



**Suggested Time Allocated to Assessment:** 10 minutes depending on baby's needs

Section 1: Student Details – (Student to complete Section 1 & 5)

Surname		First name	
<input type="text"/>		<input type="text"/>	
Student number	Year of study	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Course code and title		Time	
<input type="text"/>		<input type="text"/>	
Facility name	Name (Assessor)		
<input type="text"/>	<input type="text"/>		

Section 2: Performance Criteria – (Educator/mentor to complete Section 2, 3 and 4)

Related Competency	Yes	No	N/A
Addresses woman by name, explains procedure to parent and seeks consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks the baby's record to ensure correct date and then identifies the baby using name tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to standard precautions throughout including hand washing and wearing gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains well-informed consent from the parent/s if any care is to be given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains privacy and confidentiality throughout (as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates accurate clinical reasoning and prudent judgment throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates good time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and responds to woman and baby appropriately and respectfully throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body language, eye contact, voice and expression indicate non-judgmental positive regard for the woman and baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses language that is readily understood and communicates effectively to maximize information sharing and facilitates understanding and decision-making by the woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively consults and/or refers care of the baby if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses the baby with the woman in a positive and appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invites woman to ask questions and respond appropriately (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess the infant's health status with particular emphasis on comfort, respiration, circulation, temperature, elimination and nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirms Medical Order for insertion of gastric tube. Confirms prescribed nutrition requirement in mls, frequency of feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assesses the newborn and selects appropriate size and type of gastric tube. Measures length of tube appropriately (mouth/nose to ear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Related Competency	Yes	No	N/A
Consults with, or refers to another midwife or appropriate health care provider if variances are identified or suspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inserts the gastric tube correctly and safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirms correct placement (litmus paper) and secures the gastric tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administers nutritious feeding at correct temperature			
Confirms correct formula/expressed breast milk with other staff member/parent			
<ul style="list-style-type: none"> <li>• Observes flow and rate</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Avoids introduction of air into barrel of syringe</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Ensure feeding tube is free of milk at completion of feed</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Occludes tube at completion of feed and removes tube</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continues ongoing assessment and observation of the newborn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses immediate needs and ongoing care with woman and/or consults and collaborates with relevant maternity care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports/Records all observations/findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleans/returns/disposes of equipment appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Overall Performance Rating

Satisfactory: A student is marked as satisfactory if they met all of the criterion that are appropriate in the particular circumstances.

Needs Development or Unsatisfactory: Educators/Mentors are required to complete and attach a **'Midwifery Practice Development Report'** (student has copies in their Professional Experience Portfolio) which explains the reason/s for Needs Development (N/D) or Unsatisfactory (U) tick. **If Needs Development is the result, the CSAT and a Needs Development Report are to be given to the student facilitator to forward to the Midwifery PEL at SCU.** The student will attempt the CSAT again at a later date.

Satisfactory (S)

Needs Development (N/D)

Unsatisfactory (U)

Student has attained required level of proficiency and is considered competent

Student needs to practice/develop skills to obtain ACHIEVEMENT

There is a satisfactory reason for this element to be omitted in this instance

## Section 4: Assessor Comments

Assessor's name

Assessor's signature and date

## Section 5: Student Comments

Student signature

Date

**Instructions for completing:** The assessor and student complete the practice assessment tool together.

**ePortfolio:** Please scan and save your completed practice assessment in the relevant section of your ePortfolio and evidence towards MPR and ANMAC experiences.

**Paper Portfolio:** Please scan and submit your completed practice assessment as evidence of achievement of clinical requirements for the Midwifery Practice Review.