



# MDWF13006 Midwifery Practice 4

## Term 1 - 2019

Profile information current as at 15/05/2024 03:02 pm

All details in this unit profile for MDWF13006 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 final of four that provides you with midwifery clinical experience. In this capstone unit you will be required to integrate and apply knowledge, concepts and skills learnt throughout the course. The learning experiences will provide you with the opportunity to demonstrate your ability to practice at the level of a competent beginning midwife. Midwifery Practice 4 is to be undertaken with Transition to Autonomous Practice.

#### Details

Career Level: *Undergraduate*

Unit Level: *Level 3*

Credit Points: *12*

Student Contribution Band: *7*

Fraction of Full-Time Student Load: *0.25*

#### Pre-requisites or Co-requisites

Co-req MDWF13005 Transition to Autonomous Practice Pre-Req MDWF13002 Postnatal Health and Wellbeing

MDWF13003 Midwifery Practice 3

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 - 2019

- Mixed Mode

#### Attendance Requirements

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

#### Residential Schools

This unit has a Compulsory Residential School for distance mode students and the details are:

Click here to see your [Residential School Timetable](#).

#### Website

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

## Class and Assessment Overview

### Recommended Student Time Commitment

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

### Class Timetable

#### [Regional Campuses](#)

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

#### [Metropolitan Campuses](#)

Adelaide, Brisbane, Melbourne, Perth, Sydney

### Assessment Overview

#### 1. **Portfolio**

Weighting: 40%

#### 2. **Written Assessment**

Weighting: 60%

#### 3. **Professional Practice Placement**

Weighting: Pass/Fail

### Assessment Grading

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

## CQUniversity Policies

**All University policies are available on the [CQUniversity Policy site](#).**

You may wish to view these policies:

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

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

## 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 Unit evaluation

##### Feedback

This unit has mostly been ongoing from previous semesters. I had always enjoyed clinical practice placement. The portfolio work was difficult to navigate, but beneficial to my learning. I enjoyed placement and felt supported by robyn and jayd.

##### Recommendation

Increase the support and guidance given to students in relation to the clinical portfolio requirements.

## Unit Learning Outcomes

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

1. Demonstrate safe and effective midwifery care at the level of a competent beginning midwife.
2. Reflect on clinical learning and midwifery practice.
3. Demonstrate midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) requirements.

#### NMBA Midwife Standards for Practice

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.

## Alignment of Learning Outcomes, Assessment and Graduate Attributes



### Alignment of Assessment Tasks to Learning Outcomes

Assessment Tasks	Learning Outcomes		
	1	2	3
<b>1 - Portfolio - 40%</b>	•	•	
<b>2 - Written Assessment - 60%</b>	•	•	
<b>3 - Professional Practice Placement - 0%</b>	•	•	•

### Alignment of Graduate Attributes to Learning Outcomes

## Alignment of Assessment Tasks to Graduate Attributes

[illegible]

## Textbooks and Resources

### Textbooks

MDWF13006

#### Prescribed

##### **Myles Textbook for Midwives**

Edition: 16th edn (2014)

Authors: Marshall, J. & Raynor, M.

Churchill Livingstone

London, England

ISBN: 9780702051463

Binding: Paperback

[View textbooks at the CQUniversity Bookshop](#)

### IT Resources

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

- CQUniversity Student Email
- Internet
- Unit Website (Moodle)

## Referencing Style

All submissions for this unit must use the referencing style: [American Psychological Association 6th Edition \(APA 6th edition\)](#)

For further information, see the Assessment Tasks.

## Teaching Contacts

**Meredith Lovegrove** Unit Coordinator

[m.lovegrove@cqu.edu.au](mailto:m.lovegrove@cqu.edu.au)

## Schedule

### Week 1 - 11 Mar 2019

Module/Topic	Chapter	Events and Submissions/Topic
This clinical placement unit is the final of four that provides you with midwifery clinical experience. In this capstone unit you will be required to integrate and apply knowledge, concepts and skills learnt throughout the course. The learning experiences will provide you with the opportunity to demonstrate your ability to practice at the level of a competent beginning midwife. Midwifery Practice 4 is to be undertaken with Transition to Autonomous Practice.	Australian College of Midwives Guidelines for Consultation and Referral. Nursing and Midwifery Board of Australia: Code of Conduct, Ethics and Professional Standards for Midwives. Queensland Health State Wide maternal and Neonatal Clinical Guidelines CQ University Midwifery Student Clinical Placement Logbook	Ongoing Clinical Placement

**Week 2 - 18 Mar 2019**

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

**Week 3 - 25 Mar 2019**

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

**Week 4 - 01 Apr 2019**

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

**Week 5 - 08 Apr 2019**

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

**Vacation Week - 15 Apr 2019**

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

**Week 6 - 22 Apr 2019**

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

**Week 7 - 29 Apr 2019**

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

**Week 8 - 06 May 2019**

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

**Week 9 - 13 May 2019**

Module/Topic	Chapter	Events and Submissions/Topic
Ongoing Clinical Placement		Ongoing Clinical Placement Written Assessment Due: Week 9
Ongoing Clinical Placement		<b>MDWF13006 Midwifery Practice 4 Assessment 2 - Written Essay</b> Due: Week 9 Friday (17 May 2019) 11:45 pm AEST

**Week 10 - 20 May 2019**

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

**Week 11 - 27 May 2019**

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

**Week 12 - 03 Jun 2019**

Module/Topic	Chapter	Events and Submissions/Topic
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Ongoing Clinical Placement  
Assessment One: Reflective  
Journal/Portfolio due week 12.

Ongoing Clinical Placement

**MDWF 13006 Midwifery Practice 4  
Assessment One - Portfolio/  
ongoing Reflective Journal** Due:  
Week 12 Friday (7 June 2019) 11:45  
pm AEST

#### Review/Exam Week - 10 Jun 2019

Module/Topic	Chapter	Events and Submissions/Topic
Ongoing Clinical Placement		Clinical Practice Placement/ End of Term/Course documents Due: Exam Week (week 13)  <b>MDWF13006 Midwifery Practice 4 - Assessment 3- Clinical Placement</b> Due: Review/Exam Week Friday (14 June 2019) 11:55 pm AEST

#### Exam Week - 17 Jun 2019

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

## Term Specific Information

All students must remain subscribed to the online forums: News forum, Q&A and Discussion forum, for the entire semester.

## Assessment Tasks

### 1 MDWF 13006 Midwifery Practice 4 Assessment One - Portfolio/ ongoing Reflective Journal

#### Assessment Type

Portfolio

#### Task Description

Reflective practice is listed as one of the key domains that make up the National Competency Standards for the Midwife. It is through reflective processes that both students and registered midwives can identify and explore diverse values, beliefs, learning needs and sociocultural structures.

**To facilitate your reflective skill development you are required to complete a reflective piece of writing for a minimum of 10 continuity of care cases, including each of the four (4) newly recruited women from term three (3).**

**By week 12 you need to have completed 10 comprehensive reflective journals that include a minimum of:**

- 4 antenatal visits
- labour/intrapartum care of at least 6 women
- 2 postnatal visits

#### Assessment Due Date

Week 12 Friday (7 June 2019) 11:45 pm AEST

#### Return Date to Students

Review/Exam Week Friday (14 June 2019)

#### Weighting

40%

## Assessment Criteria

### Overview of Reflective Journal Writing

A reflective journal is a way of thinking in a critical and analytical way about your clinical experience. It involves looking at a situation, assessing what you have learnt from it, what you could have done differently, realising new approaches to your care and ultimately, how you felt about the whole experience. As a student midwife it shows how different aspects of your work interconnect and can be very useful for identifying gaps in knowledge and ethical dilemmas or situations that need further thought.

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

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

### Reflective Journal Requirements

(Refer to the provided Reflective Journal Template and the Two Reflective Journal examples)

### 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, 2011). 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*: (don't 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!**

HD	D	C	P	F
<b>Structure (10%)</b>				
Excellent presentation of portfolio. Reflective journals set out as per template. Consistently accurate with spelling, grammar and paragraph structure. (10%)	Well-presented portfolio, Reflective journals set out as per template. 1 or 2 errors spelling, grammar and paragraph structure.	Well-presented portfolio. Reflective journals set out as per provided template. 3 or 4 consistent errors with spelling, grammar and paragraph structure.	Well-presented portfolio, reflective journals set out per provided template. 2 or 3 inconsistent errors with spelling, grammar and paragraph structure	Poorly presented journal. Provided template not utilised. Many inaccuracies with spelling, grammar and paragraph structure (> 5 errors).
<b>Approach &amp; Argument (90%)</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 (45 %) (Learning Outcome 1-4)	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	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	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



10 Comprehensive reflective journals that include a minimum of: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits (45%) (Learning Outcome 1 - 4)	10 Well-developed reflective journals that include a minimum of : - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits	10 reflective journals that include a minimum of: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits	10 disjointed reflective journals that include some of the following: - 4 antenatal visits - +/- the labour (intrapartum care) - 2 postnatal visits	10 or less inadequate reflective journals that have not met the minimum requirements of: - 4 antenatal visits - +/- the labour (intrapartum Visits) - 2 postnatal visits
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## Referencing Style

- [American Psychological Association 6th Edition \(APA 6th edition\)](#)

## Submission

Online

## Submission Instructions

Online via Moodle

## Learning Outcomes Assessed

- Demonstrate safe and effective midwifery care at the level of a competent beginning midwife.
- Reflect on clinical learning and midwifery practice.

## Graduate Attributes

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

## 2 MDWF13006 Midwifery Practice 4 Assessment 2 - Written Essay

### Assessment Type

Written Assessment

### Task Description

**Task:** This written essay provides you with an opportunity to demonstrate knowledge that supports your ability to practice at the level of a competent beginning midwife.

Choose **one** of the following scenarios:

#### Scenario 1

Monica presents unaccompanied to the Birth Suite complaining of mild intermittent abdominal pain and pain on micturition at 34 weeks gestation. She appears moderately distressed.

Antenatal history: Monica has had one ultrasound scan at 18 weeks and a subsequent booking-in appointment at your facility at 20 weeks gestation, but no further antenatal care. She has no documented medical conditions and is a G2 P1 with a previous uncomplicated pregnancy and birth.

The Birth Suite is busy. You are a recently qualified Midwife and have been asked to make an initial assessment of the woman. The midwifery team leader tells you that the obstetric medical officer has been informed of the admission and will come to review the woman when they have finished a procedure in another of the Birth Suite rooms.

#### Scenario 2

You are a recently qualified midwife who has just started an early shift on the postnatal ward. Among the women assigned to your care is a Joanna, a 16 year old first time mother whose pregnancy had been under a GP shared care model. Joanna had a vacuum assisted birth at 9 pm the previous evening. This had followed an induction of labour for post-dates pregnancy which was commenced one day prior. The induction required a Syntocinon infusion and Joanna also had an epidural. She has a 2° perineal tear which was sutured. Estimated blood loss was normal. The baby weighed 3.600 Kgs. He had skin to skin contact with Joanna immediately following birth and attached on and off the breast for some brief periods during this time. Since then, the baby has been sleepy and no good nutritive sucking has been documented on the feed chart. When you meet Joanna she is tearful, tells you that she wishes to start formula feeding and when her partner comes in later that morning, she is going to go home with the baby.

## Assessment Due Date

Week 9 Friday (17 May 2019) 11:45 pm AEST

## Return Date to Students

Week 11 Friday (31 May 2019)

## Weighting

60%

## Assessment Criteria

In your essay:

- Discuss what considerations would guide your initial approach to Joanna, or Monica.
- Discuss a) what clinical assessments you would make, b) what psychosocial assessments you would make.
- Taking account of your level of experience as a new graduate midwife, discuss: a). What initial plan of care you would formulate based on these assessments, b). What consultation and referral process you would follow to communicate this plan to both the midwifery, and the wider multi-disciplinary team.

Within your discussion of the above you must clearly state the rationale for action, and link these to:

- Relevant clinical guidelines
- A woman-centred midwifery philosophy of care
- ACM National Midwifery Guidelines for Consultation & Referral 3rd Edition [https://issuu.com/austcollegemidwives/docs/consultation\\_and\\_referral\\_guideline](https://issuu.com/austcollegemidwives/docs/consultation_and_referral_guideline)
- NMBA Professional codes and guides for midwives  
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
- (standards for practice/competency standards, code of conduct, code of ethics, guides to professional boundaries)

**Note: Although academic essays are usually written in the 'third person' formal style, the use of the 'first person' style (that is writing "I would do this because.....") is acceptable within this essay, where appropriate.**

### Additional Information

Review the marking criteria rubric. Consider that your paper's grade will be derived from criteria outlined in that sheet and thus clear explanations of the expectations for varying grades are provided for both your direction and the assessment of your paper.

### Presentation Requirements

- Your essay is to follow academic conventions of structure with an introduction, body and conclusion.
- Double Line spacing throughout 2.0 (including reference list)
- Font size 12, easily readable style (e.g. Arial, Times Roman, Calibri)
- Word count must be within 10% plus or minus of the given word count. For this essay words in excess of 3300 cannot contribute to your mark. Word count is from the first word of the introduction to the last word of the conclusion. It excludes the cover page, abstract, contents page and appendices. The word count includes in-text references, but not reference list.
- Use quotations sparingly and only to illustrate a point that cannot be made with equal impact in your own words – if used, give page numbers.
- Provide a cover sheet which includes your name, student number, the unit code, the assessment item number and word count.

### Referencing

- APA Style (check guidelines here: [https://www.cqu.edu.au/\\_data/assets/pdf\\_file/0019/244045/APA-Guide.pdf](https://www.cqu.edu.au/_data/assets/pdf_file/0019/244045/APA-Guide.pdf) Use a separate page for reference list (ensure APA style also)
- Use references that are from contemporary and valid sources such as peer reviewed journals; or evidence based websites (e.g. government bodies, professional organizations). Avoid websites that end in ".com" as academic sources.

HD	D	C	P	F
<b>Structure (15%)</b>				
Clear and succinct introduction that introduces the topic and outlines the direction of the paper. (5%)	Clear and appropriate introduction that introduces the topic and outlines the direction of the paper	Appropriate introduction that introduces the topic and outlines the direction of the paper	Introduction is apparent and the topic is introduced but there is not clear direction to the paper	No recognisable introduction-the topic is not introduced and/or there is no direction of the paper

Clear and succinct conclusion that outlines the main points and brings the argument to a logical close. (5%)	Clear and appropriate conclusion that outlines the main points and brings the argument to a close	Conclusion outlines most of the main points and brings some sense of closure	Conclusion apparent and outlines most of the main points and endeavours to bring the argument to a close-there may be some incongruity	No recognisable conclusion-little reference to the main points and no clear conclusion to the paper
Excellent presentation of assignment, double spaced with 12 point font. Consistently accurate with spelling, grammar and paragraph structure. (5%)	Well-presented assignment, double spaced with 12 point font. 1 or 2 errors spelling, grammar and paragraph structure.	Well-presented assignment, double spaced with 12 point font. 3 or 4 consistent errors with spelling, grammar and paragraph structure.	Well-presented assignment, double spaced with 12 point font. 3 or 4 inconsistent errors with spelling, grammar and paragraph structure	Poorly presented assignment. Double spacing not used. 12 point font not used. Many inaccuracies with spelling, grammar and paragraph structure. (> 5 errors).
<b>Approach &amp; Argument (75%)</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%)	Content is relevant to the topic, the approach clearly answers the question and the argument proceeds logically and is within the set word limit	Content is appropriate and answers the question and the argument for the most part proceeds logically and is within the set word limit	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)	Content is irrelevant and or does not answer the question and the argument lacks cohesion. The word limit has not been adhered to, the word limit is well over or under the 10% allowance
Clear, articulate and insightful discussion of what considerations should guide the midwife's initial approach to the woman in the scenario. Rationales clearly articulated and links made to professional codes and guidelines. (20%)	Clear and well-developed discussion of what considerations should guide the midwife's initial approach to the woman in the scenario. Rationales clearly articulated and links made to professional codes and guidelines.	A competent discussion of what considerations should guide the midwife's initial approach to the woman in the scenario. Rationales given and links made to professional codes and guidelines.	A limited or disjointed discussion of what considerations should guide the midwife's initial approach to the woman in the scenario. Somewhat limited rationales given and limited links made to professional codes and guidelines.	An inadequate discussion of what considerations should guide the midwife's initial approach to the woman in the scenario. Rationales poorly articulated and inadequate links made to professional codes and guidelines.
Clear, coherent outline of appropriate clinical and psychosocial assessments given. Rationales clearly articulated and links made to professional codes and guidelines. (25%)	Comprehensive outline of appropriate clinical and psychosocial assessments given. Rationales clearly articulated and links made to professional codes and guidelines.	Competent outline of some appropriate clinical and psychosocial assessments given. Rationales given and links made to professional codes and guidelines.	Limited outline of appropriate clinical and psychosocial assessments given. Rationales given but somewhat limited. Limited links made to professional codes and guidelines.	Inadequate outline of appropriate clinical and psychosocial assessments given. Rationales poorly articulated and inadequate links made to professional codes and guidelines.
An articulate and comprehensive discussion of formulation of care plan and consultation and referral process followed. Rationales clearly articulated and links made to professional codes and guidelines. (20%)	A clear and well developed discussion of formulation of care plan and consultation and referral process followed. Rationales clearly articulated and links made to professional codes and guidelines.	A competent discussion of formulation of care plan and consultation and referral process followed. Rationales given and links given to professional codes and guidelines.	Limited or disjointed discussion of formulation of care plan and consultation and referral process followed. Rationales given but somewhat limited. Limited links made to professional codes and guidelines.	Inadequate discussion of formulation of care plan and consultation and referral process followed. Rationales given but somewhat limited. Limited links made to professional codes and guidelines.
<b>Referencing (10%)</b>				
Consistently integrates up-to-date references to support and reflect all ideas, factual information and quotations. (5%)	Generally integrates up-to-date references to support and reflect ideas, factual information and quotations, with 1 or 2 exceptions	Frequently integrates up-to-date references to support and reflect ideas, factual information and quotations, with 3 or 4 exceptions	Occasionally integrates up-to-date references to support and reflect ideas, factual information and quotations, with 5 or 6 exceptions	Fails to or infrequent attempts (>7 errors) to integrate up-to-date references to support and reflect ideas, factual information and quotations
Consistently accurate with referencing. A minimum of 10 references used including 7 journal articles and relevant web-sites. (5%)	1 or 2 consistent referencing errors identified. A minimum of 10 references used including 6 journal articles and relevant web-sites.	3 or 4 consistent referencing errors identified. A minimum of 10 references used including 5 journal articles and relevant web-sites.	3 or 4 inconsistent referencing errors identified. A minimum of 10 references used including 4 journal articles and relevant web-sites.	Many inaccuracies with referencing (>5). Less than 10 references used. Less than 4 journal articles not sourced. Relevant web-sites not included.

## Referencing Style

- [American Psychological Association 6th Edition \(APA 6th edition\)](#)

## Submission

Online

## Submission Instructions

Online via Moodle

## Learning Outcomes Assessed

- Demonstrate safe and effective midwifery care at the level of a competent beginning midwife.
- Reflect on clinical learning and midwifery practice.

## Graduate Attributes

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

# 3 MDWF13006 Midwifery Practice 4 - Assessment 3- Clinical Placement

## Assessment Type

Professional Practice Placement

## Task Description

This assessment relates to learning outcomes one (1), two (2) and three (3)

Minimal clinical practice experience of 224 hours (term 4) is required by completion of this course\*. This clinical experience will allow you to consolidate knowledge and skills acquired throughout the course. You are required to meet the clinical requirements listed below and these requirements need to be documented within your Student Clinical Experience Record Book.

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

Complete the four (4) 'Continuity of Care (CoC) experience women recruited in term 3. By week 14 you must have completed 10 comprehensive reflective journals that include a minimum of:

- 4 antenatal visits
- labour/intrapartum care of at least 6 women
- 2 postnatal visits

## Assessment Due Date

Review/Exam Week Friday (14 June 2019) 11:55 pm AEST

## Return Date to Students

Exam Week Friday (21 June 2019)

## Weighting

Pass/Fail

## Assessment Criteria

Completed Competency Performance Assessment.

Complete 224 hours of clinical practice in experience **plus** continuity of care hours (10-20 in total per woman recruited) in term 4.

*\*As this is completion of the entire course, in total, all students **must** have completed a grand total of a minimum of 896 clinical hours **plus** a minimum of 100 CoC hours and have been signed off as competent throughout the CAT.*

The required clinical experience will be reviewed by the midwifery educator/manager in conjunction with the course coordinator.

## Referencing Style

- [American Psychological Association 6th Edition \(APA 6th edition\)](#)

**Submission**

Online

**Submission Instructions**

Online via Moodle

**Learning Outcomes Assessed**

- Demonstrate safe and effective midwifery care at the level of a competent beginning midwife.
- Reflect on clinical learning and midwifery practice.
- Demonstrate midwifery competence based upon the Nursing and Midwifery Board Australia (NMBA) requirements.

**Graduate Attributes**

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

## Academic Integrity Statement

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

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

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

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

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

### What is a breach of academic integrity?

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

### Why is academic integrity important?

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

### Where can I get assistance?

For academic advice and guidance, the [Academic Learning Centre \(ALC\)](#) can support you in becoming confident in completing assessments with integrity and of high standard.

### What can you do to act with integrity?



#### Be Honest

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



#### Seek Help

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



#### Produce Original Work

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