

## 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 |
| <b>I. Health Education and Prevention</b>                               |                          |          |     |                       |
| 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                                        |                          |          |     |                       |
|                                                                         |                          |          |     |                       |
| <b>II. Clinical Care</b>                                                |                          |          |     |                       |
| 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                                                | <u>Level of comfort?</u> |          |     |                       |
|------------------------------------------------------|--------------------------|----------|-----|-----------------------|
|                                                      | 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<br>(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,<br>hematology)     |                          |          |     |                       |
| Chest xray films                                     |                          |          |     |                       |
| Xray films of common fractures/etc                   |                          |          |     |                       |
| ECG tracings                                         |                          |          |     |                       |
| Contraceptive counseling                             |                          |          |     |                       |
| STD/HIV risk counseling                              |                          |          |     |                       |

Name \_\_\_\_\_ Date \_\_\_\_\_

| SKILL                                                                         | <u>Level of comfort?</u> |          |     |                       |
|-------------------------------------------------------------------------------|--------------------------|----------|-----|-----------------------|
|                                                                               | 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                                         |                          |          |     |                       |
|                                                                               |                          |          |     |                       |
| <b>III. Mental Health Support</b>                                             |                          |          |     |                       |
| 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                                                                                 |                          |          |     |                       |
|                                                                                           |                          |          |     |                       |
| <b>IV. Administration and Program Management</b>                                          |                          |          |     |                       |
| 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:

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