



Graduate Diploma of Midwifery

**Professional Experience Placement
Clinical Facilitator Handbook
2025**

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Welcome to the School of Health

On behalf of the School of Health at the UniSC, we would like to welcome you as a member of the teaching team. The School offers a range of undergraduate and postgraduate nursing, midwifery and paramedic programs and has an increasing number of students involved in higher degrees by research.

The School works closely with health partners to provide professionally and regionally relevant programs. Midwifery Practice Experience Placement (MPEP) is integral to the Graduate Diploma of Midwifery program of study and is carefully planned to provide students with appropriate, timely experience in clinical settings. Students clinical experience is designed to provide them with opportunities to meet the [NMBA Midwife Standards for Practice](#).

We welcome you as colleagues and valued resource persons for our students. Our goal is to establish and maintain a close working relationship with you throughout the year and we urge you to use us as mentors and resource persons, especially if this is your first experience with UniSC.

The information in this Clinical Facilitator's handbook focuses on students enrolled in the Graduate Diploma of Midwifery (GD007) at UniSC.

UniSC Graduate Diploma of Midwifery (GDM) Program Structure

The Graduate Diploma of Midwifery is one year program, with the intake being in February/March of each year. The program consists of 7 courses taught throughout the year. All courses that begin with MID700 have both theory and clinical MPEP components embedded throughout.

Study Period	Course code and name	MPE
Session 2	MID700 Midwifery care across the continuum 1	120 hours
Session 3	MID701 Introduction to midwifery	120 hours
Semester 3	HLT600 Indigenous wellbeing foundations	Nil
Session 4	MID702 Care of the unwell neonate	80 hours
	Break	
Session 6	MID703 Midwifery care across the continuum 2	120 hours
Session 7	MID704 Leadership governance and mentorship in midwifery practice	80 hours
Session 8	MID705 Integration to the midwifery profession	240 hours
Placement hours = 760 hours		
Plus Continuity of Care Experiences (10 women)		

PART A: Clinical Placement Information

Key Contact Information

Midwifery Clinical Placements Office

Reception H1.G.66

Phone: 07 5430 1103

Email: midwiferyplacements@usc.edu.au

Fit For Placement Office Reception H1.G.66

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Connect Coordinator

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Graduate Diploma of Midwifery Program Coordinator

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School of Health

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The Clinical Facilitator

A Clinical Facilitator is a Registered Midwife, involved in current midwifery practice, who is engaged to facilitate student learning in a clinical setting. Your primary role is to support, guide and assess student learning throughout their MPEP. As a clinical facilitator, you represent the School of Health and your employer if not directly employed by UniSC. It is expected that you will set a high standard of professionalism as an educator, a registered midwife and as an advocate for UniSC. To role model these positive attributes, we expect that you:

- Communicate effectively and in a timely manner with all key people including staff (clinical and UniSC) and students.
- Work according to the Nursing and Midwifery Board of Australia's Registered Midwife Standards for Practice (2018) and the ICM definition of a Midwife.
- Hold current Australian Registration as a Registered Midwife, a current National Criminal History Certificate, and have Queensland Health or your State/Territory mandatory immunisations up to date and upload these documents to your Sonia Online profile.
- Understand the UniSC Workplace Learning and Industry Placement Policy and Procedures available at this link: <https://www.USC.edu.au/about/policies-and-procedures/work-integrated-learning-placement-procedures>.

Learning about Clinical Facilitation and Assessment

Please attend one of our UniSC Clinical Facilitator Workshops which has the flexibility to be face-to-face or online. Clinical facilitators work as agreed and negotiated between your work employer and the UniSC MPEP team. Unless, previously approved by the Head of School, you will be required to be onsite when students are as rosters permit. The MPEP involve a range of different shifts. Depending on the facility, your roster may be given to you in advance, prior to the placement group commencing, or arranged around the shift times of your students. Assessments of students using UniSC approved assessment tools should be undertaken face-to-face with students, within the clinical facilitator's hours, and within the allocated MPEP dates of the student.

Clinical Facilitator Responsibilities

As a Clinical Facilitator, you are expected to prepare for student MPEP prior to the commencement of the clinical experience, including attendance at health facility inductions (as necessary), developing links with clinical staff and midwifery unit policies. Once you are allocated your group of students, your role is to manage their integration into the midwifery team at the health care facility.

You will be supplied with a 'username' and 'password' to the Sonia Online - Work Integrated Learning (WIL) System (Sonia Online). The names and email addresses of your students will be allocated to you via the Sonia Online system. You will also need to plan the following:

- If you do not work at the facility, before the students start, make yourself known to key facility staff e.g., midwifery unit manager, midwifery educator. It is recommended that you visit the facility prior to your first day to introduce yourself. Topics to address are:
 - Your role
 - When you and the students will begin
 - The type and level of student and expected scope of practice
 - The focus of their learning during the MPE
 - How they can find information on what students can and cannot do
 - How they can contact you when needed
 - How many students will be in your area at a time
 - The days students will be there
- Participate in your health care facility induction (if not undertaken previously).
- Know where unit and health care facility policies and procedures are to be found and be familiar with these and those that students must become familiar with.
- Contact students via email to introduce yourself. Include location that students should meet you on the first day (and time) and any access information e.g., security codes/restricted access, parking etc.
- Organise orientation prior to commencement, where directed.
- Most organisations that take health students have an established orientation format and online eLearning packages. If not, you will need to plan and conduct a facility and placement orientation for the first day of the MPEP. You may need to book space ahead of time and confirm with the facility their specific requirements.
- Involve health care facility staff in planning the orientation – who should students know, what should they know and who should they ask?
- Identify and include those procedures and policies that relate to client safety, occupational health and safety and workplace behaviour.

First Day of Placement

Facilitators Role

On the first day of the MPEP your role is to:

- Ensure an orientation to the facility is provided.
- Ensure you know when and where you are to meet the students.
- Advise them of the best places to park.
- Ensure that each student knows how to contact you.
 - Obtain next of kin information from students in case of emergency
 - Provide students with information about how to report absences to yourself and the clinical area.
- Involve the staff on issues such as WPH&S, access to clinical records.
- Provide facility with own documentation if requested.
- View students' original pre-clinical documentation on the first day and show to the facility manager if requested. [The UniSC preclinical mandatory checks are available on Sonia Online or the link.](#) If a student does not have these please contact the **Midwifery Clinical Placements Office**. Some facilities may also have their own mandatory requirements that need to be completed prior to commencement of the MPE. If you have any concerns, contact the [Fit for Placement Office](#).
- Conduct a tour of the agency/facility:
 - Ensure students know where the bathrooms are.
 - Show them where they can find refreshments and the hours of operation.
 - Show them where they will be having their debrief sessions.
 - Show them the departments they will need to find as a student (pharmacy, scanning laboratory).
- Familiarise the student/s with their unit:
 - Ensure students know the location of bathrooms.
 - Show them where they can leave their personal possessions.
 - Let them find specific items such as: the emergency exits; evacuation assembly areas; emergency bells; fire alarms; firefighting equipment; protocols for an emergency; utility room; pan room etc. Most facilities will already have a seek and find process set up for students. Note most facilities will conduct the fire safety checks with students.
- Introduce the student/s to the MUM, RMs and Midwifery Educator.
- Provide the students with specific learning activities to prepare them for the following day, such as:
 - Meeting the RM they will work with.
 - Becoming familiar with the documentation used.
 - Discussing the process with the midwifery buddy (mentor).

- Location of client medical record and how to access them.
- If the facility uses iEMR organise a training session
- Reviewing or researching the client's obstetric and previous medical history.
- Reading the care plan/clinical pathway and becoming familiar with the procedures to be undertaken.
- Preparing a plan of action for the following day.
- Becoming familiar with the equipment to be used the following shift.
- Arrange an initial interview time with each student where you will learn a little about them.
- At initial interview go over the clinical assessment tools, that are used within the GDM program, with the student and what they need to do to complete their requirements. These tools are designed to promote progressive feedback and to assist the student develop critical thinking skills, clinical knowledge and skills.

Facilitator Ongoing Learning Opportunities

You are required to facilitate ongoing learning opportunities for the student by:

- Conducting a risk assessment each day in relation to student/s in collaboration with relevant MUMs by assessing the clinical environment to ensure that appropriate staffing is available to provide support for learning and ensuring students are allocated to work with and supervised by a RM. Please report to the Midwifery Placement Office early if there are issues identified.
- Assisting RMs to understand the learning needs of students.
- Assisting students to appreciate the roles and contribution of the interdisciplinary health care team. Please provide a focus on this in your debrief with students.
- Referring to the Check In/Check Out (CICO) information in Appendix 1 to guide the student's learning goals and discuss learning for the day.
- Linking students with a midwifery buddy (mentor) supportive of students and who is prepared to oversee the care the student provides while under direct supervision in your absence.
- Negotiating learning opportunities for students within their scope of practice and educational ability in collaboration with clinical staff.
- Checking throughout the day with the student and the midwifery buddy regarding the student's activities and abilities.
- Aiming to spend at least 30-40 minutes per day with each student if appropriate. During the student's placement, it is beneficial to work with them for a block time of 2 to 4 hours where possible.
- Planning for students working the evening shift if you are not present for the whole shift or if you are starting later than the students the following day. Organise in collaboration with the MUM or team leader, someone who the student be directly supervised by. You should meet with the evening RM buddy to ensure that they are comfortable with the allocation and the roles of the student.

Students cannot be on a placement site if there is no RM present.

- Assisting students to understand and appreciate how the theory and foundational skills they have learned can be applied in the clinical environment.
- **Although students are RN's, midwifery is a new discipline so ensure guidance in the performance of midwifery clinical skills, especially when undertaken for the first time.**
- Being alerted to learning opportunities in the clinical environment that will enhance the achievement of the students' learning outcomes.
- Encouraging students to share their clinical learning objectives with staff.
- Ensuring that each student understands their role on the day and the activities they are responsible for in relation to care.
- Assisting students to embrace all learning opportunities.
- Conducting a debrief session with students to identify concerns and issues that need to be addressed. At the beginning of the GDM program consider a, daily/every second day debrief expanding the time in between depending on where they're in the program and depending on their clinical location.
- Giving students timely constructive feedback on their performance and information on how they can improve their performance if required. Provide actions or supportive strategies for students.
- Encouraging students to be critical thinkers and encourage them to demonstrate clinical reasoning.

Student Absences

All students need to account for their hours on placement. This is done on the Clinical Attendance electronic form in Sonia. Students are responsible for updating the Clinical Attendance form daily throughout the MPEP and at the end of their MPEP you will need to review this form for accuracy and sign/action it by pressing submit. Midwifery students may use a paper-based log of hours, which is signed by their RM Buddy or Clinical Facilitator. This will help you to check the accuracy of the electronic entries and can be uploaded to Sonia.

If a student is absent, it is their responsibility to upload the supporting evidence (medical certificate, stat dec) in their Clinical Assessment form folder in Sonia. Medical certificates must be correct in their details and dates that students are fit for MPEP or unfit for MPEP. **Students cannot return to MPEP without a valid clearance if required.** It is the student's responsibility to contact you if they are absent for a day. If your student does not arrive, has not contacted you, and you are unable to contact them; you must contact Midwifery Placement Office Phone: 07 5430 1103 Email: midwiferyplacements@usc.edu.au or SAFEUSC Phone: 07 5430 1168 to ensure that the student is safe.

Absences of more than 3 days must be reported to the Midwifery Placements Office and the Course Coordinator in the first instance via email and then by phone if necessary.

If further MPEP is required for completion of hours, it would be appreciated if the Clinical Facilitator could endeavour to assist the student to complete these hours during their allocated placement dates in accordance with the policies and procedures of both the facility and UniSC. Additional hours should be recorded in Sonia Online using the Clinical Attendance form. If hours are to be completed outside of the allocated placement, **these must be organised by the UniSC Placement Office**. Students are **NOT permitted** to negotiate extra clinical hours directly with the facility.

Please stress to students that a **minimum 760 MPEP hours and 10 Continuity of Care women (CONNECT) must be completed** to meet the requirements of the GDM program and required ANMAC experiences must be completed. In each individual course, students must complete the required hours of MPEP before a final grade can be awarded.

Covid-19

In the case of a student requiring Covid-19 testing, the Clinical Facilitator needs to advise the Fit for Placement office. The student also needs to contact the FFPO and complete the form using the [COVID Reporting Form](#). The test results must be emailed to ffpo@USC.edu and the student is to complete the form again on the same link above. If the test is positive, the current procedure is to request a student to isolate for 5 days immediately following a positive test. The Clinical Facilitator needs to notify the Midwifery Placements Office and student is not to return to MPEP until day 6 if not experiencing acute respiratory symptoms. It is important to note that a negative RAT is not required for re-entry.

Incident Reporting

Clinical Facilitators are responsible for completing incident reports in the event of any incident for example, a needle stick injury, cutting finger on a vial.

All incidents must be reported on the day of incident by the facilitator in the first instance, using the following link <https://www.usc.edu.au/connect/work-at-usc/health-safety-and-wellbeing/report-a-near-miss-hazard-or-incident>. The student would only complete the form if the facilitator were not present within the facility on the day of the incident.

Contact Outside of Business Hours

If a student has an emergency on MPEP **outside of business hours (between 16:30hrs and 08:00hrs Mon to Fri, weekends, and during the campus closure – 24th Dec – 2nd January)** please call SafeUniSC on 07 5430 1168. They will be able to triage your call to the appropriate services. Students are not to ring this number for absences from placement.

If a student is in a life-threatening emergency, they are advised they should call police or ambulance on 000.

Clinical Placement Attendance Form and Completion of Hours form - SONIA ONLINE

The **Clinical Placement Attendance** for students is to be completed as a Sonia form. UniSC staff will add the form to every student record, for each placement. To view and action Attendance forms, please follow the steps available in [here](#).

PART B: Teaching and Learning information

Academic Support

A/Prof Terri Downer

Midwifery Discipline Lead

Email: tdowner@usc.edu.au

Dr Elaine Jefford

GDM program coordinator

Email: ejfford@usc.edu.au

Dr Laura Gabriel

Midwifery Professional Experience Placement &
CONNECT Coordinator:

Email: lgabriel@usc.edu.au

Staff IT Services Desk

Phone: +61 7 5430 1237

Counter: Level 4, ICT Centre (Building J, Sunshine Coast Campus)

Email: itservicedesk@usc.edu.au

Tools for Clinical Learning

There are two essential tools that have been developed to facilitate student learning while on MPE:

1. Clinical Practice Framework
2. Check In and Check Out process.

Clinical Practice Framework

The GDM Program prepares graduates to practice as responsible and accountable professionals who work in partnership with women to give the necessary support and care during pregnancy, labour, birth and the postpartum period. The program is designed to meet the Nursing and Midwifery Board of Australia Midwife standards for practice, and on completion students will be eligible to apply for registration as a midwife with the Australian Health Practitioner Regulation Agency (AHPRA).

Program features include:

- Use of narrative pedagogy and case-based learning.
- Intensive clinical preparation including simulation learning using state of the art technology.
- Health service integrated clinical practice experiences throughout the program including a final internship to prepare for transition to practice.
- Support for continuity of care experiences through the CONNECT program.
- Health service and community experiences throughout the continuity of care experiences.
- Options for placement in rural or remote locations during Internship.

Learning activities in the placement setting

Students are to be guided by RMs and self-identify scope depending on individual progression through the GDM program. If a learning opportunity arises in the clinical area students are encouraged to engage in this opportunity under direct supervision of the RM even if they have not been exposed to the experience in the laboratory or clinical workshop.

Although all students with the GradDip program are RNs they are still accountable in accordance with being registered with AHPRA, students must always work within the scope of a student midwife and under direct supervision of a RM.

Check In and Check Out PROCESS

Checking in and checking out (briefing and debriefing) are integral components of the learning process. Checking in requires students to prepare for their MPEP and checking out assists students to reflect on their experience, gain feedback and rate their confidence at the end of the clinical encounter. The Check In/Check Out process has been designed to promote student engagement and accountability for learning (Henderson et al. 2018).

Students use the CICO in their preparation for practice where they are accountable for preparing prior to attending class and they arrive in class reading to set goals for their learning. At the end of the class, they identify if they met their goals and what they still need to do for further learning.

The CICO process is also required in MPEP where a discussion is held with students by the Midwifery buddy or clinical educator at the commencement of their shift about their learning goals and then a short conversation is held at the end of the day to establish if goals were met and what further learning students identify that they need. This is not an assessed activity, but it is required for students to take accountability for their learning.

A clinical reflection session is student-focused time to reflect on learning experienced in the clinical environment. It is a time where students collaboratively share their knowledge and learn from others' experiences. It is an expectation of UniSC that a joint debrief session is not required every day of the MPE. Students and assessors will be using the Check In and Check Out (CICO) Process. The clinical reflection session venue needs to be in a room that is private (so that client data can be shared in confidence) and large enough for the group of students. It is suggested that a reflection session is conducted on the first day to alleviate any anxiety and respond to any questions. A reflection session should take no longer than 1 hour.

THE USC CICO PROCESS

ENGAGING IN TEACHING & LEARNING IN A COLLABORATIVE LEARNING SPACE

A FACTSHEET ON THE CHECK-IN AND CHECK-OUT PROCESS FOR CLINICAL PRACTICE SPACES.

The Check-in and Check-out (CICO) process supports high quality, engaging and relevant education in clinical practice spaces. The CICO process focuses on collaborative learning spaces where students engage as partners in their learning with teaching staff in clinical laboratories, simulation suites and clinical practicum. The CICO elements complement the course content, skills assessed, and clinical practice within all clinical courses.

The expectations of teaching staff and students in collaborative learning spaces is informed by the USC Student Charter. The course co-ordinator and teaching staff are responsible for all aspects of a clinical course delivery. Students are expected to actively engage with the course requirements and learning resources to successfully complete a clinical course. In a collaborative learning space students are active partners with teaching staff in clinical learning activities.

Check-in (briefing) prior to, or upon entry to, the collaborative learning space requires a student to prepare for their clinical practice experience. The Check-in questions are addressed at the commencement of a clinical practice session.

Check-out (debriefing/student confidence) supports activities for a student to gain feedback which:

- reinforces positive aspects of the learning experience
- encourages reflective thinking
- supports thinking to link theory to practice and research
- encourages critical thinking
- supports discussion about professional practice

The student is required to rate their confidence on four statements at the completion of each clinical practice session:

- I can safely perform the clinical practice
- I can identify positive examples of clinical practice role-modelling
- I can identify feedback received that helped me achieve my learning objective/s
- I have confidence to initiate and independently perform the clinical practice

The confidence statements support a student to acknowledge their accomplishments, learning experience and how they felt about their learning. This information finally encourages a student to answer the "take home" questions - Have I learnt what I need to know? If not, what do I still need to do?

For further information, please contact Amanda Henderson on AHender1@usc.edu.au.

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THE CICO PROCESS

CHECK-IN

1. What will I be doing today?
2. What are my questions before starting today?
3. What are my learning goals?
4. What am I learning about today?

CHECK-OUT

1. What did I see?
2. What did I do?
3. What was I told?
4. How do I feel?



TAKE HOME QUESTIONS

1. Have I learnt what I need to know?
2. If not, what do I still need to do?



Midwifery Course Outlines

Midwifery courses within the GDM all have a combination of theory and clinical. The course outline will guide you with the student's learning outcomes for the course. Refer to the below to see what specific content covered in each course.

- MID700 Midwifery care across the continuum 1
- MID701 Introduction to midwifery
- HLT600 Indigenous wellbeing foundations
- MID702 Care of the unwell neonate
- MID703 Midwifery care across the continuum 2
- MID704 Leadership governance and mentorship in midwifery practice
- MID705 Integration to the midwifery profession

Clinical Assessment

Assessing Clinical Learning

Assessment is an essential part of the educational process. It promotes learning, measures student progress, and improves student performance. Practice learning is scaffolded progressively throughout the course. Each MPEP is part of the course in which the student is enrolled. The combined list of clinical skills that students need to achieve is set out below. Students are to work within the scope of practice aligned with their stage of study.

Assessments during MPEP will be based on the [Midwife Standards for Practice \(NMBA 2018\)](#). A variety of assessment contexts are embedded in the course, including:

- Theoretical assessments conducted at the university including a variety of written assignments, worksheets, group work, oral presentations, and reflective writing.
- Australian Midwifery Standards assessment Tool (AMSAT)
 - [AMSAT Midwifery Assessment Tool](#)
 - [AMSAT Midwifery Behavioural Cues](#)
- Clinical Skills Assessments Tests (CSATs) that are conducted whilst on MPEP and completed by a Registered Midwife.
- Objective Structured Clinical Assessments (OSCA) conducted in a simulated environment at the university.

Midwifery Practice Assessments – in clinical

Students need to receive ongoing feedback throughout their MPEP as a formative and developmental process. Feedback is essential for their learning and development while on MPEP. Being open to feedback is a key factor for their success. Students' midwifery practice will be assessed in several ways:

- **The Australian Midwifery Standards Assessment Tool (AMSAT)** self-assessment and assessed by registered midwives during placement [Australian Midwife Standards Assessment Tool \(AMSAT\)](#).
- **Clinical Skills Assessment Tests (CSATs)** assessed by registered midwives during placement.

The AMSAT clinical assessment is undertaken in Sonia Online (UniSC's online platform). On Sonia Online student's first complete the self-evaluation using the assessment tool and the Clinical Facilitator will document their progressive and summative assessment in discussion with the student. Only UniSC assessment tools are to be used.

Clinical Assessments Requirements

ANMAC

Care Provided	Number to complete
Antenatal care	100
Primary accoucheur labour and birth	30
Direct and active care	10
Complex care	40
Postnatal care	100
Examination of the newborn	20
Neonate with special needs	10
Women's and sexual health	5
Breastfeeding support	5
6-week check	5

CSATs

Clinical Skills Assessment Test (CSATs)	Number to complete (1 per MPEP)
Abdominal palpation	1
Antenatal CTG	1
Vaginal examination	1
Accoucheur	1
Intrapartum CTG	1
Preparing and supporting a woman for LSCS	1
Assessing and supporting breastfeeding	1
Gastric tube insertion for neonatal feeding	1
Oral medication administration	1

OSCA

Objective Structured Clinical Assessment (OSCA)	Number to be completed prior to MPEP
MID700 Midwifery across the Continuum 1 <ul style="list-style-type: none"> Basic neonatal resuscitation Abdominal Palpation Intramuscular injection 	1
MID703 Midwifery across the Continuum 2 <ul style="list-style-type: none"> Postpartum haemorrhage Shoulder dystocia Intravenous drug administration 	1
MID705 Integration to the Midwifery Profession <ul style="list-style-type: none"> Shoulder dystocia Postpartum haemorrhage Complex neonatal resuscitation 	1

Scope of Practice - clinical skills

Students are to be guided by clinicians and self-identify scope depending on individual progression throughout the midwifery program. If a learning opportunity arises in the clinical area students are encouraged to engage in this opportunity under direct supervision of the Registered Midwife even if they have not been exposed to the experience in the laboratory or clinical workshop.

Holistic assessment and care of the woman and infant 0 - 6 MONTHS		Holistic assessment and complex care of the woman and infant 6 - 12 MONTHS	
<p>Health assessment of individuals, families and groups using Primary Health Care as a framework - Collaborative practice</p> <p>Identifying the impact of cross-cultural factors as they impact health</p> <p>Assessment - Identify culturally safe practice in health assessment</p> <p>ANTENATAL CARE</p> <p>Hand Hygiene</p> <p>AN booking interview - Holistic health assessment – Psychological, emotional, social, lifestyle</p> <p>Planning routine antenatal care - Calculation of EDD</p> <p>EPDS</p> <p>Safe Start – information gathering domestic and family violence screening and role of midwife</p> <p>AN terminology</p> <p>Routine screening tests e.g., urinalysis, blood tests</p> <p>Abdominal examination – fetal positions + FHR auscultation</p> <p>Antenatal education</p>	<p>LABOUR AND BIRTH CARE</p> <p>Normal CTG modules from RANZCOG</p> <p>Assessment during physiological labour and birth</p> <p>Assessment of contractions – Abdominal Palpation</p> <p>Water immersion and waterbirth</p> <p>Non-pharmacological comfort measures</p> <p>ID sterile water injections</p> <p>Vaginal examination</p> <p>Variations of normal e.g. OP, Breech labour and birth</p> <p>Nitrous Oxide administration/ sterile water injections</p> <p>PR medication</p> <p>Placental birth (physiological / active)</p> <p>Skin to skin care</p> <p>POSTNATAL / NEWBORN CARE / BREASTFEEDING SUPPORT</p> <p>Postnatal assessment of mother and examination of the newborn</p> <p>Mothercraft e.g. nappies bathing dressing swaddling</p> <p>Safer infant sleep (SIDS/SUDI)</p> <p>iEMR (WIL)</p> <p>Vaccination – schedule – Konakion (oral) and Hep B</p> <p>education for parents</p> <p>NNST education for parents</p> <p>Skin to skin/ supporting breastfeeding/ use of bottles/formular feeding</p> <p>Expressing and storing breast milk</p> <p>Postnatal VTE assessment SC Enoxaparin</p>	<p>ANTENATAL CARE</p> <p>Hand Hygiene</p> <p>Recognition and responding to deteriorating woman and/or infant</p> <p>Caring for women experiencing complications in pregnancy, labour, birth or the postnatal period</p> <p>Assessment, referral and collaboration in the midwifery context</p> <p>Venepuncture and cannulation</p> <p>Collaboration and referral of care</p> <p>PV medication induction of labour</p> <p>LABOUR AND BIRTH CARE</p> <p>Handover ISBAR</p> <p>PROM term and preterm -EOGBSD</p> <p>CTG interpretation</p> <p>IV Infusions – pumps bolus</p> <p>Review VE/ARM</p> <p>Review obstetric emergencies: shoulder dystocia, PPH, PET (seizure)</p> <p>Premature birth</p> <p>Epidural complications</p> <p>Episiotomy</p> <p>Perineal Care and repair</p> <p>GDM management, BGLs, insulin infusion</p> <p>PPH management</p> <p>Cord prolapse</p>	<p>POSTNATAL / NEWBORN CARE / BREASTFEEDING SUPPORT</p> <p>C-section – pre and postsurgical care</p> <p>Administration of blood and blood products or iron</p> <p>Eclampsia</p> <p>Maternal collapse - basic life support</p> <p>Maternal sepsis</p> <p>Neonatal resuscitation of the preterm infant</p> <p>Grief and loss information</p> <p>Breastfeeding complications</p> <p>Neonatal cares- hypoglycaemia management, NAS Syndrome</p> <p>Newborn respiratory disorders</p> <p>Q-NEWT</p> <p>Pre-term care – isolette</p> <p>NG tube insertion – newborn</p> <p>Hypoglycaemia</p>

Prior to the assessment, a facilitator should:

- Become familiar with the clinical assessment tools and the learning outcomes to be achieved in this MPEP.
- Discuss the expectations of the course and the clinical assessment tools with the student to share a common understanding.
- Understand the behavioural cues that could comprise evidence of each criterion.
- Formulate some ideas on cues that might be evidence of achievement of the outcomes/objectives and validate these with the course coordinators.
- Contact the Midwifery CONNECT coordinator and the Course Coordinator if there are any concerns regarding students. Refer to the Needs Development or Unsatisfactory Flowchart (see below).
- Gather evidence of clinical performance throughout the days before the assessment. Sources of evidence may include:
 - Observation of student performance.
 - Audit of documents such as care plans and progress notes to which the student has contributed.
 - Discussions with the student.
 - Interviewing staff whom the student has worked alongside.
 - Speaking with patients the student is caring for.
 - Speaking to the RM buddies who have supported the student.
- Ensure the student has completed their AMSAT in Sonia Online and CSAT paper forms prior to the meeting.
- Organise a time to discuss the assessment with the student.
- On the day of the assessment, ensure that the student has told their RM buddy that they will be absent for about 30 minutes.
- Organise a private place to conduct the assessment if appropriate. This may be an office, vacant room or garden area where discussions will not be overheard.

When Undertaking the Assessment

An assessor should:

- Encourage the student to express how they feel they have progressed to date.
- Offer encouragement and promote confidence in the student.
- Assess the student against the criteria within the CSATs and [Nursing and Midwifery Board of Australia's \(NMBA\) Practice Midwife](#).
- Use the AMSAT domains and Behavioural Cues for feedback. Allow the student to self-evaluate prior to undertaking the assessment.
- If a student does not agree with any aspect, ask them to explain how their self-evaluation differs from that written.

Formative AMSAT Assessment

You will complete a Clinical Facilitator formative AMSAT for the student which is usually conducted halfway through a placement. This provides the student with formal feedback regarding their progress to date.

- Prior to scheduled assessment meeting time, the student is to complete the Student Self- evaluation formative AMSAT. The student will score themselves according to how they believe they are performing in relation to the NMBA Midwife Standards for Practice.
- Each standard is scored between 1 (unsatisfactory) to 5 (proficient). In the comments section, on the second page of the AMSAT, students will write about 200 words reflecting on the first half of the MPEP and setting SMART goals for the second half of their MPEP.
- During your meeting discuss the student's reflections and goals they have set for the remainder of their MPEP. Areas of practice the student should focus on for the remainder of the MPEP are recorded on the progressive assessment tool.
- Utilise this time to offer constructive feedback and to praise achievements. Suggest strategies or actions that the student can use to work towards increasing their clinical practice confidence and competence. Where there are aspects that may be strengthened with time and opportunities to practice, advise the student of such and document.

Satisfactory progress in MPEP is an essential condition for passing courses with clinical components.

Limited or Unsatisfactory Performance Rating

Where a student receives any 'Limited' or 'Unsatisfactory' performance rating in the AMSAT tool, the Midwifery Facilitator and course coordinator work together with the student to develop learning goals to support the student in the MPEP. The learning goals are documented in consultation with the Midwifery Facilitator and course coordinator and student using a Learning Plan; the student will meet with the Midwifery Facilitator and Course Coordinator to discuss the AMSAT and progress. In most cases a student will be required to complete pass the Learning plan and complete a satisfactory AMSAT Tool.

Where a student receives any 'unsatisfactory' rating on the AMSAT Tool and/or CSAT the Clinical Facilitator follows these steps:

1. Assess the student by working directly with them, speaking with the buddy RM/other staff members, observing their practice closely and/or reviewing all their documentation. Use the AMSAT behavioural cues (if appropriate) and the UniSC Clinical Practice Framework for guidance.
2. Provide timely feedback to the student, identifying clear strategies for improvement. Document the conversation on Sonia Online, notifying the student information is there to review, and they may respond if desired.
3. Reassess the student's practice within 1-2 shifts, if limited or inconsistent improvement is demonstrated,

or significant deficits are identified, escalate immediately to the Midwifery course coordinator for further support and collaboration regarding an Informal AMSAT Assessment.

4. After collaborating with UniSC, meet with the student to deliver the Informal assessment, discussing strategies for improvement. Document a summary of the conversation on Sonia Online. This gives the student an opportunity to process and reflect on the information away from the clinical space.
5. If limited or inconsistent improvement continues after 1-2 shifts, and the student appears unlikely to succeed in any one of the standards, notify the Clinical Placement Office, and/or Midwifery Course Coordinator immediately. This includes if scoring less than 3 at the progressive assessment.
6. To support the student's success, a learning plan will be developed by the Course Coordinator and facilitator in collaboration with the student. The plan will supply specific strategies as a framework for the student to implement into practice. The Clinical Facilitator supports the student to achieve the learning outcomes in the learning plan.
7. If the student is inconsistent with the implemented strategies outlined in the Learning Plan, or further issues are identified, the Course Coordinator is to be contacted as soon as possible.

If at any time a student may have breached their scope of practice (see page appendix A) or conducts unsafe practice, the Facilitator contacts the Midwifery course coordinator and/or Midwifery Clinical Placement Office immediately for further guidance.

Midwifery Learning Plan

The Course Coordinator, with the student, completes the Learning Plan after a student receives any 'Unsatisfactory' recommendation in an AMSAT Tool. A Learning Plan can be completed at any time not just with the AMSAT tool, but also for both rostered and continuity of care shifts, when performance or professional behaviour is below the level expected.

The purpose of the Learning Plan is to clearly describe the situations that led to the 'limited' or 'unsatisfactory' performance recommendations. If the student receives an 'limited' or 'unsatisfactory' performance, the Midwifery Facilitator and course coordinator follows the 'limited' or 'unsatisfactory' performance Flow Chart'.

After completing the Learning Plan and discussing shared responsibilities, for meeting desired outcomes with the student. The Clinical Facilitator will undertake a new AMSAT/CSAT and will send a copy of the Learning Plan together with a copy of the newly completed AMSAT Tool/CSAT to the Course Coordinator. A copy of a Learning Plan is located and stored on Sonia.

Documentation Process for Variance in Assessment

The course coordinator is kept up to date with all issues and concerns that the clinical assessor has with their students throughout the placement.

- Clinical Facilitator identifies a clinical learning issue and informs the Midwifery MPEP Coordinator or Course Coordinator as appropriate.
- An informal AMSAT is completed and discussed with the student.
- The assessor tells the student that they will be recording the conversation on Sonia Online and the strategies they have discussed.
- After discussion with the student the facilitator will document the conversation in Sonia Online in the Notes section of the relevant student's home page then 'Save'.
- The facilitator informs the student that this information will be visible to them throughout the process. The student can also add a comment in the notes section of their placement page if they wish and save comment/s when finished.
- All documents relating to the identified issue are uploaded into Sonia Online in the '+ Add new document' section directly below the notes section (on the same screen page in Sonia Online).
- Browse for document on your computer then upload.
- As students are required to view this document tick 'Show to Allocated Student' if you do not tick anything it will only be viewed by the facilitator and the course coordinator.
- If you do not want the site to view this document do not tick 'Show to site', also leave unticked 'Show to Unallocated Student' as it is not relevant in this setting.
- In the 'Category' section push arrow and select from options 'Placement Variance Documentation' then 'Save'.

The screenshot shows the 'Add new document' interface. At the top is a blue bar with a plus icon and the text '+ Add new document', and a 'Refresh documents' button on the right. Below this is a 'Document:' label followed by a text input field and a 'Browse' button. Underneath is a section titled 'Determine who can view and edit this document' containing three checkboxes: 'Show to site' (unchecked), 'Show to Allocated Student' (checked), and 'Show to Unallocated Student' (unchecked). Below this is a 'Description:' label followed by a text area. At the bottom left is a 'Category:' label followed by a dropdown menu showing 'Placement Variance Documentation'. At the bottom right are 'Save' and 'Cancel' buttons. Three blue arrows originate from the list of steps above: one points to the 'Document' field, another points to the 'Show to Allocated Student' checkbox, and a third points to the 'Category' dropdown.

The student and course coordinator will be able to view this document but not able to edit or remove it.

Supporting Students Learning – Establishing a Learning Plan

If at any point of the MPE the student seems unlikely to succeed in any one of the seven standards the Midwifery CONNECT Coordinator or course coordinator needs to be notified immediately. This

includes if scoring less than 3 at the progressive assessment. If the concerns are not resolved, a learning plan will need to be implemented. This needs to be addressed as quickly and efficiently as possible. The course coordinator will lead the implementation of this tool. Steps to be followed are:

- Your role in this process is to support the student to achieve specific learning outcomes relating to the plan.
- If specific clinical learning deficits are not able to be addressed during the MPEP contact the course coordinator.
- Students who have a learning plan will require extra support.
- Please ensure that the AMSAT and/or CSAT feedback and all the relevant paperwork is signed by both the student and you.

Safety Considerations for Students on a Rural or Remote Placement

Undertaking MPEP in a rural or remote setting is a very exciting time for our midwifery students and we thank the host facilities for the opportunity.

We have liaised with the students prior to MPEP and have provided a general overview of what to expect, but we would ask you to ensure that students have an orientation to the local town/district, ensuring that they are made aware of any apparent safety risks, unsafe areas of town, localised political unrests, local etiquette.

The Course Coordinator will contact you to discuss the student's assessment process and to assist you with any queries you may have regarding the MPEP.

The Connect Program (Continuity of Care Experiences CoCE)

As a midwifery student, to be able to apply to become a Registered Midwife in Australia, they are required by the Australian Nursing and Midwifery Accreditation Council (ANMAC)

to complete a minimum of 10 CoCE's (referred to as the 'Connect Program' at UniSC), over the duration of their Graduate Diploma of Midwifery program. This is in conjunction with their other supervised MPEP requirements. They will commence the Connect Program in the first course of the Graduate Diploma program, following successful completion of the clinical assessment in MID700 Midwifery Care across the Continuum 1.

Engagement with the Connect Program enables students to gain experience in woman-centred care whereby they need to be supported by the Clinical Facilitator or appropriate person to fulfil the following requirements.

- Establish, maintain, and conclude a professional relationship whilst experiencing continuity with individual women through pregnancy, labour and birth, and the postnatal period, regardless of the model of care the woman is engaged with.
- Provide midwifery care within a MPEP setting and under the supervision of a midwife. However, 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.
- Engage with a minimum of 10 women over the course of the program. Engagement involves attending **four antenatal visits, two postnatal visits and, for the majority of women the labour and birth (minimum = 6).**
- Maintain a record of engagement with each woman incorporating reflection, which will be reviewed by the course coordinators of their midwifery clinical courses.

Recruiting Pregnant Women in to the Connect Program

Recruiting women for CoCE's will be primarily through the antenatal clinics and midwifery group practice models in our associated maternity facilities. Clinical Facilitators or appropriate person provides a recruitment handout which invites women to participate or supports the student to do this when the woman attends her first antenatal appointment. Students are to link only with women birthing at the student's PMU placement or by negotiation with the Program Coordinator. Women who choose to participate will sign a consent form (either at this time or when they next meet the student). Consent forms are uploaded to SONIA (Connect) within 5 working days.

Professional boundaries: Students are advised not to link with friends or relatives or those with whom they have a pre-existing non-professional relationship, to maintain professional boundaries. Please refer to the NMBA Code of Conduct for midwives, principle 4 Professional behaviour. Available at: <https://www.nursingmidwiferyboard.gov.au/codes-guidelinesstatements/professional-standards.aspx>

- Students are required to have knowledge of, and abide by, the Nursing and Midwifery

Board of Australia NMBA – Code of Conduct for Midwives and maintain a therapeutic relationship in accordance with the NMBA standards (Standard 2), with all women engaged in the Connect Program.

Students need to be aware there are legal obligations regarding advertising. A student is not able to advertise or recruit for CONNECT partnerships through social media or any other platform.

Please see the following links for more information:

- NMBA – [Code of conduct for midwives](#)
- NMBA – [Social media Guide](#)

Placement Allocations

Attendance at CONNECT appointments is on an ad hoc basis as determined by the care requirements of the individual women. These are usually organised ahead of time which allows them to schedule them into their diary, however at times emergent appointments may occur and attendance is negotiated with the individual women and the student. Students will need to be on call for labour and birth episodes, however it is reasonable to expect they will have periods of time where they will not have women expected to birth. It is an expectation the student will be readily available to attend CONNECT women in labour and birth at most times, however it is also understood that there will be times the student is unavailable, and this should be communicated to the woman. The student will need to manage their attendance at these events around their university and personal commitments.

The Clinical Facilitator or appropriate person must oversee all interactions and care with a student's CONNECT woman, as they would any other MPEP experience.

Recording Continuity of Care Experiences CoCE

Continuity Database and Administration

The Clinical Placement Office maintains an electronic database for storage and access of data related to each CONNECT experiences with a woman, care provider and facility (Sonia Connect). The database is secured with a password which is available only to the Connect Coordinator and the Sonia administration team.

To notify the University that s/he is commencing a CoCE, students upload the signed Connect consent form to Sonia Connect. This information must be submitted **by the student within 5 days of meeting the CoCE woman**. This data includes the woman's contact details, EDD and birthing facility. The Consent form provides the woman with details about whom she may contact at the University if she has any questions or concerns and the role of the student midwife.

Students are not to attend any appointments until consent is provided by the woman and the student has uploaded the document to Sonia Connect. **Note: Retrospective consent to commence a CoCE relationship is not permitted.**

Throughout the CoCE, the student records antenatal, intrapartum, and postpartum contact hours on the Connect Log of Hours form. These hours are to be signed by the midwife or health care provider. An individual form is required for each CoCE relationship, and these are to be submitted to SONIA Connect upon completion of the CoCE. These episodes of care are to support you in achieving the minimum ANMAC requirements for CoC.

On completion of the CoCE students are to follow the instructions on SONIA to conclude the CoCE and complete the post CoCE evaluation (a link to the evaluation will be sent to your email by the Connect Coordinator).

This information must be submitted by the **student at the completion of the CoCE and/or within six – eight weeks of the postnatal period**. Students who fail to submit the continuity data form for a completed partnership may receive a Fail grade in the relevant course. The Connect Coordinator checks each form, contacts the student if there are any discrepancies, then enters relevant updates into the database. If the CoCE is incomplete due to the woman withdrawing from the program, students are to complete the data as incomplete and record the contact hours.

Please note the underpinning principle of the COCE is to form a relationship with a woman. The experience is not just about ticking off the ANMAC minimum requirements which include:

- Four (4) antenatal care experiences with each woman
- Attending the majority of the labour and birth experiences with the woman (minimum of 6 to be attended), and
- Two (2) postnatal care experiences with each woman

Therefore, to ensure you form a relationship, and support the woman throughout her journey to parenthood, you should commence the relationship, where possible, before 30 weeks gestation. **Commencing a COCE relationship after 30-weeks gestation will require approval from your course coordinator.**

Connect Program Special Requirements

The Connect component of the program must be suspended if a course with a MPEP component

has not been completed in the preceding 12-month period. Connect activity may recommence once the scenario based clinical exam in the respective course, or the Clinical Connections Module, is successfully completed.

The Connect component of the program must be suspended if a course with a MPEP component is failed. Connect activity may recommence once the scenario based clinical exam in the respective course is successfully completed.

Clinical Facilitator's Uniform

Can be purchased (if you wish to) - Staff Polo Shirts via the [MyPrint Shop](#)

- Staff Polo shirts are only available to staff. Please login to the [MyPrint Shop](#) using your staff username and password or UniSC Single sign-on.

Useful links

- [How to order products from the MyPrint Shop](#)
- [Apparel product descriptions and size guides](#)



Clinical Assessor Guides and Resources

- [2025 UniSC Midwifery Calendar](#)
- [Facilitators Guide to Sonia Online](#)
- [CLINICAL ASSESSOR Guide to Emailing Students Sonia Online](#)
- [Student guide to Self-evaluation AMSAT Sonia Online](#)
- [Facilitator Guide to Student Clinical Placement Attendance form](#)

Appendix 1: Escalation process for Breach of Scope or unsafe practice. Please note MPEP also includes CONNECT women.

