

Name: _____

Date: _____

Years of Experience: _____

Directions for completing skills checklist:

The following is a list of equipment and/or procedures performed in rendering care to patients. Please indicate your level of experience/proficiency with each area and, where applicable, the types of equipment and/or systems you are familiar with. Use the following key as a guideline:

- A) Theory Only/No Experience--Didactic instruction only, no hands on experience
- B) Limited Experience--Knows procedure/has used equipment, but has done so infrequently or not within the last six months
- C) Moderate Experience--Able to demonstrate equipment/procedure, performs the task/skill independently with only resource assistance needed.
- D) Proficient/Competent--Able to demonstrate/perform the task/skill proficiently without any assistance and can instruct/teach.

A. PSYCHIATRIC

	A	B	C	D
1. Clinical Assessment/Assessment Tools				
a. General Admission Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Initial Nursing Assessment and Care Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Initial Treatment Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Neurological Vital Signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Nursing Diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Nursing Reassessment/Care Plan Updating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Suicide Risk Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Intelligence Assessment				
(1) Wechsler Intelligence Scale (WAIS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Wechsler Intelligence Scale for Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Personality Assessment				
(1) Minnesota Multitphasic Personality Inventory (MMPI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Rorschach Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Thematic Apperception Test (TAT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Child's Apperception Test (CAT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Informal Cognitive Status Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Mental Status Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Gestalt Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Stanford-Binet Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Equipment and Procedures				
a. Participapation in Multi-Disciplinary Staffing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Charge Nurse Experience				years
c. Charting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) Behavioristic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(2) Treatment/Goal Oriented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Discharge Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Patient Teaching/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Psychiatric Emergency Response Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Psychiatric Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Rapid Tranquilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Cardiopulmonary Resuscitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Insertion/Care of Foley Catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Oxygen Therapy and medication Delivery Systems				
(1) Bag and Mask	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) External CPAP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Face Masks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Inhalers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Nasal Cannula	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Portable Oxygen Tanks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Trach Collar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Restraints, Application and Assessment of:				
(1) Ambulatory Cuffs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Full Restraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Wrist Restraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m Group Therapy Leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Participation in Milieu Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Psychotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Behavior Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Relationship/Family Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Electroconvulsive Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Crisis Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Telephonic Crisis Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Suicide Precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Communication Skills				
a. Active Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Questioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Restatement/Reflection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Clarification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Focusing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Confrontation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Summarizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Boundaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Positive Reinforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Orientation Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. De-escalation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Empathizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m Reframing Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Care of the Patient with:				
a. Depressive Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Anxiety Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Schizophrenia-Spectrum Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Personality Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Eating Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Congenital/Developmental Disorders				
(1) Mental Retardation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Down's Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(3) Cystic Fibrosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Cerebral Palsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Spina Bifida	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Autism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Asperger's Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Rett's Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Degenerative Disorders				
(1) Alzheimer's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Parkinson's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Huntington's Chorea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Rape Victimization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Assault/Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Suicidal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Conduct Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Separation Anxiety Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m Attention Deficit Disorders (ADD/ADHD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Elimination Disorders (Encopresis/Enuresis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. MEDICATIONS/METHODS OF DELIVERY

1. Medications				
a. Antipsychotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Analgesics/Narcotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Antidepressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Antianxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Anticonvulsants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Anti-Parkinson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Methods of Delivery				
a. Intramuscular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Oral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Rectal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Subcutaneous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Unit Dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Phlebotomy/IV Therapy				
a. Administration of Blood and Blood Products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drawing Blood from Central Line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drawing Venous Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Management of Patient with Hyperalimentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Management of Patient with IV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Starting IVs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) Angiocath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Butterfly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Heparin Lock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. LEGAL/ETHICAL

1. Legal Rights of the Mentally Ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Informed Consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Right to Refuse Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Involuntary Commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use of Restraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use of Seclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. MISCELLANEOUS

1. AMA procedures

yes no

AGE SPECIFIC PRACTICE

A. Newborn/Neonate (birth - 30 days)	D. Preschooler (3 - 5 years)	G. Young adults (18 - 39 years)
B. Infant (30 days - 1 year)	E. School age children (5 - 12 years)	H. Middle adults (39 - 64 years)
C. Toddler (1 - 3 years)	F. Adolescents (12 - 18 years)	I. Older adults (64+)

EXPERIENCE WITH AGE GROUPS

Able to adapt care to incorporate normal growth and development. A B C D E G H I

Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level. A B C D E G H I

Can ensure a safe environment reflecting specific needs of various age groups. A B C D E G H I

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Cambay Consulting, LLC. to release my Long Term Skills Checklist to client facilities of Cambay in relation to consideration of employment as a Traveler with those facilities.

Signature

Date

Signature

Date