



## Emergency Trauma Competency Self Assessment

### 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.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Print Name \_\_\_\_\_

Last 4 Digits of SS# \_\_\_\_\_

Date \_\_\_\_\_

General Skills	Experience					
Advanced directives	0	1	2	3	4	5
HIPAA	0	1	2	3	4	5
Patient/family teaching	0	1	2	3	4	5
Restrictive devices (restraints)	0	1	2	3	4	5
Lift/transfer devices	0	1	2	3	4	5
Specialty beds	0	1	2	3	4	5
End of life care/palliative care	0	1	2	3	4	5
Post mortem care	0	1	2	3	4	5
Automated Medication Dispensing System, Pyxis, Omnicell, or other	0	1	2	3	4	5
Bar coding for medication administration	0	1	2	3	4	5
Triage	0	1	2	3	4	5
Organ donor protocols	0	1	2	3	4	5
Consent for treatment of a minor	0	1	2	3	4	5
Procedure for a patient signing out AMA	0	1	2	3	4	5
Knowledge of cobra criteria/transfer patients	0	1	2	3	4	5
Disaster protocols	0	1	2	3	4	5
National Patient Safety Goals	0	1	2	3	4	5
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5
Interpretation & communication of lab values	0	1	2	3	4	5
Medication administration	0	1	2	3	4	5
Labeling	0	1	2	3	4	5
Anticoagulation therapy	0	1	2	3	4	5
Medication Reconciliation	0	1	2	3	4	5
Monitoring conscious sedation	0	1	2	3	4	5
Pain assessment & management	0	1	2	3	4	5
Infection control	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5
Isolation	0	1	2	3	4	5
Minimize risk for falls	0	1	2	3	4	5
Awareness of HCAHPS	0	1	2	3	4	5