




Competency Based Orientation

Maternal-Child Program
Labour and Delivery Unit

Brant Community Healthcare System



Employee's Name: _____

Meeting Flow Sheet
Employee – Preceptor – Nurse Clinician – Group Leader

Name of Employee: _____

Name of Preceptor: _____

Unit: _____

Date of Hospital Orientation: _____

Date of Unit Orientation Start: _____

Date of Initial Meeting with Nurse Clinician & Preceptor: _____

- ☐ New Employee
- ☐ Cross Training

Touch Base Meeting – approx. half way through orientation

Date of Meeting:

What's Working Well:

Improvement Opportunities:

Focus of Remaining Orientation:

Comments:

Sign Off

Group Leader: _____

Employee: _____

Nurse Clinician: _____

Preceptor: _____

Final Meeting (approx. 3 shifts prior to end of orientation)

Date of Meeting:

Have all competencies been met?

- ☐ Yes
- ☐ No

If no, what competencies are outstanding?

Will these be completed by end of orientation?

- ☐ Yes
- ☐ No

Area's of Strength:

Area's for Further Development:

Comments:

Signing this declares that _____ has completed her orientation and met the required competencies.

New Employee: _____

Preceptor: _____

Nurse Clinician: _____

Group Leader: _____

Maternal-Child Orientation Process

- 1) Employee is hired to mat-child program and email is sent to Group Leader, Nurse Clinician & TL's about new staff hire
- 2) Nurse clinician emails new staff member welcoming them to the program and outlining requirements
- 3) Group Leader sends email to program welcoming new staff and outlining his/her experience

Postpartum

Required:

- NRP
- Breastfeeding Certification

Recommended:

- Maternal-Newborn/ Perinatal Certificate Program

Labour & Delivery

Required:

- NRP
- Fetal Health Surveillance (accredited program by AWHONN)
- Breastfeeding Certification

Recommended:

- Perinatal High-Risk Obstetrics Certificate
- Peri-Operative Caesarean Section Certificate

Special Care Nursery

Required:

- NRP
- Breastfeeding Certification

Recommended:

- Neonatal Certificate Program
- STABLE
- ACORN

****NRP & Fetal Health Surveillance must be completed before end of orientation****

Breastfeeding Certificate must be in progress or completed prior to end of orientation

- 4) Nurse Clinician arranges preceptor and works with new employee and ward clerk to schedule orientation shifts
*Any change in orientation shifts is to be approved by clinician or team leader
- 5) Nurse Clinician provides new employee with Competency Based Orientation Manual in addition to applicable self-directed learning packages:
 - Epidural Infusions
 - General Anaesthetic (GA)
 - Obstetrical Instrument Review
 - TPN for neonates
 - IV insertion

Unit Orientation of Postpartum, Labour and Delivery & Special Care Nursery

- New grads or new staff to maternal-child will receive a minimum of 12 shifts (150hrs) of orientation in each area of training
- Staff training to L&D will receive additional orientation time for caesarean section training
- Staff with maternal-child experience but new to the organization will get a minimum of 6 shifts (75hrs) on postpartum and a minimum of 8 shifts (96hrs) in L&D & SCN with the option of additional caesarean section training
- Staff that are cross-training from L&D or SCN to postpartum will receive a minimum of 6 shifts
- Staff that are cross-training from postpartum to L&D or SCN will receive a minimum of 12 shifts (150hrs)
- Staff that are novice in maternal-child nursing will not be cross trained until they have worked in their area of training for a minimum of 3-6 months

Employee to Sign Off as Completed:

Required Certifications	YES (date completed)	NO	Date to be completed...	Institution Where Completed
NRP				
Fetal Monitoring Course				
Breast Feeding Course				

Strongly Recommended Certifications	YES (date completed)	NO	Date to be completed...	Institution Where Completed
Maternal-Newborn/ Perinatal Nursing Certificate				
Perinatal High Risk Obstetrics Certificate				
Peri-Operative Nursing Role for Caesarean Section				
Neonatal Certificate				
STABLE				
ACORN				

Labour and Delivery Orientation Checklist

#	Task	Employee Sign Off	Preceptor Sign Off
1)	<p>Tour of Department with Preceptor</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff change room and washrooms <input type="checkbox"/> Purse storage <input type="checkbox"/> Nurses lounge and refrigerators <input type="checkbox"/> Triage room's including storage of extra supplies <input type="checkbox"/> Antepartum room <input type="checkbox"/> Location of speculum's and spec lights <input type="checkbox"/> Linen cart <input type="checkbox"/> Clean utility and equipment storage room <input type="checkbox"/> Labour inpatient room's <input type="checkbox"/> Operating room, equipment and ante room <input type="checkbox"/> Recovery room (including medication storage and documentation) <input type="checkbox"/> Dirty utility room (incl. Placenta storage) <p><i>Nurses Desk</i></p> <p>Find the location of...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hospital phone extension list <input type="checkbox"/> Order entry list (bloodwork and US order sets) <input type="checkbox"/> Pre-made charts and c/s packages <input type="checkbox"/> Extra paperwork <input type="checkbox"/> Out patient assessment forms 		

	<input type="checkbox"/> Communication and sign-in binder <input type="checkbox"/> Physician contact binder <input type="checkbox"/> Staff schedule binder <input type="checkbox"/> Obstetrical Department Manual – Standards of Care		
2)	Complete scavenger hunt		
3)	Log onto Meditech		
4)	Log onto Outlook e-mail		
5)	Log onto Halogen, Medworxx		
6)	Access BORN		
7)	Review paperwork and pre-made charts		
Equipment Review			
11)	Review use of Colleague Baxter IV and CADD epidural pumps		
12)	Review how to use the fetal monitors: <input type="checkbox"/> Use of new monitors (admit/discharge pt on monitor) <input type="checkbox"/> Use of “old” fetal monitors <input type="checkbox"/> Use of handheld doptone		
13)	Review adult code blue cart		
14)	Review code pink cart		
15)	Review use of Neopuff		
16)	Review IV self-directed learning package to become certified in IV starts		

Employee and preceptor will discuss **Obstetrical Emergencies** and review standards of care accordingly

Review Hemorrhage kit and Eclampsia kit; as well as location of medications

Skill	Date Reviewed	Preceptor's Initials	Employee's Initial's
Fetal Distress (intrauterine resuscitation)			
Prolapsed Cord			
Hemorrhage (PPH and APH)			
Eclampsia (incl MgSO4 review)			
Shoulder Dystocia			
Uterine Rupture			

Review these common **Obstetrical Standards of Care** and refer to MoreOB chapters as needed:

Standard of Care	Date	Employee's Initial's
Fetal Health Surveillance		
Group B Step Disease		
Induction/augmentation of labour		
Diabetic Protocol		
Hypoglycemia in Neonates		
VBAC Protocol		
APH/PPH		
MgSO4 Protocol		
External Version		

Self Directed Learning Packages

Package	Date	Employee's Initials
Epidural Infusions (including policy)		
General Anaesthetic		
IV Insertion (common drive (S drive) – IV Therapy folder – Seld-directed learning package for IV starts)		
Obstetrical Instrument Review Package		

COMPETENCY BASED ORIENTATION

The goals established in developing a **competency based orientation** program are:

- To provide a process to assess individual nurse's current competence and learning needs.
- To develop an orientation program that clearly defines expectations of the new staff member in their new position.
- To clearly define resources available to assist the new staff to meet those expectations.
- To describe what the preceptor is expected to teach and/or validate during orientation.
- To clearly define the expectations for successful return demonstrations for validation

Novice –1
Advanced Beginner-2
Competent-3
Proficient-4
Expert-5

LEARNING NEEDS ASSESSMENT TOOL:
ASSESSMENT'S OF NON-LABOURING & LABOURING WOMEN

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
<ul style="list-style-type: none"> ▪Demonstrates a systematic approach to assessing and documenting the health history ascertaining the reason for admission/visit and prenatal history and antenatal care. ▪Will review the antenatal records and other available documents to identify maternal-fetal risk factors. ▪Will review the Biophysical Profile report and report any abnormalities to the OB 		N-OBS-IV- 357 32 1920				
<ul style="list-style-type: none"> ▪Performs maternal physical assessment. ▪Measures, monitors 						

vital signs on admission and as per standard of care of specific protocols. ▪Performs urine testing						
▪Palpates uterus on admission and as indicated to assess frequency, duration, quality of contractions and resting tone. Recognizes normal/abnormal contraction patterns.						
Appropriately monitor and interpret FHR pattern of non-stress testing		N-OBS-IV-510				
▪Performs sterile vaginal exam when indicated to determine cervical dilation and effacement, dilatation of presenting part, and status of membranes. ▪Identifies contraindications to performing vaginal exams.		N-OBS-IV-2115				
▪For potential or		N-OBS-IV-				

known rupture of membranes, assesses amount, colour, and odour of amniotic fluid. ▪Able to use nitrazine paper and assist with speculum exams.		1303				
Recognizes significance of increased bloody show.						
▪Acts as a labour coach providing encouragement and emotional support. ▪Acknowledges patient concerns and plans individualized nursing care accordingly.		N-OBS-IV-1200				

LEARNING NEEDS ASSESSMENT TOOL: DEMONSTRATES
APPROPRIATE FETAL HEALTH SURVEILLANCE

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Completes a fetal health surveillance course.						
Interprets EFM tracings. Identifies normal, abnormal and atypical FHR patterns.		N-OBS-IV-510				
Identifies key nursing interventions based on interpretation of EFM tracings and communicates appropriately with OB						
Identifies indications, understands rationale and assists with application of Fetal Scalp Electrode						

LEARNING NEEDS ASSESSMENT TOOL: DEMONSTRATES THE
ABILITY TO CARE FOR A PATIENT DURING FIRST STAGE OF LABOUR

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Discusses with the patient and family accurate timing of contractions, fluid, rest, diet and activity,						
Identifies need to initiate GBS protocol						
Provides or reinforces instruction in breathing techniques and comfort measures including back massage, positioning, relaxation techniques, showers, cool clothes, or warm blankets.		N-OBS-IV-1918				
Explains rationale for the use of position changes and comfort measures.						
Demonstrates understanding of		N-OBS-IV-510				

labour pain management and has understanding of medication available for pain management: Identifies common drugs, contraindications, dosage parameters, and routes of administration. <ul style="list-style-type: none"> • Assess maternal history and labour/fetal status to identify contraindication • Provide patient with explanation of the effects of medication • Assess fetal heart rate and maternal VS before administration of analgesia • Administers medication IM or IV according to established P&P. 		1304 1918				
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**LEARNING NEEDS ASSESSMENT TOOL: DEMONSTRATES THE ABILITY
TO CARE FOR PATIENT DURING SECOND STAGE OF LABOUR**

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Knows the monitoring protocol for the 2 nd stage of labour including appropriate documentation (pushing)		N-OBS-IV-510				
States signs and symptoms related to full dilation		N-OBS-IV-2115				
Completes appropriate documentation on the intrapartum record		N-OBS-IV-357				
Directs and assists with effective breathing/pushing techniques during second stage.		N-OBS-IV-1304				
Instructs and assists with maternal positioning during second stage to promote comfort						

and ease fetal descent.						
Prepares necessary equipment for delivery and ensures presence and readiness or emergency/resuscitative equipment for mother and newborn.						
<ul style="list-style-type: none"> ▪Knows indication & contraindications of assisted vaginal delivery. ▪Knows location of equipment ▪Knows proper maternal and neonatal assessments post assisted delivery 		N-OBS-IV-2120				
Preparing for delivery of the neonate: <ul style="list-style-type: none"> ▪Set-up of standard overhead warmer equipment (suction, O2, ambubag) ▪Review of eye ointment, Vitamin K administration, crib card ▪Preparing resuscitation equipment 						

(laryngoscope blades & handle, stylet, ET tube sizing, NRP algorithms ▪Set-up of Neopuff						
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**LEARNING NEEDS ASSESSMENT TOOL: DEMONSTRATES THE ABILITY
TO CARE FOR PATIENT DURING THIRD STAGE OF LABOUR**

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Assists physician with delivery. Acts independently as required.		N-OBS-IV-2111 2112 2113 2115				
Knows signs and symptoms of placenta expulsion.						
Knows appropriate care of placenta post-delivery.						
Administers, under a physician's directive, Oxytocin medication for the prevention of a post-partum hemorrhage						
Collects cord bloods, gases, swabs for C&S		N-OBS-IV-232				

when indicated, labeling specimens appropriately.						
Knows appropriate nursing interventions for retained placenta including assisting with manual removal under general anesthetic.						
Completes appropriate documentation on the intrapartum record		N-OBS-IV-357				

**LEARNING NEEDS ASSESSMENT TOOL: DEMONSTRATES THE ABILITY
TO CARE FOR A PATIENT POST-DELIVERY**

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Measures and records maternal and neonatal VS at appropriate intervals according to established P&P.		N-OBS-IV-1540				

Demonstrates appropriate disposal of placenta Discuss process of sending placenta to lab for investigation		1520				
Performs a complete post-partum assessment: <ul style="list-style-type: none"> • Fundal height • Consistency of fundus • Quantity/character of lochia • Episiotomy condition • Comfort level 						
Demonstrates appropriate nursing interventions for assessment (ie. implements uterine massage, applies ice packs, performs perineal care, administers pain meds)						
Assesses for distended urinary bladder and implement nursing interventions as appropriate.						
Prepares						

patient/family for post-delivery procedures, diagnostic tests and hospital routines.						
Completes appropriate delivery documentation		N-OBS-IV-347				

**LEARNING NEEDS ASSESSMENT TOOL: PROVIDES NEONATAL CARE
IMMEDIATELY AFTER DELIVERY**

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Assesses and performs care for the newborn to maintain airway, breathing, and circulation.		N-OBS-IV-252120				
Performs neonatal resuscitation if necessary.		N-OBS-IV-218226840				
States how to initiate						

emergency procedures as indicated.						
Defines components of Apgar Score and accurately assigns.		N-OBS-IV-44				
Documents time of birth.						
Initiates skin to skin care immediately after delivery						
Demonstrates ability to provide normal newborn care in the immediate post-delivery period: eye prophylaxis, vitamin K, cord care.						
Supports breastfeeding and neonatal feeding in the immediate post-partum period.		N-OBS-IV-145 150 152 155 156				
Identifies newborn as per policy.		N-OBS-IV-805				
Answers parents' questions.						

LEARNING NEEDS ASSESSMENT TOOL: PLANS AND IMPLEMENTS
CARE FOR A PATIENT RECEIVING A REGIONAL ANESTHETIC

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Completes the learning package and certification for epidural anesthesia.		Self-directed learning package				
Uses epidural infusion pump correctly.						
Follows unit specific P&P's for assisting with epidural insertion and administering continuous epidural infusion.		N-OBS-IV-407				
States indication, action, adverse effects, and dosage of medications used during continuous epidural infusion.						
Performs nursing interventions related to post-epidural insertion medication effects and initiates emergency interventions as						

required.						
Discusses the difference between epidural and spinal anesthetics re: technique, placement, and medication used.						
Follows unit specific P&P for assisting with spinal anesthetic insertion and care of a patient pre-and post-insertion.						

**LEARNING NEEDS ASSESSMENT TOOL: PLANS AND CARE FOR
PATIENT REQUIRING A CAESAREAN SECTION OR VBAC**

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Demonstrates understanding of responsibilities of circulating and scrub nurse.		Instrument Review Package				
Sterile Corridor ▪Donning and						

doffing of pre-scrub wear ▪Location of supplies ▪Instrument tray locations ▪Misc. instruments (forceps, intra-operative, retractors)						
Performs responsibilities of circulating nurse for both vaginal and caesarean sections and scrub nurse for C/S's: <ul style="list-style-type: none"> ❑ Prep of patient (IV fluids, antibiotics, sodium citrate, ventolin etc.) ❑ Documentation ❑ Surgical Safety Checklist ❑ Placing patient on the OR table ❑ Positioning and support for spinal 		N-OBS-IV-210 N-CC-IV-312 N-OBS-IV-362 364 405				

<p>anaesthetic</p> <ul style="list-style-type: none"> ❑ Leg strap, arm boards and leg stirrups ❑ Placing leads to monitor vital signs ❑ Obtaining cord gases ❑ Surgical counts ❑ Sutures ❑ Types of abdominal dressings ❑ Transferring patient onto stretcher ❑ Transferring patient to PACU 						
<p>Performs responsibilities of scrub nurse for c/s:</p> <ul style="list-style-type: none"> ❑ Review principles of sterile technique ❑ Proper scrub ❑ How to enter the OR scrubbed ❑ Donning of 		N-OBS-IV-211				

sterile gown <input type="checkbox"/> Donning of sterile gloves <input type="checkbox"/> Opening of sterile packs and instrument tray <input type="checkbox"/> Gown table set-up <input type="checkbox"/> Back table set-up <input type="checkbox"/> Mayo stand set-up <input type="checkbox"/> Loading of needle driver <input type="checkbox"/> Loading of filshie clip inserter <input type="checkbox"/> Proper handling technique of passing instruments						
Provides physical and emotional support for patient undergoing procedure.						
Prepares patient for CS including prep of OR, medications, documentation, patient positioning,		N-OBS-IV-212				

appropriate monitoring, admission FHR tracing, history (old charts).						
Surgical Counts <ul style="list-style-type: none"> ❑ Duties of circulating and scrub nurse during surgical count ❑ Review of process if count is incorrect ❑ Surgical count communication 		N-OR-IV-245				
Explains procedure to patient.						
Assists anesthetist as required: <ul style="list-style-type: none"> ❑ Review of anaesthetic gas machine ❑ Review of anaesthetic medications ❑ Review of supplies located on anaesthetic 		N-OBS-IV-24				

<ul style="list-style-type: none"> cart ❑ Review of emergency anaesthetic cart 						
Discusses knowledge related to anesthetic used (spinal, epidural, general).						
<p>Demonstrates process of assisting with GA procedure:</p> <ul style="list-style-type: none"> ❑ Rapid sequence induction ❑ Medications ❑ Accessing resources (who to call) ❑ Equipment <p>*Record dates of time spent in main OR for GA practice</p>		<p>Self-Directed Learning Package</p> <p>N-OBS-IV-27</p>				
<p>Describes signs, symptoms, and nursing interventions related to Malignant Hyperthermia.</p> <ul style="list-style-type: none"> ❑ Prep for the known MH patient ❑ MH blanket & 		N-IV-1201				

<ul style="list-style-type: none"> □ cart □ Dantrolene prep and administration □ Monitoring of MH patient □ Review policy 						
Discusses latex allergy signs, symptoms, and nursing interventions.						
Follows unit specific policies and procedures for VBAC.		N-OBS-IV-2110				
Discusses complications for VBAC and nursing interventions.						
<p>Observes and monitors woman post c/s in PACU according to protocol:</p> <ul style="list-style-type: none"> □ Medication fridge □ PACU nurse duties for spinal vs GA patients □ Bromage and sensory levels □ Meeting PACU criteria 		N-OBS-IV-1502				

before discharge to postpartum <input type="checkbox"/> Nausea and vomiting <input type="checkbox"/> Pruritus <input type="checkbox"/> Pain Management <input type="checkbox"/> Patient positioning <input type="checkbox"/> Fundus and lochia monitoring <input type="checkbox"/> Preparing for transfer to postpartum <input type="checkbox"/> Documentation						
Demonstrates understanding and ability to re-stock operating room and PACU recovery room: <input type="checkbox"/> Checklist and sign-off <input type="checkbox"/> Location of supplies <input type="checkbox"/> Red and yellow tag system						

LEARNING NEEDS ASSESSMENT TOOL:
MISCELLANEOUS PROCEDURES

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
States rationale for rhogam injections. Explains pertinent information to patient. Performs rhogam injection.		N-OBS-X-1212				
Discusses rationale for external versions. Performs nursing responsibilities related to assisting with external versions.		N-OBS-IV-420				
Review stillborn/miscarriage packages						

**LEARNING NEEDS ASSESSMENT TOOL: CARES FOR A PATIENT
UNDERGOING INDUCTION AND AUGMENTATION OF LABOUR**

COMPETENCE	SELF- ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Discusses unit specific policies related to induction and augmentation.		N-OBS-IV-832				
States indications and contraindications for labour induction and augmentation.						
Discusses use and interventions related to prostaglandin gel Explains monitoring protocol and interventions for complications.						
Discusses ARM and associated nursing responsibilities.						
Discusses pharmacokinetics of oxytocin and describes safe						

administration of oxytocin. Discusses and implements appropriate nursing interventions when complications arise with use of oxytocin. Describes and implements uterine hyperstimulation protocol.						
Discusses process of cervical foley insertion and performs related nursing interventions.						
Provides necessary support and education to patient undergoing induction of labour.						

**LEARNING NEEDS ASSESSMENT TOOL: UNDERSTANDS ROLE OF
MIDWIFERY AT BRANT COMMUNITY HEALTHCARE SYSTEM**

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Discusses unit specific policies and procedures related to midwifery.		N-OBS-IV- 1225 1226 1230				
Provides assistance as per unit specific protocol.						

**LEARNING NEEDS ASSESSMENT TOOL: DELIVERS CARE TO HIGH
RISK OBSTETRICAL PATIENTS**

COMPETENCE	SELF-ASSESSMENT CLINICAL EXPERIENCE RATING	LEARNING RESOURCES	DATE REVIEWED POLICY OR DISCUSSED INFO. WITH PRECEPTOR	OBSERVED SKILL BY PRECEPTOR (DATES)	COMPLETED SKILL WITH ASSISTANCE (DATES) MINIMUM OF 2-3	PERFORMED SKILL INDEPENDENTLY (DATES) MINIMUM OF 2-3
Performs systematic assessment of woman presenting to L&D. Recognizes						

abnormal findings.						
Discusses complications arising in pregnancy: <ul style="list-style-type: none"> • PIH • Preterm labour • Diabetes • Uterine rupture/prolapse • Antepartum bleeding • Malpresentation of infant • Cord prolapse • Shoulder dystocia • Post-partum hemorrhage • Multiple gestation • Stillbirths • Infection • Malignant hyperthermia • Fetal distress • 		N-OBS-IV-310 713 1105 1205 N-OBS-X-1207 1209 1210 N-IV-1201 N-OBS-IV-1300 1305 1548 1550 1901 1907 1908				
Implements appropriate nursing interventions.						
Provides appropriate health						

teaching and support to patients presenting with complications.						
Collaborates with other members of health care team to provide best possible care for patient.						
Facilitates transfer of patient to tertiary care centre.						

CERVICAL CHECKLIST

New staff to Labour and Delivery (< than 1 year experience): 10 correct cervical checks

Experienced staff to Labour and Delivery (> than 1 year but < than 3 years experience): Minimum of 5 correct cervical checks

CERVICAL CHECKLIST		
Date	Cervical Check Correct?	Nurse or Obstetrician Sign-Off
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	
	Yes/No	

Orientation & Preceptor Survey

give to nurse clinician

What unit(s) did you orientate to?	
To what extent did you feel you had enough orientation shifts? Comments:	
What did you feel was the most challenging part of your orientation? What was your favourite part?	
What do you feel needs more focus during unit specific orientation?	
What do you feel needs less focus during unit specific orientation?	
Do you feel your preceptor was informative and took the time to show you the specifics of the unit? Please comment on their skills and abilities as a preceptor	

Would you recommend your preceptor to mentor other employee's? Why or why not?	
Did you feel supported by the Group Leader during orientation?	
Did you feel supported by the Nurse Clinician during orientation?	
Did you feel supported by the team leaders?	
What are some improvements we can make to further develop our orientation program?	
Any further comments?	

