



## SUPERVISOR ASSESSMENT FORM INDUCTION AND AUGMENTATION OF LABOUR

I, \_\_\_\_\_, \_\_\_\_\_, confirm that \_\_\_\_\_ RM,  
(name) (position) (name of RM)

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

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

- 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.

\_\_\_\_\_  
(Completion Date)

\_\_\_\_\_  
(Verifier's Initials)