GRADUATE DIPLOMA OF MIDWIFERY

PROFESSIONAL EXPERIENCE PLACEMENT INFORMATION BOOKLET
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ACRONYMS AND DEFINITIONS

ANMC  Australian Nursing and Midwifery Council
DHHS  Department of Health and Human Services
FH    Faculty of Health
SHS   School of Health Sciences
GDMid Graduate Diploma of Midwifery
LINC  Learn, Involve, Nurture and Connect
NMBA Nursing & Midwifery Board of Australia
PEP   Professional Experience Placement
RM    Registered Midwife
NM    Nursing and Midwifery
UTAS  University of Tasmania

"academic coordinator of PEP" is the SHS academic member of staff who has overall responsibility for the development and implementation of professional experience placement procedures.

"Graduate Diploma of Midwifery coordinator" is the SHS academic member of staff who has responsibility for the operation of all teaching and learning components of the GDMid program.

"clinical facilitator/educator" is employed by the healthcare facility to teach, facilitate and generally oversee students' PEPs.

"direct supervision" means that the activity undertaken by the student is totally monitored by a registered midwife.

"health care agency" is any hospital, clinic or other community health care provider that makes available professional experience places for students of nursing.

"LINC Program" is the continuity of care program designed for developing an understanding of woman-centred midwifery practice.

"preceptor" is a registered midwife employed by the health care agency who is educationally prepared to undertake supervision of students of midwifery during PEP.

"professional experience placement" is an external clinical placement opportunity provided to students throughout the GDMid program.

"professional experience placement coordinator" is the SHS administrative member of staff who has responsibility for all administrative processes relating to professional experience placements.

"registered midwife" is a health care worker who has professional registration with the Nursing & Midwifery Board of Australia.

"stakeholder" is the term for persons effected by or participating in PEPs.

"student" is a person who is currently enrolled in the Graduate Diploma of Midwifery course at the University of Tasmania.
INTRODUCTION

This booklet provides information relating to PEPs for staff of the SHS, postgraduate midwifery students, and health care agency staff.

Implementation and Dissemination

To aid implementation and to ensure all stakeholders receive concise information relating to their area of responsibility, the following features have been included within the web function of the document.

Links are provided within the document to:

- Federal and state legislation;
- UTAS policies and procedures;
- Peak community health care profession policies and codes;
- SHS related forms for students; and
- Checklists that explicitly relate to different stakeholders’ areas of responsibility.

The SHS undertakes to disseminate relevant policy and procedural information to ALL stakeholders involved in PEPs.

CONTACT DETAILS FOR KEY SHS STAFF

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SHS ADMINISTRATION

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CLINICAL EDUCATION IN THE GRADUATE DIPLOMA OF MIDWIFERY PROGRAM

The professional experience education curriculum of the GDMid aims to graduate safe beginning level registered midwives who have developed an ability to consistently apply a substantive framework of knowledge and skills pertinent to caring for women and their families in a variety of health care locations.

Student PEP occurs in accordance with the following:

1. Students must be a registered nurse with a current practicing certificate, and be physically and psychologically able to undertake the key assessment items of each midwifery practice unit.
2. Students must complete a Safety in Practice Agreement prior to the commencement of each professional experience placement.
3. PEPs are determined by health care agency agreements, the availability of appropriate teaching sites and availability of clinical facilitators and preceptors.
4. Participation in the LINC program and follow through experiences are arranged by the student and LINC Coordinator in both first and second year, in accordance with the specific follow through guidelines and requirements.
5. Practice requirements in first year are in a supernumerary capacity. Students liaise with practice to arrange times and are required to wear their university identification badge to all PEPs (including follow through experiences).
6. Student placement for second year is arranged as part of the application process and is a condition of offer. Students are in paid practice in second year and therefore need to comply with contract arrangements with the employing healthcare facility.

PEP for Student Midwives

PEP will commence in 2nd semester, first year with rostered PEP at 0.5FTE for 29 weeks. This is supernumerary and unpaid.

In second year, students commence a period of 40 weeks salaried practice at 0.5FTE from first semester, second year until the end of second semester, second year to enable them to obtain sufficient PEP to achieve competence as a beginning midwifery practitioner, thus meeting the ANMC National Competency Standards for the Midwife prior to being eligible for graduation.

PEP is introduced in second semester of first year to enable students to gain foundational midwifery knowledge prior to entering clinical practice. This also provides a greater opportunity for second year students to finalise recruitment of women for the LINC continuity of care program during first semester of their final year.

Completion of the PEP Portfolio is essential. PEP hours are tabled on the following page. These are reviewed at each interview, to ensure the student is meeting the requirements prior to completion of Semester 2 Year 2 for ANMC Registration.

PEP will be arranged to cover the following areas:
• Antenatal care including clinic, community visits and inpatient hospital care
• Labour and birthing care, hospital
• Postnatal care – in hospital and at home
• Special Care Nursery
• Community Midwifery – Extended Midwifery Service

During the program students will also have the opportunity to gain experience with the following dimensions of care:
• Team Midwifery or Know your Midwife Schemes
• Shared Care
• Midwives Clinic
• Perinatal High-Risk Clinic
• Young Women’s Antenatal Clinic
• Lactation Consultant Specialist Care
• Parent craft Education
• Sexual Health
• Family Planning
• CU at Home
• Child Health & Parenting Service

It is envisaged that students will gain experience working alongside an independently practicing midwife although this is unable to be guaranteed due to the small number of midwives working this way at:
• Private Midwifery Practice
• Birth Centre Care

Students may gain experience at:
• Infertility and Colposcopy Clinics (optional)

Eighty unspecified hours will be offered in the final semester. Students will be placed according to individual learning needs, in locations that are determined through consultation between the student, the clinical facilitator and the course coordinator.

Clinical facilitators are responsible for the development and review of the preceptorship model used to support students in their specific practice venue. Preceptorship models are reviewed annually to ensure that they remain student centric by providing a supportive learning environment with the best possible utilisation of midwifery staff.
The LINC Program – Learn, Involve, Nurture and Connect

Information

One of the clinical requirements of the Graduate Diploma of Midwifery is that each student (you) provide continuity of care for 20 women. You are expected to spend a minimum of 20 hours with each woman. To achieve this clinical requirement you will need to recruit women early in their pregnancies, before the 20th week, and follow them through to their six week postnatal check, providing care *under appropriate supervision at all times*, whether in rostered, unrostered, paid or unpaid time. Supervision may be provided by an experienced midwife, general practitioner or obstetrician, depending on the model of care chosen by each woman. You are not authorised to offer any midwifery advice or care to women outside the professional context of your work. If you are asked for advice, counselling or assistance you must refer the woman appropriately - for example, to a midwife, doctor or allied health professional.

The continuity of care women must be receiving care from the healthcare provider at which you are undertaking your PEP, with the exception of women choosing a home or free-standing birth at a birth centre (see below). Please supply the LINC Coordinator with each continuity of care woman’s name and her date of birth, expected date of birth for child, name of private healthcare provider (if being utilized) and birth venue for verification and notification purposes.

Independently practicing midwives in each area have offered to support students on the LINC Program. Although it cannot be guaranteed, it is hoped that each student will have the opportunity to work with a woman choosing a home or free-standing birth at a birth centre under the supervision of a privately practicing midwife.
Philosophy

The continuity of care LINC Program has been planned so that you develop an understanding of woman-centred midwifery practice. Research has demonstrated that a caring and continuous relationship between the woman and the midwife and other healthcare providers leads to a satisfying birthing experience. Effective communication between the woman and her care providers promotes our understanding of pregnancy and birthing from the family’s perspective, thereby informing us so that we can provide the best care for each woman.

During this program you will undertake to negotiate with twenty women and their families to journey alongside them throughout pregnancy, labour, birth and early parenting experience.

Journeying alongside the woman means “the ongoing midwifery relationship between you (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” (ACM, 2006).

The LINC Program provides you with rich learning opportunities within supported practice as outlined below:

Learn: You learn from the women you are journeying with as well as from the midwives and other health professionals involved in providing maternity care. As well as learning midwifery knowledge and skills, you learn about yourself in the professional context of midwifery, in order to provide woman-centred care which is culturally appropriate.

Involve: Within the continuity of care experiences you have the opportunity to be closely involved with women and their families. This provides you with insights into women’s’ lives that can assist in informing your developing midwifery philosophy and practice. As you progress towards more autonomous practice the relationships already formed will assist you to appreciate the role of other professionals in the care of women and their babies. This is important when the need for consultation with peers and referral to other health professionals arises, so that timely and appropriate care is provided for women and their families.

Nurture: An important aspect of midwifery care is the ability to nurture, not only those for whom we care, but also ourselves and our colleagues. The LINC Program Coordinator provides a supportive role for you as you undertake this program, with regular contact, feedback and advice. The LINC Coordinator recognises the importance of professional boundaries within midwifery practice and will assist you to manage your continuity of care experiences in a professional and caring manner.

Connect: The LINC Program connects you with women and their families and provides opportunities for you to experience continuity of care with women, regardless of the model of care being utilized. Connection with midwives and other health professionals provides you with the opportunities to appreciate the delivery of safe and effective maternity care through a multidisciplinary approach.
Selection of Women

1. You are required to enlist and care for twenty (20) pregnant women over the course of the LINC Program. You will need to enlist twelve (12) women in first year and eight (8) in second year.

2. Women can be receiving regular antenatal care in any setting.

3. Relatives are excluded as follow-through experiences for you.

4. A caution exists with regard to including friends in the LINC Program. Please discuss with the LINC coordinator if you are intending to recruit a friend.

5. The women selected can be using different models of care delivery, for example ‘team’ or ‘know your midwife’ scheme, private obstetrician/midwife, midwives clinic or shared care.

6. You must supply women with information about the continuity of care experience and of their ability to withdraw from the arrangements at any time.

7. The women must give their verbal consent to be part of the midwifery LINC Program.

Objectives

At the completion of this program you will be able to:

- Explore issues about the realities of pregnancy, labour, childbirth and early parenting from the perspective of the woman and her family.

- Demonstrate an understanding of how midwifery theory supports woman-centred care.

- Demonstrate your ability to provide woman-centred care throughout the childbearing and early parenting periods.

- Evaluate your care from the perspectives of the woman, her family, the midwife and other health care professionals.

Consent: You will need to give women participating in the follow-through experience the information sheet prior to their agreement to participate in the program. Their informed (verbal) consent to be involved in this clinical follow-through needs to be obtained. Women may withdraw from the Program at any time and this must be respected.

You will need to make regular contact with your continuity of care women and provide care at as many antenatal care visits as possible (minimum of three). You may also attend educational sessions and monitoring or screening procedures. You are required to attend the women during labour and birth as a student midwife providing midwifery care with the women’s consent.

Continue contact with the women post-natally providing midwifery care (including domiciliary visits) as appropriate. Liaise with your continuity of care women and attend the Child Health and Parenting Service (CHAPS) visits and the final postnatal check (usually at 6 weeks with the woman’s GP). If you are unable to attend the CHAPS visit or final postnatal check, you will need to contact the LINC Coordinator. The midwife/woman relationship needs to be formally completed in a timely manner. This can occur at the final postnatal check. Any further contact needs to be arranged on an informal basis.
Please keep a summary record of your encounters with each woman on separate documents – i.e., one sheet for each woman. Use the Continuity of Care Contact Record sheets provided especially for this. Note whether visits are in your own time, rostered unpaid or paid time. The Continuity of Care Contact Record Sheet will need to be signed by the midwife or doctor in attendance at the antenatal care sessions, the birth, and postnatal visits (including the final postnatal check), the midwife or nurse at the CHAPS visit and verified by the clinical facilitator prior to submission. Failure to provide the requested documentation will result in failure of the unit CNA689 or CNA623. The amount of time spent with each woman will vary depending on her needs, but you should plan to devote approximately 20 hours to each case study. Please remember to document the time you spend on the woman’s care sheet.

Regular contact with the LINC Coordinator will provide consistent, regular and ongoing evaluation of your learning throughout the Program. You will need to provide to the LINC coordinator evidence of your contact with the women you are following as well as your reflections on the experiences you have encountered.

During semester two of first year you will need to find a minimum of twelve (12) appropriate ‘normal’ or ‘low’ risk women, willing to participate in the continuity of care experience. The LINC Coordinator and the facilitators/educators from each practice venue will assist you to select women suitable for continuity of care. You will need to find women early in their pregnancies, before the 20th week, and follow them through to their six week postnatal check. Recruitment continues over the semester and into second year. In second year you are required to recruit a minimum of eight women to follow through. You are expected to participate in the midwifery care for the continuity of care experiences under appropriate supervision, whether in paid or unpaid work time. In second year you are expected to be fully involved in providing midwifery care with appropriate supervision.

Documentation

When documenting these experiences imagine you are the midwife providing the total care for these women but under the supervision of a registered midwife or doctor. Documentation includes the information required for professional and statutory requirements. This includes:

- A complete physical and maternal history
- General wellbeing of the woman (social, emotional, physical).
- The relevant investigations/observations/medications she has undertaken or is to undertake as required by or offered to the women and their newborn infants (give reasons for all).
- Her needs in regard to pregnancy, childbirth/parenting education and response to information.
- Observations of pregnancy, birth and postpartum.
- Her transition to mothering and her partner’s to parenting
- Involvement of her family members or significant others.
- Any deviations from normal.
- Any other relevant information that you may consider important for example, changes in: relationships, housing, economic status, and lifestyle.
- Her expectations and experiences of pregnancy, labour birth and early parenting.
• An overall reflection and critical analysis of your experience with the each woman – including key learning and/or challenges from each experience that has contributed to your development as a midwife.

Records
You must:

• Keep all information confidential – avoid identifying information in case study write-ups and record sheets.
• Keep all written information in a secure place.
• Please use a separate record sheet for each woman.
• Record the date and time you spend at each visit (or phone calls/emails) and have sessions signed off by the healthcare provider at antenatal care appointments, birth and postnatal visits including the CHAPS visit and the final postnatal check.
• As these continuity of care experiences are part of the required clinical hours for the Graduate Diploma of Midwifery you will need to forward each woman’s name and date of birth, the expected date of birth, name of private healthcare provider (if being utilized) and the chosen venue for birth to the LINC Coordinator for verification and notification purposes.
• Copies of your signed and verified continuity of care sheets need to be given to the LINC Coordinator as each experience is completed. Record sheets need to be verified by the clinical facilitator prior to submission.

To successfully complete the LINC Program, each woman’s details must be provided to the LINC Program Coordinator on recruitment.

A completed signed and verified record sheet must be submitted for each woman at the completion of each experience.

A total twenty continuity of care experiences must be completed during the Graduate Diploma of Midwifery, with twelve (12) experiences occurring in the first year and eight (8) occurring in the second (final) year of the course.

Students in second year need to be fully involved in providing midwifery care with appropriate supervision.

Assessment
The LINC Coordinator will provide you with consistent, regular, ongoing evaluation throughout the Program. Specific assessment requirements are contained in the Unit Outlines.
CODE OF CONDUCT DURING PEP

When undertaking PEP, SHS midwifery students are expected to abide by University of Tasmania rules under, University Ordinance 9; adhere to the Faculty of Health Code of Professional and Ethical Conduct; and demonstrate the behavioural practice of health care professionals in accordance with the:

Australian Nursing and Midwifery Council:

- Code of Ethics for Midwives in Australia 2008;
- Code of Professional Conduct for Midwives in Australia 2008; and
- A Midwife’s Guide to Professional Boundaries 2010

The Code of Ethics focuses on the ethics and ideals of the profession, whilst the Code of Professional Conduct identifies the minimum requirements for practice in the profession and focuses on the clarification of professional misconduct and unprofessional conduct. The Midwife’s Guide to Professional Boundaries is designed to be read in conjunction with the Code of Ethics and the Code of Professional Conduct and has been developed to assist midwives manage the sometimes challenging area of professional boundaries when caring for woman and their families during the childbearing experience. These Codes and guide, together with the ANMC National Competency Standards for the Midwife 2006 provide the framework for midwifery practice in Australia.

The following excerpts from the ANMC codes, guide and the UTAS Rules for Misconduct and Discipline provide clear guidelines for student conduct during professional experience placement.

ANMC Code of Ethics for Midwives in Australia

The purpose of the Code of Ethics for Midwives in Australia is to:

- identify the fundamental ethical standards and values to which the midwifery profession is committed, and that are incorporated in other professional midwifery codes and standards for woman-centred midwifery practice;
- provide midwives with a reference point from which to reflect on the conduct of themselves and others; and
- indicate to each woman receiving midwifery care and her family, colleagues from other professions, and the Australian community generally the human rights standards and ethical values they can expect midwives to uphold and guide ethical decision making and midwifery practice.

(ANMC Code of Ethics for Midwives in Australia 2008, p.3)

The Code of Ethics contains eight broad value statements, each with a number of Explanatory Statements provided to assist in the interpretation of the value statements. Midwifery students are encouraged to use these statements as a guide in reflecting upon the degree to which their practice demonstrates those values.
**Code of Ethics Value Statements**

1. Midwives value quality midwifery care for each woman and her infant(s).
2. Midwives value respect and kindness for self and others.
3. Midwives value the diversity of people.
4. Midwives value access to quality midwifery care for each woman and her infant(s).
5. Midwives value informed decision making.
6. Midwives value a culture of safety in midwifery care.
7. Midwives value ethical management of information.
8. Midwives value a socially, economically and ecologically sustainable environment and promoting health and wellbeing.

**ANMC Code of Professional Conduct for Midwives in Australia**

The [Code of Professional Conduct for Midwives in Australia 2008](#) is a set of minimum national standards of conduct for midwives. Midwives have a responsibility to the individual, society, and the profession to provide safe and competent midwifery care which is responsive to individual, group and community needs, and the profession.

**Code of Professional Conduct Provisions**

There are Explanatory Statements for all provisions of the Code of Professional Conduct which clarify the meaning and scope of operation of each provision listed below. To act in accordance with the Provisions of the Code of Professional Conduct, a midwife must adhere to the following:

1. **Midwives practise competently in accordance with legislation, standards and professional practice**
   - Midwives practise in a safe and competent manner.
   - Midwives practise in accordance with the standards of the profession and broader health system.
   - Midwives practise and conduct themselves in accordance with laws relevant to the profession and practice of midwifery.
   - Midwives respect the dignity, culture, values and beliefs of each woman and her infant(s) in their care and the woman’s partner and family, and of colleagues.
   - Midwives treat personal information obtained in a professional capacity as private and confidential.
   - Midwives provide impartial, honest and accurate information in relation to midwifery care and health care products.

2. **Midwives practise within a woman-centred framework**
   - Midwives focus on a woman’s health needs, her expectations and aspirations, supporting the informed decision making of each woman.
   - Midwives promote and preserve the trust and privilege inherent in the relationship between midwives and each woman and her infant(s).
• Midwives maintain and build on the community’s trust and confidence in the midwifery profession.

3. Midwives practise midwifery reflectively and ethically

• Midwives practise midwifery reflectively and ethically.

(ANMC Code of Professional Conduct for Midwives in Australia 2008, p. 2)

ANMC A Midwife’s Guide to Professional Boundaries

A Midwife’s Guide to Professional Boundaries 2010 has been developed to assist midwives in recognising and negotiating personal and professional boundaries when caring for women and their families, regardless of the maternity setting in which they work. This Guide encourages reflection and discussion around professional boundaries, with the ultimate aim of protecting women and their families. The guide explores the differing degrees of possible involvement and where therapeutic relationships occur within this range.

This guide is to be read in conjunction with the Code of Ethics for Midwives in Australia and the Code of Professional Conduct for Midwives in Australia. It is important that students are cognisant with this guide, especially when undertaking the follow through experiences.

University of Tasmania Rules for Misconduct and Discipline

University of Tasmania rules and procedures for addressing cases of general misconduct are listed under Ordinance No. 9 Student Discipline. The following excerpt from Ordinance No. 9 is relevant to professional experience placement and provides examples of general misconduct and possible disciplinary action relating to risk of injury to self or others, occurrence of damage to property or continued disruption to others.

2.1. Acts of general misconduct

2.1.1 A student commits an act of general misconduct if the student:

(a) fails to comply with a reasonable direction of a member of staff of the university, given in order to ensure the safety of any person, the preservation of any property or the maintenance of good order; or

(b) breaches an ordinance or the university’s rules; or

(c) harasses or discriminates against any person on university premises; or

(d) obstructs or interferes with the proper use of any of the facilities, resources or equipment of the university by any student or staff member or any other person duly authorised to use the facilities, resources or equipment; or

(e) disrupts or causes unreasonable interruption to a lecture, tutorial, or any other form of teaching, learning or research activity.
Withdrawal from PEP

A student may be withdrawn from PEP, in accordance with SHS Assessment Guidelines, by the SHS Academic Coordinator of PEP in consultation with the relevant Unit Coordinator in situations where:

1. The student has committed an act of misconduct as defined under University Ordinance 9.
2. The student’s behaviour has breached the professional conduct, discipline requirements or other rules of the PEP provider.
3. The student is consistently unable, after due guidance and instruction, to perform at the required standard as assessed by supervising university or PEP facilitators/preceptors.
4. The student has contravened PEP rules.
5. The student’s performance in practice is below a satisfactory standard in relation to the competency requirements.
6. The student’s behaviour is disrupting other students, colleagues or people in the practice setting.
7. There is an increased risk of injury or misadventure involving the student or others.

The student must be withdrawn from placement via the Professional Experience Placement Risk Management Procedure.

Social Media Guidelines

The University has strict Social Media Guidelines for staff and students engaging in online communication via:

1. Services that are centrally managed and supported by UTAS.
2. Services that are not centrally managed and supported by UTAS.
3. External social media services or applications.

All UTAS staff and students should read and clearly understand the Social Media Guidelines prior to engaging in online communication.

Hints for Using Social Media

1. Personal use of external social networking services:
   - Content published on external social networking services in a private capacity by UTAS staff and students may be publically available on a permanent basis. Users therefore need to clearly indicate that the contribution is as a private individual and not as a representative of UTAS.
   - Always remember that, once content is published online, no control can be exercised over how this content is used or modified or where it may become available.

2. Responsible practice:
   - Being impartial and professional.
• Participating and editing other contributor's work with respect and sensitivity.
• Explaining why edits were made to other contributor’s work.
• Signing and dating contributions and edits.
• Protecting personal privacy and that of others by not including identifiable personal information (such as full names, email addresses, private addresses or phone numbers).
• Being positive, polite and giving constructive feedback to other contributors.
• Keeping comments relevant to the issues currently being discussed.
• Saving contributions and edits in format and/or location before posting, in case of technical glitches.
• Using inclusive language.

3. Irresponsible practice:
• Deleting or damaging the contributions of others.
• Infringing copyright or intellectual property rights.
• Posting confidential or proprietary information.
• Using insulting, provocative or hateful language or posting offensive, obscene, inflammatory, demeaning, defamatory, threatening or libellous comments.
• Posting multiple versions of the same view.
• Pretending to be someone else when posting comments and content.

Irresponsible use of social media by a student is addressed under Ordinance No. 9 Student Discipline.

Useful Links:  Social Media Guidelines for Nurses  Royal College of Nursing Australia

Social Media and the Medical Profession - A guide to online professionalism  Australian Medical Association
PROCEDURE CHECKLISTS FOR PEP STAKEHOLDERS

PEPs involve a number of stakeholders, each with responsibilities for ensuring the occurrence of optimal learning experiences within a safe, professional working environment. It is important that each stakeholder is aware of what is expected of the SHS, health care agency, clinical facilitator/educator, preceptor and student.

The School of Health Sciences has the responsibility to:

☐ Formalise PEP agreements with health care agencies to ensure that placement arrangements include all components listed in the UTAS Workplace Integrated Learning Policy.

☐ Provide the health care agency with:
  ☐ Contact details for the coordinator of the Graduate Diploma of Midwifery;
  ☐ Contact details for an SHS administrative staff member;
  ☐ All SHS documents relating to professional experience practice and placement;
  ☐ A process for discussing the student’s PEP evaluation.

☐ Provide clinical facilitators and preceptors with:
  ☐ Copies of the clinical Experience Record where relevant;
  ☐ Course and unit outlines, which clearly state PEP learning and assessment procedures;
  ☐ Notice of any students requiring individual support; and
  ☐ A list of names of students attending PEP.

☐ Ensure adequate communication between the student, unit coordinator and facilitator in the lead up to and during PEP.

☐ Provide all stakeholders with the SHS Communication Guidelines for the resolution of issues relating to academic progress that occur during placements.

☐ Confirm placement numbers and arrangements with the health care agency at least one month prior to students beginning placement.

☐ Ensure that academics, who are registered midwives, act according to their obligations under the Code of Professional Conduct for Midwives in Australia (ANMC 2008) and the Guidelines for Mandatory Notifications (NMBA 2010) in the occurrence of any unsafe practice by a student.

The Health Care Agency has the responsibility to:

☐ Implement the arrangements identified within the UTAS/Agency Work Integrated Learning Agreement or Memorandum of Understanding.

☐ Provide students with orientation to their workplace (including any special conditions).
Aim to provide professional experience practice learning opportunities that relate to the students’ course of study.

Provide the required level of supervision and guidance for students on placement.

Where applicable, provide a mechanism for academic staff to liaise with registered midwives for the purposes of clinical assessment, feedback and preceptor mentoring.

Clinical Facilitators/Educators have the responsibility to:

- Comply with the Nursing and Midwifery Board of Australia approved codes and guidelines.
- Abide by the ANMC Decision Making Framework 2010, when delegating to midwifery students.
- Work collaboratively with the SHS GDMid Coordinator.
- Become familiar with the PEP learning objectives and assessment procedures listed in the course and unit outline.
- Become familiar with student Clinical Experience Record and other attendance sheets.
- Sign off student Attendance Sheets.
- Assist students in accessing women for the follow through experiences which provide a safe learning experience that is relevant to their course learning objectives.
- Role model professional practice behaviour in accordance with the principles and rules identified within the ANMC Code of Professional Conduct for Midwives in Australia (2008). Provide constructive, timely guidance and professional feedback to students to assist in their development during placement.
- Assist students to critically reflect upon clinical learning experiences in order to facilitate learning.
- Provide accurate, realistic and fair assessment of student performance.
- Conduct debriefing sessions on a regular basis during student placement.
- Complete all review of student clinical work and assessment documentation in a timely manner.

Students have the responsibility to:

- Complete an SHS Safety in Practice Agreement prior to professional experience placement.
- Become familiar with the professional experience learning objectives and assessment procedure listed in their unit outline and clinical experience record.
 Become familiar, and act in accordance with the health care agency’s policies and procedures in relation to the Workplace Health and Safety Act 1995, in particular:

- Occupational Health & Safety; and
- Harassment & Discrimination.

Adhere to the individual health care agency’s guidelines as they relate to personal presentation.

Exhibit professional behaviour, in accordance with the principles and rules identified within the Code of Conduct in PEP of this booklet, and be accountable to self, the patient/client, the preceptor, the midwifery profession and the health care agency.

Discuss the implementation of any individual support requirements with clinical facilitators/educators and preceptors.

Be proactive in identifying learning opportunities relevant to the learning objectives of their unit and seek sign off on completed practice requirements in a timely manner.

Be familiar with and undertake practice in accordance with the ANMC Midwifery Practice Decision Making Framework 2010.

Receive constructive guidance and professional feedback from clinical facilitators/educators and preceptors in a professional manner.

Critically reflect upon their own performance in order to optimise all learning experiences.

Maintain self-motivation, employ stress management techniques and ensure adequate rest is taken (Seek support from UTAS Student Services if required).

Notify the appropriate people when unable to attend placement.
SAFETY IN PRACTICE AGREEMENT

The SHS aims to ensure that midwifery students are afforded quality clinical placements, and are not discriminated against whilst on placement. Some students may have extenuating circumstances which require accommodating through the development of individual strategies. The University also has to ensure that any student on placement does not present a potential threat to the health or wellbeing of patients, health care agency staff and the general public.

In order to assist the SHS to meet its duty of care obligations and for midwifery students to be aware of their rights and responsibilities, students are required to read, complete and sign a Safety in Practice Agreement Form. Where required, the Coordinator of the GDMid will discuss and negotiate with individual students any additional arrangements and support that may be needed, and then also sign the agreement.

IMMUNISATION REQUIREMENTS FOR STUDENTS

The Faculty of Health Infectious Disease Guidelines and Procedures provides direction related to infectious diseases and immunisation protocols for students undertaking professional experience placements in health care settings. The onus to comply with the Guidelines rests solely with the students, who will be required to sign a declaration that states they have both read and understood the Guidelines and comply with the SHS Immunisation Requirements. The student declaration form must be completed before the students will be permitted to commence professional experience placement.

POLICE RECORD CHECKS

The SHS has clear duty of care obligations to all people involved in PEPs in health care agencies. The University requires students to undertake a police record check as a condition of enrolment in the GDMid program. Students who do not provide their current original National Police Certificate to the PEP Coordinator for sighting will not be able to undertake PEP which commences with the follow through program in first semester, first year.

Students are therefore required to undertake a national police history record check once they receive an offer to ensure they can meet the enrollment conditions. Full details of the criminal history record check procedure and forms can be accessed from the PEP website.
CONFIDENTIALITY

SHS students will be exposed to confidential clinical records and discussions relating to patient/client care. This information must not be divulged or discussed in any manner that does not relate directly to that person’s care. Breaches of confidentiality are subject to legal action. Some health care agencies will require students to sign a declaration that they will ensure confidentiality is maintained. The SHS supports and approves of this process where required. Furthermore, all students are required to read and sign a Safety in Practice Agreement form, which outlines information related to confidentiality.

Students have the responsibility to ensure confidentiality of information, including patient, staff and other. Students must also take care to ensure the anonymity of clients/patients when writing notes, episodes of practice and any other document produced as part of their course. Please refer to the UTAS Social Media Guidelines, the Faculty of Health Social Media Guidelines and also Social Media and the Medical Profession – A guide to online professionalism for medical practitioners and medical students which contains information pertinent to midwifery professionals and students.

The responsibility for ensuring confidentiality is clearly identified in the following conduct statement and explanation from the ANMC Code of Professional Conduct for Midwives in Australia 2008, p.5

**Conduct Statement 5**

*Midwives treat personal information obtained in a professional capacity as private and confidential*

Explanation

The treatment of personal information should be considered in conjunction with the Guidelines to the National Privacy Principles 2001, which support the Privacy Act 1988 (Cwth). Many jurisdictions also have legislation and policies relating to privacy and confidentiality of personal health information including midwifery care records.

1. Midwives have ethical and legal obligations to treat personal information obtained in a professional capacity as confidential. Midwives protect the privacy of each woman, her infant(s) and family by treating the information gained in the relationship as confidential, restricting its use to professional purposes only.

2. Midwives where relevant, inform a woman that in order to provide competent midwifery care, it is necessary for the midwife to disclose to collaborating colleagues information that may be important to their professional decision making.

3. Midwives where practicable, seek consent from each woman or her representatives before disclosing information. In the absence of consent, midwives use professional judgement regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing, health and safety of each woman and her infant(s). Midwives recognise they may be required by law to disclose certain information for professional purposes.
STUDENT REGISTRATION

A National Law, the ‘Health Practitioner Regulation National Law Act 2009’ came into effect on July 1st 2010. Ten health professions, of which nursing and midwifery is one, are now regulated by a consistent piece of legislation. As a result, from March, 2011, all students will be included in the national scheme for registration. This means that undergraduate students of nursing will be registered as students within their first year of the course prior to undertaking any PEP. It is important to note that the Australian Health Practitioner Regulation Agency (AHPRA), under the national law, requires mandatory notification by Education Providers about nursing and midwifery students:

1. *Whose health is impaired to such a degree that there may be risk to the public*
2. *Who have been found guilty of an offence punishable by 12 months imprisonment or more* (Australian Health Practitioner Regulation Agency, Fact Sheet: Student Registration, [www.ahpra.gov.au](http://www.ahpra.gov.au)).

Please access the AHPRA website as listed above for further information about your obligation as a student.

UNIFORM REQUIREMENTS AND ESSENTIAL EQUIPMENT

Students on *unpaid* supernumerary PEP are required to adhere to a professional dress code. Students must wear UTAS polo top and slacks and an identification badge at all times whilst in the PEP environment. The identification badge consists of a UTAS student photo ID card placed in a clear plastic sleeve.

Uniform and hospital ID badge are to be worn by students undertaking PEPs in the GDMid program whilst in *paid* PEP during second year, as outlined by the healthcare facility.

Students are required to take record sheets &/or the Clinical Experience Record to PEPs as appropriate.

- Mobile phones can only be used in accordance with the relevant health care agency policy.

PEP ATTENDANCE

**Attendance Requirements**

The attendance requirement for PEPs is set at 100% to ensure that students have optimum exposure to the learning environment. Minor variation to practice attendance may be negotiated in situations where students are experiencing extreme extenuating circumstances. The SHS is also aware that students attending PEP whilst severely ill may pose risk of infection to patients and also place colleagues and themselves at risk.

Students’ Attendance Sheets for the parent craft classes, antenatal care sessions and follow through experiences must be signed by the healthcare providers at the time of attendance and verified by the clinical facilitator/educator prior to submission.

**Missed Attendance**

In the event of being unable to attend a placement, the student has the responsibility to:
Notify the health care agency administration office prior to the commencement of the shift to be missed. The clinical facilitator/educator should also be notified as soon as it is reasonably possible.

**Completing a Period of Missed Attendance**

An allowance of up to ten days sick leave is incorporated into the clinical hours. Extensive sick leave/absence will need to be made up to meet the course clinical requirements. This will be negotiated with the facilitator/educator, healthcare manager, student and the course coordinator.

**ACCIDENTS OR INJURIES ON PEP**

The University of Tasmania’s Student Insurance program provides public liability and personal accident cover for SHS students participating in clinical placements. Health care agencies have obligations to students under the Work Health and Safety Act 2012. Students on placement should act in accordance with the individual agency’s workplace policy and procedure in the event of an accident or injury occurring.

In the event that a student experiences accident or injury while on Professional Experience Placement the student must follow the incident/injury reporting procedures within the particular workplace and ensure the incident/injury has been reported as soon as practicable to the Placement Coordinator and Unit Coordinator. The student must complete a University of Tasmania Online Incident Record.

The following procedure will then occur:

- The SHS Unit Coordinator will forward a copy to the SHS Academic Coordinator of PEP and SHS Safety Representative
- The SHS Safety Representative will investigate and make recommendations regarding suggested controls following the incident
- The SHS Safety Representative will forward the completed Incident Form to the SHS Responsible Officer
- The Responsible Officer will complete the section regarding actions to be taken and then forward this completed form to the UTAS OH&S unit
- If medical treatment is required, costs incurred by students beyond that covered under the Medicare Scheme may be available through the student body – Tasmanian University Union (TUU). Please contact the TUU for further advice and guidance.

**CONFLICT RESOLUTION**

Health care agencies operate no differently to other community environments where people have to work in close proximity, sometimes under stressful circumstances in which unequal power relationships are involved. Issues relating to personal interaction can arise during PEP. Students should attempt to resolve these issues on an individual basis with the other person or with the assistance of the Clinical Facilitator/Educator or Coordinator of the GDMid.
Harassment or Discrimination
Students are afforded the same rights as employees of health care agencies in relation to harassment and discrimination under the Work Health and Safety Act 2012. If an incident occurs, students should refer to and act in accordance with the relevant health care agency’s workplace policy and procedures for dealing with harassment and discrimination.

Issues Effecting Academic Progress
In the event that conflict impacts upon the learning experience within a particular practice environment, students should seek to resolve the issue in accordance with the SHS Communication Guidelines.

Issues Resolution Process
To ensure that issues which impact on students’ progress through their course are addressed and resolved in a timely manner, School of Nursing & Midwifery students are expected to notify the Coordinator GDMid via email as to the nature of the issue. These issues include:

1. Personal, family or health issue effecting attendance or performance.
2. Assessment.
3. Health condition or disability effecting attendance or performance.
4. Interpersonal or communication misunderstanding on clinical placement.

Once notified the GDMid Coordinator will respond via email to students to:
- address the issues, with other staff as necessary; and/or
- arrange a meeting with the student; and/or
- refer the student to appropriate UTAS student support services.

ASSESSMENT IN PRACTICE
In order to achieve a pass in the practice units for the GDMid students are required to meet practice requirements outlined in the unit outline and the Clinical Experience Record.

Procedures for student assessment within the GDMid program, including assessment in PEP, are documented in the SHS Assessment Guidelines. The criteria for assessment relate directly to the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Midwife (2006).

Unsatisfactory Assessment in PEP
In accordance with the SHS Assessment Guidelines, a clinical facilitator/educator may assess a student’s performance in practice as unsatisfactory for a number of reasons. These may include unsafe practice, poorly developed clinical skills, or illness during the placement making achievement of clinical objectives difficult.
BIBLIOGRAPHY


