PRECEPTOR MANUAL
Bachelor of Midwifery
College of Nursing and Midwifery
Charles Darwin University
2018
Dear Preceptors,

Thank you for agreeing to actively participate in the teaching and guidance of CDU midwifery students. As the Course Coordinator for Midwifery in the School of Health at Charles Darwin University, I hope you enjoy the role and responsibilities of preceptoring our midwifery students. This booklet is designed to provide you with information about the preceptor role and the links between the role, CDU and their relationship to the NMBA Midwife Standards for Practice.

Once again, thank you for supporting our CDU midwifery students.

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### Glossary of Terms

Different models of clinical supervision, support and teaching are used during clinical placement. The model selected is dependent upon factors such as the clinical context, the number of students on placement and their level of experience. The terminology used is often jurisdiction specific. Charles Darwin University employed clinical supervisors are called clinical facilitators or clinical teachers. Health facility employed clinicians who work alongside students are called preceptors. Health facilities often utilise their own clinical midwife/nurse educators (CME) to oversee student placements and support their own staff who works as preceptors.

**Mentor:** Someone who provides an enabling relationship that facilitates another’s personal growth and development. The relationship is dynamic, reciprocal and may become tense. The mentor’s role is to assist with career development and guide the mentee through the organisational, social and political networks. (Morton-Cooper & Palmer (1993), *Mentoring and Preceptorship: a guide to support roles in clinical practice*, published Blackwell Science.)

**Preceptee:** A student learning midwifery within a clinical area, a clinician working in practice, which may be attached to a primary, secondary or tertiary agency.


**Preceptorship:** A clinical supervision model in which clinicians have a direct clinical teaching role and undertake student assessment. The role focuses on the development of clinical and professional skills as well as work-place orientation and socialisation.

**Clinical teacher/facilitator:** Clinical teachers/facilitators are employed by educational institutions or seconded from health facilities to support, teach and assess groups of students. Clinical teachers assist and enable students in a clinical setting to acquire the required knowledge, skills and attitudes to meet the standards defined by the university and nursing/midwifery regulatory authorities. They liaise between the students, academic and clinical staff in a tripartite relationship (Andrews & Roberts, 2003).

**Clinical midwife educator:** The clinical midwife educator is a senior midwife employed by the health facility who acts as a role model, preceptor and or / mentor to inexperienced midwives to facilitate the development of clinical expertise and decision making in a specialty area. A component of their role may be oversight of undergraduate midwifery placements. Their primary role is the professional development of the staff in their area of specialty.
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SECTION 1: PRECEPTORING CHARLES DARWIN UNIVERSITY (CDU) STUDENTS

This booklet provides information related to preceptoring midwifery students from Charles Darwin University. Being a CDU preceptor is a very important role and one that carries an added responsibility because it embraces the concept of facilitating learning among enthusiastic students as they commence their professional journey in health service delivery and women-centred care. Whilst this process is dynamic and some times very unpredictable, the role and responsibility of a preceptor is extremely rewarding.

The preceptor model for teaching students aims to provide a supportive network that enables the preceptor to facilitate the student’s professional, social and physical transition to the graduate midwife role in the real world of health care. It is a means to build a supportive teaching and learning environment for students (preceptees).

CDU along with many other universities and regulatory authorities have adopted the preceptor model of clinical supervision because it:

- Empowers students and improves the quality of students’ problem solving, learning and reflection in and on clinical practice;
- Assists preceptors to assess students within their Scope of Practice and helps them compare skill development with previous attempts and specified NMBA Midwife Standards for Practice within the real world of clinical practice;
- Assists with role-socialisation processes;
- Provides the opportunity for students to learn time management, organisational skills, and delegation;
- Fosters students’ skill acquisition and helps them apply theory to practice;
- Builds students’ self-confidence as they are socialised into the role of the Registered Midwife;
- Enables students to assume increased levels of responsibility under direct supervision and at their own pace and Scope of Practice;
- Reduces the reality shock of the transition of student to Registered Midwife;
- Acknowledges expertise of skilled Registered Midwives who are expert role models for professional practice;
- Promotes a teaching and learning culture within organisations through commitment to quality improvement and life long learning;
- Helps preceptors to develop a professional portfolio, including preceptor activities in readiness for annual registration.

What are the necessary characteristics for being a CDU preceptor?

To be a successful preceptor you need to be clinically competent but you do not need to be an expert in all areas of your practice, or have years of experience. You do need some teaching skills and completing a preceptor program is recommended. It is more important to be confident in your practice, enjoy what you are doing and have a genuine interest in teaching and supporting learners.
Characteristics of a preceptor:

- Shows respect for the learner and by doing so create a safe environment for professional growth;
- Demonstrates expert knowledge and skill and the ability to share these attributes in a way that is useful and interesting to the learner;
- Be able to make judgements about competence/proficiency of CDU students and be accountable for such decisions;
- Discusses current developments, reveals broad reading, discusses divergent points of view, relates topics to other disciplines, directs students to useful literature in the field, explains the basis for their actions and decisions and answers questions enthusiastically, clearly and precisely;
- Demonstrates enjoyment of midwifery and/or women-centred care and enthusiasm for teaching;
- Demonstrates knowledge and a willingness to share time, knowledge and skills;
- Is committed to a high level of evidence-based, quality midwifery care;
- Has a good understanding of the Nursing and Midwifery Board of Australia Midwife Standards for Practice;
- Communicates clear goals and expectations while remaining open and respectful to others;
- Recognises that, when appropriate, he or she must relinquish some of the control in the clinical area to the learner;
- Able to assess and give constructive feedback on the students’ level of clinical competence, knowledge and professionalism relative to the students’ level of experience and knowledge;
- Promotes active involvement of the learner in all aspects of practice.

What are the roles and responsibilities of a CDU preceptor?

Your role as a preceptor is to support students in practice, orient the student to the practice area and assist in the socialization of the student to the practice area. Supporting the student incorporates teaching, supervision, feedback and assessment, both formal and informal. Strength of preceptorship lies in enabling learners to develop their own knowledge and skills in an atmosphere conducive to learning, with colleagues who have experienced for themselves, and who have been prepared for, and understand the challenges confronting the learner.

The role of the Preceptor is to:

- Provide quality women-centred client care and support and educate the student in the process;
- Orientate students to the clinical area;
- Enhance and reinforce students’ level of clinical knowledge and skill;
- Assist students with meeting their learning objectives and needs; Identify learning needs with each preceptee and topics for further learning
- Contribute to the students’ organisational skills and prioritising of care;
- Encourage students’ critical thinking and problem solving skills;
- Assess students’ performance and clinical competence;
- Assist in the socialisation of students’ to the professional setting;
- Consult and liaise with the CDU Clinical Supervisor, Clinical Liaison Midwife and/or Midwifery Lecturer regarding students’ formative and summative progress.
How can I prepare myself to become a preceptor?

Step 1. Make sure you feel comfortable with taking on this role, discuss this with the MUM, CLM and / or CDU Supervisor;

Step 2. Find out the students level of clinical skills practice and prior clinical experience

Step 3: First contact with the student

It is important to have a positive start. This occurs best in a supportive, open, and trusting relationship. Start by getting acquainted. This is best done one-on-one; take half an hour or so after handover to meet, share backgrounds and clarify expectations of each other. Other items to address as soon as possible are:

- Goals and objectives
- Skills already acquired
- Skills needed
- Plans for when and how feedback will occur
- Ways of contacting each other outside the work place (negotiable)

Points to remember

- Beginners can have a difficult time in rapidly changing situations. It is important not to overload them, and take this into account if there are a few tasks not completed at the end of their shift.
- Gradually add a few things, to make learning easier.
- Look for evidence that the student can manage the current "lesson" before adding on more.
- Try to add responsibilities only as fast as the student is able to manage them.
- Pushing students too fast can stifle learning and possibly stall their progress.
- Agree together on readiness to move on or to add on.

Some characteristic behaviours of a new beginner (novice)

- Tend to focus exclusively on the task at hand;
- Neglecting other events occurring at the same time;
- Following rules exactly as directed or learned;
- Refusing to take shortcuts in procedures;
- Faced with practicing a new skill, they focus totally on the skill itself. You will sometimes need to call attention to things that are happening around them.

These behaviours are in direct contrast to the behaviours of an expert who:

- Anticipates the unexpected
- Doesn't have to think in step-wise inferential manner
- Responds immediately, automatically, and intuitively
- Focuses on the goal and the actions to achieve it

It is important to remember the student is in a new area and depending on her/his background, may take some time to ‘acclimatise’ and become efficient. Given that some CDU BMID students may already be a Registered or Enrolled Nurse, they will have differing levels of experience and problem solving ability. Patricia Benner (1984) adapted the Dreyfuss (1980) model of skills acquisition and these levels give some idea of where people are at in their level of expertise.
Novice

Beginners have had no experience of the situations in which they are expected to perform. "Just tell me what I need to do and I'll do it."

Advanced beginner

Advanced beginners are those who can demonstrate marginally acceptable performance, those who have coped with enough real situations to note, or to have pointed out to them by a mentor, the recurring meaningful situational components. N.B. This is the level at which the BMID student should be on course completion.

Competent practitioner

Competence, typified by the midwife who has been on the job in the same or similar situations two or three years, develops when the midwife begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. The competent person does not yet have enough experience to recognize a situation in terms of an overall picture or in terms of which aspects are most salient, most important.

Proficient practitioner

The proficient performer perceives situations as wholes rather than in terms of chopped up parts or aspects, and performance is guided by maxims.

Expert

The expert performer no longer relies on an analytic principle (rule, guideline, maxim) to connect her or his understanding of the situation to an appropriate action. The expert midwife, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation.

Characteristics of Adult Learners
Adult learning is often described as self-directed or experiential (Knowles, 1973 & 1984; Burns, 2006). Knowles describes five assumptions about adult learning:

1. Adults are independent and self-directing;
2. Adults have a deep life experience which is a rich resource for learning;
3. Learning is valued and integrated into daily life;
4. The orientation to learning changes from subject centred to problem centred;
5. Motivation to learn is driven by internal drivers rather than external ones.

The literature describes several different learning styles and teaching styles. What is most important is that the student and the preceptor are able to work together harmoniously.

Matching the learning stage to the preceptor teaching style

<table>
<thead>
<tr>
<th>Teaching style</th>
<th>Authoritarian</th>
<th>Motivator/Facilitator</th>
<th>Delegator</th>
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<tbody>
<tr>
<td>Learner stage or type</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dependant</td>
<td>☺</td>
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<tr>
<td>Interested</td>
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<tr>
<td>Self-directed</td>
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</table>

(Adapted from Grow, 1991)

As a general guide a beginner or a dependant student will learn better in the structured environment provided by the authoritarian practitioner. This is not always the case and matching the preceptor with the student can sometimes be tricky. If there is a personality conflict between the student and the preceptor it may be that there is a mismatch between the learning style of the student and the teaching/Supervisory style of the preceptor. This is not unresolvable and it is important to identify this situation early and arrange a change that satisfies both parties.

Teaching and Learning Strategies

General teaching strategies

- Proceed from the simple to the complex
- Build on the known to reach the unknown
- Teach skills in small chunks that are easy to process cognitively
- Utilise natural breaks or pauses in job sequence to help identify ‘chunks’ or stages for teaching.
- Role model and demonstrate – perform a skill and talk your way through it, and invite the student to ask questions
- Answer questions – make students feel free to ask questions and to seek help without fear of loss of confidence or self-esteem. You are an expert, share your knowledge
- Allow students to challenge you. Keep your knowledge base up to date and be willing to engage in open debate about practice issues. Role modelling is a powerful tool and if you are comfortable being challenged, students will be comfortable in an advocacy role when they need to be for a woman in their care
- Encourage students to provide a rationale for their actions and provide them with a rationale for your decisions. This is also important when giving feedback on performance
• Utilise all opportunities for student learning. View all clinical scenarios through a framework of “what can be learnt from this setting?”
• Offer debriefing to students involved in a critical or confronting incident
• Allow time wherever possible for discussion and reflection on practice. Reflection is an important part of learning and provides an opportunity for the student to explore practice and develop critical thinking skills. Questions from a student like “what made you decide to offer Mary an ARM (artificial rupture of the fetal membranes)?” should not be perceived as a threatening challenge but rather a part of the process of inquiry and clarification that leads to safe and competent clinical decision making
• Give negative feedback in private. Importantly not in front of women, clients or their families and away from other staff

For the beginner student:

• Try to be patient with the beginner behaviours;
• Encourage the student to ask questions;
  o What would you do in this situation?
• If the student doesn’t ask questions try using leading questions, such as:
  o Do you have any questions about ...?
  o If you want to find the answers, where might you start the search?
  o Is there something you need to find out about ...?
• Help with organization and time management
  o Have the student prepare a workload plan for the day
  o Assist the student to identify their learning needs for the day
  o Assist the student to identify any unplanned activities
  o Assist the student to prioritise their workload and ask the student to justify their priorities
• Expect the student to miss things, they are learning;
• Ask questions such as:
  o ‘Consider things that you may look for as signs and symptoms of……?'
  o ‘Is there anything you would do differently next time?’
• Keep the environment as stable as possible. This can be a challenge in a busy unit but too much external stimulation and change of environment can block the student’s thought processes and delay learning.

Indicators of Learning Progress.

“Getting it”
Burns and colleagues (2006) describe the following behaviours that indicate the student is ‘getting it’
• Completes client assessments, history taking thoroughly;
• Develops and implements reasonable care plans;
• Can explain rationale behind actions/ care choices;
• Articulates sound decision making;
• Is organised, independent and time efficient;
• Is self-confident but knows limits and asks for help;
• Documentation and charting is on time and concise;
• ‘Connects’ with clients in a caring manner.
Red Flag behaviours

- Incomplete client assessments, missing data
- Hesitant, anxious, defensive, not collegial
- Uneasy rapport with clients and misses cues
- Is unable to explain reasoning for actions/diagnosis etc
- Is unable to prioritise workloads
- Unable to create a care plan independently
- Documentation is poor and inconsistent (Burns et al, 2006, pp 181).

In an undergraduate course students should be showing some signs of ‘getting it’ at the end of their first year. When the student returns for a second year/rotation to an area she/he may be a little hesitant at first, but after a few shifts ‘getting it’ behaviours should accelerate as the student’s confidence returns. At the completion of the course, students should be at the advanced beginner level in Bennett’s levels of expertise. See progression diagram below:

Will Taylor, Chair, Department of Homeopathic Medicine, National College of Natural Medicine, Portland, Oregon, USA, March 2007, http://www.businessballs.com/consciouscompetencelearningmodel.htm
SECTION 3: ASSESSMENT

The standards used to measure midwifery competence are the NMBA Midwife Standards for Practice and thus utilised by the nursing and midwifery regulatory authorities in all Australian States and Territories. In the case of midwifery, the NMBA standards are also endorsed by the Australian College of Midwives. All Australian midwives are expected to use the Midwife Standards for Practice when performing self assessment of competence.

The standards are broad and principles based and are designed to be used at the macro level as a benchmark when developing curricula and evaluation tools. Consequently there is a range of assessment tools in the student’s clinical portfolio with which to assess competence in practice. The tools have been developed by distilling the micro activities that define essential midwifery practice from the broad practice standards. They are grounded in the language of the contemporary midwife clinician and are applicable across the various clinical settings.

All midwives currently registered in Australia should be familiar with the NMBA Midwife Standards for Practice. Copies in pdf are available for download from the NMBA website.

All competencies have associated performance criteria (indicators) and, for example, midwifery students are assessed according to the level of a beginning midwife. To deem a student as competent means the student is capable of performing the activity efficiently and without any cues from the assessor/instructor. As a midwife/clinician, would you feel confident that the student is able to perform the activity/skill safely without direct supervision?*

*Supervision is the oversight, direction, guidance and/or support provided in the clinical area to a student by a registered midwife. As per the ANMC (2013) supervision may be:

Direct – when the supervisor is actually present and personally supervises, works with, guides and directs the person being supervised.

Indirect – when the supervisor works in the same facility or organisation as the student, but does not constantly observe their activities. The supervisor must be available for ready access.

If a student is deemed to require further practice at a particular activity it is important that this is not seen as failure in a terminal sense. The aim is to be able to practice without supervision in a safe manner to the level of a beginning practitioner by the end of the course. Assessment itself is a learning process.

Giving Feedback

*Catch the student doing something right and reinforce it!*

Feedback should be regular ongoing and not all given at the end of placement interview. In order to provide the student with feedback you must have knowledge about the student’s performance. You can obtain this knowledge in different ways:

- Observing the student at work
- Asking questions
- Observing the students interactions with others, women/patients and staff.
- Reviewing the students documentation
• Talking to other midwives/staff
• Observing the student’s time management skills

How to provide feedback
Assessment and feedback is relatively easy where progress towards competencies is smooth. Encouragement is much easier to give than criticism, most of us respond better to praise. It is essential however that feedback be given often, and honestly. Assessment should be a continuous process, with constructive feedback including aspects on which to focus and refine. If it is necessary to adjust students’ techniques, then this is better done early. Some points outlined in Stuart (2003) & Lake and Hamdorf (2004) that may assist you in this are:

Timing
Feedback that is recent, fair and includes points for improvement or refinement is constructive; students generally respond well to this style of feedback. For feedback to have maximum impact it should take place while it is still relevant and points raised are therefore more meaningful and alive.

Format
Informal feedback ‘on the run’ is inevitably oral. Written feedback can form part of the more formal assessments of the competencies the students are required to achieve.

Involving the student in self-assessment
Students should be encouraged to self assess. In conjunction with their preceptor students should be guided to identify strengths and areas for improvement. Both parties can be guided by the NMBA Midwife Standards for Practice (2018) as applied to practice.

Always allow the student to respond to your feedback.
To ensure that the student has understood what you are saying, would like further comments from you or if they wish to explain themselves allow them the time to do so. This helps them to clarify what you are saying and to choose whether to take your advice.

Being constructive (some ‘rules of thumb’)
• Maintain privacy - not given in front of patients, staff or other students
• Specific – e.g. directed to actual behaviour that has been observed
• Immediate – this makes the feedback more meaningful and practical since the student can relate it to what has actually happened
• Break the feedback information up into small pieces that the student can ‘digest’
• Use evidence from practice to support positive and negative aspects of performance. Avoid generalizations like ‘you did that really well’. The student needs to know what it was that defined the action as ‘really well’. E.g.; “you were very gentle with the baby and protected his head”
• Reinforce the good points; ‘what can you improve on?’ rather than ‘what went wrong’.
• **Top:** State what was done well (encourage student)
• **Middle:** State what can be improved (correct mistakes)
• **Bottom:** Provide specific suggestions for future (improve performance)

N.B. It is not just the poorly performing student that wants feedback, remember provide feedback to students that are performing well. Ensure the student makes a commitment to improve the aspect/s of practice that requires improvement. This should be a brief written plan. There is room for this on the assessment forms in the Clinical Assessment Portfolio.

• Set a date for the next assessment

**Documentation for Assessment**

**Clinical Assessment Portfolio**

While on clinical placement the student’s ability to meet the Nursing and Midwifery Board of Australia Midwife Standards for Practice (2018) is assessed in the Clinical Assessment Portfolio (CAP). The CAP records these assessments and guides students and assessors through aims and objectives of the placement. Students will need to print a copy of the CAP prior to beginning the placement and familiarise themselves with the objectives and requirements of the placements. There is a CAP associated with each clinical unit within the Bachelor of Midwifery Program.

The relevant sections of the CAP must be signed by a Registered Midwife who directly observes the student’s practice.

The clinical facilitator or preceptor can sign the objectives and the formative and summative assessments. Completion of the formative and summative assessments is a reflection of student competency and professional behaviour throughout the entire placement.

The CAP is also where the student attendance is recorded.

**Clinical Practice Record 1: Record of Clinical Experience**

This record is where the student writes all of the skills achieved on placement such as antenatal visits, abdominal palpation, births, newborn checks vaginal examinations postnatal checks etc. This record also contains clinical skills competencies the student needs to achieve including antenatal care, labour and birth care, postnatal care, breastfeeding etc.

**Assessment scale for formative and summative assessments**

The following scales may help you to make a decision about where a student is at in their clinical progress. This is the grading scale used for the formative and summative assessment contained in the Clinical Assessment Portfolio.

<table>
<thead>
<tr>
<th>Independent: (I)</th>
<th>Refers to being safe &amp; knowledgeable; proficient &amp; coordinated and appropriately confident and timely. Does not require supporting cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised:</td>
<td>Refers to being safe &amp; knowledgeable; efficient &amp; coordinated; displays</td>
</tr>
</tbody>
</table>
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. |

**SECTION 4: SITUATIONS WHERE PRACTICE IS NOT IMPROVING OR IS UNSAFE**

There are various facets to be considered when dealing with unsatisfactory and/or unsafe clinical performance.

Firstly, unsatisfactory clinical performance must be differentiated from unsafe performance. Although unsafe performance is by its nature unsatisfactory, the reverse is not always the case.

A student is deemed unsatisfactory due to failure to meet the objectives and assessment of a given midwifery practice experience. This may be flagged midway through the first placement if the student appears to be ‘not getting it’. Identifying slow or poor progress early may ensure the student does pass the final assessments.

*What happens if you identify problems?*

**Step 1.** Clearly and objectively identify the problem and readily observable reasons why the student is finding that meeting their clinical objectives is challenging. Doubts over a student’s performance during their placement must be qualified in terms of outcomes and explanation. In general this will be based on the competencies as set out in the student’s Clinical Assessment Portfolio. By linking your assessment closely to the NMBA Midwife Standards for Practice you will be able to keep your assessment objective, unambiguous, realistic and measureable.

**Step 2.** Ask yourself “can I talk to the student about this?” Seek advice from the Clinical Facilitator, Educator or Manager and/or the Midwifery Lecturer.

**Step 3.** If you can, meet with the student to discuss your concerns. Extensive, constructive feedback is necessary here to help students understand any concerns you may have. It is crucial that problem areas are clearly documented, along with plans for development. It is important to find out if the student is aware of the problem and negotiate strategies for overcoming it.

**Step 4.** Let the Clinical Facilitator, Educator or Manager know and inform the Midwifery Lecturer about the identified problem and strategies that have been put in place. Keep anecdotal records and minutes of the meetings. These should be available to the student and Midwifery Lecturer.

**Step 5.** Evaluate the strategies and provide ongoing feedback to the student. The student may need to be placed on a Learning Agreement. Consult with others before
marking the student’s formative assessment as unsatisfactory. However, if the student does not improve and they do not pass the summative assessment the placement may need to be repeated or the student may fail the unit.


**Websites of interest**

University of Bournemouth. Practice based learning resources 
http://www.practicebasedlearning.org/

Canadian Nurses Association Preceptor Handbook. 
http://cna-aic.ca/~media/cna/page-content/pdf-en/achieving_excellence_2004_e.pdf

Royal Childrens Hospital Melbourne Preceptor site. 
http://www.rch.org.au/mcpc/nursing_education/Preceptorship/

University of Kansas Medical School. Preceptor microskills. 
http://wichita.kumc.edu/strategies/microskills/index.html

Microskills article 
http://www.oucom.ohiou.edu/fd/monographs/microskills.htm

One minute preceptor clinical teaching microskills examples. 
http://www.im.org/Resources/FacultyDev/GIMFDP/Documents/Strategies%20Tampa%20Sarkin.htm

University of Western Australia. Resources for teaching & learning. 
http://www.catl.uwa.edu.au/resources/tandl/resources
BACHELOR OF MIDWIFERY SCOPE OF PRACTICE FOR YEAR 1
2017 – 2021

The following table summarises the scope of practice for first year level for the CDU students. It indicates the level of midwifery skills and knowledge students should be able to demonstrate during their placement. 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 Midwife Standards for Practice, Code of Ethics and Practice. CDUM 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.

Continuous supervision means the student is with the midwife preceptor at all times during clinical practice.

**MID101: Introduction to Professional Midwifery Practice**

**Novice: frequent or continuous cues. No client load; continuous supervision.**

| 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.

**MID102: Fundamentals Skills for Midwifery Practice**

**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 (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
- Removal of sutures/staples

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 a woman’s pain.

Falls assessment in relation to women post – epidural/spinal anaesthetic;

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
The following table summarises the scope of practice for second year level for the CDU students. It indicates the level of midwifery skills and knowledge students should be able to demonstrate during their placement. 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 Midwife Standards for Practice, Code of Ethics and Practice. CDUM 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.

Direct supervision means the midwife preceptor the student is present and personally supervises, works with, guides and directs the student. This does not mean the student is in the preceptors direct line of sight at all times but the preceptor knows where the student is at all times and any new skills are performed under supervision.

<table>
<thead>
<tr>
<th>MID202: Professional Midwifery Practice 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice-advanced beginner; frequent or occasional cues.</td>
</tr>
<tr>
<td>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>
</tr>
<tr>
<td>Demonstrate timely &amp; accurate communication, documentation and evidence informed decision-making which addresses cultural safety &amp; awareness</td>
</tr>
<tr>
<td>Discuss evidence-informed rationales for implementing designated midwifery care;</td>
</tr>
<tr>
<td>With supervision conduct a first antenatal visit:</td>
</tr>
<tr>
<td>• History taking/ DV screening/ Explain screening tests/ Explain care options</td>
</tr>
<tr>
<td>• Nutrition advice/Breastfeeding advice/ Discuss childbirth education needs</td>
</tr>
<tr>
<td>• Health assessment/ Weigh/BMI /Urinalysis</td>
</tr>
<tr>
<td>Conduct an abdominal examination/ Auscultate fetal heart rate/Assist with CTG;</td>
</tr>
<tr>
<td>Conduct scheduled antenatal assessments, including discussion of birth options;</td>
</tr>
<tr>
<td>Demonstrate knowledge of stages of labour and evidence for care;</td>
</tr>
<tr>
<td>Assist with assessment and care of labouring and birthing women;</td>
</tr>
<tr>
<td>• Vital signs/FHR</td>
</tr>
<tr>
<td>• Abdominal examination</td>
</tr>
<tr>
<td>• Assessment of progress</td>
</tr>
<tr>
<td>• Contraction pattern</td>
</tr>
<tr>
<td>• State of membranes</td>
</tr>
<tr>
<td>• Descent of PP</td>
</tr>
<tr>
<td>• VE</td>
</tr>
<tr>
<td>Assist with the birth of the baby/ Assist with third stage/ Assist the fourth or transition phase Examination of placenta &amp; membranes</td>
</tr>
<tr>
<td>Observe newborn examination/ Administer IMI Vitamin K₁ to newborn</td>
</tr>
<tr>
<td>Assist with initiation of breastfeeding</td>
</tr>
<tr>
<td>Assist woman opting for artificial feeding</td>
</tr>
<tr>
<td>Assist with medication administration</td>
</tr>
<tr>
<td>• Articulate knowledge of legislation, charting and e-scribe medication administration contexts</td>
</tr>
<tr>
<td>• Safely administer S2 and S4 medications</td>
</tr>
<tr>
<td>• Explain the pharmacokinetics of the above medications</td>
</tr>
<tr>
<td>Work collaboratively with allied health workers &amp; other team members</td>
</tr>
</tbody>
</table>

| MID204: Professional Midwifery Practice 2 |
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.

Discuss evidence-informed rationales for implementing designated midwifery care;
Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness
Assess women in pre/early labour/Provide evidence-based information to women in early labour;
Assess and care for labouring and birthing women:
  - Recognise the different stages of labour
  - Prepare the birth room for birth/ Assist the birth of the baby/ Assess newborn using the Apgar score
  - Assist with newborn resuscitation/Assist third stage/ Assess blood loss/Assist in management of excessive blood loss

Use different pain management techniques when caring for women in labour & birth.
Assist with intrapartum CTG apply and 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
Assist in the preparation of the IV Oxytocin;
  - Select appropriate IV fluid/ Prime line/ Explain the pharmacokinetics of Oxytocin
  - Explain the side effects of IV Oxytocin when used for induction of labour/-add Oxytocin to IV bag
Assist with preparation for ARM/ explain the reasons for an ARM;
Assist with the preparation of women for LUSCS./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/ 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 >48 hours
Using a simulator, demonstrate the steps in resolving shoulder dystocia and/Explain the rationale for the manoeuvres
DIRECT SUPERVISION

BACHELOR OF MIDWIFERY SCOPE OF PRACTICE FOR YEAR 3
2017 – 2021

The following table summarises the scope of practice for third year level for the CDU students. It indicates the level of midwifery skills and knowledge students should be able to demonstrate during their placement. 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 Midwife Standards for Practice, Code of Ethics and Practice. CDUM 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.

Direct supervision means the midwife preceptoring the student is present and personally supervises, works with, guides and directs the student. This does not mean the student is in the preceptors direct line of sight at all times but the preceptor knows where the student is at all times and any new skills are performed under supervision.

<table>
<thead>
<tr>
<th>MID303 &amp; 306: Professional Midwifery Practice 3&amp;4; MID304 Midwifery Global Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced-beginner. Minimal cues; minimal supervision</td>
</tr>
<tr>
<td>Under the <strong>direct supervision</strong> 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>
</tr>
</tbody>
</table>

| 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. |
| 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 parenteral routes |
| • Manage medication regimes across varying modalities |
| • Intravenous 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

**MID301: Women’s Health**

Advanced-beginner. Minimal cues; direct 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.

Discuss evidence-informed rationales for implementing designated midwifery/women’s health care;
Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.
Contribute to the management of well women utilizing screening including breast screening/ family planning and reproductive medicine
Provide pre and post-surgical acre to women undergoing gynaecological surgery
Provide care to women with medical complications – diabetes/cardiac disease/breast cancer
Administer medications as per scope of practice

**MID307: Specialist Neonatal Care**

Advanced-beginner. Minimal cues; direct 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.

Discuss evidence-informed rationales for implementing designated midwifery care;
Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.
Assess and care for well preterm infants/unwell term infant/TORCH/infections/respiratory distress
- Incubator care
- Vital signs
- Monitor for hypoglycaemia
- Hygiene
- Oro/naso gastric feeding
- Supplemental oxygen
- Oral/iv medications
- Phototherapy
Accident, Incident and Injury Report

Death, serious illness or injury must be reported immediately to Work Health and Safety (WHS) through HRS Reception: 8946 6904

- Injured party/Person involved: You must complete Section A and forward to your Supervisor for completion. Inform the Work Health and Safety (WHS) unit within The Office of Human Resource Services about the accident, incident or injury within 24 hours, preferably by email.
- Supervisor/Lecturer: You must complete Section B and forward to WHS, within 5 working days, preferably by email.
- Staff only: For possible Workers’ Compensation Claim complete this form without delay and contact WHS for further information on the Workers’ Compensation process, preferably by email.

NOTE: This form is to be used for accident/incident report only (unplanned event that has happened and caused immediate or imminent WHS risk exposure or injury). For general WHS concerns/issues/hazards, please use the Hazard report form.

WHS email: whs@cdu.edu.au  WHS phone no: (08) 8946 6473  Fax: (08) 8946 7211

If you are completing this form on behalf of someone else please complete this section with your details.

Surname  Given names  Phone no.

Section A Details of person injured or person involved
To be completed by the person injured or involved and forwarded to the Supervisor/Lecturer without delay.

Surname  Given names  Date of birth  Male  Female

Your email address  Contact no.

☐ Staff  ▶ Faculty / Office  Employee no.
☐ Student  ▶ Student no.  Course  Unit no.

If NOT a CDU employee please indicate: ☐ Contractor  ☐ Employed by Contractor  ☐ Visitor  ☐ Affiliated organisation

▶ Name of contractor/employing organisation  Contact no.

Address of employer  Employer’s email:

Incident details (e.g: CDU sites – campus, building, room, off CDU sites – Address approximate location, Faculty / Office

Date of incident  Time of incident am/pm

Location of incident

Description of incident (describe task being performed and list sequence of events)

Note: (attach further information if space is insufficient)

Witness details (NOTE: Witness to Accident/Injury Report form needs to be completed and attached)

Name  Contact no.

CDU Preceptor Manual 2018
## Accident, Incident and Injury Report

**Human Resource Services**
HRS-02-001 Version 3.00
Issued Aug 2014

### Nature or Type
- [ ] Intracranial Injuries
- [ ] Fractures
- [ ] Wounds, lacerations, amputation or internal organ damage
- [ ] Burns
- [ ] Injury to nerves and spinal cord
- [ ] Traumatic joint/ligament/muscle/tendon injury
- [ ] Other injuries
- [ ] Musculoskeletal and connective tissue diseases
- [ ] Mental diseases
- [ ] Digestive system diseases
- [ ] Skin and subcutaneous tissue diseases
- [ ] Nervous system and sense organ diseases
- [ ] Respiratory system diseases
- [ ] Circulatory system diseases
- [ ] Infectious and parasitic diseases
- [ ] Neoplasms (Cancer)
- [ ] Other diseases
- [ ] Other claims (specify):

### Body Part
*please indicate the injured part(s)*

<table>
<thead>
<tr>
<th>FRONT</th>
<th>REAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mechanism of incident
- [ ] Falls, slips and trips of a person
- [ ] Hitting object with a part of body
- [ ] Being hit by moving object
- [ ] Sound and pressure
- [ ] Body stressing
- [ ] Heat, electricity and other environmental factors
- [ ] Chemical and other substances
- [ ] Biological factors
- [ ] Other and unspecified mechanisms of incident

### Agency of injury/disease
- [ ] Machinery and (mainly) fixed plant
- [ ] Mobile plant and transport
- [ ] Powered equipment, tools and appliances
- [ ] Non-powered hand tools, appliances and equipment
- [ ] Chemicals and chemical products
- [ ] Materials and substances
- [ ] Environmental agencies
- [ ] Animal, human and biological agencies
- [ ] Other and unspecified agencies

### Special Follow-up procedures
WHS.

**Note:** If completing form online... 
Go to View on the toolbar, select Toolbars then ‘Drawing’. 
The Drawing toolbar appears at the bottom of page. 
Select the circle tool and use it to indicate injured areas.

### Medical treatment obtained

<table>
<thead>
<tr>
<th>Nil</th>
<th>First Aid</th>
<th>Doctor</th>
<th>Admitted to hospital</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First Aid provided by ___________________________ Date _____________ Time ___________

### Outcome for injured person

<table>
<thead>
<tr>
<th>Time lost from work?</th>
<th>No</th>
<th>Yes</th>
<th>Hours</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Not yet returned to work

---

CDU Preceptor Manual 2018
**Accident, Incident and Injury Report**

**Human Resource Services**

**HRS-02-001 Version 3.00**

**Issued Aug 2014**

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**Placement Students only** (NOTE: Copy of host organisation’s Accident, Incident and Injury Report must be attached)

<table>
<thead>
<tr>
<th>Name of CDU Unit Coordinator</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CDU Unit Coordinator’s e-mail address</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OHS representative at host organisation</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Host OHS representative e-mail address</th>
<th>Contact no.</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Section B** to be completed by CDU Supervisor / Lecturer

**Involved**

**Date**

**Contact no.**

---

**I give consent for the personal information in this report to be provided to my relevant Workplace Health and Safety Committee (WHSC) and Health and Safety Representative (HSR).**

<table>
<thead>
<tr>
<th>Signature of person injured / involved</th>
<th>Date</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**After completion of Section A forward to Supervisor / Lecturer to complete Section B.**

---

**Section B Corrective action**

Section B to be completed by CDU Supervisor / Lecturer and forwarded to WHS within 5 working days.

**Recommended Corrective Action**

<table>
<thead>
<tr>
<th>Change process/equipment/substance:</th>
<th>Repair/modify machinery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminate (remove)</td>
<td>Provide modify safe work procedures</td>
</tr>
<tr>
<td>Substitute - less hazardous</td>
<td>Install safety signage</td>
</tr>
<tr>
<td>Isolate (limit access/exposure)</td>
<td>Changes to work environment</td>
</tr>
<tr>
<td>Redesign (change equipment/process)</td>
<td>Provide training (on the job training, course required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide/maintain personal protective equipment</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

**Specify details of corrective action recommended** (attach further information if space is insufficient)

---

**Action taken to correct procedure/process to prevent incident/accident or to minimise reoccurrence**

(attach further information if space is insufficient)
Name of Supervisor/ Lecturer (print) .............................................................. Contact no. ..............................................................
Signature of Supervisor/ Lecturer .............................................................. Date ..............................................................
**Witness to Accident/Injury Report**

**Please Note:** for the purpose of this report a witness is:
- a person who saw the accident/injury occur
- a person who was present immediately before or soon after the accident/injury and who observed the injured person
- a person told of the event shortly after it occurred

Return completed form to – Manager, Health, Safety and Environment, (HSE), Human Resource Services (HRS) within 24 hours or as soon as possible thereafter.

<table>
<thead>
<tr>
<th>Accident / Incident Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person involved in injury/accident</td>
</tr>
<tr>
<td>Where accident occurred</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Particulars of Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Phone numbers:</td>
</tr>
<tr>
<td>Work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement of Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you actually see the accident/injury occur?</td>
</tr>
<tr>
<td>If you did not see the accident/injury what did you see or hear before, during or after the accident?</td>
</tr>
<tr>
<td>If you did see the accident/injury occur what did you see or hear before, during or after the event?</td>
</tr>
</tbody>
</table>
Statement of Witness cont…

From what you saw, what injuries were suffered i.e. indicate left/right, leg/hand, etc?

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APPENDIX C

FLOWCHART FOR 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

Assessment elements graded as *unsatisfactory*

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

Learning Agreement *NOT* achieved by set date

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

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

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

Assessment elements graded as *unsatisfactory*

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

Learning Agreement *NOT* achieved by set date

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
CLINICAL COMMUNICATION SKILLS FEEDBACK

Student name:  
Assessor:  
Clinical Placement venue:  
Date:  

This set of criteria is designed to provide feedback on clinical communication skills of students you have preceptored /facilitated / mentored and observed during a clinical placement. Please respond by ticking and initialing the appropriate level obtained. Students are assessed at the time of interim and final assessment. Please refer to Key.

<table>
<thead>
<tr>
<th>Please initial a box for each item</th>
<th>Limited 1</th>
<th>Developing 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal communication</strong></td>
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<tr>
<td>Ability to communicate with women and staff at a social level</td>
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<tr>
<td>Ability to communicate with women and staff about midwifery procedures</td>
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<tr>
<td>Ability to participate in discussions with woman and staff</td>
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<tr>
<td>Knowing the right words or terms to express thinking to woman and staff</td>
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<td><strong>Written Communication</strong></td>
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<td>Ability to write notes about women in clear English from a verbal shift change</td>
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<td>Ability to summarize essential elements of woman’s condition from a verbal shift change</td>
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<td>Ability to correctly use midwifery terminology</td>
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<td><strong>Responding to verbal communication</strong></td>
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<td>Responds to verbal communication appropriately</td>
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<td>Responds to verbal request accurately</td>
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<td>Asking another person to repeat what he or she said as required</td>
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Please provide additional comments in the space below

Students who are assessed as **limited** or **developing** should be referred to their unit coordinator to discuss what remedial practices have been attempted by clinical teacher/facilitator and what further action is required. Students should be reassessed at regular intervals with success or failure of remedial actions noted.

<table>
<thead>
<tr>
<th>Limited 1</th>
<th>Developing 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
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</thead>
<tbody>
<tr>
<td>Concerns about being unsafe because of lack of ability and clarity of communication. Continuous verbal cues required. Numerous errors of expression, pronunciation and incorrect terminology (health literacy). Inability to respond to verbal requests, constant requests for explanation or clarification. Social communication or therapeutic communication not established.</td>
<td>Refers to being safe when supervised and supported with communication. Requires some prompts and cues when articulating care and progress. Some errors of expression, pronunciation and use of incorrect terminology (health literacy). Some delay in response to verbal requests, requires some explanation or clarification. Social communication established.</td>
<td>Refers to being safe and knowledgeable most of the time. Requires occasional prompts when articulating patient care and progress. Therapeutic communication and social communication established.</td>
<td>Refers to being safe and knowledgeable; efficient &amp; coordinated; displays confidence with activities of communication. Establishes good therapeutic techniques and interactions with the multidisciplinary team and woman. Able to articulate woman care and progress.</td>
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</tbody>
</table>