



It's what you're expecting.

Dear Preceptor,

_____ has indicated that you have trained or supervised her in one or more clinical midwifery skills. She has applied to our program to continue her clinical education. Please fill out the following table as accurately as you can for this student and mail the form to:

BetterBirth, LLC Preceptor Assessments
230 W 170 N
Orem, UT 84057

Please complete it as soon as possible so we can properly place the student and work to improve her skills. There are no good or bad answers. If there are skills listed here which you have not observed, please indicate so in the space provided. Thank you so much for your efforts on this student's behalf. Your assessment will remain confidential, and will not be the only criteria used to evaluate this student's clinical skills.

Your Name: _____ Your Qualifications/Titles: _____

In what capacity have you worked with the applicant? _____

The skills in the table below are as listed in the Practical Skills Guide for Midwifery, by Pam Weaver & Sharon K. Evans. Please reference that volume if you have a question regarding what is included in a skill. For each skill, answer as accurately as you can:

The Confidence Scale (as used in the table below)

- 0) No opinion. I have not had the opportunity to assess the student on this skill.
- 1) Not confident at all. This skill is brand new to the student.
- 2) Not very confident. She may have done it once or twice, but she needs instruction and practice.
- 3) Fairly confident. She has performed it a few to several times, but needs more practice and possibly some instruction.
- 4) Quite confident. She has performed it several to many times, and I think she could do it on her own in most cases.
- 5) Supremely confident. She has mastered this skill and I feel she no longer needs significant practice, supervision or instruction.

Skill	Has applicant had adequate academic instruction on this skill?			How many times have you observed the applicant perform this skill?			How confident do you feel in this applicant's ability to perform this skill? (Explanations of each answer are above.)					
	Y	N	Unsure	0-2	3-10	11 +	No Opinion	Not	Not very	Fairly	Quite	Supremely
Shoulder Dystocia												
Face and Brow Presentations												
Breech Delivery												
Delivery of Twins												
Emergency Manual Dilation												
Bimanual Compression												
Manual Removal of Placenta or Fragments												
Postpartum Hemorrhage												
Newborn Resuscitation												
Placement of an oropharyngeal airway in the Newborn												
Orogastric Tube Insertion												
Newborn Intubation												
Recognition of RDS and Infection in the Newborn												

Do you have any concerns about this student? If so, please describe.

Are there any skills you feel this midwife particularly needs to work on? If so, please describe.

Do you recommend this student for our clinical program? Yes No
If no, please describe.

Signature

Date