

## Pre-course Self Assessment/Information Questionnaire Comprehensive Advanced Life Support: Provider Course

*Please, provide the following information and assess your competency in performing the list of skills. The information helps determine if we are emphasizing the right skills at the CALS Provider Course.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(CIRCLE) MD DO RN LPN PA/NP EMT-P RRT OTHER \_\_\_\_\_

Date and location of CALS Provider Course: \_\_\_\_\_

How did you hear about this course? \_\_\_\_\_

How did you register?       Through hospital       Individually

Gender:       Male       Female

Age:      18-25      26-35      36-50      50+

Years of clinical experience?    1-5      6-10      11-15      15-20      20+

What hospital/clinic are you affiliated with? \_\_\_\_\_

Number of patient beds in your hospital? \_\_\_\_\_ Number of ED beds? \_\_\_\_\_

Check the category that best describes your clinical practice:

OB    Neonate    Pediatrics    ICUs    ED    EMS    Float    Med/Surg   Other \_\_\_\_\_

If you are a MD, what is your primary specialty? \_\_\_\_\_

If you are a MD, do you cover the emergency department?    Yes \_\_\_ No \_\_\_

Does your practice include obstetrics?    Yes \_\_\_ No \_\_\_

Do you do cesarean sections?    Yes \_\_\_ No \_\_\_

Does your hospital have a team activation policy?    Yes \_\_\_ No \_\_\_

How are team responsibilities assigned?  
\_\_\_\_\_  
\_\_\_\_\_

From your experience working as part of a team, how would you rate team effectiveness?

Poor \_\_\_      Variable \_\_\_      Always Good \_\_\_

What do you hope to gain from this course? (Write on back)

Have you attended the Benchmark lab in the last four years?    Yes \_\_\_ No \_\_\_

**Before you take the course please assess your competency to perform each skill.** Place an “X” in the box that is most appropriate. Skills covered in the CALS Provider Course only are marked with an \*.

<b>SKILL</b>	<b>Competent before class. Need only slight reminders.</b>	<b>I need additional instruction to perform or assist with this procedure.</b>
1. Adult Intubation/RSI		
2. Peds intubation/RSI		
3. Methods of Tracheal Intubation Confirmation		
4. King Airway		
5. LMA/ILMA		
6. Use of Bougie		
7. Cricothyrotomy		
8. Transtracheal needle vent		
9. EZ-IO Placement		
10. External Cardiac Pacing		
11. Skull trephination		
12. Needle thoracostomy		
13. Use of Tourniquets		
14. ECG interpretation		
15. Defibrillation/Cardioversion		
16. Use of Ultrasound for Line Placement		
17. Thrombolytics – How to Administer &When		
18. OB delivery		
19. Shoulder dystocia		
20 Umbilical vein cannulation		
21. Adult/Pediatric/Neonatal CPR		

Comments:

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