

### 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

Hospice Care Settings	Frequency				Experience			
Home care	1	2	3	4	1	2	3	4
Inpatient hospital care	1	2	3	4	1	2	3	4
Extended care facility	1	2	3	4	1	2	3	4
<b>Hospice Care</b>								
Advanced directives	1	2	3	4	1	2	3	4
Restrictive devices/restraints	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
Diabetes mellitus	1	2	3	4	1	2	3	4
Blood Glucose Monitoring (BGM)	1	2	3	4	1	2	3	4
Insulin administration	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
Administration of narcotics/sedatives (fentanyl, valium, ativan, roxinal, morphine)	1	2	3	4	1	2	3	4
Use of PCA (IV, intrathecal, epidural)	1	2	3	4	1	2	3	4
Handling of narcotics in the home environment	1	2	3	4	1	2	3	4
Non-pharmacologic strategies	1	2	3	4	1	2	3	4
TENS unit	1	2	3	4	1	2	3	4
Stages of grieving	1	2	3	4	1	2	3	4
Spiritual care	1	2	3	4	1	2	3	4
Death & dying counseling	1	2	3	4	1	2	3	4
Patient & family coping skills	1	2	3	4	1	2	3	4
Patient/family teaching & resources	1	2	3	4	1	2	3	4
Quality of life & ethical decision making	1	2	3	4	1	2	3	4
Death pronouncement	1	2	3	4	1	2	3	4
After treatment (survivorship)	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

Initials \_\_\_\_\_

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Hospice Care Settings - cont.	Frequency				Experience			
Interpretation & communication of lab values	1	2	3	4	1	2	3	4
Medication administration	1	2	3	4	1	2	3	4
Medication reconciliation	1	2	3	4	1	2	3	4
Automated medication dispensing	1	2	3	4	1	2	3	4
Bar coding for medications	1	2	3	4	1	2	3	4
Anticoagulation therapy	1	2	3	4	1	2	3	4
Infection control	1	2	3	4	1	2	3	4
Universal precaution	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
Pressure ulcer staging & care	1	2	3	4	1	2	3	4
Wound care	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
Other	1	2	3	4	1	2	3	4
<b>IV Skills</b>								
Venipuncture for blood draw	1	2	3	4	1	2	3	4
Peripheral IV catheter access, maintain & discontinue	1	2	3	4	1	2	3	4
Central Venous Catheter (CVC) maintain & discontinue	1	2	3	4	1	2	3	4
Peripherally Inserted Central Catheters (PICC)	1	2	3	4	1	2	3	4
Groshong/broviac/hickman	1	2	3	4	1	2	3	4
Ports	1	2	3	4	1	2	3	4
Epidural catheter maintenance	1	2	3	4	1	2	3	4
Intrathecal catheter maintenance	1	2	3	4	1	2	3	4
Repair of torn/punctured catheters	1	2	3	4	1	2	3	4
Declotting occluded ports or catheters	1	2	3	4	1	2	3	4

IV Therapy	Frequency				Experience			
Needle-less systems	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 chemotherapy	1	2	3	4	1	2	3	4
Administration of TPN/lipids	1	2	3	4	1	2	3	4

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Physical Assessment	Frequency				Experience			
<b>Cardio-vascular</b>								
Cardio-vascular assessment	1	2	3	4	1	2	3	4
<b>Respiratory</b>								
Respiratory assessment	1	2	3	4	1	2	3	4
Use of Incentive Spirometry (IS)	1	2	3	4	1	2	3	4
Use of oxygen	1	2	3	4	1	2	3	4
Application of nasal cannula	1	2	3	4	1	2	3	4
Application of face mask	1	2	3	4	1	2	3	4
Use of Nebulizer	1	2	3	4	1	2	3	4
Placement of oral/NT airway	1	2	3	4	1	2	3	4
Use of ambu bag	1	2	3	4	1	2	3	4
Pulse oximetry	1	2	3	4	1	2	3	4
Oral and nasotracheal suctioning	1	2	3	4	1	2	3	4
Tracheostomy	1	2	3	4	1	2	3	4
<b>Neurological</b>								
Neuro assessment	1	2	3	4	1	2	3	4
Seizure precautions	1	2	3	4	1	2	3	4
Sleep assessment	1	2	3	4	1	2	3	4
<b>Care of the patient with:</b>								
Depression	1	2	3	4	1	2	3	4
Anxiety	1	2	3	4	1	2	3	4
Delirium	1	2	3	4	1	2	3	4
Fatigue	1	2	3	4	1	2	3	4
<b>Gastrointestinal</b>								
Gastrointestinal assessment (GI)	1	2	3	4	1	2	3	4
Nutritional assessment	1	2	3	4	1	2	3	4
NG tube insertion, management and discontinue	1	2	3	4	1	2	3	4
Small bore feeding tube insertion, management and discontinue	1	2	3	4	1	2	3	4
Gastrostomy/PEG tube management	1	2	3	4	1	2	3	4
Jejunostomy management	1	2	3	4	1	2	3	4
Ostomy care	1	2	3	4	1	2	3	4
<b>Care of the patient with:</b>								
Constipation	1	2	3	4	1	2	3	4
Nausea & vomiting	1	2	3	4	1	2	3	4
<b>Genitourinary</b>								
Genitourinary Assessment (GU)	1	2	3	4	1	2	3	4
Foley catheter: insert, manage & discontinue	1	2	3	4	1	2	3	4
Nephrostomy tube	1	2	3	4	1	2	3	4
Suprapubic tube	1	2	3	4	1	2	3	4

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Physical Assessment - cont.	Frequency				Experience			
Shunts & fistulas	1	2	3	4	1	2	3	4
<b>Care of the patient with:</b>								
Peritoneal dialysis	1	2	3	4	1	2	3	4

Age Specific Competencies	Frequency				Experience			
Newborn (birth to 30 days)	1	2	3	4	1	2	3	4
Infant (30 days to 1 year)	1	2	3	4	1	2	3	4
Toddler (ages 1-3 years)	1	2	3	4	1	2	3	4
Preschooler (ages 3-5 years)	1	2	3	4	1	2	3	4
Childhood (ages 6-12 years)	1	2	3	4	1	2	3	4
Adolescents (ages 12-21 years)	1	2	3	4	1	2	3	4
Young Adults (ages 21-39 years)	1	2	3	4	1	2	3	4
Adults (ages 40-64 years)	1	2	3	4	1	2	3	4
Older Adults (ages 65-79 years)	1	2	3	4	1	2	3	4
Elderly (ages 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.

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Signature

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Date