# Full phyical examination of the newborn requirements – Clinical Assessment Tool

Name: \_\_\_\_\_ HE#:

## Outcome

Demonstrates the required understanding and clinical skills for full physical examination of newborns.

## Preparation

* Supervisor for initial competency - Consultant Neonatologist, General Practitioner Obstetrician (GPO), Paediatric Registrar or Midwifery Educator/Course Coordinator (KEMH only)
* The initial clinical competency is to be completed within a 12 month period
* Following completion of initial competency midwives will be provided with documents for ongoing recording which may also be utilised for reflective practice and a professional development review
* **Final assessment -** 3 examinations with a Consultant Neonatologist, General Practitioner Obstetrician (GPO) or Consultant Paediatrician

### Theory

Group 1 Initial competency:

* Online modules
* Attend workshop

Group 2 Previous experience (FPEON competency UK):

* Online module recommended

### Supervised practice

Supervisor for initial competency - Consultant Neonatologist, General Practitioner Obstetrician (GPO), Paediatric Registrar or Midwifery Educator/Course Coordinator (KEMH only)

|  |  |  |
| --- | --- | --- |
| **Requirement Group 1 -Initial competency** | **Date** | **Supervisor Initial** |
| OSCE |  |  |
| 7 (minimum) supervised examinations with a Consultant Neonatologist, General Practitioner Obstetrician (GPO), Pediatric Registrar or Midwifery Educator/Course Coordinator (KEMH only) |  |  |
| **Final assessment -** 3 examinations with a Consultant Neonatologist, General Practitioner Obstetrician (GPO) or Consultant Paediatrician | | |
| * Examination 1 |  |  |
| * Examination 2 |  |  |
| * Examination 3 |  |  |
| **Requirement Group 2 -previous FPEON competency (UK)** | **Date** | **Supervisor Initial** |
| 3 examinations with a Consultant Neonatologist, General Practitioner Obstetrician (GPO) or Consultant Paediatrician | | |
| * Examination 1 |  |  |
| * Examination 2 |  |  |
| * Examination 3 |  |  |
| **Ongoing Competency** | | |
| Confirmation on annual PDR document |  |  |

**Performeance Criteria**

To be completed and signed by the supervisor. (A=achieved, NA= not achieved)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: | Assessment venue: | | | | |
| **Consultation Performance Criteria** | | | **A** | **NA** | **Comments** |
| **Preparation** | | |  |  |  |
| * Aims of physical examination fully explained to parents * Consent obtained * Participation of parents encouraged * Ascertain if there are maternal / family concerns * Process used as a teaching opportunity * Hand hygiene and standard precautions | | |  |  |  |
| **History review** | | |  |  |  |
| * Family, maternal, antenatal, perinatal history * Newborn history * Output noted (meconium and urine passed) | | |  |  |  |
| **Environment** | | |  |  |  |
| * Equipment collected * Warm environment * Privacy | | |  |  |  |
| **Physical examination** | | |  |  |  |
| * Appropriate sequence- hands to head, head to hips, hips to feet, spine, genitalia * Observation – skin, colour, cry, tone, behaviour, movement, symmetry and posture, size, shape of body parts * Palpation – fontanelles and sutures, organs i.e. kidneys, liver, spleen, pulses, testes * Auscultation – heart, lungs and bowel sounds * Examination - hands to head, head to hips, genitalia, feet and turn baby over * Reflexes * Growth – weight, length, head circumference | | |  |  |  |
| **Other** | | |  |  |  |
| * Oxygen saturation * Documentation * Referral/follow up as required | | |  |  |  |
|  | | | | | |
| **Comments:** | | | | | |
| Assessor rating of the consultation:  Below expectations: Meets expectations: Above expectations: | | | | | |
| Supervisor name: | | | | | |
| Designation: | | Supervisor signature: | | | |

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