Background

The Bachelor of Midwifery at the University of South Australia is accredited by Australian Nursing and Midwifery Accreditation (ANMAC). To be eligible for APHRA registration students must fulfil the minimum practice experiences as documented below. Students are required to document their clinical experiences in a portfolio across the duration of their program in order to provide evidence of completion of the minimum clinical requirements. It is important to have read through these requirements and have a clear understanding of them.

Aims of the Portfolio

To provide the student with a cumulative record that conveys their individual learning plan, clinical experiences, reflections and achievements. This portfolio demonstrates the students:

- Engagement in the clinical environment, through the documentation of episodes of care that includes regular reflection.
- Formal assessment and achievement of the Nursing and Midwifery Board of Australia (NMBA) National Competency Standards for the Midwife.

Australian Nursing and Midwifery Accreditation Council Midwife Accreditation Standards, Standard 8 (ANMAC 2014) and UniSA requirements

8.1 The inclusion of periods of midwifery practice experience in the program, so students can complete the following minimum¹, supervised midwifery practice experience requirements².

Antenatal care

a. Attendance at 100 antenatal episodes of care³. This may include women who the student is following as part of their continuity of care experiences.

Labour and birth care

b. Under the supervision of a midwife, act as the primary accoucheur for 30 women who experience a spontaneous vaginal birth, which may include women the student has engaged with as part of their continuity of care experiences. This also involves:
   i. providing direct and active care in the first stage of labour, where possible
   ii. managing the third stage of labour, including the student providing care as appropriate if a manual removal of the placenta is required
   iii. facilitating initial mother and baby interaction, including promotion of skin-to-skin contact and breastfeeding in accordance with the mother’s wishes or situation
   iv. 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.

c. Provide direct and active care to an additional 10 women throughout the first stage of labour and, where possible, during birth—regardless of mode.

Complex care

d. Experience in caring for 40 women with complex needs across pregnancy, labour, birth or the postnatal period⁴. This may include women the student has engaged with as part of their continuity of care experiences. UniSA students are to complete 15 antenatal, 15 intrapartum, 10 postnatal complex episodes of care.

¹ These are minimum requirements. Where possible, it is recommended that students be provided with opportunities to achieve more than this level of experience to help develop their confidence and competence.
² Minimum practice requirements may be counted more than once. Example: as per individual circumstances, continuity of care experiences may also be counted toward episodes of antenatal and postnatal care, acting as primary accoucheur, providing labour care, caring for women with complex needs or neonatal examination.
³ Episodes of care may include multiple episodes of care for the same woman where her care needs have altered. Example: as a result of a natural progression through the antenatal or postnatal periods or due to evolving complex needs.
⁴ These 40 women may also include women with complex needs who received direct and active care from the student during midwifery practice experiences (a), (b), (c), (d) or (f).
Postnatal care

e. Attendance at 100 postnatal episodes of care with women and, where possible, their babies. This may include women the student has engaged with as part of their continuity of care experiences.

f. Experiences in supporting women to feed their babies and in promoting breastfeeding in accordance with best-practice principles advocated by the Baby Friendly Health Initiative.\(^5\)

g. Experiences in women’s health and sexual health.

h. Experiences in assessing the mother and baby at four to six weeks postpartum in the practice setting where possible; otherwise by use of simulation.

Neonatal care

i. Experience in undertaking 20 full examinations of a newborn infant.\(^6\)

j. Experiences in care of the neonate with special care needs. UniSA Students will be required to document ten (10) episodes of care.

Continuity of Care Experiences

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.

k. Experience in woman-centred care as part of continuity of care experiences. The student is supported to:

l. establish, maintain and conclude a professional relationship while experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of model of care

m. provide midwifery care within a professional practice setting and under the supervision of a midwife—in collaborative practice arrangements, supervision by other relevant registered practitioners (for example, medical officer qualified in obstetrics, child health nurse or physiotherapist) may be appropriate

n. engage with a minimum of 15 women — engagement involves attending four antenatal visits, two postnatal visits and, for the majority of women, the labour and birth

o. maintain a record of each engagement incorporating regular reflection and review by the education or health service provider.

UniSA COCE requirements

The COCE is considered a part of the practice component of the student’s learning. It is expected that:

- There is regular and ongoing evaluation of each student’s COCE at the Experiential Learning Activity (ELA) portfolio interview. Students should aim to undertake 5 COCE per year (FTE)

- Students are required to complete the COCE registration form with all women that have agreed to be a COCE. This form is for your own records and needs to be kept separate from your portfolio, in a secure place

- Students will attend a minimum of four (4) antenatal and two (2) postnatal episodes of care per woman

- Students are required to obtain approval from the COCE coordinator if a potential COCE woman is recruited from her 34th week of pregnancy

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\(^5\) The Baby Friendly Health Initiative is underpinned by the ‘Ten Steps to Successful Breastfeeding’ and is supported by the World Health Organization as an evidence-based initiative to improve the successful establishment of breastfeeding.

\(^6\) This refers to a full examination of the newborn infant that may be initial or ongoing, undertaken post-birth or during postnatal episodes of care including as part of continuity of care experiences.
In the student’s last 12 months of the program it is expected that they will be fully involved in providing midwifery care under the appropriate supervision.

A COCE will usually involve students engaging with women for an average of 27 hours per woman across the continuum of care.

The cumulative record of portfolio requirements sheet must be updated at the completion of each Experiential Learning Activity (ELA) and submitted. This will be signed by the Course Coordinator or Academic Liaison marking the portfolio.

Compiling the Portfolio

For each ELA you will be required to complete selected portfolio records (as outlined in the rubric for each ELA). These records can be accessed on the course LearnOnline site under the “clinical experience record” tab. Students are responsible for compiling and maintaining their portfolio. Your portfolio is an assessment requirement and as such it must meet the Assessment Policy and Procedures Manual (APPM) (http://w3.unisa.edu.au/policies/manual/default.asp) academic integrity requirement. APPM 9.1 states that;

“Academic integrity means a commitment to act with honesty, trustworthiness, fairness, respect and responsibility in all academic work. Academic integrity is the foundation of university life and is fundamental to the reputation of UniSA and its staff and students.”

All clinical record documentation must represent actual women and families you have provided care for and include the date, name, designation and signature of the midwife or other health professionals where appropriate. It is your responsibility to keep it safe and to ensure it is available for review by ANMAC if required for auditing purposes.

Confidentiality

Students are required to understand and maintain the confidentially 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 NMBA Code of Ethics for Midwives and Code of Professional Conduct for Midwives and will be expected to abide by these codes and policies. These are also available at the NMBA website (http://www.nursingmidwiferyboard.gov.au/) in accordance with this; students are required to de-identify all documentation regarding the women and babies in their portfolio by using pseudonyms.

Planning and Organising the Portfolio

In order to assist you to demonstrate your achievement of the minimum requirements, the University requires you to record each episode of care record as a hard copy. It is also recommended to keep an electronic copy of these completed 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 reader 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.

Ensure the portfolio is clearly and permanently identified as yours.

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.

You may like to make your portfolio available to the midwives/clinicians you are working with to enable them to ascertain your progress and they can then plan their time with you accordingly.

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

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(s).

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 are required to maintain a portfolio to show ongoing competence and professional development. So your efforts in compiling your portfolio will be far-reaching and not just consequential for your studies in this program.

**Experiential Learning Activities (ELAs)**

The Experiential Learning Activities (ELAs) in this program provides 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 Horizon Hospital and Health Service (HHHS) clinical workshops. During each ELA you will also participate in pre-clinical workshops in the School’s HHHS and will engage with the MIDAC/UniSA Clinical Assessment Tools for Midwifery Students. Students are expected to successfully undertake an Objective Structured Clinical Activity (OSCA) in the simulated environment (HHHS) 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 for the ELA. However, they will be provided an opportunity for reassessment of the
OSCA as indicated in the Course Outline.

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

1. Experiential Learning Activity: Midwifery Foundation Practicum 1
   - 4 weeks x 5 days per week of mixed experience (antenatal/postnatal)

2. Experiential Learning Activity: Midwifery Foundation Practicum 2
   - 4 weeks x 5 days per week of mixed experience (antenatal/postnatal/intrapartum)

3. Experiential Learning Activity: Midwifery Practice Development Practicum 3
   - 4 weeks x 5 days per week of Intrapartum experience

4. Experiential Learning Activity: Midwifery Practice Development Practicum 4
   - 4 weeks x 5 days per week of mixed experience (antenatal/postnatal/intrapartum)

5. Experiential Learning Activity: Midwifery Neonatal Practicum 5
   - 4 weeks x 5 days per week of neonatal and antenatal/postnatal/women’s health

6. Experiential Learning Activity: Midwifery Transition Practicum 6
   - 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.

To inform your learning students are required to collect daily feedback from the maternity care providers that supervise you while on clinical placement. This form is available through the course LearnOnline site under the “clinical experiences” tab.

While on clinical placement or through the Continuity of Care Experience (COCE), the CAT Learning Tools for Midwifery Students will be utilised to inform the clinical assessment component as outlined in Table 1. During 1st and 2nd year you will be required to complete the specified tools at least once at an ‘assisted’ level. In your final year you will be expected to complete tools at a proficient or independent level.

**Table 1**

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Clinical skills learning tool assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ELA: Foundation Practicum 1</td>
<td>1, 2, 3, 17, 20, 21</td>
</tr>
<tr>
<td></td>
<td>ELA: Foundation Practicum 2</td>
<td>6, 8, 9, 14, 25</td>
</tr>
<tr>
<td>2</td>
<td>ELA: Midwifery Practice Development 3</td>
<td>4, 10, 11, 15, 16</td>
</tr>
<tr>
<td></td>
<td>ELA: Midwifery Practice Development 4</td>
<td>5, 7, 12, 13, 18, 19</td>
</tr>
<tr>
<td>3</td>
<td>ELA: Midwifery Neonatal Practicum 5</td>
<td>22, 23, 24, 26</td>
</tr>
<tr>
<td></td>
<td>ELA: Midwifery Transition Practicum 6</td>
<td>Tools 2, 5, 13, 16, 18, 19 must be repeated in the final year at a proficient or independent level</td>
</tr>
</tbody>
</table>

These skills need to be assessed by a midwife or Clinical Facilitator while on placement. It is expected that students will attain a minimum rating for each learning tool assessment as outlined in Table 2.
The method of assessment chosen for both the CAT learning tools and the Competency Assessment 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 4 (Bondy 1983).

### Table 2

<table>
<thead>
<tr>
<th>Rating</th>
<th>ELA 1</th>
<th>ELA 2</th>
<th>ELA 3</th>
<th>ELA 4</th>
<th>ELA 5</th>
<th>ELA 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent (I)</td>
<td>tools 2, 5, 13, 16, 18, 19 must be completed at proficient or independent level by the end of your final year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proficient (P)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22, 23, 24, 26</td>
<td></td>
</tr>
<tr>
<td>Assisted (A)</td>
<td>1, 2, 3, 17, 20, 21</td>
<td>6, 8, 9, 14, 25</td>
<td>4, 10, 11, 15, 16</td>
<td>5, 7, 12, 13, 18, 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported (S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent (D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3

<table>
<thead>
<tr>
<th></th>
<th>ELA 1 and 2</th>
<th>ELA 3 and 4</th>
<th>ELA 5</th>
<th>ELA 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent (I):</td>
<td>Pass grade</td>
<td>Pass grade</td>
<td>Pass grade</td>
<td>Pass grade</td>
</tr>
<tr>
<td>Proficient (P):</td>
<td>Pass grade</td>
<td>Pass grade</td>
<td>Pass grade</td>
<td>Pass grade</td>
</tr>
<tr>
<td>Assisted (A):</td>
<td>Pass grade</td>
<td>Pass grade</td>
<td>Fail grade</td>
<td>Fail grade</td>
</tr>
<tr>
<td>Supported (S):</td>
<td>Fail grade</td>
<td>Fail grade</td>
<td>Fail grade</td>
<td>Fail grade</td>
</tr>
<tr>
<td>Dependent (D):</td>
<td>Fail grade</td>
<td>Fail grade</td>
<td>Fail grade</td>
<td>Fail grade</td>
</tr>
<tr>
<td>Scale label</td>
<td>Professional standards and</td>
<td>Quality of performance</td>
<td>Assistance required</td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Independent (I)</td>
<td>Safe and accurate Effective each time Appropriate behaviour and demeanour each time</td>
<td>Proficient, coordinated, confident, occasional expenditure of excess energy within an expedient time frame</td>
<td>Without supporting cues</td>
<td></td>
</tr>
<tr>
<td>Proficient (P)</td>
<td>Safe and accurate Effective each time Appropriate behaviour and demeanour each time</td>
<td>Efficient, coordinated, confident, Some expenditure of excess energy within a reasonable time frame</td>
<td>Occasional supportive cues</td>
<td></td>
</tr>
<tr>
<td>Assisted (A)</td>
<td>Safe and accurate Effective most of the time. Appropriate behaviour and demeanour most of the time</td>
<td>Skilful in parts of behaviour Inefficiency and lacking coordination Expends excess energy Within a delayed time frame</td>
<td>Frequent verbal and occasional physical directive cues in addition to supportive cues</td>
<td></td>
</tr>
<tr>
<td>Supported (S)</td>
<td>Safe but not alone Performs at risk. Accurate not always Effective occasionally Appropriate behaviour and demeanour occasionally</td>
<td>Unskilled, inefficient, considerable expenditure of excess energy Prolonged time period</td>
<td>Continuous verbal and frequent physical cues</td>
<td></td>
</tr>
<tr>
<td>Dependent (D)</td>
<td>Unsafe Unable to demonstrate behaviour</td>
<td>Unable to demonstrate procedure/behaviour Lacks confidence, coordination, efficiency</td>
<td>Continuous verbal and physical cues</td>
<td></td>
</tr>
</tbody>
</table>

The Clinical Facilitator for the associated ELA will be responsible for undertaking the Competency Assessment with you at the end of each two weeks.

In the event that a student’s practice and performance is not at the required standard and the student is identified as being at risk of failing the course, a Clinical Challenge may be implemented. The Clinical Challenge is formulated by the Course Coordinator/Academic Liaison, based upon information that has been provided to them by the Clinical Facilitator and/or venue senior clinical staff. This information should be in written form and include specific examples of where the student’s practice is not meeting the required standards to pass the course. If the student is unable to meet the objectives set and demonstrate an acceptable standard of practice in the time specified in the Clinical Challenge contract (redeem the Clinical Challenge), then the student will be removed from placement and fail the course.

Students will be offered only one (1) Clinical Challenge contract in each clinical course. This means that if a student passes a Clinical Challenge but is subsequently found to be practicing below the standards expected to pass the course, a fail grade will be recorded and the student removed from placement. Further information regarding the Clinical Challenge is available on the course LearnOnline website. A student may be removed from the clinical venue by UniSA staff or at the request of the venue at any time during the placement for unsafe practice or inappropriate behaviour as outlined in the Assessment Policy and Procedure Manual (2017) Section 4.5. This will result in a fail grade for the course.
Students who fail a clinical placement course will be required to undertake a compulsory module including an on-campus workshop and pass a clinical assessment before attempting the course again. Further information on this can be found in the Assessment Policy and Procedure Manual (2017) Section 4.5. [http://w3.unisa.edu.au/policies/manual/](http://w3.unisa.edu.au/policies/manual/)

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.

Please note: The CAT and competency assessment must all be fully completed with verifying signatures and submitted with your portfolio for the specific ELA. If you are having difficulty completing the tools please speak with your facilitator.
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 (ACM 2006).

Woman-centred midwifery

The principles of woman centred midwifery care 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 (ACM 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

References


Nursing and Midwifery Board of Australia, 2006, National competency standards for the Midwife NMBA, Canberra