

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
Experience with:				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			
Admission of Psychiatric Patient				Oxygen Administration			
Initial Nursing Assessment & Care Plan				Cardiopulmonary Resuscitation			
Participate in Milieu Therapy				Assist with Lumbar Puncture			
Conduct Individual Psychology				Experience with:			
Conduct Group Psychology				• Wrist restraints			
Experience as Charge Nurse				• Leather restraints			
				Performing Take Down Procedure			