



Suggested Time Allocated to Assessment: 30–60 minutes depending on woman’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
1. Identifies indication and correct woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Evidence of therapeutic interaction with the woman, obtains consent and gives woman clear explanation of procedure and implications of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uses infection control measures when required (including hand washing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gathers appropriate equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Applies the cardiotocograph correctly and labels the tracing according to hospital policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Interprets the CTG correctly, demonstrating ability to link theory to practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 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"/>
9. Documents relevant information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Stores CTG according to hospital policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cleans and/or disposes of equipment as indicated	<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.