

**University of Cincinnati College of Nursing
Nurse Midwifery 1
Clinical Skills Checklist**

Student Name: _____

Preceptor: _____

Clinical Site: _____

Rating Scale – To be completed by student and preceptor following clinical rotation experience.

- 0 - Not done but should have been done
- 1 - Done incorrectly or incompletely
- 2 – Done with assistance or direction. Knowledge incomplete or skills not yet developed
- 3 - Needs minimal assistance or complete and accurate – appropriate for level
- 4 - Done skillfully and completely without assistance
- NA – Not applicabl

| DATE Completed/ Attempted | CLINICAL SKILL | STUDENT SELF EVALUATION | | | | | | PRECEPTOR EVALUATION | | | | | |
|------------------------------|---|-------------------------|---|---|---|---|-------------|----------------------|---|---|---|---|-------------|
| | | 0 | 1 | 2 | 3 | 4 | NA/Comments | 0 | 1 | 2 | 3 | 4 | NA/Comments |
| | OBSTETRICS | | | | | | | | | | | | |
| | Leopold's Maneuvers | | | | | | | | | | | | |
| | Fundal Height Measurement | | | | | | | | | | | | |
| | Cervical exam – effacement, dilatation, station, position, presentation | | | | | | | | | | | | |
| | DTR's and clonus check when appropriate | | | | | | | | | | | | |
| | Use of EDC wheel | | | | | | | | | | | | |
| | Determine EDD using both wheel and US | | | | | | | | | | | | |
| | Doppler | | | | | | | | | | | | |
| | Fetoscope | | | | | | | | | | | | |
| | GYNECOLOGY | | | | | | | | | | | | |
| | Breast examination | | | | | | | | | | | | |
| | Pelvic/Bimanual Exam | | | | | | | | | | | | |
| | Pelvimetry | | | | | | | | | | | | |
| | Obtain pap | | | | | | | | | | | | |
| | Obtain cervical cultures | | | | | | | | | | | | |
| | Preparation of wet prep/KOH slide | | | | | | | | | | | | |
| | Use of microscope | | | | | | | | | | | | |
| | Obtains hemocult | | | | | | | | | | | | |
| | Diaphragm fitting | | | | | | | | | | | | |

