



# Competency Indicator Tool Maternal Newborn Care Registered Nurse

**Employee Name:** \_\_\_\_\_

## **Preamble:**

This Competency Indicator Tool was designed by the Southwestern Ontario Maternal Newborn Child and Youth Network in collaboration with representation from the Faculty of Nursing, Western University, London, Ontario and nursing leaders from Level I, II and III hospitals throughout the region. The tool is intended to assist nurse orientees to build confidence in the skills and knowledge necessary for the care of mothers and newborns during the perinatal period. It also offers preceptors and nurse managers a means by which to provide educational support, and constructive feedback while evaluating and monitoring the nurse's progress in skill development.

According to the College of Nurses of Ontario competency is defined as "the nurse's ability to use his/her knowledge, skill, judgment, attitudes, values and beliefs to perform in a given role, situation and practice setting." (College of Nurses of Ontario, 2002, p 5). Each nurse has the responsibility to ensure on an ongoing basis that his /her competencies are relevant and current.

The tool requires that both the learner and the preceptor make an assessment of the learner's skill based on Benner's Model of Skill Acquisition in Nursing (1984) which describes the characteristics of performance at five different levels of proficiency. The following is a description of these levels of skill:

**Stage 1 – Novice:** This level is characterized by rule-governed behaviour, as the novice has no experience of the situation upon which to draw

**Stage 2 - Advanced Beginner:** The advanced beginner is one who has had sufficient prior experience of a situation to deliver marginally acceptable performance. Advanced beginners need adequate support from mentors, supervisors and colleagues in the practice setting.

**Stage 3 – Competent:** This stage is characterized by conscious, deliberate planning based upon analysis and careful deliberation of situations. The competent practitioner is able to identify priorities and manage their own work and benefit from learning activities that centre on decision making, planning and coordinating patient care

**Stage 4 – Proficient:** The proficient practitioner is able to perceive situations holistically and can therefore hone in directly on the most relevant aspects of a problem. Proficiency is normally found in practitioners who have worked in a specific area of practice for several years. Inductive teaching strategies such as case studies are most useful at this stage.

**Stage 5 – Expert:** This stage is characterized by a deep understanding and intuitive grasp of the total situation; the expert develops a feel for situations and a vision of the possibilities in a given situation. Critical incident technique is a useful way of attempting to evaluate expert practice, but Benner considers that not all practitioners are capable of becoming experts. (The Resource Group for Healthcare Professionals, 2012)

Underpinning the use of this tool is the acknowledgement that childbearing is a normal process. Some women and newborns, however, will encounter risk factors that may require transfer of care to a higher level centre for ongoing assessment and more complex interventions. Perinatal nursing care should be woman - centred such that the woman's "needs are addressed within the context of the family (however, defined by the woman), the environment and the community. Mutual trust and collaboration between the woman, her family and health care professionals is integral to this model and recognizes the validity of the woman's life experiences, her own beliefs and experiences of health. Every woman should be provided with the opportunity to achieve, sustain and maintain health, as defined by that woman herself, to her full potential." (London Health Sciences Centre, 2006, p 2)

## How to Use this Tool:

**Nurse Orientee:** Educational opportunities for the nurse orientee will be initiated at the nurse's hospital of employment but may be enhanced by clinical opportunities arranged in partnership with other institutions as needed. Prior to clinical placement at a partner hospital, it is expected that the nurse orientee has initiated her skill review using the Competency Indicator Tool at her home hospital. It is recommended that the nurse has also had training in neonatal resuscitation and fetal health surveillance prior to clinical placement at another facility. Additional education as may be deemed necessary by the hospital of employment, may also be required prior to hire or clinical placement (e.g. Maternal Newborn Nursing course). Nurses are encouraged to be self-directed by taking the opportunity for learning new skills whenever possible. The nurse will indicate her level of competence for each skill under the "Self-Assessment" columns as she completes them. The key for Benner's Stages of Skill Acquisition is listed on the bottom of each page. Nursing leadership will indicate skills that will not be applicable for her learning (N/A) in accordance with the level of care provided at the hospital where she is employed. The nurse should indicate the method she has used to review information / technique for a specific skill. This learning tool is also intended to be completed by the nurse on clinical placement at the partner institution.

**Preceptor:** Prior to mentoring the nurse orientee, preceptors are encouraged to visit the *Preceptor Education Program for Health Professionals and Students* (Bossers. A. et al, 2012) and complete the learning modules. The preceptor must also complete the nurse's copy of the Competency Indicator Tool by assessing the orientee using Benner's Stages of Skill Acquisition under the section entitled 'Assessment by Preceptor'. An attempt should be made to provide learning opportunities for each required skill that has not yet been completed successfully. The preceptor can also indicate the method of review and the method of evaluation used for each skill. The preceptor will date and sign off each skill that has been completed. The bottom of each page also requires the preceptor's printed name and signature. It is recommended that the preceptor keep a copy of the Competency Indicator Tool for her own reference.

Both the nurse and the preceptor are encouraged to write comments about the learning experience on the last page of the tool.

## REFERENCES

Bossers. A. et al. (n.d.). *Preceptor Education Program (PEP) for Health Professionals and Students*. Retrieved Sept. 6, 2013, from

<http://www.preceptor.ca/index.htm>

College of Nurses of Ontario. (2002). *Practice Standard: Professional Standards*. Retrieved September 6, 2013, from

[http://www.cno.org/Global/docs/prac/41006\\_ProfStds.pdf](http://www.cno.org/Global/docs/prac/41006_ProfStds.pdf)

London Health Sciences Centre. (2006, October). Registered Nurse - Staff Specific to the Perinatal Nurse.

Professionals, N. T. (2011). *The Resource Group for Healthcare Professionals Skills Acquisition in Clinical Practice*. Retrieved Sept. 6, 2013, from NTRG The

Resource Group for Healthcare Professionals : [http://www.ntrg.u-net.com/html/skills\\_acquisition\\_in\\_clinical.html](http://www.ntrg.u-net.com/html/skills_acquisition_in_clinical.html)

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Method of Review Key:	Method of Evaluation Key:	Self-Assessment by Employee					Method of Review  (Use Key on Left)	Assessment by Preceptor					Date  (dd/mm/yyyy)	Initials
		4	3	2	1	NA		4	3	2	1	NA		
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**I. SAFETY / INFECTION PREVENTION & CONTROL**

Utilizes appropriate PPE														
Able to respond appropriately to emergent situations														
Ensures safety and security of the newborn														
Working knowledge of adult code cart														
Demonstrates appropriate disposal of biological waste														

**II. DOCUMENTATION / COMMUNICATION**

Reviews all hospital perinatal policies / guidelines														
Completes patient information from antenatal records and/or pre-admit chart														
Completes admission and transfer paperwork														
Completes forms demonstrating comprehensive, individualized care such as: <ul style="list-style-type: none"> <li>OBS Triage Record</li> </ul>														

NA – Novice: Not a skill that I have learned or developed; 1 – Advanced Beginner: Familiar but require guidance; 2- Competent: have basic experience, support required; 3-Proficient: Solid experience, recognize deviations, has an ability to respond independently; 4-Expert: vast experience; intuitive knowledge

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• Labour Record														
• Summary of Birth														
• Progress notes														
• SBAR / CHAT Tool (if utilized at hospital)														
•														
•														
Completes MAR, Kardex and flow sheets														
Documents ongoing family teaching/communication														
Verbalizes an understanding of how and when informed consent is to be used														
Completes telephone orders														

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**III. PROVISION OF CARE**

<b>a. Screening and Care of the At-Risk Family</b>													
Demonstrates ability to screen for and respond to signs of domestic violence													
Verbalizes an awareness of responsibilities unique to Labour and Birth staff under the Child Protection Act													
<b>b. Care of Antenatal Patients:</b>													
Demonstrates an understanding of the Preadmission process:													
• Takes a preadmission history													
• Discusses and documents birth plan													
• Draws all relevant blood work													
• Completes all relevant consent forms													
• Conducts patient teaching / tour as needed													

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Demonstrates the ability to correctly auscultate the fetal heart rate (no labour)														
Demonstrates the ability to perform a NST:														
<ul style="list-style-type: none"> <li>Applies the monitor appropriately</li> </ul>														
<ul style="list-style-type: none"> <li>Offers accurate patient teaching</li> </ul>														
<ul style="list-style-type: none"> <li>Demonstrates the ability to correctly assess and document results</li> </ul>														
<ul style="list-style-type: none"> <li>Appropriately informs the most responsible health care provider</li> </ul>														
Accurately performs / documents a triage assessment														
<b>c. Care of the Patient Requiring Induction/Augmentation of Labour</b>														
Verbalizes knowledge of evidence-informed indications and contraindications for induction														

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Verbalizes a knowledge of the process of cervical ripening procedures and monitoring and demonstrates ability to assist with :  <ul style="list-style-type: none"> <li>Cervical foley catheter insertion</li> </ul>														
<ul style="list-style-type: none"> <li>Prostaglandin insertion</li> </ul>														
<ul style="list-style-type: none"> <li>Post - procedure monitoring</li> </ul>														
Appropriately monitors the patient who has had spontaneous rupture of membranes (S.R.O.M.) or artificial rupture of membranes (A.R.M.)														
Verbalizes an awareness of national guidelines re: administration of oxytocin for induction / augmentation of labour														
Appropriately prepares and initiates infusion and titrates IV oxytocin for induction /augmentation of labour.														
Verbalizes potential complications of oxytocin administration such as uterine tachysystole, water intoxication and fetal compromise														

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Observes and participates in the care of patients being induced / augmented in labour.														
<b>d. Fetal Health Surveillance (FHS) During Labour:</b>														
Verbalizes an awareness of evidence-informed indications for: <ul style="list-style-type: none"> <li>Intermittent Auscultation</li> </ul>						S-FHS manual E-Work shop								
<ul style="list-style-type: none"> <li>Electronic Fetal Monitoring               <ul style="list-style-type: none"> <li>Internal</li> <li>External</li> </ul> </li> </ul>														
Verbalizes a knowledge of the physiological basis of FHS						S-FHS manual E-Work shop								
Verbalizes a knowledge of the physiology of fetal acidemia						S-FHS manual E-Work shop								

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Demonstrates ability to initiate & monitor intrauterine activity <ul style="list-style-type: none"> <li>By palpation</li> </ul>													
<ul style="list-style-type: none"> <li>Using tocodynamometer</li> </ul>													
Demonstrates an understanding of fetal heart rate characteristics /patterns and implications for fetal well-being						S –FHS manual E -Work shop							
Demonstrates an awareness of current terminology to communicate & document FHR patterns						S –FHS manual E -Work shop							
Documents the essential components of FHR assessments													
Verbalizes an understanding of how to adapt fetal monitoring to reflect changes in maternal care such as for: <ul style="list-style-type: none"> <li>Augmentation</li> </ul>						S –FHS manual E- Work shop							
<ul style="list-style-type: none"> <li>Epidural</li> </ul>													

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• Narcotic administration															
• Rupture of amniotic membranes															
Demonstrates ability to initiate interventions for atypical and abnormal fetal heart rate patterns															
Demonstrates ability to collect cord gases															
<b>e. Care of the Women Through the Stages of Labour and Birth:</b> <ul style="list-style-type: none"> <li>• First stage</li> <li>• Second stage</li> <li>• Third stage</li> </ul>															
Accurately assesses and documents the maternal and fetal status on admission															
Reviews the woman's birth plan and collaborates with her to incorporate her wishes into care where possible															
Performs a systematic assessment of fetal position and presentation using Leopold's Manoeuvres															

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Verbalizes / demonstrates ability to adapt monitoring frequency and interventions based on maternal / fetal assessments														
Provides ongoing assessment & documentation of maternal / fetal status following evidence-informed standards of care including:														
<ul style="list-style-type: none"> <li>Maternal vital signs</li> </ul>														
<ul style="list-style-type: none"> <li>Fetal well-being</li> </ul>														
<ul style="list-style-type: none"> <li>Uterine activity</li> </ul>														
<ul style="list-style-type: none"> <li>Labour Progress</li> </ul>														
<ul style="list-style-type: none"> <li>Pain &amp; response to comfort measures</li> </ul>														
<ul style="list-style-type: none"> <li>Emotional needs</li> </ul>														
<ul style="list-style-type: none"> <li>Bloody show / vaginal bleeding</li> </ul>														
<ul style="list-style-type: none"> <li>Amniotic fluid</li> </ul>														
<ul style="list-style-type: none"> <li></li> </ul>														

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Demonstrates ability to proficiently perform vaginal examinations to:														
<ul style="list-style-type: none"> <li>Assess labour progress</li> </ul>														
<ul style="list-style-type: none"> <li>Determine the need for nursing interventions and timing of medications</li> </ul>														
Administers appropriate IV fluids during labour														
Maternal position changes are offered and encouraged														
Demonstrates ability to accurately identify the beginning of the second stage of labour														
Verbalizes a knowledge of the physiology of pushing and the potential significance for the woman and fetus														
Utilizes evidence-informed practices to coach pushing														
Verbalizes appropriate interventions for the following obstetrical emergencies:														
<ul style="list-style-type: none"> <li>Cord prolapse</li> </ul>														

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• Shoulder Dystocia														
• Postpartum Hemorrhage														
As opportunity allows, observes the management of:														
• Cord prolapse														
• Shoulder Dystocia														
• Postpartum Hemorrhage														
As opportunity allows, observes														
• Forceps – assisted birth														
• Vacuum extraction – assisted birth														
As opportunity allows, demonstrates ability to effectively assist MRP with :														
• Forceps assisted birth														
• Vacuum assisted birth														

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Verbalizes knowledge of perineal lacerations including:														
• Anatomy														
• Significance														
• Nursing implications														
Demonstrates ability to assess level of pain and response to intervention(s)														
Accurately assesses and monitors women receiving narcotic analgesia														
Demonstrates appropriate handling and disposal of narcotics														
Demonstrates the ability to accurately assess and monitor the woman before, during and after epidural / spinal anesthesia insertion														

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Demonstrates a working knowledge of how to administer the following analgesic agents and how to assess and monitor the woman using: <ul style="list-style-type: none"> <li>• PCA narcotic administration (Fentanyl / Remifentanyl)</li> </ul>													
<ul style="list-style-type: none"> <li>• Morphine</li> </ul>													
<ul style="list-style-type: none"> <li>• Nitrous Oxide</li> </ul>													
<ul style="list-style-type: none"> <li>• Epidural (Bupivacaine/ Ropivacaine)</li> </ul>													
<ul style="list-style-type: none"> <li>• Epimorph</li> </ul>													
<ul style="list-style-type: none"> <li>•</li> </ul>													
Provides educational and emotional support to the woman and support people throughout the labour and birth process													

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<b>P</b> = Protocol/Procedure Review <b>E</b> = Education Session <b>S</b> = Self Learning Package <b>C</b> = Clinical Practice <b>D</b> = Demonstration	<b>O</b> = Observation (in clinical setting) <b>RD</b> = Return Demonstration <b>T</b> = Written Test <b>V</b> = Verbal Review													

Verbalizes and / or demonstrates ability to adapt care practices to meet the needs of women with special care needs such as:														
• Adolescents														
• Women with a history of or current experience with sexual abuse														
• Mental health issues														
• Substance Use														
• Limited support systems														
•														
Verbalizes and /or demonstrates awareness of the process to acquire products from Blood Bank														
Follows Policy and Procedure for Blood Product administration														
Verbalizes an understanding of blood types and compatibilities														

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Assesses for transfusion reaction and responds appropriately														
Accurately completes all necessary documents re: labour / birth e.g.: <ul style="list-style-type: none"> <li>Labour Record (partogram)</li> </ul>														
<ul style="list-style-type: none"> <li>Progress Notes</li> </ul>														
<ul style="list-style-type: none"> <li>Birth Summary</li> </ul>														
<ul style="list-style-type: none"> <li>Neonatal Resuscitation Record (as needed)</li> </ul>														
<ul style="list-style-type: none"> <li></li> </ul>														
<ul style="list-style-type: none"> <li></li> </ul>														
Assesses and assigns Apgar scores appropriately.														
<b>f. Care of the Woman Requiring Cesarean Section</b>														
Demonstrates ability to provide immediate pre-operative assessments and care for planned C/S patient														

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Understands roles and responsibilities in an emergency situation														
Provides emotional educational support to the woman and her support persons														
Observes a Cesarean Section.														
<b>g. Care of the Family During the Postpartum Period:</b>														
Verbalizes knowledge of maternal anatomical and physiological changes														
Verbalizes / demonstrates strategies to support maternal and family attachment														
Provides ongoing assessment of psychological status to promote the healthy development of maternal-infant attachment and maternal confidence														
Identifies risk factors for parenting and assists in obtaining appropriate referrals and assistance														

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Method of Review Key:	Method of Evaluation Key:	Self-Assessment by Employee					Method of Review  (Use Key on Left)	Assessment by Preceptor					Date	Initials
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Demonstrates appropriate frequency of maternal assessments during the 4 <sup>th</sup> stage of labour (ideally q15 min.) including:															
• TPR BP															
• Uterine fundus, consistency and position															
• Lochia															
• Perineal lacerations															
• Episiotomy															
• Abdominal incision (for C/S pts.)															
• Comfort level															
Also assesses:															
• Haemorrhoids															
• Urinary function															
• Parent infant bonding															

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<ul style="list-style-type: none"> <li>Breastfeeding during the 1 – 2 hours following birth</li> </ul>														
Provides pain relief and comfort measures appropriately.														
Provides accurate assessment of and documents the status of the:														
<ul style="list-style-type: none"> <li>Breasts/ nipples</li> </ul>														
<ul style="list-style-type: none"> <li>Uterine involution</li> </ul>														
<ul style="list-style-type: none"> <li>Abdominal incision (C/S)</li> </ul>														
<ul style="list-style-type: none"> <li>Lochia</li> </ul>														
<ul style="list-style-type: none"> <li>Perineal lacerations</li> </ul>														
<ul style="list-style-type: none"> <li>Episiotomy</li> </ul>														
<ul style="list-style-type: none"> <li>Urinary function</li> </ul>														
<ul style="list-style-type: none"> <li>Haemorrhoids</li> </ul>														
<ul style="list-style-type: none"> <li>Bowel function</li> </ul>														

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<ul style="list-style-type: none"> <li>Signs of phlebitis</li> </ul>														
<ul style="list-style-type: none"> <li>Comfort level during the woman's postpartum stay</li> </ul>														
Identifies and administers Hepatitis prophylaxis to susceptible patients														
Identifies and administers MMR to susceptible patients														
Ascertains the woman's educational needs based on interview and observation														
Provides, documents and teaches the appropriate care of:														
<ul style="list-style-type: none"> <li>Breasts / nipples</li> </ul>														
<ul style="list-style-type: none"> <li>Abdominal incision</li> </ul>														
<ul style="list-style-type: none"> <li>Perineum</li> </ul>														
<ul style="list-style-type: none"> <li>Haemorrhoids</li> </ul>														
<ul style="list-style-type: none"> <li>Bowel / bladder function</li> </ul>														
<ul style="list-style-type: none"> <li>Pain management</li> </ul>														

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•															
Provides and documents appropriate discharge teaching re:															
• Self care															
• Infant assessment / care															
• Breastfeeding															
• Lactation suppression for women planning to bottle feed															
• Post – operative care (C/S)															
• Expected emotional adaptation															
• Community resources															
•															
Accurately completes the Parkyn Tool															
Makes appropriate referrals as needed															

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Accurately completes appropriate documentation re: maternal readiness for discharge															
<b>h. Care of the Newborn</b>															
Verbalizes a knowledge of the newborn physiologic adaptation to extra-uterine life															
Accurately completes a head-to-toe newborn assessment:															
<ul style="list-style-type: none"> <li>On admission</li> </ul>															
<ul style="list-style-type: none"> <li>On discharge</li> </ul>															
Correctly administers:															
<ul style="list-style-type: none"> <li>Erythromycin eye ungt.</li> <li>Vit. K (IM)</li> </ul>															
Correctly collects blood sampling for the Newborn Screening Ontario (NSO) Program															
Ensures that all newborns receive a newborn hearing test prior to discharge ( or that appropriate referrals are made post discharge)															

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Assists with circumcision and ensures appropriate analgesic is administered as per orders														
Demonstrates and teaches appropriate post circumcision care														
Provides appropriate role modeling and teaching of newborn care i.e.:														
<ul style="list-style-type: none"> <li>Breastfeeding</li> </ul>														
<ul style="list-style-type: none"> <li>Baby bath</li> </ul>														
<ul style="list-style-type: none"> <li>Care of the uncircumcised infant</li> </ul>														
<ul style="list-style-type: none"> <li>Diapering</li> </ul>														
<ul style="list-style-type: none"> <li>Handling</li> </ul>														
<ul style="list-style-type: none"> <li>Prevention of SIDS (including appropriate positioning of newborn)</li> </ul>														
<ul style="list-style-type: none"> <li>Period of Purple Crying Program</li> </ul>														
<ul style="list-style-type: none"> <li></li> </ul>														

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Provides appropriate information re: formula preparation / bottle feeding as needed														
Accurately completes appropriate documentation re: newborn readiness for discharge														
Discusses signs / symptoms and management of:														
• GBS sepsis in the newborn														
• Jaundice														
• Respiratory distress														
• Hypoglycaemia														
• Cold stress														
•														
•														
•														
•														

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<b>i. Care of the Woman Experiencing:</b> <ul style="list-style-type: none"> <li>• Preterm Labour</li> <li>• Pre-labour Rupture of Membranes (PROM)</li> <li>• Hypertensive Disorders of Pregnancy</li> <li>• Antepartum Hemorrhage</li> <li>• GBS Sepsis</li> </ul>															
	Verbalizes an awareness of the scope of perinatal care for the level of hospital in which the nurse works and indications for transfer as needed														
	Demonstrates knowledge of the signs and symptoms of preterm labour														
	Indicates a knowledge of the indications and contraindications for fetal fibronectin (fFN) testing														
	Verbalizes an understanding of the risk factors for preterm birth /Preterm Pre-labour Rupture of membranes (PPROM) and the potential outcomes for preterm infants														
	Verbalizes the indications / contraindications and method used for tocolysis														

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Demonstrates ability to provide education to women presenting for assessment of preterm labour														
Verbalizes knowledge of the signs and symptoms of PROM and appropriate assessment strategies														
Verbalizes an appropriate care plan for the assessment of the patient with preterm labour / PPRM and preparation for transfer														
Verbalizes an understanding of the classification of hypertensive disorders of pregnancy such as:														
<ul style="list-style-type: none"> <li>Pre- existing Hypertension</li> </ul>														
<ul style="list-style-type: none"> <li>Gestational Hypertension</li> </ul>														
<ul style="list-style-type: none"> <li>Pre-eclampsia</li> </ul>														
<ul style="list-style-type: none"> <li>HELLP syndrome</li> </ul>														
<ul style="list-style-type: none"> <li>Eclampsia</li> </ul>														

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Verbalizes / demonstrates (as opportunity allows) appropriate neurologic assessment for women with pre-eclampsia /eclampsia														
Discusses appropriate seizure prophylaxis / management														
Verbalizes a knowledge of lab values for women with pre-eclampsia														
Verbalizes an awareness of how to administer and monitor women receiving the following medications as per organizational guidelines. Demonstrates the administration of the following medications if opportunity allows:														
<ul style="list-style-type: none"> <li>Hydralazine</li> </ul>														
<ul style="list-style-type: none"> <li>Labetalol</li> </ul>														
<ul style="list-style-type: none"> <li>Magnesium Sulfate</li> </ul>														
<ul style="list-style-type: none"> <li>Calcium Gluconate</li> </ul>														
<ul style="list-style-type: none"> <li>Nifedipine</li> </ul>														
<ul style="list-style-type: none"> <li>Indomethacin</li> </ul>														

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• Betamethasone															
Identifies the signs and symptoms of placenta abruption/previa															
Discusses the recommended assessment of antepartum hemorrhage															
Outlines the interventions necessary to stabilize and prepare the woman for transfer to a higher level centre for care															
Verbalizes / demonstrates how to take a swab for GBS															
Administers GBS antibiotic prophylaxis as indicated.															
<b>j. Care of the Family Experiencing Perinatal Loss</b>															
Demonstrates ability to complete required documentation															
Verbalizes an awareness of Morgue Procedure															
Verbalizes a knowledge of the grieving process and how to provide emotional support															

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**IV. OBSTETRIC EQUIPMENT**

Demonstrates knowledge as to how to use the following:															
<ul style="list-style-type: none"> <li>Fetal Doptone</li> </ul>															
<ul style="list-style-type: none"> <li>Electronic fetal monitor               <ul style="list-style-type: none"> <li>External FHR Transducer</li> <li>Tocodynamometer</li> <li>Internal Fetal Scalp electrode</li> <li>Intrauterine Pressure Catheter</li> </ul> </li> </ul>															
<ul style="list-style-type: none"> <li>Birthing Bed</li> </ul>															
<ul style="list-style-type: none"> <li>IV infusion pump</li> </ul>															
<ul style="list-style-type: none"> <li>PCA Pump</li> </ul>															
<ul style="list-style-type: none"> <li>Epidural Pump</li> </ul>															
<ul style="list-style-type: none"> <li>Vacuum Extractor (assist)</li> </ul>															
<ul style="list-style-type: none"> <li>Balloon Tamponade for PPH (assist)</li> </ul>															

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• Radiant Warmer														
• Infant Isollete														
• Phototherapy Lights														
• Biliblanket / Bilimattress														
• Transcutaneous Bilimeter														
• Breast Pump														
• Emergency Birth Kit														
• Neonatal Resuscitation Equipment														
•														
•														
•														
•														
•														

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Method of Review Key:	Method of Evaluation Key:	Self-Assessment by Employee					Method of Review  (Use Key on Left)	Assessment by Preceptor					Method of Evaluation (Use Key on Left)	Date  (dd/mm/yyyy)	Initials
		4	3	2	1	NA		4	3	2	1	NA			
<b>P</b> = Protocol/Procedure Review <b>E</b> = Education Session <b>S</b> = Self Learning Package <b>C</b> = Clinical Practice <b>D</b> = Demonstration	<b>O</b> = Observation (in clinical setting) <b>RD</b> = Return Demonstration <b>T</b> = Written Test <b>V</b> = Verbal Review														

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NA – Novice: Not a skill that I have learned or developed; 1 – Advanced Beginner: Familiar but require guidance; 2- Competent: have basic experience, support required; 3-Proficient: Solid experience, recognize deviations, has an ability to respond independently; 4-Expert: vast experience; intuitive knowledge

Initials	Print / Signature	Initials	Print / Signature	Initials	Print / Signature

**V. EMPLOYEE COMMENTS:**

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**VI. PRECEPTOR COMMENTS:**

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