**Proficiency Analysis: Advanced Electronic Fetal Monitoring**

**Goal:** The clinical associate will exhibit competency, proficiency, or expertise in all aspects of electronic fetal monitoring skill to include equipment mastery and troubleshooting, fetal heart rate and uterine contraction data assessment, diagnosis, intervention, evaluation, documentation, and communication per 1997/2008/2009/2010 NICHD/ACOG terminology and guidelines criteria.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Credentials: (select one)</th>
<th>Date(s) of Proficiency Analysis:</th>
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<tbody>
<tr>
<td></td>
<td>RN CNS CNM FPMD OBMD</td>
<td>*Year:  1  2  3  4</td>
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**Proficiency Analysis Assessment SCORE System** (*see pg 5 for definitions)

<table>
<thead>
<tr>
<th>Competency: Goals &amp;Objectives</th>
<th>Self-Assessment</th>
<th>RN</th>
<th>Primary Practitioner:</th>
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<tr>
<td></td>
<td>C: Competent</td>
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1. **Each hospital, department, or unit-specific policy/procedure/protocol is reviewed for relevant content pertinent to auscultation, intermittent, and continuous electronic fetal monitoring**

   A. Reviews all relevant policies/procedures/protocols pertinent to Electronic Fetal Monitoring

   **Clinical Skill Level**

   - RN

2. **Proper Equipment is utilized to assess uterine and fetal data during the Antepartum and/or Intrapartum period as clinical conditions warrant**

   A. **Auscultation: Doppler or Fetascope**

   - Defines appropriate OB populations who may utilize auscultation
   - Explains procedure to patient & positions in a semi-fowler’s or lateral position
   - If term patient, Performs Leopold’s Maneuvers prior to application of Doppler
   - Auscultates & accurately calculates FHR with the 6 second or 10 second method
   - Assesses FHR for 30-60 seconds between UC’s to establish baseline rate
   - Palpates & Compares maternal pulse to FHR
   - Palpates UC data and assimilates auscultation during and immediately after UCs for 30-60 seconds
   - Interprets FHR & UA data per NICHD terminology & guidelines
   - Documents findings per NICHD terminology & guidelines
   - Lists TWO limitations of the equipment
   - Periodically assesses FHR at a frequency relative of the patient’s risk status
   - Lists TWO relevant scenarios for application of continuous EFM
   - Lists TWO reportable concerns to a primary practitioner
   - Demonstrates SBAR communication technique of reportable concerns
   - Upon notification of reportable concerns, ORDERS additional antepartum testing: BPP, U/S, or Other test as clinical conditions warrant
   - Completes ONE Auscultation CASE MANAGEMENT SKILL DRILL per Clinician Skill Level

   - **Objective must be performed on a LIVE patient**
## Clinical Competency Analysis: **Advanced Electronic Fetal Monitoring**

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<tbody>
<tr>
<td>B. Electronic Fetal Monitor:</td>
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<td>(Make &amp; Model: ________________)</td>
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### 1. Test Button
- Locates & Explains implications for use
- Runs a TEST & Interprets results correctly
- Outlines proper procedure for abnormal TEST results

### 2. Mark Button
- Locates & Explains implications for use

### 3. Time/Date/Clock
- Locate & Demonstrates how to adjust settings

### 4. Logic/Artifact Eliminator/ECG Disabled
- Locates & Demonstrates how to adjust settings
- List TWO Fetal clinical conditions necessitating disabling the button (extreme rate abnormalities or dysrhythmias)

### 5. Tocodynamometer
- Explains how equipment collects & interprets data
- Locates point of maximum intensity & Palpates UC’s & resting tone prior to placement
- Demonstrates how to adjust & reset baseline
- Identifies proper cleaning and storage

### 6. External Ultrasound
- Explains how equipment collects & interprets data
- Demonstrates proper connection to monitor & placement on patient for quality data collection
- If term patient, Performs Leopold’s Maneuvers prior to application & places device over point of maximum intensity
- Demonstrates how to improve channel quality
- Palpates & Compares maternal pulse to FHR
- Identifies proper cleaning and storage

### 7. Fetal Electrocardiogram (FECG)
- Explains how equipment collects & interprets data
- Identifies indications/contraindications to placing the FECG
- Demonstrates proper application of the FECG
- Demonstrates proper connection to monitor
- LISTS TWO troubleshooting techniques to improve data collection & quality

### 8. Intrauterine Pressure Catheter (IUPC)
- Explains how equipment collects & interprets data
- Identifies indications/contraindications to placing the IUPC
- Demonstrates proper application of the IUPC
- Demonstrates proper connection to monitor
- Demonstrates how to zero transducer
- Performs periodic palpation to validate data collected
- LISTS TWO troubleshooting techniques to improve data collection & quality

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### Clinical Competency Analysis: Advanced Electronic Fetal Monitoring

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<tr>
<td>III. Each clinician will identify, intervene, evaluate, categorize, document, and communicate all reassuring and nonreassuring FHR and UA data per NICHD guidelines and terminology</td>
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<td>RN Primary Practitioner: CNM, Resident, FPMD, OBMD</td>
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#### A. RISK Assessment & Interpretation
- Defines AWHONN/ACOG standards for evaluation of FHR & UA data during latent phase, active phase, and second stage of the LOW & HIGH RISK PATIENT

#### B. Uterine Contraction Analysis
- Identifies UA data for frequency, intensity, duration, & resting tone at fundal point of maximum intensity & at appropriate intervals per patient risk status
- Promptly Identifies causation of nonreassuring/abnormal findings (ie: tachysystole, hypertonus, polysystole, tentic etc)
- Intervenes initially with the least invasive methods to improve maternal, fetal, and uterine conditions if nonreassuring findings persist
- Evaluates resolution of nonreassuring findings & alters plan of care accordingly

#### C. FHR Analysis (Baseline: FHRB & Variability: FHRV)
- Identifies ALL FOUR Characteristics of a Normal/Healthy FHR pattern
- Identifies FHR data for FHRB, normal range, exclusion criteria, and segment criteria per NICHD guidelines
- Promptly Identifies causation of nonreassuring/abnormal FHRB findings (ie: tachycardia, bradycardia, dysrhythmias, or sinusoidal pattern)
- Identifies FHR data for FHRV per NICHD guidelines (absent, minimal, moderate, marked)
- Promptly Identifies causation of nonreassuring/abnormal FHRV findings (ie: absent, minimal, or marked)
- Intervenes initially with the least invasive methods to improve maternal, fetal, and uterine conditions if nonreassuring findings persist
- Evaluates resolution of nonreassuring findings & alters plan of care accordingly

#### D. Periodic or Episodic Pattern Analysis
- Define the term Periodic, Episodic, Abrupt, Gradual, intermittent, & recurrent per NICHD criteria
- Identifies FHR data for ACCELERATIONS per gestational age requirements as outlined in NICHD guidelines
- Identifies FHR data for EACH DECELERATION per NICHD guidelines
- Promptly Identifies causation of nonreassuring/abnormal PERIODIC OR EPISODIC findings (ie: recurrent late, variable, or prolonged decelerations, intermittent or recurrent severe late or variable decelerations)
- Intervenes initially with the least invasive methods to improve maternal, fetal, and uterine conditions if nonreassuring findings persist
- Evaluates resolution of nonreassuring findings & alters plan of care accordingly

#### E. NICHD Three Tier FHR Interpretation System
- Categorize FHR Patterns according to new NICHD System

#### F. EVOLUTION
- Evaluates Evolution of the FHR/UA Data Periodically at Patient Hand-off, Rounds, or Shift Report

#### G. COMMUNICATION
- Demonstrates SBAR communication technique of reportable concerns
- If Delay or NO Response from Clinician, communicates reportable concerns to administrative leadership in a timely manner

#### H. DOCUMENTATION
- Documents FHR/UA data in an objective & concise format via electronic or paper technique
- Documents FHR/UA data periodically per protocol using NICHD terminology & categorization with supplemental terminology as outlined in additional references as indicated
- Completes TWO EFM SKILLS ANALYSIS ALGORITHMS per Clinician Skill Level
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**Competency: Goals & Objectives**

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### IV. Each clinician will perform non-electronic & electronic fetal monitoring skill at a level of competency, proficiency, or expert prior to independent patient care

- **Final Cumulative Score:** N AB C P E
- **Recommended for Remediation:**
  - NO
  - YES
- **If YES, Remediation Action Plan for Improved Performance includes:** (select all that apply)
  - Instructional Methods:
    - (DT) Didactic Teaching w/ resources
    - (PP) Policy/Procedure/Protocol Review
    - (SLM) Self-Learning Module
    - (T/P) Textbooks or Periodicals
    - (PCL) Patient Care Literature
    - (CS) Case Study Analysis/Presentation
    - (CT) Computer Tutorials
    - (VID) Video Tapes
    - (AUD) Audio Tapes
    - (DEM) Demonstration
  - Methods of Evaluation:
    - (SA) Self Assessment
    - (PO) Preceptor Observation
    - (AP0) Advanced Practice Observation (NP, CNM, MD)
    - (SC) Skills Checklist
    - (RD) Return Demonstration
    - (CA) Chart Audit
    - (PR) Peer Review
    - (PT) Post Testing
- **IF YES, Date for Reassessment of Skills**
- **Recommended for Annual Reassessment:**
  - NO
  - YES

I am qualified clinician with **PROFICIENT** skill & knowledge regarding non-electronic & electronic fetal monitoring assessment techniques, NICHD terminology & guidelines, and current evidence-based literature supporting additional terminology and management options regarding nonreassuring findings. To the best of my ability and without assistance to the clinician, I have evaluated their skill in advanced EFM.

**Proficiency Analysis Instructor:** __________________________

**Instructor Credentials:** (select one)

- RN
- CNS
- CNM
- FPMD
- OBMD

Resident:
*Year: 1 2 3 4*

**Clinician Electronic Signature:** __________________________

**Final Competency Assessment Score:** This area will be an ongoing assessment until the clinical associate demonstrates a level of “C for Competent” or greater. All clinical associates must meet a level of “C for competent” or greater to perform as an unsupervised individual practitioner within the unit.

- **Novice:** A beginner (New graduate or New skill) with minimal practical skills & the inability to apply theory into practice; dependent on constant direct supervision. Independent patient care inappropriate & unsafe.
- **Advanced Beginner:** Exhibits a basic knowledge with practical experience regarding routine or stable patients; lacks organization and needs support in priority setting; independent with routine care but dependent with advanced EFM skills and/or techniques. Needs supervision until consistent.
- **Competent:** Functions completely independent with stable or routine EFM patients yet continues to expend excess energy when making decisions in complex patient situations; independent yet seeks unit expert with complex EFM scenarios.
- **Proficient:** Functions independently in both routine and complex EFM clinical situations. May act as a preceptor and/or instructor for EFM skills.
- **Expert:** Exhibits a highly evolved understanding of EFM theory and knowledge and offers exceptional clinical expertise in all complex clinical situations.
Resources:


