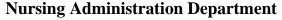
Ministry of Defense Prince Sultan Armed Forces Hospital Madina Al Munawarah





وزارة الدفاع مستشفى الامير سلطان للقوات المسلحة بالمدينة المنورة إدارة التمريض

OUT PATIENT DEPARTMENT SKILLS CHECKLIST

| NAME OF APPLICANT: | | DATE: |
|----------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Read the checklist below and tick the approproficiency/frequency of experience level or | | • |
| Remember!! Answer honestly, in order the suitability for the position. | at the revi | iewer can validate your overall competency and |
| LEVELS OF PROFICIENCY KEY: 1. NO EXPERIENCE | | |
| 1. NO LAI ENTENCE 2. LIMITED EXPERIENCE (Novice) 3. ADVANCE BEGINNER 4. COMPETENT | = = | needs practice, assistance and guidance performs routine function; may need review and minimal supervision. prioritize, completes functions independently, without supervision. |
| 5. PROFICIENT/ EXPERT | = | mastery in performance, capable of supervising and/or train others. |

FREQUENCY OF EXPERIENCE KEY:

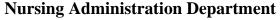
- 1. OBSERVED ONLY/NEVER DONE
- 2. RARELY DONE (<6 times per year)
- 3. INTERMITTENT EXPERIENCE (1 2 times/month or more than a month)
- 4. 1-2 YEARS CONTINOUS EXPERIENCE.
- 5. MORE THAN 2 YEARS CONTINOUS EXPERIENCE.

| | PROFICIENCY | | Y | | |
|-------------------------------------------------|-------------|---|---|---|---|
| SKILLS | 1 | 2 | 3 | 4 | 5 |
| Knowledge and skills with: | | | | | |
| Initial assessment | | | | | |
| Vital signs normal/abnormal | | | | | |
| COMMUMNITY HEALTH | | | | | |
| NGT insertion/charging | | | | | |
| Sprapubic/Ureteral catheters/suture removal | | | | | |
| Community health education | | | | | |
| Cultural appreciation | | | | | |
| Mortality management | | | | | |
| Environmental safety | | | | | |
| Autonomy and responsibility | | | | | |
| Health screening/follow up | | | | | |

| FREQUENCY | | | | | | | |
|-----------|---|---|---|---|--|--|--|
| 1 | 2 | 3 | 4 | 5 | | | |
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Ministry of Defense Prince Sultan Armed Forces Hospital Madina Al Munawarah



Confidentiality and nurse advisory

• Vaccination prophyylaxis for travellers

Breastfeeding and mother health education

role/responsibilities

Health screening

Health education

BOSTETRICS/GYNAECOLOGY

Antenatal /postnatal care

Gynaecological procedures

CTG monitoring

Colposcopy

Cryomachine

Ultrasound

Breast examination



وزارة الدفاع وزارة الدفاع مستشفى الأمير سلطان للقوات المسلحة بالمدينة المنورة إدارة التمريض

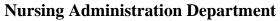
OUT PATIENT DEPARTMENT SKILLS CHECKLIST

| ME OF APPLICANT: | | | DA | ГЕ: _ | | | | |
|---------------------------------------|----|-----|------|-------|---|----|-----|---|
| | PR | OFI | CIEN | ICY | | FR | JEN | |
| SKILLS | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 |
| Knowledge and skills with: | | | | | | | | |
| Application of fetal scalp electrodes | | | | | | | | |
| • SPECIALTY AREAS: | | | | | | | | |
| DERMATOLOGY AND ALLERGY CLINIC | | | | | | | | |
| Patch tests | | | | | | | | |
| Allergy tests | | | | | | | | |
| Kelloid injections | | | | | | | | |
| Punch biopsy | | | | | | | | |
| Minor surgical procedures | | | | | | | | |
| Dermatological exam | | | | | | | | |
| Skin tests | | | | | | | | |
| EMPLOYEE HEALTH CLINIC | | | | | | | | |

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Ministry of Defense Prince Sultan Armed Forces Hospital Madina Al Munawarah





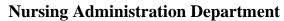
وزارة الدفاع مستشفى الامير سلطان للقوات المسلحة بالمدينة المنورة إدارة التمريض

| NAME OF APPLICANT: | DATE. | |
|--------------------|-------|--|
| NAME OF APPLICANTS | DAIE | |
| | | |

| | PROFICIENCY | | | | |
|----------------------------------------------------------------------------------|-------------|---|---|---|---|
| SKILLS | 1 | 2 | 3 | 4 | 5 |
| Knowledge and skills with: | | | | | |
| Immunization schedules and modes of administration | | | | | |
| Paediatric vital signs | | | | | |
| Nebulizers | | | | | |
| Well baby clinics | | | | | |
| Immunization schedules | | | | | |
| Circumcision surgery | | | | | |
| Echo assistance and emergency procedures | | | | | |
| Hypothyroid screening | | | | | |
| PSYCHIATRY CLINIC | | | | | |
| Full psychiatric nursing assessment client | | | | | |
| Psychotropic drugs-uses, side effects, contraindications | | | | | |
| Psychiatric services | | | | | |
| Psychiatric conditions and respective nursing management | | | | | |
| Legal ethical and cultural considerations | | | | | |
| ORTHOPEDICS | | | | | |
| Application/ Removal of casts and splints | | | | | |
| Application of Neo frakt casts | | | | | |
| Assisting with minor surgery | | | | | |
| Assisting with removal of K-wires | | | | | |
| Assisting with intra articular injections | | | | | |
| Assist in bandaging | | | | _ | |
| Rehabilatitative equipment teaching (crutch,etc.) | | | | | |
| Post – op follow- up | | | | | |

| FR | EQU | ENC | Y | |
|----|-----|-----|---|---|
| 1 | 2 | 3 | 4 | 5 |
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Ministry of Defense Prince Sultan Armed Forces Hospital Madina Al Munawarah



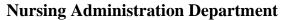


وزارة الدفاع مستشفى الامير سلطان للقوات المسلحة بالمدينة المنورة إدارة التمريض

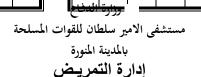
| | PR | OFI | CIEN | ICV | | Ī | FR | EOH | ENC | Υ | |
|-----------------------------------------------------------------|----|-----------------------|------|-----|---|---|----|-----|-----|---|--------------------------------------------------|
| CVII I C | | PROFICIENCY FREQUENCY | | | | | _ | | | | |
| SKILLS Knowledge and skills with: | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| ENT | | | | | | | | | | | |
| Removal of foreign bodies | | | | | | | | | | | |
| Changing tracheostomy tubes | | | | | | | | | | | |
| Suctioning | | | | | | | | | | | |
| Audiogram | | | | | | | | | | | |
| Assisting with minor surgery | | | | | | | | | | | |
| Assisting with endoscopic procedures | | | | | | | | | | | |
| Preparation and cleaning of ENT instruments | 1 | | | | | | | | | | |
| Fiberoptic laryngoscope | | | | | | | | | | | |
| | | | | | | | | | | | |
| Nasal packing insertion - removal For layage | | | | | | | | | | | |
| Ear lavage Death on follows are: | | | | | | | | | | | |
| Post –op follow – up OPTHALMOLOGY | | | | | | | | | | | |
| OPTHALMOLOGY | | | | | | | | | | | <u> </u> |
| Laser theraophy | | | | | | | | | | | |
| Eye irrigation | | | | | | | | | | | <u> </u> |
| Shirmers test | | | | | | | | | | | <u> </u> |
| Excision of chalazion | | | | | | | | | | | |
| Pulse oximetry | | | | | | | | | | | |
| Blood Glucose Monitoring | | | | | | | | | | | |
| Incentive spirometry Teaching | | | | | | | | | | | |
| Post – op follow –up | | | | | | | | | | | |
| FAMILIARITY WITH EQUIPMENT | | | | | | | | | | | |
| Fetuscope/Doppler | | | | | | | | | | | |
| Wound Care | | | | | | | | | | | |
| Cast Care | | | | | | | | | | | |
| Electronic thermometer | | | | | | | | | | | |

Digingdemed Saudi Arabia Ministry of Defense

Prince Sultan Armed Forces Hospital Madina Al Munawarah







| NAME OF APPLICANT: | DATE: | |
|--------------------|-------|--|
| | | |

| | PROFICIENCY | | | | | FR | EQU | ENC | Y | |
|------------------------------------------------------|-------------|---|---|---|---|----|-----|-----|---|---|
| SKILLS | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| ASSIST WITH: | | | | | | | | | | |
| Suturing | | | | | | | | | | |
| Incision and drainage of Abscess | | | | | | | | | | |
| Skin biopsies | | | | | | | | | | |
| Rectal exams | | | | | | | | | | |
| Vaginal exams | | | | | | | | | | |
| Debridement | | | | | | | | | | |
| Joint injection | | | | | | | | | | |
| GENERAL RESPONSIBILITIES | | | | | | | | | | |
| Charge nurse | | | | | | | | | | |
| Patient assessment | | | | | | | | | | |
| • Triage | | | | | | | | | | |
| Discharge Planning | | | | | | | | | | |
| Patient / family Education | | | | | | | | | | - |
| In – service Presentations | | | | | | | | | | |

| NAME OF APPLICANT: | DATE: | |
|--------------------|-------|--|
| | | |
| | | |
| | | |

| CERTIFICATION | YES | NO | DATE ISSUED /EXPIRATION |
|-------------------------------------|-----|----|-------------------------|
| Basic cardiac Life Support (BCLS) | | | |
| Saudi Council Licensure | | | |
| • Others: | | | |

Ministry of Defense
Prince Sultan Armed Forces Hospital
Madina Al Munawarah
Nursing Administration Department



وزارة الدفاع مستشفى الامير سلطان للقوات المسلحة بالمدينة المنورة إدارة التمريض

| NAME OF APPLICANT: | DATE: |
|----------------------------------------------------|--------------------------------------------------------------------------------------------|
| | |
| ADDITIONAL INFORMATION: | |
| | olication process. False representation of information ants contractual/employment status. |
| Number of Experience: | Months / Year (s) |
| I hereby certify that the information proficiency. | given above is true and accurate account of my |
| Comments : | |
| | |
| | |
| Print Name: | Signature :Date: |

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