

# PSYCHIATRY SKILLS CHECKLIST

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**1 - Highly skilled** (can function well independently, strong experience)

**2 - Proficient** (experienced, may need occasional review/assistance)    **3 - Limited Skill** (limited to no experience)

## CARE OF PATIENT WITH

Skills (check appropriate box)	1	2	3	Skills (check appropriate box)	1	2	3
Suicidal Ideations				Seizure Disorders			
Assaultive Behavior				Hallucinations			
Alcoholism				Feeding Tubes			
DTs				Delusions			
Drug Dependency				Psychosis			
Manic Depression				Eating Disorders			

## GENERAL

Skills (check appropriate box)	1	2	3	Skills (check appropriate box)	1	2	3
<b>Experience with:</b>				Therapeutic Communication Skills			
• Child psych units				Initiating Behavior Modification			
• Adolescent psych units				Behavioristic Charting			
• Adult psych units				Electroconvulsive Therapy			
• Locked units				Quiet Room/Timeout Room Care			
• Open units				Neurological Vital Signs			
<b>Admission of Psychiatric Patient</b>				Oxygen Administration			
<b>Initial Nursing Assessment &amp; Care Plan</b>				Cardiopulmonary Resuscitation			
<b>Participate in Milieu Therapy</b>				Assist with Lumbar Puncture			
<b>Conduct Individual Psychology</b>				<b>Experience with:</b>			
<b>Conduct Group Psychology</b>				• Wrist restraints			
<b>Experience as Charge Nurse</b>				• Leather restraints			
				<b>Performing Take Down Procedure</b>			