



## OB / GYNE SKILLS CHECKLIST

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

Read the checklist below and tick the appropriate box, which corresponds to your proficiency/frequency of experience level on those particular skills.

**Remember!! Answer honestly**, in order that the reviewer can validate your overall competency and suitability for the position.

### LEVELS OF PROFICIENCY KEY:

1. **NO EXPERIENCE**
2. **LIMITED EXPERIENCE ( Novice )** = needs practice, assistance and guidance
3. **ADVANCE BEGINNER** = performs routine function; may need review and minimal supervision.
4. **COMPETENT** = prioritize, completes functions independently, without supervision.
5. **PROFICIENT/ EXPERT** = mastery in performance, capable of supervising and/or train others.

### FREQUENCY OF EXPERIENCE KEY:

1. **OBSERVED ONLY/NEVER DONE**
2. **RARELY DONE (<6 times per year)**
3. **INTERMITTENT EXPERIENCE ( 1 - 2 times/month or more than a month )**
4. **1-2 YEARS CONTINUOUS EXPERIENCE.**
5. **MORE THAN 2 YEARS CONTINUOUS EXPERIENCE.**

SKILLS	PROFICIENCY				
	1	2	3	4	5
<b>Knowledge and skills with:</b>					
• System assessment					
• Incentive spirometer					
• Chest physiotherapy					
• Oxygen administration					
• Urethral catheter insertion, care and removal					
• Urine testing - dipstick					
• Perineal care / Sitz bath					
• Aseptic dressing change					
• Vaginal pack removal					
• JVAC / drainage tube care and removal					
• Universal (standard Infection control precautions)					

FREQUENCY				
1	2	3	4	5



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SKILLS	PROFICIENCY					FREQUENCY				
	1	2	3	4	5	1	2	3	4	5
<b>Knowledge and skills with:</b>										
• Central venous lines care and dressing changes										
• Vaginal swabs										
• Assist in collection of vaginal smears/HVS										
• Blood and blood product administration										
• Venepuncture										
• Medication calculation administration and infusion										
<b>Antenatal/postpartum care of patients with:</b>										
• Precipitate labor and delivery										
• Pre-eclampsia /eclampsia										
• Gestational diabetes – diet or insulin										
• Anaemia										
• Poly /oligo – hydramios										
• Premature rupture of membranes (PROM)										
• Ante partum haemorrhage										
• Placenta previa										
• Premature labour										
• Multiple pregnancies										
• Prostin induction										
• Hyperemesis gravidarum										
• Intrauterine growth retardation										
• Incompetent cervix – cervical cerclage										
• Venereal disease / warts										
• ABO incompatibility										
• RH Isoimmunisation										
• Electronic Fetal Heart Monitoring (CTG) and interpretation										
• Non – stress testing and interpretation										





<p align="center"><b>Kingdom of Saudi Arabia</b>  Ministry of Defense  Prince Sultan Armed Forces Hospital  Madina Al Munawarah  <b>Nursing Administration Department</b></p>		<p align="center">المملكة العربية السعودية  وزارة الدفاع  مستشفى الامير سلطان للقوات المسلحة  بالمدينة المنورة  إدارة التمريض</p>
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SKILLS	PROFICIENCY				
	1	2	3	4	5
<b>Familiarity with Equipment:</b>					
• Electronic thermometer					
• Breast pump – manual – machine					
• Oxygen administration					
• Cardiac monitor – defibrillator					
• IV infusion pump					
• CTG Monitor					
• Fetal heart rate Doppler					
• Blood warmer					
<b>Miscellaneous :</b>					
• Charge nurse / Resource nurse Duties					
• Discharge planning					
• Patient/family education					
• In- service presentation					
• Patient care plans					
• Presenting new employees					
• Computer skills					
• Oasis					

FREQUENCY					
1	2	3	4	5	

CERTIFICATION	YES	NO	DATE ISSUED / EXPIRATION
• Basic cardiac Life Support ( BCLS )			
• Saudi Council Licensure			
• Neonatal Resuscitation Programme (NRP)			

• Saudi council licensure			
• Others :			

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***ADDITIONAL INFORMATION:***

*This skills checklist is part of the application process. False representation of information **WILL** result in a review of the applicants contractual/employment status.*

**Number of Experience:** \_\_\_\_\_ **Months / Year (s)**

*I hereby certify that the information given above is true and accurate account of my proficiency.*

***Comments :***

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**Print Name:** \_\_\_\_\_ **Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

