



**Southern Cross University  
Faculty of Health**

# **BACHELOR OF MIDWIFERY**

**Midwifery Practice Guide  
2025**

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Southern Cross University

Military Road

East Lismore NSW 2480

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# Welcome

Welcome to Midwifery Practice Experience (MPE) learning in the Bachelor of Midwifery Course at Southern Cross University.

This guide is designed to provide an overview of professional learning across the course, including the types of placement students will experience, the way practice learning is supported, assessment of professional practice and student responsibilities. It is intended to guide and support students, mentors and midwifery facilitators.

We hope your experiences with the Bachelor of Midwifery at SCU are rewarding and valuable.

Signed, your Midwifery Professional Experience (MPE) Unit Assessors (U/A):

## **FIRST YEAR MPE UNIT ASSESSOR:**

MPE1 - Lyn Ebert: [lyn.ebert@scu.edu.au](mailto:lyn.ebert@scu.edu.au)

## **SECOND YEAR MPE UNIT ASSESSORS:**

MPE 2A – Lisa Charmer: [lisa.charmer@scu.edu.au](mailto:lisa.charmer@scu.edu.au)

MPE2B - Julie Young: [Julie.young@scu.edu.au](mailto:Julie.young@scu.edu.au)

## **THIRD YEAR MPE UNIT ASSESSORS:**

MPE3A – Karin Mills: [Karin.mills@scu.edu.au](mailto:Karin.mills@scu.edu.au)

MPE 3B – Julie Young: [Julie.young@scu.edu.au](mailto:Julie.young@scu.edu.au)



# Section 1: Midwifery Practice Experience Requirements, Skills and Duration of Program

Midwifery Practice Experiences have been organised to support students to meet the Mandatory Requirements to be eligible for registration with the Nursing and Midwifery Board of Australia (NMBA) to practise as a midwife. The course that you are enrolled in has been approved by the Australian Nursing and Midwifery Accreditation Council (ANMAC), which provides a course accreditation service for the NMBA. For further information on the ANMAC Midwife Accreditation Standards 2021, please see:

[http://www.anmac.org.au/sites/default/files/documents/06920\\_anmac\\_midwife\\_std\\_2021\\_online\\_05\\_fa.pdf](http://www.anmac.org.au/sites/default/files/documents/06920_anmac_midwife_std_2021_online_05_fa.pdf)

The Bachelor of Midwifery course is also accredited through the SCU Accreditation Committee. The maximum time to complete the degree, as approved by the SCU Accreditation Committee, is 6 years. That is, the duration of your degree must be no more than  $\leq 6$  years. Please note this requirement when considering your course pathway.

## 1.1 Mandatory Requirements for Registration

Students must meet the ANMAC Mandatory requirements as part of the Bachelor of Midwifery Course (B Mid); we have integrated these requirements into the B Mid and will facilitate you to meet them. The ANMAC minimum supervised professional experience requirements are:

### Continuity of care experiences

- a. Experience in woman-centred care as part of continuity of care experiences (CoCE). The student is supported to:
  - i. establish, maintain, and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of the model of care
  - ii. provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements, supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate
  - iii. engage with a minimum of 10 women—engagement involves attending a minimum of four antenatal visits, two postnatal visits and, for most women, the labour and birth (attend a minimum of 6)
  - iv. maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

### Antenatal care

- b. Attendance at 100 antenatal episodes of care<sup>[1]</sup>. This may include women the student is following as part of their continuity of care experiences.

### Labour and birth care

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<sup>1</sup> Episodes of care may include multiple episodes of care for the same woman where her care needs have altered. Example: because of a natural progression through the antenatal or postnatal periods or due to evolving complex needs.

- c. Under the supervision of a midwife, act as the primary accoucheur for 30 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:
  - i. providing direct and active care in the first stage of labour, where possible
  - ii. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required
  - iii. Facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother's wishes or situation
  - iii. assessment and monitoring of the mother's and baby's adaptation for the first hour post-birth including, where appropriate, consultation, referral and clinical handover.
- d. Provide direct and active care to an additional 10 women throughout the first stage of labour and, where possible, during birth—regardless of mode.

### Complex care

- e. Experience in caring for 40 women with complex needs across pregnancy, labour, birth or the postnatal period <sup>[2]</sup>. This may include women the student has engaged with as part of their continuity of care experiences.

### Postnatal care

- f. Attendance at 100 postnatal episodes of care with women and, where possible, their babies. This may include women the student has engaged with as part of their continuity of care experiences.
- g. Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative<sup>[3]</sup>.
- h. Experiences in women's health and sexual health.
- i. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation. **Neonatal care**
- j. Experience in undertaking 20 **full examinations** of a newborn infant<sup>[4]</sup>.
- k. Experiences in care of the neonate with special care needs.

NB: The forms for students to record experiences and progress towards meeting these requirements are found on the Midwifery Practice Experience Blackboard site and can be downloaded as needed.

## 1.1.1 Professional Experience Plan

There are two types of Midwifery Practice Experiences:

1. MPE placements are rostered and may occur in block periods, or integrated placement, over the terms, depending on the health facility.

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<sup>2</sup> These 40 women may also include women with complex needs who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f). **Complex needs** – relates to women requiring care beyond what would be considered routine or normal by the health service. Refers to the application of care principles for a range of experiences including maternity emergencies and recognising and responding to clinical deterioration in women with complex needs. 55 This is inclusive of situations where women may be experiencing risks to social and psychological wellbeing, mental health or requiring medical or surgical care

<sup>3</sup> The Baby Friendly Health Initiative is underpinned by the 'Ten Steps to Successful Breastfeeding' and is supported by the World Health Organization as an evidence-based initiative to improve the successful establishment of breastfeeding. <sup>4</sup> This refers to a full examination of the newborn infant that may be initial or ongoing, undertaken post-birth or during postnatal episodes of care including as part of continuity of care experiences



2. Midwifery Continuity Partnerships that are episodic, and on call to include births at all hours. Continuity Supervision Meetings are a mandatory component of all MPE units throughout the course.

## 1.2 Professional Experience Placement Hours by Session, Unit and Year

To complete the Bachelor of Midwifery Course successfully students must attend specific MPE placement hours in midwifery settings. See Table 1 MPE Placement Hours

SESSION AND ACADEMIC UNITS	MATERNITY UNIT PLACEMENTS	
	HOURS	SETTING/ACTIVITY
<b>YEAR ONE (Dual Term 2)</b>		
MPE 1 (266hrs in total)	60	Birth Suite (Tri-Term 2 July to Dec))
	60	Postnatal
	80	Antenatal Care
	6	Continuity Supervision
	<b>COCE* = 3 (60 hrs)</b>	
	<b>End of First year 3 CoCE Completed</b>	
<b>YEAR TWO</b>		
<b>(Tri-Term 1: Jan to June)</b>	80	Birth Suite
MPE 2a	40	Postnatal
	40	Antenatal Care
	6	Continuity Supervision
	<b>COCE* = 2 (40 hrs)</b>	
<b>(Tri-Term 2: July to Dec)</b>	80	Birth Suite
MPE 2b	40	Postnatal
	40	Antenatal Care
	40	Special care Nursery
	6	Continuity Supervision
	<b>COCE* = 2 (40 hrs)</b>	
	<b>End of Second year minimum of 7 CoCEs completed</b>	
<b>YEAR THREE</b>		
<b>(Tri-Term 1: Jan to June)</b>	80	Birth Suite
MPE 3a	40	Postnatal Care
	40	Neonatal Care
	24	Antenatal Care
	8	Theatre
	6	Continuity Supervision
	<b>COCE* = 2 (40hrs)</b>	
<b>(Dual Term 3: July to Oct)</b>	16	Birth Suite
MPE 3b	30	Community Health Services
	120	P4P (individual placement and hours are subject to student's and clinical placement venue needs.)
	6	Continuity Supervision
	<b>COCE* = 1 (20hrs)</b>	
	<b>End of Third year 10 CoCEs completed</b>	
<b>Total CoCEs across Bachelor of Midwifery program = 10 Minimum Placement hours = 1148 Minimum</b>		
<b>Note: If student is in a facility for a whole year / degree and an integrated placement model is in effect. Placement hours may vary across the year. However minimum requirements must be met upon completion of each year.</b>		

Table 1 MPE placement hours

## 1.3 Continuity of Care Experiences

Students will complete a minimum of 10 Continuity of Care Experiences (CoCEs) with women across the course; A minimum of 3 CoCE commenced and completed where possible in first year, minimum 4 completed CoCEs in second year and a minimum of 3 CoCEs to be commenced and completed in the third year, with a minimum of 10 CoCE relationships completed by the end of the final year of the student's degree. Submission of completion as per MPE unit requirements.

In order to be able to record a CoCE students will engage in the following practice experience under supervision:

- a minimum of 4 antenatal care experiences with each woman
- labour and birth care with most continuity partners across the course. This may include attendance at caesarean section births (minimum of 6 to be attended)
- a minimum of 2 postnatal care experiences with each woman
- engage in approximately 20 hours of midwifery care with each woman (i.e. 200 hours of clinical experience over the duration of the course)
- if possible, 1 CoCE out of the 10 would be a First Nation's woman or a woman from a culturally and linguistically diverse background
- for WH&S reasons students are not to attend the clinical placement setting for longer than 12 consecutive hours in a 24-hour period. Please refer to Section 2.6.3 of this Guide.

Students are prepared for, and supported in, their continuity experiences with women through alignment across the terms, in the theory component of the program. The Curriculum is underpinned by an educational philosophy – Constructivist Learning, and the Midwifery philosophy – woman centred care. Students are supported by the Work Integrated Learning Academic Coordinator (WILAC) and the midwifery facilitator. In addition, group-based midwifery Continuity Supervision will be conducted across the terms whilst students are engaged in CoCEs.

## 1.4 Continuity Supervision

Students are supervised in their Midwifery Continuity of Care Experiences with women via group based Continuity Supervision sessions. These sessions are convened by the local Midwifery Facilitator or an experienced Registered Midwife and have been designed to assist students to reflect on their continuity relationships.

Reflective practice as a student provides the opportunity to develop midwifery practice for working with women and babies and critical thinking skills. Graduates will emerge with the knowledge and skill of becoming reflective midwifery practitioners. Participating in the group meeting, the “why, when and how” is considered around students care experiences in a safe and confidential environment with their student peers and an experienced midwife.

Group Continuity Supervision sessions are scheduled to occur during the terms that students are enrolled in an MPE unit, and therefore engaged in CoCE relationships. Continuity Supervision meetings are aligned with the MPE units of study. Each group will comprise a mix of first, second- and third-year midwifery students to promote peer support and mentoring.

## 1.5 Locations for Professional Experience

Students are located fully or primarily within one of the communities listed below, for at least one MPE placement allocation, depending on facility capacity. Students usually remain at the one facility for the whole MPE unit teaching period and preferably for the whole academic year. Any variation in placement sites, is dependent on the facility's ability to accommodate students. Students will also have continuity of care experience, solely or primarily within the communities listed below. Students should be aware they may be required to travel for MPE placement experiences during the Bachelor of Midwifery course and that MPE placements, and or COCE opportunities, close to their residence is not always possible.

Placement facilities can vary, and new opportunities may arise. The following are the current facilities:

- 1) Tweed, Murwillumbah, and Byron group within the Tweed-Byron communities (This includes the Midwifery Group practices for Continuity only)
- 2) Lismore within the Richmond-Clarence communities
- 3) Coffs Harbour and Grafton group within the Coffs Coast communities
- 4) Port Macquarie and Kempsey group within the Hasting-Macleay Communities
- 5) Dubbo, Tamworth, and Mudgee (Central NSW)
- 6) Brisbane, Rockhampton, and Harvey Bay.

Midwives within the Health Service mentor and teach students in the practice setting. The University endeavours as far as possible to allocate students to their local hospitals within the limits of each hospital's capacity to be able to effectively support students in their learning.

### 1.5.1 Allocating Students to Hospitals and Communities

All information regarding placement is available from the Work Integrated Learning Unit

#### First Year Students

Early in Term 2 students attend an information session with the Work Integrated Learning Academic Coordinator (WILAC) and/or their MPE 1 unit assessor. This session informs students of their MPE placement and documentation requirements. If a student believes they have extenuating circumstances that, have arisen since enrolling in the unit and, will impact attendance at their allocated placement, they are invited to apply for a Variance of Attendance (AVA).

**Please note** that submission of an AVA does not guarantee approval of the AVA or re-allocation of placement. Withdrawal from an MPE unit due to placement dissatisfaction does not guarantee a preference for a favoured placement site when re-enrolling in the unit in the following year.

#### Second and Third Year Students

At the beginning of second and third year, students again attend an information session with their MPE unit assessor to inform students of their MPE placement and documentation requirements. Students are notified of placement allocation at the beginning of summer term at commencement of the MPE A unit in each year.

Students are to undertake Midwifery Continuity of Care Experiences with their allocated facility for Continuity. Refer to point 1.7 for further details on professional experience with a Privately Practising Midwife planned home birth.

## 1.5.2 Allocation to Continuity Supervision Groups

Students are allocated to a group based on their place of residence. Students are ideally allocated to the same group for the entire course; however, this is not always possible. From time-to-time students will be reallocated to a different group at the discretion of the Midwifery WILAC and/or Course Coordinator. Continuity Supervision Group allocation will be allocated in SONIA at the beginning of the first MPE unit each calendar year (MPE1, MPE2A, MPE 3A).

## 1.6 Recruiting Pregnant Women for Continuity of Care Experiences

Women for continuity of care experiences will be recruited primarily through the antenatal clinics and midwifery group practice models in our associated maternity facilities. If the woman is willing to have a student involved in her maternity care, the student (who is rostered to the clinic) is invited to obtain the woman's contact details (email and phone number). These details are entered in SONIA to commence a COCE partnership. The woman receives information (via an auto-generated email from SONIA) about the Continuity of Care Experience program and can choose to consent to be part of the program. Students are to link only with women birthing at the student's Continuity rostered placement. Women who choose to participate will sign a consent form (in the through a link in SONIA). Students are then notified they can commence their COCE with the woman and create a COCE timesheet in SONIA.

**Professional boundaries:** Students are advised not to link with friends or relatives or those with whom they have a pre-existing non-professional relationship in order to maintain professional boundaries. Please refer to the NMBA Code of Conduct for midwives, principle 4 Professional behaviour. Available at:

<https://www.nursingmidwiferyboard.gov.au/codes-guidelinesstatements/professional-standards.aspx>

Students are required to have knowledge of, and abide by, the Nursing and Midwifery Board of Australia NMBA – Code of Conduct for Midwives. Students need to be aware there are legal obligations regarding advertising. A student is not able to advertise or recruit for continuity partnerships through social media or any other platform.

Please see the links:

**NMBA – Code of conduct for midwives** <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professionalstandards.aspx>

**NMBA – Social media Guide** <https://www.nursingmidwiferyboard.gov.au/News/201911-11-Social-media-guide.aspx>

Further details about documentation and recording of continuity of care experiences is detailed in 3.7.1

## 1.7 Placement with Privately Practicing Midwives

### Antenatal and/or Postnatal Care:

Students may attend supervised placement with a Privately Practicing Midwife (PPM) and continuity of care experiences for antenatal and or postnatal visits.

### Labour and birth at home:

Homebirth is defined as a planned event where the woman chooses to labour and have a vaginal birth at home. The care is provided by a registered practitioner, usually a Privately Practicing Midwife (PPM). **Students must consult with their U/A** to determine if the PPM has a contract with SCU permitting home birth attendance and participation in care. **Unless specific consent is given, students are not to participate in any direct labour or birth care at a home birth** with women who are under the care of a privately practicing midwife.

Freebirth, often called unassisted homebirth, is the process of giving birth to a baby away from a hospital, usually at home, and without the presence of any medical staff or Registered Health professional. **Students are not to attend a Freebirth.**

## 1.8 Information for Students with Disability or Medical Conditions

In some cases, students with a disability (or students who care for a person with a disability) or medical condition may require additional assistance or reasonable adjustment to allow them to participate in the professional experience requirements of this course in the same manner as students without disability. If you believe that you have a disability or medical condition (including mental health conditions) which may impact on your professional experience, you are encouraged to discuss this with Student Equity and Inclusion. Student Equity & Inclusion is a free and confidential service which supports the rights of students with disability to engage in their studies on the same basis as students without disability. Please see the link:

<https://www.scu.edu.au/current-students/servicesand-support/student-equity--inclusion/>

It should be noted that students must be able to engage in and complete the full scope of their MPE requirements and therefore, should also refer to the Inherent requirements of the midwifery course. See the link:

<https://www.scu.edu.au/engage/student-equity-and-inclusion/inclusion-services/inherent-requirements/midwifery/>

## Section 2: Student Responsibilities

Midwifery students are expected to always conduct themselves in a professional manner whilst on professional experience placement. Students must adhere to the following guidelines:

- Respect staff, women, and their families.
- Be punctual for all professional experience.
- Remain at their professional experience placement for the full shift.
- Complete all the allocated hours, and be sure to contact the Midwifery WILAC, Facilitator or MPE unit assessor if you have concerns. Do not terminate your placement without approval from The Midwifery WILAC or MPE unit assessor.
- Notify the mentor or facilitator prior to leaving at the end of the shift, or if you will be absent at any time during the shift.
- Be familiar with and abide by the policies and procedures of the health care facility or agency in which you are located, specifically those relating to Work Health and Safety.
- Discuss the implementation of any individual support requirements as appropriate with your facilitator and mentor.
- Be aware of specific learning outcomes for competency and always refer to the Scope of Practice poster.
- Come to each shift prepared with a minimum of three (3) learning objectives and communicate these to your mentor on arrival.
- Work with the mentor you have been allocated for the entire shift (i.e. you may not change mentors unless directed by your facilitator or the midwife in charge of the shift).
- Be proactive in identifying learning opportunities relevant to the learning outcomes of the placement.
- Always maintain appropriate dress and behaviour (including breaks) when on professional experience placement.
- Complete and retain your documentation for placement attendance, appraisal and the additional ANMAC and SCU MPE requirements.

### 2.1 Confidentiality

Respect any information in relation to women's confidentiality, women's families, significant others, or any other staff member. Such information must be considered confidential. Discussion of these matters must not occur outside of a formal area. Such discussions occurring in the tea or dining room, or in any public arena, are considered inappropriate and unacceptable. Compliance with this professional standard is mandatory. Please refer to the NMBA's Code of conduct for midwives:

<https://www.nursingmidwiferyboard.gov.au/codesguidelines-statements/professional-standards.aspx>

#### 2.1.1 Professional Boundaries

Students need to be aware of their ethical and regulatory responsibilities when in professional practice.

To maintain professional boundaries, students must recognise the inherent power imbalance that exists between midwives/students, women in their care and significant others to establish and maintain professional boundaries. Also avoid the potential conflicts, risks, and complexities of providing care to those with whom they have a pre-existing non-professional relationship and ensure that such relationships do not impair their judgement. Students are to avoid any professional experience activity with any relative or person they have an

intimate relationship with. This includes all professional rostered placement hours and Continuity of Care Experiences.

Students are required to have knowledge of, and abide by, the Nursing and Midwifery Board of Australia's Code of conduct for midwives:

<https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx>

### **2.1.2 Social Media and Personal Mobiles/Devices**

Students are cautioned to avoid any reference to professional practice experiences in social media forums such as Facebook, Twitter, and Tumblr. Students who talk about a health service, a woman or any staff member via social media will be dealt with under the 'Poor Performance/Misconduct Pathway'. Students need to be aware of their ethical and regulatory responsibilities when they are interacting online, just as when they interact in person. This includes an understanding of their responsibilities and obligations when using and communicating on social media.

Students are required to have knowledge of, and abide by, the Nursing and Midwifery Board of Australia – Social media Guide <https://www.nursingmidwiferyboard.gov.au/News/2019-11-11Social-media-guide.aspx> Furthermore, personal mobiles and devices are not to be used during professional experience unless on a break.

## **2.2 Student's Role in Documentation**

Students are permitted to document on clinical medical records under supervision of a Registered Midwife. It is an expectation that if students are documenting assessments, that relevant information is communicated to the Registered Midwife.

Students are permitted to write reports but must have them countersigned by the clinical teacher/registered midwife/mentor. Compliance with the Health Service policy is mandatory.

Health care facilities are increasingly utilising electronic medical records (EMR) to record women's information. Students should not record information on a woman's EMR unless they have received education about this. Each student should have their own log in details.

## **2.3 Procedure for Students Unable to Attend Placement**

### **2.3.1 Midwifery Professional Experience Placement and Continuity Supervision Meetings**

Students must account for all hours of attendance at Midwifery Practice Experience (MPE) placements including attendance at Continuity Supervision meetings. Students are to upload evidence of meeting their MPE requirements to SONIA.

### **2.3.2 Absence from, or Requested Variation of Midwifery Practice Experience Placement**

When students are absent during an MPE placement, they are responsible for doing the following:

- You should let your supervisor know that you are unable to attend as soon as possible, follow any other absence procedures that your site requires and submit a Work Integrated



Learning Attendance Variation Application in [Sonia](#) > *Forms tab*. This request will be considered, and the response will be given to the student and, if approved, the Facilitator.

Depending upon the circumstances of the Midwifery Attendance Variation only 2 days will be allowed to be made up in any block of placement. If sufficient placement days are missed, that are unable to be 'made up' due to additional costs and the effects on placement availability for other students, withdraw from the MPE unit or an unsatisfactory (NSR) grade may result. Students may subsequently re-enrol in the unit at the next available time.

Requesting to Vary MPE placement (hours or site) may occur three ways only:

1. **Students request a change of placement site.** This process requires an Attendance Variation Application (AVA) to be submitted - no exceptions (see: <https://www.scu.edu.au/health/health-placements/>) with documented evidence of reason for AVA. Note evidence must meet AVA criteria.
2. **The Unit Assessor (in collaboration with site facilitator) requests** additional hours (in the same placement site) or a change of location, **due to low MPE numbers / episodes of care.** This process is actioned by the U/A and the Work Integrated Learning (WIL) unit. The student is then informed of the change to hours or placement site to support their attainment of MPE numbers. The WIL unit will negotiate additional hours or a change of placement (not the student). The facility is informed by the WIL unit.
3. **The Placement Facilitator** (in consultation with the U/A and midwifery WILAC) has determined additional hours may be required because of an unsatisfactory AMSAT and documented Clinical Development Plan (CDP). The student and the WIL unit are notified regarding the number of hours and revised placement timeline.

### 2.3.3 Absence from Continuity Supervision Group Meetings

To achieve a Pass Grade in the relevant MPE Unit students must attend the required number of hours in Continuity Supervision. Students are required to attend all meetings. If more than one (1) of the Continuity Supervision meetings are missed during the MPE unit students will either withdraw from the unit or be graded unsatisfactory. Students may subsequently re-enrol in the unit at the next available time.

When you are absent during a Continuity Supervision meeting, you are responsible for doing the following:

- You should let your supervisor know that you are unable to attend as soon as possible, follow any other absence procedures that your site requires and submit a Work Integrated Learning Attendance Variation Application in [Sonia](#) > *Forms tab*.

## 2.4 Attendance at Continuity of Care Experience (CoCE) during Block Teaching Sessions

Students should be aware that all teaching sessions at university are designed to support their learning and scope of practice. Please be aware that Practice Assessments at University, including lab attendance, OSCA's and other assessments i.e. exams, require compulsory attendance in order to pass the relevant unit of study. Please access the Unit Information Guide (UIG) in the Units you are enrolled, to determine the mandatory attendance for your study pathway.

## 2.5 Students Undertaking Paid Employment

The Faculty cannot guarantee that students will be given a MPE placement in a location that will allow them to continue in paid employment during their placement. Each facility site has a set number of placement offerings, and some sites are in heavy demand from students.

There can be times in which students may need to prioritise the course requirements. Students are required to be available at various times, some of these will be at short notice, to engage in professional practice learning. Students are NOT permitted to undertake a midwifery professional experience (MPE) placement shift, including attending CoCE appointments and births, directly prior to, or following, a shift of paid employment where total time would equate to more than 12 hours of work/MPE.

To ensure your safety in practice students should not attend professional experience placement (or a combination of paid employment and MPE) for longer than 12 consecutive hours in any 24-hour period, and an 8-hour break between episodes of professional experience / paid employment is recommended (see section 2.6.3)

The Faculty recommends that students arrange leave from paid employment during MPE placement. Students are reminded that attendance at professional experience placement is compulsory, and failure to attend will result in a Fail grade in the relevant MPE unit and may hinder progression in the course.

## 2.6 Risk Management and Safety

Students have the right to be treated with respect and not to be placed at any undue risk during professional experience. While every care is taken in placing students, it is a possibility that an incident can occur relating to your safety. The following strategies are suggested to minimise this potential risk:

- Provide contact details: Please ensure your emergency contact details are up to date in the MySCU site.
- Be aware of the Health Service agency: **You should ensure that you are properly orientated to the Health Service agency including site-specific emergency and evacuation procedures.**
- Minimise risk: You should consider the following potential risks:
  - Any procedure that places a person at risk
  - Managing difficult clients and/or family members
  - Leaving and returning to car parks
  - Leaving and returning to accommodation after hours or when rostered late.
- Risk management may involve (though not limited to):
  - Avoid being alone with potentially aggressive clients/family members
  - Using security services where available.
- Act to minimise psychological stress. If you feel vulnerable because of a personal issue, student counsellors are available on campus, located in the Student Support Centre, free of charge. If you are unable to attend a professional experience due to this distress, you must advise your Midwifery Facilitator, Midwifery WILAC or unit assessor who will inform the Course Coordinator as indicated.

### 2.6.1 Student Injuries or Accidents

Any student who sustains an injury, or is involved in an accident or incident whilst on a placement must:

- Immediately notify their mentor, Midwifery Facilitator, and unit assessor
- Follow the placement agency's incident/injury procedure.
- Complete the placement agency's incident/injury report and submit to the person in charge – students must provide a copy of this report to the WIL unit
- Complete a university incident/injury report form and submit to the WIL unit

### Needle Stick Injuries or Contamination Spill

Any student who sustains a needle stick injury or splashed with contaminated fluid must:

- Notify the mentor or Midwifery Facilitator.
- Immediately wash the area well with a mild soap and water to remove and material. If water is not immediately available, in the case of a needle stick injury use antiseptic. This must be done even if there is no break in skin integrity.
- Do not squeeze or rub the injury site.
- If eyes are contaminated, rinse open eyes with water or normal saline for at least 30 seconds.
- If contaminant gets into the mouth spit it out and rinse several times with water.
- Notify the clinical teacher and follow the incident/injury procedure.
- In the case of needle stick injuries students will be advised to attend the health facility's Staff Health or Accident and Emergency Department or their own General Practitioner. In the latter case, students will be responsible for any financial cost for visits, blood tests etc.

For further clarification please refer to the Australian Government Department of Health.

*Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses.* Available from:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>

### Work Health and Safety (WH&S)

Students must refer to health care facility policy and be familiar with the contents. Students are advised to be familiar with any Work Health and Safety handouts they receive during orientation.

Compliance with the facility's policy is mandatory. For NSW Health, please refer to:

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018\\_013.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_013.pdf)

For QLD Health: [https://www.health.qld.gov.au/data/assets/pdf\\_file/0034/395764/qh-pol-401.pdf](https://www.health.qld.gov.au/data/assets/pdf_file/0034/395764/qh-pol-401.pdf)

### 2.6.2 Safe Patient Handling

- Students must refer to the Safe Patient Handling resource kit in each health care facility.
- Students are advised to be aware of the hospital's 'minimal lifting' policy.
- Students are advised to be aware of and receive education on any lifting apparatus prior to use.
- Students need to complete the online mandatory training as per facility policy.

### 2.6.3 Hours of Work

To ensure your safety in practice students should not attend professional experience placement for longer than 12 consecutive hours in any 24-hour period, and an 8-hour break between

episodes of professional experience (includes both rostered and Continuity) is required to promote safety in practice. However, in any circumstance, the student, the midwife and the midwifery manager can decide that the student should be relieved after a period less than 12 hours.

#### 2.6.4 Indemnity against Injury Related to MPE Placement

In general, students are not insured by the University against death or bodily injury occurring during their enrolment with the university. During MPE placement, students are indemnified under the university's public liability insurance policy for any damages they may cause to the health institution's property or for any injury they may cause to the institution's staff or clients caused by a student's act, error, or omission. However, if the student was to act, or make an error or omission in a manner not reasonably expected as part of the placement, the University reserves the right not to indemnify the student.

The university enters agreements with a health agency that indemnify the university and its staff and students against damage, or any injury caused because of the institution's act, error, or omission in connection with the professional experience.

The university carries a liability insurance policy protecting it against claims that may be brought against students on professional practice placements. However, if a student has been negligent, which includes tiredness, the university insurance policy does not protect the student from either the hospital and/ or the patient/client taking specific legal action against that student.

The university and the Student Association provide personal accident insurance cover to students on course approved work experience including professional experiences. This cover provides payment to students in the event of a personal disability and for medical and dental expenses incurred whilst undertaking a professional experience. The university does not insure personal property of students whilst on professional experience and therefore students take their property on professional experience placements at their own risk.

## 2.7 Travel and Accommodation

Undertaking this degree requires you to be available and on-call for the births of your Continuity of Care Experience (CoCE) women. Placement allocation for your Midwifery Professional Experience (MPE) may happen outside public transport routes and occur any time over 7 days of the week. Furthermore, placement shifts may be rostered anytime over a 24 hour period. Therefore, **a reliable form of private transport is essential** to meet the requirements for attending rotating placement shifts and CoCE interactions.

Students are responsible for their own transport and should be always aware of safe driving practices. **Students must make their own transport arrangements.** Students choosing to use their personal vehicles are required to make themselves aware of the parking regulations of the Health Care Facility they are attending and must always respect these regulations.

Students should not drive long distances daily to attend professional experiences, as this is likely to give rise to fatigue. Accommodation is generally available at the location where professional experience is to be undertaken. In planning a selection of professional experience locations, students should take the following into consideration:

- how long the overall day will be, including driving time and duty hours
- the time of day at which the journey is to be taken, especially if it interrupts normal sleep patterns (such as commencing duty at 7am or completing duty after 10pm)

- the avoidance of any unusual accident risks during the journey (frost, flood, fog)
- allowing for time to rest prior to participating in (sometimes quite demanding) compulsory professional experience immediately after the journey
- the possibility of more than one driver travelling in the vehicle to share the driving.

## 2.8 Infection Control

Students should refer to the infection prevention and control policy of the individual Health Service agency with which they are engaged in practice learning.

Compliance with the Health Service facility's policy is mandatory. Please refer to the relevant Health Service Website for further details.

Students should practise universal precautions, use of personal protective equipment (PPE) and utilise aseptic technique where required and appropriate. Correct hand-washing techniques should always be maintained.

If unsure, students should always seek guidance from a Midwifery Facilitator and/or Registered Midwife.

## 2.9 Home Visits and/or Working on Remote Locations

Where students attend home and community visits, they must follow facility specific guidelines and practices, which may include transportation protocols and emergency procedures.

The Midwifery Facilitator is to discuss with the student the safety and security issues relating to a home and/ or community visit prior to commencing placement.

**Students must NOT attend home and community visits alone.** Students must wait for the midwife or Child and Family Health Nurse to arrive before proceeding inside the home.

Students will report to the Midwifery Facilitator details of any identified risks and/or risk mitigation actions taken.

## 2.10 Student Presentation and Appearance

Students are expected to always dress appropriately and respectfully during any professional practice placement as a Bachelor of Midwifery student. Students are reminded that their performance is assessed in relation to their professional presentation and appearance for all MPE units.

A student who is inappropriately dressed during placement will be asked to leave the setting and will be required to make up any time missed. Students whose personal appearance is found to be unacceptable or inappropriate on more than one occasion will receive an Unsatisfactory on their Practice Requirements.

Please see the Midwifery Clinical Experience site for documentation on the appropriate dress code. Students are to consume food only during designated breaks.

## Section 3: Model of Clinical Teaching

In consultation with our health service partners we have developed a model of clinical teaching, learning and assessment that is described in detail below. Essentially, the University funds the maternity units to provide supervision and assessment of students in professional practice learning.

### 3.1 Background

The Professional Experience Education model has been discussed and agreed upon with the relevant maternity unit managers and directors of nursing and midwifery.

### 3.2 Aims of the Partnership Model

- To allocate students to a particular hospital or hospital group for a year at a time
- For the maternity units of the hospital/hospitals to provide clinical teaching, support, and supervision for the student
- To pay the maternity units of the hospital/hospitals for this service.

### 3.3 University and Health Service Roles

#### 3.3.1 Course Coordinator

This person is responsible for all aspects of the course. All lecturers and the Midwifery WILAC consult with the Course Coordinator on student and course matters.

#### 3.3.2 Midwifery Work Integrated Learning Academic Coordinator (WILAC)

This person functions as part of the midwifery academic team and has prime responsibility for overseeing and managing the professional practice learning and assessment of Bachelor of Midwifery Students. Specific responsibilities of the Work Integrated Learning Academic Coordinator (WILAC) include:

- Being the first contact person of students, midwifery facilitators, midwifery mentors, the unit assessor and women about any aspect of student professional practice learning
- Chairing partnership meetings of Midwifery Facilitators/Health Service as needed
- Liaising with the local Midwifery Facilitators within the health networks on a regular basis
- Conducting training and development programs for the local Midwifery Facilitators
- Engaging in teaching, research and/or quality assurance

#### 3.3.3 Local Midwifery Facilitators

One or more members of the health service staff perform these functions as required.

The University funds the local health service based on the number of students and their year level in the program. The midwifery facilitators will:

- Be the contact person/s for staff, students and the University for all matters concerning the students' professional practice experience and performance
- Roster students to specific hours and settings in the maternity unit (using Placement Allocation Workbook)

- Organise the students' links with appropriate midwifery mentor staff
- Prepare staff for student placement: including information about the students' scope of practice, learning objectives and assessment. This may include facilitating an in-service to midwifery mentors and other staff prior to a teaching session
- Conduct monthly sessions of group Midwifery Continuity Supervision for local students to oversee and support them in their continuity of care experiences
- Oversee the students' clinical skills assessments, most of which will be done by their mentors (e.g. administration of medications, palpations, baby checks)
- Perform and/or oversee the students' midwifery placement performance via AMSAT Tool and Continuity Supervision Reports
- Provide feedback and competency assessment tools to the University about the students' conduct and progress in their continuity experiences.

### 3.3.4 Midwifery Mentor / Preceptor

The Midwifery Facilitator is responsible for rostering each student to work alongside a midwifery mentor/ preceptor. The student is involved in care of the woman/women allocated to the midwifery mentor in her role as registered midwife on a rostered shift on the ward, or as part of her caseload in a continuity of midwifery care model. The Midwifery Facilitator is responsible for ensuring that the mentor is orientated to the students' level and scope of practice, specific learning objectives and assessment requirements. The mentor is expected to:

- Oversee the student's professional practice and provision of midwifery care for the woman/ women including care provided by the student during rostered placement and in continuity of care experiences
- Provide direction and guidance to the student in identifying personal learning goals and in developing competence in midwifery practice: skills, attitude, and behaviour
- Work with the student and Midwifery Facilitator to evaluate and document student performance using the AMSAT Tool
- Where a student is assessed as 'unsatisfactory or needs development', the mentor will work with the designated Midwifery Facilitator to write a 'Clinical Development Plan (CDP)' to be sent to the WILAC.
- Assess students' achievement towards NMBA Midwife Standards for Practice and Clinical Skills and Holistic Care requirements.

## 3.4 Practice Experience Placement Calendar

Students may engage in professional experiences through the academic year. Placement may occur across terms - Summer, 1, 2, 3, 4 and 5, dependent on the student's needs and facility capacity. Students must be enrolled in an MPE unit which aligns to their MPE placement for legal and insurance purposes. Students may be graded as 'incomplete' in any given MPE unit, until the required placement hours and experiences are complete. Students are not, however, permitted to progress from a first year MPE unit to a second year MPE unit (or second year MPE unit to third year MPE unit) if all their current MPE requirements have not been met. This ensures all students can provide safe and quality care by working within their scope of practice, which is underpinned by concurrent enrolment in aligning theoretical units of study.

A copy of the Midwifery Professional Experience Placement Calendar is available on the Midwifery Clinical Experience Blackboard site.

## 3.5 Attendance at MPE Placement

### 3.5.1 Rostering and Communicating with Students

The process for managing the students' rosters occurs at the facility level. Students are invited to contact the facilitator to make specific roster requests if they wish. The facilitators roster the students and send a copy of the roster to each of their students. At the completion of each student's placement experiences, the student is required to submit evidence of the specific MPE unit requirements to SONIA. Both the WIL unit staff and Unit Assessor have access to SONIA to view evidence and validate uploaded entries. Upon validation of evidence the U/A will sign off evidence as submitted and complete. All hard copy forms (requiring signatures from health care professionals / midwives) are located in the [Midwifery Clinical Experience site](#).

### 3.5.2 Orientation on the First Day

Students are to attend an orientation session at their allocated facility. The session can take up to 5-6 hours to cover all the mandatory requirements of the facility and health service. Each student will be notified via an email from the Midwifery Facilitator about starting times, location and contact person. The student cannot attend rostered placement or Continuity of Care experiences until orientation has been attended. Orientation may occur on the first day of placement for some facilities.

## 3.6 Student Record of Placement Hours

Attendance at professional experience is compulsory to meet the requirements of each midwifery practice experience (MPE) unit. Students must attend all the placement hours required for each unit of study. In addition, students are required to attend placement to achieve experiences towards the ANMAC minimum practice requirements.

Students are responsible for maintaining and recording their attendance while on placement on the relevant MPE forms. Students must ensure that the midwifery mentor records his/her name, designation, and signature at the conclusion of each practice experience.

Students will also record additional details about individual MPE experiences, on the relevant document in support of achieving their ANMAC Essential Minimum Requirements for each MPE unit. Each experience must be signed by the registered midwifery mentor or midwifery facilitator as evidence of achievement of the experience.

## 3.7 Recording Continuity of Care Experiences CoCE

### 3.7.1 Continuity Database and Administration

The Work Integrated Learning (WIL) unit maintains an electronic database for storage and access of data related to each continuity experiences with a woman, care provider and facility. The database is secured with a password which is available only to the Midwifery WILAC and the administrator within the WIL unit.

Students are to submit the information into SONIA Continuity. To notify the University that s/he is commencing a Continuity Experiences, students enter preliminary data into SONIA. This information must be submitted by the student within 5 days of meeting the CoCE woman. This data includes the woman's contact details. An autogenerated CoCE information sheet and consent form is sent to the woman's email. In the information sheet, the woman is given details about whom she may contact at



the University if she has any questions or concerns. When the woman clicks on the consent button the WIL unit administrator notifies the student that consent is in place and the student may commence the CoCE relationship.

**Students are not to attend any appointments until consent is provided by the woman and the student is notified by the WIL unit, via their university email.**

**Note: Retrospective consent to commence a COCE relationship is not permitted.**

Throughout the continuity experience, the student records antenatal, intrapartum, and postpartum contact hours on the timesheet form. These hours are to be signed by the midwife or health care provider. An individual form is required for each CoCE relationship, and these are to be submitted upon completion of the CoCE. In addition to the CoCE hours, antenatal, intrapartum, and postpartum episodes of care forms may be completed when care is provided. These episodes of care are to support you in achieving the student's MPE unit required numbers whilst on MPE rostered hour placement.

On completion of the Continuity of Care Experience students are to follow the instructions on SONIA to conclude the CoCE.

This information must be submitted by the student within 5 days of completing the CoCE and or within the six weeks of the postnatal period. Students who fail to submit the continuity data form for a completed partnership within 5 business days may receive a fail grade in the relevant MPE unit. The administrator checks each form, contacts the student if there are any discrepancies, then enters relevant updates into the database.

For Students using the SONIA database. Please refer to SONIA for instructions.

Please note the underpinning principle of the COCE is to form a relationship with a woman. The experience is not just about ticking off the ANMAC minimum requirements of:

- Four (4) antenatal care experiences with each woman
- Attending most of the labour and birth experiences with the woman (minimum of 6 to be attended)
- Two (2) postnatal care experiences with each woman
- Engaging in approximately 20 hours of midwifery care with each woman

Therefore, to **ensure you form a relationship, and support the woman throughout her journey to parenthood**, you should **commence the relationship, where possible, before 30 weeks gestation.**

**Commencing a COCE relationship after 30-weeks gestation will require approval from your unit assessor. Furthermore, no more than 4 CoCE relationships can be commenced after 30 weeks gestation.**

## Section 4: Clinical Skills and Assessment

A variety of assessment contexts are embedded in the course, including:

- Theoretical assessments conducted at the university including online quizzes, numeracy exams, exams, essays, worksheets, group work, oral presentations, and reflective writing
- Objective Structured Clinical Assessments (OSCA) and VIVAs conducted in a simulated environment at the university.
- Clinical Skills Assessments Tests (CSATs) that are conducted in the clinical setting whilst on Midwifery Practice Experience placement.
- Evaluation of the student in his/her continuity experiences by two main methods:
  - 1) Evaluation by the women
  - 2) Regular evaluation by the student's group Midwifery Continuity Supervisor.

All forms of practice assessment and evaluation are discussed in more detail below.

### 4.1 Midwifery Practice Objectives

Practice learning is scaffolded progressively over the three years of the course. Each professional experience placement is part of one of the MPE units in which the student is enrolled. The combined list of clinical skills that students need to achieve is set out below. Students are to work within the scope of practice aligned with their stage of study.

#### 4.1.1 Year 1, Dual Term 2 Practice Objectives

On completion of Year 1 laboratories, students will be able to:

- Provide evidence of attendance at part of all of a childbirth education course
- Demonstrate basic numeracy skills
- Demonstrate safe hand washing technique and universal precautions
- Demonstrate safe moving techniques (no machines)
- Demonstrate a beginning understanding of history taking
- Demonstrate and practise basic health assessment: TPR, BP, BSL, Urinalysis
- Demonstrate and practise beginning level of abdominal palpations
- Utilise IT in the Health Service including Ematernity and EMR
- Demonstrate and practise documentation of care and clinical handover
- Demonstrate and practise APGAR scoring
- Demonstrate and practise assessment of onset and normal progress in labour
- Demonstrate basic emergency skills – neonatal resuscitation
- Demonstrate and practise interpretation of routine diagnostics and screening tests in midwifery practice
- Demonstrate skills and knowledge to enable safe holistic practice in midwifery care in antenatal and labour care including 3rd and 4th stage of labour.

## 4.1.2 Year 2 Practice Objectives

On completion of year 2 clinical laboratories, students will be able to:

- Demonstrate basic numeracy skills in preparation for medication administration
- Demonstrate and practise assessment of onset of active labour
- Demonstrate and recognise complex disorders in childbearing
- Demonstrate and practise safe peri operative, intra operative and post-operative care of childbearing women
- Actively support women to breastfeed
- Demonstrate and practise safe preparation and storage of formula
- Demonstrate basic wound care using an aseptic technique
- Demonstrate basic maternal and neonatal resuscitation
- Demonstrate and practise safe removal of sutures and staples
- Demonstrate and practise insertion and removal of and the care of indwelling catheters
- Demonstrate and practise gowning and gloving
- Actively participate in receiving an infant at a caesarean
- Actively support women to breastfeed (hands off)
- Demonstrate and practise post-surgical hygiene management of woman
- Conduct maternal postpartum physical assessment
- Conduct a complete head to toe newborn physical assessment
- Conduct a newborn blood spot screen test
- Demonstrate and assist with epidural insertion and practice safe epidural management
- Demonstrate and practise Oral and Parenteral medication administration (Adult and Neonate)
- Demonstrate Mastery in Medication & IV Calculations for medication administration (Adult and Neonate)
- Demonstrate and practise intravenous fluid administration
- Demonstrate and practise management of Infusion pumps
- Demonstrate and practise examination of the newborn
- Demonstrate the knowledge and skills in understanding and managing newborn temperature regulation and newborn blood sugar regulation
- Demonstrate the knowledge and skills in understanding and managing maternity emergencies
- Completion of relevant K2 Package
- Demonstrate and practise basic CTG interpretation and care documentation – Antenatal and Intrapartum

### 4.1.3 Year 3 Practice Objectives

On completion of Year 3 clinical laboratories, students will be able to:

- Demonstrate and practise advanced electronic fetal heart rate monitoring interpretation and care documentation – Antenatal and Intrapartum
- Demonstrate basic perineal repair practices
- Demonstrate and manage a neonate receiving O<sub>2</sub> therapies
- Demonstrate and manage a neonate in a humidicrib
- Demonstrate and manage a neonate in phototherapy
- Demonstrate and practise Intravenous cannulation and venepuncture
- Actively support women to breastfeed with a compromised infant
- Participate in educating women to express and store their breast milk
- Demonstrate the knowledge and skills in understanding and managing profound changes in newborn temperature regulation, blood sugar regulation and non-physiological jaundice
- Demonstrate newborn resuscitation and stabilization
- Demonstrate the knowledge and skills in understanding and managing maternity emergencies
- Demonstrate and practise all the required course skills

## 4.2 Midwifery Practice Assessments

The Clinical Skills Table provides a summary of all clinical assessment as it relates to the units within the course and the student's level in the course. See Appendix 1 for a copy of the Clinical Skills Table / Scope of Practice.

Students' midwifery practice will be assessed in a number of ways:

- i. Objective Skill Competence Assessment (OSCA) and VIVAs conducted at the University.
- ii. Clinical Skills Assessment Tests (CSATs) conducted by registered midwives during placement.
- iii. Midwifery Student professional experience performance is assessed using the Australian Midwifery Standards Assessment Tool (AMSAT). These are completed by the student's mentor or facilitator when students are on placement in maternity units.
- iv. Midwifery Practice Development Report, which is to be completed if a student achieves an 'Unsatisfactory' or 'Limited Performance' in any AMSAT Tool or Continuity Supervision reports.
- v. Women (who choose to) and the Midwifery Continuity Supervisor will evaluate the student's performance in their Midwifery Continuity of Care Experiences
- vi. Continuity Supervision Report completed by the Continuity Supervisor to assess each student's performance in Continuity Supervision meetings.

## 4.3 Midwifery Student MPE Placement Performance

The process of assessing the Professional Experience Placement Performance begins with the Midwifery Facilitator allocating a midwifery mentor/s to supervise the student. The Midwifery Facilitator will oversee the final Summative assessment of each student based on feedback, in the form of AMSATs or written reports, given by mentor/s. Mentor/s who work alongside the student will be involved in evaluating performance against each criterion on the formative AMSAT and may also assist in writing the final appraisal (summative AMSAT) in collaboration with the midwifery facilitator. **All MPE units have formative AMSAT documentation to provide learning and development opportunities as well as a Summative AMSAT.**

**Formative AMSATs** are undertaken in the clinical context in which the student is working. One AMSAT is completed for each area the student is allocated for their MPE units (birth suite, antenatal, postnatal or SCN), or at any time when a Midwifery Facilitator and/or mentor is concerned about a student's performance during professional practice (see Poor Performance and Misconduct Management Process). **Towards the end of each placement area, the student must complete the student details on the AMSAT Tool. The student then gives the form to a midwife to complete the remaining sections.** The midwife who conducts the AMSAT makes a recommendation about the performance rating that the student should receive. These formative AMSATs are given to the student's facilitator where a Summative AMSAT for that MPE unit is completed. The Midwifery Facilitator will require at least two weeks to complete the Summative AMSAT.

The Midwifery Facilitator copies the Summative AMSAT, keeps one for their own records and gives the original copy to the student. The student then uploads the completed AMSATs (formative and Summative) to SONIA. The Unit Assessor has access to SONIA and the AMSAT/s. Satisfactory progress in professional experience placements is an essential condition for passing MPE units in the course with responsibility for the final grade decision is made in collaboration between the Midwifery WILAC/Unit Assessor and Course Coordinator.

### Needs development or Unsatisfactory Performance Rating

Where a midwife believes a student's performance '**Needs Development**' the midwife should provide feedback as soon as possible following the event / incident. The AMSAT is documented and provided to the midwifery facilitator. The facilitator develops a clinical development plan (CDP) in consultation with the SCU midwifery WILAC, with learning goals and outcomes aligned with the identified professional standards needing development. The student will meet with the SCU midwifery WILAC and clinical facilitator to discuss the AMSAT and CDP. In most cases a student will be required to re-sit some or all their placement hours in the same care setting and complete a further AMSAT as evidence of achieving their learning goals and reaching 'satisfactory performance'.

Where a student is rated as '**Unsatisfactory Performance**,' the midwife should provide feedback to the student as soon as possible following the event / incident and give the AMSAT directly to the facilitator. The facilitator will notify SCU and a meeting with the SCU midwifery WILAC, facilitator and student is organised by the facilitator. The Needs Development or Unsatisfactory Performance Flow Chart should be followed when a student is rated as needing development or unsatisfactory during their WIL placement. See Figure 1: Needs Development or Unsatisfactory Performance Flow Chart.

A copy of AMSAT and Assessment Behavioural Cues is located on the [Midwifery Clinical Experience site](#).

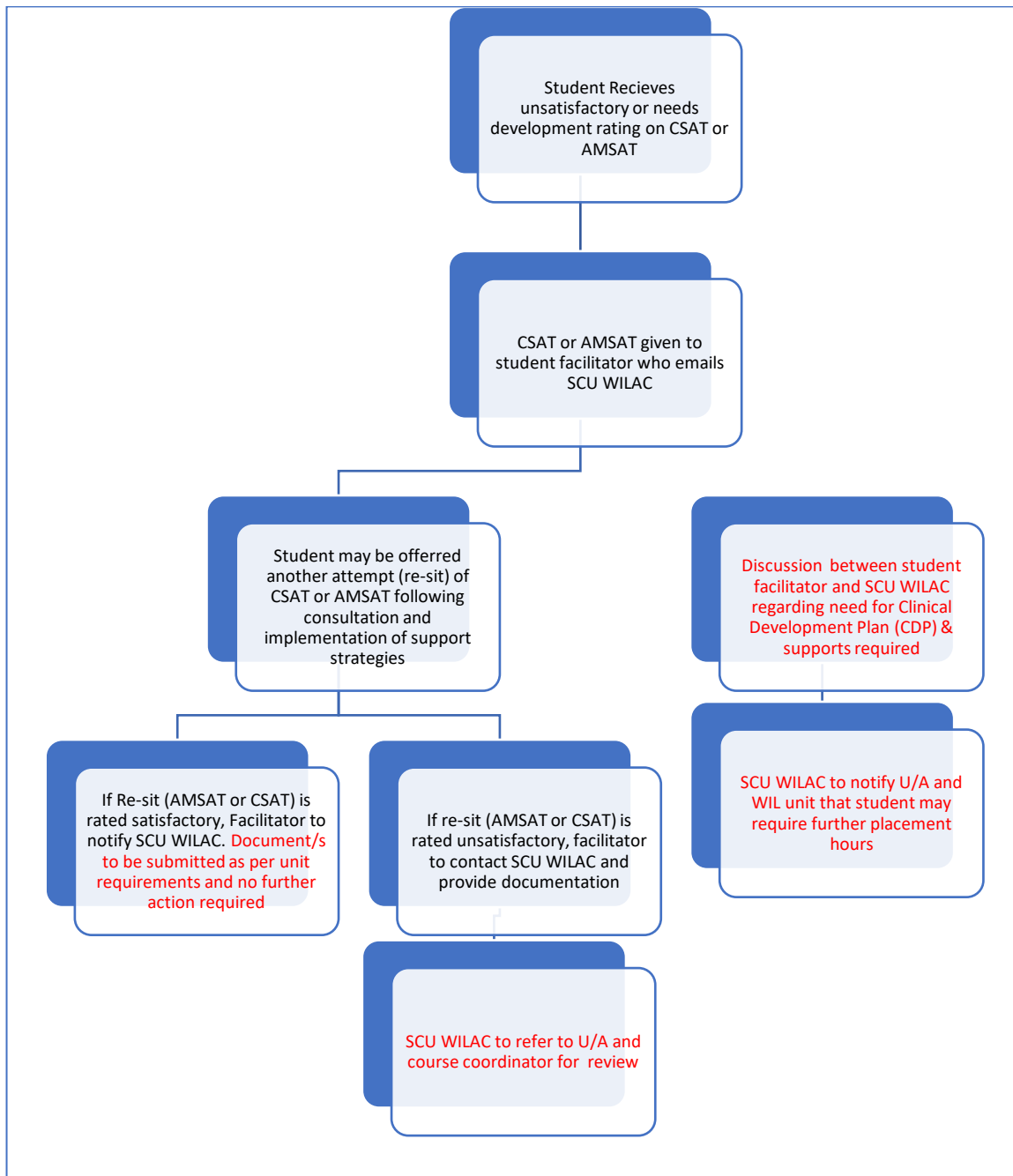


Figure 1 Needs Development or Unsatisfactory Performance Flow Chart

## 4.4 Midwifery Clinical Development Plan

The Midwifery Facilitator may complete a Clinical Development Plan (CDP) after a student receives any 'Unsatisfactory' or 'Needs development' recommendations in an AMSAT or Continuity Supervision Report. Students, please note a 'needs development' or 'unsatisfactory performance' requiring a CDP can be done at any time not just with the AMSAT, for both rostered and continuity, when performance or professional behaviour is below the level expected.

The purpose of the CDP is to clearly describe the situations that led to the 'Unsatisfactory Performance or Needs Development' recommendations, and to develop support strategies to assist the student in meeting their learning goals and achieving a satisfactory performance recommendation. If the student receives an 'Needs Development or Unsatisfactory Performance, the midwifery facilitator consults with the SCU midwifery WILAC, following the 'Needs Development or Unsatisfactory Performance Flow Chart' (see Figure 1) or 'Misconduct Management Process' (see Figures 2 *Unsatisfactory Clinical Performance Flow Chart*, and Figure 3 *Student misconduct flow chart*). After completing the CDP and discussing shared responsibilities, for meeting desired outcomes, the midwifery facilitator will organise a meeting between the student, SCU WILAC and midwifery facilitator. In most cases a student will be required to re-sit some or all their placement hours in the same care setting and complete a further AMSAT as evidence of achieving their learning goals and reaching 'satisfactory performance'. An outcome meeting is scheduled after the agreed learning timeframe. Again the facilitator, student and WILAC meet. Documentation is provided and either the student has met the agreed outcomes and meets their MPE unit requirements or fails to meet agreed outcomes and is at risk of failing to meet their MPE requirements. A copy of all documentation is provided to the student and SCU WILAC who consults with the FoH WIL unit and specific MPE unit assessor.

Satisfactory progress in professional experience placements is an essential condition for passing MPE units in the course with responsibility for the final grade decision is made in collaboration between the Midwifery WILAC/Unit Assessor and Course Coordinator.

A copy of this form is located on the [Midwifery Clinical Experience site](#).

Any student CDP relating to continuity will be investigated under 'Work Integrated Learning Procedures: <https://policies.scu.edu.au/document/view-current.php?id=468>

## 4.5 Evaluation of Midwifery Continuity Experience

This section focuses on the evaluation of a student's performance in continuity partnerships. A Midwifery Continuity Experience Evaluation by Woman form has been designed for use by the woman to provide feedback about her level of satisfaction with the students' performance in the continuity experience.

When a continuity experience with a woman is completed, the university emails the woman inviting her to participate in an online survey. In the case a woman does not have an email address, the WIL unit sends a hard copy for the woman to complete. Students are advised that not all CoCE women complete the survey and the student may not receive feedback.

Any student development reports relating to continuity will be investigated under 'Work Integrated Learning Procedures: <https://policies.scu.edu.au/document/view-current.php?id=468>

## 4.6 Midwifery Continuity Supervision

The Midwifery Facilitator evaluates the students' performance in Continuity Supervision meetings according to criteria listed in the Midwifery Continuity Supervision Report.

Satisfactory performance in Midwifery Continuity Supervision sessions is necessary to be awarded a pass grade in the relevant midwifery units. Midwifery Facilitators who convene the group-based supervision sessions will generally work with the same students over a whole year.

Students are supervised, in their Continuity of Care Experiences (CoCE) with women, via group-based Midwifery Continuity Supervision meetings. These meetings are convened by a local Midwifery Facilitator and have been designed to assist students to reflect on their continuity relationships with women. Group Midwifery Continuity Supervision meetings are scheduled to occur across the MPE units. Each group comprises a mix of first, second- and third-year midwifery students.

The Midwifery Continuity Supervisor evaluates the student's performance according to criteria listed in the Midwifery Continuity Supervision Report. The Midwifery Continuity Supervisor gives a copy of the completed report to each student after the final Midwifery Continuity Supervision meeting toward the end of each MPE unit. Students will make their own comments then submit their Midwifery Continuity Supervision Report to the SONIA site. A copy of the Midwifery Continuity Supervision Report is located on the [Midwifery Clinical Experience site](#).

## 4.7 Midwifery Student Practice Review

Near completion of each MPE unit the unit assessor is responsible to ensure all MPE requirements, clinical skills, and assessments, as well as theoretical assessments are evidenced before final grades are awarded. Students who are struggling to meet requirements will meet with the midwifery unit assessor and or WILAC to implement support strategies to facilitate progression. This process ensures students are supported to progress towards ANMAC minimum requirements for registration. Students are not permitted to progress from one year to the next unless satisfactory progression is made.

The Bachelor of Midwifery Scope of Practice Guidelines and Midwifery Professional Experience (MPE) Review Checklists are found on the [Midwifery Clinical Experience site](#).

## 4.8 Student Misconduct in Professional Practice

The process for dealing with issues related to student 'Needs Development or Unsatisfactory Performance' is discussed under section 4.3 Midwifery Student MPE Placement Performance. This section relates to student misconduct management processes, as detailed in Figure 2 Student misconduct flow chart.

## 4.9 Mandatory Reporting of Unsafe Student

According to the Australian Health Professionals Registration Authority (AHPRA) in cases of 'notifiable conduct' registered health practitioners are required to report to their National Board any registered student who, because of impairment, places the public at substantial risk of harm during their clinical training. The midwifery facilitators who participate in the education of the midwifery students have a copy of these guidelines and are aware of their responsibilities to the public and profession. The guidelines are available at:

<https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>



Section 140 of the National Law states that education providers must notify the Board if, in the course of practising their profession, they form a reasonable belief that another registered health practitioner has behaved in a way that constitutes 'notifiable conduct'.

Notifiable conduct is defined as when a practitioner has:

1. Practised the profession while intoxicated by alcohol or drugs, or
  2. Engaged in sexual misconduct in connection with their profession, or
  3. Placed the public at risk of substantial harm in their practice because they have an impairment, or
  4. Placed the public at risk of harm during their practice because of a significant departure from professional standards”
- The procedure to be followed for Mandatory Reporting is outlined in Figure 3 Mandatory Reporting by a Health Professional of Student Unfit to Practice. For more information visit AHPRA at:

<https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Guidelines-for-mandatory-notifications.aspx>

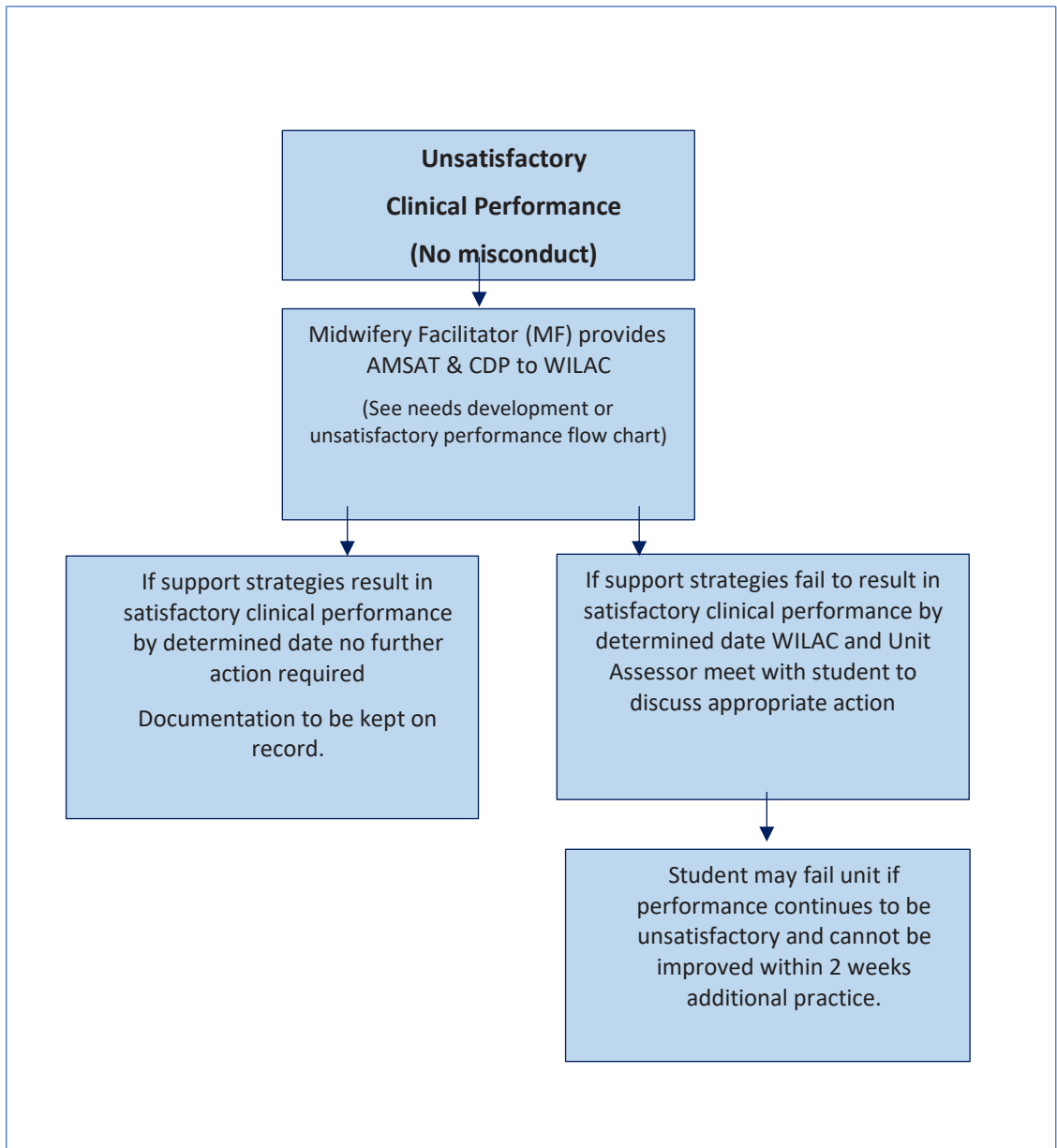


Figure 2 Unsatisfactory Clinical Performance Flow Chart

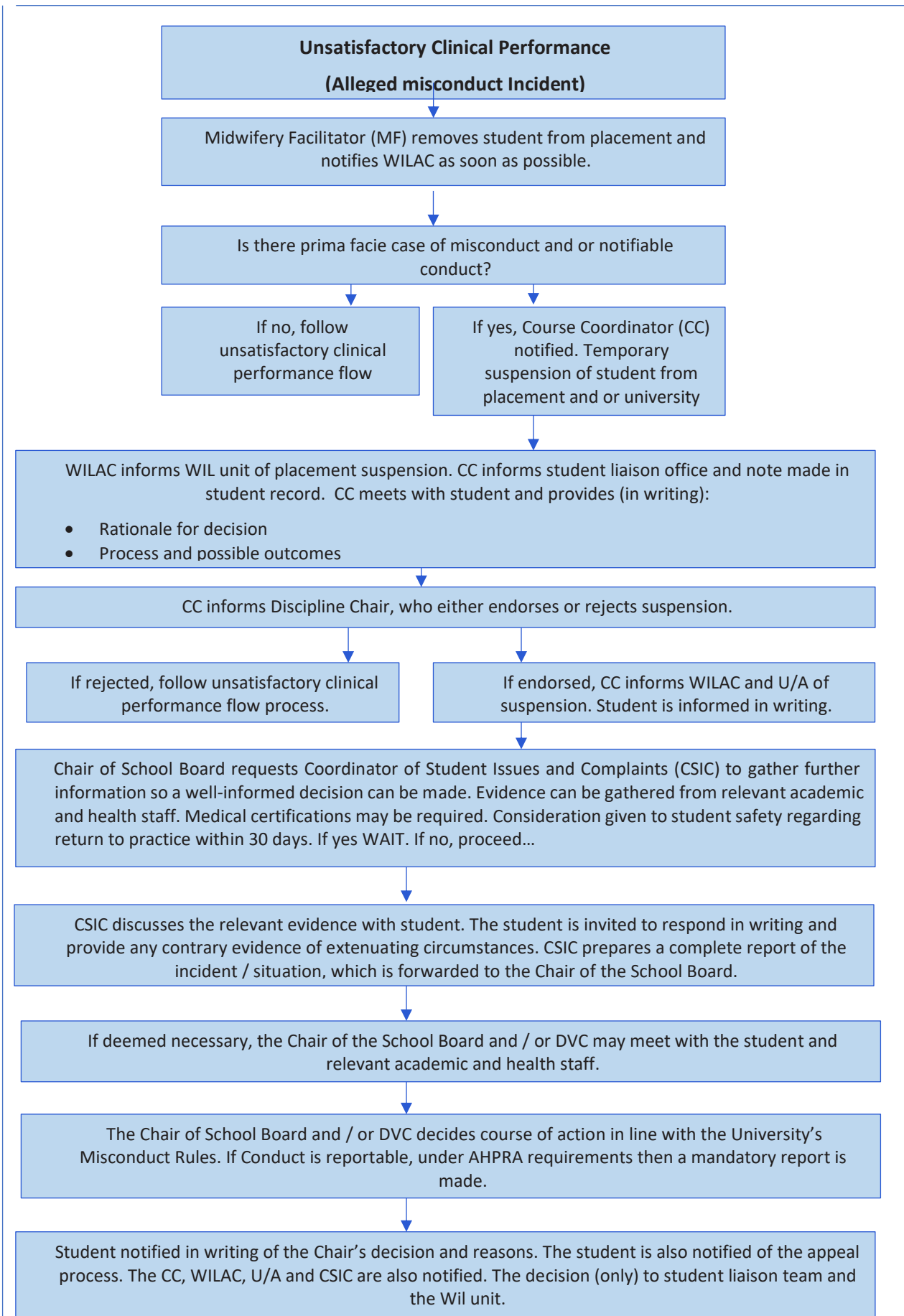


Figure 3 Student misconduct flow chart.

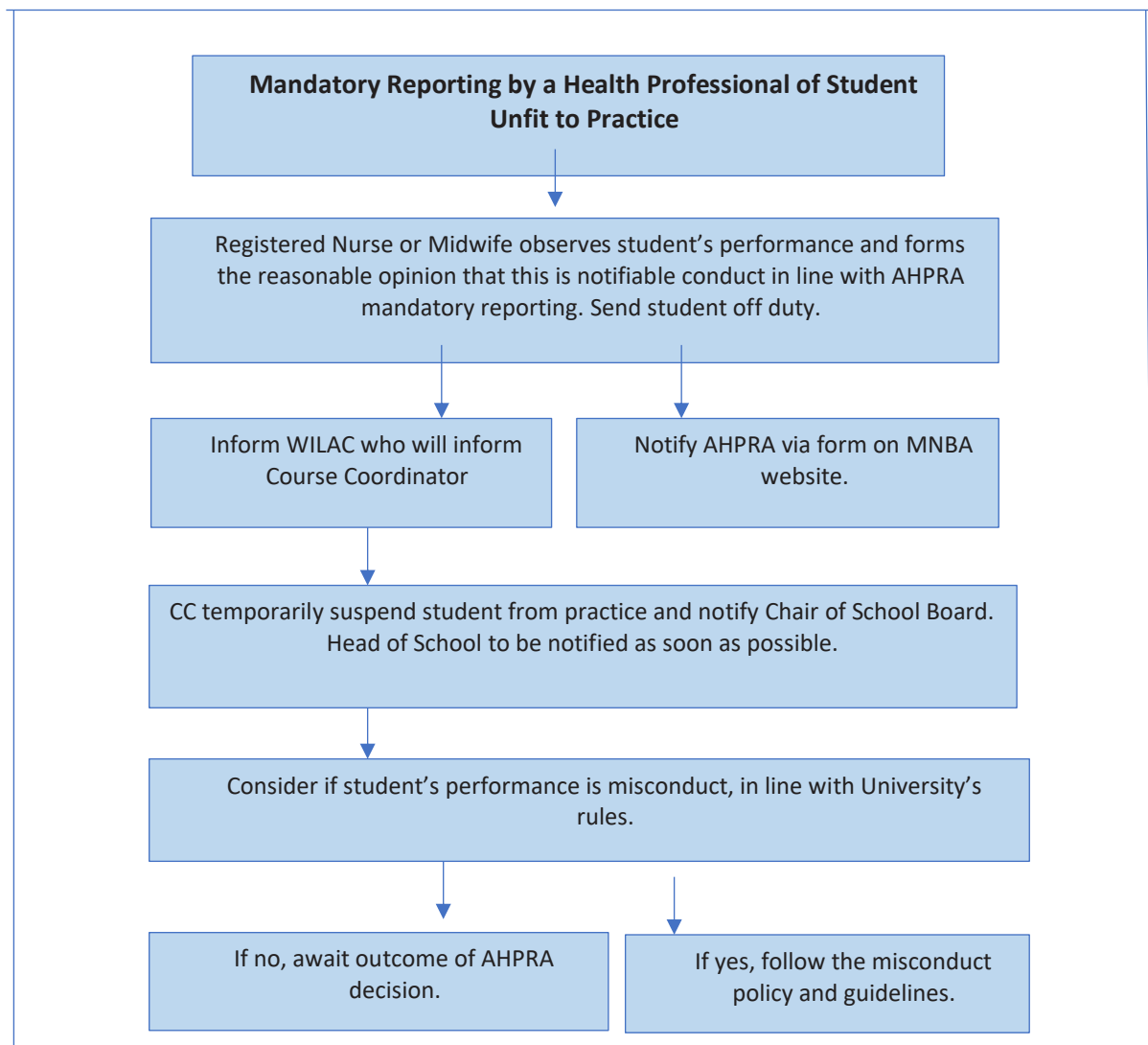


Figure 3 Mandatory Reporting by a Health Professional of Student Unfit to Practice

## 4.10 Evaluation of Midwifery Practice Experience (MPE) Placement Settings

Midwifery Practice Experience placement settings are evaluated on a regular basis in collaboration with the university, our professional partners, and students. Procedures and formal review processes that are in place are:

- Regular discussion between Midwifery WILAC and Midwifery Facilitators
- Student evaluations of their professional practice experiences are deidentified and shared with the maternity units (after moderation by the Midwifery WILAC if required)
- Early identification of problems and joint problem-solving as required
- Clear pathways for student misconduct as separate from needs development or unsatisfactory performance: health services have the right to send students off placement for misconduct
- Yearly formal discussion about the satisfaction of partners with existing arrangements, includes Clinical Audits

## 4.11 Student Evaluation of MPE






Evaluation of each professional experience placement is conducted by the student on completion of each session with a confidential online Student Feedback system.

Feedback from students is incorporated into a report for the Unit Assessor/Midwifery WILAC to be provided to the Bachelor of Midwifery Course Coordinator. Components of this information are utilised in consultation with clinical partners and students, and feedback incorporated into ongoing review and development of the practice learning environment for Bachelor of Midwifery students.

## Section 5: Resources to Support MPE Clinical Monitoring Progression

The following resources are provided to assist clinical facilitators and midwives to support students in their clinical learning and progression towards registration requirements. Some resources have been kindly provided by facilitators in different locations/health services. Please feel free to use any or all if they help students or midwives to monitor and evaluate progression towards curriculum and registration requirements.

# Resource 1 SCU Bachelor of Midwifery Scope of Practice / Clinical Skills

Year 1 Clinical Skills	Year 2 Clinical Skills	Year 3 Clinical Skills		
<p><i>Note. Skills listed for first year MPE are NOT to be undertaken on placement until: Completion of relevant clinical laboratory preparation and participation activities, and Assurance of appropriate venue supervision capabilities</i></p> <ul style="list-style-type: none"> <li>▶ Numeracy testing</li> <li>▶ Hand washing and PPE</li> <li>▶ Assisting with basic personal care</li> <li>▶ Safe moving</li> <li>▶ Documentation and communication in the health care environment</li> <li>▶ Bed making</li> <li>▶ TPR and BP</li> <li>▶ Urinalysis</li> </ul> <div style="text-align: right;"></div> <hr/> <p><b>Care in pregnancy</b></p> <ul style="list-style-type: none"> <li>□ History taking, antenatal screening and communicating with women</li> <li>□ Interpreting assessment/screening data and documentation and referral</li> <li>▶ Prenatal parent education: content and rationale for attending</li> <li>▶ Abdominal palpation and fetal wellbeing <ul style="list-style-type: none"> <li>□ Pinnards, Doppler</li> <li>□ Fetal movements</li> <li>□ Liquor</li> </ul> </li> <li>▶ Drug safety in pregnancy (observation only)</li> <li>▶ Providing and Supporting Continuity of Care</li> </ul> <div style="text-align: right;"></div> <hr/> <p><b>Care in labour and birth</b></p> <ul style="list-style-type: none"> <li>□ Stages &amp; mechanisms/rhythms of labour</li> <li>□ Water immersion and water birth</li> <li>□ Physiological and active third stage</li> <li>▶ Vaginal Examinations <ul style="list-style-type: none"> <li>□ Sterile gloving</li> <li>□ Sterile birth packs</li> </ul> </li> <li>▶ Conduct birth <ul style="list-style-type: none"> <li>□ APGAR scoring</li> <li>□ Perform newborn exam with parents</li> <li>□ Documentation and referral</li> <li>□ Communication with women and families</li> </ul> </li> <li>▶ Neonatal resuscitation (observed)</li> <li>▶ Venipuncture (observed)</li> <li>▶ Drug safety in labour and birth (observed)</li> <li>▶ Demonstrate an understanding of continuity of care and carer</li> </ul> <hr/> <p><b>Care in the immediate postnatal Period</b></p> <ul style="list-style-type: none"> <li>□ Postnatal assessment</li> <li>□ Involution, Breasts, Nutrition and elimination, Activity, and rest (sleep), Perineal care</li> <li>□ Latching on, positioning and establishment of breastfeeding &amp; expressing</li> <li>□ Supporting the woman to understand and meet the needs of her newborn baby</li> <li>□ Newborn Screening Test</li> <li>▶ Drug safety in labour and birth (observed)</li> <li>▶ Conclude the midwifery relationship in a timely and appropriate manner</li> </ul>	<p><i>Note. Skills listed for second year MPE are NOT to be undertaken on placement until: Completion of relevant clinical laboratory preparation and participation activities, and Assurance of appropriate venue supervision capabilities</i></p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><b>Medication Safety**</b></p> <ul style="list-style-type: none"> <li>▶ Drug calculations</li> <li>▶ Safe administration of medications: <ul style="list-style-type: none"> <li>□ Oral</li> <li>□ Subcutaneous</li> <li>□ Intramuscular</li> <li>□ Intravascular</li> <li>□ Intrathecal</li> <li>□ Intravaginal</li> <li>□ Transdermal</li> </ul> </li> <li>▶ Drug safety in the post-natal period including: <ul style="list-style-type: none"> <li>□ Breastfeeding</li> <li>□ Drug safety and the neonate</li> <li>□ Documentation</li> </ul> </li> <li>▶ <b>Oral &amp; Parenteral Medication administration (only on completion of related OSCA)</b></li> </ul> </td> <td style="vertical-align: top;"> <p><b>Caring for the Woman with Complex Needs during Pregnancy</b></p> <ul style="list-style-type: none"> <li>□ Interpreting assessment/screening data</li> <li>□ Fetal wellbeing</li> <li>□ Documentation, Communication and consultation and referral</li> <li>□ Providing and Supporting Continuity of Care</li> </ul> </td> </tr> </table> <div style="text-align: right;"></div> <hr/> <p><b>Note: No Medication is to be administered unless under direct supervision by a registered health care professional</b></p> <p><b>Caring for the woman with complex needs during Labour and Birth</b></p> <ul style="list-style-type: none"> <li>▶ Fetal wellbeing</li> <li>▶ External version</li> <li>▶ Induction and Augmentation of labour</li> <li>▶ Instrumental birth including LSCS</li> <li>▶ Care of the woman and baby (LSCS) <ul style="list-style-type: none"> <li>□ IV cannulation</li> <li>□ I/O and care of indwelling catheter</li> <li>□ Surgical asepsis</li> <li>□ Receiving a baby</li> </ul> </li> <li>▶ Episiotomies and complications</li> <li>▶ Perineal repair and care (observed)</li> <li>▶ Maternity emergencies <ul style="list-style-type: none"> <li>□ Shoulder dystocia</li> <li>□ Neonatal resuscitation</li> <li>□ Cord prolapse</li> <li>□ Obstructed labour</li> <li>□ Postpartum haemorrhage</li> </ul> </li> <li>▶ Drug safety in labour and birth</li> <li>▶ Blood Products Safety</li> <li>▶ Venipuncture (observed)</li> <li>▶ Documentation and Consultation and Referral</li> <li>▶ Communicating with women and her support network during complex events</li> </ul> <div style="text-align: right;"></div>	<p><b>Medication Safety**</b></p> <ul style="list-style-type: none"> <li>▶ Drug calculations</li> <li>▶ Safe administration of medications: <ul style="list-style-type: none"> <li>□ Oral</li> <li>□ Subcutaneous</li> <li>□ Intramuscular</li> <li>□ Intravascular</li> <li>□ Intrathecal</li> <li>□ Intravaginal</li> <li>□ Transdermal</li> </ul> </li> <li>▶ Drug safety in the post-natal period including: <ul style="list-style-type: none"> <li>□ Breastfeeding</li> <li>□ Drug safety and the neonate</li> <li>□ Documentation</li> </ul> </li> <li>▶ <b>Oral &amp; Parenteral Medication administration (only on completion of related OSCA)</b></li> </ul>	<p><b>Caring for the Woman with Complex Needs during Pregnancy</b></p> <ul style="list-style-type: none"> <li>□ Interpreting assessment/screening data</li> <li>□ Fetal wellbeing</li> <li>□ Documentation, Communication and consultation and referral</li> <li>□ Providing and Supporting Continuity of Care</li> </ul>	<p><i>Note. Skills listed for third year MPE are NOT to be undertaken on placement until: Completion of relevant clinical laboratory preparation and participation activities, and Assurance of appropriate venue supervision capabilities</i></p> <p><b>Capstone Clinical Skills</b></p> <ul style="list-style-type: none"> <li>▶ Applying a fetal scalp electrode <ul style="list-style-type: none"> <li>□ Fetal blood sampling</li> <li>□ Vaginal swabs</li> <li>□ Amniotomy</li> </ul> </li> <li>▶ Documentation, Communication and consultation and referral</li> <li>▶ Providing and Supporting Continuity of Care</li> <li>▶ Demonstrate an understanding of continuity of care and carer</li> <li>▶ Support models that provide continuity of carer</li> <li>▶ Conclude the midwifery relationship in a timely and appropriate manner</li> <li>▶ Maternity Emergencies including <ul style="list-style-type: none"> <li>□ Fetal surveillance &amp; advanced resuscitation</li> <li>□ Compromised fetus in antenatal period &amp; labour</li> <li>□ Shoulder dystocia</li> <li>□ Postpartum haemorrhage &amp; deteriorating woman</li> </ul> </li> <li>▶ Episiotomies</li> <li>▶ Perineal repair &amp; care</li> <li>▶ Complex drug and fluid calculations for adults and newborn</li> <li>▶ Venipuncture</li> </ul> <div style="text-align: right;"></div> <hr/> <p><b>Note: No Medication is to be administered unless under direct supervision by a registered health care professional</b></p>
<p><b>Medication Safety**</b></p> <ul style="list-style-type: none"> <li>▶ Drug calculations</li> <li>▶ Safe administration of medications: <ul style="list-style-type: none"> <li>□ Oral</li> <li>□ Subcutaneous</li> <li>□ Intramuscular</li> <li>□ Intravascular</li> <li>□ Intrathecal</li> <li>□ Intravaginal</li> <li>□ Transdermal</li> </ul> </li> <li>▶ Drug safety in the post-natal period including: <ul style="list-style-type: none"> <li>□ Breastfeeding</li> <li>□ Drug safety and the neonate</li> <li>□ Documentation</li> </ul> </li> <li>▶ <b>Oral &amp; Parenteral Medication administration (only on completion of related OSCA)</b></li> </ul>	<p><b>Caring for the Woman with Complex Needs during Pregnancy</b></p> <ul style="list-style-type: none"> <li>□ Interpreting assessment/screening data</li> <li>□ Fetal wellbeing</li> <li>□ Documentation, Communication and consultation and referral</li> <li>□ Providing and Supporting Continuity of Care</li> </ul>			

## Resource 2 SCU Midwife Feedback Form

If midwives working directly with students do not feel they can complete an AMSAT, which are available from: [Australian College of Midwives - AMSAT](#)

This form may be used as an alternative form of feedback. **However, if a midwife wishes to use this form, the facilitator will need to provide a formative AMSAT for the area (based on feedback provided) as per SCU MPE unit requirements.** Reporting of poor performance to SCU, must be accompanied by a Clinical Development Plan (CDP - unsatisfactory performance), aligning with the AMSAT documenting poor performance.

<b>Date:</b>	<b>Location:</b>		
<b>Student Name:</b>	<b>Signature:</b>		
<b>Registered Midwife:</b>	<b>Signature:</b>		
Criteria	Observed	Not Observed	
Adheres to local policies - Hand hygiene, Evidence-based practices known to improve medication safety (if appropriate SoP) as per APINCHS			
Documents appropriately in woman's notes and unit specific forms (where appropriate) and ensures co-signing from registered midwife			
Introduces self to women and staff. Builds rapport with women and families			
Collaborates and actively participates with midwife/ appropriate health care professional and communicates information clearly, utilising correct terminology			
Links theory to practice and demonstrates understanding of the woman's (or infant's) conditions and plan for care			
Undertakes research independently and demonstrates retention of learning			
Demonstrates understanding of assessment data and applies critical thinking to provide potential midwife interventions			
Escalates assessment findings appropriately ie hospital track and trigger tools, progress notes			
Consults and accurately updates women about plan of care whilst adhering to scope of practice			
Demonstrates prioritisation, appropriate time management, updates midwife of completed and proposed care, demonstrates initiative to complete care within scope of practice			
Demonstrates safety in practical skills ie medication preparation and administration, FHR auscultation, newborn cares, management of IDC/IVC (at appropriate SoP)			
Demonstrates medication knowledge e.g., class, action, indication, adverse reaction, links to woman's condition/s, can calculate doses accurately			
Understands woman's care requirements within the antenatal/intrapartum/postnatal environment			
Provides accurate handover of care requirements and changes in care over shift (as appropriate)			
Outlines learning objectives and seeks opportunities to achieve these			

Please write the number aligning with student performance according to the scale below, as observed during the shift. If not observed/not applicable – write N/A in Not observed box

### Grading Scale:

<b>1:</b> Unsafe, not achieving an acceptable level of performance	<b>2:</b> Requires significant prompting, demonstrates behaviours inconsistently	<b>3:</b> Completes to a safe standard with some input from midwife	<b>4:</b> Completes to a good standard with minimal input from midwife	<b>5:</b> Completes to an excellent standard
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Any additional feedback can be provided on the following page.

# SCU Midwife Feedback Form

Comments:

- Are there any specific areas in clinical practice that the student is performing well?

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- Are there any specific areas in clinical practice that the student may require improvement?

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**Acknowledgement:** Adapted from the RBWH, Workforce Development & Education Unit, Clinical Placements.

# Resource 3 SCU Bachelor of Midwifery Student Progress Report

SCU Student Progress Report: (name) \_\_\_\_\_ YEAR: \_\_\_\_\_ COC # \_\_\_\_\_

1 <sup>st</sup> Year Placement / Hours	MPE1 (266 hrs total)	
<b>ANTENATAL</b>	<b>80 Hours</b>	
Formative Assessment		
<b>POST NATAL</b>	<b>60 Hours</b>	
Formative Assessment		
<b>BIRTH SUITE</b>	<b>60 Hours</b>	
Formative Assessment		
<b>SUMMATIVE ASSESSMENT</b>		
<b>CoCE</b>	<b>60 Hours</b>	
Establish / complete X3 relationships		
<b>Plus, Continuity Supervision</b>	<b>6 Hours</b>	
2 <sup>nd</sup> Year Placement / Hours	MPE2A (206 hrs total)	MPE2B (246 hrs total)
<b>ANTENATAL</b>	<b>40 Hours</b>	<b>40 Hours</b>
Formative Assessment		
<b>POSTNATAL CARE</b>	<b>40 Hours</b>	<b>40 Hours</b>
Formative Assessment		
<b>BIRTH SUITE</b>	<b>80 Hours</b>	<b>80 Hours</b>
Formative Assessment		
<b>SPECIAL CARE NURSERY</b>		<b>40 Hours</b>
Formative Assessment		
<b>SUMMATIVE ASSESSMENT</b>		
<b>CoCE</b>	<b>40 Hours</b>	<b>40 Hours</b>
Establish/complete X2 relationships		
Establish/complete X2 relationships		
<b>Plus, Continuity Supervision</b>	<b>6 Hours</b>	<b>6 Hours</b>



<b>3<sup>rd</sup> Year Placement / Hours</b>	<b>MPE3A (Total hours 246)</b>	<b>MPE3B (Total hours 178)</b>
<b>ANTENATAL</b>	<b>24 hours</b>	
Formative Assessment		
<b>POSTNATAL /SURGICAL CARE</b>	<b>40 Hours</b>	
Formative Assessment		
<b>BIRTH SUITE</b>	<b>96 Hours</b>	
Formative Assessment		
<b>OPERATING THEATRE</b>	<b>8 Hours</b>	
<b>SPECIAL CARE NURSERY</b>	<b>40 Hours</b>	
Formative Assessment		
<b>COMMUNITY SERVICE/WOMEN'S OR MENTAL HEALTH</b>		<b>32 Hours</b>
Appraisal		
<b>PREPARATION FOR PRACTICE</b>		<b>120 Hours</b>
Formative Assessment		
<b>SUMMATIVE ASSESSMENT</b>		
<b>CoCE</b>	<b>40 Hours</b>	<b>20 Hours</b>
Establish/complete X2 relationships		
Complete 10 relations total		
<b>Plus, Continuity Supervision</b>	<b>6 Hours</b>	<b>6 Hours</b>

**SCU Student Progress Report:** (name) \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **COC #** \_\_\_\_\_

<b>ANMAC Numbers</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>	<b>Current Nos. &amp; Date</b>
<b>100 Antenatal Episodes of Care</b>									
<b>100 Postnatal Episodes of Care</b>									
<b>30 Accoucheurs</b>									
<b>10 Episodes of Direct Care in Labour</b>									
<b>40 Episodes of Complex Care</b>									
<b>7 Abdominal Palpations</b>									
<b>6 Vaginal Examinations</b>									
<b>20 Examinations of the Newborn</b>									

ANMAC Numbers	Current Nos. & Date	Current Nos. & Date	Current Nos. & Date	Current Nos. & Date	Current Nos. & Date	Current Nos. & Date	Current Nos. & Date	Current Nos. & Date	Current Nos. & Date
Full Ed. Program									
5 Antenatal Education Instances									
5 Postnatal Education Instances									
3 Episodes of caring for the infant in SCN									
3 Episodes of 4-6week PN Check									

Attend a min. of 6 births	Req number	Completed and Number of Births Attended	CoCE of	NOTES:
COC's MPE1	3 Women (60 hrs)	/		
COC's MPE2A	2 Women (40hrs)	/		
COC's MPE2B	2 Women (40hrs)	/		Minimum of 5 complete at end of 2 <sup>nd</sup> year
COC's MPE3A	2 Women (40hrs)	/		
COC's MPE3B	1 Woman (20hrs)	/		TOTAL (min) 10 completed CoCE women

Note: See SCU SCU Bachelor of Midwifery Scope of Practice / Clinical Skills for clinical skills and knowledge level for each year