

### 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)     |
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Print Name

SS#

Date

| General Skills                               | Frequency |   |   |   | Experience |   |   |   |
|--|-----------|---|---|---|------------|---|---|---|
| Advanced directives                          | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Patient / family teaching                    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Discharge planning                           | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| UR / Medicare review                         | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Lift / transfer devices                      | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Specialty beds                               | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Restrictive devices (restraints)             | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| End of life care / palliative care           | 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 |
| <b>Computerized Charting</b>                 |           |   |   |   |            |   |   |   |
| Eclipsys                                     | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| 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 |
| 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 |
| Moderate sedation                            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Pain assessment & management                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Use of PCA (IV, intrathecal, epidural)       | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Infection control                            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

Initials \_\_\_\_\_

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| General Skills - cont.        | Frequency |   |   |   | Experience |   |   |   |
|-------------------------------|-----------|---|---|---|------------|---|---|---|
| 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 |

| Cardiac                                       | Frequency |   |   |   | Experience |   |   |   |
|---|-----------|---|---|---|------------|---|---|---|
| Assessment of heart sounds                    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Identification of arrhythmias (rate / rhythm) | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Holter monitor                                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Pacemakers / AID's                            | 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 |
| <b>Care of Patient with:</b>                  |           |   |   |   |            |   |   |   |
| Hypertension                                  | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Pre / post MI                                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| CHF   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Post cardiac surgery                          | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Fluid & electrolyte imbalances                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Medication Administration</b>              |           |   |   |   |            |   |   |   |
| Anticoagulants                                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Anti-arrhythmics                              | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Beta blockers                                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Nitroglycerin                                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Diuretics                                     | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

| Respiratory                              | Frequency |   |   |   | Experience |   |   |   |
|--|-----------|---|---|---|------------|---|---|---|
| Assessment / auscultation of lung sounds | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Establishing an airway                   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Chest PT                                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Incentive spirometry                     | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Supplemental oxygen (cannula, facemask)  | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Tracheostomy care                        | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Suctioning (tracheostomy & nasotracheal) | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Mechanical ventilation                   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Nebulizer use                            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Care of Patient with:</b>             |           |   |   |   |            |   |   |   |
| Chest tubes                              | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Pneumonia                                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

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| Respiratory - cont.                 | Frequency |   |   |   | Experience |   |   |   |
|-------------------------------------|-----------|---|---|---|------------|---|---|---|
| Tuberculosis                        | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Asthma                              | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| COPD                                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Emphysema                           | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Use &amp; Administration of:</b> |           |   |   |   |            |   |   |   |
| Bronchodilators                     | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Expectorants                        | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Corticosteroids                     | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

| Neurology                           | Frequency |   |   |   | Experience |   |   |   |
|-------------------------------------|-----------|---|---|---|------------|---|---|---|
| Assessment of neuro signs           | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Glascow coma scale                  | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Seizure precautions                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Halo traction                       | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Care of Patient with:</b>        |           |   |   |   |            |   |   |   |
| TBI (Traumatic Brain Injury)        | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Seizure activity                    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Spinal cord injury                  | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Stroke (CVA)                        | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Multiple Sclerosis                  | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Alzheimer's disease                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Parkinson's disease                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| ALS (Amyotrophic Lateral Sclerosis) | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Use &amp; Administration of:</b> |           |   |   |   |            |   |   |   |
| Anti-seizure medications            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Anti-emetics                        | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Laxatives                           | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Enemas                              | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Bowel prep                          | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

| Gastrointestinal                            | Frequency |   |   |   | Experience |   |   |   |
|---|-----------|---|---|---|------------|---|---|---|
| NG tube (insertion / removal)               | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Long term feeding tubes (dobhoff / keofeed) | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Gastrostomy tube                            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Tube feedings                               | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Monitoring input / output                   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Care of Patient with:</b>                |           |   |   |   |            |   |   |   |
| Colostomy / ileostomy                       | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| GI bleed                                    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

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| <b>Gastrointestinal - cont.</b>      | Frequency |   |   |   | Experience |   |   |   |
|--------------------------------------|-----------|---|---|---|------------|---|---|---|
| Pre / post abdominal surgery         | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Feeding devices / adaptive equipment | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Dietary restrictions                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| GT / PEG feedings                    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Use &amp; Administration of:</b>  |           |   |   |   |            |   |   |   |
| Anti-emetics                         | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Laxatives                            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Enemas                               | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Bowel prep                           | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

| <b>Genitourinary</b>               | Frequency |   |   |   | Experience |   |   |   |
|------------------------------------|-----------|---|---|---|------------|---|---|---|
| Foley catheter insertion / removal | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| GU irrigations                     | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Nephrostomy tube                   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Suprapubic catheter                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Ileo Conduit                       | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Use of bladder scan equipment      | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Care of Patient with:</b>       |           |   |   |   |            |   |   |   |
| Shunts and fistulas                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Straight catheterizations          | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Incontinence / bladder training    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Chronic renal failure / dialysis   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Peritoneal dialysis                | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

| <b>Orthopedic</b>            | Frequency |   |   |   | Experience |   |   |   |
|------------------------------|-----------|---|---|---|------------|---|---|---|
| Total joint replacement      | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Arthroscopic surgery         | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Cast care                    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Pulse / CMS checks           | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Suture / staple removal      | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Prosthesis application       | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Standard extremity braces    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| <b>Care of Patient with:</b> |           |   |   |   |            |   |   |   |
| Amputation                   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Stump wrapping               | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Skeletal traction            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Ortho trauma                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Laminectomy                  | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Cast removal                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Assistive devices            | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| CPM machines                 | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

Initials \_\_\_\_\_

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| IV Therapy   | Frequency |   |   |   | Experience |   |   |   |
|--|-----------|---|---|---|------------|---|---|---|
| Start & maintain IVs   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Blood draw: venous   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Central line care (PICC / Groshong / Hickman)                    | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Blood draw: central line   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Care & management of ports                                       | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Care & management of nonvascular devices (epidural, intrathecal) | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| TPN & lipids   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Infusion pumps   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Administration of blood/blood products                           | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Administration of chemotherapy                                   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Monitoring of chemotherapy (does not initiate)                   | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |

| Skin                  | Frequency |   |   |   | Experience |   |   |   |
|-----------------------|-----------|---|---|---|------------|---|---|---|
| Wound care / surgical | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Wound care / medical  | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Dressing changes      | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Skin assessment       | 1         | 2 | 3 | 4 | 1          | 2 | 3 | 4 |
| Wound-vac             | 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 |

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| 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