CLINICAL PLACEMENT RESOURCE MANUAL
FOR HEALTH FACILITIES

Bachelor of Midwifery

2016

School of Health
Charles Darwin University
Title: Clinical Placement Resource Manual for Health Facilities, 2013

Faculty: Engineering, Health, Science and the Environment

Prepared By: Carol Thorogood & Ruth Halls


Midwifery adaptation: Jenny Cameron

Revised Jan 2016
# Table of Contents

Welcome ........................................................................................................................................... 5
Charles Darwin University Contact list 2015 .................................................................................. 6
Overview of Clinical Placement ........................................................................................................ 7
Overview of the Clinical Teaching Block .......................................................................................... 8
  - Assessment and requirements of the Clinical Teaching Blocks .................................................. 8
Pre Clinical Documentation Requirements .................................................................................... 9
  - Prior to clinical placement .......................................................................................................... 9
  - During clinical placement .......................................................................................................... 9
Clinical Placement ........................................................................................................................... 10
  - Organisation of placement ......................................................................................................... 10
  - Clinical Placement Office ......................................................................................................... 10
  - Academic Clinical Team ........................................................................................................... 10
Responsibility of Student, University and Health Facility ............................................................... 11
  - Student ..................................................................................................................................... 11
  - University ................................................................................................................................. 11
  - Health Facility ........................................................................................................................... 12
Overview of Assessment ................................................................................................................ 13
  - Student Responsibility .............................................................................................................. 14
  - Preceptor / Clinical Supervisor Responsibility ........................................................................ 14
  - Assessments in Clinical Assessment Portfolio ........................................................................ 14
  - Grading Scale for ANMC Competency Standards .................................................................. 15
Students failing to meet NMBA Competency Standards ................................................................. 16
Scope of Practice ............................................................................................................................... 18
Code of Conduct ............................................................................................................................... 19
Insurance ........................................................................................................................................ 20
CDU Occupational Health and Safety ............................................................................................. 21
Dress requirements ........................................................................................................................... 22
Medication Administration .............................................................................................................. 23
Attendance and rosters ..................................................................................................................... 25
Absences .......................................................................................................................................... 26
  - Public Holidays ......................................................................................................................... 26
  - Severe weather events .............................................................................................................. 26
Glossary of terms ............................................................................................................................. 27
Supervision of Placement ................................................................................................................ 28
  - Preceptor Model ......................................................................................................................... 28

*CDU Clinical Placement Resource Manual; Health Facilities 2016*
- Professional Development Model ................................................................. 28
- Clinical Supervisor Model ......................................................................... 28

Problems on Placement .................................................................................. 29
- Problems that cannot be resolved between students and preceptor .......... 29
- Withdrawal of placement by clinical staff ................................................. 29
- Appeals against withdrawal of placement by Health Facility ....................... 230

Access and Disability ..................................................................................... 31
- Fitness to practice ....................................................................................... 31
- Pregnancy .................................................................................................... 31
- Students with Disabilities ........................................................................... 31
- Disability and disclosure ............................................................................. 31

Student Registration ..................................................................................... 33
- Australian Health Practitioners Regulatory Agency .................................... 33
- Mandatory Reporting .................................................................................. 33
- Student Requirement to Report ................................................................... 33

Frequently Asked Questions ......................................................................... 34
- Can students organise their own placements with a Health facility? ........... 34
- Can a student organise their own shifts and rosters? ................................. 34
- What should I do is a student does not turn up for their rostered shift? ....... 34
- Is the student part of the workforce? ........................................................... 34
- The student is an Enrolled Nurse: what difference will this make to the clinical placement? ................................................................. 34

Appendix
A: Scope of Practice Table for CDU Bachelor of Nursing Students
B: Flow Chart for Clinical Placement Units
C: Flow Chart for Clinical Teaching Block Progression into Clinical Placement Unit
D: Communication Flow Chart
E: Accident and Injury Form
Welcome

Thank you for welcoming Charles Darwin University (CDU) Bachelor of Midwifery students into your Facility.

Practice placements are a vital part of the education process. Every practitioner shares responsibility to support and teach the next generation of nurses and midwives. Practical experience is crucial in preparing students for their future role as Registered Midwives. This experience provides students with the opportunity and support to develop key practical skills in a clinical setting; consolidate knowledge and apply learned theory to practice. The midwifery program at CDU is designed to prepare students for registration with Nursing and Midwifery Board of Australia.

The purpose of this manual is to be the first point of reference for a Health Facility when hosting CDU midwifery students. The information contained in this manual is not intended to be exhaustive. However, we have endeavoured to include frequently asked questions and essential information.

CDU students receive a version of this manual that is tailored to their needs. Nonetheless, you are welcome to discuss this Resource Manual with the CDU students in your Facility.

We encourage you to contact CDU if you have any questions about the CDU program.

Again, thank you for welcoming our students to your Facility.

Kathleen Blair
Director of Clinical Education

08 8946 6236
kathleen.blair@cdu.edu.au

Dr. Virginia Skinner
Phone: 08 8946 6596
Email: virginia.skinner@cdu.edu.au

BMID Course Coordinator

This manual is current at the date of publication and is updated each year. If you see an omission or error, please notify the Clinical Co-Coordinator to ensure correction for the following year’s edition.
Charles Darwin University Contact list for 2016

CLINICAL PLACEMENT OFFICE: CDU switch board 08 8946 6666
Ask for Clinical Placement Office for Bachelor of Midwifery students in relevant state or territory.
Email: midwifplac@cdu.edu.au

PRE CLINICAL COORDINATOR: Email: Preclinical@cdu.edu.au

MIDWIFERY COURSE COORDINATOR: Dr. Virginia Skinner
Phone: 08 8946 6596
Email: Virginia.skinner@cdu.edu.au

DIRECTOR CLINICAL EDUCATION: Kathleen Blair
Phone: 08 8946 6236
Email: kathleen.blair@cdu.edu.au

MIDWIFERY LECTURER: Angela Bull
Phone: 08 8946 7391
Email: angela.bull@cdu.edu.au
Overview of Clinical Placement

A clinical placement is defined as an authorised block of time (hours) in which students attend a clinical setting for a structured clinical experience as part of a specific unit. Charles Darwin University (CDU) students are placed in metropolitan, rural and remote facilities throughout Australia. Many CDU students study via distance education, completing their theory units online and attending placement at Health Facilities in their local area.

Often students report this to be the most rewarding and challenging part of the degree. CDU is very proud of its placement program and CDU endeavours to ensure students have a positive learning experience while on placement.

There are eight clinical placement units in the Bachelor of Midwifery (Pre-registration) course that require specific clinical placements. These are outlined below.

Summary of clinical placement units

<table>
<thead>
<tr>
<th>Title of Clinical Placement Unit</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>MID101: Introduction to Professional Midwifery Practice</td>
<td>Theory 40 hours clinical teaching block 76 hours clinical placement</td>
</tr>
<tr>
<td>MID102 Fundamental Skills for Midwifery Practice</td>
<td>Theory 40 hours clinical teaching block 114 hours clinical placement</td>
</tr>
<tr>
<td>MID202 Professional Midwifery Practice 1</td>
<td>Theory 40 hours clinical teaching block 152 hours clinical placement</td>
</tr>
<tr>
<td>MID204 Professional Midwifery Practice 2</td>
<td>Theory 228 hours clinical placement</td>
</tr>
<tr>
<td>MID301 Women’s Health</td>
<td>Theory 76 hours clinical placement</td>
</tr>
<tr>
<td>MID303 Professional Midwifery Practice 3</td>
<td>Theory 40 hours clinical teaching block 228 hrs clinical placement</td>
</tr>
<tr>
<td>MID306 Professional Midwifery Practice 4</td>
<td>Theory 228 hrs clinical placement</td>
</tr>
<tr>
<td>MID307 Specialist Neonatal Care</td>
<td>Theory 114 hours clinical placement</td>
</tr>
</tbody>
</table>

Prior to attending practicum the student must

- Be enrolled in a clinical unit of study;
- Meet all pre clinical requirements;
- Attend the 5 day clinical teaching blocks (CTB) prior to 1st year, 2nd year and 3rd year placements and successfully meet all CTB assessment requirements;
- All students must successfully complete online medication test.
Overview of Clinical Teaching Blocks

There are 4 mandatory Clinical Teaching Blocks (CTB) across the course and each these must be successfully completed prior to students attending clinical placement.

Each CTB is a five day (four days for RN’s & Endorsed EN’s in MID202 & four days for RN’s in MID303) intensive program which provides students with an opportunity to practice specified midwifery interventions, integrate theory into practice and develop an understanding of the requirements of professional midwifery practice according to the NMBA Competency Standards (2006). It is also a great opportunity for students to meet each other, form friendships and study groups and get to know the lecturers who teach in the CTB.

Appendix A outlines the Scope of Practice for 1st, 2nd and 3rd year CDU midwifery students. Students should become very familiar with this table; it is an essential guide to student practice and expectations. This table is linked directly to the core theory units at CDU and the clinical skills which will be taught and assessed in the CTB. Students must only perform midwifery interventions in a clinical setting when the linked theory has been assessed and the student has had the opportunity to perform that skill in a CTB.

Assessment and requirements of the Clinical Teaching Block
Throughout the CTB a variety of assessments determine student readiness to undertake the clinical placement. Students must achieve a Pass grade in these assessments. Please refer to the flow chart for CTB (See Appendix which this outlines the pathway to a Pass/Fail).

1. **Medication Test:** Prior to their CTB students in 1st year (MID102 only), 2nd and 3rd year must successfully complete at Medication Calculations’ test. Students must gain 100% in order before progressing to the CTB.

2. **Objective Structured Clinical Assessments (OSCA)s:** These assessments are designed to assess student competence in specified midwifery skills based on the Scope of Practice at each year level.

3. **Attendance:** Students must attend the entire CTB. They must be prepared to start on time and remain until the end of each day’s session. A 100% attendance record is required. All CTBs start at 8:30 and finish at 16:00hrs.

4. **Dress:** Students must present to CTBs professionally attired and in uniform as per page 22 of this manual each day of the CTB. If a student’s dress doesn’t meet these standards the student will **not** be permitted to complete the CTB.

The CTB is an integral component of four clinical units: MID101, MID102, MID202 and MID303.
Pre-Clinical Documentation

All students who plan to attend a clinical placement must meet all the pre-clinical documentation requirements set by CDU. This ensures compliance with State / Territory legislation and Health Facility requirements. This is a strict process and tightly monitored by CDU.

Pre-clinical documentation prior to placement
CDU employs a Pre-Clinical Coordinator to assist students with this process, (see page 6 for contact details). Students may not attend placement unless all requirements are met.

Documents to be submitted and checked;

- CDU Checklist;
- CDU Student Placement Agreement;
- National Police Check; valid for 12 months from date of issue;
- First Aid Certificate, valid for 3 three years from date of issue;
- CPR Competency certificate, valid for 12 months from date of issue;
- State/Territory Specific criminal history checks and forms;
- Completed Evidence of Immunity Form with certified copies of supporting documentation;
- Specific requirements mandated by an individual Health Facilities if CDU is notified officially of this being a requirement.

It is the student’s responsibility to be aware of expiry dates of all pre-clinical documents and update and forward certified copies to the Pre-clinical Coordinator prior to expiry.

Students who conscientiously object to having immunisations or health screening are required to sign a conscientious objection form. Health Facilities will be advised of conscientious objection and retain the right to withdraw the placement.

Clinical placements will be cancelled if students fail to meet all pre-clinical requirements.

More information about CDU Pre-Clinical Documentation requirements can be found at; http://www.cdu.edu.au/health/undergraduate-midwifery
http://www.cdu.edu.au/health/ugpreclinical-requirements

Pre-clinical documentation requirements during clinical placement
Students are advised they must produce evidence that they meet pre-clinical documentation requirements to the appropriate person in the Health Facility on request. Therefore, students should be directed by the Health Facility to present pre-clinical documents to the appropriate representative of the first day of placement.

The Facility has the right to suspend placement if the student cannot produce evidence of meeting their requirements upon request. However it is the Health Facilities’ responsibility to determine if the student is safe to attend placement and if the placement is appropriate.
Clinical Placement

Organisation of Clinical Placement
Several processes are involved in the organisation of clinical placements. The administrative processes are managed by the Clinical Placement Office, and the academic processes are managed by the Unit Coordinators in consultation with the Clinical Coordinator, the Director of Clinical Education and the Bachelor of Midwifery Program Coordinator. The Clinical Placement Office and the academic team work together very closely to ensure students have a quality clinical experience.

Clinical Placement Office
The Clinical Placement Office is responsible for all administrative aspects of arranging clinical placements. The role of Clinical Placement Officers is to negotiate and arrange clinical placements for students in their allocated States, liaise with Health Facilities, act as a first point of contact for students and Health Facilities for administrative matters and maintain the contracts between Health Facility and CDU.

At an organisational level, CDU enters into contracts with every Health Facility in which a student is placed. These contracts usually cover the purpose of placements, how placements are to be arranged, insurance coverage, dispute resolution and responsibility for pre-clinical requirements.

Once contracts are in place, Clinical Placement Officers will contact the Facility to discuss the purpose of the placement. At this stage, generic information is provided that is indicative of the level of placement (i.e. 1st, 2nd, or 3rd year) and the required clinical context (e.g. Community midwifery practice, acute care settings, primary health care, neonatal special care unit).

It is important to understand that the Clinical Placement Officers are the only people authorised to make clinical placement arrangements. Students and CDU academic staff must always contact the Clinical Placement Officer to request or modify a placement. Preceptors, Lecturers, Clinical Supervisors and Midwifery Unit Managers organise placements through the Clinical Placement Office. Clinical placement is not confirmed until the Clinical Placement Office provides the student and the Health Facility with a confirmation notice. CDU will not recognise the student attendance if it has not been authorised by the Clinical Placement Office.

Any change to a clinical placement requires confirmation by the Clinical Placement Office. See section on page 24 for information on students who requests to change rosters or placement timing.

Note: Clinical Placement Officers are not academic staff and therefore questions about assessment requirements must be directed to the Unit Coordinator.

Academic Clinical Team
Unit (Subject) Coordinator: This is the academic staff member who has responsibility for the delivery and quality of specific units. This is the first point of call for queries about the academic objectives for a clinical placement, assessment, general placement questions and feedback. Contact details can be found on the relevant Learnline site.

Clinical Coordinator: The academic staff member responsible for the organisation and management of the clinical placement units. The Clinical Coordinator is the contact person for problems which cannot be resolved at a Health Facility level, or resolved with the Unit Coordinator.

Director of Clinical Education: This person is responsible for the overall direction and management of the clinical component of the CDU course.

Bachelor of Midwifery Program Coordinator: The academic staff member who has responsibility for the coordination of the Bachelor of Midwifery program.
Responsibilities of Student, University and Health Facility

Responsibility of the Student

- Ensure all preclinical documentation requirements are met prior to placement and ensure documents remain current during all placements;
- Read the University and Facility charters and Student Manuals;
- Familiarise themselves with all documentation handbooks and assessments related to each unit of study (these are correlated to practice placements and will include assessment of practice documentation);
- Recognise the purpose of the placement experience and ensure you are clear about the expectations of the placement provider;
- Explore the placement’s history, mission and location including instructions about parking, uniforms etc.;
- Comply with the CDU student Code of Conduct;
- Ensure all assessment documentation for clinical placement is complete and accurate;
- Contact the placement and preceptor prior to starting the placement (if requested to do so in confirmation email provided by CPO);
- Notify preceptor of any support needs;
- Act professionally with regard to punctuality, attitude and behaviour and display a professional image that is dress according to CDU uniform policy;
- Maintain confidentiality at all times in relation to patient/client and Health Facility information including patient records;
- Maintain effective professional communication with patients, preceptors, and link personnel from both the Health Facility and Charles Darwin University.

Responsibility of the University

- Charles Darwin University has a responsibility to ensure support is put in place for the student, and preceptor through allocated roles. Charles Darwin University will;
- Ensure contracts are in place with Health Facility;
- Provide adequate insurance cover for students on placement;
- Organise the administrative requirements of placement;
- Work collaboratively to support clinical staff;
- Support Health Facility with regular contact via phone, in–person or via e-mail;
- Ensure a communication system is in place to deal with student issues or questions;
- Communicate any changes about the course or assessment in a timely manner to placement staff;
• Put an effective evaluation system in place to assess the student’s and facilities’ experiences.

**Responsibility of Health Facility**

• Ensure that preceptors are prepared appropriately for the role;

• Provide a safe placement environment for the student;

• Allow time for preceptors to meet with their students to undertake and record assessment activities and outcomes;

• Perform formative and summative assessments and provide regular constructive feedback to students about their progression;

• Allocate preceptors time to reflect, give feedback and keep records of student achievement;

• Ensure that preceptors have appropriate and ongoing support in practice;

• Work collaboratively with the University;

• Provide learning opportunities for students that reflect the nature of the service.
Overview of Assessment

While on clinical placement the student’s ability to meet the Australian Nursing and Midwifery Board of Australia Competency Standards (2006) is assessed. The Clinical Assessment Portfolio records these assessments and guides student and assessors through aims and objectives of the placement. Students will need to print a copy of the Clinical Assessment Portfolio prior to beginning the placement and familiarise themselves with the objectives and requirements of the placements.

The relevant sections of the Portfolio must be signed by a Registered Midwife (or equivalent if the student is working with an obstetrician or GP) who directly observes the student’s practice. This is usually the Preceptor, Clinical Supervisor or Midwifery Unit Manager. It is the responsibility of the Registered Midwife who signs the Portfolio to provide a professional judgement on the student’s current level of competence. The Registered Midwife who completes the Portfolio is responsible for providing an accurate reflection of student competency and professional behaviour throughout the entire placement. All signatures on the Portfolio must be that of a Registered Midwife or equivalent. Other clinical or administrative staff must not sign the Portfolio.

The Clinical Supervisor or Preceptor is responsible for ensuring that any problems encountered during the clinical placement are reported to the Unit Manager and to Charles Darwin University. If Health Facility staff hold any concerns about student behaviour or documentation they must consult the Unit Coordinator.

The Clinical Assessment Portfolio is graded upon return to CDU and forms part of the overall grade assigned to the clinical unit of study. Students are reminded that each clinical unit has a number of assessments that must be completed in order to pass the unit. Passing or failing the unit is determined by the Unit Coordinator. In arriving at a decision to pass or fail a student, the Unit Coordinator relies heavily on the judgment reported in the Clinical Assessment Portfolio by Preceptors and/or the Supervisor.

It is the student’s responsibility to show the Clinical Supervisor / Preceptor the Clinical Assessment Portfolio on the first day and ensure that it is filled out correctly and in a timely manner. It is their responsibility to make sure the documentation is complete and that they take it on placement each day.

The Clinical Assessment Portfolio is designed to facilitate regular feedback between Preceptor / Clinical Supervisor and the student. The earlier problems are identified the greater the opportunity the student has to understand deficits and meet expectations. This is facilitated if the student asks the Preceptor / Supervisor to give both positive and negative feedback. It can be difficult to hear negative feedback, and many Preceptors / Supervisors find it very difficult to do this. Nonetheless, in order to learn, students need to receive both positive and negative feedback.

Special note on assessment and maintaining records: The Clinical Assessment Portfolio is the assessment document CDU uses to ensure all clinical hours are complete and the student has met all the NMBA Competency Standards (2006). If the Clinical Assessment Portfolio is lost, the student will have to repeat the practicum.

Students must keep a certified copy for their own records as CDU will not return this document. When students apply for graduate positions this document is often required by the facility as part of the application.
**Student responsibility**

It is the student’s responsibility to show the Clinical Supervisor / Preceptor the Clinical Portfolio on the first day of placement and ensure that it is filled out correctly and in a timely manner. It is the student’s responsibility to make sure the documentation is complete and that they take it on placement each day. It is also the student’s responsibility to submit the documentation to CDU as per CDU guidelines and time frames.

**Preceptor / Clinical Supervisor responsibility**

The supervision of students on placement is crucial to a student’s learning outcomes. Effective supervision empowers the student and enhances the student’s learning and reflection through constructive and objective feedback about their performance. Feedback should be framed by reference to the NMBA Competency Standards (2006).

The Clinical Assessment Portfolio is designed to facilitate regular feedback between Preceptor / Clinical Supervisor and the student. The earlier problems are identified the greater the opportunity the student has to understand deficits and meet expectations. This is greatly helped Preceptor / Supervisor give both positive and negative feedback. It can be difficult to give negative feedback, and many Preceptors / Supervisors find it very difficult to give negative feedback. Nonetheless, in order to learn, students need to receive both positive and negative feedback.

Irrespective of their past experience students must always work under the supervision of a Preceptor / Clinical Supervisor and whenever possible work the same shifts as their Preceptor.

CDU expect that the Preceptor / Clinical Supervisor will:

- Be professional and ethical in their conduct toward students. This includes honesty in constructive feedback about expected performance;
- Create a safe and positive environment for the student;
- Provide support that contributes to student learning objectives commensurate with the level of progression within the program (i.e. 1st, 2nd or 3rd year);
- Encourage student to develop safe, competent and professional practice; including in particular, orientation to local emergency procedures;
- Identify and facilitate learning opportunities;
- Provide regular constructive feedback; in particular, to identify areas of weaknesses and strengths;
- Assist student to integrate theory into practice;
- Provide documented assessment of competency, both formative and summative.

CDU is committed to further education and we are keen to support the Health Facilities that commit to our students. If your organisation would like more information and education surrounding the preceptorship of students, please contact the Clinical Coordinator.

**Assessments in Clinical Assessment Portfolio**

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 pass the practicum. All make up time must be negotiated between the CPO and the Health Facility.

2. **Clinical Objectives:** There are specified clinical objectives for each clinical unit and students are also required to set additional objectives related to the NMBA requirements. The student is responsible for setting their own clinical objectives for placement and should consider them prior to the commencement of placement. 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 successful grade for the unit. A minimum of two objectives per week of placement are required. The objectives and their associated strategies should fit within the student’s Scope of Practice and be relevant to the unit’s Learning Outcomes and the ward or team in which the placement occurs. They should also progression from ‘neophyte to advanced beginner’ (Bondy, 1983). The objectives must be realistic, achievable and measurable.

3. **Feedback & Assessment**: The Students and Preceptor are expected to provide documented Formative Feedback (midway) and Summative Assessment (completion). This feedback and assessment instrument is based on the Australian Nursing and Midwifery Board of Australia Competency Standards (2006). The student’s competency MUST be assessed according to each NMBA Domain. Students are assessed according to their specified Scope of Practice.

The assessment instrument is based on Bondy’s work (1983). Below is an outline of how to grade the student.

**Grading scale for NMBA Competency Standards:**

- **Dependent**: Student is unsafe. Requires continuous verbal and physical cues when performing procedure or demonstrating knowledge. Due to safety concerns procedures are completed by supervisor. Student is unskilled and inefficient, takes considerable expenditure of energy and performs in a prolonged time frame and is unable to meet Scope of Practice. First year students at the beginning of their placement are nearly always working at this level.

- **Marginal**: The student is not always accurate. Only safe when supervised, is unskilled and inefficient; there is an excess use of energy and prolonged time frames are required. Continuous verbal and frequent physical cues are needed. Students need considerable assistance to meet Scope of Practice.

- **Assisted**: Student mostly achieves appropriate and accurate action safely. Student is skilful in most areas of skills or knowledge. However, student can be inefficient and can be uncoordinated in other areas. Student requires some verbal and physical supportive cues. Student is able to meet Scope of Practice with assistance and cues. This is the minimum standard first and second year students must achieve.

- **Supervised**: Student achieves appropriate and accurate action safely. Student is efficient, coordinated and confident with occasional supportive cues given. Student practises and meets Scope of Practice. This is the minimum standard for third year students in each of their three third year placements.

- **Independent**: Student always achieves appropriate and accurate action safely. They are proficient, coordinated, and confident and work within safe time frames. No supporting cues required. Student practises confidently within Scope of Practice. Please note that students should not practice autonomously. They MUST always be supervised by a Registered Midwife and will always require cues and support.
Student who fail to meet NMBA Competency Standards

A student who is either not progressing, or failing to meet the required standard, needs early identification so that opportunities can be provided for the student to recognise their ‘deficits’ and work to remedy these. Unfortunately some students may also not meet NMBA standards of Ethics and Professional behaviour. (See later section on conduct).

Duffy (2004 p. 16) outlines why good assessment is an essential part of a mentor’s/preceptor’s role:

“Potentially clinical assessment of student nurses [midwives] can safeguard professional standards, patients and the general public. It is inevitable that some students will not be able to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students.”

The named Preceptor / Clinical Supervisor is responsible for making the final assessment and is accountable for documenting that the student has / has not achieved the required NMBA Competency Standards (2006). The final documentation must be an accurate and objective reflection of the student’s competency during the placement. It is crucial that the Preceptor / Clinical Supervisor keeps sufficient anecdotal and final records to support and justify their decisions on whether a student is or is not proficient.

The following list of behaviours (Maloney et al.1997) may assist in identifying students that are at risk of not meeting their clinical objectives.

- Inconsistent clinical performance;
- Does not respond appropriately to constructive feedback;
- Appears unable to make changes in response to constructive feedback – therefore clinical skills do not improve;
- Exhibits poor preparation and organisational skills;
- Has limited interactions or poor communication skills, experience continual poor health; say they feel depressed; appear angry, uncommitted, withdrawn, sad, or are emotionally unstable, tired or listless.

It will be necessary to provide extra support and supervision when a student fails to achieve their learning objectives or meet the necessary competencies and Standards in one or more Domains. If this is the case the Health Facility should:

- Facilitate ongoing student self-assessment by helping them identify what they already know and what they need to focus on in order to learn and overcome their “weaknesses”; identify resources they can utilise to improve knowledge and skills. Discussions about ‘Failing to progress’ should not surprise students. Most students recognise that they are not coping and want to remedy their ‘deficits’ as early as possible;
- Notify CDU of its concerns that a student is not achieving their learning outcomes. Support from CDU staff is essential and it is important to establish clear and open communication between the student, preceptor and CDU Unit Co-ordinator;
- Meet with the student as soon as possible to discuss this issue and ensure the student knows the reason for the meeting. It is important that minutes of these meetings be recorded and made available to CDU and the student;
- Discuss the evidence which has led to concern; give honest, objective and unambiguous feedback that is based on the Competency Standards and the NMBA Codes of Ethics and Practice and the student’s level of experience and Scope of Practice;
• Clarify the area of improvement needed and determine strategies that will help the student to achieve their goals;

• Work closely with the student in ways that support and guide them rather than as a punitive measure;

• Make provision for any extra support or opportunities to improve within the practice area that the student may require;

• CDU will help draw up a targeted detailed action plan which may include a Learning Agreement.
Scope of Practice

Students are expected to be familiar with their Scope of Practice for each year level of study. This is based on the theory and skills taught in the CTB and theory units. The table below describes the general progression by year level; Appendix A describes the detail of the CDU Scope of Practice.

Expected student knowledge and skill progression through year levels

<table>
<thead>
<tr>
<th>Clinical Placement</th>
<th>Progression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st year</strong></td>
<td></td>
</tr>
<tr>
<td>MID101: 80 hours. Primary health care</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>setting- Community Midwifery Practice/MGP</td>
<td>Scope of Midwifery Practice</td>
</tr>
<tr>
<td>MID102: 120 hours. Post and antenatal</td>
<td>Midwife-woman relationships</td>
</tr>
<tr>
<td>inpatient units.</td>
<td></td>
</tr>
<tr>
<td><strong>2nd year</strong></td>
<td></td>
</tr>
<tr>
<td>MID202: 160 hours. Antenatal outpatient/</td>
<td>Application of midwifery knowledge and skills in the area of general hygiene,</td>
</tr>
<tr>
<td>labour &amp; birth/postnatal inpatient/</td>
<td>vital signs, antenatal assessment, provision of basic midwifery care to</td>
</tr>
<tr>
<td>community</td>
<td>women post caesarean section and following normal birth, well baby care.</td>
</tr>
<tr>
<td>MID204: 240 hours Antenatal outpatient/</td>
<td>Mainly well women, application of midwifery knowledge and skills in the</td>
</tr>
<tr>
<td>labour &amp; birth/postnatal inpatient/</td>
<td>assessment and care of antenatal, labour and birth and postnatal care.</td>
</tr>
<tr>
<td>community</td>
<td>Introduction to some more complex situations.</td>
</tr>
<tr>
<td><strong>3rd Year</strong></td>
<td></td>
</tr>
<tr>
<td>MID301: 80 hours. Women’s Health centres</td>
<td>Demonstrates clinical reasoning and the application of evidence-based</td>
</tr>
<tr>
<td>MID303: 240 hours: Community/ inpatient</td>
<td>midwifery in the care of well women and women experiencing complexities.</td>
</tr>
<tr>
<td>antenatal. Birthing, postnatal.</td>
<td>Maintains earlier competencies.</td>
</tr>
<tr>
<td>MID306: 240 hours: Complex inpatient,</td>
<td></td>
</tr>
<tr>
<td>antenatal, birthing, postnatal.</td>
<td></td>
</tr>
<tr>
<td>MID307: 120 hour. Special care nursery-</td>
<td></td>
</tr>
<tr>
<td>Level 2.</td>
<td></td>
</tr>
</tbody>
</table>

By the end of third year, students are expected to be able to integrate all of the skills and knowledge developed throughout the course. Whilst there are some specific skills students are not expected to achieve until reaching third year, students must continue to demonstrate competency in skills achieved earlier.

It is expected that at the completion of each year level students will be ready to build on their knowledge and ability. Students should progress from novice in first year, to advanced beginner by the end of third year.

The Clinical Assessment Portfolio provides details of the expectations required of students for each clinical unit. (see page 14 for information on assessment).
Code of Conduct

Students are required to comply at all times with the Student Conduct By-law of CDU in addition to the conduct requirements of the Health Facility.

All Registered Midwives must adhere to the Australian and Nursing Midwifery ‘Code of Professional Conduct for Midwives’ and ‘The Code of Ethics for Midwives’. Students should be familiar with both documents as it guides all midwifery practice and helps students understand the professional and ethical responsibilities of a Registered Midwife.


While on clinical placement and at Clinical Teaching Blocks, students are required to:

- Be respectful, courteous and professional all times to colleagues, clients, Health Facility staff, CDU academic staff, administrative staff, Clinical Placement Office staff, patients, and the public;
- Follow the policies and procedures of the Health Facility; if doubt exists, consult with the preceptor and/or clinical supervisor for the purpose of interpretation of the health agency’s policies and procedures;
- Obtain an orientation to emergency and evacuation procedures;
- Practice under the supervision of clinical staff;
- Be fit for undertaking clinical practice, including maintaining own health and ensuring adequate rest;
- Practice within competence and Scope of Practice as a student midwife;
- Be proactive in seeking out learning opportunities;
- Be punctual for commencement of shift arriving for an allocated shift at least 15 minutes prior to its commencement and returning from meal breaks on time;
- Speak English at all times as this is the language of business
- Wear the CDU uniform (as per page 22) and the CDU name badge above the waist in a location easily visible unless otherwise directed otherwise by the Health Facility
- Maintain confidentiality of peer, colleague and client information at all times;
- Maintain accurate, comprehensive, objective records of midwifery care given as required by the health agency;
- Inform the midwife responsible for client care in the area when leaving the area;
- Use equipment and supplies for client care in accordance with their defined purpose and the rules and regulations of the health agency
- Respect the Mission Statement of the Health Facility
- Report any malfunction or breakage of equipment to the Registered Midwife responsible for client care in the area;
- Facilitate client and cultural safety;
- Ensure that external work commitments do not conflict with any placements
Insurance

Charles Darwin University has personal accident and public liability coverage which extends to cover the legal liability of students while engaged on authorised university-sponsored activities. This includes practical experience activities, provided the student is not engaged as an employee in receipt of remuneration. In assisting CDU with the provision of clinical practice experience, it is understood that the student will be under supervision at all times and practice within their Scope of Practice and level of competence.

Note: Students are not covered by CDU insurance when travelling to and from clinical placements.

Accident or Injury during placement

If a student is involved in an accident or sustains an injury while on clinical placement students are required to inform their Preceptor / Clinical Supervisor immediately. Appropriate first aid is provided to the student. A senior midwife/nurse or clinical supervisor should then inform the Clinical Coordinator as soon as practicable and they will forward a current CDU Accident and Injury reporting form. It is a CDU requirement that students complete this form and return it to CDU via the Unit Coordinator or Clinical Coordinator. The Health Facility may be asked to supply a copy of their own accident and injury paperwork for the student’s CDU records.

Students must also comply with the accident and injury reporting guidelines and procedures of the Health Facility. If necessary the student should attend the Emergency Department or be seen by a Medical Officer.

Students are responsible for the costs involved for any accident or injury to themselves while on placement and should be treated as a member of the public when seeking medical assistance. It is important to remember students on placement are not covered by workers compensation as they are not employees of the University or the facility. The personal accident policy of the University in place for students is outlined below. Please note it does not include Medicare related expenses. For further information on CDU insurance and coverage, the student is encouraged to contact the University.

• Death/Capital Benefits
• Weekly Injury Benefits for Income Earners
• Domestic Help (Non-Income Earners)
• Home Tutorial Benefit (Full-Time Students)
• Non-Medicare Expenses - Medical expenses which are claimed in whole or part through Medicare cannot be claimed under this policy.

Students can also contact Support and Equity Services for counselling and additional advice if this is needed. If urgent contact with University is needed, any of the contacts on page 6 may be contacted.
CDU Occupational Health and Safety

Charles Darwin University is committed to a healthy, safe work environment, and takes seriously its obligation to provide guidelines and training in safe work practices and information on control measures for hazards in the workplace. The University recognises that success in achieving a healthy and safe environment depends on the commitment and cooperation of staff, students and other persons throughout its areas and activities.

Each member of staff and each student are responsible for carrying out the following functions to ensure their own environment is safe and without risk to health by:

- Complying with all health and safety instructions;
- Taking action to avoid, eliminate or minimise hazards;
- Making proper use of all safety devices and personal protective equipment;
- Not wilfully placing at risk the health or safety of any person within the workplace;
- Seeking information or advice where necessary before carrying out new or unfamiliar work;
- Wearing appropriate dress for the work being carried out including, where required, protective clothing and footwear at all times while on duty;
- By consuming or storing food and drink only in those areas designated;
- Be familiar with emergency and evacuation procedures and the location of, and if appropriately trained, the use of emergency equipment.
Dress Requirements

CDU’s dress code is designed to be practical for delivering client care, minimise potential cross infection, promoting safety for students and clients, functionality, cultural and religious sensitivity, institutional rules and expectations and regard for the image of the University. Students are required to attend clinical placement and CTBs in the prescribed Charles Darwin University uniform unless otherwise advised by the Health Facility. The student uniform policy is as follows:

- Navy or black ‘dress’ trousers or knee length shorts/culottes/skirt;
- CDU midwifery student polo shirt;
- Current student ID card in a holder with clip where it is visible to staff and patients;
- Fully “closed in” shoes in black, navy or brown with sturdy strong soles;
- Shoes are to be clean and if required, polished. “Runners” and shoes without closed in heels are unacceptable;
- At least two pairs of trousers/skirt/shorts and two polo shirts are required so as to permit laundering between shifts. Denim trousers/shorts/skirts are not acceptable;
- Garments are to be ironed or free of creases/wrinkles, and neat and tidy;
- Hair is to be worn off the collar, face and neck and appropriately contained/secured. If hair is long there is a risk that students will be infected by pediculi or subject to grabbing by a person.
- Facial hair must be clean shaven or a neatly trimmed beard is acceptable;
- Fingernails are to be short with no sharp edges and without nail varnish. Long nails or artificial nails are a potential risk to patients’ skin integrity and an infection control risk;
- No jewellery, apart from a plain, non-engraved ring is to be worn. Engraved rings and jewellery containing stones are a potential risk to patient skin integrity and contribute to the transmission of infection.
- Wrist watches are not be worn when undertaking patient care or aseptic procedures. They are an infection control risk and a potential risk to patient skin integrity;
- Students must have a watch with a second hand which can be worn away from the wrist, such as a fob watch;
- Religious headwear, where worn, should complement uniform colour;
- Students must pay attention to their own personal hygiene and use. They should avoid the use of heavy make-up and perfume as some people are allergic or sensitive to strong perfumes;
- It is recommended only studs or sleeper earrings are worn as other earrings can be grabbed by patients and potentially cause damage to ear lobes. Students must ensure any other body piercing does not pose an infection control risk.

**IMPORTANT:** Many Health Facilities have strict guidelines in relation to body piercing and coloured hair. The Health Facility retains the right to ask students to leave if the student does not meet their requirements.
Medication Administration

Medication administration is an important component of the nurse’s role. Students progressively increase their Scope of Practice in relation to medication administration based on the theory taught throughout the degree. Students must successfully complete assessments conducted by CDU prior to administering medication.

Even if a student is deemed medication competent and a qualified Endorsed Enrolled Nurse, who is enrolled in CDU’s BM must not administer medications (S2, S4, S8) until they have passed the CDU drug administration and medical calculations’ tests and the relevant CTBs. Students can only administer medications within their Scope of Practice for the Unit in which they are enrolled. An RM must always ensure that the student undertakes the 6 Rights of drug administration and directly supervise all medication administration. Students should be able to explain the pharmacokinetics and pharmacology of the drug they intend to administer. If they cannot do this they may not administer medications and risk a Fail grade in the unit.

Students are only permitted to work within their Scope of Practice for their year level. Please refer to the table below which outlines what students can and can not administer based on the unit of study and year level.

This table is not intended to override or be a substitute for the Health Facility’s policies. Health Facilities should ensure Preceptors and students are aware of the local policy on medication administration by student midwives.

Where the policies of the facility do not allow the student to administer certain types or mode of medication the student must adhere to the lesser scope.

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>Intravenous</th>
<th>Immunisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>YES</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, S2 and S4 only</td>
<td>YES, Neonatal Engerix (Hep B) Boostrix MMR/Measles</td>
</tr>
<tr>
<td>3</td>
<td>YES</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, S2, S4 and S8</td>
<td>YES, As Above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Prime lines / change bags (no additive)</th>
<th>Saline flush</th>
<th>Infusion with the additive of Oxytocin only</th>
<th>Additives, Including IV AB and S8</th>
<th>PARENTERAL EXCLUDING TPN</th>
<th>Blood products &amp; blood</th>
<th>S8 bolus</th>
<th>PCA</th>
<th>CVC</th>
<th>PICC</th>
<th>Epidural</th>
<th>Telephone orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>YES</td>
<td>YES</td>
<td>Yes</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>X</td>
<td>X</td>
<td>YES</td>
<td>S2, S4 &amp; S8</td>
<td></td>
</tr>
</tbody>
</table>

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 patient. The process of double checking medication should be performed by 2 authorised health care professionals (Registered Midwife or Endorsed Enrolled Nurse). **The CDU midwifery student should be a third party when checking medications.**

Medications that require checking by 2 authorised heath care professional (within the scope of medication administration for CDU nursing 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.
Attendance and rosters

- Students must attend all shifts as rostered by the Health Facility. If directed by the Health Facility, students contact the Health Facility prior to their first shift to gain their roster. It is requested that the students receive at least the first two weeks of their placement roster prior to placement commencing;

- Extending shifts beyond the ordinary start and finish time for the roster is generally not permitted unless authorised by the Unit Coordinator. Students may work a shift in excess of 8 hours in relation labouring/birthing women. If the student works longer than 8 consecutive hours, she/he must take a 10 hour break before commencing another clinical shift.

- The Health Facility may roster students to weekend and night shifts where the Facility deems there is an appropriate level of senior supervision. Students are expected to be available throughout the duration of the allocated placement across a 7 day roster attending a variety of shifts. Students are not permitted to request changes to rosters without permission from CDU;

Note:

- First Year (MID101 & MID102) students are not generally expected to work weekends or night shifts;
- Second Year (MID202 & MID204) students are generally not expected to do more than one week (40 hours) of night duty in any one placement; however they can be on call for labouring/birthing women;
- Third year students are required to carry a small caseload and will be required to be ‘on call’ at times.

- Rosters should not exceed an average of 40 hours per week for the placement;
- Students must have a copy of the Clinical Assessment Portfolio while on placement. It must have the “Clinical Placement Agreement” signed prior to the first shift;

- The required attendance for clinical placement is measured in hours. This is mandated by the midwifery course accreditation requirements. The attendance record should only be signed at the completion of each shift, recognising the hours of actual clinical placement undertaken.

- Clinical placement attendance only includes clinical experience and clinical debriefing sessions. While valuable, library time and doing other written university work on clinical placement is not included in calculation of ‘clinical time’ and students should attend to these activities outside of shift time;

- Students are to take the same shift breaks as ordinarily provided to the preceptor. Lunch or dinner breaks are not included in the calculation of attendance hours;

  Example: 7:00hrs – 15:30hrs = 8.5 hours with a 30 minutes allocated to break, therefore 8 hours of placement is recorded on attendance record.

- 100% attendance is required for all shifts throughout the placement. Students are required to notify both the Health Facility and the Clinical Placement Office of all absences (Please read section regarding process for reporting and documenting absences). Absence may range from one or more days to one or more hours.
Absences

100% of the clinical placement hours must be completed. If this is not the case students will be asked to ‘make up the missed time’.

Students must notify the Health Facility of planned or unplanned absence prior to the shift commencing and the Unit Co-ordinator and the Clinical Placement Office as soon as possible. Therefore, students should identify on the first day of placement the number to call and the process to follow should they be absent or late. It is a professional responsibility to inform the Health Facility if they are unable to attend a rostered shift or will be late. Failure to do so indicates that the student is not meeting the Australian Nursing and Midwifery Board of Australia Competency Standards and the CDU Code of Conduct.

Students must not put women/patients at risk due to illness. This is a professional responsibility and so students should not attend placement if they are unwell. If a student does not attend placement due to illness or other reason, the student must:

- Notify the Health Facility prior to shift commencing;
- Contact the Unit Co-Ordinator and the Clinical Placement Office (at CDU) as soon as possible;
- Ensure a Medical Certificate or Statutory Declaration is obtained to account for missed hours; this must be attached to Clinical Assessment Portfolio before the unit grade is determined.

The Clinical Placement Office and the Unit Co-ordinator will then liaise with the student and Health Facility to secure appropriate “make up time”.

Public Holidays

Sometimes student placements will occur when a Public Holiday is scheduled. The student should attend the placement on a public holiday if the Health Facility deems there to be adequate supervision for the student and the Health Facility is open.

If the Health Facility cannot support a student on a public holiday, the student must notify the Clinical Placement Office and the unit co-ordinator and make up time will be requested for the student following the process outline under ‘Absences’.

Severe weather events

The personal safety of students is the primary factor in determining attendance at placement in the event of a cyclone or other severe weather event. Other factors that may prevent a student attending placement may include the following:

- Obligations in relation to closures of schools and child care centres, and/or the need to care for children at home, elderly relatives and visitors;
- Environmental factors such as local flooding;
- Issues such as cancellation of/interruption to public transport; and
- The requirement to take shelter, including the need to evacuate.

If students do not attend placement for the reasons above they must inform both the Health Facility and the clinical placement office as soon as possible. Students undertaking placement in the local Darwin area should not attend placement if the decision has been made to close CDU Casuarina and Palmerston Campuses. The student should contact the Health Facility and advise that they are under instruction not to attend placement until the University re-opens.

Students will need to make up any shifts missed due to the above circumstances. The CDU placement office staff will prioritise the organisation of these shifts to minimise any inconvenience to students.
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 (state) specific. Charles Darwin University employed clinical supervisors are called clinical teachers. Health facility employed clinicians who work alongside students are called preceptors. Health facilities often utilise their own clinical nurse educators (CNE) 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 within a clinical area which may be attached to a primary, secondary or tertiary agency including primary health care, community, acute, mental health, aged care.

Preceptor: A preceptor is a registered nurse, a clinician working in practice, who is prepared for the role of supervision, clinical teaching, assessment and the provision of feedback to students (Heffernan, Heffernan, Brosnan, & Brown, 2009).

Preceptorship: Preceptorship is 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 supervisor/teacher: Clinical supervisors/teachers are employed by educational institutions to support, teach and assess groups of students. The clinical teacher works in conjunction with the preceptor to support teach and assess the student.

Clinical nurse educator: The clinical nurse educator is a senior nurse employed by the health facility who acts as a role model, preceptor and or / mentor to inexperienced nurses to facilitate the development of clinical expertise and decision making in a specialty area. A component of their role may be oversight of undergraduate nursing placements. Their primary role is the professional development of the staff in their area of specialty.
Supervision of Placement

Students may encounter up to three different models of clinical supervision on clinical placements.

The Preceptor Model
This model involves supervision of one student by a Preceptor. The Preceptor is an experienced Registered Midwife. It is common for students to have more than one preceptor on clinical placement. If this occurs, CDU request that the Health Facility nominate one key contact for the student who will be responsible for the overall assessment.

The relationship between student and Preceptor is an important aspect of the clinical placement experience. Students and Facility staff should remember that almost all clinical settings and clinical work are stressful for beginning students. The Preceptor will do their best to help reduce this stress because it impacts on the student’s learning experience but the needs of the patients are paramount.

The Professional Development Model
This model involves a more experienced clinician or midwife educator working with a number of Preceptors and students in a specific clinical area. This person is sometimes called a Clinical Liaison Midwife. They act as a resource person and will assist students to solve problems.

The Clinical Supervisor Model
This model involves either a CDU Lecturer, an experienced midwife educator contracted by CDU or the Health Facility to oversee up to eight - ten students at a time during placement. The clinical supervisor works with individual students and the Registered Midwives they are assigned to on each shift. It remains the responsibility of ward staff to observe and complete assessments with the student. However, clinical supervisors are there to assist with problems that may be encountered.

At times (e.g. first-year placements) Enrolled Nurses or other professionals may provide students with direct supervision. However, students MUST also have a designated Registered Midwife who is accountable at all times for the conduct of student supervision and evaluation. The named Registered Midwife is accountable for evaluating and signing the assessment documentation.

Only Registered Midwives can sign the clinical assessments. It is acceptable for the RM to evaluate the information provided by others in the assessment of student practice.

Unit Coordinators
The Unit Coordinator is a support person during placement no matter which supervision model is being utilised. If the Health Facility is experiencing problems with placement they should contact the Unit Coordinator as soon as possible.

CDU academic staff makes regular contact with students during their placement through the online forum. This ensures students are able to address concerns and problems. Students are expected to contact the Unit Coordinator if problems arise. The academic team also attempt to contact each health Facility during the clinical placement. CDU also likes to hear when things are going well.
Problems on Placement

During a clinical placement a number of problems may arise. The majority of these can be managed by a discussion with the student and with a phone call to CDU. In other instances more action may need to be taken to resolve the issue.

Problems that cannot be resolved between student and Preceptor / Clinical Supervisor / teacher

In the event staff or student issues cannot be resolved informally, the Health Facility should contact the Unit Coordinator as soon as possible to discuss problems and to develop strategies to resolve the issues. When a student is identified as at “risk of failure”, the Unit Coordinator must be contacted as soon as possible. The process on the “Flowchart for Clinical Placement Units” (Appendix B) will be initiated. On-going, continuous assessment and written feedback (formative) will ensure that the student is aware of the Facility’s concerns.

The unit coordinator will generally follow the process for addressing a failure to achieve the NMBA Competencies Standards (2006) as follows. (Note: The documented information provided by Registered Midwives who have observed student practise is critical to identify the best approach for resolution.)

The Preceptor or Clinical Supervisor provides specific and documented comment via the Clinical Assessment Portfolio (or separate report) to the Unit Coordinator. Depending on the level of identified issues the following choices are available to the Unit Coordinator:

i. Further discussion with Preceptor / Educator / Supervisor and student;
   Or

ii. A Learning Agreement may be offered to the student; this can include additional placement time, focussed support (if placement is still underway), or both;
   Or

iii. A fail grade is issued and student removed from placement.

Withdrawal of placement by clinical staff

Withdrawal of a placement is a last-resort process and should only occur after consultation with the Unit Coordinator. This usually should not occur without warning or preventative action having been implemented. Withdrawal occurs when a Facility notifies CDU it cannot adequately manage the student’s behaviour or the student’s patients, staff or public are placed at risk by the student’s behaviours. Wherever possible, consultation with the Unit Coordinator at CDU should occur prior to withdrawal (sometimes withdrawing a placement is an unfortunate consequence of operational priorities and does not reflect on a student’s competence.)

- Registered Midwives have a professional responsibility to ensure the safety and well-being of themselves, women/patients, the student and the public. Before excluding a student from practice the Preceptor must notify senior management who will then liaise with the Unit Coordinator and the Clinical Coordinator;

- If the Facility’s clinical staff is of the opinion that a student cannot be adequately supervised, the placement can be terminated after discussion with relevant managers, Unit Coordinators and Clinical Coordinator.
If the situation is urgent, Health Facilities reserve the right to terminate placements immediately. If placement is terminated, the student should receive a brief explanation from senior clinical staff and be asked to contact the Unit Coordinator to arrange for an initial meeting (or telephone discussion) within 24 hours if possible. The student also needs to notify the Clinical Coordinator and Clinical Placement Office as soon as practicable.

The Unit Coordinator will have a brief initial discussion with the student. Notes should be taken and these should be available to the student and then arrange for a longer appointment time with the student and Health Facility. The timing of this meeting will be organised depending on when assessment documentation from the student and the Health Facility arrives at CDU. The student will also need to provide all the clinical assessment documentation from placement. Minutes of all meetings should be recorded and made available to the student, facility and unit co-ordinator.

**Appeals against withdrawal of placement by the Health Facility**

The Unit Coordinator and the Clinical Coordinator and a nominated person from the Health Facility will negotiate a process for dispute resolution. This process shall be cognisant of provisions in the contract between CDU and the Health Facility in addition to the CDU Assessment Rules and principles. That is, two processes are to be satisfied: 1) the contract between the Health Facility and CDU, and 2) the CDU Assessment Rules and Principles of Assessment. The Unit Coordinator will have a brief initial discussion with the student and then arrange for a longer appointment time with the student and Health Facility. The timing of this meeting will be organised depending on when assessment documentation from student and the Health Facility arrives at CDU.

The outcome of this process will be reported to the Director of Nursing/Midwifery of the Health Facility (or equivalent), to the BM Program Coordinator and others as required.
Access and Disability

Fitness to Practice

The Bachelor of Midwifery program prepares students to meet the criteria for registration as per the Nursing and Midwifery Board of Australia. It is a requirement of the Australia Health Practitioners Regulatory Agency (under which the CDU Bachelor of Midwifery degree is accredited) to ensure that students have the physical and psychological capacity to competently perform their role.

CDU therefore, has a responsibility to ensure that all midwifery students are aware of and understand their obligation to report any physical, psychological or other condition that might impede their ‘fitness to practice’ during clinical placements. As with all student matters, confidentiality is assured and no disclosure of information will be made outside that necessary for the administration of the student’s progress in the course. However students must note the mandatory reporting guidelines describe under ‘Student Registration’ (page 33).

Students must therefore meet the following requirements:

- Students with a physical, psychological or other condition that may impact on their ability to undertake clinical placement must make a self-declaration stating the nature of the condition and what accommodations are needed for them to practise safely in a clinical venue;
- Where there is a pre-existing illness or disability such that their ability to practice is impaired, the student must advise Support and Equity Services to discuss the development of an Access Plan to support their clinical placement.

Pregnancy

Pregnancy does not preclude students from attending clinical placement; however some clinical placements may be potentially harmful to the developing fetus and to the pregnant student.

Pregnant students are expected to notify the Clinical Coordinator of their pregnancy if;

- Student is allocated to a placement in area where there may be particular health and safety issues, e.g. radiation, working with infectious disease, cytotoxic drugs and anaesthetic gases.  
  And / or  
- Student is in the third trimester of pregnancy or within the first 8 weeks after birth.

Students who want to continue to complete practicum during third trimester or within the first 8 weeks after birth and are required to produce a Medical Certificate stating the student is fit to attend midwifery placement. Students must also comply with Health Facilities guidelines and recommendations when undertaking placements, if the Health Facility has stricter policies then CDU, these will override CDU’s above policy.

Students with Disabilities

CDU is committed to providing an accessible, supportive, safe, and inclusive environment for students with a disability; ensuring that prospective and current students with a disability are afforded appropriate opportunities to enter and participate fully in the life of the University; that reasonable adjustments will be made to provide access, participation, retention and success for students with a disability, including assistance to staff to help meet the students’ learning and support needs.
If a student has a disability or medical condition that may impact on ability to undertake study, the student facilitator at Disabilities and Equity Services is contacted by CDU and an Access Plan is created (also called Memorandum of Understanding or MOU).

When an Access Plan is put in place for a student this is provided to the appropriate representative at the Health Facility prior to a placement confirmation. This allows the Health Facility to decide if they can safely support the placement under the Access Plan’s requirements.

Disability and Disclosure

Choosing to disclose a disability is an individual matter and is a choice that can only be made by the student. It is not always necessary for a student to disclose their disability but this is an important topic to consider especially if adjustments to the placement and/or nursing care will need to be modified. Supports cannot be implemented if CDU and Health Facility are not informed of student needs.

There is no legal obligation to disclose a disability to CDU staff unless it is likely to affect student performance and ability to meet the requirements of the course. Depending on the disability, course requirements may have an impact on student ability to undertake and fulfil the Clinical Placement and Clinical Teaching Block components of the course.

Both the Health Facility and CDU have a requirement to mandatorily report students as per guidelines outlined on page 33.
Student Registration

Australian Health Practitioners Regulatory Agency (AHPRA)

From March 2011 all students enrolled in an approved program of study will be registered with AHPRA. It is the role of the education provider (CDU) in conjunction with AHPRA to register all current students.

The National Law limits the role of the National Board to:

- Register students
- Maintain a student register that is not publicly available
- Deal with notifications about students – whose health is impaired to such a degree that there may be a substantial risk of harm to the public, or
- Have been charged with an offence, or have been convicted or who are found guilty of an offence punishable by 12 months imprisonment, or
- Who have or may have contravened a condition of the student’s registration or an undertaking given by students to the AHPRA.

The full legislation can be found at


Mandatory Reporting

CDU has a legal responsibility to mandatorily report students based on the following legislation;

Division 2 Mandatory notifications: 143 Mandatory notifications by education providers

(1) An education provider must notify the National Agency if the provider reasonably believes—
(a) a student enrolled in a program of study provided by the provider has an impairment that, in the course of the student undertaking clinical training as part of the program of study, may place the public at substantial risk of harm; or

(b) A student for whom the education provider has arranged clinical training has an impairment that, in the course of the student undertaking the clinical training, may place the public at substantial risk of harm;

Student’s requirement to report

Students are required to report the following to AHPRA;

- have been charged with an offence, or have been convicted or who are found guilty of an offence punishable by 12 months imprisonment or more;
- had their registration suspended or cancelled under the law of another country that provides for the registration of students.
Frequently Asked Questions

Can students organise their own placement with a Health Facility?

No. Students are not permitted to contact Health Facilities to organise their own placements. However, students can provide the Placement Office with information about potential placement opportunities. If a student approaches you for a placement, please direct them back to the Placement Office.

Can a student organise their own shifts and rosters?

No. Rosters are determined by the placement provider. If students have concerns about their rosters they should advise the Clinical Placement Office. Students can not enter into negotiation with the Facility regarding their roster.

Local managers, clinical staff or students must not negotiate changes unless this process has been approved by the Clinical Co-ordinator. Unauthorised hours will not be counted for assessment purposes. In general students must only attend the placement for 8.5 hours per day. The ONLY exception is when the preceptor is rostered to work 10 hour shifts over a four day period or the extended time is associated with labouring/birthing women.

Please also refer to page 25 ‘Attendance and Rosters’

What should I do if a student does not turn up for their rostered shift?

If a student fails to attend a rostered shift the CDU Clinical Placement Office must be notified as soon as possible. The relevant Clinical Placement Officer will then liaise with the student. The after hours emergency contact number can also be utilised if outside normal office hours (see page 6).

Is the student part of the work-force?

At CDU all students undertaking pre-registration midwifery programs have supernumerary status while on clinical placements, the exception being the RN with advanced standing who is in an employed student midwife program. This means that students are additional to the workforce requirement and staffing figures. Students are present in the placement setting as a learner and not as a member of staff. However, students must still make an active contribution to the work of the practice area to enable the student to learn how to care for patients (RCN, 2007a).

“Supernumerary status means that the student shall not, as part of their program of preparation, be employed by any person or body under a contract to provide nursing/midwifery care.” (NMC, 2004b; NMC,2004c)

The student is an Enrolled Nurse; what difference will this make to the clinical placements?

Midwifery is a discipline in its own right, as distinct from nursing.

CDU students ( unless an RN in an Employed student program) are not covered by an employment contract or employee insurance while on clinical placement. Instead, students must comply with the policies of Charles Darwin University.

The midwifery scope of practice is different from that of an Enrolled Nurse. For instance, even if a student is “medication endorsed” as an Enrolled Nurse, this endorsement is not applicable to the role of a student. This is a complex legal and professional issue. Students who work outside their Scope of Practice will probably be withdrawn from the placement and Fail the unit.

The guiding principle is that students cannot undertake clinical tasks unless they have successfully undertaken the applicable theoretical unit and the related tasks in the requisite CTB.
APPENDIX A:

SCOPE OF PRACTICE FOR CDU DIRECT ENTRY BACHELOR OF MIDWIFERY STUDENTS

The following table summarises the scope of practice for each year level for the CDU direct entry BM 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 ANMC Competency Standards, Code of Ethics and Practice. CDU’s BM 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;MID307</th>
</tr>
</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>
</tr>
<tr>
<td>May initiate 2 continuity of care journeys.</td>
<td></td>
<td></td>
</tr>
<tr>
<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>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 Auscultate fetal heart rate Assist CTG Conduct scheduled antenatal assessments, Including discussion of birth options; Refer to the ACM guidelines for referral Demonstrate knowledge of stages of labour and evidence for care; Assist with assessment and care of labouring and birthing women;  - Vital signs  - Abdominal examination  - Assessment of progress  - Contraction pattern</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:  - 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 facility, statutory, State and Commonwealth Law  - Discuss the pharmacology &amp; 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</td>
</tr>
<tr>
<td>Year 1: Unit MID102</td>
<td>Year 2: MID204</td>
<td>Year 3. MID307. Specialist neonatal care</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td><strong>Novice:</strong> 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><strong>Novice-advanced beginner; frequent or occasional cues.</strong> Under the direct supervision of a midwife, in collaboration with women clients, implement clinical decision making that is formed in consultation with other health care providers.</td>
<td><strong>Advanced-beginner. Minimal cues; minimal supervision</strong> Under the direct supervision of a midwife or a registered nurse, and in collaboration with women clients, implement clinical decision making that is formed in consultation with other health care providers.</td>
</tr>
<tr>
<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</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: Recognise the different stages of labour; Prepare the birthroom for</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>
</tr>
<tr>
<td>- State of membranes - Descent of PP - FHR - VE Assist with the birth of the baby Assist with third stage Assist the fourth or transition phase Observe newborn examination Administer IMI Vitamin K₁ to newborn Assist with initiation of breastfeeding Assist with medication administration - Articulate knowledge of legislation, charting and eSCRIBE medication administration contexts - Safely administer S2 and S4 medications - Explain the pharmacokinetics of the above medications Work collaboratively with allied health workers &amp; other team members.</td>
<td>Provide evidence-based midwifery care for women experiencing the following complications: - Antepartum haemorrhage - Hypertension/preeclampsia/eclampsia - Shoulder Dystocia' - Breech Birth' - Multiple pregnancy and birth - Cord presentation and prolapse - Cardiac disease - Renal disease</td>
<td></td>
</tr>
</tbody>
</table>
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:
• Bed making – occupied and unoccupied
• Assist women requiring mobility support
• Apply TED stockings
Help with elimination management (insertion 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
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
• 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.
Accompany women to operating room and observe the handover procedures
Attend the LUSCS and
• assist with preparations for receipt 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
<table>
<thead>
<tr>
<th>Exercises</th>
<th>Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss student’s role in Emergency Codes (Blue, Green, Red etc)</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>With support conduct an assessment of patient pain.</td>
<td>Weighing</td>
</tr>
<tr>
<td>Falls assessment in relation to women post – epidural/spinal anaesthetic;</td>
<td>Urinalysis</td>
</tr>
<tr>
<td>Provide basic care to antenatal women;</td>
<td>Auscultate fetal heart with Pinard or Doppler</td>
</tr>
<tr>
<td>• Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>• Weighing</td>
<td></td>
</tr>
<tr>
<td>• Urinalysis</td>
<td></td>
</tr>
<tr>
<td>• Auscultate fetal heart with Pinard or Doppler</td>
<td></td>
</tr>
<tr>
<td>Provide education as required to postnatal women</td>
<td></td>
</tr>
<tr>
<td>• Breast care</td>
<td></td>
</tr>
<tr>
<td>• Perineal wound care</td>
<td></td>
</tr>
<tr>
<td>• Lochia patterns</td>
<td></td>
</tr>
<tr>
<td>• Baby feeding behaviours</td>
<td></td>
</tr>
<tr>
<td>• Immunisations</td>
<td></td>
</tr>
<tr>
<td>• Child family health nurse role</td>
<td></td>
</tr>
<tr>
<td>• Support groups in community</td>
<td></td>
</tr>
<tr>
<td>Administer S2 and S4 medications</td>
<td></td>
</tr>
<tr>
<td>Assist with education and milk preparation for women who choose to use a breastmilk substitute</td>
<td></td>
</tr>
<tr>
<td>Provide newborn care</td>
<td></td>
</tr>
<tr>
<td>• daily care of the newborn</td>
<td></td>
</tr>
<tr>
<td>• examination of the newborn</td>
<td></td>
</tr>
<tr>
<td>• collect newborn screening blood test on day 3</td>
<td></td>
</tr>
<tr>
<td>Using a simulator, demonstrate the steps in resolving shoulder dystocia and</td>
<td></td>
</tr>
<tr>
<td>Explain the rationale for the manoeuvres</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

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

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

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

Learning Agreement NOT achieved by set date

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

CLINICAL TEACHING BLOCK AND PROGRESSION INTO CLINICAL PLACEMENT UNITS:
MID101, MID102, MID202, MID303.

Student successfully completes CTB pre-requisites as outlined by the Clinical Placement Office and are enrolled in the unit.

Student accesses Learnline and completes the relevant pre-reading and critical thinking exercises for that unit.

OSCA ASSESSMENT

Student demonstrates competency in OSCA

Student demonstrates 100% attendance at CTB

Successful completion of CTB

Progression to placement determined by student providing pre-requisite documents and successfully completing the medication calculation exam where appropriate.

Progression to placement determined by student providing pre-requisite documents and successfully completing the medication calculation exam where appropriate

Refer to Clinical Placement Flow Chart

Student fails to demonstrate competency in OSCA

Feedback and revision time provided

Student given opportunity to demonstrate competency OSCA

Student fails to demonstrate competency in 2nd chance OSCA

Meeting with Unit Coordinator and BM Program Manager to discuss CTB performance

Student fails CTB and is required to re-enrol in the unit and complete the CTB in its entirety

Student may be permitted to continue on the CTB and commence placement with a Learning Agreement with a focus on the area that was not successfully demonstrated during the CTB. Additional learning materials and assessments will be identified and provided with the support of the Unit Coordinator.

Successful completion of CTB

Refer to Clinical Placement Flow Chart
**APPENDIX D: 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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate with patients and staff at a social level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate with patients and staff about nursing procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate with patient and staff about medical procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to participate in discussions with patient and staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowing the right words or terms to express thinking to patients and staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Written Communication</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to write notes about patients in clear English from a verbal shift change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to summarize essential elements of patients’ conditions from a verbal shift change</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to correctly use nursing terminology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Responding to verbal communication</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to verbal communication appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds to verbal request accurately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asking another person to repeat what he or she said as required</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide additional comments in the space below

**Student Name:** (please print) ___________________________ Sign: ___________________ Date: __________

**Clinical supervisor/teacher:** (please print) ___________________________ Sign: ___________________ Date: __________

Key: Clinical Communication Skills

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 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</th>
<th>Developing</th>
<th>Satisfactory</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<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 patient. Able to articulate patient care and progress.</td>
</tr>
</tbody>
</table>
APPENDIX E:

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.

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

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
<th>Phone no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
<th>Date of birth</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your email address: ___________________________ Contact no. ___________________________

☐ Staff ☐ Faculty / Office ☐ Student ☐ Student no. ☐ Course ☐ Unit no. ☐ Employee no. ☐ Visitor ☐ Affiliated

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

<table>
<thead>
<tr>
<th>Name of contractor/employing organisation</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of employer</th>
<th>Employer’s email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>☐ Staff ☐ Student ☐ Visitor/Contractor</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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 disease
- Neoplasms (Cancer)
- Other diseases
- Other claims (specify):

### Body Part
Please indicate the injured part(s)

- Teeth
- Brain
- Organ

### 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
- Contact Manager, WHS.

### Medical treatment obtained
- Nil
- First Aid
- Doctor
- Admitted to hospital
- Other (specify)

### Outcome for injured person
- Time lost from work? □ No □ Yes
- Days
- Hours
- or □ Not yet returned to work
- 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.
  - Special Follow-up procedures for injuries involving contaminated needles or sharps – contact Manager, WHS.
**Placement Students only** (NOTE: Copy of host organisation’s Accident, Incident and Injury Report must be
forwarded to WHS within 5 working days)

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

Specify details of corrective action recommended (attach further information if space is insufficient)
<table>
<thead>
<tr>
<th>Name of Supervisor/ Lecturer (print)</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Supervisor/ Lecturer</td>
<td>Contact no.</td>
</tr>
</tbody>
</table>

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.

Accident / Incident Detail

<table>
<thead>
<tr>
<th>Name of person involved in</th>
<th>Contact no.</th>
</tr>
</thead>
</table>

Where accident

| Date | Time | am | pm |

Particulars of Witness

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
</tr>
</thead>
</table>

| Phone numbers: | |
| Work | Home |

Statement of Witness

Did you actually see the accident/injury occur?  Yes  No

If you did not see the accident/injury what did you see or hear before, during or after the accident?

If you did see the accident/injury occur what did you see or hear before, during or after the event?
Statement of Witness cont...

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

............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
............................................................................................................................................................................................
..............................................................