

## PROFESSIONAL SKILLS INVENTORY (RN)

Please provide an “X” under the number that best represents your proficiency in each skill or patient care situation.

Levels of Proficiency (scale):

1. Unable to perform this skill
2. Able to perform skill but require assistance/supervision
3. Able to perform skill independently/without supervision
4. Proficient and can assist others

**Note:** This form is interactive. You can type your answers in the fields below. However, you must sign your name at the bottom of every page. Email completed form to: [nnicholls@venture-healthcare.com](mailto:nnicholls@venture-healthcare.com) or fax to: 204-885-9002

PROCEDURE	1	2	3	4	COMMENTS
Triage Experience					
History taking					
Physical Assessment: Adult					
Child					
Infant					
Newborn					
Pelvic examination					
Prenatal initial					
Prenatal checks					
Post-partum exam					
Breastfeeding support					
Wellchild clinic					
Well woman clinic					
Labour and delivery					
Pelvic Assess. in Labour					
Venipuncture					
Pregnancy tests					
Uricult, plant and read					
Glucometer usage					
Haemoglobins					
WBC's manually					
Blood smears					
Sedimentation rate					
STI testing & treatment					
HIV test counseling					
Start IV's: Adult					
Child					
ECG's					
Pulse Oximeter					
X-Ray's chest and limbs					
Suturing					
Plaster slabs					
Removal of casts					
PICC & CVAD access /meds					
Medication via nebulizer					
Nasal packing					

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

**Please complete ALL applicable areas for Additional Certifications:**

COURSE	ISSUED (YYYY)	CERT. EXPIRY DATE
CPR - Healthcare Provider (Level C)		
ACLS (Advanced Cardiac Life Support)		
ITLS (International Trauma Life Support)		
ENPC (Emergency Nursing Pediatric Course)		
NALS or Neonatal Resuscitation		
PALS (Pediatric Advanced Life Support)		
TNCC (Trauma Nursing Core Course)		
ALARM or ALSO		
CTAS (Canadian Triage and Acuity Scale)		
NCP (Northern Clinical Program)		
IAP (Introduction to Advanced Practice)		
BC Remote Practice Certification		
BC Reproductive Health Certification		
Immunization Course		
IV Therapy		
Dialysis		
Community Health Nursing in First Nations & Inuit Communities Orientation		
Others:		

**Nursing Experience:**

Type	Years	Brief Additional Comments
Rural / Remote		
Northern Expanded Role		
Emergency		
Critical Care		
Acute Medicine or Surgery		
Pediatrics		
Psychiatric		
OBS/L&D		
Newborn/ Neonatal		
Hemodialysis		
Chemotherapy		
OR		
Long Term Care		
Home Care		
Community Nursing		
Public Health		
TB Nurse		
Maternal Child Public/Community Health		
Correctional Facility		
Flight Nursing		
Occupational Health		
International Nursing (i.e., MSF)		
Nursing Informatics		
Meditech /Accuro /other EMR system		
Other:		

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

*\*Please provide your handwritten or digital signature. Typed signatures are not accepted as valid.*