

CCM RECRUITMENT INTERNATIONAL

LABOR & DELIVERY SKILLS CHECKLIST

NAME OF APPLICANT: _____ DATE: _____

<p>HOW TO COMPLETE THIS FORM:</p> <p>A thorough evaluation of your skill level in various specialty areas will enable us to locate assignments that are suitable to your skills and the needs of our patients. Please place an "X" in the box that most accurately describes your level of expertise for the skills listed.</p>	<p>LEVELS OF PROFICIENCY:</p> <p>A = Perform Well (at least one year of current experience, very comfortable performing without supervision) B = Limited Experience (6-12 months, within the past two years) C = Perform Infrequently (less than three months of experience) D = No Experience (willing to learn)</p>
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SKILL	A	B	C	D	COMMENTS (IF ANY)
Physical Assessment					
Primary care: Labor and delivery room					
External fetal monitoring					
Internal fetal monitoring					
Intrauterine Pressure Monitoring					
IV oxytocin induction and/or augmentation					
Prostin Induction					
IV therapy starts and maintenance					
Assisting with epidural					
Care of patient with epidural					
Assisting with:					
Amniocentesis					
Intrauterine fetal blood sampling					
Intrauterine fetal blood transfusions					
Assisting with fetal scalp pH					
Emergency Care of Patients with:					
Abruptio					
Placenta Previa					
Uterine Rupture					
Cord Prolapse					
Newborn care at delivery - resuscitation					
IV MGSO ₄ administration					
IV (Tocolytic administration)					
Vaginal examinations					
Assistance with vacuum extraction/forceps					
Cesarean Sections:					
Preparing patients for					
Circulating					
Scrubbing					
Recovery					
Non-stress test					
Oxytocin challenge test					
Primary care: High Risk Antenatal Patient					
Primary care: postpartum					

What high risk L&D experiences have you had?
What do you like most about your present job and why?
What do you dislike most about your present job and why?
Please list goals you wish to achieve in an international nursing position:
Please feel free to expand on any of the above answers:

Signature of applicant: _____

Date: _____