



## Medical/Surgical 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 |
| Patient/family teaching   | 0          | 1 | 2 | 3 | 4 | 5 |
| Care planning & discharge planning                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of patients in 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 |
| Electronic Documentation  | 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 |
| 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 |
| 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 |
| Use of PCA (IV, intrathecal, epidural)                            | 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 |
| Prevention of pressure ulcers                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Wound care  | 0          | 1 | 2 | 3 | 4 | 5 |
| Wound vacs  | 0          | 1 | 2 | 3 | 4 | 5 |



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| General Skills - cont.                         | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Drain Management (Hemovac, Jackson-Pratt)      | 0          | 1 | 2 | 3 | 4 | 5 |
| Awareness HCAHPS                               | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Cardiac Monitoring &amp; Emergency Care</b> |            |   |   |   |   |   |
| Obtains 12 lead EKG                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Interpretation of rhythm strips                | 0          | 1 | 2 | 3 | 4 | 5 |
| Treatment of dysrhythmias                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of rapid response teams                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardiac arrest/CPR                             | 0          | 1 | 2 | 3 | 4 | 5 |
| O2 therapy & delivery                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Pulse oximetry                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of doppler                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>IV Therapy</b>                              |            |   |   |   |   |   |
| Starting peripheral Ivs                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Maintaining peripheral IVs                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood draw: venous                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Central line care                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood draw: central line                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Care & management of ports                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Care & management of PICC/Groshong/Hickman     | 0          | 1 | 2 | 3 | 4 | 5 |
| TPN & lipids                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Administration of blood/blood products         | 0          | 1 | 2 | 3 | 4 | 5 |
| Administration of chemotherapy                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Monitoring chemotherapy (does not initiate)    | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Other</b>                                   |            |   |   |   |   |   |
| Diabetes mellitus                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood Glucose Monitoring (BGM)                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Insulin administration                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Management of Hypoglycemia                     | 0          | 1 | 2 | 3 | 4 | 5 |

| Cardiac                    | Experience |   |   |   |   |   |
|----------------------------|------------|---|---|---|---|---|
| Assessment of heart sounds | 0          | 1 | 2 | 3 | 4 | 5 |
| Pacemakers-permanent       | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of Patient with:      |            |   |   |   |   |   |
| Aneurysm                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Angina                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Angioplasty (pre/post)     | 0          | 1 | 2 | 3 | 4 | 5 |
| CHF                        | 0          | 1 | 2 | 3 | 4 | 5 |



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| Cardiac - cont.                                   | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Carotid endarterectomy                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Post MI   | 0          | 1 | 2 | 3 | 4 | 5 |
| Pre/post cardiac cath                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Pre/post cardiac surgery                          | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Use &amp; Administration of the Following:</b> |            |   |   |   |   |   |
| Antiarrhythmic                                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Antihypertensives                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Beta blockers                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Diuretics   | 0          | 1 | 2 | 3 | 4 | 5 |
| Nitrates  | 0          | 1 | 2 | 3 | 4 | 5 |
| Fibrinolytics/IIb IIIa inhibitors                 | 0          | 1 | 2 | 3 | 4 | 5 |

| Respiratory                     | Experience |   |   |   |   |   |
|---------------------------------|------------|---|---|---|---|---|
| Assessment of breath sounds     | 0          | 1 | 2 | 3 | 4 | 5 |
| Chest tubes (Emerson/Pleuravac) | 0          | 1 | 2 | 3 | 4 | 5 |
| Interpretation of ABG           | 0          | 1 | 2 | 3 | 4 | 5 |
| Incentive spirometer            | 0          | 1 | 2 | 3 | 4 | 5 |
| Mechanical ventilation          | 0          | 1 | 2 | 3 | 4 | 5 |
| Oral suctioning                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Nasotracheal suctioning         | 0          | 1 | 2 | 3 | 4 | 5 |
| Tracheostomy care               | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Care of Patient with:</b>    |            |   |   |   |   |   |
| COPD                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Pre/post thoracic surgery       | 0          | 1 | 2 | 3 | 4 | 5 |
| Thyroidectomy                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Pulmonary embolism              | 0          | 1 | 2 | 3 | 4 | 5 |
| Pulmonary edema                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Pneumothorax                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Pneumonia                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Respiratory distress            | 0          | 1 | 2 | 3 | 4 | 5 |
| Inhalation injuries             |            |   |   |   |   |   |
| Tuberculosis                    |            |   |   |   |   |   |
| Emphysema                       |            |   |   |   |   |   |
| Asthma                          |            |   |   |   |   |   |



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| Respiratory – cont.                               | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| <b>Use &amp; Administration of the Following:</b> |            |   |   |   |   |   |
| Bronchodilators                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Steroids  | 0          | 1 | 2 | 3 | 4 | 5 |
| Expectorants                                      | 0          | 1 | 2 | 3 | 4 | 5 |

| Gynecology                       | Experience |   |   |   |   |   |
|----------------------------------|------------|---|---|---|---|---|
| Endometriosis                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Gyn exam/pap                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Self breast exam                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Tubal ligation                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Ectopic pregnancy                | 0          | 1 | 2 | 3 | 4 | 5 |
| Mastectomy/lumpectomy            | 0          | 1 | 2 | 3 | 4 | 5 |
| Hysterectomy (vaginal or TAHBSO) | 0          | 1 | 2 | 3 | 4 | 5 |
| Repair of cystocele/rectocele    | 0          | 1 | 2 | 3 | 4 | 5 |
| Pelvic inflammatory disease      | 0          | 1 | 2 | 3 | 4 | 5 |
| Abnormal uterine bleeding        | 0          | 1 | 2 | 3 | 4 | 5 |

| Neurology                    | Experience |   |   |   |   |   |
|------------------------------|------------|---|---|---|---|---|
| Glascow coma scale           | 0          | 1 | 2 | 3 | 4 | 5 |
| Stroke Scale Assessment      | 0          | 1 | 2 | 3 | 4 | 5 |
| Seizure precautions          | 0          | 1 | 2 | 3 | 4 | 5 |
| Assist with lumbar puncture  | 0          | 1 | 2 | 3 | 4 | 5 |
| Halo traction                | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Care of Patient with:</b> |            |   |   |   |   |   |
| CVA                          | 0          | 1 | 2 | 3 | 4 | 5 |
| TIA                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Overdose                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Spinal cord injury/trauma    | 0          | 1 | 2 | 3 | 4 | 5 |
| TBI (Traumatic Brain Injury) | 0          | 1 | 2 | 3 | 4 | 5 |
| Pre/post neuro surgery       | 0          | 1 | 2 | 3 | 4 | 5 |
| Cranial hemorrhage           | 0          | 1 | 2 | 3 | 4 | 5 |
| Delirium tremors             | 0          | 1 | 2 | 3 | 4 | 5 |
| Meningitis                   |            |   |   |   |   |   |
| Neuromuscular diseases       |            |   |   |   |   |   |



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| Neurology – cont.                                 | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| <b>Use &amp; Administration of the Following:</b> |            |   |   |   |   |   |
| Anticonvulsants                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Corticosteroids                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Steroids  | 0          | 1 | 2 | 3 | 4 | 5 |

| Gastrointestinal  | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| NG tube insertion   | 0          | 1 | 2 | 3 | 4 | 5 |
| Management of small bore feeding tubes (Dobhoff, Keofeed) | 0          | 1 | 2 | 3 | 4 | 5 |
| Jejunostomy tube  | 0          | 1 | 2 | 3 | 4 | 5 |
| PEG tube  | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Care of Patient with:</b>                              |            |   |   |   |   |   |
| Pancreatitis  | 0          | 1 | 2 | 3 | 4 | 5 |
| Hepatitis   | 0          | 1 | 2 | 3 | 4 | 5 |
| G.I. bleed  | 0          | 1 | 2 | 3 | 4 | 5 |
| Esophageal bleeding                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Bowel obstruction   | 0          | 1 | 2 | 3 | 4 | 5 |
| Bowel resection   | 0          | 1 | 2 | 3 | 4 | 5 |
| Gastric bypass  | 0          | 1 | 2 | 3 | 4 | 5 |
| Gastric banding   | 0          | 1 | 2 | 3 | 4 | 5 |
| Whipple procedure   | 0          | 1 | 2 | 3 | 4 | 5 |
| Transplants (specify)                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Colostomy/ileostomy                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Paralytic ileus   | 0          | 1 | 2 | 3 | 4 | 5 |
| E.R.C.P   | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Use &amp; Administration of the Following:</b>         |            |   |   |   |   |   |
| Anticholinergics (antispas, bentlyl or robinul)           | 0          | 1 | 2 | 3 | 4 | 5 |
| Proton pump inhibitors                                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Cathartics  | 0          | 1 | 2 | 3 | 4 | 5 |

| Genitourinary/Renal | Experience |   |   |   |   |   |
|---------------------|------------|---|---|---|---|---|
| Catheter insertion  | 0          | 1 | 2 | 3 | 4 | 5 |
| GU irrigations      | 0          | 1 | 2 | 3 | 4 | 5 |
| Nephrostomy tube    | 0          | 1 | 2 | 3 | 4 | 5 |
| Suprapubic tube     | 0          | 1 | 2 | 3 | 4 | 5 |



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| Genitourinary/Renal - cont.  | Experience |   |   |   |   |   |
|------------------------------|------------|---|---|---|---|---|
| <b>Care of Patient with:</b> |            |   |   |   |   |   |
| Hemodialysis                 | 0          | 1 | 2 | 3 | 4 | 5 |
| T.U.R.P.                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Shunts and fistulas          | 0          | 1 | 2 | 3 | 4 | 5 |
| Nephrectomy                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Peritoneal dialysis          | 0          | 1 | 2 | 3 | 4 | 5 |
| Renal transplant             | 0          | 1 | 2 | 3 | 4 | 5 |
| Chronic/acute renal failure  | 0          | 1 | 2 | 3 | 4 | 5 |

| Orthopedic                             | Experience |   |   |   |   |   |
|--|------------|---|---|---|---|---|
| Total joint replacement                | 0          | 1 | 2 | 3 | 4 | 5 |
| Arthroscopic surgery                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Bucks extension                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Fasciotomy                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Fractures                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Spika cast/body cast                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Splints                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Continuous Passive Motion (CPM) Device | 0          | 1 | 2 | 3 | 4 | 5 |
| TENS unit                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Cast care & removal                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Amputation                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Skeletal traction                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Ortho trauma                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Cervical fusion                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Laminectomy                            | 0          | 1 | 2 | 3 | 4 | 5 |

| Other                       | Experience |   |   |   |   |   |
|-----------------------------|------------|---|---|---|---|---|
| Care of patient with sepsis | 0          | 1 | 2 | 3 | 4 | 5 |
| Oncology                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Chemotherapy                | 0          | 1 | 2 | 3 | 4 | 5 |
| Radiation therapy           | 0          | 1 | 2 | 3 | 4 | 5 |
| Radiation implants          | 0          | 1 | 2 | 3 | 4 | 5 |
| Inpatient hospice           | 0          | 1 | 2 | 3 | 4 | 5 |
| Suicide precautions         | 0          | 1 | 2 | 3 | 4 | 5 |



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| Other – cont.                                   | Experience |   |   |   |   |   |
|---|------------|---|---|---|---|---|
| Burn patients                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Additional Skills</b>                        |            |   |   |   |   |   |
| Leadership skills (team leader or charge nurse) | 0          | 1 | 2 | 3 | 4 | 5 |

| Age Specific Competencies      | Experience |   |   |   |   |   |
|--------------------------------|------------|---|---|---|---|---|
| Newborn/neonate(birth-30 days) | 0          | 1 | 2 | 3 | 4 | 5 |
| Infant (31 days-1 year)        | 0          | 1 | 2 | 3 | 4 | 5 |
| Toddler (ages 2-3 years)       | 0          | 1 | 2 | 3 | 4 | 5 |
| Preschool (ages 4-5 years)     | 0          | 1 | 2 | 3 | 4 | 5 |
| School age (ages 6-12 years)   | 0          | 1 | 2 | 3 | 4 | 5 |
| Adolescent (ages 13-21 years)  | 0          | 1 | 2 | 3 | 4 | 5 |
| Young Adult (ages 22-39 years) | 0          | 1 | 2 | 3 | 4 | 5 |
| Adult (ages 40-64 years)       | 0          | 1 | 2 | 3 | 4 | 5 |
| Older Adult (ages 65-79 years) | 0          | 1 | 2 | 3 | 4 | 5 |
| Elderly (ages 80+ years)       | 0          | 1 | 2 | 3 | 4 | 5 |

| Please list any additional skills: |    |
|------------------------------------|----|
| 1.                                 | 2. |
| 3.                                 | 4. |
| <b>Additional training:</b>        |    |
| 1.                                 | 2. |
| 3.                                 | 4. |
| <b>Additional equipment:</b>       |    |
| 1.                                 | 2. |
| 3.                                 | 4. |

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date