



Once **each month** the **Primary Preceptor** and **student** are required to assess the student's progress using this tool. We would suggest that separate "draft" forms be completed independently by both the preceptor and the student prior to reviewing and discussing the student's progress together. Both will benefit by looking at the previous DATs to make this assessment. Obvious discrepancies in the evaluation between the student and preceptor should facilitate discussion between the two regarding their different perspectives. **One single monthly DAT should be completed at the conference.**

Because the Primary Preceptor may not be the only preceptor working with the student, a review of the Daily DATs by the Primary Preceptor, or a discussion with the other preceptors in the practice may need to occur before completing this form. The preceptor that guides the student on any given day will complete the Daily DAT but we ask that only the Primary Preceptor complete and sign the monthly form.

Please note that for each competency, there is a place to indicate when a competency is attained in the OUTPATIENT SETTING and in the INPATIENT SETTING. These may or may not occur simultaneously.

CRITERIA	CLINICAL COMPETENCIES	UNMET	MET - Outpatient (date met)	MET - Inpatient (date met)
1. ASSESSMENT SKILLS	a. Collects the majority of a complete database with growing independence.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. Demonstrates efficiency in data collection.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	c. Gives a modified, focused and concise report	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
2. IDENTIFICATION OF PROBLEMS AND NEEDS	c. Develops differential diagnosis list with minimal assistance.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
3. ESTABLISHMENT OF PLANS AND PRIORITIES FOR ACTION	a. Selects a complete, prioritized plan which is appropriate for the client, family and setting.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. Incorporates client and family in planning	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	c. Appropriately delegates to staff (with minimal assistance) those preparations necessary for situation and setting.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
4. VERBAL INTERACTION SKILLS	a. Establishes rapport quickly in most situations	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. With minimal guidance, teaches and counsels clients for all aspects of NMW management	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	c. Provides anticipatory guidance for client with minimal guidance.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
5. PSYCHOMOTOR SKILLS	a. Consistently performs hand maneuvers	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. Accurately interprets own clinical findings with growing independence.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	c. Combines verbal explanations to client during performance of skills in ambulatory and Intrapartum settings.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
6. KNOWLEDGE BASE	a. Provides rationale for a range of NMW management alternatives and priorities	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. Incorporates current research into practice.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____



CRITERIA	CLINICAL COMPETENCIES	UNMET	MET - Outpatient (date met)	MET - Inpatient (date met)
7. DOCUMENTS	a. Documents client data legibly, completely, accurately, and efficiently by completing records in a timely fashion	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. Evidences awareness of risk management implications in documentation of care.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	c. Ensures completion of student records.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
8. SAFETY OF STUDENT PERFORMANCE	a. Demonstrates judgment in consulting with preceptor	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. Recognizes the need for and verbalizes the content of CNM-MD consultation when required for client management	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
9. PROFESSIONAL ROLE	a. Focuses on client needs	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	b. Collaborates with other members of the health care team	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	c. Respects contributions of all team members.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	d. Demonstrates growing ability to accurately self-evaluate performance and identify own learning need.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	e. Increasingly demonstrates appropriate transition to role of Nurse midwife.....	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Primary Preceptor Signature: _____ Date _____

Student Signature: _____ Date _____