



Applicant Name: _____
(please print)

NURSING

So that we may better assess your knowledge/skill level in specific areas of nursing responsibilities, please complete the areas that apply to your experience and/or education. Self-ratings are as follows: **(use back of form as needed for additional space)**

- A = No experience:** Hands-on or theory
- B = Theory only/No experience:** Didactic instruction only, no hands-on experience
- C = Limited experience:** Knows job function, but has done so infrequently or has less than six months experience
- D = Moderate experience:** Able to perform job function, executes the task/skill independently with only resource assistance needed
- E = Proficient/Competent:** Able to demonstrate/perform the job functions proficiently without any assistance and can instruct/teach

Example:

Patient Education	Knowledge/Skill Self Rating					Please indicate in which area of medicine you have performed this duty.
	A	B	C	D	E	
Assist with patient and family teaching				X		In Pediatrics, taught families how to care for diabetic child.

Data Collection & Assessment	Knowledge/Skill Self Rating					Please indicate the healthcare environment in which you have performed this duty. (Check all that apply)		
	A	B	C	D	E	Inpatient	Outpatient	Other (indicate):
Prepare patient for exam (vitals, weight, etc.)								
Nursing assessment of patient								
Prepare patient for testing and/or procedures								
Schedule/explain procedures/tests to patient and family								
Obtain health histories from individuals and use information to provide telephone triage, direct care, and patient education								
Maintain patient database information; participate in compiling data to evaluate its significance, including but not limited to lab results								

Please list the jobs at which you have performed the above duties. If no experience, please indicate any classes or workshops completed related to the above duties.

Documentation	Knowledge/Skill Self Rating					Method of Documentation Used (Check all that apply)	
	A	B	C	D	E	Electronic Format	Paper Format
Document patient's history, vital signs, chief complaint							
Document patient telephone calls							
Document refilled medications in chart							
Complete Nursing Plan of Care							
Other documentation (indicate):							

Please list the jobs at which you have performed the above duties. If no experience, please indicate any classes or workshops completed related to the above duties.

Medication Administration	Knowledge/Skill Self Rating					Please indicate how often you have performed this duty.				
	A	B	C	D	E	Rarely	Occasionally	Regularly	Frequently	Never
IV Therapy – line insertion and maintenance										
Pain management / scales										
Prepare and administer medications and immunizations via the appropriate route										
Parenteral – IV										
Parenteral – IM										
Parenteral – ID										
Parenteral – Subcutaneous										
Oral										
Topical										
Rectal										
Calculation										
IV Rate Calculation										
IV Pump										
Dosage Calculation										
Unit Dose System										

Please list the jobs at which you have performed the above duties. If no experience, please indicate any classes or workshops completed related to the above duties.

Education/Teaching	Knowledge/Skill Self Rating					Please indicate in which area of medicine you have performed this duty.
	A	B	C	D	E	
Interview individuals to determine patient dynamics, needs and identification of any contributing factors to illness						
Assist with patient and family teaching						
Initiate and participate in the development of patient and family education materials						
Assist with training of other healthcare staff and students						

Please list the jobs at which you have performed the above duties. If no experience, please indicate any classes or workshops completed related to the above duties.

Patient Care Delivery	Knowledge/Skill Self Rating					Please indicate the healthcare environment in which you have performed this duty. (check all that apply)		
	A	B	C	D	E	Inpatient	Outpatient	Other (indicate):
Manage acute minor illness								
Manage episodic minor illness								
Recommend and initiate treatment as indicated								
Refill medication under direction of Physician, Physician Asst., Nurse Practitioner								
Obtain precertification and referrals for managed care patients								

Please list the jobs at which you have performed the above duties. If no experience, please indicate any classes or workshops completed related to the above duties.

Clinical Research	Knowledge/Skill Self Rating					Please indicate the type or area of research/clinical trial for which you performed this duty.
	A	B	C	D	E	
Recruit clinical study participants						
Interview and evaluate potential participants						
Schedule/explain procedures/tests/research studies to patient and family						
Monitor patient's progress during clinical trials						
Assess and document compliance of research patients						
Participate with other staff to plan, perform, and assess the effectiveness of research studies with other health care providers						
Maintain patient database information, collate and prepare for publication; participate in compiling data to evaluate its significance						
Assist investigators with data collection, review of literature, methodology and writing of abstracts						
Investigate literature for references of interest to the research protocols and conducts library research						
Review potential protocols to evaluate their merit for study						
Assist Physician/Physician Asst./Nurse Practitioner and/or Principal Investigator in writing manuscripts and/or preparation for conferences						
Assist department administration with fiscal management of studies including budget development, funding needs, etc.						

Please list the jobs at which you have performed the above duties. If no experience, please indicate any classes or workshops completed related to the above duties.

Quality Control/Administrative Duties	Have you performed this duty?		If yes, please indicate the capacity in which you have performed this task. (check all that apply)				
	No	Yes	Lead worker	Immediate supervisor	Manager	Administrator	Other (indicate):
Monitor the quality of services performed by staff with regard to relevant policies and procedures							
Ensure the services provided by the nursing staff met the expectations of patients and Physician/Physician Asst./Nurse Practitioner							
Develop, execute, and/or take part in patient care audits for a quality assurance program							
Develop, evaluate, and modify nursing policies, procedures, and standards of care							
Meet regularly with administration to assess/resolve operational issues and/or evaluating progress toward objectives							
Conduct staff meetings to ensure presentation of departmental information, policy and procedure review, and quality assurance							
Perform or assist in the implementation of regulation and policies in the department (e.g. OSHA, etc.)							
Assist in interviewing and hiring							
Coordinate orientation and training for new staff							
Develop annual goals and objectives to monitor employee performance							
Conduct employee evaluations							
Evaluate and counsel employees							
Participate in employee disciplinary process							
Approve employee sick and vacation time							

Please list the jobs at which you have performed the above duties. If no experience, please indicate any classes or workshops completed related to the above duties.

I hereby affirm that I have accurately represented my experiences in this addendum, and I understand that misrepresentation or omission of facts called for may constitute grounds for rejection of application or for termination of employment from Southern Illinois University School of Medicine (SIU-SM).

Signature _____ Date _____

03/2009

REFERRAL PREFERENCE FORM for HEALTHCARE OCCUPATIONS

Applicant Name: (please print) _____

SIU School of Medicine offers employment opportunities in a wide variety of medical specialties. To make our referral process more efficient and ensure that you are contacted only for those areas in which you are interested, we ask that you review the list of departments and specialty areas below and check any in which you are **not interested**. You will not be contacted for any areas checked, but will remain in active status for areas not checked. You may amend your areas of interest at any time by submitting your request in writing to our office. **Please Note:** It is imperative that you keep current phone numbers on file with our office so that departments can reach you in a timely manner to schedule interviews.

PLEASE CLEARLY CHECK ALL AREAS FOR WHICH YOU ARE **NOT INTERESTED** IN BEING CONTACTED:

- ALZHEIMER'S DISEASE & RELATED DISORDERS**
- CANCER INSTITUTE**
- FAMILY & COMMUNITY MEDICINE**
Includes OB and primary care for infants, children, adolescents, and adults
- FLOAT POOL – SIU PHYSICIANS & SURGEONS**
- INTERNAL MEDICINE** (mark this box only if not interested in all areas of Internal Medicine)

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Med/Psych
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Endocrinology & Metabolism	<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> General Internal Medicine	<input type="checkbox"/> Hematology/Oncology
<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Rheumatology
- NEUROLOGY**
- OBSTETRICS & GYNECOLOGY** (mark this box only if not interested in all areas of OB/GYN)

<input type="checkbox"/> General OB/GYN	<input type="checkbox"/> Maternal/Fetal Medicine
<input type="checkbox"/> Gynecologic Oncology	<input type="checkbox"/> Reproductive Endocrinology & Infertility
- PEDIATRICS** (mark this box only if not interested in all areas of Pediatrics)

<input type="checkbox"/> Cardiology	<input type="checkbox"/> Genetics and Metabolism
<input type="checkbox"/> Child Psychology	<input type="checkbox"/> Hematology/Oncology
<input type="checkbox"/> Critical Care Medicine	<input type="checkbox"/> Infectious Diseases
<input type="checkbox"/> Developmental & Behavioral Dietetics & Nutrition	<input type="checkbox"/> Nephrology
<input type="checkbox"/> General Pediatrics	<input type="checkbox"/> Neurology
- PSYCHIATRY** (mark this box only if not interested in all areas of Psychiatry)

<input type="checkbox"/> General Psychiatry	<input type="checkbox"/> Community Support Network
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- SURGERY** (mark this box only if not interested in all areas of Surgery)

<input type="checkbox"/> Breast Center	<input type="checkbox"/> Plastic & Reconstructive Surgery
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Renal Transplantation
<input type="checkbox"/> Hand Therapy	<input type="checkbox"/> Surgical Oncology
<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Trauma
<input type="checkbox"/> Orthopaedics & Rehabilitation	<input type="checkbox"/> Urology
<input type="checkbox"/> Otolaryngology (ENT)	<input type="checkbox"/> Vascular

I am interested in being contact for positions that are:

Full Time Only
 Part Time Only (Less than 37.5 hours/week)
 Either

Applicant Signature _____ Last 4 digits of SSN for verification _____ Date _____