Charles Darwin University

Clinical Assessment Portfolio

Introduction to Professional Midwifery Practice
MID102

Bachelor of Midwifery

College of Nursing and Midwifery

Student Name: ________________________________
Student Number: ______________________________
Dates of Placement: From: ___________________ to: ___________________

Health Facility: ______________________________
Unit Name: ________________________________

Unit Manager: ________________________________
Contact details: ________________________________
INTRODUCTION TO PORTFOLIO AND EXPLANATION OF ASSESSMENT:

The Charles Darwin University (CDU) Clinical Assessment Portfolio for Bachelor of Midwifery students is designed to guide the student and Clinical Facilitator / Preceptor through the clinical placement experience. Please do not hesitate to contact the Unit Coordinator for assistance, explanation or to provide feedback.

To achieve a pass grade for this assessment, students must satisfactorily complete all assessment items. A Learning Agreement will only be utilised for students failing to meet the Nursing and Midwifery Board of Australia National Competency Standards for the Midwife (NMBA Competency Standards). All assessments must be witnessed by a Registered Midwife working in the health facility or the Clinical Facilitator / Preceptor responsible for the placement.

All formative and summative assessments including the core skills assessments must be co-signed by the Clinical Facilitator Midwife, or Clinical Midwifery Educator or the Clinical Unit Manager.

Assessments

1. **Attendance record**: This must be accurate and complete. Any absences must be reported to the health facility and the CDU Clinical Placement Office (CPO) prior to the shift commencing. A 100% attendance is required to complete the practicum. All make up time must be negotiated with the CDU CPO and the health facility.

2. **Clinical Objectives**: The student is responsible for setting their own clinical objectives for placement and should begin to identify these prior to the commencement of placement. The student must set two objectives per week. Students who do not meet their objectives may not achieve a pass for the unit. The objectives and their associated strategies must fit within the appropriate year Scope of Practice and be relevant to the unit or team in which the placement occurs. The objectives should increase in complexity over the course of the placement.

   **The objectives must be specific, measurable, attainable, relevant and time-bound (SMART)**

   For example: “Over the next 3 shifts I would like to safely attend to the hygiene requirements of 2 women who are post-caesarean section with minimal supporting cues from my preceptor.”

   **Remember** to make the learning objectives something that you can show evidence of successful achievement. They should relate to the clinical area of your placement and/or your scope of practice. Align your objectives with the most relevant NMBA Domains and standards. The objectives should increase in complexity each week of placement.

   **Resources**: The resources utilised should extend beyond those easily sourced such as policies, procedures and your preceptor. These are important but should be in addition to resources that show you have critically reflected on the achievement of your objective and improved performance.

   **Student Self-evaluation**: What did you do well? Where can you improve? How did you achieve your objective?

   **Strategies to improve performance**: Re-evaluate your performance and determine what strategies you need to improve performance and improve/and or enhance outcomes for the woman.

3. **Nursing and Midwifery Board of Australia Competency Standards: Competency Feedback & Assessment**: Based on the NMBA Competency Standards: **Formative** (interim) Feedback and **Summative** (final) Assessment.

4. This feedback and assessment instrument is based on the Nursing and Midwifery Board of Australia National Competency Standards for the Midwife (2006). Student’s competency is assessed according to each NMBA Domain. CDU expects that students perform their Midwifery care within the specified **Scope of Practice**

   It is within this scope that CDU expects the student to be assessed in relation to the NMBA Competency Standards. The instrument is based on Bondy’s work (1983). The grading scale is outlined on the following page.
Grading scale for NMBA Competency Standards:

<table>
<thead>
<tr>
<th>Grading Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent: (I)</td>
<td>Refers to being safe &amp; knowledgeable; proficient &amp; coordinated and appropriately confident and timely. <strong>Does not require supporting cues</strong></td>
</tr>
<tr>
<td>Supervised: (S)</td>
<td>Refers to being safe &amp; knowledgeable; efficient &amp; coordinated; displays some confidence and undertakes activities within a reasonably timely manner. <strong>Requires occasional supporting cues.</strong></td>
</tr>
<tr>
<td>Assisted: (A)</td>
<td>Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. <strong>Requires frequent verbal and some physical cues.</strong></td>
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<tr>
<td>Marginal: (M)</td>
<td>Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. <strong>Continuous verbal and physical cues.</strong></td>
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<tr>
<td>Dependent: (D)</td>
<td>Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. <strong>Continuous verbal and physical cues/interventions necessary.</strong></td>
</tr>
</tbody>
</table>

**Is the student currently progressing satisfactorily?**

Students must achieve minimum level of ‘Assisted’ in all competency standards by the end of placement. If the student is graded below ‘Assisted’ in the Formative NMBA Competency Feedback Assessment and with available evidence the student appears unlikely to reach ‘Assisted’ by the end of the placement without intensive support or intervention, the student should be deemed ‘Unsatisfactory’ and the Unit Coordinator should be contacted for advice and to commence a Learning Agreement. This feedback will allow extra supports to be put in place to assist the student.

**CDU CLINICAL PLACEMENT LEARNING AGREEMENT:** This assessment is only required for students failing to meet the NMBA Competency Standards. If student is not meeting minimum standards a Learning Agreement should be entered into in consultation with Unit Coordinator. If the student is deemed grossly unsafe, the health facility retains the right to ask the student to leave the placement.
### Medication Scope

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-prescription topical</th>
<th>PO</th>
<th>PR or PV</th>
<th>SC or IMI</th>
<th>SL</th>
<th>Topical or Transdermal</th>
<th>Intramuscular</th>
<th>Inhalation</th>
<th>Intranasal</th>
<th>Telephone orders</th>
<th>Intrasaccular</th>
<th>Intraosseous</th>
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<th>Telephone orders</th>
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<tr>
<td>1</td>
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******First year midwifery students may only apply non-prescription topical medications

Any questions regarding medications administration should be referred to the Unit Coordinator.
CDU CONTACTS:

UNIT COORDINATOR:
Name:__________ Email:____________________ Phone:__________

CLINICAL PLACEMENT OFFICE:
Name:__________ Email:____________________ Phone:__________

CLINICAL FACILITATOR/SUPERVISOR (where applicable)
Name:__________ Email:____________________ Phone:__________

SUBMISSION OF CLINICAL ASSESSMENT PORTFOLIO:

Due date: Within 10 working days of completion of the clinical placement. If the Clinical Assessment Portfolio is not received by the due date CDU policy for late submissions will apply. If unable to meet due date, request for an extension must be made to the Unit Coordinator prior to due date.

Submission:
The Clinical Assessment Portfolio should be scanned as one document and submitted via Learnline

Clinical Assessment Portfolios WILL NOT be accepted in person or by email

Scan the Clinical Assessment Portfolio as one document and submit via Learnline under Assessments, Clinical Assessment Portfolio, Clinical Assessment Portfolio Submission Point.

ASSESSMENT:
The Clinical Assessment Portfolio forms part of the overall assessment for clinical units. Failure to attend a placement that has been arranged by CDU where circumstances are not in accordance with the CDU Extenuating Circumstances guidelines will result in a Fail grade for the unit.
STUDENT PREPARATION:

Prior to clinical placement students must complete the following checklist as preparation. Student should contact the Unit Coordinator if unsure of any aspect of the placement or assessment.

☐ I have read and understood the Unit Guide for this unit.

☐ I have found the geographical location of placement and know how to get there.

☐ I understand that this Clinical Assessment Portfolio forms part of the overall grade.

☐ I have successfully completed the pre requisite CTB.

☐ I have considered my clinical objectives prior to commencing placement.

☐ I understand the assessments and know the due dates for the unit.

☐ I have read and understood the information in the Clinical Placement Resource Manual 2017 - 2021.

☐ I have met all pre-clinical requirements and understand that I am to carry copies with me while on placements so I can produce evidence of compliancy if requested by the health facility.

☐ (If directed by the Clinical Placement Office): I have made contact with the health facility where CDU has confirmed my placement to introduce myself, get my roster and confirm shift start and finish times.

☐ I know who to contact at CDU if I have any questions or problems while on placement.

☐ I understand I must complete 100% of the placement hours for the unit and must make up any sick days and missed days to pass the unit.

☐ I am aware of my responsibility to maintain appropriate behavior while undertaking my clinical placement in particular adhere to privacy and confidentiality of patient information and all matters related to the health facility.

If client confidentiality is breached, the penalty may include termination of placement and a fail grade.

Name (print): ________________________________

Student number: ________________________________

Signature: ________________________________ Date: ________________________________
1: ATTENDANCE RECORD:
A 100% attendance is required to complete practicum; **120 hours for MID102**. Placement hours worked does not include breaks.

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# SCOPE OF PRACTICE

## Scope of Practice for CDU Bachelor of Midwifery Students 2017 - 2021

The following table summarises the scope of practice for each year level for the CDU midwifery students. It indicates the level of midwifery skills and knowledge students should be able to demonstrate at the beginning and those they must achieve on completion. All students uphold the philosophy of midwifery practice as stated by the Australian College of Midwives and provide evidence-informed rationales for all midwifery actions. They must demonstrate professional accountability and responsibility for their actions & behaviour, according to their scope of practice & the NMBA Competency Standards for the Midwife, Code of Ethics and Code of Conduct. CDU Midwifery students require close supervision from the RM or other health professional as applicable.

<table>
<thead>
<tr>
<th>Year Unit</th>
<th>Scope of practice</th>
<th>Additional suggested objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1: MID101</td>
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<tr>
<td>Novice: frequent or continuous cues. No client load; continuous supervision. May initiate 2 continuity of care journeys.</td>
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</tbody>
</table>
| - Observe the role and scope of practice of the midwife;  
  - Communicate and collaborate appropriately with colleagues, women/families  
  - Actively listen  
  - Observe a first antenatal visit  
  - Observe a subsequent visit  
  - Assist with vital signs  
  - Assist with measurement of fundal height  
  - Promote patient comfort & body alignment including: bed making – occupied and unoccupied  
  - Establish and maintain an ongoing partnership with 2 women who are beginning their childbearing journey.  
  - Meet the 2 women for continuity of care journey through the supervising midwife.  |
| - Establish communication with my preceptor and discuss scope of practice  
  - Gain a rapport with a woman at an antenatal visit  
  - Observe the partnership interaction between the midwife and woman  
  - Discuss the CoC experience with a woman and recruit a CoC woman  
  - Discuss what is important to a woman during her pregnancy  |
| Year 1: MID102  |
| Novice: frequent or continuous cues. No client load/ work with a RM and share the care under continuous supervision. May provide midwifery care under the direct supervision of a midwife and based on the clinical decision making of others.  |
| - Discuss evidence-informed rationales for implementing designated midwifery care;  
  - Provide midwifery care to post caesarean women and their infants;  
  - Assess woman’s/patients’ input/output (direct & indirect observation, fluid balance & food/diet charts);  
  - Recognise & report significant fluid balance fluctuations;  
  - With continuous support implement midwifery interventions for well women post caesarean sections that require some assistance with their care;  
  - Vital signs;  
  - Positioning & mobility  
  - Personal hygiene  
  - Use safe manual handling techniques and equipment;  
  - With support promote patient comfort & body alignment including:  
  - Assist women requiring mobility support  
  - Apply TED stockings  
  - Help with elimination management (insertion of, and care of indwelling catheters; bedpans) in relation to women post caesarean section and perineal toilet.  
  - Attend a postnatal check including: vital signs, general wellbeing, emotional state, interaction with baby, breasts, fundus, perineum and calves. Check bladder and bowel regularity and lochia.  
  - Assist woman with basic baby care:  
  - Bathing/skin care  
  - Buttock hygiene  
  - Cord care /eye care  
  - Daily observations  
  - Weighing  
  - Use safe and effective infection control measures & standard precautions including:  
  - Hand hygiene  
  - Use of personal protective equipment  
  - Appropriate disposal of waste materials  
  - With support assist with wound healing by primary intention:  
  - Dry wound dressing  
  - Assess wound healing  |
| - Observe a caesarean section  
  - Observe a normal birth  
  - Monitor and remove abdominal drain  
  - Assess and document wound care  
  - Oxygen saturation monitoring of woman  
  - Oxygen saturation monitoring of baby  
  - Simulate emergency “call for help” procedures  |
<table>
<thead>
<tr>
<th>Year 1: MID102</th>
<th>Year 2: MID202</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Novice-advanced beginner; frequent or occasional cues.</strong> Under the direct supervision of a midwife, and in collaboration with women clients, implement clinical decision making that is formed in consultation with other health care providers.</td>
<td><strong>Year 2: MID204</strong> Novice-advanced beginner; frequent or occasional cues.</td>
</tr>
</tbody>
</table>
| - Provide basic care to antenatal women;  
  - Blood Pressure  
  - Weighing  
  - Urinalysis  
  - Auscultate fetal heart with Pinard or Doppler  
  - Under direct supervision of a midwife, assist woman to birth during a normal vaginal birth. | - Conduct antenatal observations  
- Determine a woman’s due date using Naegle's rule  
- Explain the pregnancy care journey to the woman  
- Provide support and information to woman/family during an antenatal visit  
- Assist with documentation of pregnancy care  
- Counsel a woman about quitting smoking/ healthy eating in pregnancy  
- Accompany the multidisciplinary team on an antenatal ward round  
- Explain the signs and symptoms of labour to the woman  
- Check the resuscitaire  
- Administration of IM/SC Injection  
- Administration of oral medications  
- Immunisation education and administration  
- Discuss the woman’s/baby’s condition with the midwife leader/relevant doctor. |

**Additional Skills**

- Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.  
- Discuss evidence-informed rationales for implementing designated midwifery care;  
- With supervision conduct a first antenatal visit:  
  - History taking  
  - DV screening  
  - Explain screening tests  
  - Explain care options  
  - Nutrition advice  
  - Breastfeeding advice  
  - Discuss childbirth education needs  
  - Health assessment  
  - Weigh/BMI  
  - Urinalysis  
  - Conduct an abdominal examination  
  - Auscultate fetal heart rate  
  - Assist with CTG  
  - Conduct scheduled antenatal assessments, including discussion of birth options;  
  - Refer to the ACM guidelines for referral  
  - Demonstrate knowledge of stages of labour and evidence for care;  
  - Assist with assessment and care of labouring and birthing women;  
  - Vital signs  
  - Abdominal examination  
  - Assessment of progress  
  - Contraction pattern  
  - State of membranes  
  - Descent of PP  
  - FHR  
  - VE  
  - Assist with the birth of the baby  
  - Assist with third stage  
  - Assist the fourth or transition phase  
  - Examine placenta and membranes  
  - Observe newborn examination  
  - Administer IMI Vitamin K1 to newborn  
  - Assist with initiation of breastfeeding  
  - Assist woman opting for artificial feeding  
  - Assist with medication administration  
  - Articulate knowledge of legislation, charting and e-scribe medication administration contexts  
  - Safely administer S2 and S4 medications  
  - Explain the pharmacokinetics of the above medications  
  - Work collaboratively with allied health workers & other team members.  

- Lead and prioritise care for 2 women on the antenatal/postnatal ward  
- Assist with drug round within Year 2 Medications Scope of Practice  
- Monitor uterine contractions  

**Assessment Portfolio**

- Explain the pharmacokinetics of the above medications  
- Safely administer S2 and S4 medications  
- Articulate knowledge of legislations, charting and e-scribe medication administration contexts  
- Discuss the woman’s/baby’s condition with the midwife leader/relevant doctor.  

**Further Details**

- Conduct antenatal observations  
- Determine a woman’s due date using Naegle’s rule  
- Explain the pregnancy care journey to the woman  
- Provide support and information to woman/family during an antenatal visit  
- Counsel a woman about quitting smoking/healthy eating in pregnancy  
- Accompany the multidisciplinary team on an antenatal ward round  
- Conduct the signs and symptoms of labour to the woman  
- Check the resuscitaire  
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- Administration of oral medications  
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**Additional Skills**

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- Conduct antenatal observations  
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- Accompany the multidisciplinary team on an antenatal ward round  
- Conduct the signs and symptoms of labour to the woman  
- Check the resuscitaire  
- Administration of IM/SC Injection  
- Administration of oral medications  
- Immunisation education and administration  
- Discuss the woman’s/baby’s condition with the midwife leader/relevant doctor.
### Year 3: MID301

**Advanced-beginner. Minimal cues; minimal supervision. Under the direct supervision of a midwife or equivalent,**

<table>
<thead>
<tr>
<th><strong>Task</strong></th>
<th><strong>Evidence-Informed Rationale</strong></th>
</tr>
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<tbody>
<tr>
<td>Discuss evidence-informed rationales for implementing designated midwifery/women's health care;</td>
<td><em>Conduct a midwife or direct under the supervision of a midwife.</em>* <em>Minimal cues; minimal supervision.</em> <strong>Under the direct supervision of a midwife or equivalent,</strong> Discuss evidence-informed rationales for implementing designated midwifery/women’s health care;</td>
</tr>
<tr>
<td>Demonstrate timely &amp; accurate communication, documentation and evidence informed decision-making which addresses cultural safety &amp; awareness.</td>
<td><em>Conduct a midwife or direct under the supervision of a midwife.</em>* <em>Minimal cues; minimal supervision.</em> <strong>Under the direct supervision of a midwife or equivalent,</strong> Demonstrate timely &amp; accurate communication, documentation and evidence informed decision-making which addresses cultural safety &amp; awareness.</td>
</tr>
<tr>
<td>Contribute to the management of well women utilizing screening including breast screening/ family planning and reproductive medicine</td>
<td><em>Conduct a midwife or direct under the supervision of a midwife.</em>* <em>Minimal cues; minimal supervision.</em> <strong>Under the direct supervision of a midwife or equivalent,</strong> Contribute to the management of well women utilizing screening including breast screening/ family planning and reproductive medicine</td>
</tr>
<tr>
<td>Provide pre and post-surgical care to women undergoing gynaecological surgery</td>
<td><em>Conduct a midwife or direct under the supervision of a midwife.</em>* <em>Minimal cues; minimal supervision.</em> <strong>Under the direct supervision of a midwife or equivalent,</strong> Provide pre and post-surgical care to women undergoing gynaecological surgery</td>
</tr>
<tr>
<td>Provide care to women with medical complications – such as diabetes/cardiac disease/breast cancer</td>
<td><em>Conduct a midwife or direct under the supervision of a midwife.</em>* <em>Minimal cues; minimal supervision.</em> <strong>Under the direct supervision of a midwife or equivalent,</strong> Provide care to women with medical complications – such as diabetes/cardiac disease/breast cancer</td>
</tr>
<tr>
<td>Administer medications as per scope of practice</td>
<td><em>Conduct a midwife or direct under the supervision of a midwife.</em>* <em>Minimal cues; minimal supervision.</em> <strong>Under the direct supervision of a midwife or equivalent,</strong> Administer medications as per scope of practice</td>
</tr>
<tr>
<td>Year 3: MID307</td>
<td><strong>Advanced</strong></td>
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<td>---------------</td>
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</tr>
<tr>
<td><strong>MID303, 304 &amp; 306</strong></td>
<td><strong>Scope of Practice within Year 3 Medications</strong></td>
</tr>
<tr>
<td><strong>Advanced-beginner</strong></td>
<td><strong>Lead and prioritise care for 4 women on the antenatal/postnatal ward</strong></td>
</tr>
<tr>
<td><strong>Minimal cues; minimal supervision</strong></td>
<td><strong>Assist with drug round within Year 3 Medications Scope of Practice</strong></td>
</tr>
<tr>
<td><strong>Under the direct supervision of a midwife or equivalent, and in collaboration with the woman and where appropriate, other health care providers, form and implement own clinical decisions. Manage a small caseload of women (6-8)</strong></td>
<td><strong>Assist in the formulation of an antenatal care plan for women experiencing complications during pregnancy</strong></td>
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<tr>
<td></td>
<td><strong>Assist with an Iron Infusion – setup, observations, documentation, and protocol</strong></td>
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<tr>
<td></td>
<td><strong>Assist with a blood Infusion – setup, observations, documentation, and protocol</strong></td>
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<tr>
<td></td>
<td><strong>Lead and prioritise care for women in labour</strong></td>
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<td></td>
<td><strong>Assist the anaesthetist and set up for an epidural</strong></td>
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<td></td>
<td><strong>Administer epidural drugs under supervision</strong></td>
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<td><strong>Assist with the management of PPH</strong></td>
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<td></td>
<td><strong>Assist the doctor and provide support for the woman and baby undergoing instrumental birth</strong></td>
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<td></td>
<td><strong>Assist with the collection of cord blood</strong></td>
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<td></td>
<td><strong>Provide post-operative care for a woman after manual removal of placenta</strong></td>
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<td></td>
<td><strong>Assist with the care of a woman experiencing perinatal loss</strong></td>
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<td></td>
<td><strong>Formulate a care plan for a woman with breastfeeding problems</strong></td>
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<td></td>
<td><strong>Observe a frenotomy for a tongue tie</strong></td>
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<td></td>
<td><strong>Assist with Discharge Planning procedures</strong></td>
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<td></td>
<td><strong>Insert a NG tube</strong></td>
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<td><strong>Provide “cares” for a baby in an incubator</strong></td>
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<td></td>
<td><strong>Perform a heel prick blood</strong></td>
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**Year 3: MID307**

- Demonstrate professional communication, conduct and evidence-informed decision-making in all aspects of midwifery practice across a range of cultural settings & acuity levels.
- Confidently provide accurate, logical, concise and appropriate recording and reporting of client/patient data (oral & written) to the health care team.
- Manage a small caseload of women (6-8) under the direct supervision of a midwife or equivalent.
- Assessment, planning, evidence-informed intervention, rationales and evaluation) for women/patients requiring medication:
  - Further develop skills in the safe administration of medicines via the oral, topical and parental routes
  - Manage medication regimes across varying modalities
  - Intra-venous therapy regimes including IV antibiotics; narcotic infusions, epidurals & PCAs
  - Demonstrate knowledge about the storage and use of Schedule 2, 4 and 8 medications according to facility, statutory, State and Commonwealth Law
  - Discuss the pharmacology & pharmacokinetics of medications administered by the student
- Discuss evidence-based collaborative management of women/patients who require the above interventions.
- Recognise and assist with collaborative management of women experiencing challenges during their childbearing episode:
  - Women with mental health problems
  - Withdrawal syndrome and/or dependency behaviours (including working with AOD team)
  - Cognitively impaired patients
  - Medical/surgical complications
  - Sexually transmitted infection/s
  - Perinatal loss- early and late
  - Birth of a baby with a congenital disorder
- Perform and interpret CTG
- Assist with family planning options
- Provide evidence-based midwifery care for women experiencing the following complications:
  - Antepartum haemorrhage
  - Hypertension/preeclampsia/eclampsia
  - Shoulder Dystocia
  - Breech Birth
  - Postpartum haemorrhage
  - Multiple pregnancy and birth
  - Cord presentation and prolapse
  - Cardiac disease
  - Renal disease
- Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.
- Discuss evidence-informed rationales for implementing designated

**Year 3: MID307**

- Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.
- Discuss evidence-informed rationales for implementing designated

- Assist with counselling about a mental health issue
- Observe and understand treatment for a gynaecology issue (e.g. surgery for endometriosis)
- Educate a woman about medications for a women's health issue (e.g. cardiac disease, depression)
- Educate a woman about prevention of incontinence
beginner. Minimal cues; minimal supervision

Under the direct supervision of a midwife or a registered nurse, and in collaboration with women clients, implement clinical decision making that is formed in consultation with other health care providers

midwifery care:
- Assess and care for well preterm infants/unwell term infants/TORCH infections/ respiratory distress syndrome/infants experiencing complications from birth/neonatal abstinence syndrome/low birth weight/infant of a diabetic mother
  - Incubator care
  - Vital signs
  - Monitor for hypoglycaemia
  - Hygiene
  - Oro/naso gastric feeding
  - Supplemental oxygen
  - Oral/IV medications
  - Phototherapy

Progression update of CoCs, AN & PN assessments, births, labour & complex care episodes, newborn examinations

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<thead>
<tr>
<th>Course requirements</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Antenatal – 100 assessment</td>
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<td>Postnatal – 100 assessment</td>
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<tr>
<td>Complex care episodes – 40</td>
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<td>Primary accoucheur 30 women</td>
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<td>Additional care of woman in labour – 10</td>
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<td>Examination of the newborn – 20</td>
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<td>Continuity of care journeys - 10</td>
<td>Current-Completed-</td>
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</table>

Midwifery Competency Assessment Schedule

Please complete a formative (interim) assessment at the midpoint (end week one) of your placement. The formative assessment is designed to give you feedback on where you need to improve prior to your summative assessment.

Please complete a summative (final) assessment at the end (end week three) of your placement
### FORMATIVE NMBA COMPETENCY FEEDBACK: WEEK 1

To be completed at the end of week 1

**Assessment is benchmarked against student performance at the end of the degree and according to student’s overall performance relevant to the scope of practice for MID102**

- Student must attain a minimum rating of ‘**Assisted**’ in all competencies by end of placement for MID102.

<table>
<thead>
<tr>
<th>Legal and Professional Practice</th>
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RM signature & name:  
Designation:  
Date:  

Student signature and name:  
Date:  

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**Grading scale**

**Independent:** (I)  
Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely.  
*Does not require supporting cues*

**Supervised:** (S)  
Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner.  
*Requires occasional supporting cues*

**Assisted:** (A)  
Refers to being safe and knowledgeable most of the time; skilful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task.  
*Requires frequent verbal and some physical cues*

**Marginal:** (M)  
Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period.  
*Continuous verbal and physical cues*

**Dependent:** (D)  
Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency.  
*Continuous verbal and physical cues/interventions necessary*


**Scoring guide:** You should only ✔ one column for each of the one to fourteen descriptors. If a particular descriptor/behaviour was not observed, use N/O (not observed). This should not be a frequent or common occurrence. Where possible all descriptors under each domain should be assessed.
Feedback and Reflection

Reflection by Student: (Use Gibbs Reflective cycle or another model of reflection and discuss how you would approach your practice differently or more effectively. Please indicate the model you have used).

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________

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________________________________________________________________________________________

How would you rate your overall performance whilst undertaking this clinical placement? (use a ✓ & initial)

Unsatisfactory ☐ Satisfactory ☐ Good ☐ Excellent ☐

Comments by RM:

________________________________________________________________________________________

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Student Name: (please print) __________________________ Sign: __________________________ Date: ________________

RM Name: (please print) __________________________ Sign: __________________________ Date: ________________

Clinical facilitator: (please print) __________________________ Sign: __________________________ Date: ________________

(Or CME / Unit Manager)
OBJECTIVES: WEEK 1

Two objectives per week of placement must be completed by student. When objective is achieved, each is to be signed by the RM working with student. All four NMBA Domains must be addressed by completion of placement. Students must identify the NMBA Domain and the specific NMBA Competency Standards the objective links to.

MID102 requires a total of 6 objectives (two per week for the three week placement).

Objective # 1.

NMBA Domain / Standard(s) objective links to:

Resources student will use to work towards achieving objective:

Student self-evaluation: (What did you do well? Where can you improve?)

Strategies to improve performances / and or outcomes:

Has the student successfully achieved their objective? Yes ☐ No ☐

RM signature: ___________________________ Date: ___________________________

RM name printed: ___________________________

Designation: ___________________________
OBJECTIVES: WEEK 1

Two objectives per week of placement must be completed by student. When objective is achieved, each is to be signed by the RM working with student. All four NMBA Domains must be addressed by completion of placement. Students must identify the NMBA Domain and the specific NMBA Competency Standards the objective links to.

Objective # 2.

NMBA Domain / Standard(s) objective links to:

Resources student will use to work towards achieving objective:

Student self-evaluation: (What did you do well? Where can you improve?)

Strategies to improve performances / and or outcomes:

Has the student successfully achieved their objective? Yes ☐ No ☐

RM signature: ___________________________ Date: ___________________________

RM name printed: ___________________________

Designation: ___________________________
OBJECTIVES: WEEK 2

Two objectives per week of placement must be completed by student. When objective is achieved, each is to be signed by the RM working with student. All four NMBA Domains must be addressed by completion of placement. Students must identify the NMBA Domain and the specific NMBA Competency Standards the objective links to.

Objective # 3.

NMBA Domain / Standard(s) objective links to:

Resources student will use to work towards achieving objective:

Student self-evaluation:(What did you do well? Where can you improve?)

Strategies to improve performances / and or outcomes:

Has the student successfully achieved their objective? Yes ☐ No ☐

RM signature: ______________________________________ Date: ____________

RM name printed: ______________________________________

Designation: ______________________________________
OBJECTIVES: WEEK 2

Two objectives per week of placement must be completed by student. When objective is achieved, each is to be signed by the RM working with student. All four NMBA Domains must be addressed by completion of placement. Students must identify the NMBA Domain and the specific NMBA Competency Standards the objective links to.

Objective # 4.

NMBA Domain / Standard(s) objective links to:

Resources student will use to work towards achieving objective:

Student self-evaluation:(What did you do well? Where can you improve?)

Strategies to improve performances / and or outcomes:

Has the student successfully achieved their objective? Yes □    No □

RM signature: ___________________________ Date: ___________________________

RM name printed: ___________________________

Designation: ___________________________
OBJECTIVES: WEEK 3

Two objectives per week of placement must be completed by student. When objective is achieved, each is to be signed by the RM working with student. All four NMBA Domains must be addressed by completion of placement. Students must identify the NMBA Domain and the specific NMBA Competency Standards the objective links to.

Objective # 5.

NMBA Domain / Standard(s) objective links to:

Resources student will use to work towards achieving objective:

Student self-evaluation: (What did you do well? Where can you improve?)

Strategies to improve performances / and or outcomes:

Has the student successfully achieved their objective? Yes □ No □

RM signature: __________________________  Date: ______________________

RM name printed: __________________________

Designation: __________________________
OBJECTIVES: WEEK 3

Two objectives per week of placement must be completed by student. When objective is achieved, each is to be signed by the RM working with student. All four NMBA Domains must be addressed by completion of placement. Students must identify the NMBA Domain and the specific NMBA Competency Standards the objective links to.

Objective # 6.

NMBA Domain / Standard(s) objective links to:

Resources student will use to work towards achieving objective:

Student self-evaluation: (What did you do well? Where can you improve?)

Strategies to improve performances / and or outcomes:

Has the student successfully achieved their objective? Yes ☐ No ☐

RM signature: ___________________________ Date: ___________________________

RM name printed: ___________________________

Designation: ___________________________
SUMMATIVE NMBA COMPETENCY FEEDBACK: WEEK 3
To be completed at the end of week 3

Assessment is benchmarked against student performance at the end of the degree and according to student’s overall performance relevant to the scope of practice for MID102

- Student must attain a minimum rating of ‘Assisted’ in all competencies by end of placement for MID102.

### Legal and Professional Practice

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### Midwifery Knowledge and Practice

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### Midwifery as Primary Health Care

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Attendance record complete: Y / N 6 clinical objectives complete: Y / N

RM signature & name: Designation: Date:

Student signature and name: Date:

**Grading scale**

Independent: (I) Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. *Does not require supporting cues*

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How would you rate your overall performance whilst undertaking this clinical placement? (use a ✓ & initial)

Unsatisfactory □ Satisfactory □ Good □ Excellent □

Comments by RM:

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Continue on a separate sheet if necessary

Student Name: (please print) ___________________________ Sign: ___________________________ Date: __________________

RM Name: (please print) ___________________________ Sign: ___________________________ Date: __________________

Clinical Facilitator: (please print) ___________________________ Sign: ___________________________ Date: __________________

(Or CME / Unit Manager)
Guide for Assessors

The following is a guide to assist facilitators/educators to assess competencies. When assessing students, take into account the level of their course and use the CDU scope of practice for Midwifery students as a guide.

### LEGAL AND PROFESSIONAL PRACTICE

**C1. Practises in accordance with legislation and common law affecting midwifery practice**

1.1 Demonstrates and acts upon knowledge of legislation and common law pertinent to midwifery practice.

1.2 Complies with policies and guidelines that have legal and professional implications for practice.

1.3 Formulates documentation according to legal and professional guidelines.

1.4 Fulfils the duty of care

**OBSERVATIONS of the student:**
Uses protocols/procedure/documentation to support decision making. Maintains client confidentiality.

**QUESTIONS for the student:**
When would you use/apply particular criteria/rules? (e.g. documentation / consent / mandatory reporting).

**MEASUREMENTS:**
Documents are appropriately utilised; exception reporting is evident; maintains safe working environment.

**SCENARIO examples of appropriate experience:**
Breach of practice reporting/mandatory reporting.

**C2. Accepts accountability and responsibility for own actions within midwifery practice.**

2.1 Recognises and acts within own knowledge base and scope of practice

2.2 Identifies unsafe practice and takes appropriate action

2.3 Consults with, and refers to, another midwife or appropriate health care provider when the needs of the woman and the baby fall outside own scope of practice or competence.

2.4 Delegates where necessary activities matching abilities and scope of practice and provides appropriate supervision.

2.5 Assumes responsibility for professional midwifery leadership functions

**OBSERVATIONS of the student:**
Works within scope of practice appropriate to year/semester. Recognises own limitations, asks for assistance as required.

**QUESTIONS for the student:** How might you respond if a medical practitioner asks you to remove a woman's IV (MID102) or attach a fetal scalp electrode (MID202) or perform an episiotomy (MID303)?

**MEASUREMENTS:**
Documentation e.g. such as handover notes are appropriately utilised and accurate report writing; student stays within appropriate scope of practice.

**SCENARIO examples of appropriate experience:**
The student assists a woman to mobilise post caesarean section (MID102). The student counsels a woman about the glucose tolerance test (MID202). The student assists a woman with twins to breastfeed (MID204). The student discusses the use of antibiotics with a woman with suspected urinary tract infection (MID303).
Midwifery Knowledge and Practice

C3. Communicates information to facilitate decision-making by the woman.

3.1 Communicates effectively with the woman, her family and friends.
3.2 Provides learning opportunities appropriate to the woman’s needs.
3.3 Plans and evaluates care in partnership with the woman.

**OBSERVATIONS of the student:** Actively listens to woman and responds appropriately, uses language that is readily understood. Obtains informed consent where appropriate.

**QUESTIONS for the student:** How would explain antenatal screening tests to a woman and her partner? A woman calls for assistance during the night and asks for her baby to be taken from her room as she cannot sleep. How do you manage this situation?

**MEASUREMENTS:** Uses appropriate/plain language to provide information to enable the woman and her partner to make an informed choice. Presents information in an unbiased manner.

**SCENARIO examples of appropriate experience:**
The student educates a first time mother who is very nervous about handling her newborn, to handle and bath her baby confidently.

C4. Promotes safe and effective midwifery care.

4.1 Applies knowledge, skills and attitudes to enable woman centred care.
4.2 Provides or supports midwifery continuity of care.
4.3 Manages the midwifery care of women and their babies.

**OBSERVATIONS of the student:** Respects each woman’s individuality. Supports continuity of care. Demonstrates appropriate time management skills, prioritises workload.

**QUESTIONS for the student:** You are about to help a woman who is day 2 post caesarean section with her hygiene needs when another mother rings for assistance with breastfeeding. Describe your actions.

**MEASUREMENTS:** Can manage workloads appropriately, prioritising as required. Takes into account cultural, social and lifestyle differences when planning and providing care to women.

**SCENARIO examples of appropriate experience:**
Postnatal/antenatal/intrapartum observations, deviations from normal.

C5. Assesses plans, provides and evaluates safe and effective midwifery care.

5.1 Utilises midwifery knowledge and skills to facilitate an optimal experience for the woman.
5.2 Assesses the health and wellbeing of the woman and her family
5.3 Plans, provides, and is responsible for, safe and effective midwifery care.
5.4 Protects, promotes and supports breastfeeding.
5.5 Demonstrates the ability to initiate, supply and administer relevant pharmacological substances in a safe and effective manner within relevant state or territory legislation.
5.6 Evaluates the midwifery care provided to the woman and her baby.

**OBSERVATIONS of the student:** Carries out a comprehensive health assessment of the woman and her baby. Can interpret the information from the assessment and incorporate it into the care of the woman/baby. Interventions are timely and appropriate. Proactively supports breastfeeding.

**QUESTIONS for the student:** How would you support a woman to breastfeed who is ambivalent? Why is it important to assess the rate of involution of the postpartum uterus? What might make you concerned about a woman’s lochia?

**MEASUREMENTS:** Documentation is accurate and contemporaneous. Shares assessment findings with the woman.
**SCENARIO examples of appropriate experience:** Medication safety; immunisations. Care of caesarean wound. Management of breastfeeding difficulties/complications.

**C 6. Assesses, plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.**

6.1 Utilises a range of midwifery knowledge and skills to provide midwifery care for the woman and/or her baby with complex needs as part of a collaborative team.
6.2 Recognises and responds effectively in emergencies or urgent situations.

**OBSERVATIONS of the student:** Manages workload, able to prioritise. Recognises and reports deviations from normal. Collaborates effectively with other members of the health care team. Interprets CTG, other tests and reports. Performs tests, observations etc. in a timely manner.

**QUESTIONS for the student:** When is magnesium sulphate used in midwifery/obstetrics? Describe the care required when magnesium sulphate/hydralazine etc. is in use? A baby is born limp, pale and apnoeic; describe your management?

**MEASUREMENTS:** Documents are appropriately utilised to show a clear plan of care; an appropriate time frame is evident; Knows who to contact and who to pass on information to achieve health outcomes; Knows the signs of deterioration and/or improvement in a woman who has been unwell (e.g. severe pre-eclampsia); Performs comprehensive assessments, incorporating bio-psycho-social parameters and uses effective communication skills.

**SCENARIO examples of appropriate experience:** Management of medical/surgical conditions; complex breastfeeding e.g. cleft lip/palate baby.

**MIDWIFERY AS PRIMARY HEALTH CARE**

**C7. Advocates to protect the rights of women, families and communities in relation to maternity care.**

7.1 Respects and supports women and their families to be self-determining in promoting their own health and well-being.
7.2 Acts to ensure that the rights of women receiving maternity care are respected.

**OBSERVATIONS of the student:** Assists women to identify sources of community support. Takes into account the woman’s individual preferences and cultural needs. Offers information in an unbiased manner.

**QUESTIONS for the student:** What community supports for new mothers/families are available in your area? Why are these supports important?

**MEASUREMENTS:** Discharge plan documentation is accurate. Uses care plan appropriately.

**SCENARIO examples of appropriate experience:** The student discusses the woman’s preference to refuse the newborn screening test/ antenatal screening/morphology screen.

**C8. Develops effective strategies to implement and support collaborative midwifery practice.**

8.1 Demonstrates effective communication with midwives, health care providers and other professionals.
8.2 Establishes, maintains and evaluates professional relationships with other health care providers.

**OBSERVATIONS of the student:** Uses a range of communication methods, written and oral; liaises and negotiates with colleagues to optimize outcomes for the woman; discusses and clarifies with relevant health care providers interventions that appear inappropriate or unnecessary and negotiates a collaborative plan; communicates effectively during consultation, referral and handover. Responds to feedback about own performance.

**QUESTIONS for the student:** How would you explain the newborn screening test to women in a way that is understandable to a non-health professional? Ask a question about when it would be appropriate to refer a woman to another health care provider.
**MEASUREMENTS of the student:** Documentation is accurate; handover is clear and succinct; clinical practices commensurate with practitioner level (beginning); health outcomes are appropriately assessed through data and peer review; self-evaluation; level of consultation with community and individuals. Respectful of other members of the health care team.

**SCENARIO examples of appropriate experience:**
Negotiating a care plan/birth plan.

### C9. Actively supports midwifery as a public health strategy.

9.1 Advocates for, and promotes midwifery practice, within the context of public health policy.

9.2 Collaborates with, and refers women to, appropriate community agencies and support networks.

**OBSERVATIONS of the student:** Promotes breastfeeding; provides advice regarding smoking cessation; promotes and supports physiological birthing practices. Ensures women from marginalised groups have access to, and receive equitable care.

**QUESTIONS for the student:** What supports are available in your community for women with special needs? How would you assist a young mother to make informed decisions about feeding her baby?

**MEASUREMENTS:** Knows what community supports are available. Can provide breastfeeding and other infant feeding advice.

**SCENARIO examples of appropriate experience:**
A woman with newborn twins wants to know what supports are available in her community. Discuss the BFHI ten steps and how the student implements these.

### C10. Ensures midwifery practice is culturally safe.

10.1 Plans, implements and evaluates strategies for providing culturally safe practice for women, their families and colleagues.

**OBSERVATIONS of the student:** Incorporates knowledge of cross cultural and historical factors into practice; demonstrates respect for difference by adapting care practices as necessary; recognises the specific needs of Aboriginal and Torres Strait Islander women and their families.

**QUESTIONS for the student:** A Vietnamese woman you are caring for does not wish her baby to have colostrum and would like to give a substitute food. How do you manage this situation? Consider the skills and attitudes you would require when working in partnership with an Aboriginal Health Worker. How could you both complement each other for the benefit of the woman?

**MEASUREMENTS:** Respects knowledge systems of other cultural groups; involves family where appropriate.

**SCENARIO examples of appropriate experience:**
The student discusses the significance of the smoking ceremony after birth in with an Aboriginal woman/family. The student ensures the placenta is handled appropriately according to Aboriginal beliefs.

### REFLECTIVE AND ETHICAL PRACTICE

**C 11. Bases midwifery practice on ethical decision making.**

11.1 Practises in accordance with the endorsed Code of Ethics and relevant state/ territories and commonwealth privacy obligations under law.

**OBSERVATIONS of the student:** Demonstrates ethical behaviour in midwifery practice; maintains confidentiality and privacy of client information and records.

**QUESTIONS for the student:** You are taking a health history from a woman and she discloses 3 previous elective terminations of pregnancy. She doesn’t want anyone else to know about the terminations. Should you record and share this information with others?
MEASUREMENTS: Documentation is accurate; works within privacy laws and ethical principles. Demonstrates knowledge of contemporary ethical issues in midwifery and responds appropriately.

**SCENARIO examples of appropriate experience:**
FGM issues; Jehovah Witness issues where the life of the mother or baby is in danger.

**C12. Identifies personal beliefs and develops these in ways that enhance midwifery practice.**

12.1 Addresses the impact of personal beliefs and experiences on the provision of midwifery care.
12.2 Appraises and addresses the impact of power relations on midwifery practice.

**OBSERVATIONS of the student:** Demonstrates awareness of own beliefs/biases etc and works to minimise their effect on midwifery practice. Advocates for women where there are apparent power imbalances in place; acts to eliminate harassment, bullying in the workplace; respects co-workers.

**QUESTIONS for the student:**
You hear a colleague talking about an Aboriginal woman client in a disparaging way. What do you do?

**MEASUREMENTS:** Respects co-workers. Documentation is factual and unbiased.

**SCENARIO examples of appropriate experience:**
The student gives unbiased information to a woman who is requesting a caesarean section in the absence of a medical indication.

**C13. Acts to enhance the professional development of self and others.**

13.1 Assesses and acts upon own professional development needs.
13.2 Contributes to, and evaluates, the learning experiences and professional development of others.

**OBSERVATIONS of the student:** Engages in reflective practice to identify own learning needs/strengths/weaknesses; seeks out learning experiences, attends in-service and tutorials.

**QUESTIONS for the student:** Relate to the course year the student is currently in. If in third year, ask about a professional development plan for the first year out. Ask the first and second years how they can help each other if working together. Ask about the student's placement objectives and how these will be achieved.

**MEASUREMENTS:** Sets objectives for placement weeks. Documents own professional development. Engages in self-evaluation and seeks feedback on performance.

**SCENARIO examples of appropriate experience:**
Proactive in learning about a new IV pump/CTG machine.

**C14. Uses research to inform midwifery practice.**

14.1 Ensures research evidence is incorporated into practice.
14.2 Interprets evidence as a basis to inform practice and decision making.

**OBSERVATIONS of the student:** Uses evidence in midwifery practice, able to inform women using best available evidence. Objectively challenges the practice of others.

**QUESTIONS for the student:** Is Konakion 1 given to neonates based on good evidence? When is it appropriate to use episiotomy? Is the breastfeeding policy in this unit based on good evidence?

**MEASUREMENTS:** Can articulate the rationale for certain practices; knows where to access research reports and evaluate the outcomes. Participates in reviews of practice and policies (as appropriate to stage of training).

**SCENARIO examples of appropriate experience:**
Developing a policy/guideline; defending a woman's right to choose.
FLOWCHART FOR CDU CLINICAL PLACEMENT UNITS
MID101, MID102, MID202, MID204, MID301, MID303, MID306, MID307.

For the reference of Midwifery Academics, Preceptors, and Bachelor of Midwifery Students.

COMMENCE PLACEMENT

CLINICAL APPRAISAL

Progress determined as satisfactory by Agency/Facility clinical supervisors, educators, preceptors and Unit Coordinators

Placement Finished

Clinical Portfolio completed and submitted to appropriate CDU unit co-ordinator within two weeks of completion of clinical placement

All elements graded as satisfactory and a grade is recorded

Student proceeds to the next level of study or if course complete grade transcript signed and forwarded to Nursing & Midwifery Board of Australia.

Progress determined as unsatisfactory by Agency/Facility clinical supervisors, educators, preceptors and Unit Coordinators i.e.
- Not achieved year level standard
- Not achieving scope of practice
- Not demonstrating professional conduct

Feedback provided to student

Assessment elements graded as unsatisfactory

One Learning Agreement opportunity for the remainder of placement, or additional placement arranged as per Learning Agreement

Learning Agreement achieved

FAIL recorded for unit

Student to meet with the BM Program Manager/ Theme Leader to discuss course progression

UNSAFE PRACTICE reported – student working outside identified scope of practice

Student removed from clinical placement

Learning Agreement NOT achieved by set date

CHARLES DARWIN UNIVERSITY CLINICAL ASSESSMENT PORTFOLIO MID102. SEM 2 2017 – 2021
Revised Jan 2018

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