Self-Directed Learning Activity Package

Perineal Repair

Name: .................................................................
Ward/Unit: ............................................................
Facility: ............................................................... 
Date Completed: ...................................................

Please return to relevant Educator¹ on completion of all requirements of this learning activity package

Date received by Educator: ........................................

Date of Original Package Development: September 2016

Endorsed by: NNSW LHD Maternity Service  Signature:  
Date: Nov 2018
Approved by: NNSWLHD  Nursing and Midwifery Education Committee
Signature: J Magill  Date: January 2019

Version: V2
Review Date: December 2020

¹ The term Educator relates to context of Nursing and Midwifery practice and encompasses CNE, CME, NE and ME roles
# Table of Contents

Statement of Indemnity .................................................................................................................. 3
Disclaimer ......................................................................................................................................... 3
Statement of Copyright ..................................................................................................................... 3
Acknowledgements ........................................................................................................................... 3
Related National Competency Standards for RN/ ENs ................................................................. 3
Related NSQHS Standards .............................................................................................................. 3
Related Australian Qualifications Framework Criteria (AQF) ....................................................... 3
Related Documents .......................................................................................................................... 4
Learning Resources Required for Completion of LAP .................................................................. 4
Prerequisite Learning Requirements ............................................................................................... 5
Recognition of Prior Learning ......................................................................................................... 5
Resource Persons ............................................................................................................................. 5
Guidelines for completion of this Learning Activity Package ....................................................... 5
Time Required for Completion ........................................................................................................ 6
Frequency of Completion ............................................................................................................... 6
Overview of the Learning Activity Package .................................................................................. 6
Aims .................................................................................................................................................. 6
Learning Outcomes .......................................................................................................................... 6
Assessments ....................................................................................................................................... 6
Who Can Conduct competency assessments .............................................................................. 7
Part 1 Understanding the anatomy of Pelvic Floor .................................................................... 7
Part 2 Documentation ...................................................................................................................... 14
Part 3 Competency Assessment .................................................................................................... 16
References ......................................................................................................................................... 19
Evaluation/Feedback Mechanism ................................................................................................. 20
Competency Assessment Tool ........................................................................................................ 21
Evaluation/Feedback Tool ................................................................................................................ 25
Statement of Indemnity
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Acknowledgments
Carolyn Hastie, Registered Midwife Southern Cross University
StratOG Perineal suturing e learning package Royal College Obstetrics and Gynaecology
The Tweed Hospital Competency Assessment for Perineal Repair by Midwives

Related Standards of Practice for the Registered/ Enrolled Nurse/ Midwife
Standard 4: Undertakes comprehensive assessments
Standard 5: Develops plans for midwifery practice
Standard 6: Provides safety and quality in midwifery practice

Related National Safety and Quality in Health Care Standards (NSQHS)
✓ Standard 1 – Clinical Governance
✓ Standard 2 – Partnering with Consumers.
✓ Standard 3 – Preventing and Controlling Healthcare Associated Infection
✓ Standard 4 - Medication Safety
✓ Standard 5 – Comprehensive Care
✓ Standard 6 – Communicating for Safety

Related Australian Qualification Framework Criteria (AQF)
This SD LAP may be assessed against the AQF framework for articulation of the material- https://www.aqf.edu.au/
Related Documents
Policies, Procedures and Guidelines

- NSW Health Policy Directives and LHD guidelines involved in this procedure:
  - PD2017_032 Clinical Procedure Safety
  - PD2010_058 Hand Hygiene Policy
  - PD2013_043 Medication Handling in NSW Public Health Facilities
  - PD2013_054 Management of Instruments, Accountable Items and Other Items used for Surgery or Procedures
  - PD2009_060 Clinical Handover – Standard Key Principles
  - PD2010_022 National Midwifery Guidelines for Consultation and Referral
  - PD2005_406 Consent to Medical Treatment – Patient Information
  - PD2009_003 Maternity – Clinical Risk Management Program
  - PD2010_045 Maternity – Towards Normal Birth
  - PD2012_069 Health Care Records – Documentation and Management
  - NC-NNSW-GUI-6865-13 Care of the Woman in Labour Guideline
  - NNSW-LHD-PRO-6361-12 Clinical Handover – Nursing/Midwifery Shift
  - NNSW-LHD-PRO-0153-17 Clinical Emergency Response Systems (CERS)
  - NC-NNSW-GUI-7439-14 Epidural Analgesia – Adult Patients
  - NNSW-LHD-STO-0287-17 Lignocaine Hydrochloride 1% (plain) for Episiotomy and Perineal repair – LHD Standing Order

Other relevant documents

[Click here to insert relevant documents]

Learning Resources Required for Completion of this Learning Activity Package

- Associated readings / references
• NC-NNSW-GUI-6865-13 Care of the Woman in Labour Guideline. Section 5.7 Perineal care

Prerequisite Learning Requirements
(Participants must have completed the following learning requirements prior to commencing this Learning Activity Package and be able to provide evidence of these)

• My Health Learning – Perineal repair
• Perineal suturing workshop

Recognition of Prior learning
“Recognition of prior learning is an assessment process that involves assessment of an individual’s relevant prior learning (including formal, informal and non-formal education) to determine the credit outcomes of an individual’s application for credit.” (AQFC, 2012). Participants can seek recognition of prior learning for this learning activity package through their Clinical Midwifery Educator or a Clinical Midwifery Consultant on sections of this package providing they can show evidence of successful completion of similar learning. This process should occur in consultation with the relevant Educator prior to commencement of this package.

Resource Persons
Accredited Local assessors

Guidelines for completion of this Learning Activity Package
• Please make sure you are familiar with all of the above documents prior to commencing this learning activity package.
• Participants are required to achieve a 85% mark or greater for this learning activity package.
• Should participants not achieve this mark, consultation with the Educators should occur to determine further education and direction for re-completion of required tasks
• The information and answers provided by participants in this learning activity package is of a confidential nature and will only be accessed by the Educator, and the relevant administration officer (if required for data collection purposes).

Time Required for Completion of this Learning Activity Package
This is a self-directed learning activity package which may be completed at the learner’s own pace. However, it is anticipated that the clinician may be able to complete the package in a time-frame of 3 months.

Rotation to Birthing Suite for completion of this Learning Activity Package
To aid your accreditation to perform perineal repair, ensure that your personal performance review and development plan (PRDP) is up to date. Liaise with your Midwifery Unit Manager (MUM) to complete your annual review and if necessary request a birth suite rotation following completion of workshop and learning package prior to commencing accreditation and

Frequency of completion of this Learning Activity Package
This learning activity package is required to be completed by staff members once only Ongoing competency is required to maintain accreditation with self-evidence of 10 perineal repairs annually and reflection with local assessor. If unable to attend 10 repairs annually, supervised practice with local assessor to be arranged by midwife.

Overview of the Learning Activity Package

Aims
Achieve competency in perineal suturing for 1st and 2nd degree tears

Learning outcomes
On completion of this learning package and prerequisite learning activities, you should be able to:

- Understand the importance of woman centered care
- Identify the anatomy of the female pelvic floor
- Understand perineal assessment and classification of perineal trauma
- Describe best practice for techniques of perineal suturing
- Describe best practice postpartum care for wound healing

Assessment

Formative

- Completion of My Health eLearning module Perineal Repair
- Attendance at Perineal Suturing workshop
Summative

1. Observation of three occasions of perineal suturing
2. Performance of three occasions of perineal suturing under supervision of an accredited assessor and completion of reflection portfolio.
3. Satisfactory completion of perineal suturing competency with an accredited assessor

Who can conduct competency assessment for this package?

Local assessors must be accredited for perineal suturing and have maintained annual competency of ten (10) perineal repairs and reflection.

PART1

Understanding the anatomy of the pelvic floor

1) Complete the My Health Learning Package on Perineal Repair.
   My Learning packages covers the following
   ✓ Understanding of the anatomy of the pelvic floor
   ✓ Non-suturing of the Perineal Trauma
   ✓ Suturing of the Perineal Trauma including the administration of analgesia
   ✓ Wound healing
2) Consolidate your Learning after completion of the above package by completing the activity below.

Color – By Number Illustrations of Pelvic Anatomy

Using coloured pencils colour the cross sections and full perineal view diagram. Allocated the colour by highlighting the number (1-67) on the list below.
You may need to use the same colour twice so ensure that the colours are not together in the diagram.
Read about a structure and then go to each drawing and colour it in to be able to learn about the structure.

1) Clitoral body (1); crura (1a)
2) Clitoral Glans
3) Clitoral Bulbs
4) Urethra (4a): urethral orifice (4b)
5) Yoni Canal
6) Clitoral root
7) Hymenal ring
8) Yoni fornices
9) Ischiocavernosus muscles
10) Superficial transverse perineal muscle
11) Perineal membrane connect tissue complex: banded parts (11a); 3-D part (11b)
12) Internal anal Sphinicter
13) Winged part of the external anal sphincter
14) Main part of the external anal sphincter
15) Longitudinal anal muscle
16) External Sphinicter space
17) Subcutaneous space of the external anal sphincter
18) Deep post anal space
19) Bulbocavermosus muscle
20) Puboanal is muscle component of pubovisceral complex
21) Pubococcyegeus fibers of pubovisceral complex and tendinous plate of pubococcyegeus
22) Puboperinealis muscle of pubovisceral complex
23) Vaginolevator attachments of pubovisceral complex
24) Fascia
25) Puborectalis muscle
26) Iliococcyegeus muscle
27) Ureter
28) Vestibule of the Vulva
29) Labia minora
30) Labia majora
31) Perineal body
32) Blader
33) Uterus
34) Cervix
35) Ovary
36) Uterine or egg tube (Fallopian tube)
37) Baby’s head crowning
38) Obturator internus muscle
39) Tendinous arch of the pelvic fascia
40) Anococcyegeal ligament contribution from external anal sphincters
41) Bony structures of the pelvis (41); pubic bine (41a); pelvic brim (41b);
   ischiopubic rami (41c); sacrum (41d);ischial tuberosity (41 e); coccyx (41f);
   ilium (41 g) _ (Colour coding does not apply to these alphabetical
designations.
42) Rectal canal
43) Retrouterine pouch
44) Urethral Sphinicter
45) Compressor urethra
46) Urethrovaginal sphincter
47) Deep suspensorial ligament of the clitoris
48) Pubourethral Ligament
49) Urethral Carina
50) Detrusor muscle of bladder
51) Cut edges of tissue (not always numbered)
52) Vestibular gland and duct
53) Anus
54) Gluteus maximus muscle
55) Sacrotuberous ligament
56) Round Ligament
57) Suspensory ligament of ovary
58) Ischiorectal fossa
59) Superficial perineal space
60) Perineal artery
61) Dorsal vein of clitoris
62) Mons veneris
63) External coat of rectal canal
64) Ovarian ligament
67) Gluteus maximums muscle
Diagram 1:
This coronal (frontal) section is cut on a somewhat posterior angle. It shows the depth relationship of the more shallow pelvic structures. Note that the place of this section is through the longitudinal center of the yoni, not through the central point of the perineum, and that the uterus is lifted up and out of the way.
Diagram 2:
This parasagittal section focuses on the relationship between the muscle of the anterior and posterior compartments.
Diagram 3:
Perineal View of the muscle pf the pelvic floor.
Diagram 4:
Perineal view of the pelvic muscles at crowning, with an average amount of thinning. The mother is in a supine position.
PART 2

Documentation

Content

Perineal Repair in the Birth Unit is a Level 1 Clinical Procedure as per PD2017_032. Requirements for this Procedure are identified in Table 1 below.

Table 1: Level 1 Procedure PD 2017_032 “Clinical Procedure Safety”.

2 LEVEL 1 PROCEDURES

<table>
<thead>
<tr>
<th>Definition</th>
<th>Examples</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Single proceduralist</td>
<td>- Insertion IV cannula</td>
<td>STOP and confirm the following before commencing the procedure</td>
</tr>
<tr>
<td>- Usually does not require written consent</td>
<td>- Insertion IDC</td>
<td>- Patient identification</td>
</tr>
<tr>
<td>- Does not involve procedural sedation or general/regional anaesthesia, except for dental procedures involving dental nerve blocks</td>
<td>- Insertion NGT</td>
<td>- Procedure verification</td>
</tr>
<tr>
<td>- Usually performed in wards, emergency departments, clinics, imaging departments</td>
<td>- Taking blood samples</td>
<td>- procedure + site/side/level, where appropriate, matches consent</td>
</tr>
<tr>
<td></td>
<td>- Diagnostic Radiology</td>
<td>- Allergy/adverse reaction check</td>
</tr>
<tr>
<td></td>
<td>- Diagnostic Nuclear Medicine</td>
<td>- Anticipated critical events</td>
</tr>
<tr>
<td></td>
<td>- Routine dental procedures e.g. dental extraction, fillings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Dental procedures involving dental nerve blocks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Superficial skin lesions/biopsies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Non operative obstetrics e.g. fetal scalp blood sampling, perineal repair with LA, Artificial Rupture of Membranes, fetal scalp electrode</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Severe perineal trauma (third or fourth degree) is a trigger incident (PD2009_003 Maternity – Clinical Risk Management Program) and requires an IIMS to be logged and escalation to medical officer.
- Perineal suturing requires an accountable items checklist to be signed by both healthcare professionals and should reflect a correct count at completion of the procedure. (see NNSW partogram).
- Lignocaine amount should be detailed and ordered by a medical officer in
eMeds. Local standing orders are available on intranet (NNSW-LHD-STO-0287-17 Lignocaine Hydrochloride 1% (plain) for Episiotomy and Perineal repair – LHD Standing Order).

- Detail of the classification of injury, the type of suture material, method of repair and any additional findings should be documented in the electronic health care record.
- Discussion of postnatal wound care should be documented in electronic health care records.
- The woman must be referred for physiotherapy review if she has sustained a third/fourth degree tear
- Offer opportunity for and document any clinical debriefing with the woman.
PART3

Competency Package
The following is the table of activities to be undertaken to be certified competent to perform repairs to genital tract trauma after childbirth.

Midwifery scope of practice following successful accreditation is for suturing of first and second degree genital tract trauma

NAME: ...........................................................................................................(Block Letters)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date Completed</th>
<th>Signature of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed My Health Learning Perineal Repair module</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended perineal repair workshop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed NNSWLHD perineal repair Learning Activity Package</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair 1 Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair 2 Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair 3 Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair 4 Supervised and reflection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair 5 Supervised and reflection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repair 6 Supervised and reflection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflective Portfolio (for repairs 4,5,6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency Assessment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date completed and submitted ..............................................................

I have completed this work and agree that I have met all the criteria for accreditation as competent to repair genital tract trauma

Signed by participant ..............................................................................

Competency Date: .....................................................................................

Certificate given: .................................................................................... (date)
Perineal Repair Competency Package Reflective Portfolio (Enter Electronically)

Name  

Number of repairs:  

As part of the perineal repair competency you are required to keep a reflective portfolio.

Please complete the following for six occasions of repair and submit your portfolio with your completed summary of repairs and competency table. Please also submit your completed workbook.

1. Please depict the woman’s genital tract trauma and label the structures on the following diagrams

2. Describe the process of repair, including the structures sutured; the local anaesthetic used; how you infiltrated the wound; how effective the anaesthetic was and the suturing method.

3. Please describe your feelings/thoughts/reactions to the process of repairing the woman’s genital tract trauma. Include your concerns and how you gained consent from the woman for the procedure.
4. How did the wound look post suturing?
   a. Immediately
   b. Next day
   c. After two weeks

5. How did the woman say the wound felt?
   a. Immediately
   b. Next day
   c. After two weeks

6. What was the woman’s pain score after repair on a 0-10 scale, with 0 being no pain at all and 10 being the worst pain possible?
   a. Immediately
   b. Next day
   c. After two weeks

7. What advice did you give the woman?
   a. Immediately
   b. Next day
   c. After two weeks

8. Ring the woman at 6 weeks postnatal and discuss the suturing/wound. Note the key points of the conversation and how the wound feels to her now.

9. Ask the woman if there was anything you could have done differently?

10. How do you feel about the follow up with the woman and the information she gave you about the wound and her postnatal experience of it and the suturing?

11. Any other comments?

Signature: ..................................................................................

Date: .....................................................................................
References

2. Selo-Ojeme D, Ojutiku D, Ikomi A. Impact of a structured hands-on surgical skills training program for midwives performing perineal repair IJGO 2009;4(14)
3. Cioffi J, Swain J, Arundell F. The decision to suture after childbirth: cues, related factors, knowledge and experience used by midwives. 2010; Midwifery 26
7. Ismail K.M.K, Kettle C. Perineal Assessment and Repair Longitudinal Study (PEARLS); a matched-pair cluster randomized trial. BMC Medicine.2013;11(209) available from BioMed Central
13. NC-NNSW-GUI-6865-13 Care of a woman in labour guideline.
17. Grant A, Gordon B, Mackrodat C, Fern E, Truesdale A, Ayers A. The Ipswich childbirth study: One year followup of alternative methods used in perineal
repair. BJOG. 2001;108 p34-40

Evaluation / Feedback Mechanism

Please take some time to complete the attached evaluation/feedback tool and return to your Educator. Your feedback will allow for the ongoing improvement of this learning activity package into the future. We appreciate your honesty and input. Thank you
**Name of Competency**

**Descriptor:** Knowledge and ability to effectively and safely perform assessment of perineal trauma and perineal suturing

**Competency related to:** NSQHS 1, 2, 3, 4, 5, 6.

**Assessment Codes:** I = Independent  S = Supervised  A = Assisted  M = Marginal  D = Dependent

**National Competency Standards for the Registered Midwife:**
- Standard 4: Undertakes comprehensive assessments
- Standard 5: Develops plans for midwifery practice
- Standard 6: Provides safety and quality in midwifery practice

**Prior Learning:**
(please state if not applicable)
- My Health Learning – Perineal repair module
- Perineal suturing workshop attendance and readings

<table>
<thead>
<tr>
<th>Candidate Name:</th>
<th>Designation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Number</td>
<td>Unit/Facility:</td>
</tr>
<tr>
<td>Assessor Name:</td>
<td>Designation:</td>
</tr>
</tbody>
</table>

**Confirmation of assessment details by participant.**

I confirm that:
- The purpose of this assessment has been clearly explained to me
- I am aware of the underpinning education and requirements as documented above
- The performance criteria to be used in this assessment has been discussed with me and I am aware that I will be assessed against these criteria
- I have been given fair notice of the date, time and venue of this assessment
- I am aware of how the assessment will be completed and the requirements relating to this assessment

Candidates Signature: Date: / /

**Assessment Matrix (Bondy 5 point )**

<table>
<thead>
<tr>
<th>Scale Label</th>
<th>Standard of Practice</th>
<th>Quality of Performance</th>
<th>Level of assistance required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent (Not Yet Competent)</td>
<td>Unsafe. Unable to demonstrate expected behaviour or skill. Lack of insight into behaviour appropriate to context.</td>
<td>Unskilled. Unable to demonstrate behaviour/procedure. Lacks confidence and understanding of provision of safe environment.</td>
<td>Required continuous verbal and/or physical directive cues</td>
</tr>
<tr>
<td>Marginal (Not Yet Competent)</td>
<td>Safe only with guidance. Not completely accurate. Incomplete achievement of objectives for intended outcome. Some insight into behaviour.</td>
<td>Very limited skills. Unable to demonstrate confidence, efficiency and/or co-ordination of activities.</td>
<td>Required continuous verbal and/or frequent physical directive cues.</td>
</tr>
<tr>
<td>Assisted (Not Yet Competent)</td>
<td>Safe. Accurate. Achievement of most objectives for intended outcome. Behaviour generally appropriate to context.</td>
<td>Proficient throughout most of performance when assisted</td>
<td>Required frequent verbal and/or occasional physical directives in addition to supportive cues.</td>
</tr>
</tbody>
</table>
## Performance/Assessment Criteria

### 1. Demonstrates knowledge
- Completed Pre-Requisites
  - My Health Learning Perineal Repair
  - NNSW LHD Perineal Repair Learning Activity Package
- Identifies and complies with relevant Policies and Guidelines
  - NNSW LHD Care of the Woman in Labour Guideline
  - Clinical Procedure Safety NSW Health PD2017_032
- Practices in an evidence based framework
  - As per pre-requisite

### 2. Provides evidence of therapeutic interaction
- Communicates effectively with woman and/or family.
- Communicates effectively with multidisciplinary team.
- Demonstrates sensitivity and respect for the woman’s cultural identity.
- Consults with relevant health care professionals to facilitate continuity of care.

### 3. Demonstrates Safe Practice
- Adheres to relevant WHS guidelines
  - Maintains safety with equipment (e.g. sharps)
  - Utilises PPE where appropriate. Standard Precautions unless otherwise indicated
- Seeks assistance when required
- Adheres to 5 moments of Hand Hygiene throughout the procedure

### 4. Prepares for Procedure
- Collects equipment.
  - Informs woman and gains verbal consent for the procedure
  - Completes Time out (Level One procedure)
  - Performs hand hygiene
  - Prepares surface where preparation will occur
  - Gathers equipment
  - Performs hand hygiene
  - Positions woman appropriately for procedure
  - Performs hand hygiene
  - Dons gloves and PPE appropriate for the procedure
  - Uses aseptic technique to prepare and maintain sterile field through the procedure

### 5. Performs Procedure
- Assess perineal trauma and PR examination, changes gloves
- Infiltrate perineum
- Assess woman’s pain relief before commencing suturing
- Perform perineal suturing
- Assess integrity of sutures and PR examination with woman’s consent

### 6. Completion of Procedure
- Removes gloves and PPE without contaminating self or the environment
- Performs hand hygiene
- Cleans equipment, replaces stock and discards waste appropriately
- Performs hand hygiene
- Completes relevant documentation including
  - accountable items checklist with second clinician
  - electronic medical records
<p>| ✓ eMeds (includes Nitrous Oxide in used) |
| ✓ Sutures used |
| ✓ Technique Used |
| ✓ Description of perineal tear |
| ✓ Follow up plan |</p>
<table>
<thead>
<tr>
<th>Outcome: Name of The Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of Prior Learning (RPL) Evidence Supplied:</td>
</tr>
<tr>
<td>RPL Assessed and Authorised by:</td>
</tr>
<tr>
<td>To achieve competency, each relevant performance criteria must be performed and observed as being correct by the assessor and/or have been recognised as credit for prior learning.</td>
</tr>
<tr>
<td>Competent:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
<tr>
<td>Assessor: (synopsis of performance)</td>
</tr>
<tr>
<td>Candidate: (reflect on your performance, the assessment process etc.)</td>
</tr>
<tr>
<td>Candidate signature</td>
</tr>
<tr>
<td>Action: Further Training Required</td>
</tr>
<tr>
<td>Further Training Required to be completed by:</td>
</tr>
<tr>
<td>Day 3: / / Assessor:</td>
</tr>
<tr>
<td>Day 4: / / Assessor:</td>
</tr>
<tr>
<td>Reassessment Decision.</td>
</tr>
<tr>
<td>Competent:</td>
</tr>
<tr>
<td>Comments</td>
</tr>
<tr>
<td>Candidate signature</td>
</tr>
</tbody>
</table>
EVALUATION / FEEDBACK FORM

Please take some time to complete the attached evaluation/ feedback tool and return to your Educator. Your feedback will allow for the ongoing improvement of this learning activity package into the future. We appreciate your honesty and input. Thank you

Please read the following statements. Using the scale please place a tick in the column that best represents your opinion. Add comments where you believe these are warranted.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Statement | SA | A | D | SD | N/A
---|---|---|---|----|----
This package was an effective learning activity
Comments:

The package content was easy to work through
Comments:

The information I required to complete the activities was easily available.
Comments:

I completed the package in the time specified
Comments:

I had access to a computer to complete the sections of the package that required such access.
Comments:

Please add any further comments:
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………

Thank you for taking the time to complete the evaluation and feedback form.

Date: …/…../20....