Applicant Clinical Experience

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please evaluate the applicant according to the listed clinical skills, how often the skills were encountered in practice, and the independence with which the applicant was able to accomplish these skills.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number managed an average each week | Number managed independently | Number managed with assistance | No experience |
| Arterial line monitoring |  |  |  |  |
| CVP Monitoring |  |  |  |  |
| Pulmonary Artery Pressure Monitoring |  |  |  |  |
| Intra-aortic Balloon Pump  |  |  |  |  |
| Vasoactive drugs |  |  |  |  |
| Mechanical ventilators |  |  |  |  |
| Intracranial Pressure Monitoring |  |  |  |  |
| Ventricular Assist Devices |  |  |  |  |
| ECHMO |  |  |  |  |

Current Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_