

## Supervisor Assessment Form: Induction and Augmentation of Labour

I, (name) \_\_\_\_\_, (position) \_\_\_\_\_, confirm that (RM name) \_\_\_\_\_ has completed a competency-based skills assessment for Certification for Induction and Augmentation of Labour at (name of BC hospital) \_\_\_\_\_.

I verify that (RM name) \_\_\_\_\_ successfully demonstrated the following:

- Appropriate skills in managing pharmacological induction/augmentation of labour including the ability to:
  - select and screen clients appropriately;
  - provide informed choice and obtain informed consent;
  - order and administer pharmacological induction or augmentation agents in line with national guidelines and community standards and in the context of the range of clinical situations;
  - skillfully apply a cervical ripening agent;
  - provide appropriate care and monitoring of client and fetus during an induction and augmentation;
  - identify problems and implement appropriate interventions, including intra-uterine resuscitation and initiating appropriate physician consultation and transfer of care when required; and
  - organize documentation of assessment and care that is complete, concise, and contemporaneous including admission and history, orders for induction and augmentation, and progress notes related to induction or augment.

I further confirm that under the supervision of an obstetrician, family physician, or midwife who is already certified or privileged in this area of specialized practice, the above mentioned RM:

- ordered, initiated and managed a minimum of one induction/augment involving IV oxytocin; and
- ordered, initiated and managed a minimum of one induction involving a cervical ripening agent.

Verifier's initials: \_\_\_\_\_ Date: \_\_\_\_\_