

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

# Skills Checklist

## NURSE CASE MANAGER SELF-ASSESSMENT SKILLS CHECKLIST

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

**Level of Proficiency:**

1. Can function independently
2. Experienced but may need review
3. Limited experience
4. No experience

**Skilled Environments**      1   2   3   4

- Acute Care/ Hospital .....
- Managed Care.....
- SNF/ Long term care.....
- Other Environments (list).....

**Case Management**      1   2   3   4

- Written communication skills.....
- Verbal communication skills.....
- Negotiation skills.....
- Computer skills.....
- Ability to prioritize.....
- Concurrent Review.....
- Retrospective Review.....
- Disability Review.....
- Long term/ Short term disability case management.....
- Workers Compensation Review.....
- Telephonic case management.....
- Workers Compensation Case Management.....
- PAC- Pre certification/ pre- admission certification.....
- CSR- Continued Stay Review.....
- MCM- Medical Case Management.....
- DP/ DCP- Discharge Planning.....
- ISD- A Interqual- criteria for hospital admissions.....
- Intensity of service- diagnosis and therapeutic services.....
- Discharge screens- specific indicators of patients ability.....
- Appropriateness of care- special diagnosis and therapeutic procedures.....
- DRG- Diagnosis related grouping.....
- (exempt and non exmpt states)
- ECD- 9- CM.....
- CPT.....
- SSO.....
- SIMS- Interqual- criteria for SSO waiver.....
- Miliman and Robertson Criteria.....

PPR- Prospective Procedure Review.....

PA- Physician Advisor.....

EMR Systems.....      
(Electronic Medical Records)

**Age Specific**      1   2   3   4

Infant (Birth to 1 year).....

Toddler (1-3 years).....

Pre- School (3-6 years).....

School Age (6-12 years).....

Adolescent (12-18 years).....

Young Adult (18-30 years).....

Mature Adult (30-60 years).....

Elderly ( >60 years).....

Years of Experience in Clinical Speciality: \_\_\_\_\_

Years of Experience in Case Management: \_\_\_\_\_

Most recent Facility worked at: \_\_\_\_\_

**Credentialing and Expiration Dates**

Yes   No

Are you BCLS Certified?.....    
Exp Date: \_\_\_\_\_

Are you ACLS Certified?.....    
Exp Date: \_\_\_\_\_

Are you NRP Certified?.....    
Exp Date: \_\_\_\_\_

Are you Pals Certified?.....    
Exp Date: \_\_\_\_\_

Are you CCRN Cerified?.....    
Exp Date: \_\_\_\_\_

Are you CCM Certified?.....    
Exp Date: \_\_\_\_\_

**Additional Certifications:**

Certification: \_\_\_\_\_  
Exp Date: \_\_\_\_\_

Certification: \_\_\_\_\_  
Exp Date: \_\_\_\_\_

Have had at least one year of experience with case management within the last 3 years .....

Signature: \_\_\_\_\_ Date: \_\_\_\_\_