

NAME

KING FAHD ARMED FORCES HOSPITAL P.O. Box 9862, JEDDAH 21159 KINGDOM OF SAUDI ARABIA Tel. # +966-2-6653000 Fax # +966-2-6693490



DATE :

**POSITION** APPLIED FOR :

5

## **OUT PATIENT CLINICS**

### AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by the reviewer to access your overall competency and suitability to a particular area.

Please feel free to elaborate on any area you feel necessary to give more comprehensive overview to the reviewer.

# **EXPERIENCE:** this checklist will be used to place a candidate in the area best suited to his/her skills and experience

#### **Experience Key:**

- 1 None
- 2 Needs practice
- 3 Well skilled; but no experience in the last year
- 4 Well skilled; current experience within the past 12 months

		EX	PEF	RIEN	CE		
		1	2	3	4	COM	IMENT
I. PERFORM THESE PROCEDURES:							
- Medication Administration - Adult / Paediatric							
- Oral IMI Subcutaneous / Intradermal							
- Nasogastric Tube Insertion							
- Adult							
- Child							
- Wound Care							
- Irrigation							
- Aseptic Dressing Changes							
- Packing							
- Suture Clips / Staple Removal							
- Cast Care							
- Blood Glucose Monitoring							
- Pulse Oximetry							
- Incentive Spirometry Teaching							
- NST and interpretation							
- Immunizations							
- Nebulization							
	L ∟						
II. FAMILIARITY WITH EQUIPMENT:	1						
- Fetus Scope / Doppler	┓						
- Electronic Thermometer							
- Digital Scales							
- Defibrillator							
- Sphymonometer							

	EX	(PEF	RIEN	CE			
	1	2	3	4	COMMENT		
III. ASSIST WITH:	_			-			
- Suturing							
- Incision and Drainage of Abscess							
- Skin Biopsies							
- Rectal Exams.							
- Vaginal Exams.							
- Debridement							
- Joint Injection							
IV. SPECIALTY AREAS:							
Able to assist with:							
1. OB / GYNE							
- Insertion of Intra – Uterine Device							
- Pap Smear							
			ļ				
2. ENT							
- Fiberoptic Laryngoscope							
- Antral Lavage							
- Nasal Packing – Insertion and removal							
- Tracheostomy Changes							
- Ear Lavage							
3. Ophthalmology							
- Conjuctival Culture							
- Corneal Conjunctival Scrapping							
- Lacrimal Syringing							
- Schirmer's Test							
- Eye Ultrasound							
- Laser Therapy							
- Flourescein Angiogram							
- Electrocautherization of lashes							
- Excision of chalazion							
- Cryotherapy							
- Pneumotonometer measuring							
- Eye irrigation							
1. Demostele sur							
4. Dermatology:							
- Cryo - therapy (liquid nitrogen)							
- Puva treatment							
- Allergy testing							
V. GENERAL RESPONSIBILITIES:							
- Charge Duty							
- Patient Assessment							
- Triage							
- Discharge Planning							
- Patient / Family Education							
- Diabetic Teaching							
- Wound Care							
- Cardiac Disease / Conditions							
- Cast Care							
- In service Presentations	1	I –	1	1			

### VI.

1. What category of patients does your clinic serve?

2. What are your daily patients visit for your clinical area?

3. How many physicians work in your clinic at one time?

- 4. Is your clinic part of a hospital?
- 5. If hospital based, how many beds in the hospital?

6. What experience do you have with Continuous Quality Improvement programs?

- 7. What percentage of your patients are less than 12 years of age?
- 8. What percentage of your patients are less than 2 years of age?
- 9. What percentage of your patients are neonates?
- 10. Describe your experience / knowledge of computers.

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

Name / Signature License Number : \_\_\_\_\_