Professional Experience Placement

Guidelines for Facilitation in Midwifery
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Visit our website at
http://www.snm.utas.edu.au/
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Introduction

Welcome to the role of Professional Experience Facilitator (PEF) for the University of Tasmania, School of Nursing and Midwifery (SNM). The SNM has developed this booklet to assist the learning and teaching of students of midwifery as they undertake the professional experience components of School of Nursing and Midwifery Graduate Diploma of Midwifery Program. The learning and assessment requirements specific to each semester and year of the midwifery program are provided to PEFs by the SNM Unit Coordinator prior to start of students professional experience placements.

This booklet is a guide to the process of professional experience facilitation during student professional experience placements, aimed to enable positive learning experiences for students to develop competence as beginning level practitioners.

Professional Experience Placement

The experiential curriculum of the Graduate Diploma of Midwifery (GDMid) aims to graduate students as safe beginning level registered midwives. Professional Experience Placement (PEP) forms an integral component of the GDMid program with all students undertaking a minimum of 1384 hours of PEP within a range of maternity healthcare environments within Tasmania.

Students within the GDMid undertaking PEP are not employed workers in first year, rather they are supernumerary. This enables the students to have the opportunity to study and learn through:

- observation;
- participation;
- reflection on their practice and the practice of those around them;
- skill development;
- tutorials and seminars; and
- written work around practice issues.

Professional experience placement is a time for students to place theory into context and to transfer knowledge gained from both on and off campus experiences to the placement environment. Students are able to engage in real world experiences and through a learning process demonstrate progression towards competence. Theory provides a contextual framework for PEP, but for some students this can be difficult to conceptualise. It is the PEF’s role to ‘bring the theory to life’ and to assist the student to make meaning of the knowledge transfer. Students in second year are in paid placement and continue to study and learn as above.
**Professional Experience Facilitator Attributes**

As a PEF you are representing the University of Tasmania SNM. It is very important that you set a high standard as an educator, a registered midwife, and an advocate of University education. The ‘ingredients’ for effective professional experience facilitation are listed in the following table:

<table>
<thead>
<tr>
<th>Professional role model</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible person</td>
<td>Feedback on performance is professional</td>
</tr>
<tr>
<td>Obligations are understood</td>
<td>Assessment skills applicable to student learning</td>
</tr>
<tr>
<td>Focused on developing new professionals</td>
<td>Credible and current in professional experience</td>
</tr>
<tr>
<td>Engaged in learning and teaching</td>
<td>Intelligent emotionally</td>
</tr>
<tr>
<td>Sensitive to people’s differences</td>
<td>Learning opportunities meet course requirements</td>
</tr>
<tr>
<td>Source of information for students</td>
<td>Interpersonal skills, especially communication</td>
</tr>
<tr>
<td>Insightful of self as person and professional</td>
<td>Technically competent and safe</td>
</tr>
<tr>
<td>Open minded and tolerant</td>
<td>Accountable to the profession, student and self</td>
</tr>
<tr>
<td>Necessary midwifery scope of practice</td>
<td>Teach the midwifery professional experience</td>
</tr>
<tr>
<td>Academic support and referral to research</td>
<td>Organised as professional and role model</td>
</tr>
<tr>
<td>Liaison with all stakeholders</td>
<td>Reflective as practitioner and teacher</td>
</tr>
</tbody>
</table>

**Professional Experience Facilitator Seminars**

The SNM is committed to supporting PEFs in their role for the advancement of midwifery practice through professional experience placement, and therefore provides a variety of learning and teaching experiences each year/semester to:

- meet the expressed preparation and professional development needs of PEFs;
- provide avenues to discuss and promote the philosophy, requirements and procedures of the GDMid Program; and
- establish effective liaison with SNM academic and professional staff, as a networking and information sharing process.

PEFs will subsequently develop an understanding of current SNM student functional requirements and the processes required to participate effectively in PEP learning and teaching.
Student Mandatory Functional Requirements

School of Nursing and Midwifery courses contain mandatory functional requirements, relating to Australian Health Practitioner Regulation Agency (AHPRA) requirements, to be practised safely by all students. These functional requirements (listed below) need to be foremost in professional experience facilitators’ and students’ minds at all times in the PEP environment:

1. **Reading, Writing and Numeracy**
   Capacity to:
   - comprehend patient charts and medication labels;
   - accurately calculate medication dosages; and
   - accurately record patient notes.

2. **Critical Thinking and Analysis**
   Capacity to:
   - critically self-evaluate and reflect upon own practice, feelings and beliefs and the consequences of these for individuals and groups.

3. **Communication**
   Capacity to:
   - accept instruction and professional criticism;
   - question instructions and decisions which are unclear; and
   - resolve conflict and negotiate with staff and patients.

4. **Psychological**
   Capacity to:
   - interact with patients and others in a caring, respectful manner to provide emotional support and health education; and
   - maintain self-control in professional situations.

5. **Physical**
   Capacity to:
   - use technical equipment, which includes having the dexterity to handle, maintain and program equipment;
   - physically support clients, including wound management and administering BLS; and
   - physically manage essential equipment and materials.
How to Facilitate

PEFs, through direct and indirect supervision, need to enable a student to undertake professional experience placement incrementally through the application of their theoretical knowledge in proportion to their practice confidence and competence. This can begin with the student assisting in a task and, as the student becomes more proficient and the PEF’s confidence in the student’s ability increases, the student can move to completing a task on their own whilst under observation. Depending on the year level of the student, the end stages of each PEP should see the PEF moving into a supervisory role, still being accessible, but allowing the student to practice independently as delegated.

Using open ended questions and encouraging students to consider different perspectives enables the development of critical thinking, problem solving and decision making skills (Gaberson & Oermann 2007), key elements in gaining Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Midwife. Asking pertinent questions is vital in the facilitation of students’ learning.

The following scale can assist PEFs to effectively engage with students. The scale can be applied in all professional experience environments and adapted depending on the student year level and their related level of knowledge.

Hierarchy Scale of Questioning

(Adapted from Scholes & Endacott 2002)
Applying the Hierarchy Scale of Questioning to the process of conducting a vaginal examination in order to identify best practice is a good exercise to undertake. Many health care professionals do not palpate the abdomen prior to conducting a vaginal examination. Midwifery texts state this to be best practice, and students will question this practice (Pairman, Tracy, Thorogood & Pincombe 2010; Macdonald & Magill-Cuerden 2011). The PEF must teach according to best practice principles and encourage students to utilise research and evidence to support midwifery care decisions.

**Hierarchy Scale of Questioning Exercise:** Conducting a vaginal examination

**Procedural knowledge:** The student can identify information to be gained and conduct a vaginal examination.

**Resourceful reasoning:** The student can tell you the reasons for undertaking the vaginal examination and how the knowledge gained from the examination will be used to plan care.

**Explanation of when, what, why, how:** These questions become the pivotal point of professional experience teaching and the student’s problem solving development.

You might ask why do you think conducting a vaginal examination is relevant at this point? What is cervical effacement? What other information do you need to obtain during a vaginal examination and where and how would you communicate your findings?

**Probing - What if:** how would you care for a woman if you found her cervix to be swollen anteriorly? What is malposition? Why is it significant? What other midwifery interventions might you take? Who would you tell?

Open ended questions are less intimidating for the student and allow them the opportunity to share with you the knowledge they have gained. Questions such as, “tell me what you know about this drug…”, “describe what you know about depression…”, “why does this woman display these particular symptoms…” encourages students to provide a rationale and link theory to practice.

The following ‘questioning’ phrases encourage problem solving, decision making and critical thinking:

- List and prioritise
- Provide a rationale
- What would you say, what would you do
- Describe, specify, identify
- What are your options, provide a rationale for responses
- Why is this important
- How would you handle this situation (Gaberson & Oermann 2007)
Student Learning

Most people have natural preferences for one or more style/s of learning, which translates to their learning strength. Students can make the most of their learning experiences if they know their preferred learning style/s. The following learning styles and an online ‘VARK’ test for students to determine their preferred learning style can be accessed on the University of Tasmania, Learning and Teaching website at: http://www.learningsupport.utas.edu.au/learning_strategies.html

- **Visual** – prefer to learn using **visual** cues such as charts, graphs, symbols and circles;
- **Aural** – prefer to learn by **hearing** it, for example by listening to lectures, tutorials, tapes and talking to other students;
- **Reading** - prefer to learn when it is presented in **words**, for example in written texts;
- **Kinesthetic** - prefer to learn new information by **doing** things, for example by doing laboratory work or taking part in field excursions.

When facilitating the learning and teaching process it is important for PEFs to:

- acknowledge that students have preferred learning styles;
- encourage students to identify their preferred learning style/s;
- identify their own individual preferred learning style/s; and
- employ a ‘multi-modal’ approach to teaching, incorporating ‘VARK’ wherever possible.

PEFs within the midwifery environment should be encouraging learning for life as a professional through student centered teaching, which can be achieved by answering the following questions:

- Is student prior learning appreciated? (e.g. What particular nursing experience does the student bring to the midwifery setting and how can this be built upon?).
- Is the task relevant to the students’ needs? (e.g. Learning how to rupture membranes is outside the scope of student practice).
- Does the learning environment encourage dialogue and interaction?
- Are mistakes seen as valuable opportunities to learn? Is the student aware of the relevance of the learning opportunity? (This is different to serious mistakes that potentially endanger women and/or their infants such as medication or documentation errors).
- Is the learning opportunity appropriate to the scope of practice and level of difficulty commensurate with the student’s skills and ability? (e.g. The second year student may be capable of managing care for four women and babies, but this is out of the scope of the first year student).
- Is meaningful and appropriate advice in the form of feedback provided to the student?
Feedback

The provision of timely and constructive feedback is considered one of the most important responsibilities of a PEF. The purpose of feedback is formative, in that it assists the students to identify strengths and recognise opportunities for improvement.

Students see feedback as a valuable opportunity to evaluate their learning, and improve future practice; however there are often inconsistencies between what the students want in terms of feedback and what the facilitators deliver. Often it may be difficult for the student to de-code or decipher the information received. Employing a ‘debrief model’ is a useful way to ensure clear communication between PEF and student.

Debrief Model Checklist:

- Conduct the debrief session in a safe and confidential environment.
- Aim to create an atmosphere of mutual respect (remember, it is an uneven power relationship).
- Build your own credibility while taking a personal interest in the student.
- Utilize active listening skills.
- Explain and encourage reflective practice. Ask the student:
  - Why did this occur?
  - How did you feel about it?
  - What could be changed?
- Guide and mentor. Ask the student:
  - What did you learn?
  - What do you need to learn?
  - What else do you wish to improve?

Feedback Strategies

- Be constructive, do not criticise especially in front of others;
- Focus on behaviour, (performance in practice) not personality;
- Use feedback that builds confidence and motivates learners by showing that they are contributing and progressing;
- Provide examples;
- Be non-judgmental;
- Focus on what the student can do, not what they cannot do;
- Give regular, ongoing, and informed feedback. Wherever possible avoid giving feedback that is second hand i.e. “the midwife you were working with yesterday said…….” The more immediate the feedback, the more effective.
• A good time to give feedback is immediately following provision of care. Describe what they did well and then suggest what they may consider doing differently, and why.

• Constant communication and encouragement motivates learners and encourages the student to stay focused.

• Feedback works both ways. Always allow the student to give you constructive feedback: it is a quality activity and evaluation tool on your performance as a PEF, and may assist you to realign or reorient your teaching practices.

• Try not to use value laden words like ‘good’, or ‘right’ – clearly articulate what you mean by these statements, and always provide clear examples of behaviour.

Feed forward
Rather than feedback, perhaps consider the notion of feed-forward whereby possible strategies for the next time a particular skill or procedure is to be undertaken are suggested.

Documenting feedback
The outcomes and actions arising from meetings and interviews with students relating to feedback and issues resolution must be documented, with copies given to the Unit Coordinator. It is very important that you discuss any issues with the SNM Unit Coordinator as soon as they arise and before feedback or comment is written. Once you have conversed with the Unit Coordinator, please communicate documented feedback to students.

Maintaining a Professional Relationship
PEFs and students often develop a close relationship. It is vital that you take responsibility for keeping this relationship professional. As a PEF you must remain objective in your assessments, which is difficult when a socialisation process occurs between PEF and student, and subjectivity creeps in. Giving the student the ‘benefit of the doubt’ is not appropriate when you are assessing a student toward gaining ANMC National Competency Standards for the Midwife. Similarly, if there is a clash of personalities, discuss ways of managing this situation with the GDMid Coordinator.

Professional Experience Facilitator Evaluation
Just as students benefit greatly from feedback, so too do teachers. A SNM Professional Experience Facilitator Evaluation Form, for completion by your students at the end of their PEP, is located in the Facilitation Resources Section of this document. PEFs are required to submit the completed evaluation forms to the GDMid Coordinator.

Getting Started
A five day workshop precedes clinical placement and this gives you time to meet students, explain the LINC program requirements and set boundaries and rules. Please do include an explanation of the difference between personal and professional criticism. This needs to be undertaken in a group discussion. If you are working with groups, it is essential that you have skill in managing groups, do not hesitate to ask for assistance from the SNM GDMid Coordinator if you require support. Group dynamics, if not managed well, may potentially hinder progress.
Guidelines:
Get to know the student as an individual. It is useful to gauge their background, previous experiences in the profession, and why they want to be a midwife (this can often explain motivation difficulties). A Student LINC Orientation Questionnaire is located in the Facilitation Resources Section of this document.
- Find out what type of learner the student is.
- Do they appear to be shy or confident?
- Find out about other factors in their life that may influence their practice experience.
- The first week generally provides you with insight into students’ interpersonal skills.
- Document everything. It is difficult to remember accurately in hindsight.

Problem Solving
Problem solving is an essential tool that all RMs need to possess. Problem solving as a PEF is not dissimilar to that of a manager. If you identify progress issues with a student, it is important to seek resolution of these issues in a timely manner. Problems with students need to be communicated to the GDMid Coordinator as soon as possible so support can be offered to the PEF and student. Listed below are some common problems that may be encountered and some suggestions for addressing these. They are suggestions only, and there may be variables involved that affect the potential outcome. If you are unsure of an effective way to address a problem, you need to first seek advice.

Student distressed and not coping
This is common among students particularly when assessment deadlines approach. It must be first ascertained whether the student is willing to discuss their problem. You must explain that you cannot necessarily keep what the student discloses to you confidential, that you may need to seek advice from the GDMid Coordinator, particularly if they are at risk.

Student does not get on with professional experience facilitator
Once again, identify the problem and seek a resolution. If the problem cannot be resolved the GDMid Coordinator will need to be notified.

Student seems uninterested
Discuss this perceived lack of interest with the student. There is often a reason for this behaviour. They may feel overwhelmed and not sure how to approach this situation. They may feel that they are not being challenged or not given enough opportunity to learn. This is often a good opportunity to revisit goals and expectations, and change them accordingly.

Student is shy or introverted
Sometimes the student is simply too scared to ‘speak out’, whether this is with the PEF, other staff or with women and their families. With time and confidence, your support and building of knowledge, this may be overcome. If this issue continues for extended periods, it will need to be addressed with the GDMid Coordinator.

Student has difficulties with language and communication
For some midwifery students English is their second language. If you are concerned about the student’s progression in practice because of language and communication challenges,
the SNM is able to provide both you and the student with strategies, support and guidance. Please contact the GDMid Coordinator as soon as possible.

**Student is over-confident**

Students can be perceived to be inappropriately over-confident. It can be useful to gain other PEF’s perceptions of the student’s confidence, prior to addressing this. If you are convinced there is a problem you need to make sure that there is not an underlying factor (e.g. overcompensation for fear or trying hard to please the PEF and preceptors). If the student does not recognise their scope of practice, they are potentially unsafe. Consider whether they are unsafe. This needs to be documented, and the GDMid Coordinator informed immediately, and appropriate action taken.

**Student shows no initiative to learn**

Establish with the student if there is an issue with their learning or motivation. It may be appropriate to revisit goals and expectations, and implement strategies to overcome this issue.

As a PEF, it is important you do not feel isolated. You may need to discuss any of the above issues with the GDMid Coordinator prior to addressing them with the student. If there is a potential for conflict, mediated discussions can be useful. Students have a right to confidentiality; please only include the staff who are directly involved.

**Conflict Resolution**

As a PEF you may be faced with conflict situations between yourself and students, the student and healthcare staff, or between two students. Interpersonal conflict occurs whenever an action by one person prevents, obstructs or interferes with the actions of another person. People often mistakenly believe that a good relationship is one where no conflicts are present. Skilfully managed conflicts facilitate change and improvement however, and should not be avoided because positive opportunities may be missed. You might find the following strategies useful when facing a conflict situation.

**Conflict Resolution Strategies**

1. **Approach the other person/people:**
   - Make sure you gather information about the conflict situation from all parties involved.
   - Find out how everybody perceives and feels about the incident.

2. **Do not attempt resolution on the run:**
   - Address issues with people involved in the conflict when everyone has the time to discuss it in an appropriate venue.
   - An example of on the run is when somebody gives you their views and feeling about conflict then disappears. Timing is important; always ensure there is enough time so that the other person can respond.

3. **Communicate openly:**
• Express your perceptions and feelings about the issues in conflict and try to do so in a non-threatening way.
• Focus your feelings on the issues, not on the other person’s behaviour, character or personality.

4. Comprehend fully:
• Consider the other person’s view and feeling about the conflict situation.
• Utilise your listening skills, remain objective and factual, and avoid emotional responses.

5. Do not demand change:
• Only ask for change when change is possible. Are you requesting a behavioural change that is possible and probable or are you requesting someone to modify a personality trait?
• Never demand that the other person changes their behaviour, always suggest and negotiate changes in others’ actions.

**Communication Styles**

The manner in which you present yourself both verbally and physically during the conflict situation will greatly affect the outcome.

*Consider the following during conversations:*

• Describe the person’s actions. Do not label or insult each other with stereotyping or name calling.
• Define the conflict in the most specific way possible. Do not use statements such as ‘You always’. Use instead words such as “When you do ... it makes me feel like ...”
• Define the conflict as a mutual problem to be solved not as a lose/win situation.
• Describe your feelings and feeling of the other person.
• Describe the actions of both yourself and the other person that helped create and continue the conflict.

*Clarify the following issues:*

• What are the disagreements and differences between me and the other person?
• What do we agree on?
• What action of the other person do I find unacceptable?
• What are possible solutions that satisfy both me and the other person?
• What are the things that I need to do to resolve the conflict?
• What are the things that the other person needs to do to resolve the conflict?

*Be clear and direct about the situation:*

• Inform the other person.
• Express the need for mutual effort if resolution is going to be a possibility.
• Take the other person’s perspective - Resolving conflicts constructively requires that you understand the other person’s thoughts, feelings and needs.

• Listening skills - try to view the conflict from the other person’s shoes. There is nothing more important in resolving conflicts than understanding how the other person views the conflict.

• Conflicts are resolved when you and the other person reach an agreement. All parties need to be satisfied with the agreement and committed to abiding to it.

**What to do when resolution does not seem to be working:**

Ask yourself the following questions to determine the value or impact factor of the conflict:

• What will I gain from continuing the conflict?

• What does the other person gain from continuing the conflict?

• What do I lose from continuing the conflict?

• What does the other person lose by continuing the conflict?

**When All Else Fails**

You have a responsibility to all students on placement. Contact the SNM Unit Coordinator, if a student:

• is monopolising your time due to conflict issues; or

• becomes threatening to you, other students or healthcare staff. In this instance, the student is to be immediately removed from the healthcare environment and the SNM Unit Coordinator will initiate a PEP risk management assessment.

**Policies, Guidelines and Procedures that Guide PEP**

Professional experience Facilitators must become familiar with these policies, guidelines and procedures. Contact the SNM PEP Operations Manager whenever you require clarification or interpretation of the contents.

• UTAS Work Integrated Learning Policy

• UTAS Safe to Practise Policy

• Health Science Infectious Diseases Guidelines and Procedures

• Health Science National Police Record Check Guidelines and Procedures

• Health Science Code of Ethical and Professional Conduct

• Infection Control Student and Staff Guide

Prior to undertaking PEP, students must successfully meet all requirements of the:

• SNM Student Regulatory Compliance Procedure; and
• **SNM Safety in Practice Agreement.**

**School of Nursing and Midwifery Guidelines and Procedures**

The additional Guidelines and Procedures that inform decision making processes specific to the SNM are:

• **Assessment Guidelines**

• **SNM Professional Experience Placement Risk Management Procedure**

• **Communication Guidelines**

• **SNM Social Media Guidelines**

**Student Practice Guidelines**

**Students in practice**

1. A student must not be substituted for an RM at any time and they cannot be counted as part of the establishment when on unpaid practice.

2. Students must carry their name badge at all times. Name must be bold and displayed in a prominent place unless this contravenes Healthcare Agency policy.

3. If a student is unwell, they must contact and inform the healthcare environment prior to commencement of the shift.

4. Students must present all necessary documentation on request. For example, immunisation record card and criminal history record certificate.

5. Refer to specific unit outlines to determine scope of practice of student midwives and the PEP part of their assessment. Please follow the **ANMC Midwifery Practice Decisions Summary Guide.** Students will also be restricted by Healthcare Agency protocol.

**Who Provides Support to Professional Experience Facilitators?**

**Academic Progress** The GDMid Coordinator is your direct point of contact for support and guidance for the duration of the students’ PEP.

**Procedural Advice and Guidance** The SNM PEP team:

- Academic Coordinator of PEP
- PEP Operations Manager
- PEP Administrator

**Facilitation Resources**

The following resources are located in the Appendices of this booklet:

1. LINC Orientation Guide

2. Student LINC Orientation Questionnaire
These two resources can all be adapted to suit the requirements of different healthcare environments.

3. SNM Professional Experience Facilitator Evaluation Form
   This form must not be altered.

**Professional Experience Placement Emergency Contact**

The Unit Coordinator of each professional experience placement unit is available for contact for the duration of students’ placements. Contact details are provided to individual healthcare providers.

**References**


APPENDICES

Appendix 1   LINC Orientation Day Guide

☐ Welcome and plan for the session.

☐ Introductions of each other and self. Eg: background of work experience and previous placements.

☐ Contact details, emergency practice phone.

☐ Welcome Questionnaire: gain further information about students that they may not want to share in the group.

☐ Professional issues: Uniform, punctuality, confidentiality, role identification, respect for staff and women and their families, knowledge of and adherence to legal requirements and social networking.

☐ What their expectations of me are as a facilitator?

☐ What are my expectations of them as students?

☐ Plan for recruitment: discuss time management development, woman centered care responsibilities and how you will be working with students one to one or in small groups.

☐ PEP portfolio and understanding of satisfactory grade and competency development, when will this occur.

☐ Formal and informal debriefing sessions.

☐ Things students want to learn and practice i.e. learning objectives, communication skills, documentation and time management.
Appendix 2  

Student LINC Orientation Day Questionnaire

CNA 625 Childbirth and Early Parenting

Semester: ..........
Year: 201....

Student Name: ...........................................................................................................................

Contact Phone Number: .........................................................................................

Email: ............................................................................................................................... 

Why did you choose midwifery as a career?
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Where have you previously been worked? (Type of environment)
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What are two aspects of your upcoming PEP that worry you the most? Why?
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Choose four words that best describe you and briefly explain each.
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2. ........................................................................................................................................
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3. ........................................................................................................................................
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4. …………………………………………………………………………………………………………………………………………

What are some of the areas/locations in midwifery that interest you?
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Where do you see yourself in five years?
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Do you have any work/family commitments that may impact on you attending practice?
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When you get a new electronic item, are you the type of person to:

☐ Read the manual or
☐ Fiddle with the knobs/ press the buttons or
☐ Ask another for help

Do you have any further information that would be useful to the PEF to assist you’re your progression in practice.
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Appendix 3  

PEP Facilitator Evaluation Form

Graduate Diploma of Midwifery

Semester: ..........  Year: 201...

This evaluation form is confidential and the information collected will help formulate feedback to the professional experience facilitators regarding their interaction with students in practice.

Professional Experience Facilitator’s Name: .................................................................

1. They demonstrated enthusiasm in the professional experience teaching role.

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<th>Strongly Agree</th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>Strongly Disagree</th>
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<td>Comments:</td>
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2. They communicated in a manner that displayed respect for you as the student.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>1</th>
<th>2</th>
<th>3</th>
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3. Feedback regarding practice was timely and specific.

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4. They encouraged development of your knowledge, skills, attitudes and behaviours and assisted you to link theory to practice.

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1/2
5. Information regarding progress was treated with confidentiality and respect.

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6. They provided helpful guidance in overcoming problems associated with your placement/learning.

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7. The time spent with your Professional Experience Facilitator was educational and beneficial to your development.

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Please provide additional feedback:

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