



# MDWF12003 Midwifery Practice 1

## Term 1 - 2024

Profile information current as at 07/05/2024 06:53 am

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. 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. The clinical practicum component of this unit will require you to complete a minimum of 224 hours in addition to Continuity of Care Experiences (COCE).

#### 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-requisite: 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 - 2024

- 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. **Poster Sessions**

Weighting: 40%

#### 2. **Portfolio**

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](#).

## Previous Student Feedback

### 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 Verbal feedback during term.

**Feedback**

The area to record Continuity of Care Experiences in the log book is too small to write all the information easily.

**Recommendation**

The Record of Continuity of Care Experiences will be altered to ensure that it is accessible and easy to use for all students. This will be incorporated into the log book for 2024.

#### Feedback from Meeting with midwifery team and industry partners via Zoom.

**Feedback**

Industry partners would welcome a method of communication that incorporates a collaborative approach where students, university unit coordinators and clinical facilitators/ educators can communicate, answer questions and share files and information.

**Recommendation**

A Teams page for midwifery clinical placements is to be piloted in 3 clinical units. This aims to facilitate communication between students, unit coordinators and clinical placement partners. Feedback will be sought to assess whether this is a beneficial tool.

#### Feedback from Verbal feedback at end of term.

**Feedback**

There is some information that is confusing/ misleading on the Record of Hours document on the online SONIA platform for clinical assessments.

**Recommendation**

The Record of Hours document on SONIA will be edited to ensure that the information provided to students is easy to understand to enable them to provide accurate data using student feedback at residential school and clinical placement site visits.

## 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, including the use of digital health and emerging technologies related to the care of women and the neonate across the normal childbearing continuum.
3. Critically reflect on clinical learning related to your continuity of care experiences (COCE) to enhance practice
4. Demonstrate introductory level midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) Midwife Standards of Practice (2018) requirements.

The proposed changes to learning outcomes and the unit will meet the following:

#### **The draft ANMAC Midwifery Education Standards (2020).**

Standard 1: Safety of the public.

Standard 3: Program of study.

Standard 4: Student experience.

Standard 5: Student assessment.

#### **The Nursing and Midwifery Board of Australia (NMBA) Midwife Standards for Practice (2018).**

Standard 1: Promotes evidence-based maternal health and wellbeing.

Standard 2: Engages in respectful partnerships and professional relationships.

Standard 3: Demonstrates the capability and accountability for midwifery practice.

Standard 4: Undertakes comprehensive assessments

Standard 5: Develops a plan for midwifery practice.

Standard 6: Provides safe and quality midwifery practice.

Standard 7: Evaluates outcomes to improve midwifery practice.

#### **The Nursing and Midwifery Board of Australia (NMBA) Code of Conduct for Midwives (2018).**

Principle 1. Legal compliance

Principle 2. Woman-centred practice

Principle 3. Cultural practice and respectful relationships

Principle 4. Professional behaviour

Principle 7: Health and wellbeing

#### **The International Confederation of Midwives (ICM) International Code of Ethics for Midwives (2014).**

1. Midwifery Relationships

2. Practice of Midwifery

3. The Professional Responsibilities of Midwives

4. Advancement of Midwifery Knowledge and Practice

#### **National Safety and Quality Health Service Standards (2017)**

Clinical Governance Standard

Partnering with Consumers Standard

Preventing and Controlling Healthcare-Associated Infection Standard

Medication Safety Standard

Comprehensive Care Standard

Communicating for Safety Standard

#### **The Nursing and Midwifery Digital Health Framework**

## 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
<b>1 - Poster Sessions - 40%</b>		•	•	



## Textbooks and Resources

### Textbooks

MDWF12003

#### Prescribed

##### **MYLES TEXTBOOK FOR MIDWIVES**

Edition: 17th (2020)

Authors: Marshall, Jayne & Raynor, Maureen

Elsevier Australia

Sydney , NSW , Australia

ISBN: 9780702076428

Binding: Hardcover

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#### Supplementary

##### **MIDWIFERY: PREPARATION FOR PRACTICE**

Edition: 5th (2022)

Authors: Pairman, Sally, Tracy, Sally K, Dahlen, Hannah and Dixon, Lesley

Elsevier Australia

Sydney , NSW , Australia

ISBN: 9780729544764

Binding: Hardcover

[View textbooks at the CQUniversity Bookshop](#)

### IT Resources

**You will need access to the following IT resources:**

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)
- Laptop/Computer
- Zoom access for weekly meetings

## 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

**Kelly Haynes** Unit Coordinator

[k.a.haynes@cqu.edu.au](mailto:k.a.haynes@cqu.edu.au)

## Schedule

### Week 1 - 04 Mar 2024

Module/Topic	Chapter	Events and Submissions/Topic
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Welcome to MDWF 12003: Midwifery Practice 1. 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. 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. The clinical practicum component of this unit will require a minimum of 224 hours to be completed in addition to Continuity of Care Experiences (COCE). This unit is to be studied in conjunction with the units Foundations of Midwifery 1 and Professional Midwifery Practice: Legal and Ethical Framework.

Australian College of Midwives Guidelines for Consultation and Referral.

CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.

Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives.

Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.

Ongoing Clinical Placement

### Week 2 - 11 Mar 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral.	
	CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	
	Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives.	Ongoing Clinical Placement
	Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	

### Week 3 - 18 Mar 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral.	
	CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	
	Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives.	Ongoing Clinical Placement
	Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	

### Week 4 - 25 Mar 2024

Module/Topic	Chapter	Events and Submissions/Topic
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Australian College of Midwives  
Guidelines for Consultation and  
Referral.  
CQUniversity Bachelor of Midwifery  
(Graduate Entry) Student Clinical  
Experience Record Book. Ongoing Clinical Placement  
Nursing and Midwifery Board of  
Australia: Code of Conduct, Ethics and  
Professional Standards for Midwives.  
Queensland Health State-Wide  
Maternal and Neonatal Clinical  
Guidelines.

#### Week 5 - 01 Apr 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement

#### Vacation Week - 08 Apr 2024

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

#### Week 6 - 15 Apr 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement Formative AMSAT, due 2355 (AEST), Friday 19th April

#### Week 7 - 22 Apr 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement

#### Week 8 - 29 Apr 2024

Module/Topic	Chapter	Events and Submissions/Topic



Australian College of Midwives  
Guidelines for Consultation and  
Referral.  
CQUniversity Bachelor of Midwifery  
(Graduate Entry) Student Clinical  
Experience Record Book.  
Nursing and Midwifery Board of  
Australia: Code of Conduct, Ethics and  
Professional Standards for Midwives.  
Queensland Health State-Wide  
Maternal and Neonatal Clinical  
Guidelines.

Ongoing Clinical Placement  
Poster sessions due 2355 (AEST),  
Friday 3rd May 2024

**Assessment 1 - Poster Sessions**  
Due: Week 8 Friday (3 May 2024)  
11:55 pm AEST

#### Week 9 - 06 May 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement

#### Week 10 - 13 May 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement

#### Week 11 - 20 May 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement

#### Week 12 - 27 May 2024

Module/Topic	Chapter	Events and Submissions/Topic
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Australian College of Midwives  
Guidelines for Consultation and Referral.  
CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.  
Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives.  
Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.

Ongoing Clinical Placement  
Portfolio: 2355 (AEST) Friday 31st May 2024

**Assessment 2 - Continuity of Care Experiences: Reflective Portfolio**  
Due: Week 12 Friday (31 May 2024)  
11:55 pm AEST

### Review/Exam Week - 03 Jun 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement

### Exam Week - 10 Jun 2024

Module/Topic	Chapter	Events and Submissions/Topic
	Australian College of Midwives Guidelines for Consultation and Referral. CQUniversity Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State-Wide Maternal and Neonatal Clinical Guidelines.	Ongoing Clinical Placement Summative AMSAT and Record of Clinical Hours, 2355 (AEST), Friday 14th June <b>Professional Practice Placement</b> Due: Exam Week Friday (14 June 2024) 11:55 pm AEST

## Assessment Tasks

### 1 Assessment 1 - Poster Sessions

#### Assessment Type

Poster Sessions

#### Task Description

MDWF12003

MIDWIFERY PRACTICE 1

Assessment 1 - Poster Sessions

#### Type:

Part One: Individual written assessment

Part Two: Group poster design

Part Three: Group presentation

**Due date:** 2355 (AEST) Friday 3rd May 2024 - Week 8

#### Weighting:

Part One: 20%

Part Two: 10%

Part Three: 10% (40% in total)

**Length:**

Part One: Individual written assessment 1500 words +/- 10% (excluding reference list).

Part Two: Group poster design – no limit.

**Unit Coordinator:** Kelly Haynes

**Aim**

This assessment aims to enhance your knowledge of the midwife as a primary health care provider and educator. You will gain an understanding of how the midwife fulfils these roles and reflect upon your own learning with regard to the midwife's role as a primary health care provider and educator.

**Instructions**

Please follow the steps below to complete the task. There are three parts to this assessment task:

**Part One:** Individual written assessment

**Part Two:** Group poster design

**Part Three:** Group presentation

**Part One – Individual Written Assessment (20%)**

Select one of your recruited Continuity of Care Experience (COCE) women and complete the following with reference to the chosen woman. Please follow the steps below to complete Part One of this assessment task:

1. Summarise the information gathered about the woman at her booking appointment. Please ensure all confidential information is de-identified.
2. Select a pregnancy-related education topic from the list provided below for the poster presentation that has been discussed with your CoCE woman and utilising scholarly literature, reflect upon your learning with regards to the chosen pregnancy-related education topic. You may use the following as a guide:

**a) Description**

What is it? What happened? Why am I talking about it?

**b) Interpretation**

What is important and relevant? Look through the description and try to find words or phrases that require further exploration. Include the rationale for your pregnancy-related education topic. When there is controversy about the topic, provide rationale and sources of evidence for both sides of the argument. How can it be explored and explained using contemporary theories?

**c) Outcome**

What have I learned from this? How will it influence my future work?

**Part two – Group Poster Design (10%)**

Students will be required to work in groups to **design a poster** on a pregnancy-related health promotional education topic with pregnant women being the target audience. The unit coordinator will assign students to groups of 2-3 and provide a specific topic from the list below. This allocation will be published on the Moodle discussion board for Midwifery Practice 1 and the Assessment 1 Moodle page.

Please follow the steps below to design your poster:

1. Choose one of the following pregnancy-related health promotional education topics:

- *Antenatal breastfeeding advice*
- *Vaccination during pregnancy (influenza, pertussis, and COVID-19)*
- *First-trimester screening test: serum screening and nuchal translucency scan*
- *Morphology ultrasound scan (18-20 weeks)*
- *Healthy weight gain*
- *Iron deficiency anaemia during pregnancy*
- *Oral care in pregnancy*

- *Emotional well-being and mental health (Edinburgh Postnatal Depression Scale)*
  - *Alcohol consumption in pregnancy*
2. Explain the rationale for the provision of the pregnancy-related education topic for women and their families.
  3. Explore the evidence-based recommendations.
  4. Outline the expected benefits of these recommendations.

### **Part Three: Group Poster Presentation (10%)**

Groups will be required to present their poster to their peers at **one** of the two scheduled Zoom sessions on **Friday 3rd May 2024** at:

**10.00 am - 12.00 pm**

**or**

**12.30 pm - 2.30 pm**

Please follow the instructions below to present the group poster:

Each group will have 10 minutes to explain their understanding of the chosen topic and the associated information presented on the poster: In your discussion, you are advised to follow the same format as when designing your poster:

1. Explain the rationale for providing the pregnancy-related education topic: why is important for women?
2. Explore the recommended evidence-based recommendations.
3. Outline the expected benefits of the recommendations.

#### **Please note:**

As this is a group learning exercise, all students must be present for the duration of the scheduled Zoom session. You are required to make appropriate roster requests to ensure availability.

#### **Literature and references**

In this assessment use at least 5 contemporary references (<5 years) for the individual written task, and at least 5 contemporary references (<5 years) for the group poster design task to support your discussion. 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 5 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. Note, that websites such as Stat Pearls, Life in the Fastlane, and Wikipedia are not suitable for this assessment task. Lecture notes are not primary sources of evidence and should not be used in this assessment.

#### **Requirements**

##### **Written Assessment**

- Use a conventional and legible size 12 font, such as Times New Roman, with 2.0 line spacing and 2.54 cm page margins (standard pre-set margin in Microsoft Word).
- Include page numbers on the top right side of each page in a header.
- You may write in the first-person perspective for this assignment.
- Use formal academic language.
- Use the seventh edition American Psychological Association (APA) referencing style. The [CQUniversity Academic Learning Centre](#) has an online [CQU APA Referencing Style Guide](#).
- The word count excludes the reference list but includes in-text citations (i.e., paraphrasing, or direct quotations). Note. Paraphrasing is required.

##### **Poster**

- Your poster should be presented on one page.
- Use language appropriate to the target audience: women and their families.
- There is no word count for the poster but ensure that you use a legible font size and text is clear and to the point.
- Use bullets, numbering, and headlines to make it easy to read.
- In-text referencing should be included in the poster. The reference list can be presented on an additional page to the poster.

## Presentation

- 10 minutes in length.
- All students within the allocated group must be available to present their poster.

## Resources

- You can use unit-provided materials and other credible sources (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](#): the [nursing and midwifery guide](#).
- You may like to manage your citations and reference list. Information on how to use academic referencing software (EndNote) is available at the [CQUniversity Library website](#) should you wish to learn how to use it.
- 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](#).
- For information on using PowerPoint please go to the [Academic Learning Centre Computing Basics section](#) – How to use PowerPoint.
- For information on using Zoom to present your assessment please go to [Zoom web conferencing](#).

## Submission

1. Submit your written assessment via the unit Moodle site in Microsoft Word format.
2. The poster should be formatted as a **PDF** file and submitted via the unit Moodle site.
3. You will be presenting live to your lecturer and fellow students using Zoom, a video conferencing program. Your lecturer will help you with using Zoom. With your permission, your presentation may be recorded for marking purposes. Only your lecturer will have access to this video which will be stored securely.

## Marking Criteria

Refer to the marking rubric on the Moodle site for more details on how marks will be assigned. Assessment re-attempt is not available for Assessment 1.

## Learning Outcomes Assessed

1. Critically reflect on clinical learning related to your continuity of care experiences (COCE) to enhance practice.
2. Demonstrate beginning midwifery practice skills, including the use of digital health and emerging technologies related to the care of women and the neonate across the normal childbearing continuum.

## Assessment Due Date

Week 8 Friday (3 May 2024) 11:55 pm AEST

This is the submission date of your written assignment. You will be allocated to a group to present the poster via Zoom on Friday 3rd May 2024 at 10.00 AM or 12.30PM.

## Return Date to Students

Week 11 Monday (20 May 2024)

## Weighting

40%

## Assessment Criteria

### Assessment 1: Poster Sessions

#### Part One: Individual Written Assessment (20%)

HD 100-85%  
Structure (10%)

D 75-84%

C 65-74%

P 50-64%

F 46-49%

Low Fail >45 %

Content is very well organised. Content is student's own work. Consistently accurate with spelling, grammar, and punctuation. 10.00 - 8.41 (10%)	Content is well organised. Content is student's own work. Mostly accurate with spelling, grammar, and punctuation (1-2 errors). 8.40 - 7.41	Content is adequately organised. Content is student's own work. Some inaccuracies in spelling, grammar, and punctuation (3-4 errors). 7.40 - 6.41	Content is somewhat organised. Content is student's own work. A few inaccuracies with spelling, grammar, and punctuation (4-5 errors). 6.40 - 4.91	Content is mostly disorganised. Content is not student's own work. Many inaccuracies in spelling, grammar, and punctuation (>5 errors). 4.90 - 4.50	Content is disorganised. Content is not student's own work. Many inaccuracies in spelling, grammar, and punctuation (>6 errors). 4.49 - 0.00
<b>Approach &amp; Argument (80%)</b>					
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. 10.00 - 8.41 (10%)	Content is relevant to the topic; the approach clearly answers the question, and the argument proceeds logically and is within the set word limit. 8.40 - 7.41	Content is appropriate and answers the question and the argument for the most part proceeds logically and is within the set word limit. 7.40 - 6.41	Content answers the question the argument is at times repetitive or lacks cohesion and is within the set word limit with a 10% allowance (under or over the set limit). 6.40 - 4.91	Content is frequently off-topic and only partially answers the questions in relation to current midwifery practice. The discourse frequently lacks cohesion. The word limit has not been adhered to and is marginally over or under the 10% allowance. 4.90 - 4.50	Content is irrelevant and or does not answer the questions and the argument lacks cohesion. The word limit has not been adhered to, the word limit is well over or under the 10% allowance. 4.49 - 0.00
An articulate and comprehensive summary of the information gathered about the woman at her booking appointment. Confidential information is de-identified. 30-25.21 (30%)	Insightful and well-developed summary of the information gathered about the woman at her booking appointment. Confidential information is de-identified. 25.2 - 22.21	A logical summary of the information gathered about the woman at her booking appointment. Confidential information is de-identified. 22.20-19.21	A disjointed summary of the information gathered about the woman at her booking appointment. Confidential information is de-identified. 19.20 -14.71	An inadequate summary of the information gathered about the woman at her booking appointment. Confidential information is partially de-identified. 14.70-13.51	No summary of the information gathered about the woman at her booking appointment. Confidential information is not de-identified. 13.50-0.00
A comprehensive reflection on a pregnancy-related education topic that has been discussed with your CoCE woman. The discussion includes: A description An interpretation An outcome - what was learnt. 40.00 - 33.80 (40%)	A well-developed reflection on a pregnancy-related education topic that has been discussed with your CoCE woman. The discussion includes: A description An interpretation An outcome - what was learnt. 33.79 - 29.80	A broad reflection on a pregnancy-related education topic that has been discussed with your CoCE woman. The discussion includes: A description An interpretation An outcome - what was learnt. 29.79 - 25.80	A limited reflection on a pregnancy-related education topic that has been discussed with your CoCE woman. The discussion includes some of the following: A description An interpretation An outcome - what was learnt. 25.79 - 19.80	A minimal reflection on a pregnancy-related education topic that has been discussed with your CoCE woman. The discussion does not include: A description An interpretation An outcome - what was learnt. 19.79 - 18.00	An inadequate reflection on a pregnancy-related education topic that has been discussed with your CoCE woman. The discussion does not include: A description An interpretation An outcome - what was learnt. 17.99 - 0.00
<b>Referencing (10%)</b>					
Consistently integrates up-to-date references to support and reflect all ideas, information, and quotations. 5.00 - 4.23 (5%)	Generally, integrates up-to-date references to support and reflect ideas, information, and quotations, with 1 or 2 exceptions. 4.22 - 3.73	Frequently integrates up-to-date references to support and reflect ideas, information, and quotations, with 3 or 4 exceptions. 3.72 - 3.23	Occasionally integrates up-to-date references to support and reflect ideas, information, and quotations, with 5 or 6 exceptions. 3.22 - 2.48	Infrequent attempts (>6 errors) to integrate up-to-date references to support and reflect ideas, factual information, and quotations. 2.47 - 2.26	Failure to integrate up-to-date references to support and reflect ideas, factual information, and quotations. Warrants academic misconduct referral. 2.25 - 0.00
Consistently accurate with referencing. A minimum of 5 references were used including journal articles and relevant websites. 5.00 - 4.23 (5%)	1 or 2 consistent referencing errors were identified. A minimum of 5 references were used including journal articles and relevant websites. 4.22 - 3.73	3 or 4 consistent referencing errors were identified. A minimum of 5 references were used including journal articles and relevant websites. 3.72 - 3.23	3 or 4 inconsistent referencing errors were identified. A minimum of 5 references were used including journal articles and relevant websites. 3.22 - 2.48	Many inaccuracies with referencing (5-6). A minimum of 10 references were used. Less than 3 journal articles not sourced. Relevant websites included. 2.47 - 2.26	Many inaccuracies with referencing (>6). Less than 10 references were used. Less than 2 journal articles not sourced. Relevant websites are not included. 2.25 - 0.00
<b>Comments: /100</b>					
<b>Percentage for written assessment: /20%</b>					

## Part Two: Group Poster Design (10%)

**HD 100-85%**  
**Structure (20%)**

**D 75-84%**

**C 65-74%**

**P 50-64%**

**F 46-49%**

**Low Fail (<45%)**

<p>Content is very well organised, highly engaging, and aesthetically appealing. Images are of high quality and highly relevant to the content. Language is appropriate for the target audience (pregnant women). Consistently accurate with spelling, grammar, and punctuation. 20-16.81 (20%)</p>	<p>Content is well organised, engaging and aesthetically appealing. Images are of high quality and are relevant to the content. Language is appropriate for the target audience (pregnant women). Mostly accurate with spelling, grammar, and punctuation (1-2 errors). 16.8-14.81</p>	<p>Content is adequately organised, engaging and aesthetically appealing. Images are of good quality and are relevant to the content. Language is generally appropriate for the target audience (pregnant women). Some inaccuracies with spelling, grammar, and punctuation (3-4 errors). 14.8-12.81</p>	<p>Content is somewhat organised, engaging and aesthetically appropriate. Images are of good quality and are somewhat relevant to the content. Language is at times inappropriate for the target audience (pregnant women). A few inaccuracies with spelling, grammar, and punctuation (4-5 errors). 12.8-9.90</p>	<p>Organisation of content is limited and in parts is unengaging, and not aesthetically appealing. Images in some areas are of limited quality and/or not relevant to the content. Language is partially inappropriate for the target audience (pregnant women). Many inaccuracies with spelling, grammar, and punctuation (&gt;5 errors). 9.89-9.0</p>	<p>Content is disorganised, unengaging, and not aesthetically appealing. Images are of poor quality and/or not relevant to the content. Language is generally inappropriate for the target audience (pregnant women). Many inaccuracies with spelling, grammar, and punctuation (&gt;6 errors). 8.99-0</p>
<b>Approach &amp; Argument (70%)</b>					
<p>Content is clearly relevant to the topic; the approach comprehensively answers the question, and the argument proceeds logically. The chosen topic is clearly identifiable. 10.00-8.41 (10%)</p> <p>An articulate, succinct, and comprehensive explanation of the rationale for the provision of the pregnancy-related health promotional education topic. 20-16.81 (20%)</p>	<p>Content is relevant to the topic; the approach clearly answers the question, and the argument proceeds logically. The chosen topic is clearly identifiable. 8.40-7.41</p> <p>A well-developed explanation of the rationale for the provision of the pregnancy-related health promotional education topic. 16.8-14.81</p>	<p>Content is appropriate and addresses the topic for the most part proceeds logically. The chosen topic is identifiable. 7.40-6.41</p> <p>A logical explanation of the rationale for the provision of the pregnancy-related health promotional education topic. 14.8-12.81</p>	<p>Content addresses the topic but is at times, repetitive or lacks cohesion. The chosen topic is somewhat clear. 6.40-4.91</p> <p>A disjointed and limited explanation of the rationale for the provision of the pregnancy-related health promotional education topic. 12.8-9.90</p>	<p>Content is frequently off-topic relevant and partially addresses the topic. The script mostly lacks cohesion. The chosen topic is predominantly not clear. 4.90-4.50</p> <p>An inadequate explanation of the rationale for the provision of the pregnancy-related health promotional education topic. 9.89-9.0</p>	<p>Content is irrelevant and or does not address the topic, and the script lacks cohesion. The chosen topic is not clear. 4.49-0.00</p> <p>No explanation of the rationale for the provision of the pregnancy-related health promotional education topic. 8.99-0.00</p>
<p>A comprehensive and insightful exploration of the evidence-based recommendations for the pregnancy-related education topic. 20-16.81 (20%)</p>	<p>A well-developed and thoughtful exploration of the evidence-based recommendations for the pregnancy-related education topic. 16.8-14.81</p>	<p>A broad exploration of the evidence-based recommendations for the pregnancy-related education topic. 14.8-12.81</p>	<p>A minimal and/or limited exploration of the evidence-based recommendations for the pregnancy-related education topic. 12.8-9.90</p>	<p>An inadequate exploration of the evidence-based recommendations for the pregnancy-related education topic. Understanding of the topic is limited. 9.89-9.0</p>	<p>No exploration of the evidence-based recommendations for the pregnancy-related education topic. Understanding of the topic is poorly demonstrated. 8.99-0.00</p>
<p>A comprehensive and concise outline of the expected benefits of the recommendations for the pregnancy-related education topic. 20-16.81 (20%)</p>	<p>A clear and relevant outline of the expected benefits of the recommendations for the pregnancy-related education topic. 16.8-14.81</p>	<p>A logical outline of the expected benefits of the recommendations for the pregnancy-related education topic. 14.8-12.81</p>	<p>Satisfactory but limited outline of the expected benefits of the recommendations for the pregnancy-related education topic. 12.8-9.90</p>	<p>An inadequate outline of the expected benefits of the recommendations for the pregnancy-related education topic. Understanding of the topic is limited. 9.89-9.0</p>	<p>No outline of the expected benefits of the recommendations for the pregnancy-related education topic. Understanding of the topic is poorly demonstrated. 8.99-0.00</p>
<b>Referencing (10%)</b>					
<p>Consistently integrates up-to-date references to support and reflect all ideas, information, and quotations. 5.00-4.23 (5%)</p>	<p>Generally, integrates up-to-date references to support and reflect ideas, information, and quotations, with 1 or 2 exceptions. 4.22-3.73</p>	<p>Frequently integrates up-to-date references to support and reflect ideas, information, and quotations, with 3 or 4 exceptions. 3.72-3.23</p>	<p>Occasionally integrates up-to-date references to support and reflect ideas, information, and quotations, with 5 or 6 exceptions. 3.22-2.48</p>	<p>Fails to or infrequent attempts (&gt;6 errors) to integrate up-to-date references to support and reflect ideas, information, and quotations. 2.47- 2.26</p>	<p>Failure to integrate up-to-date references to support and reflect ideas, factual information and quotations. Warrants academic misconduct referral. 2.25-0.00</p>

Consistently accurate with referencing. A minimum of 5 references were used including journal articles and relevant websites. 5.00-4.23 (5%)	1 or 2 consistent referencing errors were identified. A minimum of 5 references were used including journal articles and relevant websites. 4.22-3.73	3 or 4 consistent referencing errors were identified. A minimum of 5 references were used including journal articles and relevant websites. 3.72-3.23	3 or 4 inconsistent referencing errors were identified. A minimum of 5 references were used including journal articles and relevant websites. 3.22-2.48	Many inaccuracies with referencing (>5). Less than 5 references were used. Less than 2 journal articles were sourced. Relevant websites not included. 2.47-2.26	Many inaccuracies with referencing (>6). Less than 5 references were used. Journal articles not sourced. Relevant websites not included. 2.25-0.00
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**Comments:**  
/100

**Percentage for poster:** /10%

### Part Three: Group Presentation - 10%

A concise, yet comprehensive explanation of the poster's subject matter.	A clear and relevant explanation of the poster's subject matter.	A general explanation of the poster's subject matter.	An explanation of the poster's subject matter is provided. Lacks depth and detail.	The explanation of the poster's subject matter is inadequate.	The explanation of the poster's subject matter is absent.
The explanation insightfully extends upon the information presented on the poster. The poster is referred to when explaining the topic. 10.00-8.41 (10%)	The explanation extends to the information presented on the poster. The poster is referred to when explaining the topic. 8.40-7.41	The explanation somewhat extends to the information presented on the poster. The poster is referred to when explaining the topic. 7.40-6.41	The explanation pertains only to the information presented on the poster. The poster is inconsistently referred to when explaining the topic. 6.40-4.91	The explanation is limited when discussing the information presented on the poster. The poster is rarely referred to when explaining the topic. 4.90-4.50	The explanation is absent and does not discuss information presented on the poster. The poster is not referred to when explaining the topic. 4.99-0.00

**Comments:**  
/10

**Percentage for poster presentation:** /10%

Assessment is worth 40% of the overall total

### Referencing Style

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

### Submission

Online

### Submission Instructions

The individual written assessment and poster design is submitted via Moodle. The poster will be presented in the groups allocated via Zoom.

### Learning Outcomes Assessed

- Demonstrate beginning midwifery practice skills, including the use of digital health and emerging technologies related to the care of women and the neonate across the normal childbearing continuum.
- Critically reflect on clinical learning related to your continuity of care experiences (COCE) to enhance practice

### Graduate Attributes

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

## 2 Assessment 2 – Continuity of Care Experiences: Reflective Portfolio

### Assessment Type

Portfolio

### Task Description

**MDWF12003**

**MIDWIFERY PRACTICE 1**



## Assessment 2

**Type:** Portfolio

**Due date:** 2355 (AEST) 31st May 2024, Week 12

**Weighting:** 60%

**Length:** Each journal entry should be approximately 300 words however labour and birth reflections can be (approximately 400 words)

**Unit Coordinator:** Kelly Haynes

### Learning Outcomes Assessed

Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice. Critically reflect on clinical learning related to your continuity of care experiences (COCE) to enhance practice.

### Aim

The aim of this assessment is to provide you with the opportunity to reflect on your approach to provide continuity of care and the underpinning frameworks that underpin that approach.

Reflective practice is a key element that contributes to the Nurses and Midwives Board of Australia's Midwife Standards for Practice (2018). Through reflective processes, students and registered midwives can identify and explore diverse values, beliefs, learning needs, and sociocultural structures.

### Instructions

To facilitate your reflective skill development, you are required to complete a reflective piece of writing for each of the three (3) 'continuity of care experience' (COCE) women you recruited in term 1.

A reflective journal documents the development of a therapeutic midwifery relationship between midwifery students, women and their families and can encompass interpersonal aspects of the interaction. Reflective writing is a deeper cognitive process that demonstrates what has been learned about the midwifery profession, in addition to one's development as a practicing midwife. The journals are designed to elevate the CoC experience from merely ticking off appointments and completed women, to demonstrating active cognitive learning.

Reflective writing is more personal than other kinds of academic writing and is an exploration and analysis of events, not just a description of them. This involves analysing an experience, assessing what you have learned 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 identifies how different aspects of your work interconnect. It can be very useful for identifying gaps in knowledge and ethical dilemmas or situations that need further thought.

Please use the framework below to structure each reflective journal entry.

### Description

What is it?

What happened?

Why am I talking about it?

### 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?

### Outcome

What have I learned from this?

How will it influence my future work?

**Please note that you must use the template provided on the MDWF12003 Moodle page for each Continuity of Care Experience.**

### **Requirements**

- Each COCE woman must have their own individual journal in Word Document format, which is to be uploaded as individual files to the relevant Moodle assessment page. You will therefore submit three separate documents for this assessment.
- Each COCE woman must be de-identified within the journal.
- Ensure your name and the pseudonym for your woman at the centre of your Continuity of Care Experience are documented on each page.
- Each journal entry in the portfolio must adhere to the template provided on the MDWF12003 Moodle page. When you are preparing your term submission, please enter a red line under the completed entries for this term's marking in each journal.
- Use a conventional and legible size 12 font, such as Times New Roman, with 2.0 line spacing and 2.54cm page margins (standard pre-set margin in Microsoft Word).
- 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](#).

### **Literature and references**

Use at least one reference for each journal entry. Where references are used to support your discussion, they should be contemporary references (<5 years) sourced from the CQUniversity library in this assessment to support your discussion. 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 5 elements of a quality reference: currency, authority, relevance, objectivity, and coverage. Grey literature sourced from the internet must be from reputable websites such as government, university, or peak national bodies, for example, the Australian College of Midwives or the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Websites such as Stat Pearls, Life in the Fastlane, and Wikipedia are unsuitable for this assessment task. Lecture notes are unsuitable for this assessment task.

### **Resources**

- You can use unit-provided materials and other credible sources (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: the Nursing and Midwifery 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 relevant Moodle assessment page.

### **Marking Criteria**

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

### **Assessment Due Date**

Week 12 Friday (31 May 2024) 11:55 pm AEST

### **Return Date to Students**

Exam Week Friday (14 June 2024)

## Weighting

60%

## Assessment Criteria

HD 100-85%	D 84-75%	C 74-65%	P 64-50%	F 50-46 %	Low Fail <45 - %
<b>Structure (10%)</b>					
Excellent presentation of portfolio. Reflective journals are set out as per the template. Consistently accurate in spelling, grammar, and paragraph structure. 10.00 - 8.45 (10%)	Well-presented portfolio, Reflective journals set out as per template. 1 or 2 errors in spelling, grammar, and paragraph structure. 8.44 - 7.45	Well-presented portfolio. Reflective journals are set out as per the provided template. 2 or 3 consistent errors in spelling, grammar, and paragraph structure. 7.44 - 6.45	Well-presented portfolio. Reflective journals are set out as per the provided template. 3 or 4 inconsistent errors in spelling, grammar, and paragraph structure 6.44 - 4.95	Poorly presented portfolio. The provided template is mostly not utilized. Many inaccuracies in spelling, grammar, and paragraph structure (> 5 errors). 4.94 - 4.50	Poorly presented portfolio. The provided template is not utilized. Many inaccuracies in spelling, grammar, and paragraph structure (> 6 errors). 4.49 - 0.00
<b>Approach &amp; Argument (80%)</b> 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 learnt. 40.00 - 33.80 (40%)	Insightful and well-developed reflective journals that explore and identify gaps in knowledge. Each reflective journal provides: A description An interpretation An outcome - what was learnt. 33.79 - 29.80	Provides logical and broadly reflective journals that explore and identify gaps in knowledge. Each reflective journal provides: A description An interpretation An outcome - what was learnt. 29.79 - 25.80	Disjointed reflective journals that explore and identify some gaps in knowledge. Each reflective journal provides some of the following: A description An interpretation An outcome - what was learnt. 25.79 - 19.80	Mostly inadequate reflective journals that do not explore or identify gaps in knowledge. The following mostly have not been included: A description An interpretation An outcome - what was learnt. 19.79 - 18.00	Inadequate reflective journals that do not explore or identify gaps in knowledge. The following have been excluded: A description An interpretation An outcome - what was learnt. 17.99 - 0.00
3 comprehensive reflective journals. Content is student's own work and includes: - 4 antenatal visits - +/- the labour (Intrapartum care) - 2 postnatal visits - Face-to-face/ telehealth visits 20-16.81 (20%)	3 well-developed reflective journals. Content is student's own work and includes: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits - Face-to-face/ telehealth visits 16.8-14.81	3 reflective journals. Content is student's own work and includes: - 4 antenatal visits - +/- the labour (Intrapartum care) - 2 postnatal visits - Face-to-face/ telehealth visits 14.8-12.81	3 disjointed reflective journals. Content is student's own work and includes: - 4 antenatal visits - +/- the labour (Intrapartum care) - 2 postnatal visits - Face-to-face/ telehealth visits 12.8-9.90	3 or less inadequate reflective journals. Content is not student's own work and in some cases, does not meet the expected requirements of: - 4 antenatal visits - +/- the labour (Intrapartum visits) - 2 postnatal visits - Face-to-face/telehealth visits 9.89-9.0	3 or less inadequate reflective journals. Content is not student's own work and does not meet the expected requirements of: - 4 antenatal visits - +/- the labour (Intrapartum Visits) - 2 postnatal visits - Face-to-face/telehealth visits 8.99-0
Demonstrates an exceptional and insightful reflection on their therapeutic professional relationship with the woman throughout her childbearing continuum. 20-16.81 (20%)	A well-developed reflection on their therapeutic professional relationship with the woman during her childbearing continuum. 16.8-14.81	A satisfactory reflection on their therapeutic professional relationship with the woman throughout her childbearing continuum. 14.8-12.81	Basic reflection on their therapeutic professional relationship with the woman during her childbearing continuum. The reflection includes some relevant aspects of midwifery care but lacks depth and critical analysis. 12.8-9.90	Reflection on their therapeutic professional relationship with the woman is insufficient. The reflection is vague, lacks specific details or examples. 9.89-9.0	Reflection on their therapeutic professional relationship with the woman is absent. A lack of understanding of the principles of midwifery care or the significance of the therapeutic relationship. 8.99-0
<b>Referencing (10%)</b>					
Consistently integrates up-to-date references to support and reflect all ideas, information, and quotations. (5%) 5.00 - 4.23 (5%)	Generally, integrates up-to-date references to support and reflect ideas, information, and quotations, with 1/ 2 exceptions. 4.22 - 3.73	Frequently integrates up-to-date references to support and reflect ideas, information, and quotations, with 3 or 4 exceptions. 3.72 - 3.23	Occasionally integrates up-to-date references to support and reflect ideas, information, and quotations, with 5 or 6 exceptions. 3.22 - 2.48	Fails to or infrequent attempts (>7 errors) to integrate up-to-date references to support and reflect ideas, information, and quotations. 2.47 - 2.26	Failure to integrate up-to-date references to support and reflect ideas, factual information, and quotations. Warrants academic misconduct referral. 2.25 - 0.00
Consistently accurate with referencing. A minimum of 1 reference is used for each journal entry, including journal articles and relevant websites. 5.00 - 4.23 (5%)	1 or 2 consistent referencing errors were identified. 1 or 2 journal entries missing a reference. Journal articles and relevant websites are included. 4.22 - 3.73	3 or 4 consistent referencing errors were identified. 3 or 4 journal entries missing a reference. Journal articles and relevant websites are included. 3.72 - 3.23	5 or 6 inconsistent referencing errors were identified. 5 or 6 journal entries missing a reference. Journal articles and relevant websites are included. 3.22 - 2.48	Many inaccuracies with referencing (>6). Many journal entries lack a minimum of 1 reference. Journal articles not sourced. Relevant websites are not included. 2.47 - 2.26	Many inaccuracies with referencing (>7). All journal entries lack the minimum of 1 reference. Journal articles not sourced. Relevant websites are not included. 2.25 - 0.00

This assignment is worth **60 %** of the total assessment for this subject.

**/100**

## Referencing Style

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

## Submission

Online

## Submission Instructions

Please upload the three or more individual reflective portfolio documents to the Moodle assessment page.

## Learning Outcomes Assessed

- Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice
- Critically reflect on clinical learning related to your continuity of care experiences (COCE) to enhance practice

## Graduate Attributes

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

## 3 Professional Practice Placement

### Assessment Type

Professional Practice Placement

### Task Description

**MDWF12003**

**MIDWIFERY PRACTICE 1**

**Assessment 3**

**Type:** Professional Practice Placement

### Due date:

Formative AMSAT, Friday 19th April 2355 (AEST) - Week 6

Summative AMSAT and Record of Clinical Hours, Friday 14th June 2355 (AEST) - Exam Week

**Weighting:** Pass/Fail

**Length:** No word count

**Unit Coordinator:** Kelly Haynes

### Aim

The aim of this assessment is to aid you in consolidating your midwifery knowledge and the application of theory to practice to ensure safe and effective care is received by the women and neonates in your care. This assessment aims to provide you with the opportunity to demonstrate competent midwifery clinical practice that meets the requirements of the Nursing and Midwifery Board of Australia's (NMBA) Midwife Standards for Practice (2018).

### Instructions

A minimum of **224 hours** of clinical practice experience is required to complete this unit. This clinical experience will allow you to consolidate knowledge and skills acquired throughout the unit. You are required to meet the clinical requirements listed below, and these requirements need to be documented accurately within your Student Clinical Experience Record Book. Please note that successfully completing this unit is not merely completing requisite clinical hours and skills but also demonstrating midwifery novice competency based upon the NMBA requirements and professional behaviour as per relevant CQUniversity policies.

Please follow the steps below to complete your assessment task:

1. Complete 224 hours of clinical practice experience plus COCE hours. Complete the term 1 formative AMSAT face-to-face with your preceptor/facilitator/educator during week 6 and submit via the SONIA online platform by Friday 19th April at 2355.
2. Complete the term 1 summative AMSAT and the Record of Clinical Hours with your preceptor/facilitator/educator during Exam week and submit via the SONIA platform by Friday 14th June at 2355.
3. Recruit three Continuity of Care Experience (COCE) women and attend episodes of antenatal care alongside these women. You may or may not have participated in the experience of your COCEs' births and postnatal care by the submission date for your reflective journal portfolio. Submit your Record of Continuity of Care Experiences from your Student Clinical Experience Record Book in your Record of Hours document via SONIA by Friday 14th June at 2355.

### Submission

Submit your documents via the SONIA platform.

### **Marking Criteria**

The midwifery educator/manager will review the required clinical experience in conjunction with the Unit Coordinator.

### **Learning Outcomes Assessed**

1. Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice.
2. Demonstrate beginning midwifery practice skills, including the use of digital health and emerging technologies related to the care of women and the neonate across the normal childbearing continuum.
3. Demonstrate introductory level midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) Midwife Standards of Practice (2018) requirements.

### **Assessment Due Date**

Exam Week Friday (14 June 2024) 11:55 pm AEST

### **Return Date to Students**

Please allow up to two weeks post submission date for marking of assessments.

### **Weighting**

Pass/Fail

### **Assessment Criteria**

N/A

### **Referencing Style**

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

### **Submission**

Online

### **Submission Instructions**

Please submit your Professional Practice documents via the SONIA platform.

### **Learning Outcomes Assessed**

- Apply the concepts and principles underpinning the frameworks of midwifery to beginning midwifery practice
- Demonstrate beginning midwifery practice skills, including the use of digital health and emerging technologies related to the care of women and the neonate across the normal childbearing continuum.
- Demonstrate introductory level midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) Midwife Standards of Practice (2018) requirements.

### **Graduate Attributes**

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

## 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