



# **Bachelor of Midwifery**

## **Midwifery Student Practice Portfolio Guidelines**



## Background

This Bachelor of Midwifery aims to prepare midwives who are qualified to provide high quality, evidence based health services for women, newborns and childbearing families and to prepare students to meet the standards required for registration and practice as informed by the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Midwife (ANMC 2006). These Standards are underpinned by the International Definition of the Midwife as determined by the International Confederation of Midwives (ICM). You will find the competency standards, code of practice and code of ethics for the midwife on the Australian Nurses and Midwifery Board website, make sure you favourite this site <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx> (Appendix 1).

## Bachelor of Midwifery at the University of South Australia

The curriculum followed in this program is based on the identified needs and competencies defined by industry, the University, the midwifery profession and women as consumers. The National Maternity Services Plan (2011) has influenced a variety of aspects of this program, in particular the inclusion of an understanding and application of woman centred care, evidence based practice, woman centred primary health care and public health strategies encompassing the broader sociocultural, spiritual, political and economic determinants and contexts of health care. As a student, you will be prepared to work in the full scope of midwifery practice, experiencing continuity of care models in primary, secondary and tertiary health care environments. You will be provided clinical experience through the Experiential Learning Activities (ELA) in a variety of clinical settings and will also experience continuity of care where you follow a minimum of 20 women through all phases of pregnancy, birth and the postnatal period. The ELA's are underpinned by theory provided through Inquiry Based Learning (IBL) and is further reinforced through the use of case studies and clinical scenarios in the Nursing and Midwifery Practice based Laboratories (PBL).

## Program Objectives

On completion of the program the graduate will be able to:

- Provide individualised and skilled midwifery care through an understanding of the physical, emotional, social, spiritual, environmental and cultural needs and differences of women and their families
- Provide woman centred, culturally sensitive and evidence based midwifery care
- Understand the process of maintaining a woman centered and midwifery focus while working effectively within a collaborative and interdisciplinary context in a variety of settings
- Use reflective, critical thinking and analytical skills to integrate professional knowledge into practice
- Access and critique contemporary research findings in order to develop evidence based midwifery practice
- Evaluate and incorporate the appropriate use of technology in midwifery practice
- Act legally and ethically during provision of midwifery care
- Demonstrate a personal commitment to life-long learning and professional development in midwifery practice.

## Experiential Learning Activities (ELAs)

The Experiential Learning Activities (ELAs) in this program provide opportunity for you to develop your professional and clinical skills. You will be introduced to a number of women through scenarios presented throughout the theoretical courses and incorporated Practice Based Laboratory (PBL) clinical workshops. During each ELA you will also participate in pre-clinical workshops in the School's PBLs and will engage with the Clinical Assessment Tool (CAT) for Midwifery Students. You will be expected to successfully undertake an Objective Structured Clinical Activity (OSCA) in the simulated environment (PBL) in order to satisfy the requirements for clinical placement. Any student who receives a fail grade for an OSCA will not be eligible to proceed to the clinical placement of the course. They will be provided an opportunity to redo the OSCA in discussion with the Course Coordinator or Clinical Midwife.

There are 6 ELA's throughout the Program as outlined:

1. Experiential Learning Activity: Midwifery Foundation Practicum 1
  - a. 10 weeks x 2 days per week of antenatal/postnatal experience
2. Experiential Learning Activity: Midwifery Foundation Practicum 2
  - a. 4 weeks x 5 days per week of mixed experience (antenatal/postnatal/intrapartum)
3. Experiential Learning Activity: Midwifery Practice Development Practicum 3
  - a. 4 weeks x 5 days per week of Intrapartum experience
4. Experiential Learning Activity: Midwifery Practice Development Practicum 4
  - a. 4 weeks x 5 days per week of mixed experience (antenatal/postnatal/intrapartum)
5. Experiential Learning Activity: Midwifery Neonatal Practicum 5
  - a. 4 weeks x 5 days per week of neonatal and antenatal/postnatal/women's health
6. Experiential Learning Activity: Midwifery Transition Practicum 6
  - a. 8 weeks x 5 days per week of mixed experience across all areas

The course objectives for each ELA are detailed in the corresponding Course Outline, along with the assessment requirements. While on clinical placement or through the Continuity of Care Experience (COCE), the CAT for Midwifery Students will be utilised to inform the clinical assessment component. You will be expected to complete each of the clinical skills learning tool assessments detailed in the CAT for Midwifery Students through the completion of the designated courses as outline in Table 1. In your final year you will be expected to achieve independent for all of your tools. This can be assessed in both ELA 5 and ELA 6 and COCE.

**Table 1**

Year	Course	Clinical skills learning tool assessment
1	ELA: Foundation Practicum 1	1,2,3,15,18,19
	ELA: Foundation Practicum 2	4,6,8,9,12,14,23
2	ELA: Midwifery Practice Development 3	3,6,8,9,12,13,14,15,19,23
	ELA: Midwifery Practice Development 4	1,2,5,7,10,11,13,16,17
3	ELA: Midwifery Neonatal Practicum 5	4,16,20,21,22,24
	ELA: Midwifery Transition Practicum 6	All CAT tools must be completed at Independent level by the end of ELA 6

These skills will be assessed by midwifery Clinical Facilitators or Midwives who have either attended a Clinical Facilitator workshop conducted by the University or undertaken training at the venue site so that they are familiar with the program requirements and are prepared for clinical skills assessment. It is expected that students will attain a minimum rating for each learning tool assessment as outlined in Table 2.

**Table 2**

Rating	ELA 1	ELA 2	ELA 3	ELA 4	ELA 5	ELA 6
<b>Independent (I)</b>					All tools in addition to the ones listed below (ELA5) must be completed at Independent level by the end of your final year.	
<b>Proficient (P)</b>			3,6,8,9,12,14,19	1,2,5,7,13,	4,16,20,21,22,24	
<b>Assisted (A)</b>	1,2,3,15,18,19	4,6,8,9,12,14,23	13	10,11,16,17		
<b>Supported (S)</b>						
<b>Dependent (D)</b>						

The method of assessment chosen for both the learning tools and the competency assessment component is a modified Bondy scale. The 'Bondy' scale evaluation rating was first developed in 1983 by Kathleen Bondy to assess the clinical competency of nursing students. A five point rating scale was designed as outline below in Table 3 (Bondy 1983).

**Table 3**

<b>Independent (I):</b>	Refers to being safe & knowledgeable; proficient & coordinated and appropriately confident and timely. Does not require supporting cues
<b>Proficient (P):</b>	Refers to being safe & knowledgeable; efficient & coordinated; displays some confidence and undertakes activities within a reasonably timely manner. Requires occasional supporting cues.
<b>Assisted (A):</b>	Refers to being safe and knowledgeable most of the time; skillful in parts however is inefficient with some skill areas; takes longer than would be expected to complete the task. Requires frequent verbal and some physical cues
<b>Supported (S):</b>	Refers to being safe when closely supervised and supported; unskilled and inefficient; uses excess energy and takes a prolonged time period. Continuous
<b>Dependent (D):</b>	Refers to concerns about being unsafe and being unable to demonstrate behaviour or articulate intention; lacking in confidence, coordination and efficiency. Continuous verbal and physical cues/interventions

Any student who does not achieve the minimum rating for the specified skill will require ongoing support and reassessment. This will be undertaken in consultation with the student, Clinical Facilitator and academic staff at the University responsible for the course.

You will also be required to engage in the Competency Assessment Component of the CAT for each area of experience in the ELA.

*For example, if you have 2 weeks postnatal you will need a competency assessment completed. Then if you next 2 weeks are intrapartum you will need another competency assessment completed. You will submit both with your portfolio.*

The Clinical Facilitator assigned to you for the associated ELA will be responsible for undertaking this assessment. An interim formative assessment **will** be undertaken as required.

**Table 4**

	ELA 1 and 2	ELA 3 and 4	ELA 5	ELA 6
<b>Independent (I):</b>	Pass grade	Pass grade	Pass grade	Pass grade
<b>Proficient (P):</b>	Pass grade	Pass grade	Pass grade	Fail grade
<b>Assisted (A):</b>	Pass grade	Fail grade	Fail grade	Fail grade
<b>Supported (S):</b>	Fail grade	Fail grade	Fail grade	Fail grade
<b>Dependent (D):</b>	Fail grade	Fail grade	Fail grade	Fail grade

Students who do not achieve a pass grade for the competency assessment (see Table 4) will be required to undertake a clinical challenge. Upon successful completion of the clinical challenge, students will be able to continue the clinical placement and undertake a final summative assessment. Students who do not achieve a pass grade for the final summative assessment will not pass the ELA course. This may impact on their progression throughout the program.

In addition to the ELAs, 400 clinical hours over the program have been allocated to undertake the Continuity of Care Experience (COCE). Students are encouraged to complete the associated clinical skills assessment while undertaking COCE.

You are also encouraged to collect feedback from other maternity care providers that supervise you while on clinical placement. This form is available through the course learn online site under "clinical experiences".

**Please note: You must complete the tools and competency assessment fully completed with verifying signatures with your portfolio for the specific ELA. If you are having difficulty completing the tools please speak with your facilitator.**

## Confidentiality

Students are required to understand and maintain the confidentiality and privacy of information for any woman/family they provide care for in any clinical placement or through the COCE. All students can access a copy of the ANMC Code of Ethics for Midwives, ANMC Professional Conduct for Midwives and will be expected to abide by these codes and policies. These are also available at the ANMC website <http://nursingmidwiferyboard.gov.au>. In accordance with this, students are required to de-identify all documentation regarding the women in their portfolio by using pseudonyms.

## Documentation of Clinical Experiences

Students are required to document their clinical experiences in a Portfolio across the duration of their program in order to complete the minimum clinical requirements and be eligible for endorsement as a midwife. These minimum requirements were developed in consultation with the Australian Nursing and Midwifery Council (ANMC), Australian Nursing and Midwifery Accreditation Council (ANMAC), Australian College of Midwives (ACM) and the Midwifery Education Standards Advisory Committee. It is important to have read through these requirements and have a clear

understanding of the clinical experiences required.

These experiences include:

- 1) Twenty (**20**) **continuity of care experiences** (COCE). Specific requirements of these experiences include:
  - a) enabling students to experience continuity with individual women through pregnancy, labour and birth and the postnatal period, irrespective of the availability of midwifery continuity of care models
  - b) participation in continuity of care models involving contact with women that commences in early pregnancy and continues up to four to six weeks after birth
  - c) supervision by a midwife (or in particular circumstances a medical practitioner qualified in obstetrics)
  - d) consistent, regular and ongoing evaluation of each student's continuity of care experiences
  - e) a minimum of eight (8) continuity of care experiences towards the end of the course and with the student fully involved in providing midwifery care with appropriate supervision
  - f) engagement with women during pregnancy and at antenatal visits, labour and birth as well as postnatal visits according to individual circumstances. Overall, it is recommended that students spend an average of 20 hours with each woman across her maternity care episode
  - g) provision by the student of evidence of their engagement with each woman.
- 2) Attendance at **100 antenatal visits** with women, which may include women being followed as part of continuity of care experiences.
- 3) Attendance at **100 postnatal visits** with women and their healthy newborn babies, which may include women being followed as part of continuity of care experiences.
- 4) 'Being with' **40 women giving birth**, which may include women being followed as part of continuity of care experiences (or when this cannot be achieved being with 30 women and 20 assisted births).
- 5) Experience of caring for **40 women with complex needs** across pregnancy, labour and birth, and the postnatal period, which may include women the student is following through as part of their continuity of care experiences.
- 6) Experience in the care of babies with special needs (**5** are required for this program).
- 7) Experience in women's health and sexual health.
- 8) Experience in medical and surgical care for women and babies.
- 9) Experience in:
  - a) antenatal screening investigations and associated counselling
  - b) referring, requesting and interpreting results of relevant laboratory tests
  - c) administering and/or prescribing medicines for midwifery practice
  - d) actual or simulated midwifery emergencies, including maternal and neonatal resuscitation
  - e) actual or simulated vaginal breech births
  - f) actual or simulated episiotomy and perineal suturing

- g) examination of the newborn baby
- h) provision of care in the postnatal period up to four to six weeks following birth, including breastfeeding support
- i) perinatal mental health issues including recognition, response and referral.

Specifically, students must document the following clinical experiences on the records provided (available online through each of the course learn online sites under “clinical experiences”), including the summative sheets for each clinical experience and the overall summative table of experiences across their program. Each clinical experience record must be signed by the maternity care provider responsible for the woman’s care and the student supervision. Summative sheets do not require signatures. This will be explained in detail in the course Foundations for Midwifery.

1. 20 continuity of care experiences (COCE)
2. Attendance at 100 antenatal visits with women, which may include women being followed as part of continuity of care experiences.
3. Attendance at 100 postnatal visits with women and their healthy newborn babies, which may include women being followed as part of continuity of care experiences.
4. ‘Being with’ 40 women giving birth, which may include women being followed as part of continuity of care experiences. Or 30 women giving birth and 20 assisted births including instrumental and Caesarean section in which you have provided care during labour.
5. Experience of caring for 40 women with complex needs across pregnancy, labour and birth, and the postnatal period, which may include women the student is following through as part of their continuity of care experiences.
6. Document at least 5 episodes of care of babies with complex care or special needs

The Program summative sheet must be updated at the completion of each ELA and submitted with the specific portfolio. This will be signed by the Course Coordinator or Academic Liaison marking the portfolio.

## **Aims of the Portfolio**

To provide the student with a cumulative, personal dossier conveying their individual plans, records, learning products and achievement details.

- To demonstrate the inclusion of periods of professional experience in the course so students can complete all the minimum supervised professional experience requirements, regardless of the length of course.
- To contribute to formal assessment of the students achievement of the ANMC National Competency Standards for the Midwife.

## **Compiling the Portfolio**

The focus of compiling the portfolio is on quality, continuity experiences in working with women, babies and their families. For each Experiential Learning Activity you will be required to provide or identify and appropriately detail the record sheets as outlined in each ELA (can be accessed on the course learn online site under “experience records”):

No hospital or other institution stationery of any kind may be included for documentation purposes. No identification in any way may be made of women, babies or their families. Pseudonyms should be used to de-identify women and their families.



Students are responsible for compiling and maintaining their portfolio. It is your responsibility to keep it safe and to ensure it is available for review by ANMAC if required for auditing purposes.

## Planning and Organising the Portfolio

Completion of minimum requirements is necessary for registration as a midwife. In order to assist you achieving these requirements the University requires you to collect your record of experience as a hard copy. It is also recommended to keep an electronic copy or photocopy these records. The following provides an outline of how you might manage a hard copy.

- A compact binder, bound document or similar would be a suitable mode for presentation of your portfolio, but without the use of plastic sleeves. Dividing sheets or similar will assist the organisation and sequencing of the portfolio's contents.
- A Table of Contents at the beginning of the portfolio will ensure both you and the reading of the portfolio are able to quickly and easily locate specific aspects/items. Update cumulative records and summative records each time you submit the portfolio
- Ensure the contents are securely contained within the portfolio so that it can travel safely with you whilst you are using it and so that it can be safely and securely submitted for assessment without risk of dislodgement of its contents.
- Ensure the portfolio is clearly and permanently identified as yours.

Remember most importantly, the portfolio is your cumulative, personal dossier conveying your individual plans, records, learning products and achievement details so you need to set it up and maintain it in the way that best suits your learning style, and individual preference.

The portfolio provides invaluable information for the midwives/clinicians you are involved with during clinical placement. It will enable them to ascertain your learning, progress and development across your practice experience and to be receptive to and supportive of your strengths and limitations, and your identified objectives and strategies for each field placement.

In order for the Portfolio to achieve its purpose you may like to make it available to the midwives/clinicians you are working with to enable them to ascertain your progress, learning experiences and so on, and they can then plan their time with you accordingly.

Where numbers of experiences are specified, they are as minimum requirements only.

Students will continue to engage in practice experiences and continue to achieve these experiences beyond the minimum required until they have shown themselves to be appropriately competent in knowledge, skills and attitudes as confirmed by their Clinical Facilitator.

The Portfolio does not necessarily cease to exist at the end of your program as you may also want to use the Portfolio as part of the interview process when you apply for a position as a new graduate. In addition, the Portfolio is now considered as part of the professional development requirement that will determine ongoing suitability for practice. All registered midwives will be required to maintain a portfolio to show ongoing competence. So your efforts in compiling your Portfolio will be far-reaching not just consequential for your studies in this program.

## References

Australian Nursing and Midwifery Council (ANMC), 2009, Revised December 2010, Midwives: Standards and criteria for the accreditation of nursing and midwifery courses leading to registration. ANMC, ACT

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Bondy, K, N. (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education* 22(9) 376-382. World Health Organisation 2011 Maternal Health Topics  
[http://www.who.int/topics/primary\\_health\\_care/en/](http://www.who.int/topics/primary_health_care/en/)  
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[http://www.health.gov.au/internet/main/publications/nsf/content/phd\\_maternal\\_index](http://www.health.gov.au/internet/main/publications/nsf/content/phd_maternal_index) (accessed Oct 2011)

## Appendix 1: Explanation of Terms

### The International Definition of a Midwife

The midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the assessing of medical or other appropriate assistance and the carrying out of other emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare (Australian College of Midwives, 2006).

### Primary health care philosophy

Midwifery education should prepare graduates to work within a primary health care philosophy. Since the Declaration of Alma-Ata in 1978, primary health care principles have influenced all World Health Organisation policies. In relation to maternity services this means an approach that:

- addresses issues related to equity and access
- encompasses determinants of health such as the influence of culture, education and income
- develops services based on need that are affordable, sustainable and evidence based
- promotes community participation in all aspects of the development, implementation and evaluation of services
- encourages the development of community based services
- fosters collaboration, continuity of care and integrated services
- uses appropriate technology
- encourages self-reliance and the empowerment of community members (ACMI 2006).
- Woman-centred midwifery

The principles of woman centred midwifery as identified in the Australian College of Midwives (ACMI) Philosophy Statement; midwife means 'with woman'. This meaning shapes midwifery's philosophy, work and relationships. Midwifery is founded on respect for women and on a strong belief in the value of women's work of bearing and rearing each generation. Midwifery considers women in pregnancy, during childbirth and early parenting to be undertaking healthy processes that are profound and precious events in each woman's life. These events are also seen as inherently important to society as a whole. Midwifery is emancipatory because it protects and enhances the health and social status of women, which in turn protects and enhances the health and wellbeing of society.

Midwifery is a woman centred, political, primary health care discipline founded on the relationships between women and their midwives (ACMI 2006).

## Midwifery

- focuses on a woman's health needs, her expectations and aspirations
- encompasses the needs of the woman's baby, and includes the woman's family, her other important relationships and community, as identified and negotiated by the woman herself
- is holistic in its approach and recognises each woman's social, emotional, physical, spiritual and cultural needs, expectations and context as defined by the woman herself
- recognises every woman's right to self-determination in attaining choice, control and continuity of care from one or more known caregivers
- recognises every woman's responsibility to make informed decisions for herself, her baby and her family with assistance, when requested, from health professionals
- is informed by scientific evidence, by collective and individual experience and by intuition
- aims to follow each woman across the interface between institutions and the community, through pregnancy, labour and birth and the postnatal period so all women remain connected to their social support systems; the focus is on the woman, not on the institutions or the professionals involved
- includes collaboration and consultation between health professionals (ACMI 2006).

## Continuity of Care Experiences (COCE)

Continuity of care experiences (COCE) means the ongoing midwifery relationship between the student and the woman from initial contact in early pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and hospital settings. The intention of the COCE is to enable students to experience continuity with individual women through pregnancy, labour and birth and the postnatal period, regardless of the availability of midwifery continuity of care models.

It is expected that:

- The COCE is considered a part of the practice component of the student's learning
- The student documents the COCE
- There is regular and ongoing evaluation of each student's COCE
- Curriculum documents identify effective and ethical recruitment processes that enable women to participate freely in the COCE
- Students will engage in 6-7 COCE experiences per year (pro-rata), completing 8 in the final year
- At least half of these experiences will include the women's labours
- Students will usually attend at least two (2) antenatal and two (2) postnatal visits per woman
- Students will only engage in a COCE prior to the women entering her 36th week of pregnancy
- In the student's last 12 months of the program a minimum of eight (8) COCE are required where the student is fully involved in providing midwifery care with appropriate supervision
- A COCE will usually involve students engaging with women for an average of 20 hours per woman (ACMI 2009).

**Acceptable Midwifery Abbreviations**

AFP	Alpha Feta Protein
AIDS	Acquired Immune Deficiency Syndrome
APH	Antepartum Haemorrhage
ARM	Artificial Rupture of Membranes
BCG	Bacille Calmette-Guérin
CCT	Controlled Cord Traction
CNS	Central Nervous System
CS	Caesarean Section
CTG	Cardiotocograph
CVS	Chorionic Villus Sampling
DIC	Disseminated Intravascular Coagulation
DOH	Department of Health
DVT	Deep Vein Thrombosis
EBL	Estimated Blood Loss
EBM	Expressed Breast Milk
ECG	Electrocardiograph
ECV	External Cephalic Version
EDB	Estimated Date of Birth
EDD	Estimated Date of Delivery
EFM	Electronic Fetal Monitor
FBC	Fluid Balance Chart
FHH	Fetal Heart Heard
FHR	Fetal Heart Rate
FMF	Fetal Movements Felt
FSE	Fetal Scalp Electrode
GCT	Glucose Challenge Test
GTT	Glucose Tolerance Test
Hb	Haemoglobin
HELLP	Haemolysis Elevated Liver Enzymes Low Platelets
HIV	Human Immunodeficiency Virus
IDC	Indwelling Catheter
IVI	Intravenous Infusion
IOL	Induction of Labor
IUGR	Intrauterine Growth Restriction
IVF	Invitro Fertilisation
LH	Luetinising Hormone
LMP	Last Menstrual Period
LOC	Loss of Contact
LSCS	Lower Segment Caesarean Section
LUSCS	Lower Uterine Segment Caesarean Section
MRSA	Methicillin Resistant Staphylococcus Aureus
NIDDM	Non-Insulin-Dependent Diabetes Mellitis

N(N)ST	Neonatal Screening Test
N <sup>2</sup> O <sup>2</sup>	Nitrous Oxide
NGT	Naso-Gastric Tube
NVD	Normal Vaginal Delivery
O <sup>2</sup>	Oxygen
pCO <sup>2</sup>	Partial Pressure of Carbon Dioxide (Effectively the concentration of Carbon Dioxide)
PE	Pre Eclampsia
PGE <sup>2</sup>	Prostaglandins E <sup>2</sup>
PID	Pelvic Inflammatory Disease
PIH	Pregnancy Induced Hypertension
pO <sup>2</sup>	Partial Pressure of Oxygen (Effectively the concentration of Oxygen)
PPH	Post Partum Haemorrhage
PRN	As Necessary
PROM	Premature Rupture of Membranes
RDS	Respiratory Distress Syndrome
Rh neg	Rhesus Negative
Rh pos	Rhesus Positive
STD	Sexually Transmitted Disease
TFT	Thyroid Function Test
TOP	Termination of Pregnancy
UTI	Urinary Tract Infection
VE	Vaginal Examination
WCC	White Cell Count