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**Bachelor of Midwifery**

**MIDAC/UniSA Clinical Assessment Tool**

**for the Midwifery Student, 2nd edition**

 **MIDAC**

 **Midwifery Academics (Victoria)**

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##  Table of contents

[Table of contents 2](#_Toc395618750)

[Guidelines for the Standardised Clinical Assessment Tool (CAT) 3](#_Toc395618751)

[The National Competency Standards for the Midwife 5](#_Toc395618752)

[Skills list 8](#_Toc395618753)

[Learning tool 1: Initial pregnancy assessment 9](#_Toc395618754)

[Learning tool 2: Ongoing pregnancy care 11](#_Toc395618755)

[Learning tool 3: Abdominal examination 13](#_Toc395618756)

[Learning tool 4: Parenting education for the woman and her family 14](#_Toc395618757)

[Learning tool 5: Performing and interpreting an antenatal cardiotocograph 15](#_Toc395618758)

[Learning tool 6: Care of the woman on admission to the birth environment 16](#_Toc395618759)

[Learning tool 7: Performing and interpreting an intrapartum cardiotocograph 17](#_Toc395618760)

[Learning tool 8: Care of the woman progressing in labour 18](#_Toc395618761)

[Learning tool 9: Working with pain in labour 20](#_Toc395618762)

[Learning tool 10: Epidural analgesia in labour 21](#_Toc395618763)

[Learning tool 11: Urinary catheterisation 24](#_Toc395618764)

[Learning tool 12: Care of the woman and baby during induction of labour 25](#_Toc395618765)

[Learning tool 13: Care of the woman and baby with increased needs in labour 27](#_Toc395618766)

[Learning tool 14: Care (reception) of the newborn at birth 29](#_Toc395618767)

[Learning tool 15: Vaginal examination 31](#_Toc395618768)

[Learning tool 16: Maternal and baby wellbeing assessment following birth 33](#_Toc395618769)

[Learning tool 17: Facilitating breastfeeding for the woman and baby 35](#_Toc395618770)

[Learning tool 18: Breastfeeding challenges for the woman and baby 37](#_Toc395618771)

[Learning tool 19: Care of a woman after a caesarean birth 39](#_Toc395618772)

[Learning tool 20: Blood sampling of the newborn baby 41](#_Toc395618773)

[Learning tool 21: Full examination of the newborn 43](#_Toc395618774)

[Learning tool 22: Enteral/tube feeding the baby 45](#_Toc395618775)

[Learning tool 23: Care of the unwell baby receiving oxygen therapy 47](#_Toc395618776)

[Learning tool 24: Care of the baby receiving phototherapy 49](#_Toc395618777)

[Learning tool 25: Administering injections to the newborn 50](#_Toc395618778)

[Learning tool 26: Neonatal resuscitation via simulation 52](#_Toc395618779)

[Competency assessment 54](#_Toc395618780)

## Guidelines for the Standardised Clinical Assessment Tool (CAT)

 **Background**

These guidelines are intended to assist midwives’ and student midwives’ to make accurate assessments of a student’s competency to practise midwifery. The standardised clinical assessment tool (CAT) was developed in 2009 in order to have a standard clinical tool for midwifery students across all Victorian Universities. It was developed following extensive consultation and evaluation by Victorian midwifery academics, maternity managers, clinical teachers, clinicians, students and other key stakeholders from the Victorian Department of Human Services and the Nurses Board of Victoria. After its development the CAT was piloted at two sites for a three month period at the end of 2009.

Following a state-wide review in October-November 2013 the CAT has been revised. The review included data from 191 students and 86 midwives who used the CAT, and included students from all course pathways in Victoria and midwives who had worked with students from all courses.

The CAT includes both skills-based and Australian Nursing and Midwifery Accreditation Council (ANMAC) competency based clinical assessments. All Victorian universities use the CAT with individual variation based on specific university needs and requirements.

**Criteria for clinical evaluation**

The method of assessment chosen for both the learning tools and competency assessments is a modified Bondy scale. The Bondy scale evaluation rating was first developed in 1983 by Kathleen Bondy to assess the clinical competency of nursing students. A five point rating scale was designed to decrease inconsistencies and subjectivity in clinical assessments (Bondy, 1983).

The Bondy criterion consists of three major areas:

- Professional standards for the procedure;
interpreted in terms of safety, accuracy, effect (achieving purpose of behaviour) and affect (manner and demeanour).

- Quality of performance;
refers to degrees of skill development. This encompasses the use of time, equipment, space and expenditure of energy. Expenditure of energy refers to whether the student anticipates and uses time efficiently. A student may at times expend excess energy in attempting to anticipate the next step, for example rechecking equipment or repeating a behaviour.

- Type and amount of assistance required;
the assistance needed to perform the behaviour or skill. Cues to assist the student can be supportive or directive. Supportive cues are those that encourage the student, such as ‘that’s right’ or ‘keep going’. Directive cues can be verbal or physical and are required to prompt the student in what to do next, or to correct the student.

It is important that before completing each learning tool, the student and the assessor revisit these criteria.

Table 1: Modified Bondy Scale

|  |  |  |  |
| --- | --- | --- | --- |
| **Scale level** | **Professional standards and procedures** | **Quality of performance** | **Assistance required** |
| Independent (I) | Safe and accurateEffective each time Appropriate behaviour and demeanour each time | Proficient, coordinated, confidentOccasional expenditure of excess energyWithin an expedient time frame | Without supporting cues |
| Proficient (P) | Safe and accurateEffective each time Appropriate behaviour and demeanour each time | Efficient, coordinated, confidentSome expenditure of excess energyWithin a reasonable time frame | Occasional supportive cues |
| Assisted (A) | Safe and accurate Effective most of the timeAppropriate behaviour and demeanour most of the time | Skilful in parts of behaviourInefficiency and lacking coordinationExpends excess energyWithin a delayed timeframe | Frequent verbal and occasional physical directive cues in addition to supportive cues |
| Supported (S) | Safe but not alonePerforms at riskAccurate not alwaysEffective occasionallyAppropriate behaviour and demeanour occasionally | Unskilled, inefficient Considerable expenditure of excess energyProlonged time period | Continuous verbal and frequent physical cues |
| Dependent (D) | UnsafeUnable to demonstrate behaviour | Unable to demonstrate procedure/behaviourLacks confidence, coordination, efficiency | Continuous verbal and physical cues |

(Bondy, 1983).
*The original Bondy scale has been modified by Midwifery Academics Victoria (MIDAC) for use in the CAT.*

**Using the Modified Bondy Scale**

Skills assessments should be spread across the length of the students’ course so that the development of skills is incremental.

The five levels (Independent; Proficient; Assisted; Supported; Dependent) relate to the assessment of students at a beginning level of midwifery practice, i.e. assessed at a midwifery student level (as distinct from a qualified midwife who would have mastery of these clinical skills). The scale is **not** designed so that ‘Independent’ is something that can only be attained when the student is ready to be endorsed as a midwife.

It is quite acceptable that students would regularly be assessed at levels ‘Independent’ and ‘Proficient’, as this would inform others that they practise safely and effectively with appropriate behaviour, are coordinated and complete tasks in a reasonable time frame. Equally, ‘Assisted’ is acceptable for students who are early in their program, who are safe, coordinated and accurate most of the time but require some supportive cues and complete tasks in a delayed timeframe. Therefore students who are in the first year of an undergraduate program, or students up to the half-way point of a postgraduate course may be assessed as ‘Assisted’ without needing to repeat the assessment, as performance of the skills to this level at this time in their education is appropriate and expected. Students beyond this point of their course are required to be assessed as either ‘Proficient’ or ‘Independent’.

## The National Competency Standards for the Midwife

The Australian Nursing and Midwifery Council (now known as the Australian Nursing and Midwifery Accreditation Council) developed National Competency Standards for the Midwife in January 2006. These competency standards consist of four domains of practice:

* Legal and professional practice
* Midwifery knowledge and practice
* Midwifery as primary healthcare
* Reflective and ethical practice

There are fourteen identified competencies which form the foundation for registration to practise as a midwife, each with their competency elements and cues for practice. Further information on the competency standards is available from the Nursing and Midwifery Board of Australia (NMBA) website; www.nursingmidwiferyboard.gov.au.

The fourteen competencies and associated elements are embedded in each of the learning tools (or skills) and are referenced by number.

**Assessment of midwifery clinical skills (learning tools)**

Twenty six clinical skills have been identified for student midwives to complete throughout their midwifery education. These skills are assessed in combination with the NMBA competencies via learning tools. It is important that all components, or boxes, within each of the learning tools are filled in for the learning tool to be deemed complete.

**What to do if a section of the tool cannot be assessed in the clinical situation**

If a section of the learning tool is not relevant or is not applicable to the situation, the student should be asked to complete those components via simulation or through discussion with the midwife completing the assessment. For example, if a student does not have the opportunity to support a woman using TENS when completing tool 9 ‘Working with pain in labour’ the assessor can ask the student to demonstrate this knowledge in other ways, such as indicating where the pads are applied and discussing the physiology behind the therapy.

A number of skills are designed to assess the principles of care in a certain situation. For example, ‘Care of the woman and baby with increased needs in labour’ may include a variety of complexities i.e. use of a tocolytic agent, magnesium sulphate infusion, preterm labour/birth, multiple gestation or diabetes. The intent of the assessment is to ensure students’ understand and can demonstrate the principles of care for a woman and baby experiencing one of these complexities that require increased care during labour. The student should demonstrate the listed elements of the skill in the context of the individual woman that she is caring for; the clinical assessment does not need to include assessment of each of these complexities. These principles apply to other learning tools with multiple situations e.g. Breastfeeding challenges for the woman and baby; Care of the woman and baby during induction of labour.

**List of skills**

When the student completes the theory, observes the skill, or has the skill assessed clinically, they can sign off in the appropriate column in Table 1 (page 9). This list is designed for the student to complete, however the midwife can ask to see the list if she/he has any doubts about the student’s ability to either perform the skill or be assessed clinically. It is expected that all students would have received the theory of the skill before practising the skill in a clinical situation, so the table may be used by the assessor to check this. The list may also prove useful for university staff in providing a brief overview of the student’s clinical experience and progress of competence.

**How to complete the learning tool assessment**

All boxes are to be filled in on the learning tool assessment. The student is responsible to complete the column titled ‘student’ and the midwife is responsible for completing the column entitled ‘assessor’.

It is best for the student and assessor to sit together to complete the learning tool after the skill has been performed. Each box is to be completed with the letter that corresponds to the BONDY scale level the student has attained; I, P, A, S or D. The overall skill level obtained is determined by the level attained in the majority of elements; if the assessor has completed eight of the nine boxes as ‘Proficient’ the level obtained overall for that skill is ‘Proficient’. However if the student obtains an assessment of ‘Dependent’ on any of the outcomes, indicating unsafe practice, the student is to be assessed as ‘Dependent’ overall.

An opportunity is available for both the student and assessor to make written comments, and this may include noting if parts of the assessment were via simulation or in theory.

Following this the student and assessor both sign and date the learning tool.

**Competency assessments**

A separate competency assessment utilising the National Competency Standards for the Midwife is also completed by both the student and nominated midwife at key stages throughout the midwifery course. The timing of these assessments will be dependent upon the type of midwifery course and the university. These assessments can be completed by midwives or clinical facilitators who work with students. The student is not required by the university to support this assessment by providing written documentation of their fulfilment of any aspect of the competency assessment. It is expected that the student spends time with the assessor discussing each element of the National Competencies as part of this assessment.

**Who can assess students?**

It is anticipated that the student approaches a clinical midwife to perform the assessments. It is an advantage if the student has worked with the midwife before, as the midwife has a better opportunity to gain an understanding of the student’s attitudes and behaviours, however this may not always be possible.

**When to assess?**

The student is the best judge of when they are ready to be assessed. Students may perform the skill several times before feeling comfortable to be assessed. The timing of assessments should be individualised as no rule fits all students or all courses.

The skill should be assessed in a ‘real life’ situation unless otherwise stated (for example neonatal resuscitation is assessed via simulation). Individual universities may negotiate assessments by simulation in some circumstances.

**What if the student does not successfully complete the assessment?**

In a situation where a student receives an unacceptable grading (as defined above) the assessor should contact clinical support staff if available and measures should be taken to contact the midwifery academic at the relevant university. Opportunities may be provided for the student to attempt the learning tool at another time. It is important that the learning tool is kept in the student’s practicing portfolio and be available for University staff and assessors in the future.

**What if the assessor has concerns about a student?**

If the assessor does not feel that the student is ready to undertake an assessment they should communicate this to the student prior to attempting to complete the learning tool. It may be that with more time the student will then be ready to complete the learning tool. If assessors have concerns about the progress or standard of a student they should contact the midwifery academic at the relevant university.

**References**

Nursing and Midwifery Board of Australia (NMBA). (2006). *National Competency Standards for the Midwife.* Accessed May 12, 2014 from www.nursingmidwiferyboard.gov.au

Bondy, K,N. (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of nursing education 22(9)* 376-382.

## Skills list

*Student to sign and date when completed.*

This list can be viewed by assessors prior to clinical assessments in order to gauge clinical progress of the student.

Table 2: Skills list

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Clinical Skill** | **Theory** | **Observation** | **Skill assessed** |
| 1 | Initial pregnancy assessment |  |  |  |
| 2 | Ongoing pregnancy care |  |  |  |
| 3 | Abdominal examination  |  |  |  |
| 4 | Parenting education for the woman and her family |  |  |  |
| 5 | Performing and interpreting an antenatal cardiotocograph  |  |  |  |
| 6 | Care of the woman on admission to the birth environment  |  |  |  |
| 7 | Performing and interpreting an intrapartum cardiotocograph |  |  |  |
| 8 | Care of the woman progressing in labour |  |  |  |
| 9 | Working with pain in labour |  |  |  |
| 10 | Epidural analgesia in labour |  |  |  |
| 11 | Insertion of a urinary catheter |  |  |  |
| 12 | Care of the woman and baby during an induction of labour |  |  |  |
| 13 | Care of the woman and baby with increased needs in labour |  |  |  |
| 14 | Care (reception) of the newborn at birth  |  |  |  |
| 15 | Vaginal examination |  |  |  |
| 16 | Maternal and baby wellbeing assessment following birth |  |  |  |
| 17 | Facilitating breastfeeding for the woman and baby |  |  |  |
| 18 | Breastfeeding challenges for the woman and baby |  |  |  |
| 19 | Care of a woman after a caesarean birth  |  |  |  |
| 20 | Blood sampling of the newborn baby |  |  |  |
| 21 | Full examination of the newborn baby |  |  |  |
| 22 | Enteral/tube feeding a baby |  |  |  |
| 23 | Care of the unwell baby receiving oxygen therapy |  |  |  |
| 24 | Care of the baby receiving phototherapy |  |  |  |
| 25 | Administering an injection to the newborn  |  |  |  |
| 26 | Neonatal resuscitation via simulation |  |  |  |

## Learning tool 1: Initial pregnancy assessment

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Identifies and discusses maternal history, including* Medical and surgical
* Gynaecological and menstrual
* Previous pregnancy and childbirth experience(s)
* Current pregnancy experience
* Body Mass Index
* Diet
* Allergies
* Significant family history
 | 1.4, 2.1, 2.3, 5.1, 5.2, 5.3, 6.1 |  |  |
| Identifies and discusses woman’s psychosocial context, including * Substance use
* Family/intimate partner violence
* Mental health
* Economic status

Links the woman with psychosocial complexities with health professional and community supports as appropriate | 1.2, 2.1, 5.3, 8.1, 6.1, 9.1, 9.2 |  |  |
| Correctly calculates the estimated date of birth using menstrual and ultrasound information and discusses this with the woman | 3.1, 3.2, 3.3, 5.3 |  |  |
| Provides information related to available models of maternity care Discusses the number and timing of routine antenatal visits, recommended investigations and available screening | 2.3, 3, 3.3, 4.1, 4.2, 4.3, 5.3 |  |  |
| Identifies existing and ongoing supports and possible need for improved community supportProvides information on available community supports and emergency contacts | 3.3, 9.1, 9.2 |  |  |
| Provides information specific to the learning needs of the woman and her partner/support personProvides information related to childbirth and parenting education programmes | 3.1, 3.2, 3.3, 5.3 |  |  |
| Discusses plans for infant feeding  | 3.1, 3.2, 3.3, 5.4 |  |  |
| Identifies normal physiological changes and possible discomforts of pregnancy and provides appropriate advise | 2.1, 5.2 |  |  |
| Provides opportunity for questions and discussion with the woman and partner/support person | 3.1, 3.2, 3.3 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 2: Ongoing pregnancy care

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s specific needs in relation to language, culture, religion and spiritualityPlans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Correctly confirms the estimated date of birth  | 5.3 |  |  |
| Identifies normal physiological changes and possible discomforts of pregnancy and provides appropriate advise | 2.1, 5.2 |  |  |
| Discusses physical wellbeing including diet and exercise | 1.4, 9.1 |  |  |
| Identifies and discusses the woman’s psychosocial contextLinks the woman with psychosocial complexities with health professionals and community supports | 1.2, 2.1, 5.3, 6.1, 8.1, 9.1, 9.2 |  |  |
| Identifies rationale for and contraindications to abdominal examinationPerforms an abdominal examination, includingInspection* Notes size and shape of abdomen
* Assesses general skin integrity, notes any scars or skin changes

Palpation (fundal, lateral and pelvic)* Estimates fundal height
* Assesses liquor volume
* Identifies lie, presentation, position and station of presenting part as indicated

Auscultation* Determines rate, regularity and variability of fetal heart
* Checks history of fetal movements, discusses normal fetal movements with the woman

Uses findings to assess ongoing fetal growth and wellbeing including consideration of previous examinations | 2.1, 3.1, 3.2, 5.1, 5.2, 5.3 |  |  |
| States rationale for antenatal investigationsIs able to explain the investigations and results to the woman and partner/support person  | 2.1, 2.3, 38.1, 8.2 |  |  |
| Is aware how to access support services such as social work, physiotherapy, psychology, and community resources if required | 9.2 |  |  |
| Provides appropriate written information to support verbal discussions to promote health and wellbeing, including * Breastfeeding or formula feeding
* Normal fetal movements and growth
* What to expect in labour, staying comfortable in early labour
* When to contact care providers
 | 3.2, 9.1 |  |  |
| Provides opportunity for questions and discussion with the woman and partner/support person | 3, 5.6 |  |  |
| Plans next episode of care in conjunction with the woman and her support person | 3.3, 7.1 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 3: Abdominal examination

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication skills using active listening skills throughout | 1.4, 3.1. 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s specific needs in relation to language, culture, religion and spiritualityFollowing explanation of indication for assessment obtains consentPlans and provides care in partnership with the woman | 1.4, 3.1,3.2, 4.1, 10.1, 12.2 |  |  |
| Checks gestation as per agreed due dateChecks history for contraindications to abdominal examination | 1.3, 5.3 |  |  |
| Ensures woman’s comfort and safety (before, during and after examination) Discusses aortocaval compression and outlines appropriate management | 5.3 5.6, 6.1, 14.2 |  |  |
| Performs an abdominal examination which includes:Inspection* Assesses general skin integrity, notes any scars or skin changes

Palpation* Estimates fundal height
* Assesses liquor volume
* Identifies lie, presentation, position and station of presenting part as indicated

Auscultation* Determines rate and rhythm of fetal heart
* Checks history of fetal movements, discusses normal fetal movements with the woman
 | 2.1, 3.1, 3.2, 5.1, 5.2, 5.3 |  |  |
| Communicates findings with woman | 3, 5.2,5.3 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 4: Parenting education for the woman and her family

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Identifies learning needs in partnership with the woman and/or her family  | 3.2, 7.1 |  |  |
| Plans, implements and evaluates a learning activity for the woman and/or her family  | 3.2, 5.3, 12.2 |  |  |
| Applies principles of adult learning, giving consideration to individual needs such as language, cognitive and cultural factors | 7.2, 9.1, 10.1 |  |  |
| Selects an environment that is conducive to learning  | 5.3 |  |  |
| Organises equipment, resources and venue (if applicable) | 5.1, 2.2, 4.1 |  |  |
| Presents education, demonstrating* Involving the woman and/or family
* Providing opportunities for questions and discussion
* Adapting education to accommodate individual needs
* Identifying possible further learning needs and facilitating this as required
 | 1.4, 3, 7.1, 13.2, 14.1, 14.2 |  |  |
| Uses take home information and learning resources to promote health and wellbeing | 1.3, 3.2 |  |  |
| Documents legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 5: Performing and interpreting an antenatal cardiotocograph

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughoutOffers explanation of the need for monitoring | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman Ensures consent | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Performs abdominal examination to assess fetal positionEnsures woman’s comfort and appropriate positioning throughout  | 2.1, 2.2, 3, 5.2, 5.3 |  |  |
| Ensures CTG machine is accurately reflecting current time and dateLabels CTG with unique identifier, clinical picture including rationale for CTG | 1.4, 5.3 |  |  |
| Applies equipment appropriately to ensure the optimum recording of fetal heart and uterine activityPalpates maternal pulse to exclude possibility of accidental recording of maternal heart rate | 5.3, 1.3 |  |  |
| Describes the characteristics of a normal antenatal traceAssesses CTG per current RANZCOG fetal surveillance guideline, including* Baseline heart rate
* Variability
* Accelerations
* Decelerations
 | 2.1, 5.3, 14.1 |  |  |
| Recognises and appropriately manages abnormal features requiring urgent management (if present) | 5.3, 14.1 |  |  |
| Discusses findings with womanAllows opportunity for questions | 3.1, 3.2, 3.3, 7.1 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 6: Care of the woman on admission to the birth environment

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Identifies the woman’s expectations and /or birth planPlans and provides care in partnership with the woman  | 1.4, 3.3, 4.1, 5.3, 7.1, 7.2, 10.1, 12.2 |  |  |
| Welcomes the woman and support person(s)Offers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures | 1.4, 3.1, 3.2, 3.3, 4.1, 5.1, 5.3, 7.1, 7.2  |  |  |
| Creates an environment which facilitates comfort for the woman and support person(s) and supports the progression of labour | 5.1, 7.2, 12.2 |  |  |
| Performs midwifery assessments to assess maternal wellbeing* Reviews history
* Performs baseline observations – T, P, BP
* Performs abdominal examination
* Assess the frequency, duration and strength of uterine contractions
* Assesses vaginal discharge
* Collects urine sample when woman next empties her bladder and performs urinalysis
* Performs vaginal examination (if indicated)
* Supports woman’s choices to work with her pain in labour
 | 1.4, 2.1, 2.2, 4.3, 5.1, 5.2, 5.3, 5.5, 6.1, 14.1 |  |  |
| Performs midwifery examination to assess fetal wellbeing * Auscultates fetal heart rate and notes deviations from normal
* Correctly performs a cardiotocograph (if indicated)
 | 1.4, 2.1,5.2, 14.1  |  |  |
| Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 7: Performing and interpreting an intrapartum cardiotocograph

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

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| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman  | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Performs abdominal examination to assess fetal positionEnsures woman’s comfort and appropriate positioning throughout  | 2.1, 2.2, 3, 5.2, 5.3 |  |  |
| Ensures CTG machine is accurately reflecting current time and dateLabels CTG with unique identifier, clinical picture including rationale for CTG | 1.4, 5.3 |  |  |
| Applies equipment appropriately to ensure the optimum recording of fetal heart and uterine activityPalpates maternal pulse to exclude possibility of accidental recording of maternal heart rate | 5.3, 1.3 |  |  |
| Describes the characteristics of a normal intrapartum traceAssesses CTG per current RANZCOG fetal surveillance guideline, including* Baseline heart rate
* Variability
* Accelerations
* Decelerations
 | 2.1, 5.3, 14.1 |  |  |
| Recognises and appropriately manages abnormal features requiring urgent management (if present) Identifies when fetal scalp electrode is indicated  | 2.3, 5.3, 6.1, 6.2, 14.1 |  |  |
| Discusses findings with womanAllows opportunity for questions | 3.1, 3.2, 3.3, 7.1 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 8: Care of the woman progressing in labour

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Identifies the woman’s expectations and /or birth planPlans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Creates an environment which facilitates comfort for the woman and support person(s) and supports the progression of labourOffers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures | 1.4, 3.1, 3.2, 3.3, 5.1, 5.3, 7.2 |  |  |
| Assesses and monitors the progress of labour by * Assessing the frequency, duration and strength of uterine contractions
* Assessing the descent of the presenting part, abdominally and/or vaginally
* Assessing vaginal discharge (show, blood, and/or rupture of the membranes – describes liquor accurately and implications of findings)
* Performs vaginal examination as indicated
* Observes woman for changes in behaviour
 | 1.4, 2.1, 2.2, 4.3, 5.1, 5.2, 5.3, 6.1, 14.1 |  |  |
| Supports and assesses maternal wellbeing* Supports woman’s choices to work with her pain in labour
* Assists with position changes and comfort
* Provides advice about nutritional needs and fluid intake
* Encourages frequent bladder emptying
* Provides verbal guidance, encouragement and support
 | 1.4, 2.1, 3.1, 3.3, 4.3, 5.3, 14.1 |  |  |
| Assesses fetal wellbeing * Auscultates fetal heart rate and notes deviations from normal
* Performs CTG as appropriate
 | 1.2, 1.3, 4.3, 5.2 |  |  |
| Recognises and describes the signs of second stageAnticipates and prepares to assist with birth | 1.4, 4.3, 7.1 |  |  |
| Supports the normal mechanisms of birth, in the woman’s chosen position | 3.3, 5.3 |  |  |
| Facilitates skin to skin contact with woman and baby | 5.4 |  |  |
| Describes the principles of active and physiological management of third stageAssists with the birth of placenta and membranes and ensures haemostasis, including estimation of blood lossPerforms post birth observations | 1.2, 1.4, 5.2, 5.3, 7.1 |  |  |
| Performs thorough inspection of the genital tract to identify any injury and describes appropriatelyConsults and refers with midwife and/or medical staff for repair as appropriate | 1.4, 2.3, 5.2 |  |  |
| Ensures woman’s comfort and facilitates interaction with her babyEncourages early breastfeeding | 4.3, 5.1, 5.4 |  |  |
| Thoroughly checks to ensure placenta and membranes are completeIdentifies characteristics of a normal and healthy placenta and recognizes deviations from normal | 1.4, 5.2, 5.3 |  |  |
| Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 9: Working with pain in labour

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

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| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Identifies the woman’s expectations and /or birth planPlans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Discusses expectations and understanding of pain managementResponds appropriately to information needs including benefits, potential side effects and complications of choices available | 2.1, 2.3, 3.1, 3.2, 3.3, 4.1, 4.3, 7.1 |  |  |
| Obtains informed consent before initiating any intervention or procedure | 1.2, 1.4, 3.1, 3.2, 3.3 |  |  |
| Assesses acceptability and effectiveness of the woman’s choices including fetal wellbeing | 4.3, 5.1, 5.2, 5.3 |  |  |
| Demonstrates knowledge of various ways of working with pain in labour, including* Position changes
* Use of water including, shower or immersion
* Massage techniques
* TENS
* Relaxation, including breathing techniques
* Sterile water injections
* Oral analgesia
* Nitrous oxide and oxygen
* Opiates
* Epidural analgesia (see CAT 10)
 | 2.1, 4.3, 5.1, 5.2, 5.3, 5.5 |  |  |
| Identifies contraindications, including* Allergies
* Clinical picture such as medical history or obstetric complications
 | 2.1, 4.3, 5.1, 5.2, 5.3, 5.5 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 10: Epidural analgesia in labour

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Discusses expectations and understanding of working with pain in labourResponds to information needs | 2.1, 2.3, 3.1, 3.2, 3.3, 7.1 |  |  |
| Identifies indications for epidural analgesia, including* Maternal request
* Hypertension management

Identifies contraindications to epidural analgesia, including* Coagulopathy
* Some neurological disorders
* Local sepsis
* Allergy
 | 2.1, 2.3, 4.1, 5.2, 5.3  |  |  |
| Identifies possible side effects and their management, including* Maternal hypotension
* Maternal sedation/respiratory depression
* Fetal compromise
* Partial/patchy block
* Total spinal anaesthetic
 | 2.1, 2.3, 5.2, 5.3, 6.1, 6.2 |  |  |
| Assists with the preparation for and insertion of the epidural, including* Ensuring IV access and necessary investigations have been attended, such as FBE and group and hold
* Initiation of fluid bolus if required, per local policy
* Collection of relevant equipment and drugs
* Positions the woman, providing information, support and reassurance throughout procedure
* Assist anaesthetic team member(s) as required
* Assist to secure epidural once inserted
 | 2.1, 2.3, 3.1, 4.3, 5.2, 5.3, 5.5, 6.1, 6.2, 8.1 |  |  |
| Provides care immediately after epidural insertion, including* Repositions the woman to ensure comfort, fetal wellbeing and effective epidural
* Commences post epidural observations including T, P, BP, RR, sedation score and sensory and motor block per local policy
* Re-commences continuous CTG if discontinued for procedure
* Assists to program epidural infusion or PCEA if used
* Ongoing fluid management
* Insertion of urinary catheter
 | 2.3, 3.1, 3.3, 4.3, 5.2, 6.1 |  |  |
| Assists to cease epidural and remove epidural catheter, including* Cease epidural infusion or PCEA if used
* Position woman and remove tape
* Removes catheter carefully but swiftly
* Assesses health of epidural site
* Assesses completeness of epidural catheter
* Assesses sensory and motor block to initiate ambulation
 | 2.3, 3.1, 3.3, 4.3, 5.2, 6.1 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 11: Insertion of a urinary catheter

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Creates an environment which facilitates comfort for the woman and support person(s)Ensures comfort and safety throughout the procedure | 3, 4.1, 5.3 |  |  |
| Prepares equipmentPositions woman appropriately – considers aorto-­‐caval compression effect of positioning | 2.1, 2.2, 5.3 |  |  |
| Catheterisation• Washes hands, wears sterile gloves• Establishes sterile field • Maintains aseptic principles throughout• Cleanses the urinary meatus• Inserts urinary catheter and checks for correct positioning• Inflates balloon if indwelling• Attaches drainage bag and secures, if needed• Secures catheter | 1.4, 2.1, 5.2, 5.3, 7.2, 12.2 |  |  |
| Assists the woman into a position of comfort | 2.1, 4.1, 5.2 |  |  |
| Discusses actual/potential problems which may arise during the procedure and outlines appropriate management | 2.2, 2.3, 7.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 12: Care of the woman and baby during induction of labour

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Identifies the woman’s expectations and /or birth plan Plans and provides care in partnership with the woman  | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews history and Identifies indication for induction Offers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures | 1.2, 1.4, 3.1, 3.2, 3.3, 4.1, 5.1, 5.2, 5.3, 5.5, 7.1, 7.2  |  |  |
| Performs midwifery examination to assess maternal and fetal wellbeing* Performs baseline observations – T, P, BP
* Performs abdominal examination including auscultation of fetal heart
 | 5.1, 5.2 |  |  |
| Identifies and describes the mode of induction (the remainder of the CAT should be completed according to the mode of induction used) | 6.1 |  |  |
| Can describe the Bishop’s score, the significance to methods of induction and if appropriate perform scoring | 1.4, 14.1 |  |  |
| Cervical ripening including catheter or Prostaglandin * Identifies risks and complications
* Describes the method of insertion, action and effect, associated physiology and adverse reactions
* Prepares equipment
* Monitors maternal and fetal wellbeing before during and after procedure, through fetal heart monitoring and assessment of uterine activity
 | 1.3, 2.1, 2.2, 2.3, 4.3, 5.2, 5.3, 5.5, 6.1 |  |  |
| Artificial rupture of membranes (ARM)* Identifies risks, benefits and contraindications
* Describes technique
* Prepares equipment
* Positions woman appropriately
* Monitors maternal and fetal wellbeing before during and after procedure, through fetal heart monitoring and assessment of uterine activity
 | 2.1, 2.2, 2.3, 4.3, 5.2, 5.3, 6.1 |  |  |
| Syntocinon infusion* Describes the action and effects, including associated physiology and adverse reactions
* Prepares equipment
* Correctly prepares infusion per guidelines
* Commences and adjusts infusion as per guidelines and maternal/fetal response
* Initiates appropriate actions when complications arise
 | 2.1, 2.2, 2.3, 4.3, 5.2, 5.3, 5.5, 6.1 |  |  |
| Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 13: Care of the woman and baby with increased needs in labour

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews history and Identifies increased needs in labour Offers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures | 1.2, 1.4, 3.1, 3.2, 3.3, 4.1, 5.1, 5.2, 5.3, 5.5, 7.1, 7.2  |  |  |
| Creates an environment which facilitates comfort for the woman and support person(s) and supports the progression of labour | 5.1, 7.2, 12.2 |  |  |
| Works within a multidisciplinary teamCollaborates with other health care workers | 2.1, 8.1, 8.2 |  |  |
| Assesses and monitors the progress of labourSupports and assesses maternal wellbeing * Supports woman’s choices to work with her pain in labour
* Assists with position changes and comfort
* Maternal observations as indicated, including interpreting pathology results
* Blood sugar levels (if indicated)
* Fluid balance (if indicated)
* Provides advice about nutritional needs and fluid intake (if indicated)

Provides verbal guidance, encouragement and support | 1.3, 1.4, 2.1, 2.2, 2.3, 4.3, 5.1, 5.2, 5.3, 6.1, 14.1 |  |  |
| Assesses fetal wellbeing * Auscultates fetal heart rate and notes deviations from normal
* Performs CTG as appropriate
* Demonstrates understanding of assessments that may be required, including - fetal scalp electrode - fetal blood sampling (pH or lactate)
 | 1.2, 1.3, 4.3, 5.2 |  |  |
| Demonstrates knowledge of the use of medications in labour, including* States indications and contraindications for use of medications
* Administers medications as indicated
* Maintains IV access and therapy (if in place)
* Maintains infusions of medications via IV or epidural (where appropriate)
* Records and documents both maternal and fetal responses to medication
* Reports effectiveness of medications
 | 1.3, 1.4, 2.1, 2.2, 2.3, 4.3, 5.1, 5.2. 5.3, 5.5, 6.1 |  |  |
| Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 14: Care (reception) of the newborn at birth

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews woman’s history for progress of pregnancy and labour, noting variations from normal and use of analgesia – type, timing and implications for the newborn | 1.2, 1.4, 5.2, 5.5 |  |  |
| Anticipates and prepares for birth Notifies relevant personnel | 2.1, 2.2, 8.1 |  |  |
| Prepares and checks equipment, including* Warm wraps
* Resuscitation equipment
* Baby ID bands
 | 1.2, 1.3, 1.4, 5.3 |  |  |
| Notes the time of birthPerforms initial assessment birth, including* Immediately assesses possible need for resuscitation based on muscle tone and respiratory effort
* Assesses respiratory effort, muscle tone, heart rate, reflex response and colour (APGAR score) as appropriate

Protects against heat lossFacilitates skin to skin | 1.3, 1.4, 2.1, 5.2, 5.4, 6.1 |  |  |
| Attaches correct identity bands to baby and documentsCorrectly cares for umbilical cord | 1.2, 1.3, 1.4, 5.2, 5.3 |  |  |
| Facilitates interaction between woman/family and babyRecognises infant feeding behaviour and encourages breastfeeding within first hour of birthAssesses newborn vital signs  | 1.3, 2.1,5.2, 5.4 |  |  |
| Performs initial examination of the newborn  | 2.1, 2.3, 6.1 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 15: Vaginal examination

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

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| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman  | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Offers appropriate explanations including communicating findings and encourages the woman to ask questions to assist with informed consent for all care and proceduresIdentifies ways to support women with complex needs who may find examinations very challenging, including women who have experienced sexual assault  | 2.3, 5.1, 5.3, 7.2 |  |  |
| Creates an environment which facilitates comfort for the woman and support person(s)Ensures comfort and safety throughout the procedure | 3, 4.1, 5.3 |  |  |
| Ensures woman has an empty bladderPerforms abdominal examination prior to vaginal examination  | 3, 5.2, 5.3 |  |  |
| Prepares equipment Positions woman appropriately – considers aorto caval compression  | 2.1, 2.2, 5.3 |  |  |
| Vaginal examination* Washes hands, wears appropriate gloves
* Encourages woman to relax, using breathing techniques
* Inspects external genitalia
* Gently inserts fingers into vagina
* Identifies landmarks where possible, given stage of labour, intact membranes etc, including - presenting part (cephalic or breech), - denominator, - cervix (dilatation and effacement), - membranes (intact or ruptured), - ischial spines (station of presenting part), sutures and fontanelles
* Assesses pelvic outlet
 | 1.4, 2.1, 5.2, 5.3, 7.2, 12.2 |  |  |
| After examination* Assists the woman into a position of comfort
* Auscultates fetal heart rate
 | 2.1, 4.1, 5.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 16: Maternal and baby wellbeing assessment following birth

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Ensures woman is physically comfortable, providing analgesia or ice packs as needed | 3, 4.1, 5.3, 5.5 |  |  |
| Promotes self-care and responsibility through health education, including* Healthy eating
* Exercise and physical activity
* Hygiene
* Pelvic floor exercises
 | 1.4, 4.1, 5.1, 7.1, 9.1 |  |  |
| Performs physical assessment of woman’s wellbeing (if indicated)* Vital signs
* Examination of breasts and nipples
* Assess vaginal loss amount, colour and odour, palpate fundal height if appropriate
* Observes perineal integrity or abdominal wound for evidence of healing
* Bowel care -observes for haemorrhoids and outlines appropriate management
* Assesses urinary continence
* Examines limbs for oedema, varicosities, DVT
 | 1.4, 4.1, 5.2, 5.3, 5.4, 6.1 |  |  |
| Performs physical assessment of baby’s wellbeing * Weight (if indicated)
* Examines fontanelles, eyes, ears, nose and mouth, fingers and toes for anomalies
* Skin colour, integrity
* Umbilical cord – integrity, colour and smell
* Genitalia including urinary and bowel output, amount and characteristics
 | 1.4, 4.1, 5.2, 5.3, 6.1 |  |  |
| Provides information on safe sleeping and immunisationsSIDS recommendations including smoke free environmentDiscusses early parenting, normal infant behaviours and expectations | 1.4, 3, 4.1, 5.1, 7.1, 9.1 |  |  |
| Discusses expectations of infant feeding, provides accurate and appropriate adviseInforms woman about breastfeeding supports | 3, 5.4, 9.2 |  |  |
| Discusses issues surrounding sexuality after childbirth, relationships, family planning – gives appropriate advice | 3, 7.1, 9.2, 12.2 |  |  |
| Assesses the woman’s emotional wellbeingDiscusses emotional changes in the postnatal periodProvides community resources and supportsObserves interaction between woman and baby | 3, 4.1, 5.2, 9.2 |  |  |
| Discusses transition through services – domiciliary care, MCHN | 3, 9.1, 9.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 17: Facilitating breastfeeding for the woman and baby

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Acknowledges prior knowledge and experience using sensitive questioning While assisting demonstrates an understanding of the anatomy and physiology of breastfeedingProvides accurate information and education on nutrition and fluid intake while breastfeeding | 3, 4.1, 5.1, 5.3, 7.1, 14.1 |  |  |
| Ensures woman is physically comfortable and if necessary provide analgesia Explains the rationale for correct positioning and attachment to the breast  | 3, 4.1, 5.3, 5.5 |  |  |
| Employs a hands off technique for guiding the breastfeedEncourages woman to talk about how the breastfeed feels rather than how it looks | 3, 4.1, 5.1, 5.4, 12.2 |  |  |
| Positioning – encourages woman to* Recognise cues for feeding
* Assess baby’s alertness
* Ensure baby is unwrapped
* Support head and neck
* Mouth on level with the breast
* Breast is supported (U hold if needed)
 | 1.4, 3, 4.1, 5.1, 5.2, 5.3, 5.4 |  |  |
| Attachment – encourages woman to* Elicit seeking reflex – runs nipple over top lip
* Waits for a wide open mouth – tongue down
* Ensure a large mouthful of breast is taken
* Identify suckling action and recognise changes
* Identify her let- down reflex
 | 1.4, 2.1, 3, 4.1, 5.1, 5.2, 5.3, 5.4 |  |  |
| Observes the entire breastfeed providing support and encouragement throughout, recognises signs of milk transfer, satiated baby | 1.4, 3, 5.4, 5.6 |  |  |
| Guides the woman to detach baby from the breast, if baby hasn’t done so itself | 3,5.1, 5.4 |  |  |
| Observes nipple following the feed for signs of correct attachment during the feed, explains to the woman the rationale for observing nippleEducates woman on breast and nipple care  | 3, 5.2, 9.1 |  |  |
| Develops a plan of care in collaboration with the woman |  |  |  |
| Discusses expectations of infant feeding, provides accurate and appropriate adviceInforms woman about breastfeeding supports- hospital and community based (e.g. ABA) | 3, 5.4, 9.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 18: Breastfeeding challenges for the woman and baby

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA competency** | **Student** | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Acknowledges woman’s prior knowledge and experienceIs able to identify the breastfeeding challenge and explores possible causes for example: * Nipple pain/trauma
* Engorgement
* Over or under supply
* Breast refusal
* Unsettled baby

Discusses possible solutions with woman | 3, 4.1, 6.1, 7.1 |  |  |
| Ensures woman is physically comfortable, provide analgesia, ice or heat packs as neededEnsures optimal positioning of the womanEnsures environment is warm | 3, 4.1, 5.3, 5.5 |  |  |
| If appropriate observes a breastfeed Employs a hands off technique for guiding the breastfeedEncourages woman to talk about how the breastfeed feels rather than how it looks | 3, 4.1, 5.1, 5.4, 12.2 |  |  |
| Correctly identifies where intervention may be required e.g.:* Alteration of positioning and attachment
* Manual breast expression via hand and pump
* Offering baby expressed breast milk via cup
* Use of nipple shield
* Supplementary feeds

Provides clear guidance to the woman regarding the intervention | 1.4, 2.1, 5.2, 5.4, 6.1,  |  |  |
| Develops a plan of care in collaboration with the woman and documents this effectively in the correct location |  |  |  |
| Expressing and storing breast milk* Collects equipment – ensures cleanliness
* Demonstrates hand expression
* Correctly demonstrates or discusses the use of electric pumps
* Identifies possible barriers to let down reflex
* Labels and stores the expressed milk with name, date and time of expression
 | 1.2, 2.1, 3, 4.1, 5.1, 5.2, 5.3, 5.4, 6.1, 7.1  |  |  |
| Correctly prepares and safely administers a breast milk substitute if required  | 1.2, 1.4, 5.3,  |  |  |
| Refers woman to ongoing breastfeeding supports- hospital and community based  | 5.4, 9.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 19: Care of a woman after a caesarean birth

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Ensures the woman is physically comfortable, provides analgesia appropriately and as needed | 3, 4.1, 5.3, 5.5 |  |  |
| Performs physical assessment of woman’s wellbeing, including* Vital signs
* Assess vaginal loss
* Assesses abdominal wound
* Assesses urinary output, maintains fluid balance
* Examines limbs for sensation, colour, movement, oedema, varicosities, DVT
 | 1.4, 4.1, 5.2, 5.3, 5.4, 6.1 |  |  |
| Maintains IV access and therapy if applicableMaintains drain tubes if used, notes drainage volume if applicable | 1.3, 4.3, 5.1 |  |  |
| Assists woman with hygiene needs, positioning and dressing | 4.1, 4.3, 5.1 |  |  |
| Assists woman with breastfeeding and baby cares (if required)Discusses infant feeding, provides accurate and appropriate support and advice | 2.1, 3.2, 5.4, 7.1 |  |  |
| Promotes self-care and responsibility through health education, including* Recovery post caesarean, including pain management, ambulation, exercise and food and fluids
* Wound care, signs and symptoms of infection
* Supports such as physiotherapy classes
 | 1.4, 4.1, 5.1, 7.1, 9.1 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 20: Blood sampling of the newborn baby

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews family historyVerifies baby’s identity, feeding and age noting the time of birth | 1.2, 1.4, 5.2 |  |  |
| Prepares and checks equipmentUses aseptic principles | 1.4, 5.3 |  |  |
| Prepares the baby* Ensures foot is warm
* Exposes heel
* Facilitates woman to breastfeed baby during procedure if appropriate
* Initiates other pain minimisation techniques, such as the use of sucrose, if appropriate
* Positions baby using gravity to facilitate blood flow
* Identifies correct site for blood collection
* Ensures site is clean and dry
 | 5.1, 5.2, 5.3, 5.4, 7.1, 14.1 |  |  |
| Collection of sample* Lances skin
* Wipes first drop of blood away
* Allows heel to refill with blood
* Fills containers or if NST ensures all circles are filled
* Once complete stems blood flow
 | 5.2, 5.3, 6.1, 14.1 |  |  |
| Following procedure ensures baby is comforted | 5.2, 5.3, 5.4 |  |  |
| Documents relevant complexities such as use of antibiotics, prematurity or nil orally | 1.3, 2.1, 5.5, 6.1 |  |  |
| Discusses actual/potential problems which may arise during the procedure and outlines appropriate management | 2.1, 2.2, 2.3, 5.6, 6.1, 6.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 21: Full examination of the newborn

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews birth history - notes any antenatal or birth complications Verifies baby’s identity  | 1.2, 1.4, 5.2 |  |  |
| Ensures environment is warm and well litPositions and handles baby safelySystematically and accurately undertakes assessment | 1.4, 2.1, 4.1, 5.2, 5.3, 14.1 |  |  |
| General appearance* Posture
* Colour
* Skin integrity
* Moulding and fontanelles
* Respiratory effort
 | 1.4, 2.1, 5.2, 5.3 |  |  |
| Physical characteristics* Eyes, nose, mouth, ears
* Limbs and digits
* Chest, abdomen, umbilicus, hips, spine, genitalia and anus
 | 1.4, 2.1, 5.2, 5.3 |  |  |
| Observes and records (if required)* Weight, length, head circumference
* Vital signs
* Output – urine and stools
 | 1.3, 1.4, 2.1, 5.2, 5.3 |  |  |
| Assesses neuromuscular integrity* Neonatal reflexes
* Crying
 | 1.4, 2.1, 5.2, 5.3 |  |  |
| Assesses behavioural capabilities* Sleep and awake states
 | 1.4, 2.1, 5.2, 5.3 |  |  |
| Following procedure ensures baby is comforted | 5.2, 5.3, 5.4 |  |  |
| Communicates findings with the woman and support persons (if appropriate) | 2.1, 3.1, 6.1 |  |  |
| Discusses actual/potential problems which may arise during the assessment and outlines appropriate management | 2.1, 2.2, 2.3, 5.6, 6.1, 6.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 22: Enteral/tube feeding a baby

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews baby’s history, checks management planVerifies baby’s identity  | 1.2, 1.4, 5.2 |  |  |
| Prepares and checks equipment | 1.4, 5.3 |  |  |
| Prepares the baby* Monitors vital signs prior to commencing
* Correctly positions baby safely
* Ensures baby remains warm
 | 1.2, 2.1, 5.3, 14.1 |  |  |
| Tube insertion* Maintain non-touch technique at all times
* Measures and marks the length of tube correctly
* Gently inserts tube to measured mark
* Observes neonate for signs of complications during insertion
* Ensures tube is correctly positioned and securely taped (in the case of an indwelling tube)
* Confirms correct positioning of tube as per local guideline
* Discusses trouble shooting when confirming tube position
* Observes for indicators of tube dislodgement
 | 1.2, 1.3, 1.4, 2.1, 5.2, 5.3 |  |  |
| Administering feed* Ensures correct type of feed
* Ensures correct temperature and volume of milk
* Observes for complications during feed
* Appropriately and safely regulates the flow of milk
* Safely ends the feed
* Leaves the baby comfortably positioned
* Encourage parental involvement with tube feeding as per local guideline
 | 1.2, 1.4, 2.1, 5.2, 5.3, 6.1 |  |  |
| States rationale for enteral/tube feedingDiscusses actual/potential problems which may arise during the procedure and outlines appropriate management | 2.1, 2.2, 2.3, 5.6, 6.1, 6.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Learning tool 23: Care of the unwell baby receiving oxygen therapy

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews baby’s history, checks management planVerifies baby’s identity  | 1.2, 1.4, 5.2 |  |  |
| Prepares and checks equipment – according to method of oxygen delivery* Ensures incubator is pre warmed
* Checks if oxygen gas is to be humidified
* Checks O2 delivery method
* Positions and calibrates oxygen analyser correctly
 | 1.2, 1.4, 2.2, 5.2, 5.3 |  |  |
| Prepares baby* Positions baby safely
* Monitors vital signs prior to commencing and at regular intervals
* Ensures correct placement of the oximeter
* Ensures continuous saturations are monitored and documented
* Ensures thermoregulation is considered
 | 1.2, 2.1, 5.3, 14.1 |  |  |
| Records vital signs and observations as per guidelines | 1.2, 1.3 |  |  |
| Provides developmental supportive care to baby as neededAttends to baby’s nutritional needs according to management plan | 5.2, 5.3, 5.4 |  |  |
| Identifies alternate methods of oxygen therapy delivery Explains rationale for alternate methods | 5.1, 5.3, 6.1,  |  |  |
| States rationale for administering oxygen therapyDiscusses actual/potential problems which may arise during oxygen therapy and outlines appropriate management | 2.1, 2.2, 2.3, 5.6, 6.1, 6.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 24: Care of the baby receiving phototherapy

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Reviews baby’s history, checks management planVerifies baby’s identity  | 1.2, 1.4, 5.2 |  |  |
| Prepares and checks equipment – according to method of phototherapy delivery* Considers thermoregulation
* Ensures phototherapy unit is functioning
 | 1.2, 1.4, 2.2, 5.2, 5.3 |  |  |
| Prepares the baby* Monitors vital signs prior to commencing
* Positions baby safely
* Ensure baby is nursed only wearing a nappy
* Ensures eyes are protected
 | 1.2, 2.1, 5.2, 5.3, 14.1 |  |  |
| Records vital signs as per guidelinesRecords baby’s fluid balance including intake and output  | 1.2, 1.3 |  |  |
| Comforts baby as neededAttends to baby’s nutritional needs according to management planInterrupts phototherapy for feeds where applicable | 5.2, 5.3, 5.4 |  |  |
| Maintains baby’s skin integrity - provides rationale | 5.2, 6.1 |  |  |
| Monitors serum bilirubin, turns off lights during collection - provides rationale | 5.2, 5.3, 6.1 |  |  |
| States rationale for administering phototherapyDiscusses actual/potential problems which may arise during phototherapy and outlines appropriate management | 2.1, 2.2, 2.3, 5.6, 6.1, 6.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 25: Administering an injection to the newborn

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| Maintains effective communication using active listening skills throughout | 1.4, 3.1, 3.2 |  |  |
| Ensures privacyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality Plans and provides care in partnership with the woman | 1.4, 3.3, 4.1, 7.1, 7.2, 10.1, 12.2 |  |  |
| Offers explanation of the need for procedure and provides written information (if available eg: Hep B)Obtains consent, written and/or verbal | 1.4, 3.1, 3.2, 3.3, 4.1, 5.1, 5.3, 7.1, 7.2, 10.1 |  |  |
| Reviews baby’s history, checks medication ordersVerifies baby’s identity | 1.2, 1.4, 5.2 |  |  |
| Prepares and checks equipment | 1.2, 1.4, 2.2, 5.2, 5.3 |  |  |
| Prepares and checks medication* Checks with supervising midwife
* Observes five rights of administration
* Uses aseptic non touch technique when preparing medication
 | 1.2, 1.3, 2.1, 2.2, 5.2, 5.3, 5.5 |  |  |
| Prepares the baby* Ensures baby remains warm
* Identifies correct site for injection
 | 1.2, 1.4, 2.2, 5.2, 5.3 |  |  |
| Considers use of sucrose for pain relief as appropriate Administers medication using correct techniqueMaintains aseptic non touch technique  | 1.2, 5.3, 5.5 |  |  |
| Records site of injectionMonitors baby for signs of reactionFollowing procedure comforts baby as needed  | 5.2, 5.4, 6.1 |  |  |
| Demonstrates an understanding of the pharmacological/immunological action of the specific medicationStates rationale for administering medication to the newbornDiscusses actual/potential problems which may arise during the procedure and outlines appropriate management | 2.1, 2.2, 2.3, 5.5, 5.6, 6.1, 6.2 |  |  |
| Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM) | 1.4, 2.1, 2.3, 6.1, 8.1 |  |  |
| Documents all care legibly and appropriately | 1.1, 1.3, 3.3 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

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## Learning tool 26: Neonatal resuscitation via simulation

This is a competency and skills-based assessment. Please note all boxes need to be completed.

Please refer to the Bondy scale on page 4 before completing the tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expected outcome standard - the midwifery student** | **NMBA Competency** | **Student**  | **Assessor** |
| **Prior to the assessment** Displays effective communication skills using active listening skills throughout  | 1.4, 3.1, 3.2 |  |  |
| Ensures privacy within the context of an emergencyIdentifies and respects the woman’s individual needs in relation to language, culture, religion and spirituality  | 1.4, 7.1, 7.2, 10.1 |  |  |
| Reviews history and identifies pre-disposing factors that may necessitate resuscitationVerifies baby’s identity – applies identity labels if necessary | 1.2, 1.4, 5.2 |  |  |
| Ensures environment is warm and well lit | 1.2, 1.4, 2.2, 5.2, 5.3 |  |  |
| Ensures equipment is available and operational* Oxygen/air/blender
* Oximeter
* Neopuff and bag and mask
* Suction
* Resuscitaire
 | 1.4, 5.3 |  |  |
| **At the time of initial assessment**Assesses baby’s condition* Breathing/crying and tone
* Response to stimulation
* Clears airway if indicated

Evaluates APGAR score (if at birth) at 1 and 5 minutes, and every 5 minutes until baby is stable* Heart rate
* Respirations
* Muscle tone
* Reflex response
* Colour

Is aware intervention for depressed infants should not await APGAR score  | 1.2, 1.3, 1.4, 2.1, 2.2, 5.2, 5.3 |  |  |
| Notifies appropriate personnel and summons help* Supervising midwife
* Paediatrician
* Special care nurseries
* Calls neonatal code blue if required
 | 2.1, 2.3, 6.1, 6.2 |  |  |
| Positions and handles baby safelyPositions baby correctly for resuscitation | 1.2, 1.4, 2.2, 5.2, 5.3 |  |  |
| Resuscitates baby correctly* Establishes and maintains correct position of head and neck
* Provides adequate oxygenation/ventilation via neopuff
* Correctly attaches oximetry
* Bag and mask is to be used in gas supply failure as per ARC guideline
* States the indications and rates for ventilation (inadequate breathing, HR<100)
* Assesses the effectiveness of ventilation
* Reassesses baby’s condition at correct times
* Commences external cardiac compressions if indicated
* States indications, correct ratio, rates and depth for cardiac compressions (inadequate breathing, HR<60. Ratio 3:1)
* States indications administration and precautions for resuscitation medications: adrenaline, normal saline and O negative blood (as per Australian Resuscitation Council (ARC) guideline 13.7)
* Delegates scribe
 | 1.2, 1.4, 2.2, 5.2, 5.3, 5.5, 14.1 |  |  |
| Prepares for and assists with intubation and intravenous therapy* Familiarity with equipment required
* Prepares tapes
* Prepares IV tubing with 3 way tap
 | 1.4, 2.1, 2.2, 5.2, 5.3 |  |  |
| Reassess baby’s conditionFollows the Australian resuscitation council guidelines ‘flow chart’ and appropriately intervenes where indicated | 1.2, 5.2, 14.1 |  |  |
| **Following stabilisation** Ensures baby is warm and monitored closelyExplains criteria for care in the SCN following resuscitationEnsures family are supported and debriefed | 1.2, 1.4, 2.1, 3, 5.2 |  |  |
| Documents actions legibly and appropriately including observations interventions and times as per ARC guideline 13.9 | 1.3, 2.1, 2.3 |  |  |
| States indications for neonatal resuscitation at the time of birth and following birthDiscusses actual/potential problems which may arise during the resuscitation and outlines appropriate management | 2.1, 2.2, 2.3, 5.6, 6.1, 6.2 |  |  |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Overall rating (please circle):

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| --- | --- | --- | --- | --- |
| Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Comments …………………………………………………………………………………………………………………………………………………………………………

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## Competency assessment

Midwifery Competency Standard assessments will be carried out at various time points during the student’s midwifery course. Some students may have two assessments recorded on the one document – one in the Formative and one upon completion or Summative. **If the assessment is only to be completed once during the courses please fill in the section entitled ‘Summative’ and disregard the Formative component**. The frequency and timing of the assessment will differ between universities (please refer to university guidelines for this information). All sections of this assessment should be completed.

**LEGAL AND PROFESSIONAL PRACTIC**E

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency 1 : Functions in accordance with legislation and common law affecting midwifery practice** | StudentFormative | AssessorFormative | StudentSummative | Assessor Summative |
| Element 1.1: Demonstrates and acts upon knowledge of legislation and common law pertinent to midwifery practice |  |  |  |  |
| Element 1.2: Complies with policies and guidelines that have legal and professional implications for practice |  |  |  |  |
| Element 1.3: Formulates documentation according to legal and professional guidelines |  |  |  |  |
| Element 1.4: Fulfils the duty of care in the course of midwifery practice |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Competency 2: Accepts accountability and responsibility for own actions within midwifery practice** | Student Formative | AssessorFormative  | StudentSummative | AssessorSummative  |
| Element 2.1: Recognises and acts within own knowledge base and scope of practice |  |  |  |  |
| Element 2.2: Identifies unsafe action and takes appropriate action |  |  |  |  |
| Element 2.3: Consults with, and refers to, another midwife or appropriate health care provider when the needs of the woman and her baby fall outside own scope of practice or competence |  |  |  |  |
| Element 2.4: Delegates, when necessary, activities matching abilities and scope of practice and provides appropriate supervision |  |  |  |  |
| Element 2.5: Assumes responsibility for professional midwifery leadership functions |  |  |  |  |

**MIDWIFERY KNOWLEDGE AND PRACTICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency 3: Communicates information to facilitate decision making by the woman** | Student Formative | AssessorFormative  | StudentSummative | AssessorSummative |
| Element 3.1: Communicates effectively with the woman, her family and friends |  |  |  |  |
| Element 3.2: Provides learning opportunities appropriate to the woman’s needs |  |  |  |  |
| Element 3.3: Plans and evaluates care in partnership with the woman |  |  |  |  |

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| **Competency 4: Promotes safe and effective midwifery care** | Student Formative | AssessorFormative  | StudentSummative | AssessorSummative |
| Element 4.1: Applies knowledge, skills and attitudes to enable woman centred care |  |  |  |  |
| Element 4.2: Provides or supports midwifery continuity of care |  |  |  |  |
| Element 4.3: Manages the midwifery care of women and their babies |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Competency 5: Assesses, plans, provides and evaluates safe and effective midwifery care** | Student Formative | Assessor Formative  | StudentSummative | AssessorSummative |
| Element 5.1: Utilises midwifery knowledge and skills to facilitate an optimal experience for the woman |  |  |  |  |
| Element 5.2: Assesses the health and well being of the woman and her baby |  |  |  |  |
| Element 5.3: Plans, provides and is responsible for, safe and effective midwifery care |  |  |  |  |
| Element 5.4: Protects, promotes and supports breastfeeding |  |  |  |  |
| Element 5.5: Demonstrates the ability to initiate, supply and administer relevant pharmacological substances in a safe and effective manner within relevant state of territory legislation |  |  |  |  |
| Element 5.6: Evaluates the midwifery care provided to the woman and her baby |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Competency 6: Assesses, plans, provides and evaluates safe and effective midwifery care for the woman and /or baby with complex needs** | Student Formative | Assessor Formative  | StudentSummative | AssessorSummative |
| Element 6.1: Utilises a range of midwifery knowledge and skills to provide midwifery care for the woman and/or baby with complex needs as part of a collaborative ream |  |  |  |  |
| Element 6.2: Recognises and responds effectively in emergencies or urgent situations |  |  |  |  |

**MIDWIFERY AS PRIMARY HEALTH CARE**

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| --- | --- | --- | --- | --- |
| **Competency 7: Advocates to protect the rights of women, families and communities in relation to maternity care** | Student Formative | Assessor Formative  | StudentSummative | AssessorSummative |
| Element 7.1: Respects and supports women and their families to be self- determining in promoting their own health and well being |  |  |  |  |
| Element 7.2: Acts to ensure that the rights of women receiving maternity care are respected |  |  |  |  |

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| **Competency 8: Develops effective strategies to implement and support collaborative midwifery practice** | Student Formative | Assessor Formative  | StudentSummative | AssessorSummative |
| Element 8.1: Demonstrates effective communication with midwives, health care providers and other professionals |  |  |  |  |
| Element 8.2: Establishes, maintains and evaluates professional relationships with other health care providers |  |  |  |  |

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| **Competency 9: Actively supports midwifery as a public health strategy** | Student Formative | Assessor Formative  | StudentSummative | AssessorSummative |
| Element 9.1: Advocates for and promotes midwifery practice, within the context of public health policy |  |  |  |  |
| Element 9.2: Collaborates with, and refers women to, appropriate community agencies and support networks |  |  |  |  |

|  |  |  |  |  |
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| **Competency 10: Ensures midwifery practice is culturally safe** | StudentFormative  | AssessorFormative  | StudentSummative | AssessorSummative |
| Element 10.1: Plans, implements and evaluates strategies for providing culturally safe practice for women, their families and colleagues |  |  |  |  |

**REFLECTIVE AND ETHICAL PRACTICE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency 11: Bases midwifery practice on ethical decision making** | Student Formative  | Assessor Formative  | StudentSummative | AssessorSummative |
| Element 11.1: Practices in accordance with the endorsed Code of Ethics and relevant state/ territories and commonwealth privacy obligations under the law |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency 12: Identifies personal beliefs and develops these in ways that enhance midwifery practice** | Student Formative  | AssessorFormative  | StudentSummative | AssessorSummative |
| Element 12.1: Addresses the impact of personal beliefs and experiences on the provision of midwifery care |  |  |  |  |
| Element 12.2: Appraises and addresses the impact of power relations on midwifery practice |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency 13: Acts to enhance the professional development of self and others** | Student Formative  | Assessor Formative  | StudentSummative | AssessorSummative |
| Element 13.1 Assesses and acts upon own professional development needs |  |  |  |  |
| Element 13.2: Contributes to, and evaluates, the learning experiences and professional development of others |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competency 14: Uses research to inform midwifery practice** | Student Formative  | AssessorFormative  | StudentSummative | AssessorSummative |
| Element 14.1: Ensures research evidence is incorporated into practice |  |  |  |  |
| Element 14.2: Interprets evidence as a basis to inform practice and decision making |  |  |  |  |

**Formative assessment - Overall grading**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

Comments……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Summative assessment - Overall grading**

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| --- | --- | --- | --- | --- |
|  Independent (I) | Proficient (P) | Assisted (A) | Supported (S) | Dependent (D) |

Student name and signature:……………………………………………................................. Date:………………………………………..

Assessor name and signature:……………………………………………................................. Date:………………………………………..

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