



SKILLS EVALUATION

The purpose of this survey is to allow us to match you to the appropriate level of responsibility. It gives the employer an opportunity to quickly ascertain your technical abilities.

Please mark the following boxes 1,2,3

1. Able to perform independently
2. Able to perform task with little supervision
3. Requiring full supervision

Name and Signature: _____

Date: _____

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1. Cardiopulmonary Resuscitation

Basic CPR

2. Airway Management

Bag & mask ventilation

Guedels airway insertion

Endotracheal intubation

Management of failed intubation

Use of laryngeal mask

Use of induction and paralyzing agents

Used of invasive mechanical ventilators

Use of noninvasive ventilators (e.g. CPAP)

3. Venous / Arterial Access

Peripheral venous access

Central venous access

Peripheral venous cut-down

Arterial line

Intra-osseous insertion

4. Cardiovascular

- ECG interpretation
- Use of thrombolytics
- Use of antiarrhythmics
- DC cardioversion
- Use of inotropes

5. Respiratory

- Pleural aspiration
- Intercostal catheter insertion

6. Gastrointestinal

- Nasogastric tube insertion
- Proctoscopy
- Sigmoidoscopy

7. Genitourinary

- Vaginal speculum exam
- Urethral catheterisation
- Suprapubic urine aspiration of children
- Suprapubic catheter insertion

8. ENT

- Nasal packing
- Use of nasal tampon
- Use of balloon tamponade

9. Ophthalmology

- Use of slit lamp
- Removal of corneal foreign body

10. Orthopaedics

- Plastering of fractures
- Fracture and dislocation management
- Use of Biers block

11. Neurology

- Lumber Puncture

12. Wound Management

- Regional anaesthesia i.e. digital nerve block
- Suturing
- Basic tendon repair