MDWF12003 *Midwifery Practice 1*
Term 1 - 2021

Profile information current as at 15/05/2024 02:46 pm

All details in this unit profile for MDWF12003 have been officially approved by CQUniversity and represent a learning partnership between the University and you (our student). The information will not be changed unless absolutely necessary and any change will be clearly indicated by an approved correction included in the profile.

General Information

Overview

This clinical placement unit is the first of four that provides you with midwifery clinical experience. The focus of this unit is on the role of the midwife in promoting and facilitating normal processes of the childbearing continuum utilising the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'. You will be involved in the provision of care of the woman and her family throughout pregnancy, birth and the postnatal period. The practical application of different models of care will be explored with an emphasis on best practice. This unit is to be studied in conjunction with Foundations of Midwifery 1.

Details

Career Level: *Undergraduate*
Unit Level: *Level 2*
Credit Points: *12*
Student Contribution Band: *7*
Fraction of Full-Time Student Load: *0.25*

Pre-requisites or Co-requisites

Co-reqs MDWF12002 Foundations of Midwifery 1
Important note: Students enrolled in a subsequent unit who failed their pre-requisite unit, should drop the subsequent unit before the census date or within 10 working days of Fail grade notification. Students who do not drop the unit in this timeframe cannot later drop the unit without academic and financial liability. See details in the Assessment Policy and Procedure (Higher Education Coursework).

Offerings For Term 1 - 2021

- Mixed Mode

Attendance Requirements

All on-campus students are expected to attend scheduled classes – in some units, these classes are identified as a mandatory (pass/fail) component and attendance is compulsory. International students, on a student visa, must maintain a full time study load and meet both attendance and academic progress requirements in each study period (satisfactory attendance for International students is defined as maintaining at least an 80% attendance record).

Residential Schools

This unit has a Compulsory Residential School for distance mode students and the details are:
Click here to see your Residential School Timetable.

Website

This unit has a website, within the Moodle system, which is available two weeks before the start of term. It is important that you visit your Moodle site throughout the term. Please visit Moodle for more information.

Class and Assessment Overview

Recommended Student Time Commitment

Each 12-credit Undergraduate unit at CQUniversity requires an overall time commitment of an average of 25 hours of study per week, making a total of 300 hours for the unit.

Class Timetable

Regional Campuses

Bundaberg, Cairns, Emerald, Gladstone, Mackay, Rockhampton, Townsville

Metropolitan Campuses

Adelaide, Brisbane, Melbourne, Perth, Sydney

Assessment Overview

1. **Portfolio**
Weighting: 40%
2. **Written Assessment**
Weighting: 60%
3. **Professional Practice Placement**
Weighting: Pass/Fail

Assessment Grading

This is a graded unit: your overall grade will be calculated from the marks or grades for each assessment task, based on the relative weightings shown in the table above. You must obtain an overall mark for the unit of at least 50%, or an overall grade of 'pass' in order to pass the unit. If any 'pass/fail' tasks are shown in the table above they must also be completed successfully ('pass' grade). You must also meet any minimum mark requirements specified for a particular assessment task, as detailed in the 'assessment task' section (note that in some instances, the minimum mark for a task may be greater than 50%). Consult the University's Grades and Results Policy for more details of interim results and final grades.

CQUniversity Policies

All University policies are available on the CQUniversity Policy site.
You may wish to view these policies:

- Grades and Results Policy
- Assessment Policy and Procedure (Higher Education Coursework)
- Review of Grade Procedure
- Student Academic Integrity Policy and Procedure
- Monitoring Academic Progress (MAP) Policy and Procedure – Domestic Students
- Monitoring Academic Progress (MAP) Policy and Procedure – International Students
- Student Refund and Credit Balance Policy and Procedure
- Student Feedback – Compliments and Complaints Policy and Procedure
- Information and Communications Technology Acceptable Use Policy and Procedure

This list is not an exhaustive list of all University policies. The full list of University policies are available on the CQUniversity Policy site.

Feedback, Recommendations and Responses

Every unit is reviewed for enhancement each year. At the most recent review, the following staff and student feedback items were identified and recommendations were made.

Feedback from SUTE

Feedback

Lots of information was provided about end of term documents and how to upload - you can't go wrong with uploading documents because the 1.5 hour lecture was amazing !! and helped so much. I really enjoyed the health promotion activity and also the reflections. It broadened my understanding of midwifery and public health. I learn better by practicals. Putting the information that I receive during my studies to the actions helps with the understanding

Recommendation

Continue to provide support, guidance and information to assist students with the unit requirements and assessments.

Feedback from SUTE

Feedback

Lots of learning.Great interaction with staff and students.Opens doors for knowledge. I absolutely loved placement, although I felt slightly unprepared for the practical side. I was very impressed with the responsiveness of the co-ordinator. The assignment grades did not take to long to get back to us which was very useful in other academic assignments.

Recommendation

Continue to provide timely feedback and support to students.

Feedback from SUTE

Feedback

I really like the reflections in this unit. I think looking back on appointments and actively thinking about what I would and wouldn't do myself as a future midwife is beneficial to my training as a midwife.

Recommendation

Continue to incorporate and provide opportunities for reflective practice.

Feedback from SUTE

Feedback

I felt a little unprepared for my clinical placement (after returning from residential block). Although it was great the theory side of residential block, I feel that some areas of the theory did not correlate to the assignment.

Recommendation

Increase the lab day exposure to practical skills for commencing students.

Feedback from SUTE

Feedback

We had 1 day of actual practical experience compared to other university students they have a week of actual practical experience so they are confident before they get to the ward. I had never even felt a pregnant abdomen and felt that on our residential block we should have been shown how to physically attend the abdomen palpitation (we learnt in theory about the acronym of FLAPPER in theory and different positions that baby can be in- however I think it was important to show us exactly where to put out hands and where to begin etc). I think more information would have been nice about how to attend a CTG how to attach it, and how to interpret it etc. I just think I felt slightly unprepared on my clinical placement. I just thought we would be doing more hands on stuff on the residential block considering we had to travel/ get accomodation for this training where most of the activities was theory based.

Recommendation

Expand the practical component of the residential school to enhance the development of hands-on skills.

Unit Learning Outcomes

On successful completion of this unit, you will be able to:

1. Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
2. Demonstrate beginning midwifery practice skills related to assessment of women and the neonate across the continuum of normal childbearing using the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'.
3. Reflect on clinical learning related to your continuity of care experiences to enhance practice.
4. Demonstrate midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) requirements.

NMBA domain and competencies

Domain – Legal and professional practice
o Competency 1 Functions in accordance with legislation and common law affecting midwifery practice.
o Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice
o Competency 3 Communicates information to facilitate decision making by the woman.
o Competency 4 Promotes safe and effective midwifery care.
o Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.
o Competency 6 Assesses plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.

Domain – Midwifery as primary health care
o Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
o Competency 8 Develops effective strategies to implement and support collaborative midwifery practice.
o Competency 9 Actively supports midwifery as a public health strategy.
o Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice
o Competency 11 Bases midwifery practice on ethical decision making.
o Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
o Competency 13 Acts to enhance the professional development of self and others.
o Competency 14 Uses research to inform midwifery practice.

Alignment of Learning Outcomes, Assessment and Graduate Attributes

— N/A Level	∘ Introductory Level	∘ Intermediate Level	● Graduate Level	∘ Professional Level	∘ Advanced Level

Alignment of Assessment Tasks to Learning Outcomes

Assessment Tasks	Learning Outcomes			
	1	**2**	**3**	**4**
1 - Portfolio - 40%	●	●	●	
2 - Written Assessment - 60%	●	●	●	
3 - Professional Practice Placement - 0%	●	●	●	●

Alignment of Graduate Attributes to Learning Outcomes

Graduate Attributes	Learning Outcomes			
	1	2	3	4
1 - Communication	•	•	•	•
2 - Problem Solving	•	•		•
3 - Critical Thinking	•	•	•	•
4 - Information Literacy	•	•	•	•
5 - Team Work	•	•		•
6 - Information Technology Competence				
7 - Cross Cultural Competence	•	•	•	•
8 - Ethical practice	•	•	•	•
9 - Social Innovation				
10 - Aboriginal and Torres Strait Islander Cultures				

Alignment of Assessment Tasks to Graduate Attributes

Assessment Tasks	Graduate Attributes									
	1	2	3	4	5	6	7	8	9	10
1 - Portfolio - 40%	•	•	•	•	•		•	•		
2 - Written Assessment - 60%	•	•	•	•	•		•	•		
3 - Professional Practice Placement - 0%	•	•	•	•	•		•	•		

Textbooks and Resources

Textbooks

MDWF12003

Prescribed

Myles Textbook for Midwives
Edition: 17th (2020)
Authors: Marshall, J. & Raynor, M.
Elsevier
London , England
Binding: Paperback

View textbooks at the CQUniversity Bookshop

IT Resources

You will need access to the following IT resources:

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)
- Computer - ability to access study materials, including instructional videos and scan and upload assessment.
- Microphone and headset
- Scanner and printer (Distance students only)
- Camera and microphone for attending Zoom tutorials

Referencing Style

All submissions for this unit must use the referencing style: American Psychological Association 7th Edition (APA 7th edition)
For further information, see the Assessment Tasks.

Teaching Contacts

Bridget Ferguson Unit Coordinator
b.ferguson@cqu.edu.au

Schedule

Week 1 - 08 Mar 2021

Module/Topic	Chapter	Events and Submissions/Topic

This clinical placement unit is the first of four that provides you with midwifery clinical experience. The focus of this course is on the role of the midwife in promoting and facilitating normal processes of the childbearing continuum utilizing the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'. You will be involved in the provision of care of the woman and her family throughout pregnancy, birth and the postnatal period. The practical application of different models of care will be explored with an emphasis on best practice. This unit is to be studied in conjunction with Foundations of Midwifery 1.

Australian College of Midwives Guidelines for Consultation and Referral.
Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives.
Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines
CQ University Midwifery Student Clinical Placement Logbook

Commence clinical placement: contributes to assessment three.

Week 2 - 15 Mar 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 3 - 22 Mar 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 4 - 29 Mar 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 5 - 05 Apr 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Vacation Week - 12 Apr 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 6 - 19 Apr 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 7 - 26 Apr 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 8 - 03 May 2021

Module/Topic	Chapter	Events and Submissions/Topic

		Ongoing clinical placement
Clinical Placement		**Written Assignment: Antenatal Case Study and Pamphlet** Due: Week 8 Thursday (6 May 2021) 6:00 pm AEST

Week 9 - 10 May 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 10 - 17 May 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 11 - 24 May 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Week 12 - 31 May 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement
		Reflective Portfolio Due: Week 12 Friday (4 June 2021) 6:00 pm AEST

Review/Exam Week - 07 Jun 2021

Module/Topic	Chapter	Events and Submissions/Topic
Clinical Placement		Ongoing clinical placement

Exam Week - 14 Jun 2021

Module/Topic	Chapter	Events and Submissions/Topic
		Ongoing clinical placement
Clinical Placement		**Professional Practice Placement: End of Term Documents** Due: Exam Week Friday (18 June 2021) 6:00 pm AEST

- Students are required to have access to the Australian College of Midwives National Midwifery Guidelines for Consultation and Referral. This resource is available in an app available for purchase at:https://www.midwives.org.au/resources/national-midwifery-guidelines-consultation-and-referral-3rd-edition-issue-2-2014
- Students must remain subscribed to all online forums: Q & A forum, Discussion Forum and News Forum, for the entire semester.
- Students must adhere to the CQUniversity Clinical Placement Attendance Policy and notify all absences as per the instruction on the Midwifery Practice 1 unit page. It is a requirement that students check their student email account at least once per week as per the CQU Student Email Account Policy and Procedure.
- All students must adhere to the CQUniversity student clinical placement policy. All students must follow the correct notification procedures if they are absent from clinical placement and supply a medical certificate for missed shifts and also a medical clearance to return to placement if required as outlined in the policy.
- Students must adhere to the Medication Management and Safety Requirements as posted on the MDWF13006 Moodle page.
- Please note that the prescribed textbook is Myles Textbook for Midwives, 17th edition, however, an e-copy of the 16th edition is available for free to students on the Moodle unit page and this edition is acceptable for use during the term and for assessments.

Assessment Tasks

1 Reflective Portfolio

Assessment Type
Portfolio

Task Description
Assessment 1 – Reflective Portfolio
Type: Written assessment: ongoing reflective journal
Due date: 4/06/2021 (week 12) 18:00 hrs AEST
Weighting: 40%
Length: N/A. Each journal entry should be approximately 400 words however labour and birth reflections can be longer.
Unit Coordinator: Bridget Ferguson
Learning Outcomes Assessed:
• One (1): Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
• Two (2): Demonstrate beginning midwifery practice skills related to assessment of women and the neonate across the continuum of normal childbearing using the Australian College of Midwives National Midwifery Guidelines for Consultation or Referral.
• Three (3): Reflect on clinical learning related to your continuity of care experiences to enhance practice.
• Four (4): Demonstrate midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) requirements.
Aim
Reflective practice is a key element that contributes to the NMBA Midwife Standards for Practice. It is through reflective processes that both students and registered midwives can identify and explore diverse values, beliefs, learning needs and sociocultural structures.
To facilitate your reflective skill development you are required to complete a reflective piece of writing for each of the three (3) recruited 'continuity of care experience' women you are working with. *The journals must be uploaded to the appropriate section of the Bachelor of Midwifery Meta page.*
Overview of Reflective Journal Writing
A reflective journal is a way of thinking in a critical and analytical way about your clinical experience. It involves looking at a situation, assessing what you have learnt from it, what you could have done differently, realising new approaches to

your care and ultimately, how you felt about the whole experience. As a student midwife it shows how different aspects of your work interconnect and can be very useful for identifying gaps in knowledge and ethical dilemmas or situations that need further thought.

Understanding your feelings is a vital skill for reflective writing, and studying midwifery involves being exposed to many new situations - doing your first antenatal booking; helping a woman with breastfeeding support; witnessing a birth - which can bring new reactions to the surface. It's important to comprehend what you feel, why you feel that way and to then learn from it, as failing to reflect can lead to poor insight and therefore poor performance in practice (Hays & Gay, 2011).

Reflective writing is more personal than other kinds of academic writing and is an exploration of events not just a description of them.

Instructions

Reflective Journal Requirements

Refer to the provided Reflective Journal Template and the Two Reflective Journal examples.

Journal entries are your written reflections of face to face or telehealth episodes of care with the recruited Continuity of Care woman. Phone calls, emails, text messages or any other form of communication other than face to face contact or telehealth is not acceptable. *If you are experiencing COVID-19 restrictions in the clinical area and this impedes face to face contact please contact the unit coordinator to discuss your options well before the due date.

How to structure reflective writing

It can be useful to use a reflective model, or series of questions, which will help you look at the whole event from many different angles (Macdonald, 2011; Driscoll, 1994; Benner, 1984). The Driscoll model has a very simple 'what', 'so what' and 'now what' model, which is easy to remember and write up. There are three common reflective writing models that you may choose to follow when writing reflectively: Van Manen, Gibbs and Durgahee (Giminez, 2019). The models all involve thinking systematically about the phases of an activity, using headings including description, feelings, evaluation, analysis, conclusion and action plan. These theoretical frameworks provide a starting point for the critical skills that all student midwives should develop by the end of their educational program.

Example:

1. Description: (do not make this too long - refer to the provided template).
What is it? What happened? Why am I talking about it?

2. Interpretation: What is important and relevant? Look through your description and try to find words or phrases that require further exploration. Include the rationale for what was done or why it was done. Where there is controversy about what was done or found, provide the rationale and sources of evidence for both sides of the argument. How can it be explored and explained using contemporary theories?

3. Outcome: What have I learned from this? How will it influence my future work?

Above all, enjoy writing the journal - it is about you and your reflection and your development as a clinical midwife!

Literature and references

In this assessment you may use contemporary references (<5 years) to support your reflective writing. You may also use seminal scholarly literature where relevant. Suitable references include peer-reviewed journal articles as well as textbooks and credible websites. When sourcing information, consider the five elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Grey literature sourced from the internet must be from reputable websites such as from government, university, or peak national bodies: for example, the Australian College of Midwives.

Requirements

• Each CoC woman must have their own individual journal in Word Doc. Format and be uploaded as an individual file to the Bachelor of Midwifery Meta page.

• Each journal entry in the portfolio must adhere to the template provided on the MDWF12003 Moodle page.

• Each CoC woman must be de-identified within the journal.

• Use a conventional and legible size 12 font, such as Times New Roman or Arial, with 1.5 line spacing and 2.54cm page margins (standard pre-set margin in Microsoft Word).

• Include page numbers on each page in a footer.

• You may write in the first-person perspective.

• Use formal academic language.

• Use the seventh edition American Psychological Association (APA) referencing style. The CQUniversity Academic Learning Centre has an online APA Referencing Style Guide.

• The word count is considered from the first word of the introduction to the last word of the conclusion. The word count excludes the reference list but includes in-text references and direct quotations.

Resources

• You must use unit provided journal templates and other credible sources of information (e.g. journal articles, books) to reference your discussion. The quality and credibility of your sources are important.

• We recommend that you access your discipline specific library guide: Midwifery Resource Guide

• We recommend you use EndNote to manage your citations and reference list. More information on how to use EndNote is available at the CQUniversity Library website.

• For information on academic communication please go to the Academic Learning Centre Moodle site. The Academic Communication section has many helpful resources including information for students with English as a second

language.
• Submit a draft before the due date to review your Turnitin Similarity Score before making a final submission. Instructions are available here.

Submission

Submit your assessment via the Bachelor of Midwifery Meta Moodle site in Microsoft Word format only.

Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned.

References

Benner, P. (1984). From novice to expert. Menlo Park.

Driscoll, J. (1994). Reflective practice for practise. Sr Nurse, 14(1), 47-50.

Gimenez, J. (2019). Writing for Nursing and Midwifery Students: Springer Nature.

Hays, R., & Gay, S. (2011). Reflection or 'pre-reflection': what are we actually measuring in reflective practice? Medical Education, 45(2), 116-118. doi:10.1111/j.1365-2923.2010.03813.x

Macdonald, J., & Poniatowska, B. (2011). Designing the professional development of staff for teaching online: an OU (UK) case study. Distance Education, 32(1), 119-134. doi:10.1080/01587919.2011.565481

Assessment Due Date

Week 12 Friday (4 June 2021) 6:00 pm AEST

Please submit all portfolios to the Bachelor of Midwifery Meta page in the 2020 group submission section. All submissions must be kept in draft format only.

Return Date to Students

Exam Week Friday (18 June 2021)

Please allow for up to two weeks post the due date for the return of marked assessments.

Weighting

40%

Assessment Criteria

HD 85-100%	D 75-84%	C 74-65%	P 64-50%	F 49-0%
Structure (10%)				
Excellent presentation of portfolio. Reflective journals set out as per template. Consistently accurate with spelling, grammar, and paragraph structure. **(10%)**	Well-presented portfolio, Reflective journals set out as per template. 1 or 2 spelling, grammar, or paragraph structure errors.	Well-presented portfolio. Reflective journals set out as per provided template. 2 or 3 consistent spelling, grammar, or paragraph structure errors.	Adequately presented portfolio, reflective journals set out per provided template. 4 or 5 inconsistent spelling, grammar, or paragraph structure errors.	Poorly presented journal. Provided template not utilised. Many inaccuracies with spelling, grammar, and paragraph structure (> 5 errors).
Approach & Argument (90%) As per template.				
Comprehensive critical and analytical reflective journals that explore and identify gaps in knowledge. Each reflective journal provides - A description - An interpretation - An outcome –what was learned **(45 %)**	Insightful and well-developed reflective journals that explore and identifies gaps in knowledge. Each reflective journal provides - A description - An interpretation - An outcome – what was learned	Provides logical and broadly reflective journals that explore and identifies gaps in knowledge. Each reflective journal provides - A description - An interpretation - An outcome – what was learned	Disjointed reflective journals that explores and identify some gaps in knowledge. Each reflective journal provides some of the following: - A description - An interpretation - An outcome – what was learned	Inadequate reflective journals that do not explore or identify gaps in knowledge. The following have not been included: - A description - An interpretation - An outcome –what was learned
10 comprehensive reflective journals that include a minimum of: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits - Face to face visits **(45%)**	10 well-developed reflective journals that include a minimum of: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits - Face to face visits	10 reflective journals that include a minimum of: - 4 antenatal visits - +/- the labour (Intrapartum care) - 2 postnatal visits - Face to face visits	10 disjointed reflective journals that include some of the following: - 4 antenatal visits - +/- the labour (Intrapartum care) - 2 postnatal visits - Face to face visits	10 or less inadequate reflective journals that have not met the minimum requirements of: - 4 antenatal visits - +/- the labour (Intrapartum Visits) - 2 postnatal visits - Face to face visits

Referencing Style

- American Psychological Association 7th Edition (APA 7th edition)

Submission
Online

Submission Instructions
Please submit all portfolios to the Bachelor of Midwifery meta page only

Learning Outcomes Assessed

- Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
- Demonstrate beginning midwifery practice skills related to assessment of women and the neonate across the continuum of normal childbearing using the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'.
- Reflect on clinical learning related to your continuity of care experiences to enhance practice.

Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Cross Cultural Competence
- Ethical practice

2 Written Assignment: Antenatal Case Study and Pamphlet

Assessment Type
Written Assessment

Task Description

Assessment 2 – Antenatal Case Study and Pamphlet: Women's Right to choose their model of maternity care."
Due date: 06/05/2021 (Week 8) 18:00 hrs
Weighting: This assessment will provide you with 60% of your final grade. The assessment will be marked against the assessment rubric.
Length: 2500 Words (+/- 10%)
Aim
The aim of this assessment is to provide you with an opportunity to express your understanding of the various models of maternity care available to women, demonstrate your knowledge of continuity of midwifery care and apply the National Guidelines for Consultation and Referral to your beginning midwifery practice.
Learning Outcomes Assessed
This assessment will help you to meet the Unit Learning Outcomes:
1. Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
2. Demonstrate beginning midwifery practice skills related to the assessment of women and the neonate across the continuum of normal childbearing using the Australian College of Midwives National Midwifery Guidelines for Consultation or Referral.
3. Reflect on clinical learning related to your continuity of care experiences to enhance
Assessment:
Australian women have a choice of various models of maternity care within both public and private health systems. These include private obstetric care, private practice midwifery care, core midwifery/obstetric public care, shared care with a GP, and caseload models of care. Determining which model of care is most applicable for each individual woman is based upon many factors. A holistic approach is required to support women in making their informed choice on which model of care is most applicable.
The Australian College of Midwives, Midwifery Philosophy includes:

- Every woman has the right to self-determination in attaining choice, control and continuity of care from one or more known caregivers.
- Every woman has the right and responsibility to make informed decisions for herself, her

baby and her family with assistance, when requested, from health professionals.

The Australian College of Midwives provides The National Guidelines for Consultation & Referral. This document is designed for midwives to integrate clinical evidence with experience to determine a midwifery assessment score: A, B or C. Timely identification of the score provides an indication of which model of care may be most appropriate. The midwifery assessment score is initially determined at the booking in, antenatal visit.

In this assessment, you will be developing a written essay on a case study that …. (how does it relate to the above?) and a pamphlet on midwifery led Continuity of Care models.

Explanation of Assessment:

This assessment is in two parts, In the first part you are to develop a written essay based on the case study outlined below. In the second part you are to develop a

pamphlet that outlines the benefits of midwifery-led Continuity of Care models.

<u>Part 1</u>

Case study:

You are undertaking a booking in visit for Kara Smith. Kara is 30yrs old and G1P0 at 12wks gestation. Kara has a BMI of 36, normal vital signs, she states that she has depression and anxiety (she is not prescribed medication for these conditions), NKDA, her pap smear is up to date and she has completed her childhood vaccinations. Kate's blood group is A+ and Hb is 112. She is a non-smoker and non-drinker. Kate tells you she has no other medical conditions and no surgical history. Kate is happily married to Dean and they are both excited and happy to welcome this baby. During the booking in appointment Kara expresses a desire to know about having her own midwife and birthing in a birth centre as she is feeling anxious about childbirth. Her husband, Dean, is concerned about this and feels that the safest option is to choose care under a medical model with the obstetrician at the hospital.

You are required to determine Kara's maternity risk assessment score using The National Guidelines for Consultation and Referral. You will find a link to purchase this resource on the Australian College of Midwives website. (You will use this in your essay)

You will research widely the current, peer reviewed evidence on different models of maternity care available to women in Australia via both the public and private systems.

You are required to succinctly:

Discuss each model of maternity care, delivery of care and options for birth environment in each model.

Analyse the benefits and challenges of each model of care. Consider and link birth outcomes and maternal satisfaction to associated medical or midwifery models.

Outline your advice to Kara and Dean, based on the maternity risk assessment score you have determined, as to which models are the most applicable for their pregnancy, birth and postnatal care.

<u>Part 2</u>

Formulate a 500 word information pamphlet for your Continuity of Care women that explains the benefits of midwifery led Continuity of Care models.

Literature and references

In this assessment you are to use contemporary references (<5 years) to support your reflective writing. You may also use seminal scholarly literature where relevant. Suitable references include peer-reviewed journal articles as well as textbooks and credible websites. When sourcing information, consider the five elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Grey literature sourced from the internet must be from reputable websites such as from government, university, or peak national bodies: for example, the Australian College of Midwives.

Requirements

· Use a conventional and legible size 12 font, such as Times New Roman or Arial, with 1.5 line spacing and 2.54cm page margins (standard pre-set margin in Microsoft Word).

· Include page numbers on each page in a footer.

· You may write in the first-person perspective.

· Use formal academic language.

· Use the seventh edition American Psychological Association (APA) referencing style. The CQUniversity Academic Learning Centre has an online APA Referencing Style Guide.

· The word count is considered from the first word of the introduction to the last word of the conclusion. The word count excludes the reference list but includes in-text references and direct quotations.

Resources

· You may use unit materials provided and other credible sources of information (e.g. journal articles, books) to reference your argument. The quality and credibility of your sources are important.

· We recommend that you access your discipline specific library guide: Midwifery Resource Guide

· We recommend you use EndNote to manage your citations and reference list. More information on how to use EndNote is available at the CQUniversity Library website.

· For information on academic communication please go to the Academic Learning Centre Moodle site. The Academic Communication section has many helpful resources including information for students with English as a second language.

· Submit a draft before the due date to review your Turnitin Similarity Score before making a final submission. Instructions are available here.

Submission

Submit your assessment via the MDWF12003 Moodle site in Microsoft Word format only. Please submit your completed pamphlet as a separate document to the assessment submission zone, therefore you will upload two files.

Marking Criteria

Refer to the marking rubric on the Moodle site for more detail on how marks will be assigned.

Assessment Due Date
Week 8 Thursday (6 May 2021) 6:00 pm AEST
Please review TURNITIN scores prior to submission and submit assessments to the Midwifery Practice 1 Moodle page via the assessment submission zone.

Return Date to Students
Week 10 Friday (21 May 2021)
Please allow up to two weeks post the due date for the return of marked assignments.

Weighting
60%

Assessment Criteria

HD 100-85%	D 84-75%	C 74-65%	P 64-50%	F 49-0%
Structure (15%)				
Clear and succinct introduction that introduces the topic and outlines the direction of the oncoming discussion. (5-4.25)	Clear and appropriate introduction that introduces the topic and outlines the direction of the discussion. (4.2-3.75)	Appropriate introduction that introduces the topic and outlines the direction of the discussion. (3.7-3.25)	Introduction is apparent and the topic is introduced but there is not clear direction to the discussion. (3.2-2.5)	No recognisable introduction-the topic is not introduced and/or there is no direction of the discussion. (<2.5)
Clear and succinct conclusion that outlines the main points and brings the discussion to a logical close. (5-4.25)	Clear and appropriate conclusion that outlines the main points and brings the discussion to a close. (4.2-3.75)	Conclusion outlines most of the main points and brings some sense of closure. (3.7-3.25)	Conclusion apparent and outlines most of the main points and endeavours to bring the discussion to a close-there may be some incongruity. (3.2-2.5)	No recognisable conclusion-little reference to the main points and no clear conclusion to the discussion. (<2.5)

Excellent presentation of written assessment double spaced with 12-point font. Consistently accurate with spelling, grammar and paragraph structure. (5-4.25)	Well-presented assessment double spaced with 12-point font. 1 or 2 errors spelling, grammar and paragraph structure. (4.2-3.75)	Well-presented assessment double spaced with 12-point font. 3 or 4 consistent errors with spelling, grammar and paragraph structure. (3.7-3.25)	Adequately presented assessment double spaced with 12-point font. 4 or 5 inconsistent errors with spelling, grammar and paragraph structure. (3.2-2.5)	Poorly presented assessment. Double spacing not used. 12-point font not used. Many inaccuracies with spelling, grammar and paragraph structure. (> 5 errors). (<2.5)

Approach & Argument (75%)

Content is clearly relevant to the topic; the approach comprehensively answers the question, and the argument proceeds logically and is within the set word limit. (15-12.75)	Content is relevant to the topic; the approach clearly answers the question, and the argument proceeds logically and is within the set word limit. (12.6-11.25)	Content is appropriate and addresses the topic for the most part proceeds logically and is within the set word limit. (11.1-9.75)	Content addresses the topic but is at times repetitive or lacks cohesion and is within the set word limit with a 10% allowance (under or over the set limit). (9.6-7.5)	Content is irrelevant and or does not address the topic and the script lacks cohesion. The word limit has not been adhered to, the word limit is well over or under the 10% allowance. (7.35-0)
An articulate, succinct, and comprehensive discussion which clearly outlines the various maternity models of care available in Australia, how care is delivered in each model and the options of birth environment in each model. (15-12.75)	Insightful and well-developed discussion which outlines the various maternity models of care available in Australia, how care is delivered in each model and the options of birth environment in each model. (12.6-11.25)	A logical discussion that demonstrates competent knowledge of the various maternity models of care available in Australia, how care is delivered in each model and the options of birth environment in each model. (11.1-9.75)	A disjointed discussion that demonstrates a limited knowledge of the various maternity models of care available in Australia, how care is delivered in each model and the options of birth environment in each model. (9.6-7.5)	An inadequate discussion which demonstrates a poor knowledge of the various maternity models of care available in Australia, how care is delivered in each model and the options of birth environment in each model. (7.35-0)
Comprehensive analysis that critically explores the benefits and challenges of each model of care with clear and well supported linkage of birth outcomes and maternal satisfaction to associated medical or midwifery models. (15-12.75)	Well-developed analysis and discussion that explores the benefits and challenges of each model of care with clear and well supported linkage of birth outcomes and maternal satisfaction to associated medical or midwifery models. (12.6-11.25)	Broad discussion that explores the benefits and challenges of each model of care with satisfactory linkage of birth outcomes and maternal satisfaction to associated medical or midwifery models. (11.1-9.75)	Minimal analysis and disjointed discussion attempting to explore the benefits and challenges of each model of care with limited linkage of birth outcomes and maternal satisfaction to associated medical or midwifery models. (9.6-7.5)	Inadequate analysis and discussion (which at time is repetitive) that explores the benefits and challenges of each model of care without clear linkage of birth outcomes and maternal satisfaction to associated medical or midwifery models. (7.35-0)
Clear, coherent outline of the discussion/ midwifery advice provided to Kate & David regarding appropriate options for maternity models of care. Correct maternity assessment score for Kate is provided: must reflect information in case study. (15-12.75)	A clear and relevant outline of the discussion/ midwifery advice provided to Kate & David regarding appropriate options for maternity models of care. Correct maternity assessment score for Kate is provided: must reflect information in case study. (12.6-11.25)	A logical discussion/ midwifery advice / midwifery advice provided to Kate & David regarding appropriate options for maternity models of care. Correct maternity assessment score for Kate is provided: must reflect information in case study. (11.1-9.75)	Satisfactory but limited outline that of the discussion/midwifery advice / midwifery advice provided to Kate & David regarding appropriate options for maternity models of care. Correct maternity assessment score for Kate is provided: must reflect information in case study. (9.6-7.5)	Poor understanding of the topic. Content does not correctly identify appropriate midwifery advice for Kate & David regarding suitable options for maternity models of care. Incorrect maternity assessment score for Kate is provided. Does not reflect case study. (7.35-0)

Comprehensive and succinct pamphlet provided that: · uses current evidence-based practice to support all the benefits of midwifery lead CoC models in relation to maternal satisfaction and outcomes for mothers and babies. · Provides evidenced based advice and strategies for women with medium and high-risk women incorporating the National Guidelines for Consultation and Referral. · Appropriate use of language for the target audience. (15-12.75)	Insightful and well-developed pamphlet provided that: · uses current evidence-based practice to support most benefits of midwifery lead CoC models in relation to maternal satisfaction and outcomes for mothers and babies. · Provides evidenced based advice for women with medium and high-risk women incorporating the National Guidelines for Consultation and Referral. · Appropriate use of language for the target audience. (12.6-11.25)	A logical and adequate pamphlet provided that: · uses current evidence-based practice to support some benefits of midwifery lead CoC models relating to maternal satisfaction and outcomes for mothers and babies. · Incorporates some evidenced based advice for women with medium and high-risk women using the National Guidelines for Consultation and Referral. · Mostly appropriate use of language for the target audience. (11.1-9.75)	A disjointed and limited pamphlet provided that: · Uses some current evidence-based practice to support few benefits of midwifery lead CoC models that somewhat relate to maternal satisfaction and outcomes for mothers and babies. · Provides limited evidenced based advice for women with medium and high-risk women incorporating the National Guidelines for Consultation and referral. · Basic use of appropriate language for the target audience. (9.6-7.5)	An inadequate and deficient pamphlet provided that: · Does not use current evidence-based practice to support any of the benefits of midwifery lead CoC models in relation to maternal satisfaction and outcomes for mothers and babies. · Doesn't Incorporate evidenced based advice for women with medium and high-risk women and does not use the National Guidelines for Consultation and referral. · Inappropriate use of language for the target audience. (7.35-0)

Referencing (10%)

Consistently integrates up-to-date references to support and reflect all ideas, information, and quotations. (5-4.25)	Generally, integrates up-to-date references to support and reflect ideas, information, and quotations, with 1 or 2 exceptions. (4.2-3.75)	Frequently integrates up-to-date references to support and reflect ideas, information, and quotations, with 3 or 4 exceptions. (3.7-3.25)	Occasionally integrates up-to-date references to support and reflect ideas, information, and quotations, with 5 or 6 exceptions. (3.2-2.5)	Fails to or infrequent attempts (>7 errors) to integrate up-to-date references to support and reflect ideas, information, and quotations. (<2.5)
Consistently accurate with referencing. A minimum of 10 references used including 7 journal articles and relevant websites. (5-4.25)	1 or 2 consistent referencing errors identified. A minimum of 10 references used including 6 journal articles and relevant websites. (4.2-3.75)	3 or 4 consistent referencing errors identified. A minimum of 10 references used including 5 journal articles and relevant websites. (3.7-3.25)	3 or 4 inconsistent referencing errors identified. A minimum of 10 references used including 4 journal articles and relevant websites. (3.2-2.5)	Many inaccuracies with referencing (>5). Less than 10 references used. Less than 4 journal articles not sourced. Relevant websites not included. (<2.5)

Referencing Style

- [American Psychological Association 7th Edition (APA 7th edition)](#)

Submission
Online

Submission Instructions
Please review TURNITIN scores prior to submission and submit assessments to the Midwifery Practice 1 Moodle page via the assessment submission zone.

Learning Outcomes Assessed

- Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
- Demonstrate beginning midwifery practice skills related to assessment of women and the neonate across the continuum of normal childbearing using the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'.
- Reflect on clinical learning related to your continuity of care experiences to enhance practice.

Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy

- Team Work
- Cross Cultural Competence
- Ethical practice

3 Professional Practice Placement: End of Term Documents

Assessment Type
Professional Practice Placement

Task Description
Assessment 3 – Clinical Practice Placement: End of Term Documents.
Type: Clinical Hours, Skills and Competency Assessment Tool.
Due date: 18/06/2021 (week 14) 18:00 hrs
Weighting: 0% - Pass/Fail
Unit Coordinator: Bridget Ferguson
Learning Outcomes Assessed:
• One (1): Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
• Two (2): Demonstrate beginning midwifery practice skills related to assessment of women and the neonate across the continuum of normal childbearing using the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'.
• Three (3): Reflect on clinical learning related to your continuity of care experiences to enhance practice.
• Four (4): Demonstrate midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) requirements.
Task Description:
Minimal clinical practice experience of 224 hours is required by the completion of this unit. This clinical experience will allow you to consolidate knowledge and skills acquired throughout the term and enable you to distinguish in your scope of practice between normal and complex midwifery care. You are required to meet the clinical requirements listed below and these requirements need to be documented within your Student Clinical Experience Record Book. Please note that successful completion of this unit is not merely the completion of requisite clinical hours and skills but also the demonstration of midwifery novice competency based upon the NMBA requirements and professional behaviour as per relevant CQUniversity policies.
Requirements
You are expected to work towards minimal clinical requirements which include:
1. Recruit three (3) 'Continuity of Care' (CoC) experience women, and commence your reflective journals. Templates can be found on the Bachelor of Midwifery Meta page.
2. Complete the recruitment or a minimum of 1 antenatal visit for three (3) CoC women in Term 1 who will birth in Term 2.
3. Complete Competency Performance Assessment
4. Complete 224 hours of clinical practice experience plus continuity of care hours (10-20 in total per woman recruited).
Each student must submit the following completed documents:
• Bachelor of Midwifery (Graduate Entry) Record of Hours.
• Midwifery clinical hours running sheet.
• Competency Assessment Tool.
• Record of CoCE sheet.
The required clinical experience will be reviewed by the midwifery educator/manager in conjunction with the unit coordinator.
Resources
• You must use the correct documents (as listed above) that are provided on the MDWF 12003 Moodle unit page.
Submission
All four documents, as listed above, must be completely filled out with no mistakes, no white out, and correctly calculated hours, with all sections signed by the student and registered midwife assessor. All completed and correct documents must be legible and clearly scanned with a high resolution scanner. Clear, readable scanned copies will be emailed to Robyn Buis at r.buis@cqu.edu.au by the due date.
Marking Criteria
There is no marking rubric for this assessment as this is a Pass/Fail assessment.

Assessment Due Date
Exam Week Friday (18 June 2021) 6:00 pm AEST
Please email Robyn Buis at r.buis@cqu.edu.au with a high quality scan of your completed and signed end of term documents. Do not send photos of the documents as this will not be accepted for submission.
Return Date to Students
Exam Week Friday (18 June 2021)
Please allow up to two weeks post the due date for the return of marked assessments.

Weighting
Pass/Fail

Assessment Criteria
This is a pass/fail assessment and therefore no marking rubric applies to this assessment.

Referencing Style

- [American Psychological Association 7th Edition (APA 7th edition)](#)

Submission
Online

Submission Instructions
Please email Robyn Buis at r.buis@cqu.edu.au with a high quality scan of your completed and signed end of term documents. Do not send photos of the documents as this will not be accepted for submission.

Learning Outcomes Assessed

- Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
- Demonstrate beginning midwifery practice skills related to assessment of women and the neonate across the continuum of normal childbearing using the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'.
- Reflect on clinical learning related to your continuity of care experiences to enhance practice.
- Demonstrate midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) requirements.

Graduate Attributes

- Communication
- Problem Solving
- Critical Thinking
- Information Literacy
- Team Work
- Cross Cultural Competence
- Ethical practice

Academic Integrity Statement

As a CQUniversity student you are expected to act honestly in all aspects of your academic work.

Any assessable work undertaken or submitted for review or assessment must be your own work. Assessable work is any type of work you do to meet the assessment requirements in the unit, including draft work submitted for review and feedback and final work to be assessed.

When you use the ideas, words or data of others in your assessment, you must thoroughly and clearly acknowledge the source of this information by using the correct referencing style for your unit. Using others' work without proper acknowledgement may be considered a form of intellectual dishonesty.

Participating honestly, respectfully, responsibly, and fairly in your university study ensures the CQUniversity qualification you earn will be valued as a true indication of your individual academic achievement and will continue to receive the respect and recognition it deserves.

As a student, you are responsible for reading and following CQUniversity's policies, including the **Student Academic Integrity Policy and Procedure**. This policy sets out CQUniversity's expectations of you to act with integrity, examples of academic integrity breaches to avoid, the processes used to address alleged breaches of academic integrity, and potential penalties.

What is a breach of academic integrity?
A breach of academic integrity includes but is not limited to plagiarism, self-plagiarism, collusion, cheating, contract cheating, and academic misconduct. The Student Academic Integrity Policy and Procedure defines what these terms mean and gives examples.

Why is academic integrity important?
A breach of academic integrity may result in one or more penalties, including suspension or even expulsion from the University. It can also have negative implications for student visas and future enrolment at CQUniversity or elsewhere. Students who engage in contract cheating also risk being blackmailed by contract cheating services.

Where can I get assistance?
For academic advice and guidance, the Academic Learning Centre (ALC) can support you in becoming confident in completing assessments with integrity and of high standard.

What can you do to act with integrity?

Be Honest
If your assessment task is done by someone else, it would be dishonest of you to claim it as your own

Seek Help
If you are not sure about how to cite or reference in essays, reports etc, then seek help from your lecturer, the library or the Academic Learning Centre (ALC)

Produce Original Work
Originality comes from your ability to read widely, think critically, and apply your gained knowledge to address a question or problem