

**Time allocated for CSAT: 30-60 minutes (Depending on Baby's / family's Needs)**

**Section 1: Student Details – (Student to complete Section 1)**

Student name:	Student Number:	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit Code and Name:	Year of Course:
<input type="text"/>	<input type="text"/>

**Section 2: Performance Criteria (This section completed by Registered Midwife)  
(Educator/mentor to complete Section 2, 3 and 4)**

Related Competency	Yes	No
1. Demonstrates time management skills		
2. Discusses SBR result and indication for phototherapy		
3. Checks' Neonate's identity		
4. Gains informed consent and involves parent/s in care		
5. Checks the Humidicrib and phototherapy lights		
6. Positions neonate appropriate to condition		
7. Attaches cardiorespiratory monitor and or pulse oximeter		
8. Places protective eyewear on neonate prior to turning on lights		
9. Positions phototherapy device correctly		
10. Ensures clothing is removed form baby		
11. Assess and documents neonate's: <ul style="list-style-type: none"> <li>a. Body and Crib Temperature, Heart rate, Respirations, O<sub>2</sub> Saturations</li> <li>b. Fluid intake (oral, nasogastric and or IV)</li> <li>c. Output (urine, stool [colour and amount of both])</li> <li>d. Skin integrity/condition</li> </ul>		
12. Adheres to Standard Precautions throughout: <ul style="list-style-type: none"> <li>a. Cleans, returns, and disposes of equipment appropriately</li> </ul>		
13. Complies relevant documentation		
14. Displays clinical reasoning and problem solving and demonstrates ability to link theory to practice		
15. Maintains the family's privacy and confidentiality throughout		
<b>OVERALL ACHIEVEMENT: (please circle)</b>	<b>YES</b>	<b>NO</b>

### Section 3: Overall Performance Rating

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

**Needs Development or Unsatisfactory:** Educators/Mentors are required to complete and attach a 'Midwifery Practice Development Report' 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 Unit Assessor at SCU. The student will attempt the CSAT again later.

<b>Satisfactory (S)</b>	<b>Needs Development (N/D)</b>	<b>Unsatisfactory (U)</b>
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: Assessors Comments

Assessor's name and position (Print):

Assessor's signature:

Date:

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### Section 5: Students Comments

Students signature:

Date:

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**Instructions for completing:** The assessor and student complete the practice assessment tool together. The achievement of this ANMAC experience should be added to your MPE assessment portal (see relevant unit assessment details).

**ePortfolio:** It is also recommended that you scan and save your completed practice assessment in the relevant section of your ePortfolio.