

CVOR RN FIRST ASSIST KNOWLEDGE & SKILLS CHECKLIST

| | | |
|------------|------|-----------|
| First Name | MI | Last Name |
| SSN | Date | |

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Choose 1 for Limited Experience through 4 for Very Experienced. Evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

Limited Experience 1 2 3 4 Very Experienced

| | 1 | 2 | 3 | 4 |
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| | | | | |
| 1. Abdominal Aortic Aneurysm – "Triple A" | | | | |
| 2. AICD Insertion | | | | |
| 3. Aortic Arch Replacement/ Valve Conduit | | | | |
| 4. Aorto/Iliac/Femoral Graft | | | | |
| 5. Arterial Stenting/Angioplasty | | | | |
| 6. Atrial Septal Defect | | | | |
| 7. AV Shunt/Fistula/Graft | | | | |
| 8. Carotid Endarterectomy | | | | |
| 9. Chamberlain Procedure | | | | |
| 10. Chest Tube Insertion | | | | |
| 11. Coronary Artery By-Pass | | | | |
| 12. Descending Aortic Repair | | | | |
| 13. Endoscopic Vein Harvesting | | | | |
| 14. Esophagectomy | | | | |
| 15. Esophageal Repair | | | | |
| 16. Femoral Artery Cannulation | | | | |
| 17. Femoral/Popliteal By-Pass Graft | | | | |
| 18. First Rib Resection | | | | |
| 19. Gastric Artery Harvest | | | | |
| 20. Heatport | | | | |
| 21. Heart/Lung Transplant | | | | |

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 22. Intra Aortic Balloon Insertion | | | | |
| 23. LVAD/RVAD | | | | |
| 24. Mediastinoscopy | | | | |
| 25. Mitral Valve Replacement | | | | |
| 26. Multiple Valve Transposition | | | | |
| 27. Pacemaker Insertion | | | | |
| 28. Pectus Excavatum Correction | | | | |
| 29. Pericardectomy | | | | |
| 30. Pediatric Hearts | | | | |
| 31. Pericardial Window | | | | |
| 32. Pneumonectomy/Lobectomy | | | | |
| 33. Portacath/Tesio/ Hickman Placement | | | | |
| 34. Radial Vein Harvest | | | | |
| 35. Saphenous Vein Harvest | | | | |
| 36. Thoracoplasty | | | | |
| 37. Thoracoscopy | | | | |
| 38. Thorocotomy | | | | |
| 39. Thrombectomy | | | | |
| 40. Tracheal Resection | | | | |
| 41. Transthoracic Diaphragmatic Herniorrhaphy | | | | |
| 42. Vena Cava Filter Insertion | | | | |
| 43. Ventricular Aneurysm Repair | | | | |

Signature _____

Date _____