



ONCOLOGY CLINICAL SKILLS CHECKLIST

Date: _____

Full Name: _____

INSTRUCTIONS

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

#1 = Familiar with procedure but will usually or almost always require some assistance.

#2 = Competent and familiar with procedure: I can perform this procedure with excellence, usually without assistance.

#3 = Very competent: I have at least 12 months experience and can perform this procedure with excellence and without assistance.

NOTE: Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS:	1	2	3
PAIN MANAGEMENT			
Continuous Narcotic Infusion			
Continuous Epidural Infusion			
IV Push Narcotic Agents			
Use of Duragesic Patches			
Use of PCA Pump			
Adjuvant Medications			
Alternative Therapies			
Nonpharmacologic Strategies			
INFUSION THERAPY			
Saline/Heparin Lock Insertion			
Saline/Heparin Lock Maintenance			
Hickman			
Groshong			
PICC			
Mediport			
Portacath			
Blood Draw from Long-Term Catheters			
Draw Venous Blood			
Insert PICC Line			
CHEMOTHERAPY ADMINISTRATION			
Evaluate Pertinent Lab Data			
Calculate Body Surface Area			
Care of Patient with Extravasation			
Manage Cytotoxic Spills			
Handle Cytotoxic Agents			
Handle Body Fluids Post Chemo			
IVPB & Continuous Infusion			
IV Push			
Subcutaneous			
Intrathecal (Administer)			
Assist with Intrathecal			
Intraperitoneal			

SKILLS:	1	2	3
Intrapleural			
Intravesicular			
RADIATION THERAPY			
Provide Radiation Therapy Teaching			
Provide Special Skin Care Post-Radiation			
Brachytherapy			
Nonsealed Radioactive Therapy			
Intraoperative Radiotherapy (IORT)			
External Radiotherapy			
Total Body Irradiation (TBI)			
Radiation Safety Precautions			
BONE MARROW TRANSPLANT			
Adult BMT Experience			
BIO THERAPY			
Teaching Patients Biotherapy			
Administration of Interferons			
Administration of Interleukins			
Administration of Growth Factors			
CRISIS INTERVENTION			
SIADH			
Superior Vena Cava Syndrome			
Spinal Cord Compression			
Tumor Lysis Syndrome			
DIC			
Septicemia			
Tamponade			
Hypercalcemia			
PUMPS			
Infusaid			
Medtronic			
Therex			
Auto Syringe			
Pharmacia			

SKILLS:	1	2	3
Pancretec			
Corned			
Synchromed			
CADD			
PROTECTIVE MECHANISMS			
Care of Patient in Reverse Isolation			
Care of Neutropenic Patient			
Altered Skin Integrity			
Neuropathy			
Altered Mental Status			
Provide Mucositis and Stomatitis Care			
Care of Patient in LAF Room			
Care of AIDS Patient			
GASTROINTESTINAL			
TPN / PPN Administration			
G-Tubes / J-Tubes Feeding			
G-Tubes / J-Tubes Site Care			
Enterostomal Care			
Dobhoff Insertion			
Miller-Abbott Insertion			
NG Tube Insertion			
Colostomy Irrigation			
Colostomy Patient Teaching			
Tube Feeding Assesments			
Management of Sudden Wound			
Dihiscence			
Pediatric BMT			
Stem Cell Transplant			
Graft Rejection			
Venocclusive Disease			
Graft-Versus-Host Disease (GVHD)			

SKILLS:	1	2	3
PSYCHOSOCIAL CARE			
Kubler-Ross Stages of Grieving			
Identify Support Groups for Patients/Family			
Self-Care and Coping Skills			
Goal Setting			
Advance Directives			
Quality of Life Issues			
Death and Dying Counseling			
Hospice Care			
Patient/Family Education			
Cancer Screening and Detection			
MISCELLANEOUS			
Wound Debridement			
Wet to Dry Dressing Changes			
Care of Drains and Tubes			
Administration of Blood and Blood Products			
Administration of Synthroid			
Administration of Solu-Cortef			
Administration of Prednisone			
Administration of Decadron			
Pulse Oximetry			
Care of Patient with Graves Disease			

Certification:

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Full Name (Print): _____

Signature: _____
Retyped name acts as signature, if submitting form by email

Reviewed by _____ : Date: _____