Charles Darwin University

Clinical Assessment Portfolio

Fundamental Skills for Midwifery Practice
MID102

BMID - Bachelor of Midwifery
School of Health / Faculty of Engineering, Health, Science and the Environment

Student Name:__________________________________________________________

Student Number:________________________________________________________

Dates of Placement: From: __________________________ to: ________________________

Health Facility:__________________________________________________________

Unit Name: _____________________________________________________________

Midwifery Unit Manager:__________________________________________________

Contact Details:__________________________________________________________

*Student is reminded to keep a certified copy for own records
** A completed CDU cover sheet must be attached prior to submission
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**. These objectives, the strategies and the demonstrated evidence that objectives have been met, are graded. 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 /community 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**: 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 patient.

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>Students must attain a minimum rating of:</th>
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<tr>
<td>First year (MID102): Assisted</td>
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| 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; skillful 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. |

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.

4. 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>Inhalation</th>
<th>Intranasal</th>
<th>Telephone orders</th>
<th>Epidural</th>
<th>Infusion with the additive Oxytocin</th>
<th>Infusion with the additive Saline flush</th>
<th>Additives including IV AB &amp; S8</th>
<th>Parenteral excluding TPN</th>
<th>Blood products and blood</th>
<th>S8 bolus &amp; IV</th>
<th>PCA</th>
<th>CVC</th>
<th>PICC</th>
<th>Epidural</th>
<th>Infusion with the additive</th>
<th>Telephone orders</th>
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<tbody>
<tr>
<td>1</td>
<td>YES</td>
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**Double checking of medications prior to administration**

This process is an essential stage of medication administration to decrease the risk of potential harm to the woman. The process of double checking medication should be performed by 2 authorised health care professionals (Registered Midwife). **The CDU midwifery student should be a third party when checking medications.**

Medications that require checking by 2 authorised health care professional (within the scope of medication administration for CDU midwifery students) are as below:

- S2, S4 and S8 telephone orders
- Medication administered as an additive to an IV infusion bag, burette or syringe driver
- Medication administered by direct IV injection
- Medications administered by intramuscular or subcutaneous
- Medications given to babies and children
- Controlled drugs
- Warfarin

Any questions regarding medications administration should be referred to the Unit Coordinator.
Progression update of CCEs, AN & PN visits, births

<table>
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<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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<td>Complex care episodes – 40</td>
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<td>Being with 40 women giving birth</td>
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<td>Includes 30 spont &amp; 20 assist</td>
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<td>CCE’s (20)</td>
<td>Current-Completed-</td>
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CDU CONTACTS:

UNIT COORDINATOR:
Name:_________________ Email:_________________ Phone:___________

CLINICAL PLACEMENT OFFICE: varies by State. (Student to enter prior to placement starting)
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 School of Health 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.

Clinical Assessment Portfolio must have a completed CDU cover sheet attached: Download from Learnline site.

Original copies must be submitted: Photocopies will not be accepted.

Student must make certified copies for their own records: Graduate positions often require copies of clinical placement assessment documentation. CDU recommends the Clinical Portfolio is sent via registered post or priority post. In the event that the Clinical Assessment Portfolio is lost, the student will be asked to re-submit. Students who cannot do this will receive a fail grade for placement.

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<th>Via mail:</th>
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<tr>
<td>External Student Support</td>
<td>Darwin: Faculty drop box in Blue Building 5</td>
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<tr>
<td>Charles Darwin University</td>
<td>Alice Springs: Faculty drop box at the Info Shop</td>
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ASSESSMENT:

The Clinical Assessment Portfolio forms part of the overall assessment for clinical units. Students are reminded that this practicum forms part of the overall assessment for MID102.
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 2014.
- 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 patient 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 2014

The following table summarises the scope of practice for each year level for the CDU direct entry BMID 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, Code of Ethics and Practice. CDU’s BMID students are ‘learners’ and are not part of the workforce (as distinct from the RN in an Employed Midwifery Student Program). Irrespective of past experience they work with close supervision from a RM.

<table>
<thead>
<tr>
<th>Year 1: Unit MID101</th>
<th>Year 2: Unit MID202</th>
<th>Year 3: Unit MID301; MID303; MID306</th>
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</thead>
<tbody>
<tr>
<td>Novice: frequent or continuous cues. No client load; continuous supervision.</td>
<td>Novice-advanced beginner; frequent or occasional cues. 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>Advanced-beginner. Minimal cues; minimal supervision 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)</td>
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<tr>
<td>May initiate 2 continuity of care journeys.</td>
<td>Demonstrate timely &amp; accurate communication, documentation and evidence informed decision making which addresses cultural safety &amp; 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</td>
<td>Demonstrate professional communication, conduct and evidence-informed decision-making in all aspects of midwifery practice across a range of cultural settings &amp; acuity levels. Confidently provide accurate, logical, concise and appropriate recording and reporting of client/patient data (oral &amp; 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:</td>
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<tr>
<td>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</td>
<td>Establish and maintain an ongoing partnership with 2 women who are beginning their childbearing journey. Meet the 2 women through the supervising midwife.</td>
<td>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 &amp; PCAs Demonstrate knowledge about the storage and use of Schedule 2, 4 and 8 medications according to the relevant legislation.</td>
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<tr>
<td>Auscultate fetal heart rate</td>
<td>to facility, statutory, State and Commonwealth Law</td>
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<tr>
<td>Assist CTG</td>
<td>Discuss the pharmacology &amp; pharmacokinetics of medications administered by the student</td>
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<td>Conduct scheduled antenatal assessments, including discussion of birth options;</td>
<td>Discuss evidence-based collaborative management of women/patients who require the above interventions.</td>
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<tr>
<td>Refer to the ACM guidelines for referral</td>
<td>Recognise and assist with collaborative management of women experiencing challenges during their childbearing episode:</td>
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<tr>
<td>Demonstrate knowledge of stages of labour and evidence for care;</td>
<td>- Women with mental health problems</td>
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<tr>
<td>Assist with assessment and care of labouring and birthing women;</td>
<td>- Withdrawal syndrome and/or dependency behaviours (including working with AOD team)</td>
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<tr>
<td>- Vital signs</td>
<td>- Cognitively impaired patients</td>
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<tr>
<td>- Abdominal examination</td>
<td>- Medical/surgical complications</td>
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<tr>
<td>- Assessment of progress</td>
<td>- Sexually transmitted infection/s</td>
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<tr>
<td>- Contraction pattern</td>
<td>- Perinatal loss- early and late</td>
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<tr>
<td>- State of membranes</td>
<td>- Birth of a baby with a congenital disorder</td>
<td></td>
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<tr>
<td>- Descent of PP</td>
<td>Perform and interpret CTG</td>
<td></td>
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<tr>
<td>- FHR</td>
<td>Assist with family planning options</td>
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<tr>
<td>- VE</td>
<td>Provide evidence-based midwifery care for women experiencing the following complications:</td>
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<tr>
<td>Assist with the birth of the baby</td>
<td>- Antepartum haemorrhage</td>
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<tr>
<td>Assist with third stage</td>
<td>- Hypertension/preeclampsia/eclampsia</td>
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<tr>
<td>Assist the fourth or transition phase</td>
<td>- Shoulder Dystocia’</td>
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<tr>
<td>Observe newborn examination</td>
<td>- Breech Birth’</td>
<td></td>
</tr>
<tr>
<td>Administer IMI Vitamin K₁ to newborn</td>
<td>- Multiple pregnancy and birth</td>
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<td>Assist with initiation of breastfeeding</td>
<td>- Cord presentation and prolapse</td>
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<tr>
<td>Assist with medication administration</td>
<td>- Cardiac disease</td>
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<tr>
<td>- Articulate knowledge of legislation, charting and describe medication administration contexts</td>
<td>- Renal disease</td>
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<td>- Safely administer S₂ and S₄ medications</td>
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<td>Year 1: Unit MID102</td>
<td>Year 2: MID204</td>
<td>Year 3. MID307. Specialist neonatal care</td>
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<td>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.</td>
<td>Novice-advanced beginner; frequent or occasional cues. 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>
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<td>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 &amp; indirect observation, fluid balance &amp; food/diet charts); Recognise &amp; report significant fluid balance fluctuations; With continuous support implement midwifery interventions for well women post caesarean sections that require some assistance with their care;</td>
<td>Discuss evidence-informed rationales for implementing designated midwifery care; Demonstrate timely &amp; accurate communication, documentation and evidence informed decision-making which addresses cultural safety &amp; awareness. Assess women in pre/early labour Provide evidence-based information to women in early labour; Assess and care for labouring and birthing women:</td>
<td>Demonstrate timely &amp; accurate communication, documentation and evidence informed decision-making which addresses cultural safety &amp; awareness. Discuss evidence-informed rationales for implementing designated midwifery care; Assess and care for well preterm infants - incubator care - vital signs - monitor for hypoglycaemia - hygiene - oro/naso gastric feeding - supplemental oxygen - oral/IV medications - phototherapy</td>
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<td>Use safe manual handling techniques and equipment; With support promote patient comfort &amp; body alignment including:</td>
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<td>- Vital signs; - Positioning &amp; mobility - Personal hygiene Use safe manual handling techniques and equipment; With support promote patient comfort &amp; body alignment including:</td>
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<td>- Bed making – occupied and unoccupied - Assist women requiring mobility</td>
<td>Use different pain management techniques when caring for women in labour &amp; birth. Assist with intrapartum CTG - apply</td>
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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.
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
With supervision assess and supporting respiratory function through body positioning and primary care planning and implementation:
- Post caesarean section breathing/coughing exercises
Discuss student’s role in Emergency Codes (Blue, Green, Red etc)
With support conduct an assessment of patient pain.
Falls assessment in relation to women post – epidural/spinal anaesthetic;
-interpret
Transfer of woman/baby care to postnatal area – verbal handover;
Assist with discharge preparation as appropriate for women going home from the birth suite;
Assist to care for women undergoing cervical ripening and/or induction of labour;
Explain Prostaglandin gel uses and pharmacokinetics;
--Assist with Prostaglandin gel insertion
-Apply the CTG monitor as appropriate
Assist in the preparation of the IVI Syntocinon:
-Select appropriate IV fluid
-Prime line
-Explain the pharmacokinetics of Syntocinon
-explain the side effects of IV Syntocinon when used for induction of labour
-add Syntocinon to IV bag
Assist with preparation for ARM
-explain the reasons for an ARM
Assist with the preparation of women for LUSCS, including insertion of IDC.
Accompany women to operating room and observe the handover procedures
Attend the LUSCS and
-assist with preparations for receival of baby
-assist with baby care at birth
-assist with initiation of breastfeeding
-provide ongoing post-operative postnatal care
Provide ongoing postnatal care for mother and baby;
-conduct postnatal assessment of mother
- Vital signs
- Breasts
- Fundal height
- Lochia
- Perineum
- Mental wellbeing
### ADDITIONAL SUGGESTED OBJECTIVES

**MID102**
- 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

Provide basic care to antenatal women;
- Blood Pressure
- Weighing
- Urinalysis
- Auscultate fetal heart with Pinard or Doppler

Interaction with baby
Provide education as required to postnatal women
- Breast care
- Perineal wound care
- Lochia patterns
- Baby feeding behaviours
- Immunisations
- Child family health nurse role
- Support groups in community

Administer S2 and S4 medications
Assist with education and milk preparation for women who choose to use a breastmilk substitute

Provide newborn care
- daily care of the newborn
- examination of the newborn
- collect newborn screening blood test > 48hrs

Using a simulator, demonstrate the steps in resolving shoulder dystocia and
Explain the rationale for the manoeuvres
Midwifery Competency Assessment Schedule

BMID- MID102       SEM 2 / 2016

Please complete a formative assessment at the midpoint (end week one) of your placement

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**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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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:

Strategies to improve performances / and or patient outcome:

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

RM signature: ___________________________ Date: ___________________________

RM name printed: ___________________________

Designation: ___________________________
OBJECTIVES: WEEK 1

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Objective # 2.

---------------------------------------------------------------

NMBA Domain / Standard(s) objective links to: ______________________________

---------------------------------------------------------------

Resources student will use to work towards achieving objective: ______________________________

---------------------------------------------------------------

Student self-evaluation: ____________________________________________

---------------------------------------------------------------

Strategies to improve performances / and or patient outcome: ________________

---------------------------------------------------------------

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:

Strategies to improve performances / and or patient outcome:

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:

Strategies to improve performances / and or patient outcome:

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:

Strategies to improve performances / and or patient outcome:

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:

Strategies to improve performances / and or patient outcome:

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

- Has the student demonstrated the following competencies to the expected level based on their Scope of Practice?
- See pages 3 & 4 for more information about grading.
- Student must attain a minimum rating of ‘Assisted’ in all competencies by end of placement for MID102.
- Only initial one square per area of practice to indicate student’s current level.

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Attendance record complete: □ 6 clinical objectives complete: □
RM signature & name: Designation: Date:
Student signature: Date:

## Grading scale

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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 scope of practice for BMID students as a guide.

LEGAL AND PROFESSIONAL PRACTICE

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

1. Demonstrates and acts upon knowledge of legislation and common law pertinent to midwifery practice.
2. Complies with policies and guidelines that have legal and professional implications for practice.
3. Formulates documentation according to legal and professional guidelines.
4. Fulfils the duty of care

OBSERVATIONS:
Uses protocols/procedure/documentation to support decision making. Maintains client confidentiality.

QUESTIONS:
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.

SCENARIOS:
Breach of practice reporting/ mandatory reporting.

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

1. Recognises and acts within own knowledge base and scope of practice
2. Identifies unsafe practice and takes appropriate action
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.
4. Delegates where necessary activities matching abilities and scope of practice and provides appropriate supervision.
5. Assumes responsibility for professional midwifery leadership functions

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

QUESTIONS: 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.

SCENARIOS:
A breastfeeding mother asks for assistance to attach her baby to the breast/or asks for breastfeeding advice (MID102). A woman asks for family planning information (MID202). A woman requests antibiotics as she thinks she has a 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:** Actively listens to woman and responds appropriately, uses language that is readily understood. Obtains informed consent where appropriate. 

**QUESTIONS:** 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. 

**SCENARIOS:** 
A first time mother is very nervous about handling her newborn. How would you teach her about bathing a newborn/baby care? 

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

**QUESTIONS:** 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, prioritizing as required. Takes into account cultural, social and lifestyle differences when planning and providing care to women. 

**SCENARIOS:** 
Postnatal 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:** 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:** 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.


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: 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: When is magnesium sulfate used in midwifery/obstetrics? Describe the care required when magnesium sulfate/hydralazine etc is in use? A baby is born limp, pale and apneic; 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.

SCENARIOS: 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: 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: 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.

SCENARIOS: A woman refuses the newborn screening test/antennal 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: 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: 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:** 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.

**SCENARIOS:** 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:** 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:** 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.

**SCENARIOS:** 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:** 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:** 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.

**SCENARIOS:** What is the significance of the smoking ceremony after birth in Aboriginal culture? How can midwives ensure the placenta is handled appropriately according to Aboriginal beliefs?

**REFLECTIVE AND ETHICAL PRACTICE**

**C11. 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:** Demonstrates ethical behaviour in midwifery practice; maintains confidentiality and privacy of client information and records.

**QUESTIONS:** 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.

SCENARIOS:
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: Demonstrates awareness of own beliefs/biases etc and works to minimizes 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: 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.

SCENARIOS:
A woman you are booking in requests 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: Engages in reflective practice to identify own learning needs/strengths/weaknesses; seeks out learning experiences, attends in-service and tutorials.

QUESTIONS: 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.


SCENARIOS:
Coming across 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: Uses evidence in midwifery practice, able to inform women using best available evidence. Objectively challenges the practice of others.

QUESTIONS: Is Konakion 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).

SCENARIOS:
Developing a policy/guideline; defending a woman’s right to choose.
### Employer Skills

The ten core skills competencies listed are to be implemented across the three year Midwifery program. These are **compulsory** competencies that will be completed by all students whilst on placement. Students may initiate a skills assessment when they feel they are ready for the assessment but not before commencing the appropriate unit as indicated in the following table.

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Unit Code</th>
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<tbody>
<tr>
<td><strong>ANTENATAL</strong></td>
<td></td>
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<tr>
<td>Provision of comprehensive antenatal care</td>
<td>MID202</td>
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<tr>
<td><strong>INTRAPARTUM</strong></td>
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<tr>
<td>Provision of midwifery care with a woman experiencing a normal labour and birth.</td>
<td>MID204</td>
</tr>
<tr>
<td>Management of midwifery emergencies/situations:</td>
<td></td>
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<tr>
<td>• Shoulder Dystocia O</td>
<td>MID303</td>
</tr>
<tr>
<td>• Vaginal breech birth O</td>
<td>MID303</td>
</tr>
<tr>
<td>• Postpartum haemorrhage O</td>
<td>MID303</td>
</tr>
<tr>
<td><strong>NEWBORN</strong></td>
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<tr>
<td>Resuscitation of the newborn baby O</td>
<td>MID303</td>
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<tr>
<td>Examination of the newborn baby</td>
<td>MID202</td>
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<tr>
<td>Collection of a NBST</td>
<td>MID202</td>
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<tr>
<td><strong>POSTNATAL</strong></td>
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<tr>
<td>Postnatal Assessment</td>
<td>MID204</td>
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<tr>
<td>Breastfeeding support and education</td>
<td>MID204</td>
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</tbody>
</table>

The midwifery competencies are documented in the Clinical Practice Log - Section 1.

O = assessed in CTB by OSCA
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