# APP Clinical Competency Self-Assessment

Please evaluate yourself honestly with a rating of 1-5.

Use the scale:

* 1 - needing more education or training
* 5 - able to teach others how to evaluate this type of patient

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| **Patient Complaint** |  |  |  |  |  |
| Chest Pain |  |  |  |  |  |
| Asthma |  |  |  |  |  |
| COPD |  |  |  |  |  |
| Syncope |  |  |  |  |  |
| Nephrolithiasis |  |  |  |  |  |
| Hyper/Hypoglycemia |  |  |  |  |  |
| Transient Ischemic Attack |  |  |  |  |  |
| Pyelonephritis |  |  |  |  |  |
| Cellulitis |  |  |  |  |  |
| DVT |  |  |  |  |  |
| Closed Head Injury |  |  |  |  |  |
| Abdominal Pain |  |  |  |  |  |
| Tachyarrhythmia |  |  |  |  |  |
| GI Bleed |  |  |  |  |  |
| Congestive Heart Failure |  |  |  |  |  |
| Pneumonia |  |  |  |  |  |
| Headache |  |  |  |  |  |
| Allergic Reaction |  |  |  |  |  |
| Pharyngitis/Tonsillitis |  |  |  |  |  |
| Low Back Pain |  |  |  |  |  |
| Anemia |  |  |  |  |  |
| Diverticulitis |  |  |  |  |  |
| Vertigo |  |  |  |  |  |
| Hypertensive Urgency |  |  |  |  |  |
| Pneumothorax |  |  |  |  |  |
| Intractable Pain |  |  |  |  |  |
|  |  |  |  |  |  |
| **Procedure** |  |  |  |  |  |
| EKG analysis |  |  |  |  |  |
| Incision & Drainage |  |  |  |  |  |
| Nasal Packing |  |  |  |  |  |