

## **Assessment of Acute Care Skills**

MSN & BSN to DNP: Nurse Practitioner

Name:							Date:				
Place of employment:						Start date:					
						End o					
								IF APPLI	CABLE		
HOW FREQUENTLY DO YOU PERFORM THE FOLLOWING SKILLS? Check the appropriate box.											
<u>Skill</u>	Neve		Daily	2-3 tim		Week		Biweekly Monthly		<u>N/A</u>	
Complete hands-on physical assessment											
Obtain health history											
Perform patient documentation											
Use electronic health record (EHR)											
TELL US ABOUT YOUR CURRENT ASSESSMENT SETTING. Circle the appropriate response.											
Characterize your current work setting.	Acute Care Long-Term Care Clini							nic			
How many years have you worked in your curre role? Circle the most appropriate timeframe.	nt		Less th		1 – 2 years		2 – 5 years		More than 5 years	Not applicable	
How many beds are in the setting where you currently work?		1 – 50 beds	5	1 – 100 beds	_	– 150 eds	_	L – 200 peds	More than 200 beds	Not applicable	
Total years of nursing experience:			Less th 1 yea		1 – 2 ye	ars	2 – 5 y	years	5 – 10 years	More than 10 years	
WHAT PHYSICAL ASSE	SSME	NT SK	ILLS DC	YOU	PERFOR	M ON	A RE	GULAR	BASIS?		
Student signature:						Date	e:				
								_			

Submit completed form to the Clarkson College Admissions office.