**RADFORD UNIVERSITY SCHOOL OF NURSING**

**FNP PROGRAM**

**CLINICAL SKILLS INVENTORY**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete this form at the beginning and end of each semester, using a different color of ink each time.

Please rate your competency with the following skills and procedures. Please check one box at the beginning of the semester and another at the end of the semester to indicate the skills you have acquired during the semester:

0 = No previous experience, skill or competence

1 = Some experience, but still require supervision

2 = Much experience; require little or no supervision

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TOPIC** | **0** | **1** | **2** |  | **0** | **1** | **2** |
| **Interview** | | | | | | | |
| Basic Interview |  |  |  |  |  |  |  |
| Cross-cultural Communication |  |  |  |  |  |  |  |
| Developmental Assessment |  |  |  |  |  |  |  |
| Family Assessment |  |  |  |  |  |  |  |
| Occupational History |  |  |  |  |  |  |  |
| Risk Assessment |  |  |  |  |  |  |  |
| Sexual History |  |  |  |  |  |  |  |
| STD/HIV Screening |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **Procedures** | | | | | | | |
| Abscess Inc./Drain |  |  |  |  |  |  |  |
| CPR |  |  |  |  |  |  |  |
| Foreign Body Removal from Ear |  |  |  |  |  |  |  |
| Gram Stain, Interpretation |  |  |  |  |  |  |  |
| Growth Chart |  |  |  |  |  |  |  |
| Hematocrit |  |  |  |  |  |  |  |
| KOH, Skin/Vaginal |  |  |  |  |  |  |  |
| Pap Smear |  |  |  |  |  |  |  |
| Rapid Strep |  |  |  |  |  |  |  |
| Stool Test, blood |  |  |  |  |  |  |  |
| Suturing |  |  |  |  |  |  |  |
| Suture/Staples Removal |  |  |  |  |  |  |  |
| Telephone Referral |  |  |  |  |  |  |  |
| Throat Culture |  |  |  |  |  |  |  |
| **TOPIC** | **0** | **1** | **2** |  | **0** | **1** | **2** |
| Urinalysis |  |  |  |  |  |  |  |
| Venipuncture |  |  |  |  |  |  |  |
| X-ray Interpretation, Chest |  |  |  |  |  |  |  |
| X-ray Interp., Extremities |  |  |  |  |  |  |  |
| Wet Mount, Vaginal |  |  |  |  |  |  |  |
| Write Referral |  |  |  |  |  |  |  |
| Write Prescription |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **Examination (Life Cycle Stage)** | | | | | | | |
| Prenatal |  |  |  |  |  |  |  |
| Newborn |  |  |  |  |  |  |  |
| Postpartum |  |  |  |  |  |  |  |
| Infant |  |  |  |  |  |  |  |
| Child |  |  |  |  |  |  |  |
| Adolescent |  |  |  |  |  |  |  |
| Adult |  |  |  |  |  |  |  |
| Geriatric |  |  |  |  |  |  |  |
| **Examination (Components)** | | | | | | | |
| HEENT |  |  |  |  |  |  |  |
| Heart |  |  |  |  |  |  |  |
| Lung |  |  |  |  |  |  |  |
| Chest |  |  |  |  |  |  |  |
| Breast |  |  |  |  |  |  |  |
| Abdomen |  |  |  |  |  |  |  |
| Genitourinary |  |  |  |  |  |  |  |
| Extremities |  |  |  |  |  |  |  |
| Neurologic |  |  |  |  |  |  |  |
| Developmental (Peds) |  |  |  |  |  |  |  |
| Functional (Adult) |  |  |  |  |  |  |  |
| Mental Status |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **Infectious Disease** | | | | | | | |
| Adult Immunizations |  |  |  |  |  |  |  |
| Occupational Risks |  |  |  |  |  |  |  |
| HIV |  |  |  |  |  |  |  |
| Hepatitis |  |  |  |  |  |  |  |
| **Cardiovascular Disorders** | | | | | | | |
| MI |  |  |  |  |  |  |  |
| CVA |  |  |  |  |  |  |  |
| Hypertension |  |  |  |  |  |  |  |
| Lipids |  |  |  |  |  |  |  |
| Tobacco/Smoking Cessation |  |  |  |  |  |  |  |
| CHF |  |  |  |  |  |  |  |
| **Genitourinary Disorders** | | | | | | | |
| UTI |  |  |  |  |  |  |  |
| **TOPIC** | **0** | **1** | **2** |  | **0** | **1** | **2** |
| Kidney |  |  |  |  |  |  |  |
| Prostatitis |  |  |  |  |  |  |  |
| BPH |  |  |  |  |  |  |  |
| Sterilization |  |  |  |  |  |  |  |
| Impotence |  |  |  |  |  |  |  |
| Incontinence |  |  |  |  |  |  |  |
| PID |  |  |  |  |  |  |  |
| **Respiratory Disorders** | | | | | | | |
| URI |  |  |  |  |  |  |  |
| LRI |  |  |  |  |  |  |  |
| Bronchitis |  |  |  |  |  |  |  |
| TB |  |  |  |  |  |  |  |
| Pneumonia |  |  |  |  |  |  |  |
| COPD |  |  |  |  |  |  |  |
| Asthma |  |  |  |  |  |  |  |
| **Integumentary Disorders** | | | | | | | |
| Pigmentation |  |  |  |  |  |  |  |
| Infections – Fungal, Bacterial |  |  |  |  |  |  |  |
| Lesions |  |  |  |  |  |  |  |
| Ulcers |  |  |  |  |  |  |  |
| **Cancer Screening** | | | | | | | |
| GI |  |  |  |  |  |  |  |
| Breast |  |  |  |  |  |  |  |
| Skin |  |  |  |  |  |  |  |
| Prostate |  |  |  |  |  |  |  |
| **Endocrine Disorders** | | | | | | | |
| Diabetes |  |  |  |  |  |  |  |
| Thyroid |  |  |  |  |  |  |  |
| Menopause – Male, Female |  |  |  |  |  |  |  |
| Osteoporosis |  |  |  |  |  |  |  |
| **Neurological Disorders** | | | | | | | |
| Headaches |  |  |  |  |  |  |  |
| Dizziness |  |  |  |  |  |  |  |
| Carpal Tunnel |  |  |  |  |  |  |  |
| Peripheral Neuropathy |  |  |  |  |  |  |  |
| **Rheumatoid Disorders** | | | | | | | |
| Osteoarthritis |  |  |  |  |  |  |  |
| Rheumatoid Arthritis |  |  |  |  |  |  |  |
| Autoimmune Disease |  |  |  |  |  |  |  |
| **GI Disorders** | | | | | | | |
| Liver Cirrhosis |  |  |  |  |  |  |  |
| Peptic Ulcer Disease |  |  |  |  |  |  |  |
| Reflux |  |  |  |  |  |  |  |
| **Musculoskeletal Disorders** | | | | | | | |
| Low Back Pain |  |  |  |  |  |  |  |
| **TOPIC** | **0** | **1** | **2** |  | **0** | **1** | **2** |
| Sports Injuries |  |  |  |  |  |  |  |

Adapted, with permission, from PEP: Preceptor Education Project. Participant Workbook and Instructor’s Manual. Kansas City, MO: Society of Teachers of Family Medicine, 1992.