

PSYCHIATRIC CLINICAL SKILLS EVALUATION - SELF ASSESSMENT

Level Of Proficiency

Date _____

Name _____

Signature _____

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have a performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

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

SKILL	A	B	C	D	SKILL	A	B	C	D
PERFORMANCE OF:					INTERVENTIONS WITH: (CONTINUED)				
Management of assaultive behavior					Management of drug / alcohol detox symptoms				
Crisis intervention					Restraints				
Medication administration					Telephonic crisis intervention				
Therapeutic counseling					Therapeutic communication skills				
Active listening					Psychiatric emergency response team				
Role playing					EQUIPMENT AND PROCEDURES:				
Encouraging independence					Electroconvulsive				
Non-judgmental behavior					Insertion and care of straight and foley catheter				
Reality testing					Oxygen therapy and medication delivery				
Positive feedback					Oro-naso-pharynx suctioning				
Validation					Tube feeding				
Impulse control techniques					Administration of psychotropic medications				
Relaxation methods					Management of extrapyramidal symptoms				
Stress Management					PHLEBOTOMY / IV THERAPY				
Problem solving					Administration packed red blood cells				
Supportive therapy					Whole blood				
Neurological vital signs					Drawing blood from central line				
Suicide risk assessment					Drawing venous blood				
Behavioristic charting					Management of patient with hyperalimentionation				
Treatment / goal oriented charting					Starting IV's				
INTERVENTIONS WITH:					MY EXPERIENCE IS PRIMARILY IN:				
Suicidal patients					<input type="checkbox"/> Adolescent ____ years				
Aggressive patients					<input type="checkbox"/> Adult ____ years				
Psychotic patients					<input type="checkbox"/> Chemical Dependency / detoxification ____ years				
Manic patients									
Personality disorder patients									
Voluntary hospital admission									
Involuntary hospital admission									

Reviewed by: _____