demonstration/Lab**		
	Maintains equipment in clean working order.	**V=verbal** **O=Observation** **D= Demonstration/Lab**		
	Follows CHRISTUS Spohn policies and procedures.	**V=verbal** **O=Observation** **D= Demonstration/Lab**		
	Maintains a good rapport with co-workers and physicians.	**O=Observation**		
	Maintain patient confidentiality and compliance with HIPAA.	**V=verbal** **O=Observation** **D= Demonstration/Lab**		
	Safely calibrates and operates lithotripsy and fluoroscopy equipment	**V=verbal** **O=Observation** **D= Demonstration/Lab**		
	Safely positions patients for treatment s	**O=Observation** **D= Demonstration/Lab**		
	Accurately completes treatment documentation	**O=Observation** **D= Demonstration/Lab**		
	Treatment outcomes are within expected limits.	**V=verbal**		

Comments: _____

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Associate Signature: _____ Date: _____

Coach/Preceptor Signature / Credentials: _____ Date: _____

Coach/Preceptor Printed Name: _____

Manager Signature: _____ Date: _____

Manager's Printed Name _____