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**NURSING
RECRUITMENT
SKILLS
CHECKLIST**

NAME : _____

DATE : _____

POSITION APPLIED FOR : _____

MIDWIFERY

AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by the reviewer to assess your overall competency and suitability to a particular area.

Please feel free to elaborate on any area you feel necessary to give more comprehensive overview to the reviewer.

EXPERIENCE: How frequent have you given nursing care to patients with the conditions listed below (within the last two years).

Experience Key:

- 1 - None
- 2 - Limited, Needs Practice (performs skill / procedure only monthly or less often)
- 3 - Competent / Highly Skilled (performs three (3) or more times per week)
- 4 - Proficient / Expert (performs skill / procedure daily)

	EXPERIENCE				COMMENT
	1	2	3	4	
<u>I. ANTEPARTUM</u>					
Antenatal Clinic Check - recognizing abnormalities					
Parentcraft Classes (Antenatal education)					
Interpretation of blood results in antenatal					
Intrauterine Growth Retardation (IUGR)					
SROM/PROM					
Placenta Previa / Abruption placenta - bleeding					
Poly / ligohydramnious					
Pre - term labor					
Non stress testing - interpretation of strips					
Multiple pregnancy					
Pregnancy Induced Hypertension					
Gestational Diabetes controlled on diet					
<u>II. INTRAPARTUM</u>					
Adult Physical Systems Assessment					
Obstetrical Assessment					
Vaginal Assessment					
Fundal palpitation and assessment					
Delivery of normal SVD					
Breech presentation					
Cord prolapse					
Retained placenta					
PPH					

	EXPERIENCE				COMMENT
	1	2	3	4	
Preciptous delivery					
Assist with Ventouse delivery					
Assist with forceps delivery					
Various forms of pain relief					
Episiotomy					
Suturing					
Placement of fetal scalp electrode					
Artificial rupture of membranes					
Syntocinon augmentation					
Bladder Catheterization					
Electronic Fetal Heart Rate Monitoring (CTG Monitoring)					
Interpretation of CTG strips					
Shoulder Dystocia					
Assist with C. Section					
Premature delivery					
III. POST PARTUM :					
Involution of the uterus					
Assessment of Lochia					
Assessment of the perineum					
Education of the mother/baby					
Assist with breast feeding					
Contraceptive advice					
Any referrals which may be necessary					
Immediate care of the neonate					
Apgar scoring					
Neonatal suctioning					
Neonatal resuscitation					
IV. GENERAL:					
Precepting new employees (Midwives / L & D nurses)					
Precepting / teaching residents / physicians					
In service Presentations					
Use of Doppler					
Glucometer					
Overhead Warmers					
Transport Isolettes					
Neonatal Resuscitable					
Blood Warmers					
Pulse Oximeter					
Non – invasive Blood Pressure Machine					
Calculation of medication dosages by body weight					
Care of patient with epidural					
IV venipuncture					
Phlebotomy					
Computer Skills: Basic – Intermediate – Advanced (circle)					

V. OTHER:

1. What is the average number of deliveries you do per month? _____
2. What is the average number of deliveries done in your current hospital per month? _____
3. How many patients are you responsible for at one time? _____
4. Are you currently BCLS certified? Yes () No ()
5. Are you currently NRP Certified? Yes () No ()

6. How do you keep up to date with current midwifery practices and research?

7. What midwifery organizations do you belong to?

8. Give three (3) main reasons for doing an episiotomy?

1. _____

2. _____

3. _____

9. What format of charting are you currently utilizing (SOAP, focus Charting, Charting by Exception, etc..)?

10. What are the causes of cord prolapse and what is the responsibility of the midwife in such cases?

11. How would you recognize a patient with gestational diabetes?

12. Briefly describe your previous and current midwifery experience?

13. Describe any antenatal outpatient clinic experience you have had.

14. Briefly describe any postpartum patient follow – up you have been responsible for (inpatient or out patient).

15. Has your midwifery practice been and independent / autonomous one, with referral to physicians only in cases of complications / high – risk?

Thank you for completing the above. Demonstration of skills will be expected during your 90 days probationary period. Inability to demonstrate skills stated, may result in termination during the probationary period.

Name / Signature

License Number : _____