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BACHELOR OF MIDWIFERY (Graduate Entry)

MIDWIFERY PROFESSIONAL PRACTICE EXPERIENCE PORTFOLIO



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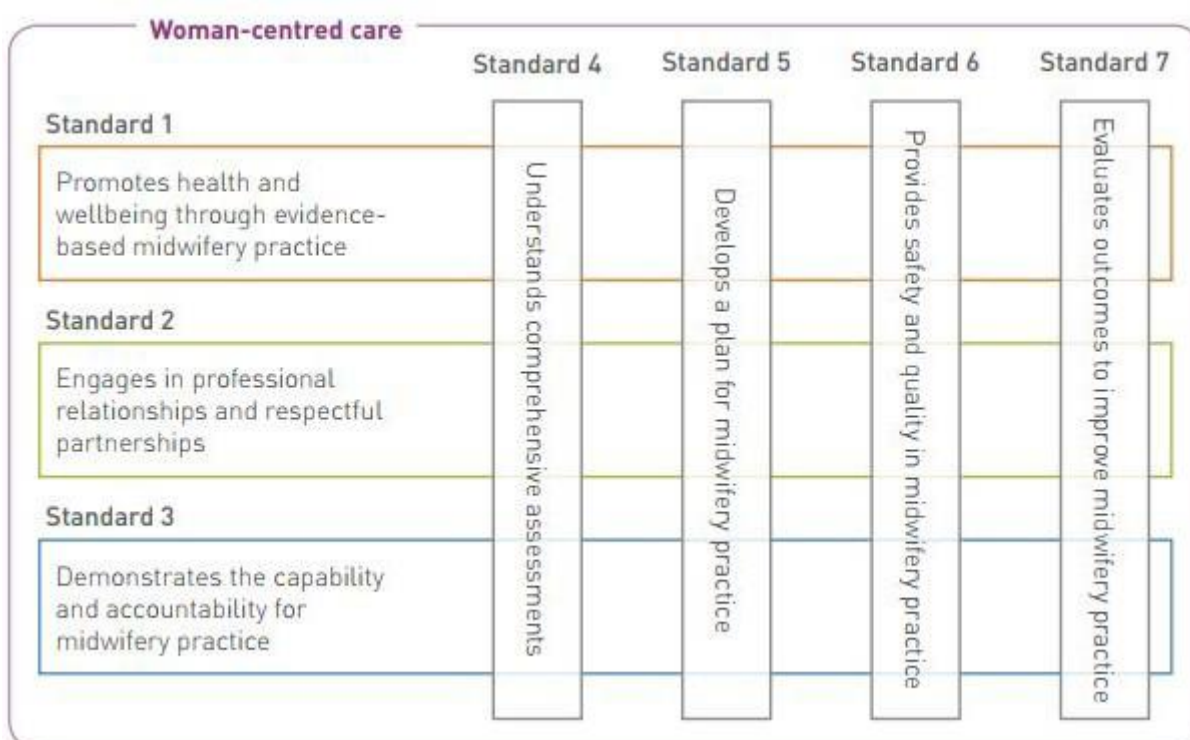
Midwife Standards for Practice (2018)

The NMBA state that the Midwife *standards for practice* provide a framework for midwifery practice in all contexts. The midwife standards are to be read and used in conjunction with all the other applicable NMBA standards, codes and guidelines.

Each standard has criteria that specify how that standard is demonstrated. The criteria are to be interpreted in the context of the individual midwife's practice. The criteria are not exhaustive and enable, rather than limit, the development of an individual midwife's scope of practice.

The following diagram demonstrates the interconnectedness of the standards that are framed within a woman centred approach. For example, standards one, two and three relate to each other as well as to each dimension of practice within standards four, five, six and seven.

Figure1. Midwife standards for practice



Source adapted from Nursing and Midwifery Board of Australia, (2018) Midwife standards for practice.

Viewed 17th Dec 2018 from [file:///C:/Users/U8005644/Downloads/Nursing-and-Midwifery-BoardProfessional-standards---Advance-copy---Midwife-standards-for-practice---Effective-1-October-2018%20\(9\).PDF](file:///C:/Users/U8005644/Downloads/Nursing-and-Midwifery-BoardProfessional-standards---Advance-copy---Midwife-standards-for-practice---Effective-1-October-2018%20(9).PDF)

Please refer to the NMBA website <https://www.nursingmidwiferyboard.gov.au/> for a copy of the 'Standards for Midwife Standards for Practice and all other standards and codes of conduct.

Outline of Midwifery Practice Experiences

In accordance with ANMAC standard 8, management of midwifery practice experience, students are required to complete the following clinical practice experiences in order to be eligible for registration as a registered midwife (ANMAC, 2014). This will require the student to complete the following:

Continuity of care experiences:

Engage with a minimum of 10 COCE women and

- Attend four antenatal visits
- Labour and birth
- Two postnatal visits

Antenatal care:

Attend 100 antenatal episodes of care. This may include COCE's

Labour and Birth care:

Under the supervision of a midwife, act primary accoucheur for:

- 30 women who experience a spontaneous vaginal birth (may include COCE's)
 - provide direct and active care in the first stage of labour
 - manage the third stage of labour, which may include assisting with a manual removal of the placenta if required
 - facilitate initial mother and baby interaction, (skin to skin, breastfeeding)
 - assess and monitor the mother and her baby's adaptation for the first hour post birth including, consultation, referral and clinical handover
- Provide direct and active care to an additional 10 women throughout the first stage of labour and birth regardless of mode.

Complex care:

Care for an additional 40 women with complex needs across pregnancy, labour and birth and the postnatal period. (May include COCE's)

Postnatal care:

100 postnatal episodes of care with women and their babies. (May include COCE's)

- Experiences in supporting women to feed their babies and in promoting breast feeding confidence with best practice principles advocated by the Baby Friendly Health Initiative
- Experiences in women's health and sexual health
- Experiences in assessing the mother and baby at four to six weeks post-partum in the practice setting where possible, otherwise by use of simulation

Neonatal Care: 20

- Experience in undertaking full examination of a newborn infant
- Experiences in care of the neonate with special needs (Neonatal Care)



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Antenatal episodes of care

Students are required to be actively and directly involved in the comprehensive assessment of the wellbeing of pregnant women and their foetus.

This will involve students providing and performing routine observations, abdominal palpation, auscultation of the foetal heart, facilitating discussion, education and discharge planning.

This care can include COCE women. Students are required to ensure that a Midwife, Medical doctor or clinical facilitator supervises and/or witnesses their involvement in care provision.

	Obstetric History	Antenatal Care Provided
Episode No, Woman's initials Date	EDB: LMP/USS Blood Grp: Obstetric History: G P L Previous Births: <u>Medical/Social history:</u> <u>Identified Needs/Issues:</u>	<u>Clinical Assessment:</u> Gestation: Symphysis-fundal height: Abdominal Palpation: Fetal wellbeing assessed: FM FHR Maternal BP: Oedema: Wt.: <u>Woman's journey to date:</u> <u>Review Investigations:</u> <u>Care/Education Provided:</u>
Student Name: _____ Midwife Name: _____ Midwife signature: _____		
Episode No, Woman's initials Date	EDB: LMP/USS Blood Grp: Obstetric History: G P L Previous Births: <u>Medical/Social history:</u> <u>Identified Needs/Issues:</u>	<u>Clinical Assessment:</u> Gestation: Symphysis-fundal height: Abdominal Palpation: Fetal wellbeing assessed: FM FHR Maternal BP: Oedema: Wt.: <u>Woman's journey to date:</u> <u>Review Investigations:</u> <u>Care/Education Provided:</u>
Student Name: _____ Midwife Name: _____ Midwife signature: _____		



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30 Spontaneous births as primary accoucheur

The student will act as the primary accoucheur for 30 women who experience a spontaneous vaginal birth.

This may include women the student has engaged with as part of their continuity of care experiences.

This experience involves providing direct and active care in the first stage of labour; managing the third stage of labour. This would include the student participating in provision of care as appropriate if a manual removal of the placenta was required.

Other aspects of care would include: facilitating initial mother and baby interaction, including promotion of skin to skin contact and breastfeeding in accordance with the mother's wishes or situation; assessment and monitoring of the mother's and baby's adaptation for the first hour post birth including, where appropriate, consultation, referral and clinical handover.

	Obstetric history	Spontaneous Birth: care provided including outcomes as primary accoucheur
Episode No,	Age: G: P: L:	<u>1st Stage:</u> Time of Onset: Spontaneous/IOL/Augment
Woman's initials	EDB: Blood Group: Obstetric Hx:	Support/Care/Coping strategies/ Interventions (including clinical observations):
Date	Admission Summary:	Membranes: SROM/ARM Liquor: ARM Reason: Pain Relief given: <ul style="list-style-type: none"> • Non-pharmacological • Pharmacological
		<u>2nd Stage:</u> Time of onset: Support/Care/Observations/Interventions
		Birth Time: Birthing position: Mode of Birth Role of Primary Accoucheur
		<u>3rd Stage:</u> Physiological/Active Time of placental birth: Medication given: Blood loss: Perineum:
		<u>Immediate Care of Mother and Neonate:</u> Mother Observations: BP: P: T: Fundus: Loss:
		Midwifery Care: Baby Observations: Skin to skin: Baby care (weight etc, Vit K, Hep B, First Feed):
Student Name:		Midwife Name: Midwife signature:



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Direct and active care of an additional 10 women in labour

This involves providing direct and active care to an additional 10 women throughout the first stage of labour and birth, regardless of mode of birth.

	Obstetric history	Direct and Active Care in labour: care provided including outcomes
Episode No,	Age: G: P: L:	<u>1st Stage:</u> Time of Onset: Spontaneous/IOL/Augment
Woman's initials	EDB: Blood Group: Obstetric Hx:	Support/Care/Coping strategies/ Interventions (including clinical observations):
Date	Admission Summary:	Membranes: SROM/ARM Liquor: ARM Reason: Pain Relief given: • Non-pharmacological • Pharmacological <u>2nd Stage:</u> Time of onset: Support/Care/Observations/Interventions Birth Time: Birthing position: Mode of Birth Role of Primary Accoucheur <u>3rd Stage:</u> Physiological/Active Time of placental birth: Medication given: Blood loss: Perineum: <u>Immediate Care of Mother and Neonate:</u> Mother Observations: BP: P: T: Fundus: Loss: Midwifery Care: Baby Observations: Skin to skin: Baby care (weight etc, Vit K, Hep B, First Feed):
Student Name:		Midwife Name: Midwife signature:



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40 Women with Complex Care Needs

Complex care refers to any care that deviates from normal. It relates to women requiring care beyond what would be considered routine or normal by the health service. It refers to application of care principles for a range of experiences including emergencies and recognising and responding to clinical deterioration in women resulting in her requiring more complex care. This is inclusive of situations where women may experience risks to social or psychological wellbeing, mental health, or requiring medical or surgical care.

	Gestation and history	Complex care provided including outcomes
Episode No,	Age: P: L: G:	Identification of complexity:
Woman's initials	EDB: Blood Group: Obstetric Hx:	Management of care
Date	AN IP PN NN	Support and referrals:
		Level of referral (as per Consultation and Referral Guidelines)
		Outcomes of care provided:
Student name: Midwife Name: Midwife signature:		
Episode No,	Age: P: L: G:	Identification of complexity:
Woman's initials	EDB: Blood Group: Obstetric Hx:	Management of care
Date	AN IP PN NN	Support and referrals:
		Level of referral (as per Consultation and Referral Guidelines)
		Outcomes of care provided:
Student name: Midwife Name: Midwife signature:		



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100 Postnatal episodes of care with women and their babies

This includes supporting women to feed their babies and in promoting breastfeeding in accordance with best practice principles advocated by the Baby Friendly Health Initiative; experiences in women's health and sexual health; and experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting. This may include women the student has engaged with as part of their continuity of care experiences. Students are to specify in their documentation the key areas of care

	Birth summary	Postnatal episode of care provided and outcomes
Episode No,	Gestation: G P	<u>No of days post birth:</u>
Woman's initials	Hrs after birth: Bld Grp:	<u>Assessment of Physical Wellbeing:</u>
	Type of Birth:	Breasts/nipples:
Date	<u>Baby Care:</u> <u>Physical Assess:</u>	Fundus:
	Wt: HC: Length:	Lochia:
	Eyes/Nose/Mouth:	Perineum/wound:
	Skin:	Output:
	Umbilicus:	Legs:
	Output:	<u>Emotional & Psychological Wellbeing:</u>
	Behaviour:	<u>Care/Advice/Education</u>
	Feeding:	
	Care:	
	Student name: Midwife Name: Midwife signature:	

Episode No,	Gestation: G P	<u>No of days post birth:</u>
Woman's initials	Hrs after birth: Blood Grp:	<u>Assessment of Physical Wellbeing</u>
	Type of Birth:	Breasts/nipples:
Date	<u>Baby Care:</u> <u>Physical Assess:</u>	Fundus:
	Wt: HC: Length:	Lochia:
	Eyes/Nose/Mouth:	Perineum/wound:
	Skin:	Output:
	Umbilicus :	Legs:
	Output:	<u>Emotional & Psychological Wellbeing:</u>
	Behaviour:	<u>Care/Advice/Education:</u>
	Feeding:	
	Care:	
	Student name: Midwife Name: Midwife signature:	



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20 Full Examinations of the newborn infant

Experience in undertaking a full examination of a newborn infant, including:

- 5 detailed at birth,
- 5 detailed at discharge,
- 5 daily examinations,
- 5 experiences in care of the neonate with special needs (Neonatal Care)

Full Examination of the Newborn (Discharge)

Episode No.	Woman's Initials	Baby's date of birth:	Gestation at birth:	
Date:		EDC:	Age at assessment:	
Maternal history		Laboratory Findings:		
Family/social history		Labour/birth history (including APGAR scores)		
Immediate neonatal period:				
General appearance	Activity	Posture	Cry	
Activity				
General measurements	Temperature	Respirations	Heart Rate	
	Weight	Length	Head circumference	
General Examination	Chest	Lungs	Cardiac	Breasts nipples
	Head	Movement	Sutures	Fontanelles
	Face	Eyes	Ears	Nose
	Neck	Hearing		
	Skin	Colour	Condition	Birthmarks
	Abdomen	Shape, rise	Bowl sounds	Umbilicus
		Femoral pulses	Liver	Kidney/bladder
	Upper Limbs	Movement	Fingers//hands	Arms
	Lower Limbs	Movement	Toe//foot	Legs
	Spine & back	Spine integrity	Anus Patent	Gluteal folds
	Genitalia	Male	Female	
	Elimination	Urine	Bowels	
Neurological examination	Posture	Rooting	Sucking	Swallowing
	Grasp reflex	Moro reflex	Stepping response	Asymmetric tonic neck reflex
Hips (with assistance of experienced practitioner)	Ortolani's test		Barlow's test	
Complete documentation:				
Mother –infant attachment:				
Response to parent(s):				
Student name:	Midwife/Paed Name:		Midwife/Paed signature:	

Daily Assessment of the Neonate

	Assessment	Comments
Number		
Woman's initials		
Date		
Gestation at birth, day of age		
Weight at birth		
Present weight (+/- from BW)		
Length		
Head circumference & Fontanelles		
Feeding type & frequency		
Behaviour		
Temperature Respiration Heart rate		
Skin		
Eyes/Nose/Ears Mouth		
Urine		
Bowels		
Cord		
ID Bands		
Care provided		
Documentation completed		
Student name:	Midwife Name:	Midwife signature:

Immediate Care and Resuscitation of the Neonate

Number:

Woman's initials

Date:

Type of birth

Gestation at birth

Maternal pregnancy history

Birth summary

Preparation of equipment: -

W = Witness / P = Participation (indicate appropriate)

..... Set up Resus Cot

..... Check equipment.

..... Warm wraps

..... Heater on

..... Clock on (check it's working)

..... Transport Cot (setup and ready)

..... Paediatrician / Neonatologist and/or Neonatal Nurse Practitioner notified

..... Special Care Nursery notified

..... Other

APGAR scores	1	5	10 if noted
Heart rate			
Respiratory effort			
Colour			
Muscle tone			
Reflex response			
Total			

Method of resuscitation (if required)

Medications given & route of administration (if required)

Infant's response

Outcome

Midwife/MO name,

Signature

Date

Student name:

Student no:

Care of Baby with Special Needs

Number: Date:	Reason for admission to Special Care Nursery:	Weight at birth: Present weight (+/- from BW)	
Woman's initials:		ID bands:	
Head circumference & Fontanelles:	Length	Gestation at birth, day of age	
Birth History: APGAR:		Care plan:	
Family/social support			
Nutrition/Feeding regime		Elimination: Bowels	Urine
Behaviour		Clinical observations:	T. R. HR
Eyes/Nose/Ears Mouth		Colour:	
Cord care:		Respiratory support	
		Phototherapy:	
Care provided:			
Student name:		Midwife Name:	Midwife signature:



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General Midwifery Skills

Complete a **minimum of five detailed records** for each of the following skills:

- Abdominal Palpation
- Vaginal Examination
- Perineal Repair (Actual or Witnesses)
- Regional Analgesia/Anaesthesia
- Induction of Labour Care
- Complex Breastfeeding Case Management
- Formula Feeding
- Other Labour and Birth Procedures/Skills

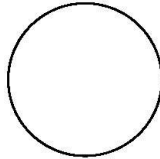
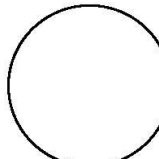
Abdominal Palpation

Student name: Student No:.....

Number		
Date		
Woman's initials		
Gravida / Parity		
Gestation		
Inspection		
Size		
Shape		
Skin changes		
Palpation		
Fundal height		
Lie		
Presentation		
Position		
Fifths above brim		
Fetal movement		
Uterine tone		
Amniotic fluid volume		
Auscultation		
Fetal Heart Rate/rhythm		
Notes		
Midwife/MO name, signature		

Vaginal Examination

Student name: Student No:.....

Number		
Date		
Woman's initials		
Foetal position and descent on palpation		
Indication for examination		
External genitalia and vagina		
Cervix: Dilatation Position Length Thickness Consistency Bishop Score Application of PP		
Presenting part: Presentation Position Moulding Caput Station		
Diagram of findings		
Membranes		
Liquor		
Pelvic assessment		
Fetal Heart (rate/rhythm) post examination		
Plan of action		
Midwife/MO name, signature		

Perineal Repair (Actual or Witnesses)

Student name: Student No:.....

Number		
Woman's initials		
Date		
Witness / Assisted / Performed (indicate)		
Indications		
Type of perineal trauma (include diagram)		
Anaesthetic used (incl. mls used)		
Suture material used		
Management of repair (layers of repair, approximation, method of suturing used)		
Immediate post repair care		
Follow up management		
Comments/outcome		
Midwife/MO name, signature		

Regional Analgesia/Anaesthesia

Student name: Student No:.....

Number		
Woman's initials		
Date		
Indication for regional analgesia/ anaesthesia		
Type: epidural / spinal / pudendal		
Pre-anaesthetic preparation (e.g. equipment, woman)		
Pre-anaesthetic assessment (e.g. IVT, void, BP, FH)		
Observe insertion		
Note site of insertion		
Drug used and Method of administration (e.g. PCEA, bolus, top-ups)		
Post insertion observations/side effects BP, pulse, pain, block, pruritis, nausea, headache, FH, foetal effects		
Demonstration of Top-Up		
Undertake top-up		
Observations and management post top-up		
Removal of epidural catheter: Observed / Performed		
Observations post removal of catheter (e.g. catheter blue tip, insertion site)		
Midwife/MO name, signature		

Induction of Labour Care

Student name: Student No:.....

Number		
Woman's initials		
Date		
Indication for induction		
Pre-induction preparation (e.g. equipment)		
Pre-induction assessment FH, IVT, void, BP, CTG Bishops score		
Method of induction Observed / Performed		
Post-induction assessment: FH, IVT, void, BP, CTG		
Outcome of Induction		
Record any maternal/foetal complications		
Midwife/MO name, signature		

Complex Breastfeeding Case Management

Student name: Student No:.....

Number		
Woman's initials		
Date		
Presenting problem/issue		
Midwifery management (information, instruction, assistance)		
Education resources provided & community supports identified		
Outcome of management		
Midwife name and signature		

Formula Feeding

Student name: Student No:.....

Number		
Woman's initials		
Date		
Indications for formula feeding		
Type of formula		
Information, instruction, assistance provided to woman/ partner		
Method of sterilisation discussed		
Reflection on teaching session		
Midwife name, signature		

Other Labour and Birth Procedures/Skills

Student name: Student No:.....

Labour procedures	Observed/ Performed (O/P)	Midwife / MO name, signature & date
Use of inhalation analgesia		
Use of TENS		
Perform artificial rupture of membranes		
Telemetry		
Assist with application and use of scalp electrode		
Assist with scalp blood pH sampling		
Collection of cord gases		
Removal of indwelling urinary catheter		
Waterbirth - witness/assist		
Infiltration of perineum		
Episiotomy		
Other		

The Midwife Standards for Practice (2018) are as follows:

1. Promotes health and wellbeing through evidence-based midwifery practice
2. Engages in professional relationships and respectful partnerships
3. Demonstrates the capability and accountability for midwifery practice
4. Undertakes comprehensive assessments
5. Develops plans for midwifery practice
6. Provides safety and quality in midwifery practice
7. Evaluates outcomes to improve midwifery practice (Nursing and Midwifery Board of Australia, 2018)

Purpose and use of the Midwife standards for practice.

The Midwife standards for practice provide a framework for midwifery practice in all contexts. To achieve each standard, midwives and students must carry out a number of criteria. Collectively the thirty-eight criteria associated with the seven midwife standards form the foundation for registration to practise as a midwife. The [Standards for Midwife practice](#) provide more detail of how a midwife is expected to practice within his/her capacity to practice. More information about the standards can be found on Australian Nursing and Midwifery Board of Australia (ANMB) website: <https://www.nursingmidwiferyboard.gov.au>

Assessment of student's achievement of Midwife standards for practice.

Competency in achieving the Midwife standards for practice is assessed at regular intervals throughout the midwifery-training program. Both the student and nominated midwife/educator/ facilitator complete these assessments at specified times throughout the midwifery course. This is recorded in the "Record of Clinical Placement and Attendance Report" and is completed at two points (interim and final) during the student's midwifery placement for a clinical course. The interim assessment is carried out partway through the clinical placement and the final assessment is completed at the end upon completion of the clinical placement for a clinical course.

Assessment of midwifery clinical skills (learning tools).

Twenty-six clinical skills are identified for student midwives to gain proficiently in throughout their midwifery education. Assessment of the skills occurs in combination with the NMBA Standards for midwife practice. This is documented utilising the "Victorian Standardised Clinical Assessment Tool" (CAT) Learning Tools. It is important that all component of the twenty-six skills as detailed in the CAT Learning Tools are achieved to a level of "proficient or independent" by the end of the students training.

What to do if a section of the tool cannot be assessed in the clinical situation.

If a component of a clinical skill is not able to be assessed or is not applicable to the context, the student should be asked to complete the component via simulation or in theory. For example, in the CAT Learning Tool 9 "Working with pain in labour" if TENS was not available, the assessor could ask the student to show here where they believe the pads may be applied to assess this knowledge and competence or a simulated learning experience using a manikin could be used.

List of clinical skills.

When the student completes the theory, observes the clinical skill, or has the clinical skill assessed clinically, they can sign off in the appropriate column in Table 1 (page 9). This list is designed for the student to complete. It is expected that all students would have received the theory of the clinical skill before practising the clinical skill in a clinical situation.

Practising the clinical skills

Students are expected to use the CAT Learning tool as a guide to initially gain familiarity with the clinical skills. The student should then practice the skill under the supervision of a registered midwife/educator or facilitator to gain experience and competency in that skill. Once the student feels she/he has gained a good level of proficiency, she/he is encouraged to request her supervising midwife to undertake the CAT Learning Tool assessment. Irrespective of the result of this assessment, students are required to continue practicing the clinical skills to gain more experience and maintain competency in all of the twenty-six clinical skills throughout their midwifery training. This must always be under the supervision of a registered midwife until she/he has completed their midwifery training.

How to complete the CAT Learning Tool assessment.

- All boxes on the CAT Learning Tool require a rating to be documented/ filled in.
- When the student feels she/he has gained a good level of competency with the skill, she/he should complete a self-assessment initially and prior to asking a preceptor to undertake a final assessment. The student is responsible for completing the column titled "student".
- The midwife is responsible for completing the column entitled 'assessor' and each column should record a rating against each component of the clinical skill being assessed.
- The student must complete the clinical skills during the provision of care. Once the clinical skill has been performed, the student and assessor should sit together at a convenient time to complete the learning tool.
- Each box is to be completed with the letter that corresponds to the BONDY scale level the student has achieved: I, P, A, S, or D.
- To achieve an overall rating of 'Proficient or Independent' students must achieve an "I or P" in all areas for the clinical skill.
- If the student obtains a rating of 'Assisted or Supported' for any aspects of the clinical skills, the overall rating would be either "A or S". They can submit this for the purposes of relevant course assessments however must repeat the clinical skill assessment following further practice and achieve a minimum rating of "Proficient" in all area of the skill.
- If the student obtains a rating of 'Dependent' on any of the outcomes, indicating unsafe practice, the student is to be assessed as 'Dependent' overall and must repeat the clinical skill assessment having undertaken further practice to gain competency in that clinical skill.
- Both the student and assessor are required to make written reflection comments, about the learning experience. This may include noting if parts of the assessment were via simulation or in theory.

Who can assess student's achievement of learning tools?

A registered midwife, who has worked with the student on more than one occasion, who has knowledge of the students' knowledge and clinical abilities is the most appropriate person to conduct the CAT Learning Tool assessments. This can be a clinical midwife/educator/preceptor or facilitator.

When to assess students completing learning tools?

The student is the best judge of when they are ready to be assessed. Students may perform the skill several times before feeling comfortable to be assessed. The timing of assessments should be individualised as no rule fits all students or all courses. The skill should be assessed in a 'real life' situation unless otherwise stated (for example neonatal resuscitation is assessed via simulation).

What if the student does not successfully complete the assessment?

In the first instance, the CAT Learning tool should be used to support student's progression of learning. Therefore, if a student is unsuccessful with the skills assessment, they should be encouraged to continue to practice the clinical skills under the supervision of a registered midwife, until they become proficient.

In a situation where a student receives an unacceptable grading for unsafe practice or consistent 'Dependant' ratings for any reason (using the BONDY SCALE) the assessor should contact clinical support staff if available and measures taken to contact the midwifery academic at the relevant university. An appropriate management strategy will then be put in place in consultation with all parties. It is important that the CAT Learning tool be kept in the student's practice portfolio and be available for University staff and assessors to review in the future.

What if the assessor has concerns about a student?

If the assessor does not feel the student is ready to undertake an assessment, they should communicate this to the student prior to attempting the CAT Learning tool. It may be that with more time the student will be ready to complete the CAT Learning tool assessment. If assessors have concerns about the progress or standard of a student, they should contact the midwifery academic (facilitator or midwifery program coordinator).

Students need to demonstrate progression of skill development throughout their study within the program. Students who are assessed as 'Assisted or Supported' at the beginning of their training in year one for any clinical skills need to repeat this skill again in second year and submit these in semester 2 year 2, to demonstrate 'Proficiency or Independence' with performing the core twenty-six clinical skills for midwifery practice.

Please note that despite achieving a "Proficient or Independent" rating for a skills assessment, the course examiner or USQ clinical facilitator/educator/LINK staff member may, at their discretion request a student to repeat a clinical skills assessment if they consider this necessary.

Background

The purpose of this guideline is to assist midwives' and student midwives' make accurate assessments of a student's competency to practise midwifery. The standardised Clinical Assessment Tool (CAT) developed in 2009 by Victorian Universities to promote consistency with a standard clinical tool for midwifery students. It developed following extensive consultation and evaluation by Victorian midwifery academics, maternity managers, clinical teachers, clinicians, students and other key stakeholders from the Victorian Department of Human Services and the Nurses Board of Victoria. An evaluation of the standardised clinical assessment tool undertaken in 2016, concluded that a common clinical assessment tool for evaluating midwifery students' clinical practice can facilitate the provision of consistent, reliable and objective assessment of student skills and competency (Morrow et al., 2016). The CAT includes both skills-based and Australian Nursing and Midwifery Accreditation Council (ANMAC) competency based clinical assessments.

Criteria for clinical evaluation

The method of assessment chosen for both the learning tools and competency assessments is a modified Bondy scale. The "Bondy Scale", developed in 1983 by Kathleen Bondy supports the assessment of clinical competency for nursing and midwifery students. It consists of a five-point rating scale designed to decrease inconsistencies and subjectivity in clinical assessments (Bondy, 1983). The Bondy criterion consists of three major areas:

- Professional standards for the procedure;
interpreted in terms of safety, accuracy, effect-achieving achieving purpose of behaviour) and affect (manner and demeanour).
- Quality of performance;
refers to degrees of skill development. This encompasses the use of time, equipment, space and expenditure of energy. Expenditure of energy refers to whether the student anticipates and uses time efficiently. A student may at times expend excess energy in attempting to anticipate the next step, for example rechecking equipment or repeating a behaviour.
- Type and amount of assistance required;
the assistance needed to perform the behaviour or skill. Cues to assist the student can be supportive or directive. Supportive cues are those that encourage the student, such as 'that's right' or 'keep going'. Directive cues can be verbal or physical and are required to prompt the student in what to do next, or to correct the student.

Using the Modified Bondy Scale

Skills assessments spread across the length of the students' training so that the development of skills is incremental. They are designed to support student learning and the development of proficiency in midwifery skills.

The five levels (Independent; Proficient; Assisted; Supported; Dependent) relate to the assessment of students at a beginning level of midwifery practice. The scale is not designed so that 'Independent' is something that can only be attained when the student is ready to be endorsed as a midwife. Note; for graduating midwives, the ability to practice independently comes with years of experience and usually sometime following completion of a graduate program. However, it is acceptable that students would regularly be assessed at levels 'Independent' and 'Proficient', as this would inform others that they practise safely and effectively with appropriate behaviour, are coordinated and complete tasks in a reasonable time frame. Equally, 'Assisted' is acceptable for students who are early in their program, who are safe, coordinated and accurate most of the time but require some supportive cues and complete tasks in a delayed timeframe. Students who are at the beginning or mid-way point of a postgraduate course may be assessed as 'Assisted' without needing to repeat the assessment at that time, as performance of the skills to this level at this time in their education is appropriate and expected. This means, it is expected and important that the student continues to practice the 26 skills throughout their training and both the student and the assessor revisit the skills and their assessment criteria before completing each learning tool. Students should show progression in learning to practice of the skills. All students should be assessed as either 'Proficient' or 'Independent' in all 26 skills by the end of their two- year training.

Guidelines for using the Standardised Clinical Assessment Tool

Modified Bondy Scale

Scale level	Professional standard and procedures	Quality of performance	Assistance required
Independent (I)	<ul style="list-style-type: none"> ○ Safe and accurate ○ Effective each time ○ Appropriate behaviour and demeanour each time 	<ul style="list-style-type: none"> ○ Proficient, coordinated, confident. ○ Occasional expenditure of excess energy ○ Within an expedient time frame 	<ul style="list-style-type: none"> ○ Without supporting cues
Proficient (P)	<ul style="list-style-type: none"> ○ Safe and accurate ○ Effective each time ○ Appropriate behaviour and demeanour each time 	<ul style="list-style-type: none"> ○ Efficient, coordinated, confident ○ Some expenditure of excess energy ○ Within a reasonable time frame 	<ul style="list-style-type: none"> ○ Occasional supportive cues
Assisted (A)	<ul style="list-style-type: none"> ○ Safe and accurate ○ Effective most of the time ○ Appropriate behaviour and demeanour most of the time 	<ul style="list-style-type: none"> ○ Skilful in parts of behaviour ○ Inefficiency and lacking coordination. ○ Expend excess energy. ○ Within a delayed timeframe 	<ul style="list-style-type: none"> ○ Frequent verbal and occasional physical directive cues in addition to supportive cues
Supported (S)	<ul style="list-style-type: none"> ○ Safe but not alone ○ Performs at risk ○ Accurate not always ○ Effective occasionally ○ Appropriate behaviour and demeanour occasionally 	<ul style="list-style-type: none"> ○ Unskilled, inefficient ○ Considerable expenditure of excess energy. ○ Prolonged time period 	<ul style="list-style-type: none"> ○ Continuous verbal and frequent physical cues
Dependent (D)	<ul style="list-style-type: none"> ○ Unsafe ○ Unable to demonstrate behaviour 	<ul style="list-style-type: none"> ○ Unable to demonstrate procedure/behaviour, ○ Lacks confidence, coordination, efficiency 	<ul style="list-style-type: none"> ○ Continuous verbal and physical cues

Adapted: Bondy, K., N. (1983). Criterion definitions for rating scales in clinical evaluation. Journal of Nursing Education 22(() 379-382

Skills List and Learning Tools

Twenty-six clinical skills have been identified, as the core midwifery skills students must gain proficiency in throughout MPE. Students are required to date and sign skills as they are completed.

	Clinical Skill	Theory	Observation	Skill assessed
1	Initial pregnancy assessment			
2	Ongoing pregnancy care			
3	Abdominal examination			
4	Parenting education for the woman and her family			
5	Performing and interpreting an antenatal cardiotocograph			
6	Care of the woman on admission to the birth environment			
7	Performing and interpreting an intrapartum cardiotocograph			
8	Care of the woman progressing in labour			
9	Working with pain in labour			
10	Epidural analgesia in labour			
11	Insertion of a urinary catheter			
12	Care of the woman and baby during an induction of labour			
13	Care of the woman and baby with increased needs in labour			
14	Care (reception) of the newborn at birth			
15	Vaginal examination			
16	Maternal and baby wellbeing assessment following birth			
17	Facilitating breastfeeding for the woman and baby			
18	Breastfeeding challenges for the woman and baby			
19	Care of a woman after a caesarean birth			
20	Blood sampling of the newborn baby			
21	Full examination of the newborn baby			
22	Enteral/tube feeding a baby			
23	Care of the unwell baby receiving oxygen therapy			
24	Care of the baby receiving phototherapy			
25	Administering an injection to the newborn			
26	Neonatal resuscitation via simulation			

MID1199	MID1299	MID2599	MID2699
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Learning Tool 1: Initial pregnancy assessment

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed)

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Identifies and discusses maternal history, including <ul style="list-style-type: none"> • Medical and surgical • Gynaecological and menstrual • Previous pregnancy and childbirth experience(s) • Current pregnancy experience • Body Mass Index • Diet • Allergies • Significant family history 	1.1; 1.2; 1.3; 2.1; 2.2; 3.1; 3.2; 3.3; 3.5; 3.6; 4.1; 4.2; 5.1; 5.2; 5.4; 6.2; 6.3								
Identifies and discusses woman's psychosocial context, including <ul style="list-style-type: none"> • Substance use • Family/intimate partner violence • Mental health • Economic status Links the woman with psychosocial complexities with health professional and community supports as appropriate	1.1; 1.2; 1.3; 2.2; 2.4; 2.7; 3.1; 3.5; 3.6; 3.7; 4.1; 5.2; 6.2; 6.3								
Correctly calculates the estimated date of birth using menstrual and ultrasound information and discusses this with the woman	1.3; 4.2; 4.3; 5.1								
Provides information related to available and appropriate models of maternity care Discusses the number and timing of routine antenatal visits, recommended investigations and available screening	1.5; 1.6; 1.7; 2.1; 2.2; 2.7; 3.1; 5.2; 5.3; 7.1; 7.2								
Identifies and discusses potential health promotional opportunities to be incorporated into the pregnancy care plan	1.3; 1.6; 1.7; 2.2; 3.2; 4.1; 5.2								
Identifies existing and ongoing supports and possible need for improved community support Provides information on available community supports and emergency contacts	1.5; 1.7; 2.1; 2.2; 3.1; 3.5; 4.1; 4.4; 5.3; 6.3								
Provides information specific to the learning needs of the woman and her partner/support person Provides information related to childbirth and parenting education programmes	1.1; 1.3; 1.6; 2.1; 2.2; 3.4; 4.1; 4.4; 5.2; 6.2								
Discusses plans for infant feeding	1.4; 5.2; 7.2								
Identifies normal physiological changes and possible discomforts of pregnancy and provides appropriate advice	1.2; 1.3; 2.2; 3.1; 3.2; 3.3; 3.5; 4.1; 5.1; 5.2; 6.3								
Provides opportunity for questions and discussion with the woman and partner/support person	1.1; 2.1; 2.2; 2.3; 3.4; 4.1; 5.2; 6.2; 7.1								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning Tool 1: Initial pregnancy assessment

	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning Tool 2: Ongoing pregnancy care

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed)

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Correctly confirms the estimated date of birth	1.3; 4.2; 4.3; 5.1								
Identifies normal physiological changes and possible discomforts of pregnancy and provides appropriate advice	1.2; 1.3; 2.2; 3.1; 3.2; 3.3; 3.5; 4.1; 5.1; 5.2; 6.3								
Discusses physical wellbeing including diet and exercise	1.3; 1.4; 4.1; 4.3; 5.2								
Identifies and discusses the woman's psychosocial context Links the woman with psychosocial complexities with health professionals and community supports	1.1; 2.2; 2.4; 2.5; 2.6; 2.7; 3.1; 3.5; 4.1; 5.2; 6.3								
Identifies rationale for and contraindications to abdominal examination. Performs an abdominal examination, including Inspection <ul style="list-style-type: none"> • Assesses size and shape of the abdomen, general skin integrity and notes any scars or skin changes Palpation <ul style="list-style-type: none"> • Assesses fundal height • Assesses liquor volume • Identifies lie, presentation, position and station of presenting part of the fetus as appropriate for gestation Auscultation <ul style="list-style-type: none"> • Determines rate and rhythm of fetal heart and ensures it differs from the maternal heart rate • Checks history of fetal movements, discusses normal fetal movements with the woman Uses findings to assess ongoing fetal growth and wellbeing including consideration of previous examinations	1.2; 1.3; 3.1; 3.2; 3.3; 3.5; 3.6; 3.7; 4.2; 4.3; 5.1; 5.4; 7.1								
States rationale for antenatal investigations Is able to explain the investigations and results to the woman and partner/support person	1.2; 1.3; 3.1; 3.2; 3.3; 3.5; 3.6; 3.7; 4.2; 4.3; 5.1; 5.4; 7.1								
Is aware how to access support services such as social work, physiotherapy, psychology, and community resources if required	2.2; 2.7; 2.8; 3.1; 3.3; 3.5; 4.1; 4.3; 4.4; 5.3; 6.3; 7.2								
Provides appropriate information to support verbal discussions to promote health and wellbeing as determined by the woman's needs	1.1; 2.1; 2.2; 4.1; 5.2; 7.1								
Provides opportunity for questions and discussion with the woman and partner/support person	1.1; 2.1; 2.2; 2.3; 3.4; 4.1; 5.2; 6.2; 7.1								
Plans next episode of care in conjunction with the woman and her support person	1.1; 2.1; 2.2; 4.1; 5.2; 7.1								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning Tool 2: Ongoing pregnancy care

	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning tool 3: Abdominal examination

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed)

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Checks gestation as per agreed due date Checks history for contraindications to abdominal examination	1.3; 4.1; 4.2; 4.3; 5.1								
Ensures woman's comfort and safety (before, during and after examination) Discusses aorto-caval compression and outlines appropriate management	1.3; 3.6								
Performs an abdominal examination which includes: Inspection <ul style="list-style-type: none"> • Assesses size and shape of the abdomen, general skin integrity, and notes any scars or skin changes Palpation <ul style="list-style-type: none"> • Estimates fundal height from the top of the fundus to symphysis pubis • Assesses liquor volume • Identifies lie, presentation, position and station of presenting part of the fetus as appropriate for gestation Auscultation <ul style="list-style-type: none"> • Determines rate and rhythm of fetal heart and ensures it differs from the maternal heart rate • Checks history of fetal movements, discusses normal fetal movements with the woman 	1.2; 1.3; 3.1; 3.2; 3.3; 3.5; 3.6; 3.7; 4.2; 4.3; 5.1; 5.4; 7.1								
Communicates findings with woman	2.2; 4.1; 5.2								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 4: Parenting education for the woman and her family

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Identifies learning needs in partnership with the woman and/or her family	1.1; 2.1; 2.2; 3.4; 4.1; 5.2; 6.2; 7.1								
Plans, implements and evaluates a learning activity for the woman and/or her family	1.1; 2.1; 2.2; 3.4; 4.1; 5.2; 6.2; 7.1								
Applies principles of adult learning, giving consideration to individual needs such as language, cognitive and cultural factors	1.4; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7								
Selects an environment that is conducive to learning Organises equipment, resources and venue (if applicable)	1.5; 2.2								
Presents education, demonstrating <ul style="list-style-type: none"> • Involving of the woman and/or family • Checking the woman's understanding of the information provided • Providing opportunities for questions, discussion and practicing skills • Adapting education to accommodate individual needs • Identifying possible further learning needs and facilitating this as required 	1.1; 1.3; 1.4; 1.7; 2.1; 2.2; 2.7; 3.4; 4.1; 4.4; 5.2; 6.2; 7.1								
Uses appropriate take home information and learning resources to promote health and wellbeing as an adjunct to the education provided	2.2; 4.1; 4.4; 5.3								
Documents legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 4: Parenting education for the woman and her family

	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning tool 5: Performing and interpreting an antenatal cardiotocograph

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Ensures woman's comfort and appropriate positioning throughout Performs abdominal examination to assess fetal position	1.3; 3.6								
Ensures CTG machine is accurately reflecting current time and date Ensures CTG is labelled with unique identifier, clinical picture including rationale for CTG	3.2; 3.3; 3.5; 4.2								
Applies equipment appropriately to ensure the optimum recording of fetal heart and uterine activity Determines and differentiates maternal pulse to exclude possibility of accidental recording of maternal heart rate as fetal heart rate	3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1								
Describes the characteristics of a normal antenatal trace Assesses CTG per current RANZCOG fetal surveillance guideline, including <ul style="list-style-type: none"> • Baseline fetal heart rate • Variability • Accelerations • Decelerations • Identifies appropriate time to remove CTG 	1.2; 3.1; 3.2; 3.3; 3.6; 4.2; 4.3; 5.1; 5.2; 7.1								
Recognises and appropriately manages abnormal features (if present)	3.5; 3.6; 3.7; 5.1; 6.3								
Discusses findings with woman Allows opportunity for questions	1.3; 2.2; 4.1; 5.1; 5.2								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 6: Care of the woman on admission to the birth-suite environment

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed)

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Welcomes the woman and support person(s) and orientates them to the birthing environment Offers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures	1.1; 1.2; 1.3; 2.1; 2.2; 2.7; 3.2; 3.3; 3.6; 4.1; 4.2; 4.3; 5.1; 5.2; 6.2								
Creates an environment which facilitates comfort for the woman and support person(s) and supports the progression of labour	1.1; 1.5; 2.1; 2.3; 3.4; 4.1; 5.2								
Performs midwifery assessments to assess maternal wellbeing <ul style="list-style-type: none"> • Reviews history • Performs baseline observations – T, P, BP • Performs abdominal examination • Assess the frequency, duration and strength of uterine contractions • Assesses vaginal discharge • Collects urine sample when woman next empties her bladder and performs urinalysis • Performs vaginal examination (if indicated) • Supports woman's choices to work with her pain in labour 	1.2; 3.1; 3.2; 3.3; 3.6; 4.2; 4.3; 5.1; 5.2; 7.1								
Performs midwifery examination to assess fetal wellbeing <ul style="list-style-type: none"> • Auscultates fetal heart rate and notes deviations from normal • Correctly performs a cardiotocograph (if indicated) 	1.2; 3.1; 3.2; 3.3; 3.6; 4.2; 4.3; 5.1; 5.2; 7.1								
Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 7: Performing and interpreting an intrapartum cardiotocograph

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Ensures woman's comfort and appropriate positioning throughout Performs abdominal examination to assess fetal position	1.1; 1.5; 2.1; 2.3; 3.4; 4.1; 5.2								
Ensures CTG machine is accurately reflecting current time and date Ensures CTG is labelled with unique identifier, clinical picture including rationale for CTG	3.2; 3.3; 3.5; 4.2								
Applies equipment appropriately to ensure the optimum recording of fetal heart and uterine activity Determines and differentiates maternal pulse to exclude possibility of accidental recording of maternal heart rate as fetal heart rate through continuous recording of the maternal heart rate whilst fetal heart rate is being recorded	3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1								
Describes the characteristics of a normal intrapartum trace Assesses CTG per current RANZCOG fetal surveillance guideline, including <ul style="list-style-type: none"> • Baseline fetal heart rate • Variability • Accelerations • Decelerations 	1.2; 3.1; 3.2; 3.3; 3.6; 4.2; 4.3; 5.1; 5.2; 7.1								
Recognises and appropriately manages abnormal features requiring urgent management (if present) Identifies when fetal scalp electrode is indicated	3.5; 3.6; 3.7; 5.1; 6.3								
Discusses findings with woman Allows opportunity for questions	1.3; 2.2; 4.1; 5.1; 5.2								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 8: Care of the woman progressing in labour

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Creates an environment which facilitates comfort for the woman and support person(s) and supports the progression of labour Offers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures	1.1; 1.2; 1.3; 2.1; 2.2; 2.7; 3.2; 3.3; 3.6; 4.1; 4.2; 4.3; 5.1; 5.2; 6.2								
Assesses and monitors the progress of labour by <ul style="list-style-type: none"> • Assessing the frequency, duration and strength of uterine contractions • Assessing the descent of the presenting part, abdominally and/or vaginally • Assessing vaginal discharge (show, blood, and/or rupture of the membranes – describes liquor accurately and implications of findings) • Performs vaginal examination as indicated • Observes woman for changes in behaviour 	1.3; 3.3; 4.1; 4.2; 4.3; 4.4								
Supports and assesses maternal wellbeing <ul style="list-style-type: none"> • Supports woman's choices to work with her pain in labour • Assists with position changes and comfort • Provides advice about nutritional needs and fluid intake • Encourages frequent bladder emptying • Provides verbal guidance, encouragement and support 	1.1; 2.1; 2.2; 3.6; 4.1; 4.2; 4.3; 4.4; 5.2; 5.3; 5.4; 6.2; 7.1								
Assesses fetal wellbeing <ul style="list-style-type: none"> • Auscultates fetal heart rate and notes deviations from normal • Performs CTG as appropriate 	3.2; 3.3; 3.5; 4.3								
Recognises and describes the signs of second stage Anticipates and prepares to assist with birth	3.3; 3.6								
Supports the normal mechanisms of birth, in the woman's chosen position	2.1; 2.2; 3.3; 3.6								
Describes the principles of active and physiological management of third stage Assists with the birth of placenta and membranes and ensures haemostasis, including estimation of blood loss Performs post birth observations	2.1; 2.2; 3.2; 3.3; 3.6								
Performs thorough inspection of the genital tract to identify any injury and describes appropriately Consults and refers with midwife and/or medical staff for repair as appropriate	2.1; 2.2; 3.2; 3.3; 3.5; 3.6; 6.3								
Ensures woman's comfort and facilitates interaction with her baby Promotes skin to skin contact and encourages early breastfeeding (if appropriate)	1.1; 2.1; 2.2; 3.4; 4.1; 5.2								
Thoroughly checks to ensure placenta and membranes are complete Identifies characteristics of a normal and healthy placenta and recognizes deviations from normal	2.1; 2.2; 3.2; 3.3; 3.6; 6.3								
Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 9: Working with pain in labour

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Discusses expectations and understanding of pain management Responds appropriately to information needs including benefits, potential side effects and complications of choices available	1.1; 1.2; 1.3; 1.4; 1.7; 2.1; 2.2; 2.8; 3.3; 4.1; 4.3; 5.1; 5.2; 6.2; 7.1								
Assesses acceptability and effectiveness of the woman's choices including fetal wellbeing	1.1; 2.1; 3.3; 4.1; 4.3; 5.2; 6.2								
Describes and demonstrates knowledge of various ways of working with pain in labour, including <ul style="list-style-type: none"> • Promoting being active and position changes • Use of water including, shower or immersion • Massage techniques • TENS • Relaxation, including breathing techniques • Sterile water injections • Oral analgesia • Nitrous oxide and oxygen • Opiates • Epidural analgesia (see CAT 10) 	1.2; 2.8; 3.1; 3.2; 3.3; 3.6; 4.2; 4.3; 4.4; 5.1; 5.3; 5.4; 6.2; 6.3; 6.4; 7.1; 7.2								
Identifies contraindications, including <ul style="list-style-type: none"> • Allergies • Clinical picture such as medical history or obstetric complications 	1.3; 3.3; 3.6; 3.7								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 10: Epidural analgesia in labour

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Identifies indications for epidural analgesia, including <ul style="list-style-type: none"> • Maternal request • Hypertension management Identifies contraindications to epidural analgesia, including <ul style="list-style-type: none"> • Coagulopathy • Some neurological disorders • Local sepsis • Allergy 	1.3; 3.3; 3.6; 3.7								
Identifies possible side effects and their management, including <ul style="list-style-type: none"> • Maternal hypotension • Maternal sedation/respiratory depression • Fetal compromise • Partial/patchy block • Total spinal anaesthetic 	1.3; 3.3; 3.6; 3.7								
Assists with the preparation for and insertion of the epidural, including <ul style="list-style-type: none"> • Ensuring IV access and necessary investigations have been attended, such as FBE and group and hold • Initiation of fluid bolus if required, per local policy • Collection of relevant equipment and drugs • Positions the woman, providing information, support and reassurance throughout procedure • Assist anaesthetic team member(s) as required • Ensures use of aseptic technique • Assist to secure epidural once inserted 	1.2; 1.3; 3.1; 3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1; 5.3; 6.4								
Provides care immediately after epidural insertion, including <ul style="list-style-type: none"> • Repositions the woman to ensure comfort, fetal wellbeing and effective epidural • Commences post epidural observations including T, P, BP, RR, sedation score and sensory and motor block per local policy • Continues to assess fetal wellbeing according to clinical guidelines • Assists to program epidural infusion or PCEA if used • Ongoing fluid management • Insertion of urinary catheter • Ongoing pressure area care 	1.2; 1.3; 3.1; 3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1; 5.3; 6.4								
Assists to cease epidural and remove epidural catheter, including <ul style="list-style-type: none"> • Cease epidural infusion or PCEA if used • Position woman and remove tape • Removes catheter carefully but swiftly • Assesses health of epidural site • Assesses completeness of epidural catheter • Assesses sensory and motor block to initiate ambulation and removal of urinary catheter 	1.2; 1.3; 3.1; 3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1; 5.3; 6.4								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 11: Insertion of a urinary catheter

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Creates an environment which facilitates comfort for the woman and support person(s) Ensures comfort and safety throughout the procedure Identifies indication for catheterisation Responds appropriately to information needs including benefits, potential side effects and complications of choices available	1.1; 1.2; 1.3; 2.1; 2.2; 2.7; 3.2; 3.3; 3.6; 4.1; 4.2; 4.3; 5.1; 5.2; 6.2								
Prepares equipment and creates a sterile field Positions woman appropriately – considers aorto-caval compression effect of positioning	3.1; 3.2; 3.3; 3.6; 3.7; 5.3								
Catheterisation <ul style="list-style-type: none"> • Performs hand hygiene, wears sterile gloves • Maintains aseptic principles throughout • Parts labia and cleanses the urinary meatus • Inserts urinary catheter and checks for correct positioning • Inflates balloon if catheter is indwelling • Attaches drainage bag and secures, if needed • Secures catheter 	1.2; 1.3; 3.1; 3.2; 3.3; 3.6; 3.7; 4.2; 4.3; 5.1; 5.3; 6.4								
Assists the woman into a position of comfort Discusses actual/potential problems which may arise during the procedure and outlines appropriate management Discusses ongoing care with the woman such as infection control, mobility, fluid balance	1.2; 3.1; 3.2; 3.3; 3.6; 3.7; 4.1; 5.2; 5.3								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 12: Care of the woman and baby during induction of labour

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews history and identifies indication and mode for induction Performs midwifery examination to assess maternal and fetal wellbeing <ul style="list-style-type: none"> • Performs baseline observations – T, P, BP • Performs abdominal examination including auscultation of fetal heart 	1.1; 1.3; 1.4; 2.1; 3.1; 3.2; 3.3; 4.1; 4.2; 4.3; 5.1; 5.4								
Describes the mode of induction (the remainder of the CAT should be completed according to the mode of induction used)	3.2; 3.3								
Describes the purpose of the Bishop's score and its significance to methods of induction of labour	3.2; 3.3								
Cervical ripening including balloon catheter or Prostaglandin <ul style="list-style-type: none"> • Describes the method of insertion and removal 	3.2; 3.3								
Artificial rupture of membranes (ARM) <ul style="list-style-type: none"> • Identifies risks, benefits and contraindications • Is able to describe the technique used and the importance of noting the time, colour and amount of amniotic fluid 	3.2; 3.3								
Syntocinon infusion <ul style="list-style-type: none"> • Correctly prepares infusion per guidelines • Commences and adjusts infusion as per guidelines and maternal/fetal response 	3.2; 3.3								
<ul style="list-style-type: none"> • Describes procedure • Demonstrates an understanding of the effects, associated physiology and adverse reactions • Identifies risks, benefits, contraindications and complications • Prepares equipment • Positions woman appropriately • Monitors maternal and fetal wellbeing before during and after procedure, through fetal heart monitoring and assessment of uterine activity • Initiates appropriate actions when complications arise 	1.2; 1.3; 2.2; 3.1; 3.2; 3.3; 3.5; 3.6; 3.7; 4.4; 5.1; 5.2; 5.3; 6.2; 6.3; 7.1; 7.2; 7.3								
Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 13: Care of the woman and baby with increased needs in labour

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews history and identifies increased needs in labour Offers appropriate explanations including communicating any findings and encourages the woman to ask questions to assist with informed consent for all care and procedures	1.1; 1.3; 1.4; 2.1; 3.1; 3.2; 3.3; 4.1; 4.2; 4.3; 5.1; 5.4								
Creates an environment to support woman centred care facilitating the progression of labour	2.1; 3.3; 4.1; 5.2; 5.3; 6.2; 7.1								
Collaborates and consults with the interprofessional team	1.7; 2.7; 3.4; 5.2; 6.2; 6.3; 6.4								
Supports maternal wellbeing and assesses the progress of labour <ul style="list-style-type: none"> Assists with comfort including position changes Undertakes observations according to relevant clinical guidelines e.g. BSL monitoring Monitors fluid balance Adjusts nutritional and fluid needs as required Provides verbal guidance, encouragement and support 	1.1; 1.2; 1.3; 2.1; 2.2; 2.8; 3.1; 3.2; 3.3; 3.6; 3.7; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 6.2; 6.3; 6.4; 7.1; 7.2								
Assesses fetal wellbeing <ul style="list-style-type: none"> Assesses fetal heart rate and interprets according to clinical guidelines Demonstrates understanding and rationale for: <ul style="list-style-type: none"> fetal scalp electrode fetal blood sampling (pH or lactate) 	1.3; 3.2; 3.3; 3.6; 4.2; 4.3; 5.1; 6.3; 6.4								
Demonstrates knowledge of the use of medications in labour, including <ul style="list-style-type: none"> States indications and contraindications for use of medications Administers medications as indicated as per hospital clinical guidelines Maintaining IV access and infusions (if in place) Maintains infusions of medications via IV or epidural (where appropriate) Monitoring and reporting the effectiveness of medications 	1.3; 3.2; 3.3; 3.6; 4.2; 4.3; 5.1; 6.3; 6.4; 7.1; 7.2								
Recognises deviations from normal (in both woman and baby) and refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 14: Care (reception) of the newborn at birth

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews woman's history for progress of pregnancy and labour, noting variations from normal and use of analgesia – type, timing and implications for the newborn	1.1; 1.3; 1.4; 2.1; 3.1; 3.2; 3.3; 4.1; 4.2; 4.3; 5.1; 5.4								
Anticipates and prepares for birth Collaborates and consults with the interprofessional team	1.3; 3.1; 3.2; 3.3; 3.6; 5.2; 6.3								
Prepares and checks equipment and environment, including <ul style="list-style-type: none"> Warm wraps and hat Resuscitation equipment, heat and light Baby ID bands 	3.2; 3.6; 3.7; 4.3; 5.2; 5.3; 6.3; 6.4								
Notes the time of birth Performs initial assessment at birth and responds appropriately, including <ul style="list-style-type: none"> Immediately assesses possible need for resuscitation based on muscle tone, heart rate and respiratory effort Assesses respiratory effort, muscle tone, heart rate, reflex response and colour (APGAR score) at one (1) minute and as appropriate Dries the infant and protect against heat loss Facilitates skin to skin contact according to the woman's wishes	1.1; 1.3; 2.1; 3.2; 3.3; 3.6; 4.1; 4.2; 4.3; 5.1; 5.2; 5.4; 6.3; 6.4								
Attaches correct identity bands to baby and documents Correctly cares for umbilical cord according to the parent's wishes	1.1; 2.1; 3.2; 3.3								
Facilitates interaction between woman/family and baby for at least the first hour following birth Recognises infant feeding behaviour and encourages breastfeeding according to the woman's wishes within first hour of birth Assesses newborn vital signs	1.1; 2.1; 3.2; 3.3								
Performs initial examination of the newborn	1.3; 3.2; 3.3; 3.6; 4.2; 5.1								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 15: Vaginal examinations

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Identifies ways to support women with complex needs who may find examinations very challenging, including women who have experienced sexual assault	1.1; 4.1; 5.2								
Identifies indication for performing a vaginal examination Creates an environment which facilitates comfort for the woman and support person(s) Ensures comfort and safety throughout the procedure	3.2; 5.2; 6.2								
Ensures woman has an empty bladder Performs abdominal examination prior to vaginal examination	1.3; 1.7; 3.2; 3.3; 4.2								
Prepares equipment Positions woman appropriately – considers aorto caval compression	1.3; 3.3; 3.7; 4.1; 4.2								
Vaginal examination <ul style="list-style-type: none"> • Washes hands, wears appropriate gloves • Encourages woman to relax, using breathing techniques • Inspects external genitalia • Gently inserts fingers into vagina • Identifies landmarks where possible, given stage of labour including: <ul style="list-style-type: none"> - presenting part (cephalic or breech), - denominator, - cervix (dilatation and effacement), - membranes (intact or ruptured), - ischial spines (station of presenting part), - sutures and fontanelles • Assesses pelvic outlet 	1.3; 3.2; 3.3; 3.4; 4.2; 5.1								
After examination <ul style="list-style-type: none"> • Assists the woman into a position of comfort • Auscultates fetal heart rate • Communicates findings and discusses implications with the woman 	4.2; 4.3; 5.1; 5.2								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 16: Maternal and baby wellbeing assessment following birth

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Ensures woman is physically comfortable, providing analgesia or ice packs as needed	3.2; 5.2; 6.2								
Promotes self-care and responsibility through health education, including <ul style="list-style-type: none"> Healthy eating Exercise and physical activity Hygiene Pelvic floor exercises 	1.1; 1.2; 1.3; 2.1; 2.2; 3.2; 3.5; 3.6; 4.1; 4.2; 4.3; 5.1; 5.2; 6.2								
Performs physical assessment of woman's wellbeing (if indicated) <ul style="list-style-type: none"> Vital signs (T, P, BP & R) Examination of breasts and nipples Assess vaginal loss (amount, colour and odour) Palpate fundal height if appropriate Observes perineal integrity or abdominal wound for evidence of healing Bowel care – discusses bowel action frequency, considers incidence of haemorrhoids and outlines appropriate management Assesses urinary function (comfort, amount & continence) Examines limbs for oedema, varicosities, DVT 	1.2; 1.3; 1.4; 2.1; 2.2; 3.2; 3.3; 3.4; 3.6; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 6.3; 6.4; 7.1; 7.2								
Performs physical assessment of baby's wellbeing <ul style="list-style-type: none"> Weight (if indicated) Examines fontanelles, eyes, ears, nose and mouth, fingers and toes for anomalies Skin colour & integrity Umbilical cord – integrity, colour and smell Genitalia including urinary and bowel output, amount and characteristics 	1.2; 1.3; 1.4; 2.1; 2.2; 3.2; 3.3; 3.4; 3.6; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 6.3; 6.4; 7.1; 7.2								
Provides information on safe sleeping and immunisations SIDS recommendations including smoke free environment Discusses early parenting, normal infant behaviours and expectations	1.3; 2.2; 3.4; 5.2								
Discusses expectations of infant feeding, provides accurate and appropriate advise Informs woman about breastfeeding supports	1.1; 1.2; 1.3; 1.4; 2.1; 2.2; 3.3; 3.4; 4.1; 6.2								
Discusses issues surrounding sexuality after childbirth, relationships, family planning – gives appropriate advice	2.1; 2.2; 2.4; 3.3; 4.1; 5.2; 6.2; 6.3								
Assesses the woman's emotional wellbeing Discusses emotional changes in the postnatal period Provides community resources and supports based on wellbeing assessment Observes interaction between woman and baby	1.2; 1.3; 2.1; 2.2; 2.4; 3.3; 4.1; 5.2; 6.2; 6.3								
Discusses transition through services – domiciliary care, MCHN	2.1; 2.2; 4.1; 5.2; 6.3								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 16: Maternal and baby wellbeing assessment following birth

	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning tool 17: Facilitating breastfeeding for the woman and baby

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Acknowledges prior knowledge and experience of the woman using sensitive questioning Discusses the benefits of exclusive breastfeeding While assisting demonstrates an understanding of the anatomy and physiology of breastfeeding Provides accurate information and education on nutrition and fluid intake while breastfeeding eg: drink to thirst Demonstrates knowledge of BFHI principles – 10 Steps (WHO, 2018)	1.1; 1.2; 1.3; 1.4; 1.6; 1.7; 2.1; 2.2; 3.2; 3.3; 4.1; 4.2; 4.3; 5.1; 5.2; 5.3; 5.4; 6.2; 6.3								
Ensures woman is physically comfortable and if necessary, provide analgesia Explains the rationale for correct positioning and attachment to the breast	3.2; 5.2; 6.2								
Employs a hands-off technique for guiding the breastfeed Encourages woman to talk about how the breastfeed feels rather than how it looks	3.2; 5.2; 6.2								
Positioning – <ul style="list-style-type: none"> Promotes feeding positions that maximise newborn reflexes to ensure comfortable and sustainable attachment. Promotes skin to skin encourages woman to Recognise cues for feeding 	1.2; 1.6; 1.7; 2.2; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 5.2; 6.2; 7.1								
Attachment – discusses with the woman <ul style="list-style-type: none"> Seeking reflex – runs nipple over top lip Waiting for a wide-open mouth – tongue down Ensuring a large mouthful of breast is taken Identifying suckling action Identifying her let-down reflex How to check for signs of optimal attachment 	1.2; 1.6; 1.7; 2.2; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 5.2; 6.2; 7.1								
With permission observes the entire breastfeed providing support and encouragement throughout, recognises signs of milk transfer and general newborn baby behaviour	1.3; 2.2; 5.2								
Able to explain how to safely and painlessly detach baby from the breast	1.2; 1.3; 2.2								
Discusses the main principles of breast and nipple care eg: checking nipple post feed for shape and any trauma	1.2; 1.3; 2.2								
Discusses expectations of infant feeding, provides accurate and appropriate advice Informs woman about breastfeeding supports-hospital and community based (e.g. ABA)	1.1; 2.1; 2.2; 3.3; 3.5; 4.1; 5.2								

Learning tool 17: Facilitating breastfeeding for the woman and baby

Docu	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning tool 18: Breastfeeding challenges for the woman and baby

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Acknowledges woman's prior knowledge and experience Is able to identify the breastfeeding challenge and explores possible causes for example: <ul style="list-style-type: none"> • Nipple pain/trauma • Engorgement • Over or under supply • Baby not attaching Discusses possible solutions with woman	1.1; 1.3; 2.2;								
Ensures woman is physically comfortable, provide analgesia, ice or heat packs as needed Ensures optimal positioning of the woman Promotes skin to skin contact to encourage breastfeeding behaviours	3.2; 5.2; 6.2								
With permission observes a breastfeed Employs a hands off technique for guiding the breastfeed Encourages woman to talk about how the breastfeed feels rather than how it looks	1.2; 1.6; 1.7; 2.2; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 5.2; 6.2; 7.1								
Correctly identifies where intervention may be required e.g.: <ul style="list-style-type: none"> • Skin to skin contact encouraged • Alteration of positioning and attachment eg: laidback position to facilitate baby-led attachment • Manual breast expression via hand and pump • Offering baby expressed breast milk via cup • Use of nipple shield • Supplementary feeds Provides clear guidance to the woman regarding the intervention	1.1; 1.3; 2.1; 2.2; 2.3; 3.2; 3.3; 3.4; 4.1; 4.3; 5.1; 6.2; 6.4; 7.1; 7.2								
Develops a plan of care in collaboration with the woman	1.1; 2.1; 2.2; 4.1; 5.1; 5.2; 5.3; 5.4; 6.2; 6.4; 7.1; 7.2								
Expressing and storing breast milk <ul style="list-style-type: none"> • Collects equipment – ensures cleanliness • Demonstrates hand expression • Correctly demonstrates or discusses the use of electric pumps • Identifies possible barriers to let down reflex • Demonstrates knowledge of recommended frequency of expressing to maximise supply • Labels and stores the expressed milk with name, date and time of expression 	1.2; 3.2; 3.3; 3.4; 3.7; 5.3								
Correctly prepares and safely administers a breast milk substitute if required	2.1; 3.3; 3.6								
Refers woman to ongoing breastfeeding supports - hospital and community based	3.5; 5.2; 6.3								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 18: Breastfeeding challenges for the woman and baby

	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning tool 19: Care of a woman after a caesarean birth

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews history including indication for caesarean section	1.1; 3.6; 4.1; 4.2; 5.1								
Ensures the woman's comfort and provides analgesia as required	1.1; 1.2; 1.3; 3.3; 5.2								
Performs physical assessment of woman's wellbeing, including assesses: <ul style="list-style-type: none"> • Routine post anaesthetic observations • Abdominal wound • Vaginal loss +/- gentle fundal assessment • Urinary output, and maintains accurate fluid documentation • Limbs for colour, warmth, sensation, movement, oedema, pain or varicosities • Sensory and motor function post spinal/combined anaesthetic 	1.1; 1.2; 1.3; 2.1; 2.2; 2.8; 3.1; 3.2; 3.3; 3.6; 3.7; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 6.2; 6.3; 6.4; 7.1; 7.2								
Maintains IV access and infusion if applicable Maintains drain tubes and notes drainage volume if applicable	3.2; 3.3								
Assists woman with hygiene needs and personal care	1.1; 2.2; 3.3								
Assists the woman with care of her baby including supports with choice of feeding	1.1; 2.2; 3.3								
Provides post caesarean section education and promotes self-care by explaining: <ul style="list-style-type: none"> • Expected normal recovery regarding; ambulation, diet, wound and output • Possible complications following caesarean birth • The available resources and where to seek assistance when needed 	1.1; 1.3; 2.1; 2.2; 4.1; 5.2; 5.3; 6.2								
Recognises early deviations from normal in both woman and baby Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 20: Blood sampling of the newborn baby

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews family history Verifies baby's identity, method of feeding and age, noting the time of birth	1.1; 3.2; 3.6; 4.1; 4.2; 5.1								
Explains procedure to parents, completes documentation and gains consent as per NST card	2.2; 3.2; 4.2; 5.4								
Prepares and checks equipment Uses aseptic principles	3.2; 3.6								
Prepares the baby <ul style="list-style-type: none"> • Promotes comfort measures by facilitating feeding or if appropriate gives sucrose as per clinical guideline • Positions baby using gravity to facilitate blood flow • Ensures exposed foot is warm, clean and dry 	3.2; 3.3; 3.4; 3.6; 3.7; 5.2; 5.3; 6.2								
Collection of sample <ul style="list-style-type: none"> • Identifies correct site for blood collection • Lances skin • Wipes first drop of blood away with cotton ball • Allows heel to refill with blood • Obtains sufficient samples e.g. fills containers; ensuring circles are filled correct side of NST card • Once complete, stems blood flow 	3.2; 3.3; 3.4; 3.6; 3.7; 5.2; 5.3; 6.2								
Following procedure ensures baby is comforted	3.3; 5.2								
Documents relevant complexities such as use of antibiotics, prematurity or nil orally	3.5; 3.6; 5.1								
Discusses actual/potential problems which may arise during the procedure and outlines appropriate management	3.1; 3.3; 3.6; 3.7								
Recognises deviations from normal in both woman and baby Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 21: Full examination of the newborn

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Verifies baby's identity Reviews maternal and newborn history making note of any relevant complications	1.1; 3.2; 3.6; 4.1; 4.2; 5.1								
Ensures environment is warm and lighting is appropriate Maintains safety of the newborn throughout the assessment. Systematically and accurately undertakes assessment	1.3; 2.5; 3.1; 3.2; 3.3; 3.6; 3.7; 4.2								
General appearance <ul style="list-style-type: none"> Posture Colour Skin integrity Moulding and fontanelles Respiratory effort 	1.3; 3.3; 3.5								
Physical characteristics <ul style="list-style-type: none"> Eyes, nose, mouth, ears Limbs and digits Chest, abdomen, umbilicus, hips, spine, genitalia and anus 	1.3; 3.3; 3.5								
Observes and records <ul style="list-style-type: none"> Weight, length, head circumference (if required) Vital signs as per clinical guidelines Output – urine and stools 	1.3; 3.3; 3.5; 5.4								
Assesses neuromuscular integrity <ul style="list-style-type: none"> Neonatal reflexes 	1.3; 3.3; 3.5								
Assesses behavioural capabilities <ul style="list-style-type: none"> Sleep and awake pattern Crying 	1.3; 3.3; 3.5								
Following procedure ensures baby is comforted	3.3; 5.2								
Communicates findings with the woman and support persons (if appropriate)	2.2; 3.2; 4.2; 5.4								
Discusses actual/potential problems which may arise during the assessment and outlines appropriate management	3.2; 3.3; 3.7; 5.2; 5.4; 6.3								
Recognises deviations from normal in the baby Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.7; 3.1; 3.2; 3.5; 6.3; 6.4								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 21: Full examination of the newborn

	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning tool 22: Enteral/tube feeding a baby

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews baby's history, checks management plan Verifies baby's identity	1.1; 1.3; 3.2; 4.2; 4.4								
Prepares and checks equipment	3.7; 5.3								
Prepares the baby <ul style="list-style-type: none"> Monitors vital signs prior to commencing Correctly positions baby safely Ensures baby remains warm 	1.3; 3.1; 3.2; 4.2								
Tube insertion <ul style="list-style-type: none"> Maintain non-touch technique at all times Measures and marks the length of tube correctly Gently inserts tube to measured mark Observes neonate for signs of complications during insertion Ensures tube is correctly positioned and securely taped (in the case of an indwelling tube) Confirms correct positioning of tube as per local guideline Discusses trouble shooting when confirming tube position Observes for indicators of tube dislodgement 	3.1; 3.2; 3.3; 3.5; 3.7; 4.2; 4.3; 5.1; 5.2; 5.4								
Administering feed <ul style="list-style-type: none"> Ensures correct type of feed Ensures correct temperature and volume of milk Observes for complications during feed Appropriately and safely regulates the flow of milk Safely ends the feed Leaves the baby comfortably positioned Encourage parental involvement with tube feeding as per local guideline 	3.1; 3.2; 3.3; 3.7; 4.2; 4.3; 5.1; 5.4								
States rationale for enteral/tube feeding Discusses actual/potential problems which may arise during the procedure and outlines appropriate management	3.2; 3.3; 3.7; 5.2; 5.4; 6.3								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.8; 3.1; 3.5; 3.7; 5.2; 5.4; 6.3; 7.3								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 22: Enteral/tube feeding a baby

	Date	Overall Rating	Comments	Assessor Name/Signature	Student Signature
1		I P A S D			
2		I P A S D			
3		I P A S D			
4		I P A S D			

Student Comments / Feedback

Learning tool 23: Care of the unwell baby receiving oxygen therapy (or via simulation)

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Practises cultural safety Supports the choices of the woman, ensuring informed consent Develops plans for midwifery practice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews baby's history, checks management plan Verifies baby's identity	1.2; 1.3; 3.2; 4.2; 4.4								
Prepares and checks equipment – according to method of oxygen delivery <ul style="list-style-type: none"> Ensures incubator is pre warmed Sets up equipment as per local guideline Considers if humidification is required Positions and calibrates oxygen analyser correctly if required Ensures resuscitation is available and safety checks are completed 	3.1; 3.2; 3.7; 4.4; 5.3								
Prepares baby <ul style="list-style-type: none"> Positions baby safely Monitors vital signs prior to commencing and at regular intervals Ensures correct placement of the oximeter Ensures continuous saturations are monitored and documented Ensures thermoregulation is considered 	1.3; 3.1; 3.2; 4.2								
Records vital signs and observations as per guidelines	3.5; 4.2								
Provides developmental supportive care to baby as needed Attends to baby's nutritional needs according to management plan	2.1; 2.2; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2								
Identifies alternate methods of oxygen therapy delivery Explains rationale for alternate methods	3.3; 5.1; 5.3; 5.4; 6.2								
States rationale for administering oxygen therapy Discusses actual/potential problems which may arise during oxygen therapy and outlines appropriate management	3.1; 3.2; 3.5; 3.7; 7.1; 7.2; 7.3								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.8; 3.1; 3.5; 3.7; 5.2; 5.4; 6.3; 7.3								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 24: Care of the baby receiving phototherapy

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews baby's history, checks management plan Verifies baby's identity	1.2; 1.3; 3.2; 4.2; 4.4								
Prepares and checks equipment – according to method of phototherapy delivery <ul style="list-style-type: none"> • Considers thermoregulation • Ensures phototherapy unit is functioning 	3.1; 3.2; 3.7; 4.4; 5.3								
Prepares the baby <ul style="list-style-type: none"> • Monitors vital signs prior to commencing • Positions baby safely • Ensure baby is nursed only wearing a nappy • Ensures eyes are protected 	1.2; 1.3; 3.1; 3.2; 4.2								
Records vital signs as per guidelines Records baby's fluid balance including intake and output	3.5; 4.2								
Comforts baby as needed Attends to baby's nutritional needs according to management plan Interrupts phototherapy for feeds where applicable	1.3; 2.1; 2.2; 3.2; 4.2; 4.4; 5.1; 5.2; 5.4								
Maintains baby's skin integrity - provides rationale	1.3; 4.2; 5.1; 7.1								
Monitors serum bilirubin, turns off lights during collection - provides rationale	1.3; 4.2								
States rationale for administering phototherapy Discusses actual/potential problems which may arise during phototherapy and outlines appropriate management	1.2; 1.3; 3.1; 3.2; 3.7; 6.3; 7.1; 7.2; 7.3								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.8; 3.1; 3.5; 3.7; 5.2; 5.4; 6.3; 7.3								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 25: Administering an injection to the newborn

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment the student demonstrates the following: <ul style="list-style-type: none"> • Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice • Practises cultural safety • Supports the choices of the woman, ensuring informed consent • Develops plans for midwifery practice • Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Offers explanation of the need for procedure and provides written information (if available eg: Hep B) Obtains consent, written and/or verbal	1.6; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.2; 5.2								
Reviews baby's history, checks medication orders Verifies baby's identity	1.2; 1.3; 3.2; 4.2; 4.4								
Prepares and checks equipment	1.2; 3.1; 3.2; 3.7; 4.4; 5.3								
Prepares and checks medication <ul style="list-style-type: none"> • Double checks with two registered midwives/nurses • Observes five rights of administration • Uses aseptic non touch technique when preparing medication 	1.2; 1.3; 2.1; 2.2; 5.2; 5.3; 5.5								
Prepares the baby <ul style="list-style-type: none"> • Ensures baby remains warm • Identifies correct site for injection 	1.2; 3.1; 3.2; 3.7; 4.2; 5.2								
Considers use of sucrose for pain relief as appropriate Administers medication using correct technique Maintains aseptic non touch technique	1.2; 3.1; 3.2; 3.6; 5.2								
Records site of injection Monitors baby for signs of reaction Following procedure comforts baby as needed	3.5; 4.2; 5.4								
Demonstrates an understanding of the pharmacological/immunological action of the specific medication States rationale for administering medication to the newborn Discusses actual/potential problems which may arise during the procedure and outlines appropriate management	1.2; 2.8; 3.1; 3.2; 3.7; 4.2; 4.3; 6.3								
Refers to other members of the health care team in consultation with the woman as needed, per the National Midwifery Guidelines for Consultation and Referral (ACM, 2014)	2.8; 3.1; 3.5; 3.7; 5.2; 5.4; 6.3; 7.3								
Documents all care legibly and appropriately	3.2; 3.5; 3.6; 5.4								

Learning tool 26: Neonatal resuscitation via simulation

Please refer to the Bondy scale on page 32 before completing the tool and use the appropriate rating (I, P, A, S, or D) within the student/assessor boxes below for **each** standard (all boxes to be completed).

Expected outcome standard - the midwifery student	Midwife Standard	Student				Assessor			
	Please write the date at the top of each column >>>>								
Prior to the assessment Maintains woman centred, effective communication throughout	1.1; 2.2; 2.7; 4.1; 4.3; 6.2								
Throughout the assessment within the context of an emergency event the student demonstrates the following: <ul style="list-style-type: none"> Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice Demonstrates capability and accountability, working within the expected scope of practice as a midwifery student 	1.1; 1.4; 1.7; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 2.7; 3.1; 3.6; 4.1; 5.1; 5.2; 6.2								
Reviews history and identifies pre-disposing factors that may necessitate resuscitation Verifies baby's identity – applies identity labels if necessary	1.2; 1.3; 3.2; 3.6; 4.2; 4.4								
Ensures environment is warm and well lit Student is familiar with neonatal resuscitation protocols and procedures	3.1; 3.2; 3.7								
Ensures equipment is available and operational <ul style="list-style-type: none"> Oxygen/air/blender Oximeter Neopuff and bag and mask Suction Resuscitaire & heater 	3.2; 4.2; 4.4								
At the time of initial assessment Assesses baby's condition <ul style="list-style-type: none"> Breathing/crying, heart rate and tone Response to stimulation Clears airway if indicated Evaluates APGAR score (if at birth) at 1 and 5 minutes, and every 5 minutes until baby is stable <ul style="list-style-type: none"> Heart rate Respirations Muscle tone Reflex response Colour Is aware intervention for depressed infants should not await APGAR score	3.1; 3.2; 3.5; 3.6; 3.7; 3.8; 4.2; 4.3; 5.1; 5.3								
Notifies appropriate personnel and summons help <ul style="list-style-type: none"> Supervising midwife Paediatrician/GP/Anaesthetist Special care nurseries Calls neonatal code blue if required 	2.8; 3.7; 6.3								
Positions and handles baby safely Positions baby correctly for resuscitation	3.2; 3.3; 3.7								
Resuscitates baby correctly <ul style="list-style-type: none"> Establishes correct position of head and neck to maintain airway Provides appropriate ventilation using available equipment Correctly attaches oximetry Bag and mask is to be used in gas supply failure as per ARC guideline States the indications and rates for ventilation (HR<100) Assesses the effectiveness of ventilation Reassesses baby's condition at correct times Commences external cardiac compressions if indicated States indications, correct ratio, rates and depth for cardiac compressions (HR<60. Ratio 3:1) States indications administration and precautions for resuscitation medications: adrenaline, normal saline and O negative blood (as per Australian Resuscitation Council (ARC) guideline 13.7) Delegates scribe 	2.8; 3.1; 3.2; 3.3; 3.5; 3.6; 3.7; 4.2; 4.3; 5.1; 5.3; 6.3; 6.4								
Prepares for and assists with intubation and intravenous therapy <ul style="list-style-type: none"> Familiarity with equipment required Prepares tapes Prepares IV tubing as per local guidelines 	2.8; 3.1; 3.2; 5.3; 6.3; 6.4								
Follows the Australian Resuscitation Council (ACR) neonatal resuscitation 'flow chart' and appropriately intervenes where indicated	1.2; 3.2; 3.7; 4.2; 7.1								
Following stabilisation Ensures baby is warm and monitored closely Explains criteria for transfer to the SCN following resuscitation Ensures family are supported and debriefed	1.3; 2.2; 3.1; 3.2; 3.5; 3.7; 4.2; 5.1; 5.2								
Documents actions legibly and appropriately including observations interventions and times as per ARC guideline 13.9	3.1; 3.2; 3.5; 3.6; 5.4								
States indications for neonatal resuscitation at the time of birth and following birth Discusses actual/potential problems which may arise during the resuscitation and outlines appropriate management	1.2; 1.3; 3.2; 3.5; 3.7; 6.3								
Provision of the opportunity for individual and team debrief following a neonatal resuscitation (ANZCOR guidelines)	1.2; 2.8; 3.3; 3.7; 3.8; 6.4; 7.3								



MIDAC

Midwifery Academics (Victoria)

Victorian Midwifery Academics (MIDAC), Victorian Standardised Clinical Assessment Tool for Midwifery Students, 3rd Edition, 2018, Melbourne, Australia

3rd Edition evidence update:

Jane Morrow, Laura Biggs, Jan Jones, Helen Nightingale, Gayle McLelland, Nicki Hartney, Gina Kruger and Helen Sudholz.

Acknowledgements to authors of the previous editions: Laura Biggs, Mary Anne Biro, Sara Couch, Nicki Hartney, Jan Jones, Linda Jones, Gina Kruger, Meredith McIntyre, Lois McKellar, Helen McLachlan, Gayle McLelland, Jane Morrow, Harriet Morton, Michelle Newton, Helen Nightingale, Alison Patrick, Diane Phillips and Helen Sudholz.

Victorian Midwifery Academics (MIDAC), Melbourne, Victoria ©2018

Acknowledgements:

Thank you to stakeholders who provided input and advice on the development and review of the standardised clinical assessment tool. Stakeholder representatives included; Victorian midwifery academics from Australian Catholic University, Deakin University, Federation University, La Trobe University, Monash University and Victoria University.

Funding:

Our thanks and appreciation go to the Victorian Department of Human Services for funding that contributed to the development of the 1st edition of the Common Assessment Tool for Victorian midwifery students in 2009.



Record of Student Progress/Feedback

MIDWIFERY PRACTICE

A minimum of 6 to be completed for each check-in and signed by midwives you have worked with.

Student Name _____

No 1	Date	Agency	Area
Comments			
Midwife name, signature & date:			
No 2	Date	Agency	Area
Comments			
Midwife name, signature & date:			
No 3	Date	Agency	Area
Comments			
Midwife name, signature & date:			
No 4	Date	Agency	Area
Comments			
Midwife name, signature & date:			
No 5	Date	Agency	Area
Comments			
Midwife name, signature & date:			
No 6	Date	Agency	Area
Comments			
Midwife name, signature & date:			



UniSQ

Clinical Course Assessments

Your portfolio needs to be submitted to InPlace throughout your placement. Information about your submissions can be found on Study Desk in each of the clinical courses and the MUM site.

Formative and Summative Assessment of Clinical Placement

MIDWIFERY PRACTICE

MID1199	MID1299	MID2599	MID2699
1	2	3	4

- Complete and submit one formative before each “Check-in” date (on clinical course study desks), and summative assessment at the end of the year of your clinical placement, and
- Complete and submit a minimum of six preceptor feedbacks with each Assessment for each clinical course studied.

Please check your clinical course specifications and study desk for additional information regarding clinical course assessment and submission instructions.

Formative and Summative Assessment of Clinical Placement

Student Name.....Student Number.....

Describe the skills you have practiced in residential school and have/are studying in theory courses (See skills list):

Student identified learning objectives prior to clinical placement

Clinical practice skill, objective or learning need	Self-assessment	
	Achieved	Not achieved
1.		
2.		
3.		
4.		
5.		
6.		

Reflect on your strengths prior to attending clinical placement and document specific objectives that you want to achieve on midwifery practice placement.

Assessment of Midwifery Practice Experience (Formative A)

Complete one interim and one final assessment for each semester, tick which course/s this assessment relates to Student is to complete a self-assessment against the midwife standards prior to any formal meeting with educator who will conduct the 'Interim and Final' assessments.

Please complete all sections of this assessment report.

Student name: Student No:.....

STANDARD 1: PROMOTES HEALTH AND WELLBEING THROUGH EVIDENCE BASED MIDWIFERY PRACTICE	STUDENT	ASSESSOR
The midwife supports women's wellbeing by providing safe, quality midwifery health care using the best available evidence and resources, with the principles of primary health care and cultural safety as foundations for practice. <i>The midwife:</i>		
Criteria 1.1: Identifies what is important to women as the foundation for using evidence to promote informed decision-making, participation in care, and self-determination		
Criteria 1.2: Accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality midwifery practice		
Criteria 1.3: Uses health assessment and health education to support birth and reproductive health, and minimise the potential for complications		
Criteria 1.4: Undertakes ongoing processes of reflection to ensure professional judgements acknowledge how personal culture impacts on practice		
Criteria 1.5: Supports access to maternity care for the woman		
Criteria 1.6: Supports the development, implementation and evaluation of evidenced-based health initiatives and programs, and		
Criteria 1.7: Identifies and promotes the role of midwifery practice and the midwifery profession in influencing better health outcomes for women.		
STANDARD 2: ENGAGES IN PROFESSIONAL RELATIONSHIPS AND RESPECTFUL PARTNERSHIPS		
The midwife establishes and maintains professional relationships with the woman by engaging purposefully in kind, compassionate and respectful partnerships. The midwife will also engage in professional relationships with other health practitioners, colleagues and/or members of the public. These relationships are conducted within a context of collaboration, mutual trust, respect and cultural safety. <i>The Midwife:</i>		
Criteria 2.1: Supports the choices of the woman, with respect for families and communities in relation to maternity care		
Criteria 2.2: Partners with women to strengthen women's capabilities and confidence to care for themselves and their families		
Criteria 2.3: Practises ethically, with respect for dignity, privacy, confidentiality, equity and justice		
Criteria 2.4: Practises without the discrimination that may be associated with race, age, disability, sexuality, gender identity, relationship status, power relations and/or social disadvantage		
Criteria 2.5: Practises cultural safety that is holistic, free of bias and exposes racism		
Criteria 2.6: practises in a way that respects that family and community underpin the health of Aboriginal and/or Torres Strait Islander Peoples		
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Criteria 2.8: Participates in and/or leads collaborative practice.		
STANDARD 3: DEMONSTRATES THE CAPABILITY AND ACCOUNTABILITY FOR MIDWIFERY PRACTICE		
The midwife is accountable to the woman for safe and competent practice. The midwife is also accountable to themselves, the NMBA, their employer, the public and the profession for practice that includes ongoing improvement, self-management, and responding to concerns about other health professionals' capability for practice. <i>The midwife:</i>		
Criteria 3.1: Understands their scope of practice		
Criteria 3.2: Practises within relevant legal parameters and professional standards, codes and guidelines		
Criteria 3.4: Contributes to a culture that supports learning, teaching, knowledge transfer and critical reflection		
Criteria 3.5: Engages in timely consultation, referral and documentation		
Criteria 3.6: Uses relevant processes to identify, document and manage complexity and risk		
Criteria 3.7: Recognises and responds appropriately where safe and quality practice may be compromised		
Criteria 3.8: Considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice		

STANDARD 4: UNDERSTANDS COMPREHENSIVE ASSESSMENT		
The midwife in all contexts of practice continuously gathers, critically analyses and uses information and evidence to inform, validate and/ or improve midwifery practice. <i>The midwife:</i>		
Criteria 4.1: Works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of women, communities and population		
Criteria 4.2: Uses assessment techniques to systematically collect relevant and accurate information		
Criteria 4.3: Analyses information and data and communicates assessments and anticipated outcomes as the basis for midwifery practice,		
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STANDARD 7: EVALUATES OUTCOMES FOR IMPROVED MIDWIFERY PRACTICE		
The midwife takes responsibility for the evaluation and continuous improvement of practice. <i>The midwife:</i>		
Criteria 7.1: Evaluates and monitors progress towards planned goals and anticipated outcomes		
Criteria 7.2: Revises plan and actions based on evidence and what is learned from evaluation		
Criteria 7.3: Uses evaluation and reflection to inform future practice and professional development		

Overall grading (Please circle)

Independent (I)	Proficient (P)	Assisted (A)	Supported (S)	Dependent (D)
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Student name and signature.....Date.....

Assessor name and signature.....Date:.....

Assessment of Midwifery Practice Experience (Formative B)

Complete one interim and one final assessment for each semester, tick which course/s this assessment relates to Student is to complete a self-assessment against the midwife standards prior to any formal meeting with educator who will conduct the 'Interim and Final' assessments. Please complete all sections of this assessment report.

Student name: Student No:.....

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Overall grading (Please circle)

Independent (I)	Proficient (P)	Assisted (A)	Supported (S)	Dependent (D)
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Student name and signature.....Date.....

Assessor name and signature.....Date:.....

