

PRECEPTED CLINICAL SKILLS CHECKLIST

PRE EXPERIENCE (LABOR & DELIVERY / POSTPARTUM / NEWBORN NURSERY)

THE LIST BELOW INCORPORATES NURSING ASSESSMENTS AND INTERVENTIONS. COMPLETE THIS SELF ASSESSMENT BY PLACING AN "X" UNDER THE LEVEL THAT MOST ACCURATELY REFLECTS YOUR COMPETENCY . SHARE THIS WITH YOUR PRECEPTOR AND CLINICAL INSTRUCTOR.

KEY:

LEVEL 1: CONFIDENT – HAS EXPERIENCE WITH ABILITY, REQUIRES LITTLE OR NO SUPERVISION

LEVEL 2: NEED ASSISTANCE – HAS SOME EXPERIENCE WITH SKILL, REQUIRES MODERATE SUPERVISION

LEVEL 3: NO EXPERIENCE WITH SKILLS, REQUIRES CLOSE SUPERVISION

| STUDENT NAME | | FACILITY | | |
|--|----------------------|--------------------------------|---------------------------|--------------------------|
| IDENTIFIED SKILL | LEVEL 1 CONFIDENT | LEVEL 2: NEED ASSISTANCE | LEVEL 3: NEVER DONE | COMMENTS (# OF TIMES) |
| MATERNAL | | | | |
| BLOOD PRESSURE | | | | |
| APICAL RATE | | | | |
| PULSE | | | | |
| RESPIRATIONS | | | | |
| TEMPERATURE | | | | |
| PULSE OXIMETRY | | | | |
| WEIGHT | | | | |
| ANTEPARTUM ASSESSMENT | | | | |
| INTRAPARTUM ASSESSMENT | | | | |
| POSTPARTUM ASSESSMENT | | | | |
| PAIN AS THE 5 TH VITAL SIGN | | | | |
| URINARY CATHETERIZATION | | | | |
| INFANT | | | | |
| BLOOD PRESSURE | | | | |
| APICAL RATE | | | | |
| PULSE | | | | |
| RESPIRATIONS | | | | |
| TEMPERATURE | | | | |
| PULSE OXIMETRY | | | | |

| IDENTIFIED SKILL | LEVEL 1 CONFIDENT | LEVEL 2: NEED ASSISTANCE | LEVEL 3: NEVER DONE | COMMENTS (# OF TIMES) |
|--|----------------------|--------------------------------|---------------------------|--------------------------|
| INFANT – CONTINUED: | | | | |
| LUNG SOUNDS | | | | |
| WEIGHT | | | | |
| FETAL HEART RATE | | | | |
| BULB SUCTIONING OF INFANT | | | | |
| INFANT FEEDINGS - FORMULA | | | | |
| BREAST FEEDING EDUCATION | | | | |
| NEWBORN ASSESSMENT | | | | |
| DRESSING INSPECTION | | | | |
| DRESSING DOCUMENTATION | | | | |
| INFANT BATH | | | | |
| CIRCUMCISION CARE | | | | |
| BATHING COMPLETE | | | | |
| BATHING PARTIAL | | | | |
| MOTHER CARE: | | | | |
| PALPATING FETAL POSITION | | | | |
| APPLYING FETAL MONITOR | | | | |
| FUNDAL CHECKS | | | | |
| EPISIOTOMY CHECKS | | | | |
| BEDMAKING UNOCCUPIED | | | | |
| RANGE OF MOTION | | | | |
| OXYGEN THERAPY | | | | |
| ADDING LARGE VOLUME INFUSIONS | | | | |
| ADDING SECONDARY SMALL VOLUME INFUSIONS | | | | |
| CHANGING IV DRESSINGS | | | | |
| IV PUMPS | | | | |
| DRAINS (JP, HEMOVAC) | | | | |
| URINARY CATHETER INSERTION, REMOVAL, MANAGEMENT | | | | |
| | | | | |

[illegible]

| <i>PROFESSIONAL ROLE:</i> | LEVEL 1 CONFIDENT | LEVEL 2: NEED | LEVEL 3: NEVER | COMMENTS (# OF TIMES) |
|---|------------------------------|--------------------------|---------------------------|----------------------------------|
| COMMUNICATION WITH NURSING STAFF | | | | |
| COMMUNICATION WITH PHYSICIANS | | | | |
| COMMUNICATION WITH OTHER DISCIPLINES | | | | |
| DELEGATION SKILLS | | | | |
| CLINICAL DECISION MAKING | | | | |
| ADMITTING A CLIENT | | | | |
| DISCHARGE PLANNING | | | | |
| TRANSFERRING A CLIENT | | | | |
| DISCHARGING A CLIENT | | | | |
| DOCUMENTATION | | | | |
| GIVING AND GETTING REPORT | | | | |
| CRITICAL THINKING | | | | |
| | | | | |
| | | | | |
| IDENTIFIED SKILL | LEVEL 1 CONFIDENT | LEVEL 2: NEED | LEVEL 3: NEVER | COMMENTS (# OF TIMES) |
| SELF ASSESSMENT | | | | |
| I COMMUNICATE ASSERTIVELY | | | | |
| I HAVE CONFIDENCE IN MY NURSING SKILLS | | | | |
| I ASSUME PRIMARY RESPONSIBILITY FOR IDENTIFYING MY LEARNING NEEDS CONSIDERING BOTH MY STRENGTHS AND WEAKNESSES | | | | |

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