CLINICAL PLACEMENT RESOURCE MANUAL

STUDENTS

Bachelor of Midwifery
College of Nursing and Midwifery
Charles Darwin University

2019
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Welcome

Welcome to the clinical placement component of the Charles Darwin University (CDU) Bachelor of Midwifery Course.

This manual is essential reading. It sets out the general requirements for the clinical teaching blocks and clinical placements that students must abide by to successfully complete the course.

The clinical placement units are core units in the Bachelor of Midwifery degree. It is during this time that you can contextualise the clinical skills learnt in the Clinical Teaching Blocks (CTBs) and integrate the knowledge obtained in the theory units to the practice setting. By taking time to read and understand this manual, we hope that you will be able to engage fully in your placement to maximise your learning opportunities.

The success of clinical placement is a result of collaborative efforts by the clinical staff in the health facility, academic staff at CDU, the Placement Office and yourself.

At CDU, Bachelor of Midwifery students are required to complete clinical placements of varying length from two to six weeks, following a compulsory one-week CTB for each year level. Essential clinical skills are modelled and practised in the CTB and will introduce the skills you need to develop whilst on placement.

In addition, the requirements for clinical placement also apply to continuity of care (CoC) experiences.

This manual provides important information for CDU midwifery students who are about to undertake, or are already undertaking clinical placements.

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This manual is current at the date of publication and is updated each year.
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Glossary

**Actively engaging with the placement process**: means that your pre-clinicals are green and you are regularly in touch with either the Placement Office or the Lecturers to advise of your status in terms of being available for placement or checking to see if placement has been arranged for you.

**Buddy midwife**: a midwife who you work a shift with. Generally, when you work with many different midwives, they are your buddy midwives.

**Clinical Assessment Portfolio (CAP)**: the paperwork you need for placement which contains objectives and formative and summative assessments against the NMBA Midwife Standards for Practice. This is a pass or fail document.

**Clinical Facilitator**: midwives employed by or paid for by CDU to make sure you are having a useful placement experience, e.g. that you are buddied appropriately, and that your paperwork is correct and that you are achieving your objectives and assessments.

**Clinical placement**: an authorised and insured block of time (hours) in which students attend a clinical setting for a structured clinical experience as part of a specific unit.

**Clinical Teaching Block (CTB)**: an intensive week of face to face teaching that you need to attend on campus.

**Clinical unit**: units that have a placement associated to pass the unit. Compare with “theory unit”.

**Continuity of care (CoC)**: women who you recruit to follow though their childbirth journey encompassing antenatal (4 visits), birth, and postnatal (visits).

**Extenuating Circumstances**: legitimate reasons for not attending placement.

**Health Facility**: venues that offer clinical placement or enable you to follow your CoC women including hospitals, clinics, privately practicing midwifery services etc.

**Midwifery Lecturer**: the Midwifery Lecturer responsible for the clinical unit.

**Nursing and Midwifery Board of Australia (NMBA)**: the regulatory body for registered midwives and midwifery students.

**Objective Structured Clinical Assessment (OSCA)**: skills assessment that occurs in the CTB.

**Practicum Ongoing grade (PO)**: the grade that you are assigned if you haven’t completed the unit because you are waiting to go on placement.

**Preceptor**: a midwife who is responsible to work with you for a period of time and sign off your competencies and objectives.

**Pre-clinicals**: a set of mandatory requirements for students to fulfil before attending CTBs, going on placements, or engaging with CoCs. The list of pre-clinicals includes Police Check, BLS competency and Immunisation status among other things, and are associated with you being insured by CDU for clinical work.

**Scope of Practice**: a list of the clinical work you can do in the clinical area relevant to the clinical units, and associated with your CDU insurance for clinical work.

**Student Practice Agreements**: an agreement between CDU and the health facility that insures you to go on placement and participate in clinical care.

**Theory unit**: a unit that does not have a placement component.
MAIN POINTS

- Are you able to commit to placement? Please review the “Extenuating Circumstances” guideline.
- Placement will likely occur sometime within 12 months following the CTB, usually within 6 months.
- There is no guarantee that placement will be arranged to fit around your work/childcare responsibilities (i.e. in your holidays etc.). You may request this but placement is arranged according to availability within the health service, rather than student availability.
- If placement is arranged and you don’t attend, CDU still must pay a significant amount for the placement. If placement is arranged and you don’t attend, you will fail the unit and must repeat.
- Acceptable circumstances for non-attendance at placement are outlined in the Extenuating Circumstances Guideline, the requirements of which must be adhered to prior to the scheduled placement.
- Be prepared to travel away from home for placement for blocks of weeks if necessary—this will incur travel and accommodation costs.
- Travel of up to 1.5 hours one-way to attend placement is acceptable, although efforts are made to find closer options to your home.
- Do not arrange your own placement! Liaise with the placement office in the first instance.
- Pre-clinicals must be green for placement and CoCs.
- You must do a placement first before recruiting any CoCs.
- Working in paid employment is not allowed while on full time placement. See the Student Paid Employment Guidelines. These guidelines state Nursing, but also cover Midwifery.
- You must attend and pass the full CTB to pass the unit.
- You may need to repeat the CTB if you haven’t done placement within about a year.
- PO grades are for:
  - Students who are awaiting placement that has been or is being arranged.
  - Students who have had to delay placement for extenuating circumstances.
  - Students for whom CDU has been unable to source a placement.
- If on a PO, to avoid automatic conversion to “F” you must:
  - Be actively communicating your circumstances with the placement office/lecturers.
  - Be actively engaged with the course (enrolled).
  - Have placement booked in the future.
- After about a year for being on a PO grade due to extenuating circumstances, if placement is not likely to occur soon, speak to the Course Coordinator about withdrawing from the unit.
- Do not work outside your scope of practice. You are not insured!
- Get your CAP in on time or you will fail the unit and must repeat it.
- Keep in touch! It is the student’s responsibility to regularly check emails for updates about CTBs/placement, and to keep the Placement Office in the loop with issues arising. Silence implies disengagement and can result in a “fail” grade for not actively engaging with the placement process and not being available for an arranged placement.
PART 1: Clinical Units, Clinical Teaching Block, Placement

Overview of Clinical Units

Clinical units are core to the Bachelor of Midwifery and are designed to enable students to gain clinical experience. The clinical units have a theory component and a practical component. The theory component is available on Learnline and involves written assessments. The practical requirement is attendance of the CTB (where applicable) and completion of placement, which also involves assessments.

Note that in second and third year the clinical units have co-requisite theory units to provide you with the knowledge you need for placement. These co-requisite units must be done together. See table below.

Clinical Placement

A clinical placement is defined as an authorised and insured block of time (hours) in which students attend a clinical setting for a structured clinical experience as part of a specific unit. The unit information, set out on the Learnline site, describes the purpose and assessments associated with each clinical placement. Many students report this as the most rewarding and challenging part of the degree. There are several policies and requirements that must be addressed prior to attending placement. This manual is designed to help students familiarise themselves with the requirements needed to maintain the student and the public’s safety while the student in the clinical field.

There are eight clinical placement units in the Bachelor of Midwifery course that require specific clinical placements, four of which have an associated CTB. These are outlined below.

<table>
<thead>
<tr>
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<th>Clinical Teaching Block</th>
<th>Placement</th>
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<tr>
<td>MID101 Introduction to Professional Midwifery Practice</td>
<td>40 hours clinical teaching block (RNs exempt from CTB)</td>
<td>80 hours clinical placement</td>
</tr>
<tr>
<td>MID102 Fundamental Skills for Midwifery Practice</td>
<td>40 hours clinical teaching block</td>
<td>120 hours clinical placement</td>
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| MID202 Professional Midwifery Practice 1  
   Co-requisite unit MID201 | 40 hours clinical teaching block (32 hours for RNs) | 240 hours clinical placement |
| MID204 Professional Midwifery Practice 2  
   Co-requisite unit MID203 | Nil | 240 hours clinical placement |
| MID301 Women’s Health | Nil | 80 hours clinical placement |
| MID303 Professional Midwifery Practice 3  
   Co-requisite unit MID302 | 40 hours clinical teaching block (32 hours for RNs) | 240 hours clinical placement |
| MID306 Professional Midwifery Practice 4  
   Co-requisite unit MID305 | Nil | 240 hours clinical placement |
| MID307 Specialist Neonatal Care | Nil | 120 hours clinical placement |

Prior to attending placement the student must
- Be enrolled in a clinical unit of study;
- Meet all pre-clinical requirements;
- For MID101, MID102, MID202 and MID303, attend and complete the full CTB and successfully meet all CTB assessment requirements including the medications test.
Continuity of Care (CoC) Experiences

Students are required to complete 10 CoCs by the end of the degree. Students MUST attend their first placement before initiating any CoC relationships.

To be eligible to engage in CoC experiences, all the requirements for placement need to be met including pre-clinicals. See the relevant sections below.

Are you ready to commit to clinical placement?

Having read about the requirements of clinical placement it is important to do a self-assessment to see if you are able to commit to the rigors of managing work, home, study and placement. Some students find it easier to study part-time and only take on placement units when they feel confident that they will be able to commit fully to the experience. The following need to be considered:

• Most venues are inflexible with roster and you must work the shifts they give you. This is because they must make sure you are properly supervised. CDU will support the venue regarding their student roster policies as we rely heavily on these venues to provide placement. Too much roster negotiation has resulted in venues cancelling student placements and refusal to take students from CDU.
• In some areas (especially NSW Central and North Coast) there is no placement available for CDU students. Are you able to leave your family for an extended period and travel away for placement? Can you afford to pay for the travel and accommodation for up to 8-9 weeks, to cover placement and CoC requirements?
• Will your workplace release you for blocks of up to 6 weeks at short notice? CDU is only obliged to let you know of placements 4 weeks in advance. We try to let you know in a timelier manner, but this can’t be guaranteed. Working in paid employment is not allowed while on full time placement because of the safety concerns and diminished capacity to learn while working fatigued.
• Is someone able to care for your dependents while you are away, or on placement? You will not be able to leave placement for school pickups etc., and please note that shifts are generally 0700 – 1530; 1300 – 0930; and 2100 – 0730 (depending on the Health Facility).
• All clinical placements are full time placements (5 days a week). Students who are studying part time need to ensure they are ready to complete the full-time placement at the allocated time
• Part-time placements are rare, and are at the discretion of the Health Facility and Course Coordinator.

Checklist to pass the clinical unit:
To pass the clinical unit you must

• Meet all CTB requirements (see below)
• Complete written assessments for the unit and submit on time
• Complete the required clinical placement hours
• Complete the Clinical Assessment Portfolio and submit on time
Overview of Clinical Teaching Blocks (CTBs)

Please read the requirements for the clinical placement unit carefully. Students will find further information about assessment and requirements on the relevant unit’s Learnline site.

Each CTB is a five-day intensive program which provides students with an opportunity to practice specified midwifery skills, integrate theory into practice and develop an understanding of the requirements of professional midwifery practice according to the NMBA Midwife Standards for Practice (2018).

Students with current registration as an Enrolled Nurse or Registered Nurse follow the pathway specific to them (as approved by CDU and the Nursing and Midwifery Board of Australia). The following table shows the CTB and associated placement requirements for this group:

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<th>101 CTB</th>
<th>101 Placement</th>
<th>102 CTB</th>
<th>102 Placement</th>
<th>202 CTB</th>
<th>202 Placement</th>
<th>303 CTB</th>
<th>303 Placement</th>
</tr>
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<tbody>
<tr>
<td>EN</td>
<td>Yes 5 days</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes 5 days</td>
<td>Yes</td>
<td>Yes 5 days</td>
<td>Yes</td>
</tr>
<tr>
<td>RN</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes 4 days</td>
<td>Yes</td>
<td>Yes 4 days</td>
<td>Yes</td>
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**Content of CTBs**
The aim of the CTB is to give students experience in clinical skills via simulation and assess students as competent in clinical skills which carry a risk of harm. The CTB is only one part of the overall unit and students should continue to study the content of the relevant unit on Learnline. The content of the CTB is directly related to the learning objectives for the associated unit and the scope of practice (see Appendix A). The scope of practice is linked directly to the core theory units at CDU and the clinical skills which will be taught and assessed in the CTB. Students should become very familiar with their scope of practice, as it changes with each subsequent clinical unit of enrolment. Your scope of practice also dictates what you can and can’t do with your CoC women. Students **must** only perform midwifery interventions under supervision 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.

**Allocation of CTBs**
The directions for enrolling in a clinical placement unit, nominating for attendance at a CTB, and requesting a clinical placement are located at the clinical placement web page. Students must closely follow the processes set out on this web page.


The Midwifery Lecturers will not accept unauthorised attendance at the CTB or clinical placement.

**Location of CTBs**
CTBs are held in Darwin, Alice Springs and Sydney. All second and third year CTBs are held in Darwin. The number of students per CTB is limited.

**Preparation prior to attending CTB**
Prior to attending the CTB all students must access the relevant unit’s Learnline site where you will find the expectations, essential pre-readings/online tutorials, and information on the assessments associated with the CTB.

For MID101 the hand hygiene and medication calculations test **must** be completed successfully prior to CTB and your certificate uploaded to Learnline. Information about this is available on the MID101 Learnline site.
Assessment and requirements of the CTB
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 B which this outlines the pathway to a pass/fail).

1. MID101 Medication Test: Prior to their CTB students in MID101 must successfully complete a Medication Calculations' test. Students must gain 100% in order before progressing to the CTB. The medications tests are available through Intellilearn. Details are on the MID101 Learnline site under Assessment Information.

2. Objective Structured Clinical Assessments (OSCAs): 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 25 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.

Students who do not have completely enclosed hard covered shoes (this does not include sandshoes/runners) will not be permitted to enter the clinical laboratory and participate in the CTB. There will be no exceptions.

Additional skills practice
Students who self-identify or are referred by clinical facilitators/preceptors or academic staff as needing more clinical skills practice prior to attending placement can be booked into practice sessions by the Midwifery course coordinator at Alice Springs or Casuarina campuses. These sessions will be scheduled outside the timetabled CTBs. For interstate students, afterhours access is negotiable in the week you are at the CTB.

Checklist for successful completion of the CTB
- Attend all days and fully engage/participate
- Pass medications calculations test (MID101 only)
- Pass OSCAs
- Demonstrate knowledge at the level commensurate with the specific CTB/year level in the course

Students who do not attend all days of the CTB, do not pass the OSCA, or do not demonstrate knowledge commensurate with the level required for the specific CTB will fail the entire unit. The student will be required to repeat the entire unit and the CTB.
Pre-Clinical Documentation Requirements

Pre-clinicals are a set of requirements that are mandatory for students to fulfil before attending CTBs, going on placements, or engaging with CoCs. The list of pre-clinicals includes Police Check, BLS competency and Immunisation status and are associated with you being insured by CDU while on placement or with your CoCs. The documentation/evidence required by CDU to prove your compliance with pre-clinicals can take months to collect so it is important that students treat their pre-clinicals as a priority and monitor them regularly, as some may expire during the course of the year and therefore affect eligibility for placement.

All students who plan to enrol in to a clinical placement unit must meet all the pre-clinical documentation requirements set by CDU. This ensures compliance with state/territory legislation and requirements of the health facility and and CDU. This is a strict process and tightly monitored by CDU. Health facilities will cancel student placements if students are not clinically compliant as this is viewed as putting health of consumers at risk.

Pre-clinical status is assessed via a traffic light system where green is complied, amber is almost complied with some outstanding, and red is non-compliant. Students can see their status and check what is due to complete via the following link:


Pre-clinicals need to be green before:
- You are allocated to a CTB (some amber is allowed for MID101)
- A placement is sourced for you
- You can engage with CoCs

Students that do not complete all required pre-clinical documentation by the given deadline will not be assigned to a CTB and/or placement. Where a student makes little effort to achieve green pre-clinicals, they are not in a position to attend a placement and may fail the placement unit due to not actively engaging with the placement process (see PO Flowchart at Appendix C). The unit and CTB will need to be repeated.

Where to find help with your pre-clinicals

The Pre-Clinical Coordinator assists students with information about their pre-clinicals. Pre-clinicals are state/territory specific and a list/description of what you require is on the following CDU webpage:

http://www.cdu.edu.au/health/ugpreclinical-requirements

It is the student’s responsibility to know what they need, when and how to achieve it and to ensure their documents are correct, current and provided to CDU. Inattention to this process may result in failing the unit.

The first thing to do is go to the relevant state/territory via the link above and download the checklist. This will assist you in ensuring you have covered everything.

Important points to remember

- 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. Note: Health facilities will be advised of Conscientious Objection and may withdraw the placement;
- Clinical placements and/or CoCs will be cancelled if students fail to meet all pre-clinical requirements. This can result in a “fail” grade being awarded for that unit. The unit and CTB will need to be repeated.
**Pre-clinical documentation requirements during clinical placement**

Students must be able to produce evidence of meeting pre-clinical documentation requirements to the health facility on request. Therefore, students must present pre-clinical documents to the appropriate health facility representative on the first day of placement.

The health facility has the right to suspend or cancel the placement if the student cannot produce evidence of meeting their pre-clinical requirements upon request. Students who do not present their preclinical documents on the first day of placement may be sent home and may discontinue their placement. Students may be awarded a fail grade for the unit.

**Where to send pre-clinical documents**

All pre-clinical correspondence is to be directed to a central pre-clinical email address.

[Preclinical@cdu.edu.au](mailto:Preclinical@cdu.edu.au)

If documentation has been submitted and the status has not been adjusted within two weeks, please contact the Pre-clinical Coordinator at [Preclinical@cdu.edu.au](mailto:Preclinical@cdu.edu.au)
Clinical Placement

It is very important that students do not try to arrange their own placement. There are formal processes to follow in arranging placement. Cold calling health facilities or pursuing placement through “someone you know” is seen as very unprofessional and has resulted in refusal to place CDU students. Please read on for more information.

Timeframes

Placements must be arranged taking into consideration the timing of the CTBs. First and second year students should expect to be going on placement in the second semester and over into the first few months of the following year. Third year students should expect to be going on placement in the first semester of the third year. If your experience is contrary to these timeframes, please contact the placement office and your Midwifery Lecturer.

Organising Clinical Placement

Several processes are involved in the organisation of clinical placements. Administrative processes are managed by the Placement Office. Academic processes are managed by the Midwifery Lecturers. The Placement Office and the academic team work together very closely to ensure students have quality clinical experiences.

For a placement to occur or a CoC experience to be accepted through a health facility, CDU must have a Student Practice Agreement in place with the health facility. Despite this however, health facilities can refuse a CDU student due to their allegiances with other universities, i.e. all their placement spots are already taken up. To enhance the possibility of placement/CoCs it is vital that the relationship between CDU and any health facility is managed professionally between CDU and the health facility.

How do placements occur?

CDU has many Student Practice Agreements in place around Australia. Where CDU students have been placed in the past, students usually have no barriers to placement. Sometimes new agreements and placement opportunities need to be negotiated for example where there has not been a CDU Midwifery Student before. These negotiations occur for CoCs as well and are managed by the Midwifery Lecturers in collaboration with the Placement Office.

In view of this, students are not permitted to arrange their own placements. If a health facility offers a student a placement, the student should seek a contact name and email address and provide this to the Midwifery Lecturer and Placement Officer to follow up. Similarly, students should check with the Placement Office that a Student Practice Agreement is in place before recruiting CoC women.

Placements are generally arranged in blocks of weeks which is best for consolidation of knowledge and skills. It is up to the health facility to determine whether they can accommodate a student for a few days per week rather than full time (40 hours). Approval must be gained from the Midwifery Course Coordinator for placement to be attended part-time, and it is entirely up to the discretion of the health facility.
Role of the Placement Office
The Midwifery Lecturers work hard to build relationships with new placement venues ongoing, however, the Placement Office is responsible for all administrative aspects of arranging clinical placements. The role of the Placement Office is to negotiate and arrange clinical placements for students in their allocated states, liaise with health facilities, and act as a first point of contact for students and health facilities for administrative matters and maintain the Student Practice Agreements between health facilities and CDU.

It is important to understand that the Placement Officers are the *only* people authorised to negotiate clinical placements. Students must always contact the Placement Office to request to arrange or modify a placement. A clinical placement is not confirmed until the Placement Office provides the student and the health facility with a confirmation notice.

Any change to a clinical placement requires written confirmation by the Placement Office.
Role of the Academic Team
For the major centres, your clinical facilitators are well placed to assist you with the documentation requirements for placement. These include your learning objectives and formative and summative assessment in your Clinical Assessment Portfolio (CAP), and your clinical experience in the Clinical Practice Record 1, and Clinical Practice Record 2 (CoCs). They can also assist with feedback and other placement issues. If you don’t have a clinical facilitator in your area, your lecturers can assist with this. See page 21 and 23 for more information about clinical facilitators and clinical documentation.

Allocation and Acceptance of Clinical Placement
Many resources are directed towards sourcing high quality clinical placements for students. All students are allocated clinical placements by the Placement Officer who manages a specified State or Territory. Clinical placements are sought to meet the learning objectives of the unit of study and year level. Students are expected to:
- Attend the negotiated clinical placement. If a student is unable to attend an organised placement, the student **must** follow the procedure outlined in the Extenuating Circumstances Guidelines, available on the CDU website, and provide evidence as to why they are refusing the placement.
- Formally accept the placement as arranged by the placement office. Non-acceptance of a placement (or failure to attend the placement) may result in a “fail” grade.

Students are notified by email approximately four weeks prior of the details of the clinical placement and when / how the student is to contact the health facility prior to placement. **It is the student’s responsibility to regularly check their student email account.**

Please pay particular attention to instructions about contacting health facilities. Some health facilities expect the student to phone for their roster. Others see this as misconduct on behalf of the student and may cancel the placement.

All students have been informed they **may have to travel outside their area** and at times home state to complete placement units. This is clearly outlined in the Terms and Conditions of Enrolment. More information about enrolment conditions can be found at:

Students can apply for ‘special consideration’ to be exempt from the requirement to travel for placement. However, students are reminded that health facilities offer placements at their discretion and in some locations there may be long delays waiting for a placement. In this case students are better to **NOT enrol** in a clinical unit until they are either in a position to travel for placement or placement in their area has been established.

More information on special consideration can be found at:
http://www.cdu.edu.au/international/current-students/supportservices

Legitimate reasons for not attending placement
It is acknowledged that things occur in students’ lives that may disrupt placement plans. Sick leave may occur (see page 20). However, cancellation of an entire or part placement is allowed in the following circumstances only, and the process for Extenuating Circumstances **must** be followed. Reasons outside of this may result in a “fail” grade.
Extenuating Circumstances are:
- Ill health and unexpected medical conditions
- Car accident or sudden theft of Motor Vehicle
- Unforeseen family issues
- Military deployment and legal commitments
- National Emergencies

Students **must** apply for non-attendance by filling out the form in the Extenuating Circumstances Guidelines and submitting the form PLUS supporting documentation to the placement officer. Failure to do so may result in a Fail grade.

Please refer to the Extenuating Circumstances Guidelines
Grades for clinical units

- **Standard grades**
  Clinical units which have written assessments associated receive standard grading overall, with the placement component marked as PU (Pass Ungraded).

- **Overall Pass Ungraded (PU): MID306**
  Clinical Practice Record 1: Record of Clinical Experiences and Clinical Practice Record 2: Continuity of Care Journeys are the only assessments for MID306, therefore, the overall grade to pass MID306 is PU.

- **Placement Ongoing (PO)**
  Be aware that placement will likely not occur in the semester that you were enrolled in the unit. Placement outside of semester results in a PO grade. PO is placement ongoing and you can be on a PO grade for up to one year (see grading policy). Once your placement is over and your assessments have been submitted and marked, your grade will be changed.

  The length of the course may be extended due to an inability to source placements within the course timeframe. Students can assist the process by ensuring that they have current pre-clinical documents at all times and update these as required. Students must be prepared to travel.

  See PO flowchart in Appendix C

- **Fail grade (F)**
  Fail grades may be issued if:
  
  - A placement opportunity is arranged but is declined by the student
  - Non-attendance at placement that is not commensurate with documented extenuating circumstances found in the Extenuating Circumstances Guidelines
  - Students are not actively engaging with the placement process:
    - Students fail to submit required pre-clinical documentation (red lights)
    - Students disengage with the course and do not respond to the emails or phone calls about placement
  - Students wish to apply for an intermission (defer). Intermission cannot be granted while students are on PO grades
  - The student fails the placement (does not meet expected standards)
  - The student is found to be also working in paid employment during their placement time putting the safety of health care consumer at risk (due to fatigue etc.)

  Any refusal of a negotiated placement is likely to result in protracted delays to secure further placement. This may jeopardise planned progression and hence extend the length of the course. CDU does not accept liability for students who delay or refuse a placement.

**Working while on placement**

Students are not permitted to work in their usual occupations while on clinical placement. This is a risk and safety management policy and is in accordance with the CDU Student Paid Employment Guidelines.

*Clinical placements are for 40 hours per week and often include shift work. Students who attend additional paid employment beyond the placement 40 hours a week during placement present a high risk of harm to women and their families. The clinical placement will be withdrawn until student’s overall hours are reduced. It is unprofessional behaviour and may result in a “fail” grade for the unit.*
PART 2: On placement

So, you have made it to placement. Now what?

Welcome to the real world! It is an exciting and daunting place. There are some things you should know so you can adjust your expectations to meet with reality while on placement. This section will address life on placement.

The following summarises the responsibilities of each stakeholder while on placement

Responsibility of the Student

- Be alert to all correspondence about placement;
- Keep the placement officer and Midwifery Lecturer informed about any issues that are affecting your ability to commit to placement;
- Adhere to the health facility policies and guidelines about student rosters and clinical care
- Ensure all preclinical documentation requirements are met prior to placement and ensure documents remain current during all placements;
- Read the CDU and health facility Charters and Student Manuals;
- Familiarise yourself with all documentation, handbooks and assessments related to each unit of study;
- Recognise the purpose of the placement experience and ensure you are clear about the expectations of the placement provider;
- Explore the health facility’s history, values, 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 health facility representative prior to starting the placement (if requested to do so in the confirmation email provided by placement office);
- Notify clinical facilitator/preceptor of any support needs;
- Maintain confidentiality at all times in relation to the woman and health facility information including clinical records;
- Maintain effective professional communication with women, clinical facilitators/preceptors, and link personnel from both the health facility and CDU;
- Do not engage in paid employment whilst on full time placement.

Responsibility of the University

CDU has a responsibility to ensure support is in place for the student, and clinical facilitator/preceptor through allocated roles. CDU will;

- Ensure Student Practice Agreements are in place with the health facility providing the placement;
- Provide adequate insurance cover for students on placement;
- Organise the administrative requirements of the placement;
- Work collaboratively to support clinical staff;
- Support the 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.
- Provide a clinical facilitator or negotiate with the health facility to provide a clinical facilitator

Responsibility of the Health Facility

- Ensure that clinical facilitators/preceptors are prepared appropriately for the role;
- Provide a safe placement environment for the student;
- Allow time for clinical facilitators/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 clinical facilitators/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 CDU;
• Provide learning opportunities for students that reflect the nature of the service.

The roster

The first priority of a health facility is to provide a health service. Having said that, they are also committed to training the workforce of the future so students should expect to be treated well on placement, and have their learning needs met. However, be aware that your roster requests are not a priority for the health facility and it is reasonable for them to expect no requests to change the roster.

Disappointingly, there have been instances where placement has been cancelled by the health facility because of incessant requests from students to change the roster. Therefore, CDU will support the position of the health facility when it comes to rosters. The only exception will be where CDU will support a student request to change the roster for examination purposes.

Having said that, some venues are very flexible, however, students should be aware that the default is minimal or no flexibility in the roster and this is acceptable.

Shifts

Students must attend all shifts as rostered by the health facility. Students either contact the health facility prior to their first shift to access their roster, or wait until the health facility contacts them, as per the policy of the particular health facility. Students will be informed of these expectations by the Placement Office.

Extending shifts beyond the ordinary start and finish time for the roster is generally not permitted unless authorised by the Midwifery Lecturer. Students may work a shift in excess of 8 hours in relation to intrapartum care. If the student works longer than 8 consecutive hours, they must take an 8 hour break before commencing another clinical shift.

The health facility may roster students to weekends, public holidays 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 placed with a midwifery model of care are expected to be on call for birth. Note that students following women through the Northern Territory Government (NTG) Homebirth Service in Darwin and Alice Springs can participate in intrapartum care at home. All other students participating in homebirths elsewhere in Australia are not permitted to participate in intrapartum care at home, however, they can attend as an observer.

Rosters should not exceed an average of 40 hours per week for the placement; however, this is flexible when working in a midwifery model of care.

Students must have a copy of the CAP while on placement to record attendance, objectives and assessments (see below section on Clinical Documentation). The required attendance for clinical placement is measured in hours.

Students are to take the same shift breaks as ordinarily provided to the midwife they are working with. Lunch or dinner breaks are not included in the calculation of attendance hours:

Example: 0700hrs – 1530hrs = 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 placement office of all absences (see below). Absence may range from one or more days to one or more hours.

Absences
To achieve a Pass Grade 100% of the clinical placement hours must be completed. Students must notify the health facility of absence prior to the shift commencing and the placement office as soon as possible. Therefore, students should identify on the first day of placement the number to call and process to follow should they be absent or late. It is their professional responsibility to inform the health facility and the Placement Office if they are unable to attend a rostered shift. Where students do not attend placement and do not inform the health facility and the Placement Office, the placement may be cancelled and a Fail grade issued.

Sick leave
Students must not put woman and babies at risk due to illness. This is a professional responsibility, so students should not attend placement if 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 Placement Office as soon as possible;
- Ensure a Medical Certificate or Statutory Declaration is obtained to account for missed hours

The placement office will liaise with student and health facility to secure appropriate make up time.

Continuity of care experiences while on placement
The student may be permitted to leave placement for up to an hour to attend an antenatal or postnatal visit for a CoC women, however, this is at the discretion of the health facility. Students who negotiate to leave placement for more than one hour to attend their CoC woman’s labour and birth, will need to make up those hours on placement.

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 adequate supervision for the student.

If the health facility cannot support a student placement on a public holiday, the student must notify the Placement Office and make up time will be requested for the student.

Severe weather events
The personal safety of students is the primary factor in determining attendance of placement in the event of a cyclone or other severe weather event. Other factors that may prevent a student from 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 Placement Office as soon as possible.

Students will need to make up for 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.
Supervision on placement

CDU ensures students are adequately supervised on placement through the expectations agreed to by the health facility in the Student Practice Agreement. There should be a staff member who is responsible for facilitating your placement. This is known as Clinical Facilitation.

In the major centres CDU employs a clinical facilitator (see staff contacts on page 5). In other centres CDU pays the health facility to provide a clinical facilitator, and in some smaller centres, the midwifery educator or midwifery manager may take on that role.

Clinical Facilitator

Clinical facilitators make sure you:
- Are attending all your shifts
- Are correctly filing out your objectives in the CAP
- Are appropriately supervised by the midwifery staff

Clinical facilitators may also spend some time with you in the clinical area assisting with assessments and managing any issues that occur on placement by liaising between yourself and the health facility staff and CDU.

The role of the clinical facilitator is different to the role of the midwife who you are working with day to day (supervising midwife). These midwives provide the clinical bedside teaching and supervision that you need to gain the skills to be a midwife. Students may encounter different models of clinical supervision while on clinical placements.

The supervising midwife

The Preceptor Model
This model involves supervision of a student by a preceptor, or a small number of preceptors. The preceptor is a registered midwife who you work with over a period of days or weeks. The preceptor gets to know you and your learning needs and takes on some responsibility for ensuring you meet your needs.

The relationship between student and preceptor is an important aspect of the clinical placement experience. Students should remember that almost all clinical settings are stressful. The preceptor will do their best to help reduce stress impacting on the student’s learning experience but the needs of the women and babies are paramount.

The Buddy Model
This model is where you work with a different midwife every day and is often a result of staff shortages. Your buddy could be a graduate midwife, although this is not ideal. The buddy midwife provides you with opportunities to learn midwifery skills, but they do not take ownership of getting to know where you are at with your learning needs. Students supervised in this model need to be very proactive and upfront about their learning needs. In this model, a clinical facilitator is vital.

The value of the clinical placement experience can be influenced by the student’s ability to negotiate a positive and constructive relationship with the midwives they are working with and the wider health care team. This is a skill students will need to develop throughout their career.

Over the phone supervision: Midwifery Lecturers
The Midwifery Lecturers provide over the phone support during placement no matter which supervision model is being utilised. If students are experiencing problems with placement they should contact the Midwifery Lecturers as soon as possible. Positive feedback about clinical areas should also be conveyed to the lecturers.
Problems on Placement
During a clinical placement several problems may arise. The majority of these can be resolved by a discussion between the relevant parties (student, clinical facilitator/preceptor and CDU). Occasionally more actions may need to be taken to manage the issue.

Problems that cannot be resolved between student and preceptor
In the event of staff or student issues that cannot be resolved informally, the health facility and/or the student should contact the Midwifery Lecturer to discuss problems and to develop strategies to resolve the issues. When a student is identified as “at risk of Failure”, the Midwifery Lecturer must be contacted as soon as possible. The process on the “Flowchart for Clinical Placement Units” (Appendix D) will be initiated.

The Midwifery Lecturer will generally follow the process for addressing a Failure to achieve the NMBA Midwife Standards for Practice (2018) as follows. (Note: The information provided by registered midwives who have observed student practise is critical to identifying the best approach for resolution.)

The clinical facilitator/preceptor provides specific and documented comment via the CAP formative or summative assessment (or separate report) to the Midwifery Lecturer. Depending on the level of identified issues the following may occur:

i. Further discussion with clinical facilitator/preceptor and student;

ii. A Learning Agreement may be offered to the student. This can include completion of Daily Feedback Sheets (Appendix E), focused support and/or additional placement time (this incurs a cost to the university);

iii. A “Fail” grade is issued and student removed from placement

Withdrawal of placement by clinical staff
The clinical facilitator/preceptor may wish to withdraw a student from a placement in the event of unprofessional behaviour. Unprofessional behaviour includes misconduct, unethical or unsafe behaviour, or any breach of confidentiality. Withdrawal of a placement is a last-resort process and should only occur after consultation between the clinical facilitator/preceptor and the Midwifery Lecturer. This usually does not occur without warning and before remedial actions have been implemented.

It is important to note that once the Midwifery Lecturer is informed of withdrawal, an information-gathering process is necessary before making any decisions about the placement. This can take a number of days.

Withdrawal of placement also occurs when the health facility notifies CDU that it cannot adequately manage the placement. All registered midwives have a professional responsibility to assure safety and well-being of women and babies, staff, the student and the public. Wherever possible, consultation with the Midwifery Lecturer at CDU should occur prior to withdrawal.

If the situation is viewed as urgent, health facilities reserve the right to terminate placements immediately. This includes if a student presents to placement under the influence of drugs or alcohol. Sometimes withdrawing a placement is an unfortunate consequence of operational priorities and does not reflect on a student’s competence.

If placement is terminated, the student should receive a brief explanation from senior clinical staff and be asked to contact the Midwifery Lecturer to arrange for an initial meeting (or telephone discussion) within 24 hours if possible. The student also needs to notify the Midwifery Course Coordinator as soon as practicable.

The Midwifery Lecturer will have a brief initial discussion with the student. 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 Midwifery Lecturer.

Appeals against withdrawal of placement by the health facility
The Midwifery Lecturer and the Midwifery Course 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
Clinical documentation

Clinical Assessment Portfolio (CAP)
When students apply for graduate positions the assessments in the CAP document are often required by the facility as part of the application.

While on clinical placement the student’s ability to meet the Nursing and Midwifery Board of Australia Midwife Standards for Practice (2018) is assessed. The CAP records these assessments and guides students and assessors through aims and objectives of the placement. Students will need to print a copy of the CAP prior to beginning the placement and familiarise themselves with the objectives and requirements of the placements. The relevant sections of the CAP must be signed by a registered midwife who directly observes the student’s practice.

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

Note: If your supervising midwife is from the “buddy model” they cannot sign the formative and summative assessments. This is because the buddy midwife is usually someone you have only worked one or two shifts with and they are not well placed to make an objective judgement on your progress, nor give you overall feedback. In this situation, you may want to use the CDU Daily Feedback Sheet (Appendix E) to collect feedback that your clinical facilitator can use to make your formative and summative assessments.

The clinical facilitator/preceptor is responsible for ensuring that any problems encountered during the clinical placement are reported to the midwifery manager of the health facility and to CDU Lecturers.

The CAP is reviewed upon return to CDU and forms part of the overall grade assigned to the clinical unit of study. The CAP is only given a pass or fail. 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 can only be determined by the Midwifery Lecturers in consultation with the Midwifery Course Coordinator. In finalising a decision to pass or fail a student, the Lecturer relies heavily on the judgment reported in the CAP by the clinical facilitator/preceptor.

It is the student’s responsibility to show the clinical facilitator/preceptor the CAP on the first day and ensure that it is filled out correctly and in a timely manner. The student must take their CAP to placement every day and ensure that documentation is complete.

Special note on assessment and maintaining records: The CAP is the assessment document CDU uses to ensure all clinical hours are complete and the student has met all the NMBA Midwife Standards for Practice (2018). If the CAP is lost, the student will have to complete the practicum again.
SUBMISSION OF CLINICAL ASSESSMENT PORTFOLIO:

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

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

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

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

Clinical Practice Record 1: Record of Clinical Experience
This record is where you write all the skills that you achieve on placement such as antenatal visits, abdominal palpation, births, newborn checks, vaginal examinations, postnatal checks etc. This record is used extensively from the MID102 placement onwards. Only skills that are congruent with the scope of practice for the unit can be performed and recorded. This applies to CoC women as well. Remember, only work to your scope of practice otherwise you are not insured if anything goes wrong.

Clinical Practice Record 2: Continuity of Care Journeys.
Use this record to record your antenatal, intrapartum and postnatal contact with your CoC women.

There is some duplication between Clinical Practice Record 1 & 2. The rule is that you only have to record the event once. For example, if you have written an antenatal visit for your CoC women in the Clinical Practice Record 2, do not write it in Clinical Practice Record 1.

Detailed information about clinical documentation is available in the Learnline unit: Midwifery Central
PART 3: Logistics

Insurance
CDU has personal accident and public liability insurance cover which covers 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 practices within their scope of practice and level of competence.

If a student is involved in an accident or sustains an injury while on clinical placement they must inform their supervising midwife immediately. Appropriate first aid should be provided to the student. A senior clinical staff member or clinical facilitator/preceptor should then inform the Midwifery Lecturer as soon as practicable and a current CDU Accident and Injury reporting form/ Witness to Accident and Injury form (Appendix F) will be forwarded. It is a CDU requirement that students complete this form and return it to CDU via the Midwifery Lecturer. 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 and where possible, should obtain receipts to provide to CDU for insurance claims.

Students can also contact Student Administration and Equity Services for counselling and additional advice if this is needed.

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

CDU Occupational Health and Safety
CDU 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. CDU 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 is responsible for carrying out the following functions to ensure their own work 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 attire 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; and
- Be familiar with emergency and evacuation procedures and the location of, and if appropriately trained, the use of emergency equipment.

Uniform
CDU’s dress code is designed to be practical for delivery of clinical care, minimise potential cross infection, promote safety for students and the women/babies they care for, functionality, cultural and religious sensitivity, institutional rules and expectations and regard for the image of CDU. Students are required to attend clinical placement, CoCs and CTBs in the prescribed CDU uniform. 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 the women under care;
- Fully “closed in/hard covered” shoes in black, navy or brown with sturdy strong soles;
• Shoes are to be clean and if required, polished. “Sandshoes /runners, soft coverings and ballet style " shoes are unacceptable;
• At least two pairs of 'dress' trousers/skirt/shorts and two polo shirts are required so as to permit laundering between shifts. Denim trousers/low cut/shorts/skirts are not acceptable. Shirts must be adequate length, no midriff or underwear showing.
• 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;
• Facial hair must be clean shaven or a neatly trimmed beard is acceptable;
• Fingernails are to be short with no sharp edges. Long nails are a potential risk to 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 skin integrity and contribute to the transmission of infection. Likewise nail polish and /or artificial nails are not to be worn;
• Wrist watches are not be worn when undertaking clinical care or aseptic procedures. They are an infection risk and a potential risk to 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 deodorant. They should avoid the use of heavy make-up and perfume as some women receiving care are allergic or sensitive to strong perfumes;
• It is recommended only studs or sleeper earrings are worn as other earrings pose a risk if they are grabbed. 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.

**Privacy and Confidentiality: Use of social media**

It is well accepted that social media now plays a significant role in most people’s lives. Commonly we use social media to share new experiences, to express our frustrations or anger, or to share our opinion on a particular matter. The image we construct through the things we share extends beyond the interface of the internet and can either positively or negatively impact on your life. It is important that students are therefore aware that their profiles on various social media sites are likely to be viewed by the woman they care for, and the colleagues they work with. Consequently students are advised to be cautious about the content they place on their social media, and consider how the chosen content may affect their image.

In addition to being considerate about what image you are creating of yourself, students need to also be professional in the manner to which they deal with private and confidential information.

Students need to be aware of the strict privacy and confidentiality rules surrounding clinical placements and COC experiences. Under no circumstance is it acceptable for a student to photograph any events related to their placement for private or public use. In addition to not sharing photos, students should be extremely cautious about sharing any information about their experience on social media. Sharing information about a birth or experience that occurred on placement can not only result in you breaching the university’s code of conduct but is a reportable offence to the registration board (AHPRA). Furthermore any students found to be inappropriately sharing information on social media may be subject to having their placement cancelled and consequently failing the clinical unit.

Students should also be aware that it is not acceptable to take photos during the CTBs for personal or public use. Students who are found to be sharing media related to the CTB on the internet will be in breach of the universities code of conduct.

See these Social Media policies: [CDU Social Media Policy](#), [NMBA Social Media Policy](#).
Medication Administration

Medication administration is an important component of the midwife’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.

Students can only administer medications within their scope of practice for the academic unit in which they are enrolled. A midwife must 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.

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 cannot administer based on the academic unit of study the student is completing.

This table is not intended to override or be a substitute for the facility’s policies. Students must be familiar with the local policy on medication administration by student midwives.

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-prescription topical</th>
<th>PO</th>
<th>PR or IV</th>
<th>SC or IMI</th>
<th>SL</th>
<th>Topical or Transdermal</th>
<th>Inhalation</th>
<th>Intravenous</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/Merieux</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, As Above</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Prime lines or change bags (no additives)</th>
<th>Saline flush</th>
<th>Infusion with the additive</th>
<th>Oxytocin</th>
<th>Additives including IV AB &amp; S8</th>
<th>Parenteral excluding TPN</th>
<th>Blood products and blood</th>
<th>S8 bolus &amp; IV</th>
<th>PCA</th>
<th>CVC</th>
<th>P I C C</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>
<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>S2</td>
<td>S4</td>
<td>YES</td>
<td>YES S2 &amp; S4 only</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>X</td>
<td>YES</td>
<td>X</td>
<td>YES</td>
<td>S2, S4</td>
<td>S8</td>
<td>YES S2, S4 &amp; S8</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 woman/baby. The process of double checking medication should be performed by 2 authorised health care professionals (registered midwife/nurse 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 professionals (within the scope of medication administration for CDU midwifery students) are as below:

- IV fluids
- 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
- Controlled drugs
- Warfarin

Any questions regarding medications administration should be referred to the Midwifery Lecturer.

Access and Disability

Fitness to Practice
The Bachelor of Midwifery program prepares students to meet the criteria for registration described by the Nursing and Midwifery Board of Australia (NMBA). It is a requirement of the NMBA (under which the CDU Bachelor of Midwifery degree is accredited) to ensure that students have the physical and psychological capacity to competently perform the role of a midwifery student. CDU publishes inherent requirements for Midwifery and students are mandated to ensure they meet these requirements before enrolling.

CDU therefore, has a responsibility to ensure that all midwifery students are made 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 described under ‘Student Registration’ below.

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. Pregnant students are expected to notify the Placement Office and Midwifery Lecturer of their pregnancy early to enable best planning for clinical experience. Students can go on placement up until 36 weeks gestation, and after 6 weeks postnatal. Any exceptions to this must be authorised by the Midwifery Course Coordinator with appropriate medical clearance. Students who are pregnant must also comply with health facility’s guidelines and recommendations when undertaking placements.

Pregnant students must not be placed at risk and therefore should not be placed in an area where there may be particular health and safety issues, e.g. radiation, working with infectious disease, cytotoxic drugs and anaesthetic gases.

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 CDU; 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 can be contacted to discuss developing an access plan.

**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 are to be implemented. Supports cannot be implemented if CDU is 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 CTB components of the course.

Students should also note the information provided under ‘Student Registration’ regarding mandatory reporting.

**Student Administration and Equity Services**
Student Administration and Equity Services provide counselling and other support services for students. A full description of these services and contact details are accessible at [http://www.cdu.edu.au/studentservices/](http://www.cdu.edu.au/studentservices/)
Student Registration
From March 2011 all students enrolled in an approved program of study (approved by the NMBA) will be registered with the NMBA. Students do not have to register themselves. This is the role of the education provider (CDU) in conjunction with the Australian Health Practitioner Regulation Agency (AHPRA), who administer student registration on behalf of the NMBA, at no cost to the student.

The National Law limits the role of the NMBA (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.

Students are strongly advised to review the Student Registration page of the AHPRA website and the Fact Sheet and FAQ sheet as this answers many commonly asked questions.


The full legislation can be found at


A student register kept by a National Board must include the following information for each student whose name is included in the register;

(a) the student’s name; (b) the student’s date of birth; (c) the student’s gender; (d) the student’s mailing address and any other contact details; (e) the name of the education provider that is providing the approved program of study being undertaken by the student; (f) the date on which the student was first registered, whether under this law or a corresponding prior Act; (g) the date on which the student started the approved program of study; (h) the date on which the student is expected to complete the approved program of study; (i) if the student has completed or otherwise ceased to be enrolled in the approved program of study, the date of the completion or cessation; (j) if a condition has been imposed on the student’s registration, details of the condition; (k) if the Board accepts an undertaking from the student, details of the undertaking; (l) any other information the Board considers appropriate.

At cessation of the CDU program, CDU must notify AHPRA and the student’s registration will be suspended.

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.
**APPENDIX A: SCOPE OF PRACTICE**

**BACHELOR OF MIDWIFERY SCOPE OF PRACTICE FOR YEAR 1**
2017 – 2021

The following table summarises the scope of practice for first year level for the CDU students. It indicates the level of midwifery skills and knowledge students should be able to demonstrate during their placement. All students uphold the philosophy of midwifery practice as stated by the Australian College of Midwives and provide evidence-informed rationales for all midwifery actions. They must demonstrate professional accountability and responsibility for their actions & behaviour, according to their scope of practice & the NMBA Midwife Standards for Practice, Code of Ethics and Practice. CDU students are ‘learners’ and are not part of the workforce (as distinct from the RN in an Employed Midwifery Student Program). Irrespective of past experience they work with close supervision from a RM.

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

<table>
<thead>
<tr>
<th>MID101: Introduction to Professional Midwifery Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Novice: frequent or continuous cues. No client load; continuous supervision.</strong></td>
</tr>
<tr>
<td>Observe the role and scope of practice of the midwife;</td>
</tr>
<tr>
<td>Communicate and collaborate appropriately with colleagues, women/ families</td>
</tr>
<tr>
<td>- Actively listen</td>
</tr>
<tr>
<td>- Observe a first antenatal visit</td>
</tr>
<tr>
<td>- Observe a subsequent visit</td>
</tr>
<tr>
<td>Assist with vital signs</td>
</tr>
<tr>
<td>Assist with measurement of fundal height</td>
</tr>
<tr>
<td>Promote patient comfort &amp; body alignment including: bed making –occupied and unoccupied</td>
</tr>
<tr>
<td>Establish and maintain an ongoing partnership with 2 women who are beginning their childbearing journey.</td>
</tr>
<tr>
<td>Meet the 2 women for continuity of care journey through the supervising midwife.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MID102: Fundamentals Skills for Midwifery Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Novice: frequent or continuous cues. No client load/ work with a RM and share the care under continuous supervision.</strong></td>
</tr>
<tr>
<td>May provide midwifery care under the direct supervision of a midwife and based on the clinical decision making of others.</td>
</tr>
<tr>
<td>Discuss evidence-informed rationales for implementing designated midwifery care;</td>
</tr>
<tr>
<td>Provide midwifery care to post caesarean women and their infants;</td>
</tr>
<tr>
<td>Assess woman’s/patients’ input/output (direct &amp; indirect observation, fluid balance &amp; food/diet charts);</td>
</tr>
<tr>
<td>Recognise &amp; report significant fluid balance fluctuations;</td>
</tr>
<tr>
<td>With continuous support implement midwifery interventions for well women post caesarean sections that require some assistance with their care;</td>
</tr>
<tr>
<td>- Vital signs;</td>
</tr>
<tr>
<td>- Positioning &amp; mobility</td>
</tr>
</tbody>
</table>
• Personal hygiene

Use safe manual handling techniques and equipment;

With support promote patient comfort & body alignment including:
  • Assist women requiring mobility support
  • Apply TED stockings

Help with elimination management (care of indwelling catheters; bedpans) in relation to women post caesarean section and perineal toilet.

Attend a postnatal check including vital signs, general wellbeing, emotional state, interaction with baby, breasts, fundus, perineum and calves. Check bladder and bowel regularity and lochia

Assist woman with basic baby care:
  • Bathing/skin care
  • Buttock hygiene
  • Cord care /eye care
  • Daily observations
  • Weighing

Use safe and effective infection control measures & standard precautions including:
  • Hand hygiene
  • Use of personal protective equipment
  • Appropriate disposal of waste materials

With support assist with wound healing by primary intention:
  • Dry wound dressing
  • Assess wound healing
  • Removal of sutures/staples

With supervision assess and supporting respiratory function through body positioning and primary care planning and implementation
  • Post caesarean section breathing/coughing exercises

Discuss student’s role in Emergency Codes (Blue, Green, Red etc)

With support conduct an assessment of a woman’s pain.

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

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

Under direct supervision of a midwife, assist woman to birth during a normal vaginal birth
BACHELOR OF MIDWIFERY SCOPE OF PRACTICE FOR YEAR 2
2017 – 2021

The following table summarises the scope of practice for second year level for the CDU students. It indicates the level of midwifery skills and knowledge students should be able to demonstrate during their placement. All students uphold the philosophy of midwifery practice as stated by the Australian College of Midwives and provide evidence-informed rationales for all midwifery actions. They must demonstrate professional accountability and responsibility for their actions & behaviour, according to their scope of practice & the NMBA Midwifery Standards for Practice, Code of Ethics and Practice. CDU students are ‘learners’ and are not part of the workforce (as distinct from the RN in an Employed Midwifery Student Program). Irrespective of past experience they work with close supervision from a RM.

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

<table>
<thead>
<tr>
<th>MID202: Professional Midwifery Practice 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Novice-advanced beginner; frequent or occasional cues.</td>
</tr>
<tr>
<td>Under the <em>direct supervision</em> of a midwife, and in collaboration with women clients, implement clinical decision making that is <em>formed in consultation with other health care providers</em>.</td>
</tr>
<tr>
<td>Demonstrate timely &amp; accurate communication, documentation and evidence informed decision-making which addresses cultural safety &amp; awareness</td>
</tr>
<tr>
<td>Discuss evidence-informed rationales for implementing designated midwifery care;</td>
</tr>
<tr>
<td>With supervision conduct a first antenatal visit:</td>
</tr>
<tr>
<td>- History taking/ DV screening/ Explain screening tests/ Explain care options</td>
</tr>
<tr>
<td>- Nutrition advice/Breastfeeding advice/ Discuss childbirth education needs</td>
</tr>
<tr>
<td>- Health assessment/ Weigh/BMI /Urinalysis</td>
</tr>
<tr>
<td>Conduct an abdominal examination/ Auscultate fetal heart rate/Assist with CTG;</td>
</tr>
<tr>
<td>Conduct scheduled antenatal assessments, including discussion of birth options;</td>
</tr>
<tr>
<td>Demonstrate knowledge of stages of labour and evidence for care;</td>
</tr>
<tr>
<td>Assist with assessment and care of labouring and birthing women;</td>
</tr>
<tr>
<td>- Vital signs/FHR</td>
</tr>
<tr>
<td>- Abdominal examination</td>
</tr>
<tr>
<td>- Assessment of progress</td>
</tr>
<tr>
<td>- Contraction pattern</td>
</tr>
<tr>
<td>- State of membranes</td>
</tr>
<tr>
<td>- Descent of PP</td>
</tr>
<tr>
<td>- VE</td>
</tr>
<tr>
<td>Assist with the birth of the baby/ Assist with third stage/ Assist the fourth or transition phase</td>
</tr>
<tr>
<td>Examination of placenta &amp; membranes</td>
</tr>
<tr>
<td>Observe newborn examination/ Administer IMI Vitamin K₁ to newborn</td>
</tr>
<tr>
<td>Assist with initiation of breastfeeding</td>
</tr>
<tr>
<td>Assist woman opting for artificial feeding</td>
</tr>
<tr>
<td>Assist with medication administration</td>
</tr>
<tr>
<td>- Articulate knowledge of legislation, charting and e-scribe medication administration contexts</td>
</tr>
<tr>
<td>- Safely administer S2 and S4 medications</td>
</tr>
<tr>
<td>- Explain the pharmacokinetics of the above medications</td>
</tr>
<tr>
<td>Work collaboratively with allied health workers &amp; other team members</td>
</tr>
</tbody>
</table>
**MID204: Professional Midwifery Practice 2**

Novice-advanced beginner; frequent or occasional cues.

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

Discuss evidence-informed rationales for implementing designated midwifery care;

Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness

Assess women in pre/early labour/Provide evidence-based information to women in early labour;

Assess and care for labouring and birthing women:
- Recognise the different stages of labour
- Prepare the birth room for birth/ Assist the birth of the baby/ Assess newborn using the Apgar score
- Assist with newborn resuscitation/Assist third stage/ Assess blood loss/Assist in management of excessive blood loss

Use different pain management techniques when caring for women in labour & birth.

Assist with intrapartum CTG apply and interpret;

Transfer of woman/baby care to postnatal area – verbal handover;

Assist with discharge preparation as appropriate for women going home from the birth suite;

Assist to care for women undergoing cervical ripening and/or induction of labour;

Explain Prostaglandin gel uses and pharmacokinetics; Assist with Prostaglandin gel insertion

Assist in the preparation of the IVI Oxytocin;
- Select appropriate IV fluid/ Prime line/ Explain the pharmacokinetics of Oxytocin
- Explain the side effects of IV Oxytocin when used for induction of labour/-add Oxytocin to IV bag

Assist with preparation for ARM/ explain the reasons for an ARM;

Assist with the preparation of women for LUSCS./Accompany women to operating room and observe the handover procedures;

Attend the LUSCS and assist with preparations for receival of baby/ assist with baby care at birth
- Assist with initiation of breastfeeding/ provide ongoing post-operative postnatal care

Provide ongoing postnatal care for mother and baby; conduct postnatal assessment of mother / Vital signs/ Breasts/ Fundal height/ Lochia/Perineum/ Mental wellbeing/ Interaction with baby

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

Administer S2 and S4 medications

Assist with education and milk preparation for women who choose to use a breastmilk substitute

Provide newborn care
- Daily care of the newborn
- Examination of the newborn
- Collect newborn screening blood test >48 hours

Using a simulator, demonstrate the steps in resolving shoulder dystocia and/Explain the rationale for the manoeuvres
BACHELOR OF MIDWIFERY SCOPE OF PRACTICE FOR YEAR 3
2017 – 2021

The following table summarises the scope of practice for third year level for the CDU students. It indicates the level of midwifery skills and knowledge students should be able to demonstrate during their placement. All students uphold the philosophy of midwifery practice as stated by the Australian College of Midwives and provide evidence-informed rationales for all midwifery actions. They must demonstrate professional accountability and responsibility for their actions & behaviour, according to their scope of practice & the NMBA Midwife Standards for Practice, Code of Ethics and Practice. CDU students are ‘learners’ and are not part of the workforce (as distinct from the RN in an Employed Midwifery Student Program). Irrespective of past experience they work with close supervision from a RM.

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

MID303 & 306: Professional Midwifery Practice 3&4; MID304 Midwifery Global Perspective

<table>
<thead>
<tr>
<th>Advanced-beginner. Minimal cues; minimal supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>
</tbody>
</table>

Demonstrate professional communication, conduct and evidence-informed decision-making in all aspects of midwifery practice across a range of cultural settings & acuity levels.

Confidently provide accurate, logical, concise and appropriate recording and reporting of client/patient data (oral & written) to the health care team.

Assessment, planning, evidence-informed intervention, rationales and evaluation) for women/patients requiring medication:

- Further develop skills in the safe administration of medicines via the oral, topical and parenteral routes
- Manage medication regimes across varying modalities
- Intravenous therapy regimes including IV antibiotics; narcotic infusions, epidurals & PCAs
- Demonstrate knowledge about the storage and use of Schedule 2, 4 and 8 medications according to facility, statutory, State and Commonwealth Law
- Discuss the pharmacology & pharmacokinetics of medications administered by the student

Discuss evidence-based collaborative management of women/patients who require the above interventions.

Recognise and assist with collaborative management of women experiencing challenges during their childbearing episode:

- Women with mental health problems
- Withdrawal syndrome and/or dependency behaviours (including working with AOD team)
- Cognitively impaired patients
- Medical/surgical complications
- Sexually transmitted infection/s
- Perinatal loss- early and late
- Birth of a baby with a congenital disorder

Perform and interpret CTG

Assist with family planning options

Provide evidence-based midwifery care for women experiencing the following complications:
- Antepartum haemorrhage/ Hypertension/preeclampsia/eclampsia/ Shoulder Dystocia’
- Breech Birth/ Postpartum Haemorrhage/Multiple pregnancy and birth/ Cord presentation and prolapse
- Cardiac disease/ Renal disease

**MID301: Women’s Health**

<table>
<thead>
<tr>
<th>Advanced-beginner. Minimal cues; direct supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under the <strong>direct supervision</strong> of a midwife or equivalent, and in collaboration with the woman and where appropriate, other health care providers, form and implement own clinical decisions.</td>
</tr>
</tbody>
</table>

Discuss evidence-informed rationales for implementing designated midwifery/women’s health care;

Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.

Contribute to the management of well women utilizing screening including breast screening/ family planning and reproductive medicine

Provide pre and post-surgical care to women undergoing gynaecological surgery

Provide care to women with medical complications – diabetes/cardiac disease/breast cancer

Administer medications as per scope of practice

**MID307: Specialist Neonatal Care**

<table>
<thead>
<tr>
<th>Advanced-beginner. Minimal cues; direct supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under the <strong>direct supervision</strong> of a midwife or equivalent, and in collaboration with the woman and where appropriate, other health care providers, form and implement own clinical decisions.</td>
</tr>
</tbody>
</table>

Discuss evidence-informed rationales for implementing designated midwifery care;

Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.

Assess and care for well preterm infants/unwell term infant/TORCH/infections/respiratory distress

- Incubator care
- Vital signs
- Monitor for hypoglycaemia
- Hygiene
- Oro/naso gastric feeding
- Supplemental oxygen
- Oral/iv medications
- Phototherapy
APPENDIX B:

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

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

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

Student attends allocated CTB

Student demonstrates competency in OSCA. Student demonstrates professional behaviour and participates and contributes to all CTB sessions

Student demonstrates 100% attendance at CTB

Successful completion of CTB

Progression to placement determined by student providing pre-requisite documents

Refer to Clinical Placement Flow Chart

Student fails to demonstrate competency in OSCA. OR Unprofessional behaviour or lack of participation and contribution to CTB sessions noted

Feedback and revision time provided

Student given opportunity to demonstrate competency OSCA OR Demonstrate professional behaviour and CTB participation

Student fails to demonstrate competency in 2nd chance OSCA OR no change in professional behaviour or CTB participation.

Meeting with Unit Coordinator and BN Program Manager to discuss CTB performance/progress

Student may be permitted to continue with 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.

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

Student does not demonstrate 100% attendance at CTB

Student successfully completes CTB pre-requisites as outlined by the Pre Clinical Coordinator and Clinical Placement Office and are enrolled in the unit.
APPENDIX C: FLOWCHART FOR PO GRADES

Policy:
The CDU Grading Policy states that after 2 admission periods the PO grade will automatically be converted to a Fail (F) grade unless the Pro Vice Chancellor approves an extension of the PO grade.

Extenuating circumstances:
Guidelines re Extenuating Circumstances for non-attendance at allocated placements.

PO Grade at 1 year:
It is the student’s responsibility to apply to withdraw from a unit when they decide to take an extended break from the course.
PO grades will not be extended for students who are not actively engaging with the placement process and may be changed to “Fail” prior to 1 year at the discretion of the Course Coordinator.

Active engaging with the placement process means green pre-clinicals, available for placement, and in regular communication with the placement office.

Placement imminent (next 4 months):
Stay on PO grade

Placement has not been arranged:
Stay on PO grade
Students may need to repeat the CTB

Student has approved extenuating circumstances (Short term duration likely):

Student has approved extenuating circumstances (Long term duration likely):

Medical condition preventing placement has been ongoing for a year:

Placement has been arranged but cancelled by the student:

Pre-Clinicals are red:
Grade will change to “Fail”. Students will need to repeat the unit

Student has indicated intent to intermit or discontinue, or student is inactive and not responding to correspondence:
APPENDIX D: 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.

APPENDIX E:
CDU Midwifery Daily Feedback Form

<table>
<thead>
<tr>
<th>Student:</th>
<th>Preceptor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Mid Unit:</td>
</tr>
</tbody>
</table>

Preceptor: Your feedback to the student is valuable to help guide their learning. Please provide some constructive comments below, specific to the student’s current Scope of Practice. Overleaf are some suggestions for areas to comment on.

Two areas I can see you are doing well in:

Student comments:
**Areas to consider commenting on (specific to the Scope of Practice for the relevant unit):**

### Time Management

### Knowledge & Critical Thinking
- MID 101, 102 – able to access hospital policies, normal observation ranges for mum & baby, understand infection control / handwashing, abbreviations, normal postnatal & baby care, introduction to breastfeeding, awareness of routine screening offered in pregnancy (pathology, ultrasound, EPDS, DV, psychosocial screening), handheld record use
- MID 204 - deeper understanding of antenatal screening & impact of findings, drug knowledge specifically indication, pharmacokinetics, dosages, side effects & contra-indications & with particular focus on anti-emetics, aperients, analgesia, vaccinations, IOL drugs, vitamin K and Anti D. Management of NNU & interpret SBR. Knowledge of pain management techniques in labour & IOL / augmentation. Understanding of potential causes of breastfeeding challenges. Identifying babies at risk through maternal collaborations. Interpretation of normal CTGs & awareness of characteristics of abnormal CTGs.
- MID 306 – Consolidation of all of the above to graduate midwife level.

### Practical Skills
- MID 303 –Identification of abnormalities in pregnancy and birth (clonus, hyper stimulation, atonic uterus, visual disturbances, post dural puncture, oedema, DRAM, mental health concerns, withdrawal symptoms, management of medical & surgical complications). IVT including antibiotic administration. Care of family with perinatal loss.
- MID 306 – consolidation of above to graduate midwife level.

### Communication & documentation
- MID 202 –Documenting all care attended (handheld record, partogram, FBC, obs chart, pathways, newborn feed chart, etc). Introduction to documenting in clinical file as required. Introduction to referral to other services.
- MID 204 - Concise handover of women between shifts and various areas eg. DS to 6A. Competent in referral process. Confidence in note writing. Building confidence in documenting in partogram.
- MID 303 – Concise documentation in all aspects of care. Confident communicating with women & staff

MID 306 – consolidation of above to level of beginning graduate midwife.
**APPENDIX F:**

**Accident, Incident and Injury Report**

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

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

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

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

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

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
<th>Phone no.</th>
</tr>
</thead>
</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>Your email address</td>
<td></td>
<td>Contact no.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff</th>
<th>Faculty / Office</th>
<th>Employee no.</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student</th>
<th>Student no.</th>
<th>Course</th>
<th>Unit no.</th>
</tr>
</thead>
</table>

- **Not a CDU employee please indicate:**
  - [ ] Contractor
  - [ ] Employed by Contractor
  - [ ] Visitor
  - [ ] Affiliated organisation

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

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

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

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Time of incident</th>
<th>am / pm</th>
</tr>
</thead>
</table>

**Location of incident**

<table>
<thead>
<tr>
<th>Description of incident (describe task being performed and list sequence of events)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: (attach further information if space is insufficient)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Staff</th>
<th>Student</th>
<th>Visitor/Contractor</th>
<th>Contact no.</th>
</tr>
</thead>
</table>
### Accident, Incident and Injury Report

**Human Resource Services**

**HRS-02-001 Version 3.00**

**Issued Aug 2014**

---

**Nature or Type**

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

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

**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

---

**Injury details**

**Nature or Type**

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

**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

---

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

---

**Medical Follow-up procedures are required for injuries involving** contaminated needles or sharps – contact Manager, WHS.

---

**Medical treatment obtained**

- [ ] Nil
- [ ] First Aid
- [ ] Doctor
- [ ] Admitted to hospital
- [ ] Other (specify): ________________________________

**First Aid provided by** ________________________________

**Outcome for injured person**

**Time lost from work?**

- [ ] No
- [ ] Yes

- [ ] Days ____________ Hours ____________ or [ ] Not yet returned to work

---

CDU Student Clinical Placement Resource Manual 2019
## Placement Students only

(Note: Copy of host organisation’s Accident, Incident and Injury Report must be attached)

<table>
<thead>
<tr>
<th>Name of CDU Unit Coordinator</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDU Unit Coordinator’s e-mail address</td>
<td></td>
</tr>
<tr>
<td>OHS representative at host organisation</td>
<td>Contact no.</td>
</tr>
<tr>
<td>Host OHS representative e-mail address</td>
<td></td>
</tr>
</tbody>
</table>

**Placement Students** forward this form along with the Accident, Incident and Injury Report from the host organisation to Unit Coordinator.

**Unit Coordinator is NOT required to complete section B**, but must forward this form and the student’s Accident, Incident and Injury Report from the host organisation to the Manager, WHS, Human Resource Services, Orange 12, Level 2.

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

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

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

## Section B Corrective action

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

**Recommended Corrective Action**

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

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

...
**Action taken to correct procedure/process to prevent incident/accident or to minimise reoccurrence**
(attach further information if space is insufficient)

<table>
<thead>
<tr>
<th>Name of Supervisor/ Lecturer (print)</th>
<th>Contact no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Supervisor/ Lecturer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where accident occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>am</th>
<th>pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Particulars of Witness**

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

<p>| Phone numbers: |</p>
<table>
<thead>
<tr>
<th>Work</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?

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

What duty was the person performing when the accident/injury occurred?

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

Were there any other person(s) present? ☐ Yes ☐ No  If “Yes” please provide details if known below:

Name ___________________________ Contact no. ___________________________

Name ___________________________ Contact no. ___________________________

In your view, given what you have seen or heard, how did the accident/injury occur? (Give full details)

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

I certify that the above particulars are true and correct.

Signature ___________________________ Name ___________________________ Date ___________________________

Signed in presence of: Name ___________________________ Date ___________________________