

ARMED FORCES HOSPITAL SOUTHERN REGION KHAMIS MUSHAYT

OB/GYNAE CLINIC SKILLS CHECK LIST

(HRS/F095/01)

NAME OF APPLICANT:	DATE:

HOW TO COMPLETE THIS FORM:

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.

LEVELS OF PROFICIENCY:

- **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)
- \mathbf{C} = Perform Infrequently (less than three months of experience, need more experience and practice, assistance required)
- $\mathbf{D} = \text{No Experience}$ (have never performed this task, willing to learn)

SKILL	A	В	C	D	COMMENTS (IF ANY)
GENERAL NURSING:					
Adult Physical Assessment					
Antenatal physical assessment: deviations from norm					
Nursing Process					
Care Plans					
Patient/Family Health Teaching					
Parentcraft Classes					
Discharge Planning					
Any referrals which may be necessary					
Electronic fetal monitoring skills/interpretation (CTG)					
Fetal Heart Rate – Doppler					
Foetal heart auscultation – Pinnards stethoscope					
Abdominal Assessment & Palpation					
Biophysical profile (understanding significance)					
Interpretation of Blood results					
Knowledge & care of patients with:					
Abortions : Incomplete					
Complete					
Threatened					
Inevitable					
Missed					
AIDS					
Anemia					
Breech					
Cord prolapsed					
Episiotomy					
Ectopic pregnancy		ļ			
Cardiac disease					

SKILL	A	В	С	D	COMMENTS (IF ANY)
Previous Cardiac Surgery					
Rheumatic Heart Disease					
Renal disease					
Previous renal transplant					
Liver Diseases					
Diabetes					
Gestational diabetes – diet or insulin					
Glucose monitoring / insulin administration for home					
control					
Diabetic ketoacidosis					
DVT (Deep vein thrombosis)					
Epilepsy					
Essential hypertension					
Pre-eclampsia / Eclampsia					
Pregnancy Induced Hypertension					
Hepatitis (A,B, C)					
Hyperemesis gravidarium					
Incompetent Cervix – Cervical Cerclage	+				
Intrauterine Fetal Growth Retardation					
Multiple pregnancy					
Placenta Abruptio					
Placenta Previa					
Poly/oligo – hydramnios					
Premature labor					
Premature rupture of membranes (PROM)					
Preterm delivery					
Pulmonary embolis					
Sickle cell disease					
Communicable Diseases					
Venereal Disease / Warts	+				
MEDICATION & BLOOD ADMINISTRATION:		l			
Calculates medication dosages on body weight					
Intravenous Infusion administration & rate calculations	+				
Oral route					
Intramuscular					
Subcutaneous /Intradermal injections					
Rectal – medication / enemas					
Inhalation					
IV Push					
IV Piggyback					
Methergin					
Insulin	1				
Heparin	1				
Indomethacin	+				
	+		-		
Prostaglandins Pubelle Vessins	+			-	
Rubella Vaccine Devomethesens	-				
Dexamathasone					
Antihypertensive therapy					
Anticonvulsant therapy	+		-		
Depo Provera					

SKILLS	A	В	С	D	COMMENTS (IF ANY)
SPECIMEN COLLECTION:	1			1	
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)					
Pap smears					
Assessment – apgar scoring					
Birth injuries/ detection of					
Clearing away with a suction catheter / bulb syringe					
Gestational age – Dubowitz score					
Splein Score					
Hypoglycemia					
Initial physical examination: deviations from the norm					
SGA infant					
USE OF THE FOLLOWING EQUIPMENT					
Amnicator					
CTG monitors					
Electronic weighing scales					
Obstetrical Calculation Wheel (EDC)					
Patella Hammer					
Portable oxygen cylinders-changing out					
Portable Sonacaid					
Portable suction units					
Portable ultrasound machines					
Pulse oximeter					
Speculums / Cuscoes					
POST PARTUM:	1				
Contraceptive Advice					
MANAGEMENT EXPERIENCE:	1				
Precepting New Employees					
Charge Nurse / responsibilities					
MISCELLANEOUS:	1				
Basic Computer Skills					
CERTIFICATION:	1				
BCLS	Da	te U	pdat	ed:	
Revised January 2010					
Thank you for completing the above. Demonstration of skills will be expected during your 90 days probationary period. Inability to demonstrate skills may result in termination during probationary period.					
Name of the Applicant:					
Signature of the Applicant:					Date: