



Advantage NURSING SERVICES, INC

— *Qualified Professionals According to Need* —

Date _____

Name _____

Signature _____

Please select the column that most accurately describes your proficiency level...

Level of Proficiency

When completing this checklist, please indicate your level of proficiency in each area according to the scale below. Place a check mark in the column to the right which best describes your expertise with each skill.

1. No experience
2. Knowledgeable / Moderate experience
3. Competent / Proficient

SKILL	Check Proficiency		
	1	2	3
ASSESSMENT:			
Admission of psychiatric patient			
Initial nursing assessment & care plan			
Nursing reassessment & care plan update			
Active participation in multi-disciplinary staffing			
Participates in milieu therapy			
Conducts group psychotherapy			
Conduct individual psychotherapy			
Conduct family therapy			
Crisis intervention			
Patient teaching			
Therapeutic communication skills			
Behavioral documentation			
Discharge planning			
Care of the suicidal patient			
Care of the assaultive patient			
Care of the chemically dependent patient			
Anxiety disorders			
Bipolar disorder			
Catatonic psychotic disorder			
Delusional disorders			
Obsessive/compulsive disorder			
Panic attacks			
Paranoid psychotic disorder			

SKILL	Check Proficiency		
	1	2	3
ASSESSMENT: Continued			
Phobias			
Schizophrenia			
Care of the manic patient			
Care of the hallucinatory patient			
Care of the patient with seizure disorders			
Rapid tranquilization			
Electroconvulsive therapy			
Care of the depressed patient			
Care of the withdrawn patient			
Seclusion and observation			
Use of universal precautions			
RESTRAINTS:			
Ambulatory cuffs			
Waist restraints			
Full restraints			
MEDICATIONS:			
Antipsychotic agents			
Antianxiety agents			
Antidepressants			
PSYCHOTROPIC AGENTS:			
Anticonvulsants			
Antidepressants/mood elevators			
Antimanic agents			
Hypnotics			
Rapid tranquilization			

Reviewed by: _____