CLOVER HEALTH SERVICES

SKILLS CHECKLIST

RN Ambulatory Care

Name | Telephone | Who is your recruiter? | Date

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency : - 1 = Never Performed 2 = Limited Experience 3 = Comfortable Performing 4 = Proficient
Frequency :- 1 = Never 2 = Sometimes 3 = Often 4 = Always

Pre-op	Proficiency	Frequency
Admit and Assess Patients	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Advance Directives	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Collect Appropriate Data	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Discharge Teaching	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Preoperative Teaching	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Patient Prep	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Computerized Documentation	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
IV Placement and Management	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4

Venipuncture and Specimen Collection	Proficiency	Frequency
Clean Catch Urine	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Sterile Urine Collection	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Stool	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Sputum	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Butterfly Stick	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Central Line Draw	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4

Medication Administration	Proficiency	Frequency
Administer IM and SQ Medications	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Administer Inhalation Medications	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Administer PO Medications	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Bladder Irrigation and Instillation	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Needleless Systems	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Chemotherapy	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4

Respiratory Care	Proficiency	Frequency
Ambu-Bag	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Nasal Cannula	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Non-Rebreather Mask	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4

	Proficiency				Frequency			
Pulse Oximetry	1	2	3	4	1	2	3	4
Venti Mask	1	2	3	4	1	2	3	4
Face Mask	1	2	3	4	1	2	3	4
Bedside Tele Monitoring	1	2	3	4	1	2	3	4
Moderate Sedation	1	2	3	4	1	2	3	4
Assist with Code Resuscitation	1	2	3	4	1	2	3	4

Intraop	**Proficiency**				**Frequency**			
Apply Immobilizers (clavicle, knee, etc.)	1	2	3	4	1	2	3	4
Assist with Code Resuscitation	1	2	3	4	1	2	3	4
Assist with Lumbar Puncture	1	2	3	4	1	2	3	4
Laser Procedures	1	2	3	4	1	2	3	4
Dermabrasion	1	2	3	4	1	2	3	4
Drain Removal	1	2	3	4	1	2	3	4
NGT Insertion	1	2	3	4	1	2	3	4
Patch Test	1	2	3	4	1	2	3	4
Punch Biopsy	1	2	3	4	1	2	3	4
Procedure Setup	1	2	3	4	1	2	3	4
Remove External Fixators with Pin	1	2	3	4	1	2	3	4
Scissor Biopsy	1	2	3	4	1	2	3	4
Scrub	1	2	3	4	1	2	3	4
Screw-Hardware Removal	1	2	3	4	1	2	3	4
Setup Assist Suturing	1	2	3	4	1	2	3	4
Staple Removal	1	2	3	4	1	2	3	4
Straight/Foley Catheter (Female and Male)	1	2	3	4	1	2	3	4
Suture Removal	1	2	3	4	1	2	3	4
TENS (Transcutaneous Electrical Nerve Stimulator)	1	2	3	4	1	2	3	4
Use of Doppler	1	2	3	4	1	2	3	4
Incision and Drainage	1	2	3	4	1	2	3	4

Pain Management/Anesthesia	**Proficiency**				**Frequency**			
Implantable Narcotic Pump Refill	1	2	3	4	1	2	3	4
Epidural	1	2	3	4	1	2	3	4
Spinal	1	2	3	4	1	2	3	4
Local Anesthesia	1	2	3	4	1	2	3	4
General Anesthesia	1	2	3	4	1	2	3	4
Axillary Block	1	2	3	4	1	2	3	4
Bier Block	1	2	3	4	1	2	3	4

Cardiac	Proficiency	Frequency
Assess Heart Tones	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Bedside Tele Monitoring	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Obtain a 12 Lead EKG	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Interpretation of Laboratory Studies	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Perform Pulses/Circulation Checks	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Auscultate Heart Sounds	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Pre/Post Op Care Pacemaker	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Pacemaker Implantation	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Cardiac Catheterization	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Ablation for Atrial Fibrillation	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Cardioversion	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Implantable Loop Recorder	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Electrophysical Study	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4

Neurological	Proficiency	Frequency
Assess Neurological Baseline Status	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Epidurals	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Selective Nerve Root Blocks	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Level of Consciousness	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Carpal Tunnel Release	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Cervical or Lumbar Discectomy	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Spinal Cord Stimulatory Implantation	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Vagal Nerve Stimulator (VNS) Placement	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Ulnar Nerve Transposition	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Peripheral Nerve Decompression	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Shunt Revision	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Deep Brain Stimulation (DBS) Programming Adjustments	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4

Pulmonary	Proficiency	Frequency
Assess Breath Sounds	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Apply Oxygen	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Interpret ABGs	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Bronchoscopy	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Thoracentesis	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Oximetry	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Lung Biopsy	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Endobronchial Ultrasound	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4
Pleurodesis	◯ 1 ◯ 2 ◯ 3 ◯ 4	◯ 1 ◯ 2 ◯ 3 ◯ 4

	Proficiency				Frequency			
Lung Volume Reduction Surgery (LVRS)	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
GI	**Proficiency**				**Frequency**			
Insertion/Monitoring NG Tubes	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Flexible Sigmoidoscopy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Endoscopic Retrograde Cholangiopancreatography (ERCP)	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Colonoscopy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Hemorrhoid Banding	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Upper Endoscopy (EGD)	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Hernia Repair	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Polypectomy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Pyloroplasty	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Liver Biopsy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Paracentesis	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Lap Band Surgery	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Urology	**Proficiency**				**Frequency**			
Catheter Care	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Catheter Insertion	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Bladder Biopsy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Cystoscopy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Urethral Dilation	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Nephrostomy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Kidney Biopsy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Suprapubic Catheter	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Prostate Biopsy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Vasectomy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Ureteroscopy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Hydrocelectomy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Penile Implant Surgery	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Circumcision (Adult)	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Transurethral Resection of Prostate (TURP)	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
ENT and Mouth	**Proficiency**				**Frequency**			
Prosthodontics – Restorative Dentistry	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Mouth Biopsy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Myringotomy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Maxillofacial Prosthetics	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Nose Biopsy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Thyroid Aspirate Biopsy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4
Fiberoptic Laryngoscopy	◯ 1	◯ 2	◯ 3	◯ 4	◯ 1	◯ 2	◯ 3	◯ 4

	Proficiency				Frequency			
Tonsillectomy	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Sinus Surgery	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Myringotomy with Tube Placement	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Septoplasty	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Balloon Sinuplasty	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Tympanoplasty	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Rhinoplasty	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Women's Health	**Proficiency**				**Frequency**			
Hysterectomy	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Dilation and Curettage	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Endometrial Ablation	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Laparoscopic Tubal Ligation	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
LEEP (Loop Electrosurgical Excision Procedure)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Ovarian Cyst Removal	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Plastics	**Proficiency**				**Frequency**			
Liposuction	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Rhinoplasty	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Breast Augmentation or Reduction	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Blepharoplasty (Eyelid Surgery)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Otoplasty	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Facelift (Mini Facelift)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Pediatrics	**Proficiency**				**Frequency**			
Hernia Repair	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Circumcision	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Ear Tube Surgery	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Orchiopexy	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Gastrostomy Tube Placement	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Hypospadias	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Age-Specific Considerations	**Proficiency**				**Frequency**			
Infant (Birth – 1 year)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Preschooler (ages 2-5 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Childhood (ages 6-12 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Adolescents (ages 13-21 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Young Adults (ages 22-39 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Adults (ages 40-64 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Older Adults (ages 65-79 years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Elderly (ages 80+ years)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Work History

Years Experience in Clinical Specialty:

Most recent facility worked at:

☐ I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.