



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

OB/GYNAE CLINIC SKILLS LIST
(HRS/F008/01)

NAME OF APPLICANT: _____

DATE: _____

<p>HOW TO COMPLETE THIS FORM:</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>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision) B = Limited Experience (6-12 months, within the past two years, would require some assistance) C = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required) D = No Experience (have never performed this task, willing to learn)</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
I. GENERAL NURSING:					
Adult Physical Assessment					
Nursing Process					
II. ANTE NATAL TESTING:					
Electronic Fetal Monitoring skills/interpretation					
Validation of Electronic fetal monitoring skills					
<i>Course work completed:</i>					
Level 1 (Basic Fetal Monitoring)					
Biophysical Profile (understand significance)					
III. MEDICATION AND BLOOD ADMINISTRATION:					
Oral Route					
Intramuscular Injections					
Intravenous Infusion administration and rate calculations					
IV Insertion					
Phlebotomy					
Subcutaneous / Intradermal injections					
IV. SPECIAL DRUGS AND REACTIONS:					
Syntocin					
Methergin					
Narcotic and other Controlled Drugs					
Insulin					
Heparin					
Dexamathasone					
V. PERFORMS THE FOLLOWING:					
Oxygen Administration					
Urine Testing – Dipstick					
Aseptic Dressing Change					
Suture / Staple removal					

	A	B	C	D	COMMENTS (IF ANY)
VI. SPECIMEN COLLECTION:					
Ear, Nose, Throat, Eye Swabs					
Wound Cultures					
Sputum / Stool Cultures					
Blood					
Urine : Routine Analysis (UA)					
Midstream (MSU)					
Pregnancy Test – BHCG					
Vaginal Swabs					
Vaginal Smears / HVS (assist with collection of)					
VII. ANTE NATAL/POST PARTUM CARE OF PATIENTS WITH:					
Precipitate labour & delivery					
Pre-eclampsia / eclampsia					
Gestational diabetes – diet or insulin					
Anemia					
Poly/oligo – hydramnios					
Premature rupture of membranes (PROM)					
Ante partum hemorrhage					
Post Natal hemorrhage					
Placenta Abruptio					
Placenta Previa					
Premature labor					
Diabetes Mellitus - blood sugar control					
Multiple pregnancy - twins / triplets					
Prostin Induction					
Fundal palpitation and induction					
Fetal Heart Rate – Doppler					
Electronic Fetal Heart Rate Monitoring (CTG Monitoring)					
Interpretation of CTG strips					
Non-stress testing and result interpretation					
Breast care during pregnancy/preparation for breast feeding					
Venereal Disease / Warts					
Abortions : Incomplete					
Complete					
Threatened					
Inevitable					
Missed					
Incompetent Cervix – Cervical Cerclage					
Hyperemesis gravidarium					
Intrauterine Fetal Growth Retardation					
Spontaneous Vaginal Delivery					
Instrumental Delivery					
Pre and Post Cesarean section					
Post – Partum assessment & nursing care					
Post – Partum hemorrhage					
Breast Feeding					
VIII. EQUIPMENT FAMILIARITY:					
Electronic Fetal Heart Rate Monitor					
Fetal Heart Rate – Doppler					
Cardiac Monitor – defibrillator					

	A	B	C	D	COMMENTS (IF ANY)
Electronic Thermometer					
Oxygen Equipment – mask, prongs, humidifier					
Glucometer					
Pulse Oxymeter					
IX. POST OPERATIVE CARE:					
Cesarean Section					
Total Abdominal Hysterectomy (TAH)					
D&C					
Laparoscope					
X. MANAGEMENT EXPERIENCE:					
Precepting New Employees					
XI. CERTIFICATION:					
BCLS					DATE UPDATED :
XII. MISCELLANEOUS:					
Basic Computer Skills					

Revised October 2002

XIII. OTHER:

1. What is the Average Daily Census (ADC) of the unit you are currently working ?

2. What is the average daily nurse / patient ratio for :

Days : 1 to _____ patients Nights : 1 to _____ patients

3. Are you currently BCLS certified? Yes () No ()

4. Identify the Nursing Delivery System you currently use.

5. What experience do you have with Quality Improvement?

6. How do you keep up to date with current nursing practice/research?

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 the Applicant: _____

Signature of the Applicant: _____

Date: _____



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OB / GYNAE OPD

1. What is the position for examining gynae patients
2. What are the things you will prepare for a vaginal examination
3. What are the two bleeding disorders during the third trimester of pregnancy.
Describe each.
4. How can you detect Pregnancy Induced Hypertension
5. How you calculate for the EDD (Expected Date of Delivery)