



National Midwifery Institute
Clinical Form - Newborn Exam Skills Log

The following Skills log meets MEAC and NARM requirements for assessment of clinical readiness for entry-level practice upon graduation. Throughout their time at NMI, student can work on this log and fill out the pieces that apply to them at any given time for submission. They can submit this form however many times they need to.

Students and preceptors must assess and rate a student's skill level on the chart below. Students and preceptors are encouraged to revisit this form periodically to assess growth and increasing skill, with the goal of "3" on all skills. When a student has received a "3" on a skill, that skill no longer needs to be assessed on future assessments.

Any skills you are unable to demonstrate proficiency in real practice (due to legality in your area, rarity of occurrence, etc.)

When submitting this form, NOT ALL SKILLS NEED TO BE FILLED OUT, only fill out those you are assessing at this time (recent relevance). However, all skills must be evaluated, and receive a 3 from both preceptor and student, before graduation.

- 1 = beginning, learning a new skill*
- 2 = intermediate, performs skill with minor assistance*
- 3 = advanced, student at or near independent proficiency*

Student Name _____

Preceptor Name _____

Submission Date _____

| Skill Assessed | Student Rating | Preceptor Rating | Comments (optional) |
|---|--|--|---------------------|
| <i>Administrative/Logistical Skills</i> | | | |
| Documents Newborn Exam in chart appropriately | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Maintains client confidentiality | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Demonstrates culturally appropriate care | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| | | | |
| <i>Counseling Skills</i> | | | |
| Counsels re: normal newborn behavior, responses, activity, expectations | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Counsels re: newborn medications | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Counsels re: circumcision | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Counsels re: referrals as needed | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |



| Skill Assessed | Student Rating | Preceptor Rating | Comments (optional) |
|--|--|--|---------------------|
| <i>Clinical Skills</i> | | | |
| Assesses/Estimates Gestational Age after birth | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn vital signs | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn height, weight | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn head / sutures | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn eyes | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn ears | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn mouth, tongue | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn nose | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn neck | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn clavicle | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn chest | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn abdomen | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn groin / genitalia | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn anus | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn extremities, digits | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn spine, backside | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn reflexes | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Assesses newborn skin condition | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| | | | |
| <i>Identifies and Responds to Complications of Newborn Exam</i> | | | |
| Abnormal or unusual findings | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| | | | |
| <i>Demonstrates Use of Equipment</i> | | | |
| Newborn Stethoscope | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Measuring Tape (baby) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |



| Skill Assessed | Student Rating | Preceptor Rating | Comments (optional) |
|--------------------------------------|--|--|---------------------|
| Newborn Pulse Oximeter | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Newborn Scale | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Newborn Ophthalmic Ointment | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |
| Vitamin K (IM injection, Oral drops) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | |

Additional Comments

Large empty rectangular box for additional comments.

Preceptor Signature _____ Date _____

*****All form fields are required*****