



# MDWF12006 Midwifery Practice 2

## Term 2 - 2022

Profile information current as at 29/04/2024 03:42 am

All details in this unit profile for MDWF12006 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 second of four that provides you with midwifery clinical experience. You will have the opportunity to assess, plan, provide, and evaluate the physiological and psychosocial care of the woman experiencing complex factors. Complexities may arise during the antenatal, intrapartum, and postnatal period and include the fetus and neonate. You will provide care in collaboration and consultation with the intra and interprofessional team utilising the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'. 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: MDWF12005 Foundations of Midwifery 2

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 2 - 2022

- 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 Email communication received from student.

##### **Feedback**

(RE submission of reflective journals on the meta page). I was actually directed by another student who said go back to the link for uploads from term 1 found on the MDWF12003 moodle page. Maybe this link can be added to the MDWF12009 page for next term for easy access for students?

##### **Recommendation**

This is a simple measure which will potentially reduce the number of incorrect submissions, and thus, the amount of resubmissions that must be requested and confirmed. I have recommended this change to next term's Midwifery Practice 3 unit coordinator and I will personally place a link to the submission point (on the Bachelor of Midwifery meta page) on both the Midwifery Practice 1 and Midwifery Practice 2 assessment instructions for the 2022 offerings.

## Unit Learning Outcomes

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

1. Assess, plan, provide, and evaluate physiological care of the woman and her baby experiencing complex factors using the latest Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral and digital health and emerging technologies.
2. Assess, plan, provide, and evaluate psychosocial care of the woman experiencing complex factors during the childbearing continuum using the latest Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral and digital health and emerging technologies.
3. Critically reflect on clinical learning and midwifery practice related to the care of the woman and her baby experiencing complex factors during the childbearing continuum
4. Demonstrate developing midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) Midwife Standards for 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.

#### **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 plans 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 5: Teaching, supervising and assessing.

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.

Blood Management Standard.

Recognising and Responding to Acute Deterioration Standard.

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

## Alignment of Learning Outcomes, Assessment and Graduate Attributes



## Alignment of Assessment Tasks to Learning Outcomes



## Textbooks and Resources

### Textbooks

**There are no required textbooks.**

#### Additional Textbook Information

Marshall, J & Raynor, M (2020). *Myles Textbook for Midwives* (17th Ed). Churchill Livingstone, London, England.

### IT Resources

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

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)
- Headphones or speaker, and a microphone
- Lap top or Computer

## 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

**Rachelle Chee** Unit Coordinator

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**Kelly Haynes** Unit Coordinator

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## Schedule

### Week 1 - 11 Jul 2022

Module/Topic	Chapter	Events and Submissions/Topic
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Welcome to Midwifery Practice 2 your clinical subject. This clinical placement course is the second of four that provides you with midwifery clinical experience. You will have the opportunity to assess, plan and provide physiological and psycho-social care of the woman experiencing complex factors. This may occur during pregnancy, labour and in the postnatal period and includes the fetus and neonate. This care will be provided in collaboration and consultation with the multidisciplinary team utilising the Australian College of Midwives 'National Midwifery Guidelines for Consultation and Referral'. This course is to be undertaken in conjunction with Foundations of Midwifery 2.

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

Ongoing Clinical Placement

#### Week 2 - 18 Jul 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

#### Week 3 - 25 Jul 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

#### Week 4 - 01 Aug 2022

Module/Topic	Chapter	Events and Submissions/Topic
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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 Bachelor of Midwifery (Graduate Entry)  
 Student Clinical Experience Record Book.

Ongoing Clinical Placement

**Week 5 - 08 Aug 2022**

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

**Vacation Week - 15 Aug 2022**

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

**Week 6 - 22 Aug 2022**

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

**Week 7 - 29 Aug 2022**

Module/Topic	Chapter	Events and Submissions/Topic
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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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.

Ongoing Clinical Placement

#### Week 8 - 05 Sep 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement  <b>Written Assessment / Group Presentation</b> Due: Week 8 Friday (9 Sept 2022) 11:45 pm AEST

#### Week 9 - 12 Sep 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

#### Week 10 - 19 Sep 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

#### Week 11 - 26 Sep 2022

Module/Topic	Chapter	Events and Submissions/Topic
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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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.

Ongoing Clinical Placement

### Week 12 - 03 Oct 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement  <b>Reflective Journals</b> Due: Week 12 Friday (7 Oct 2022) 11:55 pm AEST

### Review/Exam Week - 10 Oct 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement  <b>Clinical Placement: Hours, Skills and Competency Assessment Tool</b> Due: Review/Exam Week Friday (14 Oct 2022) 11:55 pm AEST

### Exam Week - 17 Oct 2022

Module/Topic	Chapter	Events and Submissions/Topic
	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 Bachelor of Midwifery (Graduate Entry) Student Clinical Experience Record Book.	Ongoing Clinical Placement

## Assessment Tasks

# 1 Written Assessment / Group Presentation

## Assessment Type

Poster Sessions

## Task Description

### MDWF12006 : MIDWIFERY PRACTICE 2

Assessment 1 – Poster Sessions Type: Individual written assessment & group poster design and presentation

Due date: 1000 (AEST) Friday 9<sup>th</sup> September 2022 - Week 8

Weighting: 40%

Length: Written assessment – 1500 words. Poster – no limit.

Unit Coordinator: Kelly Haynes

## Aim

The aim of this assessment is to review, research and analyse current evidence that guides maternity healthcare for women experiencing conditions complicating pregnancy. Research and read widely to gain insight and understanding into the disease, treatment and multidisciplinary care of women and infants experiencing these complexities. This assessment will provide you with an opportunity to disseminate your findings.

## Instructions

There are two parts to this assessment task – an **individual written assessment** and a **group poster design and presentation**.

Please follow the steps below to complete your assessment task:

### Part one – individual written assessment (20%)

As a group, choose one of the following complex midwifery practice topics:

- Herpes simplex virus (HSV) in pregnancy
- HIV in pregnancy
- Syphilis in pregnancy
- Hypertensive disorders of pregnancy (gestational hypertension and/or preeclampsia)
- Rhesus negative blood type in pregnancy and rhesus disease

Using a midwifery philosophy of care, the individual student is required to utilise an essay format to:

**Explain** the pathophysiology of the chosen condition. **Identify** the associated consultation and referral level according to the Australian College of Midwives' National Midwifery Guidelines for Consultation and Referral – 4th edition (2021).

**Examine** the current, evidence-based care for the chosen condition and **describe** a suitable multidisciplinary team care plan, demonstrating an understanding of multidisciplinary collaboration and appropriate referral pathways.

**Outline** how the midwife would work with the woman to promote her wellbeing and optimise her experience of pregnancy, labour/birth and the postnatal period.

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

Students will be required to work in groups to develop and provide a poster presentation on the chosen complication of pregnancy. The unit coordinator will assign students to groups of 2-3, which will be published on the Moodle page discussion board.

Within the content of the poster, students are required to:

- Define the chosen pregnancy complication
- Outline the potential consequences of the pregnancy complication
- Explore the recommended evidence-based recommendations and multidisciplinary involvement

### Poster Presentation (10%)

Groups will be required to present their poster during the scheduled Zoom session on **Friday 9th September at 1000**. Each group will have 5 minutes to (using your poster) explain your understanding of the chosen topic and the associated information presented on the poster.

**All students must be present for the duration of the scheduled Zoom session. You will need to make appropriate roster requests in advance to ensure that you are available.**

## 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 Nursing or the Australian Association of Social Workers.

## Requirements

*Written Assessment*

- 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 as appropriate.
- You may write in the first-person perspective.
- Use formal academic language for the written assessment.
- 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.

#### Poster

- Your poster should be presented on one page.
- Use language appropriate to the target audience.
- 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.
- References can be included where relevant but keep to a minimum.

#### 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 written assessment via the unit Moodle site in Microsoft Word format. The poster should be formatted as a PDF file and submitted via the unit Moodle site.

#### Marking Criteria

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

#### Learning Outcomes Assessed

- 1 - Assess, plan, provide, and evaluate physiological care of the woman and her baby experiencing complex factors using the latest Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral*.
- 2 - Assess, plan, provide, and evaluate psychosocial care of the woman experiencing complex factors during the childbearing continuum using the latest Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral*.

#### References

[Australian College of Midwives](#) (2021). *National midwifery guidelines for consultation and referral - 4th edition*. [https://www.midwives.org.au/common/Uploaded%20files/\\_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-\(2021\).pdf](https://www.midwives.org.au/common/Uploaded%20files/_ADMIN-ACM/National-Midwifery-Guidelines-for-Consultation-and-Referral-4th-Edition-(2021).pdf)

#### Assessment Due Date

Week 8 Friday (9 Sept 2022) 11:45 pm AEST

This will be the submission date of your written assignment and your poster design to be presented to the cohort via Zoom

#### Return Date to Students

Week 10 Friday (23 Sept 2022)

#### Weighting

40%

#### Assessment Criteria

##### Written Assessment - individual (20%)

HD 100-85%      D 75-84%      C 65-74%      P 50-64%      F 49-46%      Low Fail >45 %

Structure (10%)

Content is very well organised. Consistently accurate with spelling, grammar, and punctuation. 10.00 - 8.45 (10%)	Content is well organised. Mostly accurate with spelling, grammar, and punctuation (1-2 errors). 8.44 - 7.45	Content is adequately organised. Some inaccuracies with spelling, grammar, and punctuation (3-4 errors). 8.44 - 7.45	Content is somewhat organised. A few inaccuracies with spelling, grammar, and punctuation (4-5 errors). 6.44 - 4.95	Content is mostly disorganised. Many inaccuracies with spelling, grammar, and punctuation (>5 errors). 4.94 - 4.50	Content is disorganised. Many inaccuracies with spelling, grammar, and punctuation (>6 errors). 4.49 - 0.00
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**Approach & Argument (80%)**

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 - 8.45 (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. 8.44 - 7.45	Content is appropriate and answers the question and the argument for the most part proceeds logically and is within the set word limit. 7.44 - 6.45	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). 6.44 - 4.95	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. 4.94 - 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
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An articulate and comprehensive explanation of (a) the pathophysiology of the chosen condition and (b) the consultation and referral level according to the <i>National Midwifery Guidelines for Consultation and Referral</i> 25-21.25 (25%)	Insightful and well-developed explanation of (a) the pathophysiology of the chosen condition and (b) the consultation and referral level according to the <i>National Midwifery Guidelines for Consultation and Referral</i> 21-18.75	A logical explanation of (a) the pathophysiology of the chosen condition and (b) the consultation and referral level according to the <i>National Midwifery Guidelines for Consultation and Referral</i> 18.5-16.5	A disjointed explanation of (a) the pathophysiology of the chosen condition and (b) the consultation and referral level according to the <i>National Midwifery Guidelines for Consultation and Referral</i> 16-12.5	An inadequate explanation of (a) the pathophysiology of the chosen condition and (b) the consultation and referral level according to the <i>National Midwifery Guidelines for Consultation and Referral</i> 12.4-11.25	No discussion of (a) the pathophysiology of the chosen condition and (b) the consultation and referral level according to the <i>National Midwifery Guidelines for Consultation and Referral</i> 11.24 - 0.00
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A comprehensive examination of the current, evidence-based care for the chosen condition, succinctly identifying a highly appropriate multi-disciplinary team care plan and demonstrating a very high understanding of the multidisciplinary collaboration and referral pathways. 25-21.25 (25%)	A well-developed examination of the current, evidence-based care for the chosen condition, clearly identifying an appropriate multi-disciplinary team care plan and demonstrating a high understanding of the multidisciplinary collaboration and referral pathways. 21-18.75	A broad examination of the current evidence-based care for the chosen condition, broadly identifying a multi-disciplinary team care plan and demonstrating a broad understanding of the multidisciplinary collaboration and referral pathways. 18.5-16.5	A limited examination of the current evidence-based care for the chosen condition, with limited identification of a multi-disciplinary team care plan and demonstrating a limited understanding of the multidisciplinary collaboration and referral pathways. 16-12.5	A minimal examination of the current evidence-based care for the chosen condition, with minimal identification of a multi-disciplinary team care plan and demonstrating a minimal understanding of the multidisciplinary collaboration and referral pathways. 12.4-11.25	An inadequate examination of the current evidence-based care for the chosen condition, with poor identification of a multi-disciplinary team care plan and demonstrating a poor understanding of the multidisciplinary collaboration and referral pathways. 11.24 - 0.00
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A thorough & coherent outline of how the midwife would work with the woman to promote her wellbeing and optimise her experience of pregnancy, labour/birth and the postnatal period. 20-16.9 (20%)	A clear & relevant outline of how the midwife would work with the woman to promote her wellbeing and optimise her experience of pregnancy, labour/birth and the postnatal period. 16.9-14.9	A logical outline of how the midwife would work with the woman to promote her wellbeing and optimise her experience of pregnancy, labour/birth and the postnatal period. 14.9-12.9	Satisfactory outline of how the midwife would work with the woman to promote her wellbeing and optimise her experience of pregnancy, labour/birth, and the postnatal period. 12.9-9.90	Limited understanding of the topic. Content partially outlines how the midwife would work with the woman to promote her wellbeing and optimise her experience of pregnancy, labour/birth and the postnatal period. 9.90-9.0	Poor understanding of the topic. Content does not outline how the midwife would work with the woman to promote her wellbeing and optimise her experience of pregnancy, labour/birth and the postnatal period. 8.99-0
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**Referencing (10%)**

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 (>7 errors) to integrate up-to-date references to support and reflect ideas, factual information and quotations. 2.26 - 2.47	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 used including journal articles and relevant websites. 5.00 - 4.23 (5%)	1 or 2 consistent referencing errors identified. A minimum of 5 references used including journal articles and relevant websites. 4.22 - 3.73	3 or 4 consistent referencing errors identified. A minimum of 5 references used including journal articles and relevant websites. 3.72 - 3.23	3 or 4 inconsistent referencing errors identified. A minimum of 5 references used including journal articles and relevant websites. 3.22 - 2.48	Many inaccuracies with referencing (5-6). A minimum of 10 references used. Less than 3 journal articles not sourced. Relevant websites included. 2.26 - 2.47	Many inaccuracies with referencing (>6). Less than 10 references used. Less than 2 journal articles not sourced. Relevant websites not included. 2.25 - 0.00

**Comments: /100 Percentage for written assessment: /20%**

<b>Poster 10%HD 100-85%</b>	<b>D 75-84%</b>	<b>C 65-74%</b>	<b>P 50-64%</b>	<b>F 49-0%</b>	<b>Low Fail</b>
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**Structure (20%)**

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. 20-16.9 (20%)	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). 16.9-14.9	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). 14.9-12.9	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). 12.9-9.90	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 (>5 errors). 9.90-9.0	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 (>6 errors). 8.99-0
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**Approach & Argument (70%)**

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 - 8.45 (10%)	Content is relevant to the topic; the approach clearly answers the question, and the argument proceeds logically. The chosen topic is clearly identifiable. 8.44 - 7.45	Content is appropriate and addresses the topic for the most part proceeds logically. The chosen topic is identifiable. 7.44 - 6.45	Content addresses the topic but is at times repetitive or lacks cohesion. The chosen topic is somewhat clear. 6.44 - 4.95	Content is frequently off topic relevant and partially addresses the topic. The script mostly lacks cohesion. The chosen topic is predominantly not clear. 4.94 - 4.50	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
An articulate, succinct, and comprehensive definition of the chosen complication. 20-16.9 (20%)	A well-developed definition of the chosen complication. 16.9-14.9	A logical definition of the chosen complication. 14.9-12.9	A disjointed and limited definition of the chosen complication. 12.9-9.90	An inadequate definition of the chosen complication. 9.90-9.0	No definition of the chosen complication 8.99-0
A comprehensive and insightful outline of the potential consequences of the chosen complication. 20-16.9 (20%)	A well-developed and thoughtful outline of the potential consequences of the chosen complication. 16.9-14.9	A broad outline of the potential consequences of the chosen complication. 14.9-12.9	A minimal and/or limited outline of the potential consequences of the chosen complication. 12.9-9.90	An inadequate outline of the potential consequences of the chosen complication. Understanding of the topic is poorly demonstrated. 9.90-9.0	Np outline of the potential consequences of the chosen complication. Understanding of the topic is poorly demonstrated 8.99-0
A comprehensive and concise exploration of the evidence-based care recommendations and multidisciplinary involvement 20-16.9 (20%)	A clear and relevant exploration of the evidence-based care recommendations and multidisciplinary involvement 16.9-14.9	A logical exploration of the evidence-based care recommendations and multidisciplinary involvement 14.9-12.9	Satisfactory but limited exploration of the evidence-based care recommendations and multidisciplinary involvement 12.9-9.90	An inadequate exploration of the evidence-based care recommendations and multidisciplinary involvement Understanding of the topic is limited.\ 9.90-9.0	No exploration of the evidence-based care recommendations and multidisciplinary involvement Understanding of the topic is poorly demonstrated. 8.99-0

**Referencing (10%)**

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	Fails to or infrequent attempts (>7 errors) to integrate up-to-date references to support and reflect ideas, information, and quotations. 2.26 - 2.47	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 used including journal articles and relevant websites. 5.00 - 4.23 (5%)	1 or 2 consistent referencing errors identified. A minimum of 5 references used including journal articles and relevant websites. 4.22 - 3.73	3 or 4 consistent referencing errors identified. A minimum of 5 references used including journal articles and relevant websites. 3.72 - 3.23	3 or 4 inconsistent referencing errors identified. A minimum of 5 references used including journal articles and relevant websites. 3.22 - 2.48	Many inaccuracies with referencing (>5). Less than 5 references used. Journal articles not sourced. Relevant websites not included. 2.26 - 2.47	Many inaccuracies with referencing (>6). Less than 10 references used. Less than 2 journal articles not sourced. Relevant websites not included. 2.25 - 0.00

**Comments: /100 Percentage for poster: /10%**

**Presentation (10%)**



A concise, yet comprehensive explanation of the poster's subject matter. The explanation insightfully extends upon the information presented on the poster. The poster is referred to when explaining the topic. 10.00 - 8.45 (10%)	A clear and relevant explanation of the poster's subject matter. The explanation extends upon the information presented on the poster. The poster is referred to when explaining the topic. 8.44 - 7.45	A general explanation of the poster's subject matter. The explanation somewhat extends upon the information presented on the poster. The poster is referred to when explaining the topic. 7.44 - 6.45	An explanation of the poster's subject matter is provided. Lacks depth and detail. The explanation pertains only to the information presented on the poster. The poster is inconsistently referred to when explaining the topic. 6.44 - 4.95	An inadequate explanation of the poster's subject matter. The explanation is inadequate. The poster is barely referred to when explaining the topic. 4.94 - 4.50	An absent explanation of the poster's subject matter. The explanation is absent. The poster is not referred to when explaining the topic. 4.94 - 4.50
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**Comments: /100 Percentage for poster presentation: /10%**

## Referencing Style

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

## Submission

Online

## Submission Instructions

Your written assessment will be submitted via Moodle but your poster presentation will be via Zoom

## Learning Outcomes Assessed

- Critically reflect on clinical learning and midwifery practice related to the care of the woman and her baby experiencing complex factors during the childbearing continuum

## Graduate Attributes

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

# 2 Reflective Journals

## Assessment Type

Portfolio

## Task Description

### MDWF12006 Midwifery Practice 2

### Assessment 2 - Reflective Portfolio

Type: Written assessment: ongoing reflective journal

Due date: 23.55 hrs AEST 7th of October 2022 (week 12)

Weighting: 60%

Length: N/A. Each journal entry should be approximately 400 words however labour and birth reflections can be longer.

Unit Coordinator: Kelly Haynes

## Learning Outcomes Assessed:

- Assess, plan, provide, and evaluate physiological care of the woman and her baby experiencing complex factors using the latest Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral* and digital health and emerging technologies.
- Assess, plan, provide, and evaluate psychosocial care of the woman experiencing complex factors during the childbearing continuum using the latest Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral* and digital health and emerging technologies.
- Critically reflect on clinical learning and midwifery practice related to the care of the woman and her baby experiencing complex factors during the childbearing continuum.
- Demonstrate developing midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) *Midwife Standards for Practice (2018)* requirements.

## Aim:

The aim of this assessment is to allow you to demonstrate reflective practice. 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.

## 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. 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 is important to comprehend what you feel, why you feel that way and to then learn from it. 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

1. 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 recruited in term 1, and the three (3) newly recruited women in term 2 who will be due to birth in term 3.

**Please upload your minimum of 6 recruited/completed journals to the [Bachelor of Midwifery \(Graduate Entry\) meta page](#)**

### 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 MDWF12006 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: Excellence and Power in Clinical Nursing Practice. 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 (7 Oct 2022) 11:55 pm AEST

Upload current version into the Upload Zone of the course Meta Page

## Return Date to Students

Exam Week Friday (21 Oct 2022)

## Weighting

60%

## Assessment Criteria

HD 100-85%	D 84-75%	C 74-65%	P 64-50%	F 50 - %	Low Fail <45 - %
<b>Structure (10%)</b>					
Excellent presentation of portfolio. Reflective journals set out as per template. Consistently accurate with spelling, grammar, and paragraph structure. 10.00 - 8.45 (10%)	Well-presented portfolio, Reflective journals set out as per template. 1 or 2 errors spelling, grammar and paragraph structure. 8.44 - 7.45	Well-presented portfolio. Reflective journals set out as per provided template. 2 or 3 consistent errors with spelling, grammar, and paragraph structure. 7.44 - 6.45	Well-presented portfolio, reflective journals set out per provided template. 3 or 4 inconsistent errors with spelling, grammar, and paragraph structure 6.44 - 4.95	Poorly presented portfolio. Provided template not utilized. Many inaccuracies with spelling, grammar, and paragraph structure (> 5 errors). 4.94 - 4.50	Poorly presented portfolio. Provided template not utilized. Many inaccuracies with 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 identifies 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 identifies gaps in knowledge. Each reflective journal provides. A description An Interpretation An outcome - what was learnt 25.79 - 19.80	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 learnt	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 learnt 17.99 - 18.00	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 learnt 17.99 - 0.00

6 Comprehensive reflective journals that include: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits - Face to face/ telehealth visits (40%) 40.00 - 33.80	6 Well-developed reflective journals that include: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits - Face to face/ telehealth visits 33.79 - 29.80	6 reflective journals that include: - 4 antenatal visits - +/- the labour (Intrapartum care) - 2 postnatal visits - Face to face/ telehealth visits 25.79 - 19.80	6 disjointed reflective journals that include: - 4 antenatal visits - +/- the labour (Intrapartum care) - 2 postnatal visits - Face to face/ telehealth visits 19.79 - 18.00	6 or less inadequate reflective journals that do not meet the expected requirements of: - 4 antenatal visits - +/- the labour (Intrapartum Visits) - 2 postnatal visits - Face to face/telehealth visits 17.99 - 0.00
Referencing (10%)				
Consistently integrates up-to-date references to support and reflect all ideas, information, and quotations. (5%) 5.00 - 4.23	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. 3.22 - 2.48	Occasionally integrates up-to-date references to support and reflect ideas, information, and quotations, with 5 or 6 exceptions. 2.26 - 2.47	Fails to or infrequent attempts (>7 errors) to integrate up-to-date references to support and reflect ideas, information, and quotations. 2.25 - 0.00
Consistently accurate with referencing. A minimum of 1 reference used for each journal entry, including journal articles and relevant websites. (5%) 5.00 - 4.23	1 or 2 consistent referencing errors identified. A minimum of 1 reference used for each journal entry, including journal articles and relevant websites. 4.22 - 3.73	3 or 4 consistent referencing errors identified. 1 reference used for each journal entry, including journal articles and relevant websites. 3.22 - 2.48	3 or 4 inconsistent referencing errors identified 1 reference used for each journal entry, including journal articles and relevant websites. 2.26 - 2.47	Many inaccuracies with referencing (>5). Some or all journal entries lacking the minimum of 1 reference. Journal articles not sourced. Relevant websites not included. 2.25 - 0.00

## Referencing Style

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

## Submission

Online

## Learning Outcomes Assessed

- Assess, plan, provide, and evaluate physiological care of the woman and her baby experiencing complex factors using the latest Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral and digital health and emerging technologies.
- Assess, plan, provide, and evaluate psychosocial care of the woman experiencing complex factors during the childbearing continuum using the latest Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral and digital health and emerging technologies.
- Critically reflect on clinical learning and midwifery practice related to the care of the woman and her baby experiencing complex factors during the childbearing continuum

## Graduate Attributes

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

## 3 Clinical Placement: Hours, Skills and Competency Assessment Tool

### 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: Formative AMSAT 1: 23.55 (AEST) Friday 26th August 2022, Week 6

Summative AMSAT 2: 23.55 (AEST) Friday 14th October 2022, Week 13

Weighting: 0% - Pass/Fail

Unit Coordinator: Kelly Haynes

**Learning Outcomes Assessed:**

1. Assess, plan, provide and evaluate physiological care of the woman and her baby experiencing complex factors using the latest Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral* and digital health and emerging technologies.
2. Assess, plan, provide, and evaluate psychosocial care of the woman experiencing complex factors during the childbearing continuum using the latest Australian College of Midwives (ACM) *National Midwifery Guidelines for Consultation and Referral* and digital health and emerging technologies.
3. Critically reflect on clinical learning and midwifery practice related to the care of the woman and her baby experiencing complex factors during the childbearing continuum
4. Demonstrate developing midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) *Midwife Standards for Practice (2018)* requirements.

**Aim:**

The aim of this assessment is to aid you in consolidating your midwifery knowledge and the application of theory to practice for ensuring safe and effective care is received by the women and infants in your care. This assessment aims to provide you with the opportunity to develop competent midwifery clinical practice that aligns with the requirements of the NMBA *Midwife Standards for Practice (2018)*.

**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 unit. 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 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. In addition, you will be required to submit a completed formative and summative [AMSAT](#) in weeks 6 and week 13.

*Please follow the steps below to complete your assessment task:*

You are expected to work towards minimal clinical requirements which include:

1. Complete the three 'Continuity of Care (CoC), experience women recruited in term 1, and recruited a further 3 CoC women who will be due to birth in term 3. By week 12 you must have submitted at least 6 CoC journals that include the following: a minimum of 3 "new recruit" journals and a minimum of 3 completed reflective journals that include a minimum of:
  - 4 antenatal visits
  - Labour & birth/intrapartum care of at least 6 women
  - 2 postnatal visits
2. Complete the two Term 2 [AMSAT](#) in weeks 6 and 13.
3. Complete 224 hours of clinical practice experience plus continuity of care hours (10-20 in total per woman recruited).

**Submit the following completed documents:**

- Bachelor of Midwifery (Graduate Entry) Record of Hours.
- Midwifery clinical hours running sheet.
- Two completed Term 2 [AMSAT](#).
- 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 12006 Moodle unit page
- You will be required to complete and submit the relevant documents within the SONIA system.

**Submission**

Two documents (CoCE sheet and Midwifery clinical running hours), 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 the unit coordinator by the due date.

The AMSAT documents and the Bachelor of Midwifery (Graduate Entry) Record of Hours must be completed via the SONIA system.

**Marking Criteria**

There is no marking rubric for this assessment as this is a Pass/Fail assessment.

**Assessment Due Date**

Review/Exam Week Friday (14 Oct 2022) 11:55 pm AEST

Please email the unit coordinator 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**

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 the unit coordinator 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**

- Assess, plan, provide, and evaluate physiological care of the woman and her baby experiencing complex factors using the latest Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral and digital health and emerging technologies.
- Assess, plan, provide, and evaluate psychosocial care of the woman experiencing complex factors during the childbearing continuum using the latest Australian College of Midwives (ACM) National Midwifery Guidelines for Consultation and Referral and digital health and emerging technologies.
- Demonstrate developing midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) Midwife Standards for 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