

### 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

Treatment Settings	Frequency				Experience			
In-patient hospital psychiatric unit	1	2	3	4	1	2	3	4
In-patient acute psychiatric facility	1	2	3	4	1	2	3	4
Chronic psychiatric facility	1	2	3	4	1	2	3	4
Out-patient clinic / community setting	1	2	3	4	1	2	3	4
Forensic unit (prison)	1	2	3	4	1	2	3	4
Eating disorder unit	1	2	3	4	1	2	3	4
Substance abuse / rehab unit	1	2	3	4	1	2	3	4
Locked unit / ward	1	2	3	4	1	2	3	4

Legal / Ethical	Frequency				Experience			
Advanced directives	1	2	3	4	1	2	3	4
Legal right's of the mentally ill	1	2	3	4	1	2	3	4
Informed consent	1	2	3	4	1	2	3	4
Right to refuse treatment	1	2	3	4	1	2	3	4
Voluntary commitment	1	2	3	4	1	2	3	4
Involuntary commitment	1	2	3	4	1	2	3	4
Restrictive devices (restraints)	1	2	3	4	1	2	3	4
Use of seclusion	1	2	3	4	1	2	3	4
Terrasoff "duty to warn"	1	2	3	4	1	2	3	4

Emergency Care	Frequency				Experience			
Use of rapid response teams	1	2	3	4	1	2	3	4
Cardiac arrest / CPR	1	2	3	4	1	2	3	4
Airway management	1	2	3	4	1	2	3	4
Oxygen therapy	1	2	3	4	1	2	3	4
Oral / nasotracheal suctioning	1	2	3	4	1	2	3	4
Pulse oximetry	1	2	3	4	1	2	3	4
IV therapy	1	2	3	4	1	2	3	4
Start & maintaining peripheral IVs	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)	

Emergency Care - cont.	Frequency				Experience			
Blood draw: venous	1	2	3	4	1	2	3	4
Infusion pumps	1	2	3	4	1	2	3	4

Skilled Nursing Care	Frequency				Experience			
Assessment of Circulation / peripheral pulses	1	2	3	4	1	2	3	4
Blood Glucose Monitoring (BGM)	1	2	3	4	1	2	3	4
Foley catheter insertion / maintenance	1	2	3	4	1	2	3	4
NG tube insertion / maintenance	1	2	3	4	1	2	3	4
Wound care / dressing changes	1	2	3	4	1	2	3	4
Administration of blood / blood products	1	2	3	4	1	2	3	4
Management of fluid / electrolyte balance	1	2	3	4	1	2	3	4
Seizure precautions	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
<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
Interpretation & communication of lab values	1	2	3	4	1	2	3	4
Medication administration	1	2	3	4	1	2	3	4
Automated medication dispensing	1	2	3	4	1	2	3	4
Bar coding for medication administration	1	2	3	4	1	2	3	4
Labeling (medications & specimens)	1	2	3	4	1	2	3	4
Medication reconciliation	1	2	3	4	1	2	3	4
Anticoagulation therapy	1	2	3	4	1	2	3	4
Pain assessment & management	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
Isolation	1	2	3	4	1	2	3	4
Minimize risk for falls	1	2	3	4	1	2	3	4
Prevention of pressure ulcers	1	2	3	4	1	2	3	4

Clinical Assessment Tools	Frequency				Experience			
<b>Intelligence Assessment:</b>								
Wechsler Intelligence Scale (WAIS)	1	2	3	4	1	2	3	4
Wechsler Intelligence Scale for Children	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)	

Clinical Assessment Tools - cont.	Frequency				Experience			
<b>Psychological Testing:</b>								
Minnesota Multiphasic Personality Inventory (MMPI)	1	2	3	4	1	2	3	4
Beck Depression Inventory (BDI)	1	2	3	4	1	2	3	4
Thematic Apperception Test (TAT)	1	2	3	4	1	2	3	4
Child's Apperception Test (CAT)	1	2	3	4	1	2	3	4
Informal cognitive status assessment	1	2	3	4	1	2	3	4
Mental status assessment	1	2	3	4	1	2	3	4
Gestalt test	1	2	3	4	1	2	3	4
Stanford-binet test	1	2	3	4	1	2	3	4

Communication Techniques	Frequency				Experience			
Active listening	1	2	3	4	1	2	3	4
Restatement / reflection	1	2	3	4	1	2	3	4
Clarification	1	2	3	4	1	2	3	4
Focusing	1	2	3	4	1	2	3	4
Confronting	1	2	3	4	1	2	3	4
Summarizing	1	2	3	4	1	2	3	4

Therapeutic interventions	Frequency				Experience			
Limit setting	1	2	3	4	1	2	3	4
Positive reinforcement	1	2	3	4	1	2	3	4
Reality orientation	1	2	3	4	1	2	3	4
Questioning	1	2	3	4	1	2	3	4

Psychiatric Disorders	Frequency				Experience			
<b>Mood Disorders:</b>								
Major depression	1	2	3	4	1	2	3	4
Dysthymia	1	2	3	4	1	2	3	4
Bipolar disorder (manic-depressive illness)	1	2	3	4	1	2	3	4
Type I	1	2	3	4	1	2	3	4
Type II	1	2	3	4	1	2	3	4
<b>Anxiety Disorders:</b>								
GAD - Generalized Anxiety Disorder	1	2	3	4	1	2	3	4
Panic	1	2	3	4	1	2	3	4
Post Traumatic Stress Disorder	1	2	3	4	1	2	3	4
Obsessive-compulsive	1	2	3	4	1	2	3	4
Phobias	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)

Psychiatric Disorders - cont.	Frequency				Experience			
<b>Psychotic Disorders:</b>								
Schizophrenia	1	2	3	4	1	2	3	4
Schizoaffective disorder	1	2	3	4	1	2	3	4
Schizophreniform disorder	1	2	3	4	1	2	3	4
<b>Personality Disorders:</b>								
Antisocial	1	2	3	4	1	2	3	4
Passive / aggressive	1	2	3	4	1	2	3	4
Paranoia	1	2	3	4	1	2	3	4
Borderline	1	2	3	4	1	2	3	4
Schizotypal personality disorder	1	2	3	4	1	2	3	4
<b>Congenital Disorders:</b>								
Mental retardation	1	2	3	4	1	2	3	4
Down's syndrome	1	2	3	4	1	2	3	4
Cystic fibrosis	1	2	3	4	1	2	3	4
Cerebral palsy	1	2	3	4	1	2	3	4
Spina bifida	1	2	3	4	1	2	3	4
<b>Degenerative Disorders:</b>								
Alzheimer's disease	1	2	3	4	1	2	3	4
Parkinson's disease	1	2	3	4	1	2	3	4
Huntington's chorea	1	2	3	4	1	2	3	4
<b>Eating Disorders:</b>								
Anorexia nervosa	1	2	3	4	1	2	3	4
Bulimia nervosa	1	2	3	4	1	2	3	4
Pica	1	2	3	4	1	2	3	4

Crisis Management	Frequency				Experience			
Homicide	1	2	3	4	1	2	3	4
Suicide / suicide precautions	1	2	3	4	1	2	3	4
Rape	1	2	3	4	1	2	3	4
Violence / family & individuals	1	2	3	4	1	2	3	4

Substance Use / Abuse	Frequency				Experience			
Withdrawal syndrome	1	2	3	4	1	2	3	4
Delirium tremens (DTs)	1	2	3	4	1	2	3	4
Wernicke-Korsakoff	1	2	3	4	1	2	3	4
<b>Drug Use / Abuse:</b>								
Hallucinogenics	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)	

Substance Use / Abuse - cont.	Frequency				Experience			
Opiates	1	2	3	4	1	2	3	4
Heroin	1	2	3	4	1	2	3	4
Prescription	1	2	3	4	1	2	3	4
Stimulants (amphetamines / cocaine / MDMA)	1	2	3	4	1	2	3	4
Benzodiaepams	1	2	3	4	1	2	3	4
Drug withdrawal / detoxification	1	2	3	4	1	2	3	4

Sexuality Dysfunction	Frequency				Experience			
Gender Identity Disorders:								
Paraphilias	1	2	3	4	1	2	3	4
Psychosexual dysfunctions	1	2	3	4	1	2	3	4

Child / Adolescent Dysfunction	Frequency				Experience			
Conduct disorder	1	2	3	4	1	2	3	4
Separation anxiety disorders	1	2	3	4	1	2	3	4
ADHD Attention Deficit Hyperactivity Disorder	1	2	3	4	1	2	3	4
ADD Attention Deficit Disorder	1	2	3	4	1	2	3	4
Elimination Disorders:								
Encopresis	1	2	3	4	1	2	3	4
Enuresis	1	2	3	4	1	2	3	4
Pervasive Developmental Disorders:								
Autism	1	2	3	4	1	2	3	4
Asperger's syndrome	1	2	3	4	1	2	3	4
Rett syndrome	1	2	3	4	1	2	3	4
Self-destructiveness	1	2	3	4	1	2	3	4
Suicidal behavior	1	2	3	4	1	2	3	4
Runaway behavior	1	2	3	4	1	2	3	4
Substance abuse	1	2	3	4	1	2	3	4
Delinquent behavior	1	2	3	4	1	2	3	4
Neglect / lack of parental involvement	1	2	3	4	1	2	3	4
Physical / sexual abuse	1	2	3	4	1	2	3	4
Care of the patient with delusions	1	2	3	4	1	2	3	4
Care of the patient with hallucinations	1	2	3	4	1	2	3	4

Therapeutic Approaches	Frequency				Experience			
Psychotherapy	1	2	3	4	1	2	3	4
Behavior therapy	1	2	3	4	1	2	3	4
Milieu management	1	2	3	4	1	2	3	4
Relationship / family therapy	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)	

Therapeutic Approaches - cont.	Frequency				Experience			
Electroconvulsive Therapy (ECT)	1	2	3	4	1	2	3	4
Crisis counseling	1	2	3	4	1	2	3	4
Behavior modification	1	2	3	4	1	2	3	4
Group therapy	1	2	3	4	1	2	3	4

Medications	Frequency				Experience			
Analgesics / narcotics (MS, Dilaudid, Demerol, fentanyl, methadone)	1	2	3	4	1	2	3	4
Antidepressants (TCA, MAOIs, SSRIs)	1	2	3	4	1	2	3	4
Antipsychotics (Valium, Ativan, Xanax)	1	2	3	4	1	2	3	4
Anti-parkinson (levodopa, sinemet)	1	2	3	4	1	2	3	4
Antipsychotic (thorazine, haldol, zyrex, seroquel)	1	2	3	4	1	2	3	4
Mood stabilizer (lithium, depakote, tegretol)	1	2	3	4	1	2	3	4

Age Specific Competencies	Frequency				Experience			
Newborn / neonate (Birth-30 days)	1	2	3	4	1	2	3	4
Infant (31 days-1 year)	1	2	3	4	1	2	3	4
Toddler (2-3 years)	1	2	3	4	1	2	3	4
Preschool (ages 4-5 years)	1	2	3	4	1	2	3	4
School Age (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 Adult (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 Adult (ages 65-79 years)	1	2	3	4	1	2	3	4
Elderly (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