

V. PCMO APPLICANT SKILLS SURVEY

Name _____ Date _____

Indicate your comfort level with each of the skills listed below by typing or printing an **X** in the appropriate column.

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
I. Health Education and Prevention				
Individual patient education				
Planning and conducting group health education sessions (PST, IST, COS)				
Development of health education handouts and newsletters				
Administration of immunizations (IM, SC)				
Indications and contraindications for immunization for:				
MMR, polio, tetanus				
Hepatitis B				
Typhoid, meningitis				
Administration and interpretation of PPD skin test (intradermal)				
INH therapy for PPD converters				
Selection of malaria prophylaxis				
II. Clinical Care				
Medical history for common health problems				
Comprehensive medical history and review of systems				
Comprehensive physical examination				
Monitoring and management of stable, chronic conditions				
Coordinate referrals to specialist(s)				
Evaluation and stabilization for acute, severe illnesses				
Evaluation and stabilization for major trauma				
SOAP note documentation				

Name _____ Date _____

SKILL	Level of comfort?			
	High	Moderate	Low	Do not feel competent
Specific examination skills:				
Retinal (ophthalmoscopic)				
Ear canal and drum				
Oral exam (acute dental pain)				
Chest (percussion and auscultation)				
Cardiac (murmurs)				
Breast				
Abdominal tenderness or masses				
Rectal and prostate				
Vaginal - visualization of cervix, PAP				
Vaginal - uterus, tubes, ovaries				
Basic exam of major joints (shoulder, knee, etc.)				
Neurologic status				
Mental status				
Phlebotomy (venous blood samples)				
Administer IM medications				
Administer IV medications				
Insert IV catheters				
Select and administer IV fluids				
Insert urethral catheters				
Incision and drainage of abscesses				
Basic suturing				
Biopsy (simple) of skin lesion				
Application of casts and splints				
Record ECGs				
Interpret:				
Lab reports (chemistry, serology, hematology)				
Chest xray films				
Xray films of common fractures/etc				
ECG tracings				
Contraceptive counseling				
STD/HIV risk counseling				

Name _____ Date _____

SKILL	Level of comfort?			
	High	Moderate	Low	Do not feel competent
Clinical management of:				
Common skin disorders				
Abrasions and burns				
Upper respiratory tract infections				
Allergic rhinitis				
Asthma (outpatient)				
Pneumonia				
Hypertension				
Diarrhea				
Gastroenteritis/gastritis				
Urinary tract infections				
Menstrual disorders				
Prenatal care (uncomplicated)				
Vaginal discharge				
STDs				
Forensic evidence collection post sexual assault				
Musculoskeletal back pain				
Minor orthopedics				
Anemia				
Diabetes				
Hypothyroidism				
Seizure disorders				
Acute febrile illness				
Pulmonary TB (active)				
In general, do you provide or prescribe medications for the above conditions:				
via written guidelines				
via consultation with MD				
via personal knowledge and experience				
III. Mental Health Support				
Evaluation/limited counseling for:				
Interpersonal problems				
Anxiety				
Depressed mood				
Alcohol or drug abuse				

Name _____ Date _____

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
Acute depression				
Panic attacks				
Suicidal ideation				
Psychosis				
IV. Administration and Program Management				
Maintaining medical confidentiality				
Planning and budgeting				
Medical supplies and pharmacy inventory management				
Hospital/clinic assessment				
Physician/consultant assessment				
Planning and conducting prevention programs (screening programs, smoking cessation, etc.)				
Reporting of cases for epidemiological/public health analysis				

Additional comments: