

CHANGING THE FUTURE OF HEALTHCARE STAFFING

Psychiatric Skills Checklist

This checklist will be used to assess your suitability for placement.

Note: You can save the checklist at any time and your progress will be stored.

Experience Guide

- 1 - Not Applicable - minimal or no exposure to clinical aspect or care.
- 2 - Beginner - sufficient knowledge to understand the contextual nature of the function, able to perform routine functions independently, requires assistance when setting priorities in complex situations, needs to gain speed and flexibility to be competent.
- 3 - Competent - perceives situations and functions as a whole, has knowledge of the typical events to expect in a given situation and the appropriate responses, flexible in decision making.
- 4 - Proficient - considerable background and experience, can grasp situations intuitively, mastery in performance, incorporates elements of innovation and creativity in clinical experience.

Treatment Setting

Treatment Setting

| | Experience | | | | | Experience | | | |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 |
| Adolescent Unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Children's Unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chronic Psychiatric Facility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eating Disorder Unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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|--|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Forensic Unit (Prison) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | In Patient Acute Psychiatric Facility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| IN Patient Hospital Unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Locked Unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Out Patient Clinic / Community Setting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Substance Abuse / rehab Unit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Familiarity Level with Psychiatric Disorders

Familiarity Level with psychiatric disorders

| | Experience | | | | | Experience | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 |
| Anxiety Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Congenital Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crisis Management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Degenerative Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eating Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Mood Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Organic Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pediatric / Adolescent Dysfunctions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personality Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Psychotic Disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexuality Dysfunction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Substance Abuse / Use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Clinic Assessment Tools

Clinic Assessment Tools

| | Experience | | | | | Experience | | | |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 |
| Childs Apperception Test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Gestalt Test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Informal Cognitive Status Assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Minnesota Multiphasic Personality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Inventory

| | | | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Rorschach Test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Stanford Binet Test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Thematic Aperception Test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Wechsler Intelligence Test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wechsler Intelligence Test for Children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | |

Communication Techniques

Communication Techniques

| | Experience | | | | | Experience | | | |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 |
| Active Listening | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Clarification | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Restatement / Reflection | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Focusing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confronting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Summarizing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Therapeutic Interventions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Limit Setting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Positive Reinforcement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Reality Orientation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Questioning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | |

Department Specific Nursing Skills / Therapies

| | Experience | | | | | Experience | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 |
| Behavior Modification | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Behavior Therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Behaviorist Charting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Care of Alcoholic Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care of the Violent Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Care of Suicidal Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care of the drug dependent patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Care of the hallucinatory patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care of the manic patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Care of the seizure patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conducted group psychotherapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Conducts individual psychotherapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crisis Counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Discharge planning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Elctro therapies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Milieu Tharapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Participation in Multidisciplinary staffing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Patient teaching | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychiatric Patient Intake | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Psychotherapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rapid Tranquilization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Relationship Family Therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Therapeutic Communication Skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | |

Legal / Ethical Issues

General L

| | Experience | | | | | Experience | | | |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 |
| Intradermal Injections | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Legal rights of the Mentally Ill | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Informed consent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Right to refuse treatment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Voluntary Commitment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Involuntary Commitment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Use of Restraints | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Use of Seclusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Terrasoff / Duty to Warn

Skilled Nursing Care
General

| | Experience | | | | | Experience | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 |
| Administration of Blood / Blood Products | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Airway Management | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpretation of ABGs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Assess Circulation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assessment / Management of Pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Automated Medication Dispensing Systems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Blood Glucose Monitoring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Calculate IV Fluid Rates | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calculate Medication Dosages by Weight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Calculate Total Intake and Output by Weight | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cardiac Arrest / ACLS Adults | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cardiac Arrest /CPR Pediatrics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cardiac Monitoring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Care of Isolation Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Care of Restrained Patient | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Coaching Family Needs: Physical / Emotional / Comfort | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Computer Documentation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dressing Changes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Electrolyte balance/replacement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | End of Life Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Glasgow Coma Scale | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heparin lock and saline flush | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Infusion Pumps | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Intramuscular Injections | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Intramuscular route | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intravenous Infusions / Buretrol / Soluset | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV Piggyback | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IV Push | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Knowledge and Communication of Normal Lab Values | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lift / Transfer Devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Management of Fluid / Electrolyte Balance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Neuro Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NG Tube Insertion / Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oral / Nasotracheal Suctioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oxygen Delivery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Patient / Family Teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PCA's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peripheral IV's / Blood Draw | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pulse Oximetry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scalp Veins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizure Precaution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Suctioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TPN / Lipids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Universal Precautions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Urinary Catheter Insertion / Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of Doppler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of Infusion Pumps / IV Monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wound Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Age Specific Practice Criteria

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

- A. New Born/Neonate (Birth - 30 days)
- B. Infant (30 days - 1 Year)
- C. Toddler (1 - 3 Years)
- D. Preschooler (3 - 5 Years)

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- E. School age children (5 - 12 Years)
- F. Adolescents (12 - 18 Years)
- G. Young Adults (18 - 39 Years)
- H. Middle Adults (39 - 64 Years)
- I. Older Adults (+64 Years)

Experience With Age Groups

Able to adapt care to incorporate normal growth and development

A B C D E F G H I

Able to adapt method and terminology of patient information to their age, comprehension and maturity level.

A B C D E F G H I

Can ensure a safe environment reflecting specific needs of varying age groups.

A B C D E F G H I

By signing this checklist you agree to the following:

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Skills Checklist to the Client facilities in relation to consideration of employment as a per diem nurse with those facilities.

Nurse Signature

Date

Telephone 866.945.4888

info@usnurselink.com
www.usnurselink.com

Fax 866.945.4895