

## PRECEPTED CLINICAL SKILLS CHECKLIST PRE EXPERIENCE (MATERNITY)

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)
<b>MATERNAL</b>				
BLOOD PRESSURE				
APICAL RATE				
PULSE				
RESPIRATIONS				
TEMPERATURE				
PULSE OXIMETRY				
WEIGHT				
<b>INFANT</b>				
BLOOD PRESSURE				
APICAL RATE				
PULSE				
RESPIRATIONS				
TEMPERATURE				
PULSE OXIMETRY				
WEIGHT				
PAIN AS THE 5 <sup>TH</sup> VITAL SIGN				
URINARY CATHETERIZATION				
FETAL HEART RATE				

IDENTIFIED SKILL	LEVEL 1 CONFIDENT	LEVEL 2: NEED ASSISTANCE	LEVEL 3: NEVER DONE	COMMENTS (# OF TIMES)
LUNG SOUNDS				
DRESSING INSPECTION				
DRESSING DOCUMENTATION				
INFANT BATH				
CIRCUMCISION CARE				
BATHING COMPLETE				
BATHING PARTIAL				

BEDMAKING OCCUPIED				
BEDMAKING UNOCCUPIED				
RANGE OF MOTION				
OXYGEN THERAPY				
BULB SUCTIONING OF INFANT				
HANGING IV'S				
CHANGING IV DRESSINGS				
INFANT FEEDINGS - FORMULA				
BREAST FEEDING EDUCATION				
IV PUMPS				
PCA AND EPIDURAL PUMPS				
ADMINISTER ORAL MEDS				
IM INJECTIONS				
GLUCOMETER				
DISCHARGE TEACHING				
INFANT CARE				
MOTHER CARE				
DRAINS (JP, HEMOVAC)				
URINARY CATHETER INSERTION, REMOVAL, MANAGEMENT				
FUNDAL CHECKS				
EPISIOTOMY CHECKS				
POSTMORTEM CARE				

IDENTIFIED SKILL	LEVEL 1 CONFIDENT	LEVEL 2: NEED ASSISTANCE	LEVEL 3: NEVER DONE	COMMENTS (# OF TIMES)
IDENTIFICATION CHECKS				
PALPATING FETAL POSITION				
APPLYING FETAL MONITOR				
FALLS AND SAFETY ASSESSMENT				
ISOLATION PROCEDURES				
<b><i>PROFESSIONAL ROLE:</i></b>	LEVEL 1 CONFIDENT	LEVEL 2: NEED ASSISTANCE	LEVEL 3: NEVER DONE	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 ASSISTANCE	LEVEL 3: NEVER DONE	COMMENTS (# OF TIMES)
<b>SELF ASSESSMENT</b>				
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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