



HIGH RISK OB TECHNICIAN SKILLS EVALUATION - SELF ASSESSMENT

Date _____

Name _____

Signature _____

Level of Proficiency

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

	A	B	C	D			A	B	C	D
Level II/ High risk Obstetrics						Equipment				
Amniocentesis						HP (Hewlett Packard)				
Cerebellum						GE (General Electric)				
Biophysicals						Other (list):				
Early ultrasound										
Doppler of umbilical hernia										
Multiples										
Nuchal fold										
Fetal hearts										
Cisterna magnum										
Transvaginal										
Neonatal heads										

Reviewed by: _____ Date: _____