



**PROGRAM ARMED FORCES HOSPITAL  
SHAROURAH, K.S.A.**

**GENERAL CLINIC SKILLS LIST**  
**(HRS/F064/01)**

NAME OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

|   |   |
|---|---|
| <p><b>HOW TO COMPLETE THIS FORM:</b></p> <p>A thorough evaluation of your skill level in various specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an "X" in the box that most accurately describes your level of expertise for this skills listed.</p> | <p><b>LEVELS OF PROFICIENCY:</b></p> <p>A=Perform Well (at least one year of current experience, very comfortable performing without supervision)</p> <p>B=Limited Experience (6-12months, within the past two years, would require some assistance)</p> <p>C=Perform Infrequently (less than three months of experience, need more experience and practice assistance required)</p> <p>D=No Experience and practice (have never performed this task, willing to learn)</p> |
|---|---|

| SKILLS                              | A | B | C | D | COMMENTS(IF ANY) |
|-------------------------------------|---|---|---|---|------------------|
| Basic Adult Physical Assessment     |   |   |   |   |                  |
| Basic Pediatric Physical Assessment |   |   |   |   |                  |
| <b>VITAL SIGNS:</b>                 |   |   |   |   |                  |
| Tympanic Temperature                |   |   |   |   |                  |
| Manual B/P                          |   |   |   |   |                  |
| Dynamap B/P                         |   |   |   |   |                  |
| Nebulization                        |   |   |   |   |                  |
| Peak Flow Meter                     |   |   |   |   |                  |
| Pulse Oxymetry                      |   |   |   |   |                  |
| <b>MEDICATION ADMINISTRATION:</b>   |   |   |   |   |                  |
| Intramuscular (I.M)                 |   |   |   |   |                  |
| Per Os (P.O)                        |   |   |   |   |                  |
| Intradermal (I.D)                   |   |   |   |   |                  |
| Intravenous (I.V)                   |   |   |   |   |                  |
| -IV Push                            |   |   |   |   |                  |
| -Infusion                           |   |   |   |   |                  |
| -Piggy Back                         |   |   |   |   |                  |
| Subcutaneous (S.C)                  |   |   |   |   |                  |
| Venipuncture                        |   |   |   |   |                  |
| Insulin                             |   |   |   |   |                  |
| Heparin                             |   |   |   |   |                  |
| Antibiotics                         |   |   |   |   |                  |
| Anti-Hypertensives                  |   |   |   |   |                  |
| Medication Teaching                 |   |   |   |   |                  |

| SKILLS                                  | A | B | C | D | COMMENTS(IF ANY) |
|---|---|---|---|---|------------------|
| Incision and Drainage of Abscess        |   |   |   |   |                  |
| Skin biopsies                           |   |   |   |   |                  |
| Rectal Exams                            |   |   |   |   |                  |
| Vaginal Exams                           |   |   |   |   |                  |
| Debridement                             |   |   |   |   |                  |
| <b>IMMUNIZATION:</b>                    |   |   |   |   |                  |
| Adult                                   |   |   |   |   |                  |
| Paediatric                              |   |   |   |   |                  |
| Knowledge of Hepatitis A,B and C        |   |   |   |   |                  |
| <b>ORTHOPAEDIC:</b>                     |   |   |   |   |                  |
| Splinting                               |   |   |   |   |                  |
| Crutch Measurement                      |   |   |   |   |                  |
| Cast Care                               |   |   |   |   |                  |
| Application of Elastic Bandage          |   |   |   |   |                  |
| Application of Back Slap (Certified)    |   |   |   |   |                  |
| Assisting with application of Back Slap |   |   |   |   |                  |
| <b>PAEDIATRICS:</b>                     |   |   |   |   |                  |
| Basic Physical Assessment               |   |   |   |   |                  |
| Neurological Assessment in Children     |   |   |   |   |                  |
| Growth and Development                  |   |   |   |   |                  |
| Chart Graphing                          |   |   |   |   |                  |
| Knowledge of Development Milestones     |   |   |   |   |                  |
| Normal Nutrition for Age                |   |   |   |   |                  |
| Paediatric Resuscitation                |   |   |   |   |                  |
| Nasogastric Tube-Insertion/ Feeding     |   |   |   |   |                  |
| <b>OPHTHALMOLOGY:</b>                   |   |   |   |   |                  |
| Eye Irrigation                          |   |   |   |   |                  |
| Visual Acuity                           |   |   |   |   |                  |
| <b>EMERGENCY PATIENT MANAGEMENT</b>     |   |   |   |   |                  |
| Triage                                  |   |   |   |   |                  |
| Cardiac Arrest                          |   |   |   |   |                  |
| Trauma Management                       |   |   |   |   |                  |
| Diabetic Ketoacidosis                   |   |   |   |   |                  |
| Anaphylaxis                             |   |   |   |   |                  |
| Asthmatics                              |   |   |   |   |                  |
| Metabolic Disorders                     |   |   |   |   |                  |
| Unconscious Patient                     |   |   |   |   |                  |
| Stab Wounds                             |   |   |   |   |                  |
| Psychiatric Behavior                    |   |   |   |   |                  |
| Snake Bites                             |   |   |   |   |                  |
| Burns                                   |   |   |   |   |                  |
| High Fever                              |   |   |   |   |                  |
| Allergic Reactions                      |   |   |   |   |                  |
| Vaginal Bleeding                        |   |   |   |   |                  |
| <b>CARDIOVASCULAR:</b>                  |   |   |   |   |                  |
| 12 lead EKG                             |   |   |   |   |                  |
| Obtaining                               |   |   |   |   |                  |
| Interpretation                          |   |   |   |   |                  |
| <b>RESPIRATORY:</b>                     |   |   |   |   |                  |
| O2 Therapy                              |   |   |   |   |                  |
| Suctioning                              |   |   |   |   |                  |
| Nasopharyngeal Airway                   |   |   |   |   |                  |
| Oralpharyngeal Airway                   |   |   |   |   |                  |
| Nebulizer Therapy                       |   |   |   |   |                  |
| <b>NEUROLOGICAL:</b>                    |   |   |   |   |                  |
| Neurological Assessment                 |   |   |   |   |                  |
| Head Injury                             |   |   |   |   |                  |

| SKILLS                            | A | B | C | D | COMMENTS(IF ANY) |
|-----------------------------------|---|---|---|---|------------------|
| Medication Calculation            |   |   |   |   |                  |
| Oxygen Administration(Nasal/Mask) |   |   |   |   |                  |
| Nebulization                      |   |   |   |   |                  |
| Narcotic/ Controlled Drugs        |   |   |   |   |                  |
| Rectal Medication                 |   |   |   |   |                  |
| Vaginal                           |   |   |   |   |                  |
| Inhalation                        |   |   |   |   |                  |
| <b>PERFORM THESE PROCEDURES:</b>  |   |   |   |   |                  |
| Nasogastric Tube Insertion        |   |   |   |   |                  |
| -Adult                            |   |   |   |   |                  |
| -Paediatric                       |   |   |   |   |                  |
| <b>SYSTEM ASSESSMENTS:</b>        |   |   |   |   |                  |
| Neurological/ G.C.S.              |   |   |   |   |                  |
| Respiratory                       |   |   |   |   |                  |
| Cardiovascular                    |   |   |   |   |                  |
| Gastrointestinal                  |   |   |   |   |                  |
| Use of Antiembolic Stockings      |   |   |   |   |                  |
| Ear Irrigation                    |   |   |   |   |                  |
| Oral/ Nasopharyngeal Suctioning   |   |   |   |   |                  |
| Urethral catheter Insertion (M/F) |   |   |   |   |                  |
| Wound Care:                       |   |   |   |   |                  |
| Irrigation                        |   |   |   |   |                  |
| Aseptic Dressing Changes          |   |   |   |   |                  |
| Packing                           |   |   |   |   |                  |
| Suture Clips/ Staple Removal      |   |   |   |   |                  |
| Amputation                        |   |   |   |   |                  |
| Diabetic Wound Dressing           |   |   |   |   |                  |
| Stomach Care                      |   |   |   |   |                  |
| Burn Wounds                       |   |   |   |   |                  |
| Cast Care                         |   |   |   |   |                  |
| Blood Glucose Monitoring          |   |   |   |   |                  |
| Childhood Immunizations           |   |   |   |   |                  |
| Vaccinations                      |   |   |   |   |                  |
| IV Insertion (Certified)          |   |   |   |   |                  |
| -Adult                            |   |   |   |   |                  |
| -Paediatric                       |   |   |   |   |                  |
| <b>INFECTION CONTROL</b>          |   |   |   |   |                  |
| Universal Precautions             |   |   |   |   |                  |
| Isolation Techniques (T.B.,etc.)  |   |   |   |   |                  |
| <b>SPECIMEN COLLECTION</b>        |   |   |   |   |                  |
| Blood                             |   |   |   |   |                  |
| Urine                             |   |   |   |   |                  |
| Routine                           |   |   |   |   |                  |
| Midstream                         |   |   |   |   |                  |
| Catheter                          |   |   |   |   |                  |
| 24 hours                          |   |   |   |   |                  |
| Stool                             |   |   |   |   |                  |
| Sputum                            |   |   |   |   |                  |
| Foley                             |   |   |   |   |                  |
| Urine Dipstick                    |   |   |   |   |                  |
| Culture                           |   |   |   |   |                  |
| Pregnancy Test                    |   |   |   |   |                  |
| Wound Cultures                    |   |   |   |   |                  |
| Eye/Ear/Nose/Throat Swabs         |   |   |   |   |                  |
| <b>ASSISTING WITH:</b>            |   |   |   |   |                  |
| Fine Needle Aspiration            |   |   |   |   |                  |

| SKILLS                                 | A | B | C | D | COMMENTS(IF ANY) |
|--|---|---|---|---|------------------|
| Seizures                               |   |   |   |   |                  |
| Glasgow Coma Scale                     |   |   |   |   |                  |
| <b>CLINIC EXPERIENCE:</b>              |   |   |   |   |                  |
| Chart Review                           |   |   |   |   |                  |
| Appointment Bookings                   |   |   |   |   |                  |
| Multicultural Staff/ Patients          |   |   |   |   |                  |
| Knowledge of Hospital Computer Systems |   |   |   |   |                  |
| Lab Order Entry                        |   |   |   |   |                  |
| Working Knowledge of Computers         |   |   |   |   |                  |
| Lab Value Assessment                   |   |   |   |   |                  |
| <b>FAMILIARITY WITH EQUIPMENT:</b>     |   |   |   |   |                  |
| Fetus Scope/ Doppler                   |   |   |   |   |                  |
| Electronic Thermometer                 |   |   |   |   |                  |
| Electronic BP Machines                 |   |   |   |   |                  |
| Defibrillator                          |   |   |   |   |                  |
| Suction Apparatus                      |   |   |   |   |                  |

| <b>GENERAL RESPONSIBILITIES:</b> |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|
| Charge Duty                      |  |  |  |  |  |
| Discharge Planning               |  |  |  |  |  |
| Patient/ Family Education        |  |  |  |  |  |
| Diabetic Teaching                |  |  |  |  |  |
| Wound Care                       |  |  |  |  |  |
| Cardiac Disease/ Conditions      |  |  |  |  |  |
| Pre-op Teachings                 |  |  |  |  |  |
| Cast Care                        |  |  |  |  |  |
| In-service presentations         |  |  |  |  |  |



Program Armed Forces Hospital  
Sharourah, K. S. A.

**GENERAL CLINICS QUESTIONNAIRE**

- What are the 10 most common diagnosis made by Physicians in your clinic?
  
- What are your daily patient visits for your clinical area?
  
- How many Physicians work in your clinic at one time?
  
- Is your clinic part of the hospital?
  
- If hospital based, how many beds in the hospital?
  
- What experience do you have with continuous Quality Improvement Programs?
  
- Have you ever served in a unit based community?
  
- What percentage of your patients are less than 12 years of age?
  
- What percentage of your patients are less than 2 years of age?
  
- What percentage of your patients are neonate?
  
- Describe your experience/ knowledge in computers:

Thank you for completing the above. Demonstration of skills stated will be expected during the 90 days probationary period. Inability to demonstrate skills may result in termination during probationary period.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_