



## Emergency Trauma Competency Self Assessment

**Directions**

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

| Experience                                         |
|----------------------------------------------------|
| 0 Not Applicable                                   |
| 1 No Experience                                    |
| 2 Some Experience (Require Assistance)             |
| 3 Intermittent Experience (May Require Assistance) |
| 4 Experienced (Performs without Assistance)        |
| 5 Very Experienced (Able to Teach/Supervise)       |

**Print Name**

**Last 4 Digits of SS#**

**Date**

| General Skills                                                    | Experience |   |   |   |   |   |
|-------------------------------------------------------------------|------------|---|---|---|---|---|
| Advanced directives                                               | 0          | 1 | 2 | 3 | 4 | 5 |
| HIPAA                                                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Patient/family teaching                                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Restrictive devices (restraints)                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Lift/transfer devices                                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Specialty beds                                                    | 0          | 1 | 2 | 3 | 4 | 5 |
| End of life care/palliative care                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Post mortem care                                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Automated Medication Dispensing System, Pyxis, Omnicell, or other | 0          | 1 | 2 | 3 | 4 | 5 |
| Bar coding for medication administration                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Triage                                                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Organ donor protocols                                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Consent for treatment of a minor                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Procedure for a patient signing out AMA                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Knowledge of cobra criteria/transfer patients                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Disaster protocols                                                | 0          | 1 | 2 | 3 | 4 | 5 |
| National Patient Safety Goals                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Accurate patient identification                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Effective communication                                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Interpretation & communication of lab values                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Medication administration                                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Labeling                                                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Anticoagulation therapy                                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Medication reconciliation                                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Monitoring conscious sedation                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Pain assessment & management                                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Infection control                                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Universal precautions                                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Isolation                                                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Minimize risk for falls                                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Awareness of HCAHPS                                               | 0          | 1 | 2 | 3 | 4 | 5 |



| Experience                                         |
|----------------------------------------------------|
| 0 Not Applicable                                   |
| 1 No Experience                                    |
| 2 Some Experience (Require Assistance)             |
| 3 Intermittent Experience (May Require Assistance) |
| 4 Experienced (Performs without Assistance)        |
| 5 Very Experienced (Able to Teach/Supervise)       |

Initials \_\_\_\_\_

| General Skills - cont.                         | Experience |   |   |   |   |   |
|------------------------------------------------|------------|---|---|---|---|---|
| Prevention of pressure ulcers                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Wound care                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Suture tray set up                             | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>Cardiac Monitoring &amp; Emergency Care</b> |            |   |   |   |   |   |
| Obtains 12 lead EKG                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Interpretation of rhythm strips                | 0          | 1 | 2 | 3 | 4 | 5 |
| Treatment of dysrhythmias                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of rapid response teams                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardiac arrest/CPR                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Code cart set up and shift checks              | 0          | 1 | 2 | 3 | 4 | 5 |
| O2 therapy & delivery                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Pulse oximetry                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of doppler                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| <b>IV Therapy</b>                              |            |   |   |   |   |   |
| Starting & maintaining peripheral IVs          | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood draw: venous                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Central line care                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood draw: central line                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Care & management of ports                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Care & management of PICC/Groshong/Hickman     | 0          | 1 | 2 | 3 | 4 | 5 |
| Administration of blood/blood products         | 0          | 1 | 2 | 3 | 4 | 5 |
| Diabetes mellitus                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Blood Glucose Monitoring (BGM)                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Insulin administration                         | 0          | 1 | 2 | 3 | 4 | 5 |

| Trauma                            | Experience |   |   |   |   |   |
|-----------------------------------|------------|---|---|---|---|---|
| Trauma score                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Critical transports               | 0          | 1 | 2 | 3 | 4 | 5 |
| Air transport (helicopter or jet) | 0          | 1 | 2 | 3 | 4 | 5 |
| Other transport experience        | 0          | 1 | 2 | 3 | 4 | 5 |
| Level 1 trauma                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Level 2 trauma                    | 0          | 1 | 2 | 3 | 4 | 5 |
| Level 1 infuser                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Open chest massage                | 0          | 1 | 2 | 3 | 4 | 5 |
| Peritoneal lavage                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Hypovolemic shock                 | 0          | 1 | 2 | 3 | 4 | 5 |
| H+H/stat lab test machine         | 0          | 1 | 2 | 3 | 4 | 5 |
| Post drowning                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Auto transfuser/warmer            | 0          | 1 | 2 | 3 | 4 | 5 |



| Experience                                         |
|----------------------------------------------------|
| 0 Not Applicable                                   |
| 1 No Experience                                    |
| 2 Some Experience (Require Assistance)             |
| 3 Intermittent Experience (May Require Assistance) |
| 4 Experienced (Performs without Assistance)        |
| 5 Very Experienced (Able to Teach/Supervise)       |

Initials \_\_\_\_\_

| Burns                                        | Experience |   |   |   |   |   |
|----------------------------------------------|------------|---|---|---|---|---|
| First degree                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Second degree                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Third degree                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Electrocution                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Hazardous material exposure/contamination    | 0          | 1 | 2 | 3 | 4 | 5 |
| Calculation of total Body Surface Area (BSA) | 0          | 1 | 2 | 3 | 4 | 5 |

| Respiratory        | Experience |   |   |   |   |   |
|--------------------|------------|---|---|---|---|---|
| Pulmonary edema    | 0          | 1 | 2 | 3 | 4 | 5 |
| C.O.P.D.           | 0          | 1 | 2 | 3 | 4 | 5 |
| Pulmonary emboli   | 0          | 1 | 2 | 3 | 4 | 5 |
| Near drowning      | 0          | 1 | 2 | 3 | 4 | 5 |
| Asthma             | 0          | 1 | 2 | 3 | 4 | 5 |
| Nebulizer          | 0          | 1 | 2 | 3 | 4 | 5 |
| Pneumonia          | 0          | 1 | 2 | 3 | 4 | 5 |
| ABG interpretation | 0          | 1 | 2 | 3 | 4 | 5 |

| Vascular Access                           | Experience |   |   |   |   |   |
|-------------------------------------------|------------|---|---|---|---|---|
| Assist with intraosseous needle insertion | 0          | 1 | 2 | 3 | 4 | 5 |
| Assisting with a cut-down                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Assist with central line insertion        | 0          | 1 | 2 | 3 | 4 | 5 |
| Assist with arterial line insertion       | 0          | 1 | 2 | 3 | 4 | 5 |

| Cardiovascular                                 | Experience |   |   |   |   |   |
|------------------------------------------------|------------|---|---|---|---|---|
| Acute MI                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Unstable angina                                | 0          | 1 | 2 | 3 | 4 | 5 |
| Aneurysm (thoracic or abdominal)               | 0          | 1 | 2 | 3 | 4 | 5 |
| CHF                                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardioversion                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Defibrillation                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Assist with insertion of a temporary pacemaker | 0          | 1 | 2 | 3 | 4 | 5 |
| Application of an external pacemaker           | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardiogenic shock                              | 0          | 1 | 2 | 3 | 4 | 5 |

| Neurological                 | Experience |   |   |   |   |   |
|------------------------------|------------|---|---|---|---|---|
| Neuro assessment/monitoring  | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of Glasgow Coma Scale    | 0          | 1 | 2 | 3 | 4 | 5 |
| Traumatic Brain Injury (TBI) | 0          | 1 | 2 | 3 | 4 | 5 |



| Experience                                         |
|----------------------------------------------------|
| 0 Not Applicable                                   |
| 1 No Experience                                    |
| 2 Some Experience (Require Assistance)             |
| 3 Intermittent Experience (May Require Assistance) |
| 4 Experienced (Performs without Assistance)        |
| 5 Very Experienced (Able to Teach/Supervise)       |

Initials \_\_\_\_\_

| Neurological - cont.                                                        | Experience |   |   |   |   |   |
|-----------------------------------------------------------------------------|------------|---|---|---|---|---|
| Acute T.I.A./C.V.A.                                                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Acute spinal injury                                                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Migraine headache                                                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Seizure precautions/status epilepticus                                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Assist with lumbar puncture                                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Transport of a patient with spinal cord injuries/cervical spine precautions | 0          | 1 | 2 | 3 | 4 | 5 |
| Observing for increased intracranial pressure                               | 0          | 1 | 2 | 3 | 4 | 5 |

| Gastrointestinal      | Experience |   |   |   |   |   |
|-----------------------|------------|---|---|---|---|---|
| Care of Patient with: |            |   |   |   |   |   |
| GI bleed              | 0          | 1 | 2 | 3 | 4 | 5 |
| Abdominal pain        | 0          | 1 | 2 | 3 | 4 | 5 |
| NGT insertion         | 0          | 1 | 2 | 3 | 4 | 5 |
| G-tube                | 0          | 1 | 2 | 3 | 4 | 5 |
| J-tube                | 0          | 1 | 2 | 3 | 4 | 5 |
| Bowel obstruction     | 0          | 1 | 2 | 3 | 4 | 5 |
| Acute pancreatitis    | 0          | 1 | 2 | 3 | 4 | 5 |
| Testicular torsion    | 0          | 1 | 2 | 3 | 4 | 5 |

| Obstetrics/Gynecology                       | Experience |   |   |   |   |   |
|---------------------------------------------|------------|---|---|---|---|---|
| Assist with pelvic exams/obtaining cultures | 0          | 1 | 2 | 3 | 4 | 5 |
| Spontaneous abortion/hemorrhage             | 0          | 1 | 2 | 3 | 4 | 5 |
| Ectopic pregnancy                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Emergency delivery                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Placenta previa                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Preeclampsia/eclampsia                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Doppler FHT (Fetal Heart Tones)             | 0          | 1 | 2 | 3 | 4 | 5 |

| Pediatrics                          | Experience |   |   |   |   |   |
|-------------------------------------|------------|---|---|---|---|---|
| Pediatric arrest/resuscitation      | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of Broslow resuscitation system | 0          | 1 | 2 | 3 | 4 | 5 |
| Overdose/poison ingestion           | 0          | 1 | 2 | 3 | 4 | 5 |
| Child abuse                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Sepsis management                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Sickle cell anemia                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Peds IV periph starts               | 0          | 1 | 2 | 3 | 4 | 5 |
| Pediatric assessment/VS             | 0          | 1 | 2 | 3 | 4 | 5 |



| Experience                                         |
|----------------------------------------------------|
| 0 Not Applicable                                   |
| 1 No Experience                                    |
| 2 Some Experience (Require Assistance)             |
| 3 Intermittent Experience (May Require Assistance) |
| 4 Experienced (Performs without Assistance)        |
| 5 Very Experienced (Able to Teach/Supervise)       |

Initials \_\_\_\_\_

| Renal                                     | Experience |   |   |   |   |   |
|-------------------------------------------|------------|---|---|---|---|---|
| Acute renal failure                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Chronic renal failure                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Peritoneal dialysis                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Fluid management/electrolyte replacement  | 0          | 1 | 2 | 3 | 4 | 5 |
| Renal calculi                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Foley cath/straight cath/clean cath urine | 0          | 1 | 2 | 3 | 4 | 5 |

| Orthopedics                                         | Experience |   |   |   |   |   |
|-----------------------------------------------------|------------|---|---|---|---|---|
| Set up for cast application                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Set up for OCL splinting                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Assist with closed fracture/dislocation reductions  | 0          | 1 | 2 | 3 | 4 | 5 |
| Instruction of application of orthopedic appliances | 0          | 1 | 2 | 3 | 4 | 5 |
| Assess extremity vascular circulation               | 0          | 1 | 2 | 3 | 4 | 5 |

| Psychiatric                                          | Experience |   |   |   |   |   |
|------------------------------------------------------|------------|---|---|---|---|---|
| Drug/ETOH withdrawal                                 | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of overdose patient/gastric lavage              | 0          | 1 | 2 | 3 | 4 | 5 |
| Care of a suicidal patient                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Crisis intervention/management & assaultive behavior | 0          | 1 | 2 | 3 | 4 | 5 |
| Sexual assault                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Rape kit                                             | 0          | 1 | 2 | 3 | 4 | 5 |
| Reporting procedures for acts of violence            | 0          | 1 | 2 | 3 | 4 | 5 |

| Environment            | Experience |   |   |   |   |   |
|------------------------|------------|---|---|---|---|---|
| Hypothermia            | 0          | 1 | 2 | 3 | 4 | 5 |
| Heat stroke/exhaustion | 0          | 1 | 2 | 3 | 4 | 5 |
| Human/animal bite      | 0          | 1 | 2 | 3 | 4 | 5 |
| Snake bite             | 0          | 1 | 2 | 3 | 4 | 5 |
| Anaphylaxis            | 0          | 1 | 2 | 3 | 4 | 5 |

| EENT Disorders                    | Experience |   |   |   |   |   |
|-----------------------------------|------------|---|---|---|---|---|
| Set up for fluorescein/woods lamp | 0          | 1 | 2 | 3 | 4 | 5 |
| Use of Morgan Lens/eye irrigation | 0          | 1 | 2 | 3 | 4 | 5 |
| Ear irrigations/FB removal        | 0          | 1 | 2 | 3 | 4 | 5 |
| Assist with nasal packing         | 0          | 1 | 2 | 3 | 4 | 5 |
| Visual acuity                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Epiglottitis                      | 0          | 1 | 2 | 3 | 4 | 5 |
| Nose bleed/packing                | 0          | 1 | 2 | 3 | 4 | 5 |
| Removal of nasal FB               | 0          | 1 | 2 | 3 | 4 | 5 |



| Experience                                         |
|----------------------------------------------------|
| 0 Not Applicable                                   |
| 1 No Experience                                    |
| 2 Some Experience (Require Assistance)             |
| 3 Intermittent Experience (May Require Assistance) |
| 4 Experienced (Performs without Assistance)        |
| 5 Very Experienced (Able to Teach/Supervise)       |

Initials \_\_\_\_\_

| Emergency Medications                             | Experience |   |   |   |   |   |
|---------------------------------------------------|------------|---|---|---|---|---|
| Emergency ACLS medication prepare & administer    | 0          | 1 | 2 | 3 | 4 | 5 |
| Tridil/nitroglycerin                              | 0          | 1 | 2 | 3 | 4 | 5 |
| Sodium bicarb                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Heparin                                           | 0          | 1 | 2 | 3 | 4 | 5 |
| Dilantin/cerebex                                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Narcan                                            | 0          | 1 | 2 | 3 | 4 | 5 |
| Decadron                                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Mannitol                                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Solumedrol                                        | 0          | 1 | 2 | 3 | 4 | 5 |
| Phenobarbital                                     | 0          | 1 | 2 | 3 | 4 | 5 |
| Fibrinolytics/IIb IIIa inhibitor                  | 0          | 1 | 2 | 3 | 4 | 5 |
| Nipride/cardene                                   | 0          | 1 | 2 | 3 | 4 | 5 |
| Intotropics (i.e. digoxin, dopamine, epinephrine) | 0          | 1 | 2 | 3 | 4 | 5 |
| Rapid sequence intubation protocol & meds         | 0          | 1 | 2 | 3 | 4 | 5 |
| Diprivan                                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Cardizem                                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Vasopressin                                       | 0          | 1 | 2 | 3 | 4 | 5 |
| Romazicon                                         | 0          | 1 | 2 | 3 | 4 | 5 |
| Levophed                                          | 0          | 1 | 2 | 3 | 4 | 5 |
| Insulin/insulin GTT                               | 0          | 1 | 2 | 3 | 4 | 5 |

| Age Specific Competencies       | Experience |   |   |   |   |   |
|---------------------------------|------------|---|---|---|---|---|
| Newborn/neonate (birth-30 days) | 0          | 1 | 2 | 3 | 4 | 5 |
| Infant (31 days-1 year)         | 0          | 1 | 2 | 3 | 4 | 5 |
| Toddler (ages 2-3 years)        | 0          | 1 | 2 | 3 | 4 | 5 |
| Preschool (ages 4-5 years)      | 0          | 1 | 2 | 3 | 4 | 5 |
| School age (ages 6-12 years)    | 0          | 1 | 2 | 3 | 4 | 5 |
| Adolescent (ages 13-21 years)   | 0          | 1 | 2 | 3 | 4 | 5 |
| Young adult (ages 22-39 years)  | 0          | 1 | 2 | 3 | 4 | 5 |
| Adult (ages 40-64 years)        | 0          | 1 | 2 | 3 | 4 | 5 |
| Older adult (ages 65-79 years)  | 0          | 1 | 2 | 3 | 4 | 5 |
| Elderly (ages 80+ years)        | 0          | 1 | 2 | 3 | 4 | 5 |



| Experience |                                                  |
|------------|--------------------------------------------------|
| 0          | Not Applicable                                   |
| 1          | No Experience                                    |
| 2          | Some Experience (Require Assistance)             |
| 3          | Intermittent Experience (May Require Assistance) |
| 4          | Experienced (Performs without Assistance)        |
| 5          | Very Experienced (Able to Teach/Supervise)       |

Initials \_\_\_\_\_

**Please list any Additional Skills:**

|                       |    |
|-----------------------|----|
| 1.                    | 2. |
| 3.                    | 4. |
| Additional training:  |    |
| 1.                    | 2. |
| 3.                    | 4. |
| Additional equipment: |    |
| 1.                    | 2. |
| 3.                    | 4. |

The information on this and all preceding pages is true and correct.

Signature

Date