



Faculty of Health and Behavioural Sciences
School of Nursing, Midwifery and Indigenous Health

Master of Science (Midwifery) Curriculum 2009

August 2009

Summary of Information to be Submitted to Board

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Note: The University of Wollongong, School of Nursing, Midwifery and Indigenous Health, prefers the term Indigenous when referring to Aboriginal and Torres Strait Islander people. However, the Nurses and Midwives Board New South Wales education guidelines uses the term Aboriginal therefore these guidelines have not been altered within the curriculum documentation. In some cases, NSW Department of Health documentation relating to Indigenous issues refers to 'Aboriginal' rather than Indigenous or Aboriginal and Torres Strait Islander people. Therefore, reference to NSW Department of Health documentation cannot be altered. [NSW Health 2004, *Communicating positively. A Guide to appropriate Aboriginal terminology*, Better Health Centre – Publications Warehouse, p. 9. <http://www.health.nsw.gov.au/pubs/2004/pdf/abterminology.pdf>]

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1. Preamble

1a A brief overview of the University of Wollongong

This document outlines the curriculum for the program of study to be delivered by the School of Nursing, Midwifery and Indigenous Health (SNMIH) at the University of Wollongong (UOW). The program is the Master of Science (Midwifery) degree, established in 1993.

The Master of Science (Midwifery) curriculum was developed and continues to be developed in collaboration with the key stakeholders: UOW, South Eastern Sydney Area Health Service (SESAHS), Sydney South West Area Health Service (SSWAHS), Figtree Private Hospital, student representative, as well as community groups, for example, Maternity Coalition. The Nurses and Midwives Board of NSW (NMB NSW) Midwifery Education Guidelines and the Australian Nursing and Midwifery Council, National Competency Standards for the Midwife have been used as the framework underpinning the Master of Science (Midwifery) degree.

The University has clear aims, objectives and goals. The main aim is to create 'a culture of learning and teaching distinguished by collaboration, innovation and excellence' (<http://www.uow.edu.au/about/teaching/index.html>). The University Council provides guidance and monitors the performance and activities of the University. There are a number of committees which support the role of the Council (<http://www.uow.edu.au/governance/>).

'We share a commitment to promoting and celebrating:

- Excellence through initiative, enterprise and achievements that take society forward
- Intellectual openness and freedom of opinion
- Integrity
- Mutual respect and collegiality
- Diversity of cultures, ideas and peoples
- Indigenous perspectives and reconciliation
- Foresight, quality and accountability as an institution
- Community partnerships and mutual development
- Equity and social justice
- Responsible stewardship of the natural environment'

(<http://www.uow.edu.au/about/vision/index.html>)

The University of Wollongong has adopted a continuous improvement plan which is reflected in the 'strategic planning processes'. This plan is supported by the infrastructure within UOW, 'governance and committee structures' (<http://www.uow.edu.au/planquality/quality/index.html>). All subject proposals within the Faculty are vetted by the Faculty Education Committee (FEC) to ensure that the proposed delivery and assessment model meets the UOW Graduate Qualities, the stated learning outcomes and addresses the professional competencies of the governing bodies.

In the Federal Government's 2009 Learning and Teaching Performance Fund, UOW scored in Band A in all four discipline groupings. Only four universities nationally scored in this band (<http://media.uow.edu.au/news/UOW054705.html>.)

Independent quality audits of all Australian universities are performed by The Australian Universities Quality Agency (AUQA). UOW was audited by AUQA in 2005, the report from the audit was released publicly in 2006. Six UOW practices have now been in the AUQA's Good Practice Database. UOW will be audited again in 2011. (<http://www.uow.edu.au/planquality/auqa/index.html>.)

Description of the theoretical underpinning of the curriculum

The theoretical underpinning of The Master of Science (Midwifery) program has been developed from the following:

- The International Definition of the Midwife (ICM 2005)
- The Australian College of Midwives Philosophy for Midwives
- The Australian Nursing and Midwifery National Competency Standards for the Midwife (ANMC 2006)
- Midwifery as primary health care (ANMC 2006)
- NMB NSW Midwifery Education Guidelines.
- UOW Graduate Qualities.

The theoretical underpinnings of the program have been developed in accordance with the above definitions, standards and guidelines. Central to all of the above is the concept of 'woman centred' care (Leap 2009, p. 32) and it is this philosophy that underpins the program. The Master of Science (Midwifery) program endorses the concept of 'woman centred' care. The importance of a 'woman centred' approach to care is the major theoretical underpinning of the program.

The International Definition of the Midwife (Appendix 2) describes the role of the midwife which emphasises the midwife working in partnership with the 'woman' to provide safe and effective care. The midwife is able to work in any setting and needs to be able to recognise complications and refer the 'woman' to other health professionals should the need arise. The Master of Science (Midwifery) program provides midwifery students with the theoretical underpinning and clinical experience to provide care to an individual woman. This will incorporate care and management of the 'normal' (uncomplicated) through to the 'complex' (complicated) mother and / or baby. Graduates of this program take a woman centred approach to the care provided to individual women whilst undertaking the clinical subjects. The students will be familiar with the ACM Guidelines for consultation and referral and use them appropriately when the need arises.

The Australian College of Midwives Philosophy for Midwives (2004) clearly demonstrates that for midwives to provide effective care that they need to have the 'woman' as the focus of this care. Midwives need to understand that:

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

(ACM Philosophy statement for midwifery)

The ANMC Competencies identify the importance of midwifery as being primary health care. The NSW Health publication NSW Framework for Maternity Services (2000) also stated the importance of utilising the principles of a primary health care philosophy in the provision of maternity services. Brodie (2003, p. 5) provides a useful application of the Primary Health Care philosophy which can be utilised in midwifery models of care and practice:

- equity of access for all women and their families
- woman's participation and self determination (woman's right to choose) and the development of individual skills and confidence
- socially acceptable and affordable technology (evidence based care)
- timely health promotion and minimisation of risk to women and their infants
- co-operation and collaboration between key service providers
- building of healthy public policy (such as continuity of care) and sustainable projects
- supportive environments for women and communities to learn from each other
- a strengthening of community action and consumer participation

The primary health philosophy will be used to assist students to understand the diversity of the population within Australian society. The cultural aspects of providing care will be addressed, in particular the needs of Indigenous and Cultural and Linguistically Diverse (CALD) women. Particular emphasis is placed on the diversity of the Australian population in the subject GHMB917 Midwifery in the Social Context.

Primary Health Care in combination with a 'woman' centred approach will allow students to care for a woman whose social, emotional and physical well being is under threat due to a variety of issues. Students are exposed to strategies that support women in situations of domestic violence. A workshop is held during the 'Introduction to Midwifery' program which is conducted prior to clinical placement. Throughout the Master of Science (Midwifery) program, students are also introduced to the complex situations where a woman may be suffering from depression or involved in substance abuse or has experienced sexual assault. This will enable the students to recognise the impact of these experiences on the well being of a woman and her baby. Hospital and Community support services to assist the individual woman will be identified.

Brodie (2003, p. 5) underscores the importance of the Primary Health Care Model by stating:

Midwives themselves must be able to appreciate 'primary health care' as the underpinning theory of the midwife model. It is the key to our future. We must fully understand the potential of midwifery as primary health care if we are to embrace these important developments that have the potential not only to improve outcomes but also to contribute to a greater appreciation of the role of the midwife.

The ACM philosophy (Appendix 3) point 7 states that Midwifery:

- aims to follow each woman across the interface between institutions and the community, through pregnancy, labour and birth and the postnatal period so all women remain connected to their social support systems: the focus is on the woman, not the institutions or the professionals involved.

Central to meeting the aims of the ACM Philosophy of the midwife is to provide a model of care that meets the needs of the woman. A 'continuity of carer' model of care enables midwives to provide woman centred care. The midwife working within a continuity of carer model of care is able to follow the woman through her pregnancy, birth and the postnatal period. The woman knows the midwife or midwives who provide care for her during the childbirth continuum (Homer, Brodie & Leap 2008).

The program will also address the various meanings related to the concept of continuity of care. There are various terms used within the literature and within health care settings such as, 'continuity of care' and 'continuity of carer'. The term 'continuity of care' will be explained as the philosophy of best practice underpinning the care of the woman by different care givers. This means that the woman will be seen by different care providers who will use a formal process of recording information about the woman (McCourt et al. 2008, Sandall et al. 2008). An example of this is type of 'continuity of care' is currently provided in antenatal clinics in public hospitals within NSW.

The term 'continuity of carer' describes care provided by a known midwife/midwives to a woman during the childbearing continuum. However this care should be based on a 'continuity of care' philosophy. The care provided by a known midwife or midwives should be based on best practice.

The Master of Science (Midwifery) program will support the students to experience 'continuity of care' as directed by the NMB NSW Midwifery Education Guidelines (2008). This entails the student midwife building a relationship with a woman throughout the pregnancy and child birth continuum, following the woman during pregnancy until the postnatal period. The

midwifery student will experience the care of the woman in 'community and hospital settings' (NMB NSW 2008, p. 3). The program aims to enable the graduate midwife to promote and participate in midwifery models of care.

The Master of Science (Midwifery) program reflects the ANMC National Competencies of the midwife. The four domains of the competencies are clearly identified and met within the curriculum of the Master of Science (Midwifery) program. The four domains: legal and professional practice, midwifery knowledge and practice, midwifery as primary health care and reflective and ethical practice have been mapped to the subjects within the program. This is clearly identified in the description of each of the subject outlines.

The NMB NSW Midwifery guidelines (2008) have been utilised in the development of the Master of Science (Midwifery) curriculum as demonstrated throughout this document. Some of the aspirational standards are incorporated in the clinical component.

The Master of Science (Midwifery) program addresses all of the UOW Graduate Qualities (see section 3.3a.8.1, p. 12). The UOW Graduate Qualities are mapped in each subject outline.

References

Australian College of Midwives ACM Philosophy Statement for Midwifery, <http://www.midwives.org.au/>, viewed 14 April 2009.

Brodie, P 2003, 'Keeping families first', *Midwifery Matters*, vol. 21, no. 1, p. 5. Newsletter of the NSW Midwives Association – A branch of the Australian College of Midwives.

Leap, N 2009, 'Woman-centred or women-centred care: does it matter?', *British Journal of Midwifery*, vol. 17, no. 1, pp. 12-6.

McCourt, C, Stevens, T, Sandall, J & Brodie, P 2006, 'Working with women: developing continuity of care in practice', in L Page & R McCandlish (eds), *The new midwifery science and sensitivity in practice*, 2nd edn, Churchill Livingstone, Elsevier, Sydney.

NSW Health 2000, The NSW framework for maternity services, State Health Publication No. (NB) 000044.

Sandall, J, Page, L, Homer, C & Leap, N 2008, 'Midwifery continuity of care: what is the evidence', in C Homer, P Brodie & N Leap (eds), *Midwifery continuity of care: a practical guide*, Churchill Livingstone, Elsevier, Netherlands.

2. Resources

2a A description of the relevant resources and services available at the University of Wollongong

UOW offers the following resources for students and staff.

2a.1 Library

UOW Library provides excellent facilities to support student learning. The collection includes books and e-books, journals (hard copy and online), and relevant databases, including CINAHL, Medline and PsycInfo. A list of the midwifery journals available for students undertaking the Master of Science (Midwifery) program is provided in Appendix 4. The Faculty is supported by a dedicated Faculty Librarian who assists the academic staff on subject specialist material contributing to curriculum development and currency of information. The Faculty librarian also contributes to the development of lifelong learning and research skills within the student population, providing library and research skills classes targeting the specific learning outcomes for each subject. These are scheduled as part of the curriculum, and take place during a scheduled lecture or tutorial time. In addition, the Library also provides an 'email a librarian' service, and a Research Help desk where students can seek assistance when researching a topic.

The Library hours are extensive, including Saturdays and Sundays during session.

2a.2 Student Support Services, including services for Aboriginal and culturally and linguistically diverse (CALD) students and students with disabilities

UOW provides support for CALD students and students with disabilities. The following services are available.

2a.2.1 Services for CALD students and students with disabilities

Woolyungah Indigenous Centre was established in 1982 to provide support to Indigenous students undertaking degrees at UOW. The vision statement for the Centre is as follows:

'To achieve distinction in the education and professional development of Aboriginal and Torres Strait Islander people, with non-Aboriginal peoples who will embrace and promote cultural diversity in the enrichment of all communities'.

<http://www.uow.edu.au/wic/vision/index.html>

The Centre provides the following:

- Tutoring is available under the Federal Government's Indigenous Tutoring Assistance Scheme (ITAS).
- A student computer lab and printing facilities.
- A kitchen with tea & coffee available, a microwave, toaster, sandwich press and a lounge.

The Learning Development Centre is available free of charge to all students, international and local, who wish to improve their academic and English language skills. Staff in Learning

Development also work with academic staff to design resources and activities which can be embedded into a subject to assist students to develop core academic skills.

The Faculty of Health and Behavioural Sciences (HBS) is committed to a student-centred philosophy and has a designated centralised point of contact for all students seeking information via its 'HBS Central' student services centre. This centre is open daily and houses the Sub-Dean, as well as staff who are able to answer academic related questions. This centre also houses a Faculty Student Equity and Diversity Liaison Officer (SEDLO) who liaises with the schools within the Faculty to support Indigenous students, students with disabilities or other equity issues. The SEDLO also has a role in supporting International Students.

2a.3 Information technology, services and training

An essential component of UOW's core business is Information Technology Services (ITS). This service provides students and staff with the infrastructure to support computer services including communication and network services. Comprehensive training is also provided by ITS for staff and students (<http://www.uow.edu.au/its/>).

The UOW utilises Blackboard Vista, commonly known as *eLearning* which acts as a repository for the subject outline and other important subject related documents. It is also valuable in allowing students to engage in independent learning and, when required, with other students such as in discussion groups. It is also used as a conduit for students to go into discussion spaces to share and discuss experiences and information from their own contexts, facilitating a valuable approach to reflective practice. A Learning Designer has been assigned to the Faculty to assist academic staff to develop resources and activities to assist them in developing approaches to using online resources and to developing resources and activities to help facilitate collaborative learning.

2a.4 Administration support

Administrative support is provided for all programs within UOW. Each faculty within UOW is supported by a Dean and various executive staff members.

Students can meet with the Sub-Dean in the Faculty of Health & Behavioural Sciences to receive advice regarding enrolment and on the various rules and regulations of the university which may impact on their study.

The SNMIH provides administrative support to all subject coordinators. The SNMIH assessment committee meets regularly to discuss assessment matters. The assessment committee also reviews all subject assessments for consistency and to ensure assessments reflect the subject objectives.

The School of Nursing, Midwifery and Indigenous Health also has administrative staff which supports both students and staff.

2a.5 Physical facilities

UOW has several campuses and study centres. The main campus situated in Wollongong, approximately one hour south of Sydney, provides students with facilities and infrastructure that provide an environment conducive to learning (<http://www.uow.edu.au/about/campuses/index.html>.) Formal education for this program is conducted on the Wollongong campus. On campus facilities include dedicated teaching rooms, laboratories and tutorial space. The Master of Science (Midwifery) students have a designated lecture/tutorial area in SNMIH.

The Library has recently had an extensive upgrade, and is the hub of teaching and learning on campus. Students have access to networked computers within the library, and can book study rooms to discuss assignments. In addition, there are a range of rooms within the IT Resource Centre which students can visit to use the computers while undertaking research or completing assignments. The Campus has wireless networking available in most areas, enabling students to work on their personal computers between lectures and tutorials.

2a.6 Academic and health facility personnel

Refer to section 3.2a and section 7.2b.

2a.7 IT support

Refer to information provided in 2a.3 (p. 6). A student or staff member can contact IT services for support. A student may visit the IT centre, email or telephone to seek advice and assistance from IT personnel.

2a.8 Mechanism to provide services and support to distance mode students

The Master of Science (Midwifery) is not offered to distance mode students. However, the program will use the eLearning system described in section 2a.3 (p. 6) to support students by ensuring that key documents are available online, and to facilitate professional networking between students between lectures. GHMB950 Reflective Practice 1 and GHMB923 Legal and Professional Issues will use a blend of face-to-face lectures and flexible online delivery.

2a.9 The education provider must demonstrate the sufficient relevant resources are available for course implementation

The Master of Science (Midwifery) degree is an established program within UOW. Resources are provided by UOW to support the program as described above.

2a.10 Adequate support services must be available to all students including those from Aboriginal and CALD communities

See section 2a.2 (p. 5).

3. Course management

3.1 Faculty/School context

3.1a Brief overview

The Master of Science (Midwifery) degree is offered by UOW Faculty Health and Behavioural Sciences, School of Nursing, Midwifery and Indigenous Health (SNMIH). The SNMIH is well resourced and provides the necessary requirements/equipment to assist with student learning.

3.1a.1 Discrete midwifery discipline

UOW offers the Master of Science (Midwifery) program as a discrete discipline within SNMIH.

3.1a.2 Master of Science (Midwifery) Coordinator

Dr Moira Williamson is the Coordinator of the Master of Science (Midwifery) program. Moira is currently a member of the NMB NSW, Midwifery Practice Committee. Moira is a Fellow of the Australian College of Midwives. She is also an executive member of the Australian College of Midwives NSW Branch. Further information regarding Moira's qualifications and midwifery experience is provided in Appendix 1.

3.2 Course educators

3.2a Criteria used to select midwifery course teachers and sessional teachers

All permanent academic staff teaching within the Master of Science (Midwifery) program have been employed by the University following UOW Human Resource Management guidelines. Staff involved in the provision of subjects within the Master of Science (Midwifery) program are academic staff who are registered midwives with the NMB NSW. The academic staff employed by UOW meet a stringent selection criteria which is evident by the qualifications and experience of the academics. See Appendix 1 for the profile of the academics who coordinate subjects within the Master of Science (Midwifery).

The exception to this practice is the provision of GHMB950 Reflective Practice 1 which is a core subject in all postgraduate programs within the SNMIH. However, there is structured midwifery input into this subject in order to address the NMB NSW guidelines. An academic with midwifery standing will be working with the subject coordinator for the midwifery cohort of students.

Sessional teachers are required to meet the criteria set by the SNMIH. They must be current registered midwives with the NMB NSW who can demonstrate 'continuing professional engagement in midwifery' (NMB NSW 2009, p. 9). Refer to Appendix 1 for the profiles of midwives who provide workshops, lectures or tutorials for the Master of Science (Midwifery) students.

Examples of the qualifications required of teaching staff can be seen in the Profiles of UOW Teaching Staff (Appendix 1)

3.2b Profiles of teaching staff

See Appendix 1.

3.3 Governance and risk management structures

3.3a A description of the mechanism for risk management and course development

3.3a.1 Formal processes for development or changes of programs

The Course Proposal Guidelines at UOW require extensive consultation and collaboration during the preparation of any new course proposal or any changes to existing programs. The sponsors of a new or altered program must demonstrate evidence of the need for such a course. In addition the course documentation must indicate what external considerations and consultations have taken place in the design of the course. Every new or altered course proposal must be accompanied by a report from an External Course Advisory Committee to provide evidence of responsiveness to economic, educational, professional and social issues.

The documentation of a proposal for a new course or changes to an existing course must include explicit information on the resource impact of the course in terms of the sponsoring academic unit, clinical facilities, information technology services, educational and interactive resources, the university library, and learning development.

The application for a new course or changes to an existing course is reviewed and must be approved by the Faculty of Health and Behavioural Sciences Education Committee (FEC) before forwarding to the UOW Senate Standing Committee. Therefore any new or altered course proposal has received close scrutiny by a range of interested parties and by a cross section of the University community.

The NMB NSW will be notified by the Head of SNMIH of any prospective change to any component of an accredited program.

3.3a.2 External Advisory Committee

The Master of Science (Midwifery) program External Advisory Committee meets three times a year. Its role is to monitor the provision of the program. This includes suggestions for improvement of the delivery of the academic component of the degree and suggestions for improvements within the clinical areas where students undertake the clinical component of the program. The terms of reference are to offer advice to the University relating to:

- i. facilitate a positive relationship between clinical areas and the University;
- ii. values, attitudes and aspirations of the midwifery profession;
- iii. evolving trends in the delivery of health care and midwifery services;
- iv. predicted midwifery workforce needs;
- v. curriculum review;
- vi. the management of the clinical component of the course;
- vii. discuss relevant changes to clinical areas that will impact on the students' experiences such as the change to models of care;
- viii. provide students with an avenue for discussing concerns relating to clinical areas.

The membership of the External Advisory Committee consists of key stake holders within the university, clinical environments and a student representative. The External Advisory Committee membership consists of the course coordinator, managers and educators from the clinical facilities, and a student representative.

<i>SNMIH:</i>	<p>Angela Brown Associate Head of School</p> <p>Dr Moira Williamson Master of Science (Midwifery) Coordinator</p> <p>Dr Allison Shorten Senior Lecturer</p> <p>Mercy Baafi Honorary Teaching Fellow/Senior Midwifery Educator</p>
<i>NSW Health Dept:</i>	<p>Cathy Smith Principal Advisor Midwifery Department of Health Nursing & Midwifery Office</p>
<i>Professional Associations:</i>	<p>Ann Grieve Australian College of Midwives, NSW Branch (not a member of the Curriculum Review Committee)</p>
<i>Participating Institutions:</i>	<p>Kim Olesen Area Director of Nursing and Midwifery (South East Illawarra Health) (not present for the Curriculum Review)</p> <p>Deborah Cameron Co-Director Women's & Babies/ Child & Adolescent Stream Southern Hospitals Network (South East Illawarra Health)</p> <p>Blanka Blasko or Tracey Garland Nurse Educators (Midwifery) Camden/Campbelltown Hospital</p> <p>Deborah Matha or representative Nursing & Patient Services Manager Division Obstetrics, Gynaecology & Paediatrics St George and Sutherland Hospitals (South East Illawarra Health)</p> <p>Louise Everett (CMC) and/or Robyn Doherty Midwifery Educators St George and Sutherland Hospitals (South East Illawarra Health)</p> <p>Angela Jones or representative (CMC Lois Berry) Nurse Unit Manager, Maternity Unit Shoalhaven District Memorial Hospital Representing Shoalhaven District Memorial Hospital (South East Illawarra Health)</p> <p>Maree Hamilton Nurse Unit Manager, Maternity Services Figtree Private Hospital</p>

Annette Wright
Acting Manager Nursing and Midwifery Education
Royal Hospital for Women, (South East Illawarra Health)

*Aboriginal and Torres Strait
Islander Health* Tamara Blanch
Aboriginal* Health Education Officer
(South East Illawarra Health)

Rosemary Watson
Midwife

Maternity Coalition: Representative from Maternity Coalition

Student Rep: Changes per intake of students
(nominated by student body)

* The title, Aboriginal Health Education Officer, is unable to be changed to include Torres Strait Islander as the title is gazetted under the NSW Department of Health Aboriginal Health Education Officers Determination http://www.health.nsw.gov.au/resources/jobs/conditions/awards/dt_hsu_aboriginal_health_education_officers.asp

3.3a.3 Curriculum Review and Development Committee

A Curriculum Review and Development Committee (CRDC) has been established for this program. This committee consists of members of the external advisory committee. Other members are listed below. The committee meets regularly during the active phase of curriculum development and is kept informed of curriculum matters at other times through email and written correspondence.

Chair, Ms Karen Patterson	Manager, Clinical Leadership, Practice Development & Education South Eastern Sydney Illawarra Area Health Service
Joanne Gray	Representing the Australian College of Midwives NSW Branch. Joanne is the President of the ACM NSW Branch. Joanne is also Director of Midwifery Studies at UTS.
Dr Pauline Lysaght	Senior Lecturer, Faculty of Education, UOW
Associate Professor Virginia Schmeid	University of Western Sydney
Lisa Metcalfe	NSW President Maternity Coalition
Tamara Blanch	Aboriginal Health Education Officer, SESIAHS
Rosemary Watson	Midwife, Aboriginal and Torres Strait Islander Pregnancy Services
Sheila Vaughan	Past student. Independent midwifery practitioner
Joanne Joyce	GHMB950 Coordinator and representing Associate Head of School
Moyra Lewis	Director of Clinical Learning, SNMIH
Dr Margaret Wallace	GHMB923 Coordinator and Sub-Dean, Faculty of Health & Behavioural Sciences

3.3a.4 Procedures to monitor quality of teaching and learning during program implementation

In October 2004 the UOW Council approved the Quality Review Framework. That document provides a framework for quality reviews which are applied to reviews of processes, programs, academic units and to the University as a whole. It provides guidelines for the review of academic units, subjects and courses. Formal review of courses with large enrolments takes place every five years. The University requires that faculties develop a subject evaluation plan that ensures each subject offered is reviewed at least once every five years. The SNMIH undertakes an evaluation of any new subject.

The Master of Science (Midwifery) External Advisory Committee meets three times yearly to ensure that the quality of this collaborative program is monitored.

3.3a.5 Mechanisms between the education provider and the facility providing midwifery practice experience

The External Advisory Committee meets three times a year to discuss the program and to ensure that the learning objectives and assessment standards for the students are being met. The coordinator of the program also visits each clinical facility every semester to liaise with the educators/managers and to undertake assessments of the students. Subject evaluations are performed (see section 3.3a.4, p. 11). Teaching evaluations are also performed by the students on a regular basis. UOW also conducts peer review evaluation of teaching.

3.3a.6 Continuous quality review and improvement of existing subjects

All subjects within the Master of Science (Midwifery) program are reviewed by the SNMIH Assessment Committee prior to the commencement of each academic semester. The assessments and their marking criteria are reviewed in this process.

3.3a.7 Processes to ensure accountability for midwifery subjects provided by other institutions

This is not applicable for the Master of Science (Midwifery) program as it is conducted only by UOW.

3.3a.8 Evaluation of graduate learning outcomes

3.3a.8.1 UOW graduate capabilities

'Graduate Qualities' are the aspirational qualities that students will progressively develop through their learning experiences at UOW. Graduate Qualities provide a common educational focus across UOW. The Qualities are a way of expressing the types of skills and knowledge which assist students to become lifelong learners. Graduate Qualities are not achieved in a single subject - their development is an ongoing process across an entire program of study.

University of Wollongong is committed to developing graduates who are:

1. Informed:
Have a sound knowledge of an area of study or profession and understand its current issues, locally and internationally. Know how to apply this knowledge. Understand how an area of study has developed and how it relates to other areas.
2. Independent learners:
Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Participate in ongoing research, enquiry and reflection. Acknowledge the work and ideas of others.
3. Problem solvers:
Take on challenges and opportunities. Apply creative, logical and critical thinking skills to respond effectively. Make and implement decisions. Be flexible, thorough, innovative and aim for high standards.
4. Effective communicators:
Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
5. Responsible:
Understand how decisions can affect others and make ethically informed choices. Appreciate and respect diversity. Act with integrity as part of local, national, global and professional communities.
(<http://www.uow.edu.au/about/policy/documents/graduatequalitiespolicy.pdf>)

The Faculty of Health and Behavioural Sciences has adopted UOW Graduate Qualities as the Faculty Graduate Qualities. This means that UOW Graduate Qualities will be addressed in all courses of study taught in the Faculty of Health and Behavioural Sciences. Learning outcomes of subjects will be explicitly linked to the Graduate Qualities.

UOW Graduate Qualities Policy

<http://www.uow.edu.au/about/policy/documents/graduatequalitiespolicy.pdf>

3.3a.8.2 Graduate capabilities of the Master of Science (Midwifery) students

To provide a learning experience that takes into account the individual development of midwifery students, the Master of Science (Midwifery) degree assumes a competence based philosophy reflecting the ANMC National Competency Standards for the Midwife identified by the NMB NSW (Midwifery Education Guidelines 2008). On mastery of the competencies, the student is evaluated by the clinical educator, midwifery manager or delegated midwife on their ability to draw all the individual competencies together to be able to provide safe, holistic care for the woman and her significant others throughout the childbearing continuum.

3.3a.9 Public liability and professional indemnity insurance

Midwifery students at UOW who are employed in health care facilities have their public liability and indemnity insurance covered by their employer.

When midwifery students undertake any community placement experience, such as attending Family Planning Clinics, Child and Family Centres or other programs that provide assistance to pregnant women and new mothers, UOW covers their public liability and professional insurance. The community visits are for observational purposes only.

For midwifery students who choose to undertake the program in the supernumerary mode, public liability and professional indemnity are covered by UOW.

4. Students

4a A description of policies

4a.1 Student entry

All students undertaking the Master of Science (Midwifery) program for registration as a Midwife with the NMB NSW, must be authorised to practice as a Registered Nurse by the NMB NSW prior to commencing the program.

Registered Midwives with the NMB NSW who wish to further their qualifications can undertake the program and be given advanced standing for the clinical component of the degree. International students who are Registered Midwives in their own countries are not eligible for registration with the NMB NSW on the basis of completion of the theoretical component of the course.

All applications are assessed by staff within SNMIH for suitability to undertake the program; a Bachelor of Nursing Degree or equivalent is expected. All applications must be approved by the Associate Head of School.

Applicants required to provide evidence for equivalency for a Bachelor of Nursing degree are reviewed using the following criteria:

- Registered Nurse with a Bachelor degree in a discipline other than nursing;
- Registered Nurse with a Diploma in a discipline other than nursing;
- Registered Nurse with a Graduate Certificate in a discipline other than nursing; or
- a portfolio demonstrating evidence of further education including:
 - Vocational Education Training Accreditation Board (VETAB)
 - a program of study at the College of Nursing
 - workplace based educational programs and/or certificates.

Strategies to increase the recruitment and retention of Aboriginal students

UOW actively supports Indigenous students (see section 2a.2, p. 5). Various scholarships are available for Indigenous students. Increasing the number of Indigenous students within this program will depend on the number of registered nurses who are Indigenous, who wish to undertake the program.

Planned credit transfer

Midwifery students who have completed another postgraduate degree within SNMIH, UOW who have satisfactorily completed GHMB950 Reflective Practice and GHMB923 Legal and Professional Issues can apply for advanced standing for these subjects within the Master of Science (Midwifery) program. Registered Midwives with the NMB NSW who wish to further their qualifications can undertake the program and be given advanced standing for the clinical component of the degree. International students who are Registered Midwives in their country of origin can undertake the theoretical component of the degree on the understanding that they cannot apply for registration with the NMB NSW on completion of the program.

Current part-time students' progression

The current part time students will complete in 2009 the following subjects from the curriculum that was approved in 2003:

GHMB916 Human Reproduction
GHMB917 Midwifery in the Social Context
GHMB923 Legal and Professional Issues
GHMB950 Reflective Practice 1

The above subjects have been revised for the new curriculum to reflect the requirements of the NMB NSW, Midwifery Education Guidelines. The revised subjects have more than 80% equivalence with the subjects that were originally approved in 2003. Please see the attached subject outlines that were approved by the NMB NSW in 2003.

These students will then progress into the second year of the program and undertake the revised/new subjects:

GHMB914 Art and Science of Midwifery 1
GHMB915 Art and Science of Midwifery 2
GHMB911 Midwifery Practice 1
GHMB912 Midwifery Practice 2
GHMB913 Midwifery Practice 3

4a.2 Student progression

In order for a Master of Science (Midwifery) student to progress:

- It is necessary for the student to have reached the minimum requirement of a pass grade in each subject.
- Students are required to satisfy minimum attendance levels at lectures, seminars, tutorials and clinical practicum experience as per University standards as stated in each of the subject outlines within the Master of Science (Midwifery) program. Failure to comply with such requirements will constitute failure in the subject concerned.
- Should performance in a subject be affected by illness or other cause beyond the control of a candidate, the student should submit an academic consideration within three days. This application needs to be supported by evidence. The circumstances shall be referred to the Associate Head of the SNMIH and may be taken into account when assessment of the candidate in that subject is made.
- In relation to the subjects Midwifery Practice 1, 2 and 3, the requisite clinical hours must be completed within two years of commencement of the program and clinical placement is required in the final year of the program. Failure to meet this requirement will result in the student recommencing the subject/s in order to satisfy clinical competency.
- The clinical program has been designed to integrate with the theoretical component of the course. Therefore satisfactory progress must be made in all the Master of Science (Midwifery) course subjects in order to remain in the clinical facility. Failure to meet assessment criteria in any subject related to the Master of Science (Midwifery) degree will necessitate the student being interviewed by the subject coordinator and program coordinators, and may necessitate removal from clinical practicum and withdrawal from the subject/program.
- If the midwifery student's progress and assessment in a clinical facility is unsatisfactory while undertaking Midwifery Practice 1, 2 or 3, the student's overall progress will be reviewed in consultation with the Program Coordinator / Hospital Educator / Manager and the student. A plan will be devised to assist the student to perform at a satisfactory level as identified in Figure 1 (p. 17).

- Students are reviewed at the end of each semester. Progression through the clinical component of the degree is dependent on successful completion of each clinical rotation. This review will be in consultation with the University, midwifery managers and educators from the clinical facility.
- It is expected that students will complete all aspects of the program within two years of commencement. Should individual circumstances require modification of this expectation, the University will inform the NMB NSW (in writing) of the circumstances and plans relevant to the student.
- Plagiarism and cheating are not condoned by UOW. All work submitted for assessment must be the students own work and must have been ethically prepared. UOW has the power to reprimand and penalise any student found guilty of such offences. The University has no hesitation in carrying out appropriate investigations if such offences are suspected.

4a.3 Remediation

If the midwifery student's progress and assessment in a clinical facility is unsatisfactory the student will be interviewed by the midwifery educator and the coordinator of the program will be contacted. The performance management flow chart (Figure 1, p. 17) will be used to guide this process.

4a.4 Exclusion and failure

Appropriate professional conduct is expected during clinical placement. Unsatisfactory conduct towards patients/clients/peers/health facility staff/faculty staff will be addressed and if the midwifery student's conduct is deemed unsatisfactory a fail grade in the subject will be awarded for that student.

As previously stated, failure to meet assessment criteria in any subject related to the Master of Science (Midwifery) degree will necessitate the student being interviewed by the subject coordinator and program coordinator, and may necessitate removal from clinical practicum and withdrawal from the subject/program.

Unsatisfactory clinical performance or progress will be reviewed (Figure 1, p. 17) and may lead to the termination of clinical placement. A fail grade in the subject will occur for the student.

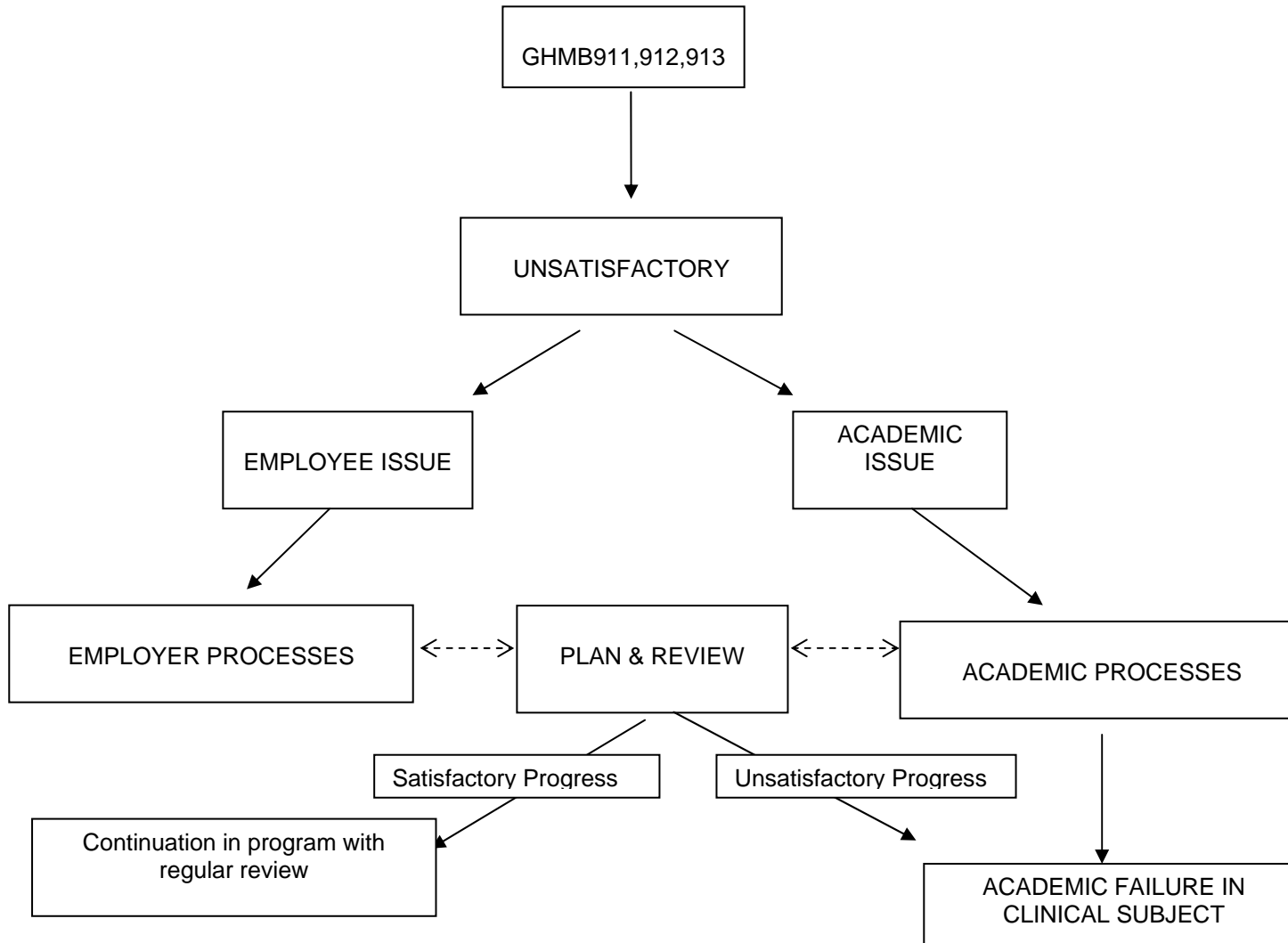
4a.5 Appeal

UOW has a formal Academic Grievance Policy. This policy is available to all students via the UOW web site <http://www.uow.edu.au/handbook/courserules/AcademicGrievancePolicy-Coursework&Honours.pdf>

The following statements on the appeal process are provided on the UOW website (<http://www.uow.edu.au/handbook/generalcourserules/UOW028642.html>):

- 11.3 Where a student has a grievance regarding a decision made under these Rules which comes within the definition of 'academic grievance' in the Student Academic Grievance Policy, the student may pursue the grievance in accordance with the procedures set out in that policy.
- 11.4 Where a student has a grievance regarding a decision under these Rules that does not come within the definition of academic grievance in the Student Academic Grievance Policy, the student may appeal against that decision to the Vice-Principal (Administration) within 14 days of notification of the decision. The appeal must be in writing and provide sufficient detail to enable due consideration of the matter.

Figure 1: Management of clinical performance



5. Course length and structure

5.1 Length of program

5.1a Program length and structure

The Master of Science (Midwifery) program is one year full-time or two years part-time.

2.1 AWARD NOMENCLATURE	Master of Science (Midwifery)
2.2 DURATION AND MODE	Structured coursework one year full-time or two years part-time. Clinical practice is to be undertaken as stipulated under the reimbursed or supernumerary mode. The maximum length of time to complete the program is two years from the commencement of the program. Clinical practicum must take place in the final year.
2.3 ADMISSION CRITERIA	Authorisation to Practice as a Registered Nurse by the NMB NSW, and a Bachelor of Nursing Degree or equivalent. (see p.14)
2.4 COMPLETION	On successful completion of the Master of Science (Midwifery) degree, graduates will be eligible to apply for Authorisation to Practise as a Midwife.

5.1b Absence

Students must be completed the program within two years of their commencement date. Clinical experience must be undertaken in the final year of the program. NMB NSW will be notified by writing if a student requires an atypical program due to pregnancy or other personal issues.

5.1c Recognition of prior learning

See section 4a.1 (p. 14).

5.2 Structure

5.2a Description and rationale for the proposed modes of teaching and learning

This program is a post nurse registration course of study that leads to eligibility for professional midwifery practice. On successful completion of both the theoretical and clinical components of the course, the student is able to seek authorisation to practice as a midwife in New South Wales from the NMB NSW.

The Master of Science (Midwifery) program can be completed either on a full-time basis over one year or part-time over two years.

The program is designed to facilitate the student to meet the ANMC competencies of the midwife as required by the NMB NSW and fulfil a range of clinical experiences (see Clinical Competence Profile (CCP) – separate document).

Clinical practice based on sound research is fundamental to the program. To better understand and analyse research, students are introduced to research methodology and its application to practice.

The program aims to provide midwifery graduates with advanced knowledge from several related disciplines which will prepare them to function effectively in the changing demands of the health care industry; skills to provide and maintain quality continuing ‘woman centred’ care which encompasses their babies and families throughout the childbearing continuum; and to foster research activities directed to exploration and clarification of the scientific base of midwifery practice.

To achieve this aim, the midwifery student will be provided with opportunities to develop a range of skills reflecting dimensions that will allow graduates of the course to operate at a competent and professional level as a midwife. Although each of the subjects within the program stands alone, the aims and objectives of each are written as parts of a whole which reflects the discipline of midwifery and the philosophy of the midwifery profession of providing woman centred care.

The inclusion of studies on the psychological and social factors that influence human development through the childbearing continuum, and the family formation and dynamics, reflect the current Australian social context. A study of blended issues on ethics, legal responsibilities and professional midwifery practice provides the student with a sound understanding of the complexity of midwifery. Reflective practice enables the midwifery student to critically reflect on midwifery practice and develop skills required to synthesise academic literature and apply it to clinical practice. Human Reproduction provides the science that underpins midwifery practice.

5.2a.1 Description of subjects

Master of Science (Midwifery)

48 Credit Points

	<u>Session Offered</u>	<u>Credit Points</u>
GHMB911 Midwifery Practice 1	Autumn	4
GHMB912 Midwifery Practice 2	Spring	4
GHMB913 Midwifery Practice 3	Summer	4
GHMB916 Human Reproduction	Autumn	6
GHMB917 Midwifery in the Social Context	Spring	6
GHMB923 Legal and Professional Issues	Spring	6
GHMB914 Art and Science of Midwifery 1	Autumn	6
GHMB915 Art and Science of Midwifery 2	Spring	6
GHMB950 Reflective Practice 1	Autumn	6

5.2a.2 Midwifery Practice 1, 2 & 3

Midwifery Practice 1, 2 & 3 cover the clinical component of the course which is based on the NMB NSW requirements. Midwifery clinical practice has been split into three distinct subjects

to facilitate enrolment requirements at UOW and to allow midwifery students not making satisfactory progress to terminate their studies earlier rather than later.

5.2b Description of the relationship / timing of theory and practice subjects and teaching and learning modes for the course

Theory and practice within the Master of Science (Midwifery) program have been integrated. The subject outlines identify how this occurs, in particular GHMB914 Art and Science of Midwifery 1 and GHMB915 Art and Science of Midwifery 2 provide the theoretical component that underpins clinical practice in GHMB911 Midwifery Practice 1, GHMB912 Midwifery Practice 2, and GHMB913 Midwifery Practice 3.

The table below shows the clinical hours for the UOW Master of Science (Midwifery) program.

Table 1: Clinical hours for reimbursed and non reimbursed mode

<i>Clinical undertaken 4 shifts (32 hrs) per week</i>	<i>Hours</i>
ANTENATAL CARE (encompassing experiences in normal and complex pregnancies, including antenatal assessment at antenatal clinics, maternity units, and maternal day assessment units)	272 hours (minimum requirement)
BIRTHING UNITS (incorporating birth centres)	448 hours (minimum requirement)
POSTNATAL WARD (incorporating early discharge program and well babies)	416 hours (minimum requirement)
Neonatal care equivalent to care provided in a Special Care Nursery (Level 4). In some health services this may be provided in the postnatal ward.	128 hours (maximum requirement)
When the minimum requirements have been met the clinical facility will place students in areas to meet the requirements of the NMB NSW.	272 hours
TOTAL	1536 hours
<i>Plus additional requirements (non-reimbursed):</i>	
Introduction to Midwifery (GHMB911 Midwifery Practice 1) pre clinical face-to-face education	40 hours
VISITS TO COMMUNITY AND SPECIALIST FACILITIES	32 hours
OVERALL TOTAL	1608 hours

Please note that employed midwifery students are entitled to pro rata annual leave and sick leave according to the NSW Nurses Association Award under which they are employed. Annual Leave is allocated either during or at the end of the clinical contract, other leave is granted in accordance with employer policies. The students must complete the clinical hours as documented in the table above to be eligible to apply for registration with the Nurses and Midwives Board of New South Wales. This may require extension of the employment period.

5.2c Summary schedule of the Master of Science (Midwifery) program

Table 2: Full-Time Academic timetable

Autumn Session	Spring Session	Summer Session
<p>GHMB911 Midwifery Practice 1 (32 hrs/week) Clinical Practice Introduction To Midwifery: Prior to Start of Session (40 hours) for GHMB911 only. Then clinical placement Assessment relating to Clinical practice for example: Continuity of Care experience Vivas Meeting NMB NSW guidelines</p> <p>GHMB914 Art and Science of Midwifery 1 42 hrs 3 hrs face-to-face per week</p> <p>GHMB916 Human Reproduction 42 hrs 3 hrs face-to-face per week</p> <p>GHMB950 Reflective Practice 1 39 hrs Blended delivery: Face-to-face and Flexible delivery</p>	<p>GHMB912 Midwifery Practice 2 (32 hrs/week) Clinical Practice – as per GHMB911</p> <p>GHMB915 Art and Science Midwifery 2 42 hrs 3 hrs face-to-face per week</p> <p>GHMB917 Midwifery in the Social Context 42 hrs 3 hrs face-to-face per week</p> <p>GHMB923 Legal and Professional Issues 39 hrs Blended delivery: Face-to-face and Flexible delivery</p>	<p>GHMB913 Midwifery Practice 3 (32 hrs/week)</p> <p>Clinical Practice As for GHMB911 + formative assessment - global competency</p>

Table 3: Part-Time Academic timetable

(Students can enter the program in Autumn or Spring Session)

Year 1

Autumn Session	Spring Session
<p>GHMB916 Human Reproduction</p> <p>GHMB950 Reflective Practice 1</p>	<p>GHMB917 Midwifery in the Social Context</p> <p>GHMB923 Legal and Professional Issues</p> <p>GHMB950 Reflective Practice 1 (if student commences in Spring Session)</p> <p>If commencing in Spring Session the student may undertake the above three subjects or leave GHMB923 until Spring Session the following year</p>

Year 2

Autumn Session	Spring Session	Summer Session
<p>GHMB911 Midwifery Practice 1 (32 hrs/week) Clinical Practice Introduction To Midwifery: Prior to Start of Session (40 hours) for GHMB911 only. Then clinical placement Assessment relating to Clinical practice for example: Continuity of Care experience Vivas Meeting NMB NSW guidelines</p> <p>GHMB914 Art and Science of Midwifery 1 42 hrs 3 hrs face-to-face per week Blended delivery: Face-to-face and Flexible delivery</p>	<p>GHMB912 Midwifery Practice 2 (32 hrs/week) Clinical Practice – as per GHMB911</p> <p>GHMB915 Art and Science Midwifery 2 42 hrs 3 hrs face-to-face per week</p>	<p>GHMB913 Midwifery Practice 3 (32 hrs/week)</p> <p>Clinical Practice As for GHMB911 + formative assessment - global competency</p>

5.2.1 Requirements for mixed or distance learning

UOW supports students by providing a combination of teaching strategies, including blended learning where the students attend campus for practical sessions, and use the eLearning space to access documents and to communicate with both the lecturers and other students when off campus. Within the Master of Science (Midwifery) program all subjects are supported by eLearning. This allows students to be able to access subject outlines and other key documents, including key readings via the secure eLearning space available over the web. It is also university policy that all students receive a hard copy of the subject outline.

eLearning is used in all subjects to provide resources to students such as lecture notes, tutorial guidelines and discussion forums. It is also used to facilitate collaborative group projects, which allow for authentic learning activities.

Lectures and tutorials are in the face to face mode for the theoretical subjects GHMB914 Art and Science of Midwifery 1 and GHMB915 The Art of Science of Midwifery 2, GHMB916 Human Reproduction and GHMB917 Midwifery in the Social Context.

GHMB914 and GHMB916 are scheduled in Autumn Session and are conducted over fourteen weeks for three hours per week face to face. GHMB915 and GHMB917 are scheduled in Spring Session and are also each conducted over fourteen weeks for 3 hours per week. eLearning is used to support the students with the provision of lecture notes, tutorial objectives and student discussion.

GHMB950 Reflective Practice (scheduled in Autumn Session) and GHMB923 Legal and Professional Issues (scheduled in Spring Session) use a blend of face-to-face teaching and eLearning to support the provision of the subject material and to facilitate collaboration among the students. Some lectures and tutorials are conducted in the face-to-face mode. Designated eLearning activities are offered in conjunction with the face to face sessions to meet the objectives for both GHMB950 and GHMB923.

Academic staff are supported in meeting the following criteria by the availability of a learning designer who works with the academic to determine appropriate online teaching strategies and to develop appropriate assessment tasks which are suitable for the mode/s of delivery.

The following information from the UOW web page clearly outlines the objectives of eLearning (<http://staff.uow.edu.au/eteaching/eteacher/index.html>)

'Being an eTeacher@UOW is

- selecting the appropriate learning technologies for blending face-to-face and online activities to enhance flexibility and engagement for students;
- modelling professional online behaviour and academic integrity for students;
- guiding student expectations about learning technologies;
- selecting and creating quality content for learning activities and sharing with colleagues;
- engaging in multi location teaching, when appropriate, supported by eTeaching technologies, even in different time zones and different calendars;
- designing learning experiences to develop Graduate Qualities that enhance student proficiency to work with multicultural teams in an electronic environment;
- becoming personally proficient in educational uses of technologies such as the internet and videoconference;
- managing technology and workload in order to provide timely feedback to students' learning enquiries;
- assisting with educational evaluation of new developments such as mobile technologies and online assessment;
- when opportunities arise, designing Global Learning Projects, to foster student collaboration across international locations'.

5.2.1a Example of a unit outline

The Master of Science (Midwifery) program is not available in a distance mode.

5.2.2 Requirements for international placements

Due to the scheduling of the theoretical and clinical subjects within the Master of Science (Midwifery) program it would not be possible for a student to undertake any of the program in another country.

6. Curriculum

6a Description of the theoretical underpinning of the curriculum

The theoretical underpinning of the Master of Science (Midwifery) program has been provided on pages 2-4.

6b Mapping theory and practice units to the assessment of competencies for registered midwives and graduate outcomes

Table 4

ANMC DOMAIN AND COMPETENCY	Mid Prac 1	Mid Prac 2	Mid Prac 3	Art & Science 1	Art & Science 2	Human Reproduction	Mid in Social Context	Legal & Prof	Reflective Prac
Subject GHMB	911	912	913	914	915	916	917	923	950
DOMAIN legal and professional practice									
Competency 1 Functions in accordance with legislation and common law affecting midwifery practice	x	x	x					x	x
Competency 2 Accepts accountability and responsibility for own actions within midwifery practice	x	x	x	x	x			x	x
DOMAIN Midwifery knowledge and practice									
Competency 3 Communicates information to facilitate decision making by the woman	x	x	x	x	x	x	x	x	x
Competency 4 Promotes safe and effective midwifery care	x	x	x	x	x	x	x	x	
Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care	x	x	x	x		x	x		
Competency 6 Assesses plans, provides and evaluates safe and effective midwifery care for the woman and /baby or with complex needs	x	x	x		x	x	x		

ANMC DOMAIN AND COMPETENCY	Mid Prac 1	Mid Prac 2	Mid Prac 3	Art & Science 1	Art & Science 2	Human Reproduction	Mid in Social Context	Legal & Prof	Reflective Prac
Subject GHMB	911	912	913	914	915	916	917	923	950
DOMAIN Midwifery as primary health care									
Competency 7 Advocates protecting the rights of women, families and communities in relation to maternity care	X	X	X	X	X		X	X	X
Competency 8 develops effective strategies to implement and support collaborative midwifery practice	X	X	X	X	X	X			X
Competency 9 Actively supports midwifery as a public health strategy	X	X	X	X	X		X		
Competency 10 Ensures midwifery practice is culturally safe	X	X	X	X	X		X	X	
DOMAIN Reflective and ethical practice									
Competency 11 Bases midwifery practice on ethical decision making	X	X	X	X	X			X	X
Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice	X	X	X	X	X				X
Competency 13 Acts to enhance the professional development of self and others	X	X	X	X	X	X	X	X	X
Competency 14 Uses research to inform midwifery practice	X	X	X	X	X	X	X	X	X

GRADUATE QUALITIES

1. **Informed:** Have a sound knowledge of an area of study or profession and understand its current issues, locally and internationally. Know how to apply this knowledge. Understand how an area of study has developed and how it relates to other areas.
2. **Independent learners:** Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
3. **Problem solvers:** Take on challenges and opportunities. Apply creative, logical and critical thinking skills to respond effectively. Make and implement decisions. Be flexible, thorough, innovative and aim for high standards.
4. **Effective communicators:** Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
5. **Responsible:** Understand how decisions can affect others and make ethically informed choices. Appreciate and respect diversity. Act with integrity as part of local, national, global and professional communities.

GHMB911 Midwifery Practice 1	2,4,5
GHMB912 Midwifery Practice 2	2,4,5
GHMB913 Midwifery Practice 3	2,4,5
GHMB914 Art and Science of Midwifery 1	1,2,4,5
GHMB915 Art and Science of Midwifery 2	1,2,4,5
GHMB916 Human Reproduction	2,4,5
GHMB917 Midwifery in the Social Context	2,3,4,5
GHMB923 Legal and Professional Issues	1,2,5
GHMB950 Reflective Practice 1	1,2,3,4,5

6c Description of subject outlines

GHMB911 Midwifery Practice 1

Session/s offered	Autumn Session
Credit points	4
Pre-requisite	GHMB916 Human Reproduction (part-time students)
Co-requisites	GHMB914 Art and Science of Midwifery 1 (full-time students) GHMB916 Human Reproduction (full-time students) GHMB950 Reflective Practice 1 (full-time students)
Contact hours	40 hours face-to-face intensive midwifery introduction prior to session commencing, clinical practice. Clinical practice for remainder of the session is 4 days per week.

Content

This subject is the first of three subjects that allows the student to acquire the necessary clinical experiences as designated by the NMB NSW. Midwifery Practice 1 is designed to introduce the student to the provision of care of the woman and her family throughout pregnancy, birth and the postnatal period. Special emphasis is on the well woman, pregnancy, fetus, birth, postnatal period and the neonate. Potential complications during childbearing and management of high-risk women are examined. There will be an emphasis on evidence-based practice, critical appraisal and professional issues for midwives. The practical application of different models of care is also explored. Clinical practice will consist of the experiences suggested by the NMB NSW.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. provide safe and effective application of scientific principles to the provision of midwifery care;
- b. employ interpersonal and communication skills to meet the individual needs of the childbearing family through effective education and counselling;
- c. incorporate theoretical knowledge of midwifery practice into clinical midwifery practice;
- d. relate research evidence to clinical midwifery practice;
- e. discuss the role and relevance of research in midwifery practice;
- f. practice midwifery with a woman centred focus;
- g. exercise a health promoting midwifery role;
- h. incorporate principles of Primary Health Care into midwifery practice;
- i. apply the principles of effective practice decision making in the clinical context;
- j. work effectively as a beginning collaborative member of an interdisciplinary and multidisciplinary team;
- k. practice within professional boundaries to accept responsibilities and obligations;
- l. recognise the need for and make appropriate referrals to other members of the interdisciplinary team;
- m. assess and monitor within the context of the family unit, the physiological, psychosocial and spiritual needs of the woman during pregnancy, labour and the postnatal period;
- n. assess and monitor the well being of the fetus/neonate during pregnancy, labour and the neonatal period;

- o. organise and modify appropriate care as required in partnership with the woman in his/her care;
- p. acknowledge and value diversity and demonstrate respect for the woman's and her family's cultural beliefs and values;
- q. apply legal and ethical parameters to the practice of midwifery;
- r. demonstrate through accurate and timely documentation and communication an understanding of professional and legislative requirements in midwifery practice;
- s. initiate referrals to appropriate social agencies concerned with the needs of the child bearing family;
- t. evaluate and apply principles of management to the planning and provision of midwifery practice.

Core clinical placements

The student rotates through two to four of the designated areas below in this 14 week period depending on the clinical rotation plan:

Antenatal clinic

Antenatal ward

Birth unit

Postnatal ward

Neonatal care equivalent to care provided in a Special Care Nursery (Level 4). In some health services this may be provided in the postnatal ward

Community midwives program

Selected community services

Clinical experience

At the end of the clinical practicum the experience gained will enable the student to progress to Midwifery Practice 2.

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

- 2. *Independent learners:* Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
- 4. *Effective communicators:* Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
- 5. *Responsible:* Appreciate and respect diversity.

ANMC domain and competencies for GHMB911

Domain – Legal and professional practice

- Competency 1 Functions in accordance with legislation and common law affecting midwifery practice.
- Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.

- Competency 4 Promotes safe and effective midwifery care.
- Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.
- Competency 6 Assesses plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 8 Develops effective strategies to implement and support collaborative midwifery practice.
- Competency 9 Actively supports midwifery as a public health strategy.
- Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice

- Competency 11 Bases midwifery practice on ethical decision making.
- Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria are reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

This subject is clinical; therefore the overall grade for the subject will be satisfactory or unsatisfactory. For a grade of satisfactory to be awarded, each of the following elements must be completed.

A written assessment relating to the student's 'continuity of care experiences'.	
Mastery of one Viva appropriate to area of clinical practice.	
Satisfactory progress of clinical experience documented in the Clinical Assessment Profile. It is expected that a minimum of approximately 30% of the overall clinical requirements, as stipulated by the NMB NSW, for the designated clinical areas will be successfully completed.	
Satisfactory clinical appraisals from the designated clinical facility.	

The designated educator or manager within the clinical facility will need to approve the completion of the subject before a grade is formally released.

Recommended texts

Pairman, S, Pincombe, J, Thorogood, C & Tracy, S (eds) 2006, *Midwifery: preparation for practice*, Elsevier Churchill Livingstone, Sydney.

Fraser, DM & Cooper, MA (eds) 2008, *Survival guide to midwifery*, Churchill Livingstone Elsevier, Edinburgh.

Gray, J, Smith, R & Homer, C 2008, *Illustrated dictionary of midwifery*, Butterworth Heinemann Elsevier, Sydney.

Recommended readings

The students are encouraged and educated to locate relevant current resources to assist in critical analysis of current topics. Therefore, this list is not exclusive as it is anticipated that students will locate additional relevant resources, including journal articles.

Brodribb, W (ed.) 2004, *Breastfeeding management in Australia*, 3rd edn, Nursing Mothers Association of Australia, Melbourne.

Downe, S 2008, *Normal childbirth: evidence and debate*, 2nd edn, Churchill Livingstone, Edinburgh.

Fraser, D & Cooper 2003, *Myles textbook for midwives*, 14th edn, Churchill Livingstone, Nottingham.

Enkin, M, Keirse, MJNC, Renfrew, M & Neilson, J 2000, *A guide to effective care in pregnancy and childbirth*, 3rd edn, Oxford University Press, Oxford.

Green, CJ & Wilkinson, JM 2003, *Maternal newborn nursing care plans*, Mosby.

Geraghty, B 1997, *Homeopathy for midwives*, Churchill Livingstone, New York.

Gibb, D & Amulkumaran, S 2008, *Fetal monitoring in practice*, 3rd edn, Butterworth-Heinemann, Edinburgh.

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Henderson, C & Macdonald S (eds), 2004, *Mayes' midwifery a textbook for midwives*, Elsevier, London.

Hodnett, ED 1998, *Continuity of care givers during pregnancy and childbirth (Cochrane Database of Systematic Reviews. 1, 2003)*, Oxford.

Homer, CSE, Brodie, P & Leap, N 2008, *Midwifery continuity of care*, Elsevier, Chatswood.

Johnson, R & Taylor, W c2006, *Skills for midwifery practice*, 2nd edn, Churchill Livingstone, Edinburgh.

Leap, N 2009, 'Woman-centred or women-centred care: does it matter?', *British Journal of Midwifery*, vol. 17, no. 1, pp. 12-6.

Lowdermilk, D & Perry, S 2004, *Maternity & women's health*, 8th edn, Mosby, Missouri.

National Maternity Action Plan 2002, for the introduction of community midwifery services in urban and regional Australia.

Nolan, ML & Foster, J (eds) 2004, *Birth and parenting skills: new directions in antenatal education*, Churchill Livingstone, Edinburgh.

NSW Health Department 1999, *Families first initiative*, The Office of Children and Young People.

NSW Health 2000, *The NSW framework for maternity services*, State Health Publication No. (NB) 000044.

NSW Department of Health 2006, *Maternity - homebirth services* http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_045.pdf, viewed 17 February 2008.

NHMRC 2008, *The Australian immunisation handbook*, 9th edn, AGPS, Canberra.

Nichols, FH & Humenick, SS 2000, *Childbirth education. Practice, research and theory*, WB Saunders Company, Philadelphia.

Page, LA & McCandlish, R (eds) 2007, *The new midwifery: science and sensitivity in practice*, 2nd edn, Elsevier, Edinburgh.

Proctor, S & Renfrew, M (eds) 2000, *Linking research and practice in midwifery: a guide to evidence-based practice*, Bailliere Tindall, Edinburgh.

Queenan, J, Spong, C & Lockwood, C 2007, *Management of high-risk pregnancy: an evidence-based approach*, 5th edn, Blackwell, Oxford.

Riordan, J (ed.) 2005, *Breastfeeding and human lactation*, Jones and Bartlett, Sudbury, Mass.

Rubin, P & Ramsay, M 2008, *Prescribing in pregnancy*, 4th edn, Blackwell, Malden Mass.

Tiran, D & Mack, S (eds) 2000, *Complementary therapies for pregnancy and childbirth*, 2nd edn, Bailliere Tindall, Edinburgh.

Wilson, J & Symon A. 2002, *Clinical risk management in midwifery the right to a perfect baby*, Books for Midwives, Edinburgh.

World Health Organization 2005, Promoting the health of mothers and newborns during birth and the postnatal period report of the collaborative safe motherhood pre-congress workshop, Confederation of Midwives, Brisbane, Australia, 21-23 July. http://www.who.int/making_pregnancy_safer/documents/who_mps_0709/en/print.html International.

Wright Lott, J & Kenner, C 2003, *Neonatal nursing handbook*, Saunders.

Yerby, M (ed.) 2000, *Pain in childbearing: key issues in management*, Bailliere Tindall, London.

Useful web-based sources

http://www.health.nsw.gov.au/pubs/2009/thinking_baby.html
Thinking of having a baby - planning a pregnancy and becoming pregnant

http://www.health.nsw.gov.au/pubs/2009/thinking_baby.html
Having a Baby

<http://www.health.nsw.gov.au/>

This is the main page for NSW Health. This page has links to other useful sources including NSW policy directives and guidelines.

<http://www.nhmrc.gov.au/>

The National Health Medical Research Council.

<http://www.who.int/en/>
World Health Organisation Home Page.

http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.3_mod3.pdf
Module 3: Management of Girls and Women with FGM Complications.

<http://www.nswmidwives.com.au/>
This is the main page for the Australian College of Midwives NSW Branch. An important link for midwifery students to the professional body for midwives.

<http://www.midwives.org.au/>
This is the main page for the Australian College of Midwives. An important link for midwifery students to the professional body for midwives.

<http://www.birthinternational.com/>
Home page for Birth International registration for Ozmidwifery, a chat line for midwives and consumers.

<http://www.midirs.org/>
This is an international main page for the *Midwifery Digest Quarterly* Journal.

<http://www.nace.org.au/>
National Association of Childbirth Educators.

<http://www.nice.org.uk/Guidance/CG/Published>
National Institute for Health and Clinical Excellence – Published Guidelines.
This website has various guidelines relating to pregnancy and childbirth, for example, antenatal, intrapartum, and postnatal care.

GHMB912 Midwifery Practice 2

Session/s offered	Spring Session
Credit points	4
Pre-requisite	GHMB911 Midwifery Practice 1 GHMB914 Art and Science of Midwifery 1 (full-time students) GHMB916 Human Reproduction GHMB950 Reflective Practice 1
Co-requisites	GHMB915 Art and Science of Midwifery 2 GHMB917 Midwifery in the Social Context GHMB923 Legal and Professional Issues (full-time students)
Contact hours	Clinical practice 4 days per week (32 hours/week).

As this is a clinical subject, there are no formal classes. However, educational opportunities within the clinical settings are provided for the students. Students will not complete the subject until all of the stated assessment criteria for GHMB912 are met

Content

This subject is the second of three subjects that allows the student to acquire the necessary clinical experiences as designated by the NMB NSW. The student progresses along a continuum, developing and consolidating skills and knowledge in the provision of care of the woman and her family learnt in the clinical context.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. provide safe and effective application of scientific principles to the provision of midwifery care;
- b. employ interpersonal and communication skills to meet the individual needs of the childbearing family through effective education and counselling;
- c. function as a safe beginning midwife within the professional scope of practice;
- d. incorporate theoretical knowledge of midwifery practice into clinical midwifery practice;
- e. relate research evidence to clinical midwifery practice;
- f. discuss the role and relevance of research in midwifery practice;
- g. practice midwifery with a woman centred focus;
- h. exercise a health promoting midwifery role;
- i. incorporate principles of Primary Health Care into midwifery practice;
- j. apply the principles of effective decision making in the clinical context;
- k. work effectively as a beginning collaborative member of an interdisciplinary and multidisciplinary team;
- l. practice within professional boundaries to accept responsibilities and obligations;
- m. recognise the need for and make appropriate referrals to other members of the interdisciplinary team;
- n. assess and monitor within the context of the family unit, the physiological, psychosocial and spiritual needs of the woman during pregnancy, labour and the postnatal period;
- o. assess and monitor the well being of the fetus/neonate during pregnancy, labour and the neonatal period;
- p. organise and modify appropriate care as required in partnership with the woman;

- q. acknowledge and value diversity and demonstrate respect for the woman's and her family's cultural beliefs and values;
- r. apply legal and ethical parameters to the practice of midwifery;
- s. utilise clinical consultation and referral guidelines effectively;
- t. demonstrate through accurate and timely documentation and communication an understanding of professional and legislative requirements in midwifery practice evaluate and apply principles of management to the planning and provision of midwifery practice;
- u. evaluate and apply principles of management to the planning and provision of midwifery practice;
- v. advocate rights of self and women in his/her care;
- w. evaluate and apply principles of management to the planning and provision of midwifery practice.

Core clinical placements

The student rotates through two to four of the designated areas below in Spring session depending on the clinical rotation plan:

Antenatal clinic

Antenatal ward

Birth unit

Postnatal ward

Neonatal care equivalent to care provided in a Special Care Nursery (Level 4). In some health services this may be provided in the postnatal ward

Community midwives program

Selected community services

Clinical experience

At the end of the clinical practicum the experience gained will enable the student to progress to Midwifery Practice 3 (providing the student successfully completed GHMB912).

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

2. *Independent learners*: Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
4. *Effective communicators*: Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
5. *Responsible*: Appreciate and respect diversity.

ANMC domain and competencies for GHMB912

Domain – Legal and professional practice

- Competency 1 Functions in accordance with legislation and common law affecting midwifery practice.
- Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.
- Competency 4 Promotes safe and effective midwifery care.
- Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.
- Competency 6 Assesses plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 8 Develops effective strategies to implement and support collaborative midwifery practice.
- Competency 9 Actively supports midwifery as a public health strategy.
- Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice

- Competency 11 Bases midwifery practice on ethical decision making.
- Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria are reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

This subject is clinical; therefore the overall grade for the subject will be satisfactory or unsatisfactory.

A written assessment relating to the student's 'continuity of care experiences'.	Satisfactory or Unsatisfactory
Mastery of two Vivas appropriate to area of clinical practice.	Satisfactory or Unsatisfactory
Satisfactory progress of clinical experience documented in the Clinical Assessment Profile. It is expected that a minimum of approximately 70% of the overall clinical requirements, as stipulated by the NMB NSW, for the designated clinical areas will be successfully completed.	Satisfactory or Unsatisfactory
Satisfactory clinical appraisals from the designated clinical facility.	Satisfactory or Unsatisfactory

The designated educator or manager within the clinical facility will need to approve the completion of the subject before a grade is formally released.

Recommended texts

Pairman, S, Pincombe, J, Thorogood, C & Tracy, S (eds) 2006, *Midwifery: preparation for practice*, Elsevier Churchill Livingstone, Sydney.

Fraser, DM & Cooper, MA (eds) 2008, *Survival guide to midwifery*, Churchill Livingstone Elsevier, Edinburgh.

Gray, J, Smith, R & Homer, C 2008, *Illustrated dictionary of midwifery*, Butterworth Heinemann Elsevier, Sydney.

Recommended readings

The students are encouraged and educated to locate relevant current resources to assist in critical analysis of current topics. Therefore, this list is not exclusive as it is anticipated that students will locate additional relevant resources, including journal articles.

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NSW Health Department 1999, *Families first initiative*, The Office of Children and Young People.

NSW Health 2000, *The NSW framework for maternity services*, State Health Publication No. (NB) 000044.

NSW Department of Health 2006, *Maternity - homebirth services* http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_045.pdf, viewed 17 February 2008.

NHMRC 2008, *The Australian immunisation handbook*, 9th edn, AGPS, Canberra.

Nichols, FH & Humenick, SS 2000, *Childbirth education. Practice, research and theory*, WB Saunders Company, Philadelphia.

Page, LA & McCandlish, R (eds) 2007, *The new midwifery: science and sensitivity in practice*, 2nd edn, Elsevier, Edinburgh.

Proctor, S & Renfrew, M (eds) 2000, *Linking research and practice in midwifery: a guide to evidence-based practice*, Bailliere Tindall, Edinburgh.

Queenan, J, Spong, C & Lockwood, C 2007, *Management of high-risk pregnancy: an evidence-based approach*, 5th edn, Blackwell, Oxford.

Riordan, J (ed.) 2005, *Breastfeeding and human lactation*, Jones and Bartlett, Sudbury, Mass.

Rubin, P & Ramsay, M 2008, *Prescribing in pregnancy*, 4th edn, Blackwell, Malden Mass.

Tiran, D & Mack, S (eds) 2000, *Complementary therapies for pregnancy and childbirth*, 2nd edn, Bailliere Tindall, Edinburgh.

Wilson, J & Symon A. 2002, *Clinical risk management in midwifery the right to a perfect baby*, Books for Midwives, Edinburgh.

World Health Organization 2005, Promoting the health of mothers and newborns during birth and the postnatal period report of the collaborative safe motherhood pre-congress workshop, Confederation of Midwives, Brisbane, Australia, 21-23 July. http://www.who.int/making_pregnancy_safer/documents/who_mps_0709/en/print.html International.

Wright Lott, J & Kenner, C 2003, *Neonatal nursing handbook*, Saunders.

Yerby, M (ed.) 2000, *Pain in childbearing: key issues in management*, Bailliere Tindall, London.

Useful web-based sources

http://www.health.nsw.gov.au/pubs/2009/thinking_baby.html
Thinking of having a baby - planning a pregnancy and becoming pregnant.

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Having a Baby.

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The National Health Medical Research Council.

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World Health Organisation Home Page.

http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.3_mod3.pdf

Module 3: Management of Girls and Women with FGM Complications.

<http://www.nswmidwives.com.au/>

This is the main page for the Australian College of Midwives NSW Branch. An important link for midwifery students to the professional body for midwives.

<http://www.midwives.org.au/>

This is the main page for the Australian College of Midwives . An important link for midwifery students to the professional body for midwives.

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Home page for Birth International registration for Ozmidwifery, a chat line for midwives and consumers.

<http://www.midirs.org/>

This is an international main page for the *Midwifery Digest Quarterly* Journal.

<http://www.nace.org.au/>

National Association of Childbirth Educators.

<http://www.nice.org.uk/Guidance/CG/Published>

National Institute for Health and Clinical Excellence – Published Guidelines.

This website has various guidelines relating to pregnancy and childbirth, for example, antenatal, intrapartum, and postnatal care.

GHMB913 Midwifery Practice 3

Session/s offered	Summer Session
Credit points	4
Pre-requisite	GHMB911 Midwifery Practice 1 GHMB912 Midwifery Practice 2 GHMB914 Art and Science of Midwifery 1 GHMB915 Art and Science of Midwifery 2 GHMB916 Human Reproduction GHMB917 Midwifery in the Social Context GHMB923 Legal and Professional Issues GHMB950 Reflective Practice 1
Co-requisites	Nil
Contact hours	Clinical practice 4 days per week (32 hours/week)

As this is a clinical subject, there are no formal classes. However, educational opportunities within the clinical settings are provided for the students. Students will not complete the subject until all of the stated assessment criteria for GHMB913 are met.

Content

This subject is the final of three subjects that allows the student to acquire the necessary clinical experiences as designated by the NMB NSW. The student progresses along a continuum, developing and consolidating skills and knowledge in the provision of care of the woman and her family learnt in the clinical context.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. provide safe and effective application of scientific principles to the provision of midwifery care;
- b. employ interpersonal and communication skills to meet the individual needs of the childbearing family through effective education and counselling;
- c. function as a safe beginning midwife within the professional scope of practice;
- d. incorporate theoretical knowledge of midwifery practice into clinical midwifery practice;
- e. relate research evidence to clinical midwifery practice;
- f. discuss the role and relevance of research in midwifery practice;
- g. practice midwifery with a woman centred focus;
- h. exercise a health promoting midwifery role;
- i. incorporate principles of Primary Health Care into midwifery practice;
- j. apply the principles of effective decision making in the clinical context;
- k. work effectively as a beginning collaborative member of an interdisciplinary and multidisciplinary team;
- l. practice within professional boundaries to accept responsibilities and obligations;
- m. recognise the need for and make appropriate referrals to other members of the interdisciplinary team;
- n. assess and monitor within the context of the family unit, the physiological, psychosocial and spiritual needs of the woman during pregnancy, labour and the postnatal period;

- o. assess and monitor the well being of the fetus/neonate during pregnancy, labour and the neonatal period;
- p. organise and modify appropriate care as required in partnership with the woman;
- q. acknowledge and value diversity and demonstrate respect for the woman's and her family's cultural beliefs and values;
- r. apply legal and ethical parameters to the practice of midwifery;
- s. utilise clinical consultation and referral guidelines effectively;
- t. demonstrate through accurate and timely documentation and communication an understanding of professional and legislative requirements in midwifery practice;
- u. evaluate and apply principles of management to the planning and provision of midwifery practice;
- v. advocate rights of self and women in his/her care;
- w. develop and provide health education and health promotion in relation to pregnancy, birth, postnatal and neonatal period, for the woman, family and the community;
- x. disseminate information and be capable of participating in change;
- y. participate in research, interpret and evaluate new knowledge and apply that knowledge to the clinical setting.

Core clinical placements

The student rotates through two to four of the designated areas below in summer session depending on the clinical rotation plan:

Antenatal clinic

Antenatal ward

Birth unit

Postnatal ward

Neonatal care equivalent to care provided in a Special Care Nursery (Level 4). In some health services this may be provided in the postnatal ward

Community midwives program

Selected community services

Clinical experience

At the end of the clinical practicum the experience gained will enable the student to complete the clinical component of the Master of Science (Midwifery) program providing all the required assessment criteria below have been met satisfactorily.

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

2. *Independent learners:* Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
4. *Effective communicators:* Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
5. *Responsible:* Appreciate and respect diversity.

ANMC domain and competencies for GHMB913

Domain – Legal and professional practice

- Competency 1 Functions in accordance with legislation and common law affecting midwifery practice.
- Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.
- Competency 4 Promotes safe and effective midwifery care.
- Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.
- Competency 6 Assesses plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 8 Develops effective strategies to implement and support collaborative midwifery practice.
- Competency 9 Actively supports midwifery as a public health strategy.
- Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice

- Competency 11 Bases midwifery practice on ethical decision making.
- Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria are reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

This subject is clinical; therefore the overall grade for the subject will be satisfactory or unsatisfactory.

The following assessments will need to be met:

A written reflection of the students 'continuity of care experiences'.	Satisfactory or Unsatisfactory
Mastery of one Viva appropriate to area of clinical practice.	Satisfactory or Unsatisfactory
'Continuity of care' student presentation on an aspect of care, assessment and management of a particular procedure or practice relating to an individual woman that the student has been providing continuity of care to.	Satisfactory or Unsatisfactory
Satisfactory progress of clinical experience documented in the Clinical Assessment Profile. It is required that the clinical requirements for the designated clinical areas have been successfully completed.	Satisfactory or Unsatisfactory
Satisfactory clinical appraisals from the designated clinical facility.	Satisfactory or Unsatisfactory
Summative Competency	Satisfactory or Unsatisfactory

The designated educator or manager within the clinical facility will need to approve the completion of the subject before a grade is formally released.

Recommended text

Pairman, S, Pincombe, J, Thorogood, C & Tracy, S (eds) 2006, *Midwifery: preparation for practice*, Elsevier Churchill Livingstone, Sydney.

Fraser, DM & Cooper, MA (eds) 2008, *Survival guide to midwifery*, Churchill Livingstone Elsevier, Edinburgh.

Gray, J, Smith, R & Homer, C 2008, *Illustrated dictionary of midwifery*, Butterworth Heinemann Elsevier, Sydney.

Recommended readings

The students are encouraged and educated to locate relevant current resources to assist in critical analysis of current topics. Therefore, this list is not exclusive as it is anticipated that students will locate additional relevant resources, including journal articles.

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- Green, CJ & Wilkinson, JM 2003, *Maternal newborn nursing care plans*, Mosby.
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- National Maternity Action Plan 2002, *For the introduction of community midwifery services in urban and Regional Australia*.
- NSW Health Department 1999, *Families first initiative*, The Office of Children and Young People.
- NSW Health 2000, *The NSW framework for maternity services*, State Health Publication No. (NB) 000044.
- NSW Department of Health 2006, *Maternity - homebirth services* http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_045.pdf, viewed 17 February 2008.
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- Page, LA & McCandlish, R (eds) 2007, *The new midwifery: science and sensitivity in practice*, 2nd edn, Elsevier, Edinburgh.
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Riordan, J (ed.) 2005, *Breastfeeding and human lactation*, Jones and Bartlett, Sudbury, Mass.

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Tiran, D & Mack, S (eds) 2000, *Complementary therapies for pregnancy and childbirth*, 2nd edn, Bailliere Tindall, Edinburgh.

Wilson, J & Symon A. 2002, *Clinical risk management in midwifery the right to a perfect baby*, Books for Midwives, Edinburgh.

World Health Organization 2005, Promoting the health of mothers and newborns during birth and the postnatal period report of the collaborative safe motherhood pre-congress workshop, Confederation of Midwives, Brisbane, Australia, 21-23 July. http://www.who.int/making_pregnancy_safer/documents/who_mps_0709/en/print.html International.

Wright Lott, J & Kenner, C 2003, *Neonatal nursing handbook*, Saunders.

Yerby, M (ed.) 2000, *Pain in childbearing: key issues in management*, Bailliere Tindall, London.

Useful web-based sources

http://www.health.nsw.gov.au/pubs/2009/thinking_baby.html
Thinking of having a baby - planning a pregnancy and becoming pregnant

http://www.health.nsw.gov.au/pubs/2009/thinking_baby.html
Having a Baby

<http://www.health.nsw.gov.au/>
This is the main page for NSW Health. This page has links to other useful sources including NSW policy directives and guidelines.

<http://www.nhmrc.gov.au/>
The National Health Medical Research Council.

<http://www.who.int/en/>
World Health Organisation Home Page.

http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.3_mod3.pdf
Module 3: Management of Girls and Women with FGM Complications.

<http://www.nswmidwives.com.au/>
This is the main page for the Australian College of Midwives NSW Branch. An important link for midwifery students to the professional body for midwives.

<http://www.midwives.org.au/>
This is the main page for the Australian College of Midwives . An important link for midwifery students to the professional body for midwives.

<http://www.birthinternational.com/>

Home page for Birth International registration for Ozmidwifery, a chat line for midwives and consumers.

<http://www.midirs.org/>

This is an international main page for the *Midwifery Digest Quarterly* Journal.

<http://www.nace.org.au/>

National Association of Childbirth Educators.

<http://www.nice.org.uk/Guidance/CG/Published>

National Institute for Health and Clinical Excellence – Published Guidelines.

This website has various guidelines relating to pregnancy and childbirth, for example, antenatal, intrapartum, and postnatal care.

GHMB914 Art and Science of Midwifery 1

Session/s offered	Autumn Session
Credit points	6 each subject
Pre-requisites	GHMB916 Human Reproduction (part-time students)
Co-requisites	GHMB911 Midwifery Practice 1 GHMB916 Human Reproduction GHMB950 Reflective Practice 1
Contact hours	3 hours per week x 14 weeks per semester

Content

This subject is designed to be taken in conjunction with the clinical subject, GHMB911 Midwifery Practice 1. The subject provides the theoretical framework to enable student midwives to function safely while providing 'woman centred care' to each individual woman, her baby and family throughout pregnancy, birth and the postnatal period. Midwifery management of the well 'woman' throughout the childbearing continuum and healthy baby will be emphasised.

An ability to review literature is an essential component of this subject. Students are expected to demonstrate higher order thinking in the application of knowledge to practice. Critical analysis will be based on evidence and include active reflection on clinical experiences. Students are expected to facilitate their own learning by utilising the Library Database Workshops and the IT services available at the University. Students are expected to achieve a high level of learning that is evidenced by the quality of analysis, synthesis and evaluation of evidence based research and its application to midwifery practice.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. show awareness of the changing role of the midwife in caring for the childbearing woman and her family;
- b. describe the factors that influence change in the practice of midwifery, including social and political factors;
- c. analyse and critique the different models of maternity care available for women;
- d. articulate and demonstrate an appreciation of cultural and linguistic diversity in the planning and delivery of care;
- e. discuss the role and relevance of research in midwifery practice;
- f. demonstrate enhanced information retrieval, critical reading and research appreciation;
- g. critically analyse the literature in light of its contribution and application to midwifery practice;
- h. demonstrate an understanding of factors which prevent the application of existing research findings to clinical practice and how to address them in an ethical fashion;
- i. display an adequate depth and breadth of knowledge to support safe and effective midwifery management of the well mother and healthy baby;
- j. describe the effect of pregnancy, labour, birth and the puerperium on the woman's physical parameters and emotional wellbeing;
- k. demonstrate application of midwifery clinical decision making in practice;

- l. recognise when deviations from the norm occur and describe the appropriate referral pathway;
- m. describe the clinical features of the common minor disorders of pregnancy, labour, birth and the postnatal period and describe the implications to the health of mother and baby;
- n. demonstrate understanding of the concepts of low, moderate and high and all risk pregnancy in the context of midwifery led care;
- o. provide examples and reflect upon the midwife's role in keeping birth normal;
- p. organise continued learning, intellectual development and creativity in relation to ongoing education;
- q. communicate clearly and fluently in writing;
- r. display self-confidence and oral articulation;
- s. utilise computer technology to the midwifery discipline;
- t. apply the principles of legal and professional standards to midwifery care, decision making and documentation.

Subject content

Normal Pregnancy and Labour

Pre-conception:	Planned healthy conception Nutrition Fitness Immunity status Parity Decision making The Australian context
Antenatal:	The role of the midwife in antenatal care and education Confirmation of pregnancy Models of pregnancy care Preparation for parenthood Minor stressors/disorders of pregnancy Assessment and evaluation of fetal growth and wellbeing Assessment and evaluation of maternal wellbeing and adaptation to pregnancy Woman with disability Woman with a pre-existing medical, surgical or mental health condition
Labour/birth:	The role of the midwife in keeping birth normal Maternal and fetal assessment of labour Midwifery care in labour and birth Working with 'woman' - pain in labour (non-pharmacological and pharmacological) Prevention of Infection and universal precautions Assessment of maternal and foetal wellbeing – maternal and fetal responses to labour Application of midwifery clinical decision making and referral Midwifery care in labour and birth, recognition and support of the Woman's changing needs 3rd stage Perineal integrity
Postnatal Period:	Normal physical and psychological adaptation to early motherhood Breastfeeding initiation and support

The midwife's role in supporting and facilitating the woman's (and her family's) changing needs
Contraception / family planning and postnatal sexuality
Parenting skills, neonatal hygiene, nutrition and care

Neonate: Assessment of the newborn
Nutrition and feeding – requirements and normal behaviours
Care of the newborn – temperature and blood glucose control, normal behaviours and settling, sleep and wake cycles
Neonatal adaptation at birth and Apgar scoring
Active resuscitation of the newborn
Immunisation

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

1. *Informed*: Have a sound knowledge of an area of study or profession and understand its current issues, locally and internationally. Know how to apply this knowledge. Understand how an area of study has developed and how it relates to other areas.
2. *Independent learners*: Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
4. *Effective communicators*: Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
5. *Responsible*: Appreciate and respect diversity. Understand how decisions can affect others and make ethically informed choices, Act with integrity as part of local, national, global and professional communities.

ANMC domain and competencies for GHMB914

Domain – Legal and professional practice

- Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.
- Competency 4 Promotes safe and effective midwifery care.
- Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 8 Develops effective strategies to implement and support collaborative midwifery practice.
- Competency 9 Actively supports midwifery as a public health strategy.
- Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice

- Competency 11 Bases midwifery practice on ethical decision making.

- Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria are reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

Tutorial Presentation	20%
Essay	40%
Final Examination	40%

Recommended texts

Pairman, S, Pincombe, J, Thorogood, C & Tracy, S (eds) 2006, *Midwifery: preparation for practice*, Elsevier Churchill Livingstone, Sydney.

Wickham, S (ed.) 2006, *Appraising research into childbirth – an interactive workbook*, Elsevier, Edinburgh.

Recommended readings

The students are encouraged and educated to locate relevant current resources to assist in critical analysis of current topics. Therefore, this list is not exclusive as it is anticipated that students will locate additional relevant resources, including journal articles.

Australian College of Midwives 2004, ACM Philosophy for Midwifery
<http://www.midwives.org.au/AboutUs/ACMPhilosophyforMidwifery/tabid/256/Default.aspx>

Australian College of Midwives 2008, Practice Guidelines National Midwifery Guidelines for Consultation & Referral
<http://www.midwives.org.au/Portals/8/Documents/standards%20&%20guidelines/Consultation%20Referral%20Guidelines%20Sept%202008.pdf>

Australian Nursing and Midwifery Council 2006 National Competency Standards for the midwife, 1st edition,
<http://www.anmc.org.au/docs/Publications/Competency%20standards%20for%20the%20Midwife.pdf>

Brodribb, W (ed.) 2004, *Breastfeeding management in Australia*, 3rd edn, Nursing Mothers Association of Australia, Melbourne.

Cluett, ER & Bluff, R (eds) 2000, *Principles and practice of research in midwifery*, Bailliere Tindall, Edinburgh.

Downe, S 2008, *Normal childbirth: evidence and debate*, 2nd edn, Churchill Livingstone, Edinburgh.

Fraser, D & Cooper 2003, *Myles textbook for midwives*, 14th edn, Churchill Livingstone, Nottingham.

Enkin, M, Keirse, MJNC, Renfrew, M & Neilson, J 2000, *A guide to effective care in pregnancy and childbirth*, 3rd edn, Oxford University Press, Oxford.

Henderson, C & Macdonald S (eds), 2004, *Mayes' midwifery a textbook for midwives*, Elsevier, London.

Homer, CSE, Brodie, P & Leap, N 2008, *Midwifery continuity of care*, Elsevier, Chatswood.

Johnson, R & Taylor, W c2006, *Skills for midwifery practice*, 2nd edn, Churchill Livingstone, Edinburgh.

Leap, N 2009, 'Woman-centred or women-centred care: does it matter?', *British Journal of Midwifery*, vol. 17, no. 1, pp. 12-6.

Lowdermilk, D & Perry, S 2004, *Maternity & women's health*, 8th edn, Mosby, Missouri.

Nolan, ML & Foster, J (eds) 2004, *Birth and parenting skills: new directions in antenatal education*, Churchill Livingstone, Edinburgh.

NSW Health Department 1999, *Families first initiative*, The Office of Children and Young People.

NSW Health 2000, *The NSW framework for maternity services*, State Health Publication No. (NB) 000044.

NSW Health 2003 Models of Maternity Service Provision across NSW Progressing implementation of the NSW Framework for Maternity Services http://www.health.nsw.gov.au/health_pr/mpmh/pdf/models_maternity.pdf, viewed 12 April 2009.

NSW Department of Health 2006, *Maternity - homebirth services* http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_045.pdf, viewed 17 February 2008.

NHMRC 2008, *The Australian immunisation handbook*, 9th edn, AGPS, Canberra.

Nichols, FH & Humenick, SS 2000, *Childbirth education. Practice, research and theory*, WB Saunders Company, Philadelphia.

Page, LA & McCandlish, R (eds) 2007, *The new midwifery: science and sensitivity in practice*, 2nd edn, Elsevier, Edinburgh.

Proctor, S & Renfrew, M (eds) 2000, *Linking research and practice in midwifery: a guide to evidence-based practice*, Bailliere Tindall, Edinburgh.

Riordan, J (ed.) 2005, *Breastfeeding and human lactation*, Jones and Bartlett, Sudbury, Mass.

Rubin, P & Ramsay, M 2008, *Prescribing in pregnancy*, 4th edn, Blackwell, Malden Mass.

Senate Community Affairs References Committee 1999, *Rocking the cradle: a report into childbirth procedures*, Commonwealth of Australia.

Silverton, L 1993, *The art and science of midwifery*, Prentice Hall, New York.

Tiran, D & Mack, S (eds) 2000, *Complementary therapies for pregnancy and childbirth*, 2nd edn, Bailliere Tindall, Edinburgh.

World Health Organisation 1996, *Care in normal birth: a practical guide*.

World Health Organization 2005, Promoting the health of mothers and newborns during birth and the postnatal period report of the collaborative safe motherhood pre-congress workshop. Confederation of Midwives, Brisbane, Australia, 21-23 July. http://www.who.int/making_pregnancy_safer/documents/who_mps_0709/en/print.html International.

http://www.who.int/reproductivehealth/publications/MSM_96_24/MSM_96_24_table_of_contents.en.html

http://www.health.nsw.gov.au/pubs/2009/thinking_baby.html
Thinking of having a baby - planning a pregnancy and becoming pregnant.

http://www.health.nsw.gov.au/pubs/2009/thinking_baby.html
Having a Baby.

<http://www.health.nsw.gov.au/>
This is the main page for NSW Health. This page has links to other useful sources including NSW policy directives and guidelines.

<http://www.nhmrc.gov.au/>
The National Health Medical Research Council.

<http://www.who.int/en/>
World Health Organisation Home Page.

<http://www.nswmidwives.com.au/>
This is the main page for the Australian College of Midwives NSW Branch. An important link for midwifery students to the professional body for midwives.

<http://www.midwives.org.au/>
This is the main page for the Australian College of Midwives. An important link for midwifery students to the professional body for midwives.

<http://www.birthinternational.com/>
Home page for Birth International registration for Ozmidwifery, a chat line for midwives and consumers.

<http://www.midirs.org/>
This is an international main page for the *Midwifery Digest Quarterly* Journal.

<http://www.nace.org.au/>
National Association of Childbirth Educators.

<http://www.nice.org.uk/Guidance/CG/Published>
National Institute for Health and Clinical Excellence – Published Guidelines.
This website has various guidelines relating to pregnancy and childbirth, for example, antenatal, intrapartum, and postnatal care.

GHMB915 Art and Science of Midwifery 2

Session/s offered	Spring Session
Credit points	6
Pre-requisite	GHMB911 Midwifery Practice 1 GHMB914 Art and Science of Midwifery 1 GHMB916 Human Reproduction GHMB950 Reflective Practice 1 GHMB917 Midwifery in the Social Context (Part time students) GHMB923 Legal and Professionals Issues (Part time students)
Co-requisites	GHMB912 Midwifery Practice 2 GHMB917 Midwifery in the Social Context (full time students) GHMB923 Legal and Professionals Issues (full time students)
Contact hours	3 hours per week x 14 weeks per semester

Content

This subject is designed to be taken in conjunction with the clinical subject, GHMB912 Midwifery Practice 2. GHMB915 Art and Science of Midwifery 2 has been designed for the student to build on learning and understanding of the theoretical frameworks underpinning midwifery practice. This subject develops the midwives understanding of midwifery care relating to complexities arising in pregnancy, labour, postnatal and neonatal periods. An ability to review literature remains an integral component of this subject. Students are expected to continue to facilitate their own learning by utilising the Library Database Workshops and the IT services available at the University. They are expected to demonstrate a high level of learning that is evidenced by the quality of analysis, synthesis and evaluation of evidence based research and its application to midwifery practice.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. show awareness of the changing role of the midwife in caring for the childbearing woman and her family;
- b. describe the factors that influence change in the practice of midwifery, including social and political factors;
- c. analyse and critique the different models of maternity care available for women;
- d. articulate and demonstrate an appreciation of cultural and linguistic diversity in the planning and delivery of care;
- e. discuss the role and relevance of research in midwifery practice;
- f. demonstrate enhanced information retrieval, critical reading and research appreciation;
- g. critically analyse the literature in light of its contribution and application to midwifery practice;
- h. demonstrate an understanding of factors which prevent the application of existing research findings to clinical practice and how to address them in an ethical fashion;
- i. display an adequate depth and breadth of knowledge to support safe and effective midwifery management of the mother or baby with a complication;
- j. demonstrate application of midwifery clinical decision making in practice;
- k. recognise when deviations from the norm occur and describe the appropriate referral pathway;

- l. describe the clinical features of the complications of pregnancy, labour, birth and the postnatal period and describe the implications to the health of mother and baby;
- m. discuss the evidence that supports interventions in complicated pregnancy, labour, birth and the postnatal period;
- n. demonstrate understanding of the concepts of low, moderate and high and all risk pregnancy in the context of midwifery led care;
- o. organise continued learning, intellectual development and creativity in relation to ongoing education;
- p. communicate clearly and fluently in writing;
- q. display self-confidence and oral articulation;
- r. utilise computer technology to the midwifery discipline;
- s. apply the principles of legal and professional standards to midwifery care, decision making and documentation.

Subject content

Deviations from Normal Labour, Birth and the Postnatal Period *Deviations from the Normal Pregnancy*

Prenatal:	<ul style="list-style-type: none"> Assessment of fetal wellbeing Complications of pregnancy Referral guidelines Disorders of early pregnancy midwifery support and obstetric management– hyperemesis gravidarum, molar pregnancy, threatened abortion Hypertensive disorders in pregnancy Acute surgical complications in pregnancy – acute abdomen, malignancy etc Diabetes and pregnancy Cardiac disease Infections and infectious diseases in pregnancy Liver disease in pregnancy Effects of alcohol and other drugs on the mother and baby – harm minimisation Domestic violence and Child protection issues Blood dyscrasias, including incompatibilities of blood groups
Labour:	<ul style="list-style-type: none"> Complications of labour and obstetric and midwifery interventions Induction of labour – medical and surgical Dystocia, malpresentation and position Complications of birth and obstetric interventions and midwifery care Complications of the third and fourth stages and obstetric and midwifery interventions Infection control during labour and birth Fetal surveillance techniques and technologies Operative procedures, midwifery care and support Anaesthesia and anaesthetics in obstetric practice, midwifery care Management of maternal collapse; amniotic fluid embolism, uterine and cervical rupture; haemorrhage, fetal compromise Perineal episiotomy/trauma and repair
Postnatal Period:	<ul style="list-style-type: none"> Secondary postpartum haemorrhage Thromboembolism Puerperal sepsis Mood disorders in the postnatal period

Breast infections including abscess

Neonate:	Pre-term High risk Post-term Large for gestational age Small for gestational age Perinatal mortality Management of neonatal blood sugar levels Respiratory and circulatory support of the unwell infant including active resuscitation Transfer of the unwell infant to higher level facility
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Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

1. *Informed*: Have a sound knowledge of an area of study or profession and understand its current issues, locally and internationally. Know how to apply this knowledge. Understand how an area of study has developed and how it relates to other areas.
2. *Independent learners*: Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
4. *Effective communicators*: Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
5. *Responsible*: Appreciate and respect diversity.

ANMC domain and competencies

Domain – Legal and professional practice

- Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.
- Competency 4 Promotes safe and effective midwifery care.
- Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.
- Competency 6 Assesses plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 8 Develops effective strategies to implement and support collaborative midwifery practice.
- Competency 9 Actively supports midwifery as a public health strategy.
- Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice

- Competency 11 Bases midwifery practice on ethical decision making.
- Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
- Competency 13 Acts to enhance the professional development of self and others.

- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria are reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

Minor Essay/Presentation	25%
Major Essay/Presentation	35%
Final Examination	40%

Recommended texts

Pairman, S, Pincombe, J, Thorogood, C & Tracy, S (eds) 2006, *Midwifery: preparation for practice*, Elsevier Churchill Livingstone, Sydney.

Wickham, S (ed.) 2006, *Appraising research into childbirth – an interactive workbook*, Elsevier, Edinburgh.

Recommended readings

The students are encouraged and educated to locate relevant current resources to assist in critical analysis of current topics. Therefore, this list is not exclusive as it is anticipated that students will locate additional relevant resources, including journal articles.

Australian College of Midwives 2008, Practice Guidelines National Midwifery Guidelines for Consultation & Referral.

<http://www.midwives.org.au/Portals/8/Documents/standards%20&%20guidelines/Consultation%20Referral%20Guidelines%20Sept%202008.pdf>

Australian Nursing and Midwifery Council 2006 National Competency Standards for the midwife, 1st edition,

<http://www.anmc.org.au/docs/Publications/Competency%20standards%20for%20the%20Midwife.pdf>

Banks, M 1998, *Breech birth woman-wise*, Birthspirit Books, Hamilton, New Zealand.

Challinor Mifflin, P 2003, *Saving very premature babies: key ethical issues*, Harcourt.

Davies, L & McDonald, S (eds) 2008, *Examination of the newborn and neonatal health: a multidimensional approach*, Churchill Livingstone Elsevier, Edinburgh.

Enkin, M, Keirse, MJNC, Renfrew, M & Neilson, J 2000, *A guide to effective care in pregnancy and childbirth*, 3rd edn, Oxford University Press, Oxford.

Fraser, D & Cooper 2003, *Myles textbook for midwives*, 14th edn, Churchill Livingstone, Nottingham.

Gibb, D & Amulkumaran, S 2008, *Fetal monitoring in practice*, 3rd edn, Butterworth-Heinemann, Edinburgh.

Gilbert, E 2007, *Manual of high risk pregnancy and delivery*, 4th edn, Mosby Elsevier, St.Louis, Missouri.

Henderson, C & Macdonald S (eds), 2004, *Mayes' midwifery a textbook for midwives*, Elsevier, London.

Johnson, R & Taylor, W c2006, *Skills for midwifery practice*, 2nd edn, Churchill Livingstone, Edinburgh.

Kroeger, M 2004, *Impact of birthing practices on breastfeeding: protecting the mother and baby continuum*, Jones and Bartlett, Boston.

Lowdermilk, D & Perry, S 2004, *Maternity & women's health*, 8th edn, Mosby, Missouri.

NSW Health 2005, *Maternity Emergencies*

http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_161.pdf, viewed 12 April 2009.

NSW Health 2008, *Maternity- clinical care and resuscitation of the newborn infant*

http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008_027.pdf, viewed 12 April 2009.

NSW Health 2007, *Maternity –timing of elective or pre- labour caesarean section*

http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_024.pdf, viewed 12 April 2009.

NSW Health 2005, *Emergency Obstetric and Neonatal Referrals – Policy*

http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_156.pdf, viewed 12 April 2009.

NSW Health 2009, *Maternity - Clinical Risk Management Program*

http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_003.pdf, viewed 12 April 2009.

Page, LA & McCandlish, R (eds) 2007, *The new midwifery: science and sensitivity in practice*, 2nd edn, Elsevier, Edinburgh.

Queenan, J, Spong, C & Lockwood, C 2007, *Management of high-risk pregnancy: an evidence-based approach*, 5th edn, Blackwell, Oxford.

Richens, Y (ed.) 2005, *Challenges for midwives. Volume 1*, Quay Books, Salisbury.

Riordan, J (ed.) 2005, *Breastfeeding and human lactation*, Jones and Bartlett, Sudbury, Mass.

Rubin, P & Ramsay, M 2008, *Prescribing in pregnancy*, 4th edn, Blackwell, Malden Mass.

Varney, H, Kriebs, JM & Geger, CL 2004, *Varney's midwifery*, Jones and Bartlett Pub, Sudbury, Mass.

Wilson, J & Symon, A 2002, *Clinical risk management in midwifery the right to a perfect baby*, Books for Midwives, Edinburgh.

Wright Lott, J & Kenner, C 2003, *Neonatal nursing handbook*, Saunders.

Yerby, M (ed.) 2000, *Pain in childbearing: key issues in management*, Bailliere Tindall, London.

Useful web-based sources

<http://www.health.nsw.gov.au/>

This is the main page for NSW Health. This page has links to other useful sources including NSW policy directives and guidelines.

<http://www.nhmrc.gov.au/>

The National Health Medical Research Council.

<http://www.who.int/en/>
World Health Organisation Home Page.

http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.3_mod3.pdf
Module 3: Management of Girls and Women with FGM Complications.

<http://www.nswmidwives.com.au/>
This is the main page for the Australian College of Midwives NSW Branch. An important link for midwifery students to the professional body for midwives.

<http://www.midwives.org.au/>
This is the main page for the Australian College of Midwives . An important link for midwifery students to the professional body for midwives.

<http://www.midirs.org/>
This is an international main page for the *Midwifery Digest Quarterly Journal*.

<http://www.nice.org.uk/Guidance/CG/Published>
National Institute for Health and Clinical Excellence – Published Guidelines.
This website has various guidelines relating to pregnancy and childbirth, for example, antenatal, intrapartum, and postnatal care.

GHMB916 Human Reproduction

Session/s offered	Autumn Session
Credit points	6
Pre-requisite	Nil
Co-requisite	Nil
Contact hours	3 hours per week x 14 weeks

Content

This subject is designed to provide students with comprehensive knowledge of anatomy and physiology related to conception, pregnancy and birth. The human body cell structure, genetic and teratogenic influences on conception, embryonic, fetal and neonatal development are addressed. Maternal adaptation/responses to pregnancy and labour are addressed. Fetal adaptation to extrauterine life and the physiology of the postnatal period are included to enhance midwifery management in the postnatal period.

Technology used in assessment, diagnosis and intervention at all stages of the reproductive process will be explained in terms of scientific principles. The subject acknowledges the importance of research; hence emphasis is placed on current research applicable to human reproduction.

Students' tutorial presentations also provide extra learning opportunities for the student to appreciate some of the broader issues in human reproduction.

The knowledge gained from this subject provides midwives with an important component of a scientific knowledge base from which to plan and provide midwifery care. This is facilitated and enhanced by the inclusion of clinical application of theory to practice wherever possible.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. explain the fundamental principles of heredity;
- b. describe and identify the human anatomical structures associated with the reproductive process;
- c. describe the physiological processes associated with human reproduction;
- d. apply current reproductive biological knowledge to midwifery practice;
- e. discuss the role and relevance of research in midwifery practice;
- f. demonstrate enhanced information retrieval, critical reading, research appreciation and research critiquing skills.

Subject content

<i>Pre-Conception:</i>	The Human cell Mitosis and meiosis Basic Genetics The female reproductive organs The male reproductive organs Hormonal control of reproduction
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Infectious agents and their control

<i>Prenatal:</i>	Conception and implantation Cell division Basic embryology Growth and development of the fetus: stages of development Teratogenesis Placenta, membranes and amniotic fluid Fetal circulation Anatomy of the pelvis The pelvic floor The fetal skull Infections in pregnancy
<i>Labour:</i>	Initiation of labour Stages of normal labour and birth Uterine activity Maternal and fetal physiological adaptation in labour Fetal presentations
<i>Postnatal Period:</i>	Physiology of the postnatal period Anatomy and physiology of the breasts Lactogenesis
<i>Neonate:</i>	Adaption to the extra-uterine environment Cardiovascular changes

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

2. *Independent learners:* Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
4. *Effective communicators:* Articulate ideas and convey them effectively using a range of media. Work collaboratively and engage with people in different settings. Recognise how culture can shape communication.
5. *Responsible:* Appreciate and respect diversity.

ANMC domain and competencies for GHMB916

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.
- Competency 4 Promotes safe and effective midwifery care.
- Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.

Domain – Reflective and ethical practice

- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria are reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

Tutorial Presentation	25%
Major Essay	30%
Final Examination	45%

Major text

Stables, D & Rankin, J (eds) 2005, *Physiology in childbearing: with anatomy and related biosciences*, 2nd edn, Elsevier, London.

Recommended readings

The students are encouraged and educated to locate relevant current resources to assist in critical analysis of current topics. Therefore, this list is not exclusive as it is anticipated that students will locate additional relevant resources, including journal articles.

Blackburn, S 2007, *Maternal, fetal, and neonatal physiology: a clinical perspective*, 2nd edn, WB Saunders, Philadelphia.

Borg-Stein, J, Dugan, S & Gruber J 2005, 'Musculoskeletal aspects of pregnancy', *American Journal of Physical Medicine & Rehabilitation*, vol. 84, no. 3, pp. 180-92.

Carey, B 2003, 'Patent ductus arteriosus', *Newborn and Infant Nursing Reviews*, vol. 3, no. 4 pp. 126-135.

Coad, J & Melvyn, D 2005, 'Anatomy and physiology for midwives,' 2nd edn, Elsevier Churchill Livingstone, Edinburgh.

Coad, J 2005, Physiology of parturition [electronic resource University of Wollongong Library].

Davies, L & McDonald, S (eds) 2008, *Examination of the newborn and neonatal health: a multidimensional approach*, Churchill Livingstone Elsevier, Edinburgh.

Fraser, D & Cooper 2003 (July), *Myles textbook for midwives*, 14th edn, Churchill Livingstone, Nottingham.

Gray, J, Smith, R & Homer, C 2008, *Illustrated dictionary of midwifery*, Butter worth Heinemann, ?Eslevier, Sydney.

Heffner, L 2006, *The reproductive system at a glance*, Blackwell, Oxford.

Pairman, S, Pincombe, J, Thorogood, C & Tracy, S 2006, *Midwifery: preparation for practice*, Churchill Livingstone, Sydney.

Davidson, M 2008, *Olds' maternal-newborn & women's health across the lifespan*, 8th edn, Pearson Prentice Hall. New Jersey.

Marieb, EN 2004, *Human anatomy & physiology*, 6th edn (International Edition), Pearson, Benjamin Cummings, San Francisco.

Sullivan, A, Kean, L & Cryer, A 2006, *Midwife's guide to antenatal investigations*, Churchill Livingstone, Edinburgh.

Wylie, L 2000, *Essential anatomy and physiology in maternity care*, Churchill Livingstone, Edinburgh.

GHMB917 Midwifery in the Social Context

Session/s offered	Spring Session
Credit points	6
Pre-requisite	Nil
Co-requisite	Nil
Contact hours	3 hours face-to-face per week x 14 weeks

Content

This subject will provide the student with an in depth knowledge of theory and research, on psychological, sociological and cultural influences throughout the period of pregnancy, childbirth, and parenting. Evidenced based research, and knowledge of national guidelines and community resources are utilised to equip the student to assist the contemporary family throughout this transition to parenthood. Students are challenged to explore their own values and belief systems. They are encouraged to develop an appreciation for cultural and social diversity and differing perspectives they encounter in the clinical setting. This subject enables the students to be advocates for woman centred choices and for fostering development of the midwifery professional. The implication of the content of this subject is to reiterate the primary health care role of the midwife and the importance of cultural safety.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. relate an understanding of psychosocial and emotional experience of families and individuals during the childbearing period to midwifery practice;
- b. demonstrate extensive knowledge of the factors impacting on the relationship between the caregiver and the infant;
- c. demonstrate knowledge of appropriate community resources and support systems for childbearing families;
- d. demonstrate enhanced information retrieval, critical reading and research appreciation;
- e. evaluate and synthesise relevant research relating to the psychological, sociological and cultural influences that impact in childbearing individuals and families;
- f. critically analyse the literature in light of its contribution and application to midwifery practice;
- g. understand the concept of cultural safety and its importance in providing culturally appropriate care;
- h. appreciate the dynamic interactional system between infants, parents, families and the wider community and how this impacts on midwifery care.

Subject content

Abortion
Adjustment to Birth Experience
Adoption
Assisted Conception
Substance Use
Child Abuse and Neglect
Domestic Violence

Early Discharge
 Father's Role in Pregnancy and Childbirth
 Infertility
 Labour – Woman centred Choices/Decision-Making Processes
 Midwifery Professional Issues
 Miscarriage
 Mother/Family Experiences of Special Care Nurseries
 Multiple Births
 Postnatal Depression
 Postpartum Adjustment
 Pregnancy over 36 years of age
 Premature Birth
 Preparing for Childbirth – Women's Choices
 Same gender parenting
 Separation and Divorce
 Sexuality Following Childbirth
 Sibling Rivalry
 Single Parenting
 Social Support in Pregnancy and Childbirth
 Society's Views of Motherhood
 Specific issues in regards to childbearing Indigenous Women
 Specific issues in regards to childbearing women from Culturally and Linguistically Diverse (CALD) backgrounds
 Stillbirth and Neonatal Loss
 Sudden Infant Death Syndrome
 Teenage Pregnancy
 Transition to Parenthood
 Public Policy and Initiatives eg. Home Birth

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

2. *Independent learners*: Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection.
3. *Problem solvers*: Apply creative, logical and critical thinking skills to respond effectively. Make and implement decisions. Take on challenges and opportunities. Be flexible, thorough, innovative and aim for high standards.
4. *Effective communicators*: Articulate ideas and convey them effectively using a range of media. Recognise how culture can shape communication.
5. *Responsible*: Appreciate and respect diversity. Understand how decisions can affect others and make ethically informed choices. Act with integrity as part of local, national, global and professional communities.

ANMC domain and competencies for GHMB917

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.
- Competency 4 Promotes safe and effective midwifery care.
- Competency 5 Assesses, plans, provides and evaluates safe and effective midwifery care.
- Competency 6 Assesses, plans, provides and evaluates safe and effective midwifery care for the woman and/or baby with complex needs.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 9 Actively supports midwifery as a public health strategy.
- Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice

- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria are reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

Tutorial presentation	30%
Minor Essay	30%
Major Essay	40%

Recommended texts

Page, LA & McCandlish, R (eds) 2007, *The new midwifery: science and sensitivity in practice*, 2nd edn, Elsevier/Churchill Livingstone, Edinburgh.

and

Stewart, M 2004, *Pregnancy, birth and maternity care*, Elsevier.

Recommended readings

This is not intended as an exhaustive list. Students should use the Library catalogue and databases to locate additional resources. The students are encouraged and educated to locate relevant current resources to assist in the critical analysis of current topics.

Australian Nursing & Midwifery Council 2006, *National competency standards for the midwife*, ANMC, ACT.

Anderson, I 2007, 'Policy processes', in *Social determinants of indigenous health*, B Carson, R Chanhall & R Bailie (eds), Allen & Unwin, NSW.

Brady, M 2004, *Indigenous Australia and alcohol policy: meeting difference with indifference*, UNSW Press, Sydney.

Briscoe, L 2008, *Midwifery care for asylum seekers*, Quay Books Elsevier, Edinburgh.

Campbell, S & Brown, S 2004, 'Maternity care with the women's business service at the Mildura Aboriginal health service', *Australian & New Zealand Journal of Public Health*, vol. 28, no. 4, pp. 376-382.

Caplice S 2007, 'Malabar Midwifery Service', *Midwifery Matters*, vol. 25, no. 3, p. 21.

Carter, B, Hussen, E, Abbott, L, Liddle, M, McCormack, M, Duncan, P & Nathan, P 1987, 'Borning: Pmere Laltyeke Anwerne Ampe Mpwaryeke, Congress Alukra by the Grandmother's Law: a report prepared by the Central Australian Aboriginal Congress', *Australian Aboriginal Studies*, no. 1, pp. 2-33.

- Cioffi, J 2004, 'Caring for women from culturally diverse backgrounds: midwives' experiences', *Journal of Midwifery & Women's Health*, vol. 49, no. 5, pp. 437-442.
- Cunneen, C & Libesman, T 2000, 'Post-colonial trauma; the contemporary removal of Indigenous children and young people from their families in Australia', *Australian Journal of Social Issues*, vol. 35, no. 2, pp. 99-115.
- Couzos, S & Murray, R 2008, *Aboriginal primary health care: an evidence-based approach* 3rd edn, Oxford University Press, Melbourne.
- Dahlen, H 2006, 'Midwifery: at the edge of history', *Women and Birth*, vol. 19, no. 1, pp. 3-10.
- Edwins, J 2008, *Community midwifery practice*, Blackwell, Oxford.
- Edwards, G 2007, *Essential midwifery practice: public health*, Blackwell Publishing Oxford.
- Eckermann, A-K, Dowd, T, Chong, E, Nixon, L, Gray, R & Johnson, S 2006, *Binan Goonj: bridging cultures in Aboriginal health*, 2nd edn, Churchill Livingstone Elsevier, Sydney.
- Fahy, K, Foureur, M & Hastie, C (eds) 2008, *Birth territory and midwifery guardianship: theory for practice, education and research*, Books for Midwives/Butterworth Heinemann Elsevier, Edinburgh.
- Forrester, R & Kenna, D 2005, 'Yalmambiladhaany ("the ones who teach each other"): an Aboriginal women's peer education program in the Mid-Western Area Health Service of New South Wales', *Central to Health: sustaining well-being in remote and rural Australia National Rural Health Conference*, Alice Springs.
- Fraser, J 2003 (December), *Child protection. A guide for midwives*, 2nd edn, Harcourt.
- Hillier, D 2003, *Childbirth in the global village: implications for midwifery education and practice*, Routledge, New York.
- Hunt, S & Martin, M 2001, *Pregnant women: violent men. What midwives need to know*, Books for Midwives, Butterworth-Heinemann, Oxford.
- Hunt, SC 2004, *Poverty, pregnancy and the healthcare professional*, Elsevier, Edinburgh.
- Hunt, J 2006, 'Trying to make a difference: a critical analysis of health care during pregnancy for Aboriginal and Torres Strait Islander women', *Australian Aboriginal Studies*, no. 2, pp. 47-56.
- Jackson Pulver, LR, Bush, A & Ward, J 2003, 'Identification of Aboriginal and Torres Strait Islander women using an urban obstetric hospital', *Australian Health Review*, vol. 26, no. 2, pp. 19-25.
- Johnstone, M & Kanitsaki, O 2007, 'An exploration of the notion and nature of the construct of cultural safety and its applicability to the Australian health care context', *Journal of Transcultural Nursing*, vol. 18, no. 3, pp. 247-256.
- Jupp, J 2002, *From white Australia to Woomera: the story of Australian immigration*, Cambridge University Press, Port Melbourne.

- Kent, J 2000, *Social perspectives on pregnancy and childbirth for midwives, nurses and the caring professions*, Allen & Unwin, Philadelphia.
- Kildea, S 2006, 'Risky business: contested knowledge over safe birthing services for Aboriginal women', *Health Sociology Review*, vol. 15, no. 4, pp. 387-396.
- Kirkham, M 2000, *The midwife-mother relationship*, Macmillan Press, London.
- Kitzinger, S 2005, *The politics of birth*, Elsevier Butterworth Heinemann, Edinburgh.
- Kruske, S, Kildea, S & Barclay, L 2006, 'Cultural safety and maternity care for Aboriginal and Torres Strait Islander Australians', *Women and Birth*, vol. 19, no. 3, pp. 73-77.
- Liamputtong, P & Naksook, C 2003, 'Life as mothers in a new land: the experience of motherhood among Thai women in Australia', *Health Care for Women International*, vol. 24, no. 7, pp. 650-668.
- Lowdermilk, DL & Perry, SE 2003 (August), *Maternity & womens health care*, 8th edn, Mosby.
- Mander, R 2004, *Men and maternity*, Routledge, New York.
- Minniecon, D, Parker, E & Cadet-James, Y 2003, 'The experiences of young Australian Indigenous women in pregnancy, childbirth and post-partum period: a framework for a community-based model of care', *Aboriginal and Islander Health Worker Journal*, vol. 27, no. 2, pp. 14-16.
- Mullin, A 2005, *Reconceiving pregnancy and childcare: ethics experience and reproductive labor*, Cambridge University Press, New York.
- Nakata, M 2007, *Disciplining the savages: savaging the disciplines*, Aboriginal Studies Press, Canberra.
- National Aboriginal and Torres Strait Islander Health Council 2003, 'National Aboriginal and Torres Strait Islander Health Council National strategic framework for Aboriginal and Torres Strait Islander health, 2003-2013', *National Aboriginal and Torres Strait Islander Health Council for the Australian Health Ministers' Conference*, NATSIHC, Australia.
- NSW Health Department 2006, *NSW Aboriginal maternal and infant health strategy evaluation*, final report 2005, NSW Health Department, Sydney.
- NSW Department of Health 2006, *Policy directive: maternity - public homebirth services, primary health and community partnerships*, NSW Department of Health, Sydney.
- Ó Lúanaigh, P & Carison, C 2005, *Midwifery and public health: future directions new opportunities*, Churchill Livingstone Elsevier, Edinburgh.
- Price, S 2007, *Mental health and pregnancy*, Churchill Livingstone, Edinburgh.
- Reid, L 2007, *Midwifery, freedom to practise? An international exploration of midwifery practice*, Churchill Livingstone, Edinburgh.
- Stewart, M (ed.) 2004, *Pregnancy, birth and maternity care: feminist perspective*, Books for Midwives, Edinburgh.

Watson, J, Hodson, K & Johnson, R 2002a, 'Developing strategies to gather information about the maternity experiences of indigenous women in an acute care setting', *Australian Journal of Rural Health*, vol. 10, no. 3, pp. 147-153.

Watson, J, Hodson, K, Johnson, R & Kemp, K 2002b, 'The maternity experiences of indigenous women admitted to an acute care setting', *Australian Journal of Rural Health*, vol. 10, no. 3, pp. 154-160.

Watson, J, Hodson, K, Johnson, R, Kemp, K & May, J 2002c, 'Opinions of healthcare professionals regarding the maternity experiences of indigenous women in an acute care setting', *Australian Journal of Rural Health*, vol. 10, p. 3, pp. 161-167.

Wickham, S 2005 *Midwifery: best practice volume 3*, Elsevier, Edinburgh.

Useful web-based sources

<http://www.health.nsw.gov.au/>

This is the main page for NSW Health. This page has links to other useful sources including NSW policy directives and guidelines.

<http://www.health.gov.au/nhmrc/>

The National Health Medical Research Council.

<http://www.nswmidwives.com.au/>

This is the main page for the NSW Branch of the Australian College of Midwives. An important link for midwifery students to the professional body for midwives.

<http://www.midwives.org.au/>

This is the main page for the Australian College of Midwives . An important link for midwifery students to the professional body for midwives.

<http://www.midirs.org/>

This is an international main page for the Midwifery Digest Quarterly Journal.

http://www.cafhna.org.au/cafhna/show_page.php?sesid=1ykWpYqbknyhYnbqgNfjRuMqqvZ2Q01PGP48s7Wd9ZfhtVHpXVDho4pl0NI11EFG&page_label=home

The Child and Family Health Nurses Association.

GHMB923 Legal and Professional Issues

Session/s offered	Spring Session
Credit points	6
Pre-requisite	Nil
Co-requisite	Nil
Contact hours	3 hours per week x 13 weeks (Some classes – up to 4) are flexibly delivered using personal office, telephone or email consultations as well as on-line discussions and presentations.

Content

This subject is designed to assist students to deal with legal, ethical and professional issues in relation to their area of clinical practice. Relevant Australian legislation, appropriate case law, principles of conflict management, and examples of ethical and moral reasoning will be used to provide a framework for clinical decision-making.

Advances in scientific knowledge and technology and demands on health care resources mean that health care professionals such as midwives and nurses participate in decisions of legal, moral and professional significance. In order to be accountable to their clients and their profession, health professionals need the opportunity to study legal, moral and professional issues so that they are capable of engaging in clinical decision-making processes which take into account the inherent legal, ethical and professional concerns.

This subject is designed to assist students to think critically and creatively. It draws on different ways of thinking and learning so that students can form connections between insights, inspiration, logic and questions. It is built on the assumption that effective learning occurs when student are interested in resolving an issue in their own mind. The subject design enables students to develop their inquiry skills, develop their own criteria for criticism of the hypotheses and answers they develop, synthesize complex information and conduct intellectual simulations of their answers. In this way the subject provides a real and relevant connection with clinical practice.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- a. apply knowledge of Australian law to clinical issues;
- b. recognise and support the pivotal role of documentation in clinical practice;
- c. recognise and analyse legal, ethical, political and professional issues;
- d. defend personal stance on legal, ethical, political and professional issues, using logical argument, clinical examples and reference to appropriate authority and precedent;
- e. implement strategies to resolve legal and professional issues arising in clinical practice;
- f. be accountable for their clinical practice in terms of the legal, ethical and professional implications of that practice;
- g. demonstrate the development the knowledge, attitudes and values such as those contained in national competency statements, that underpin effective performance in their professional area.

Subject content

The legal context of practise
Administration of medications
Confidentiality and privacy
Duty of care, negligence and vicarious liability
Ethics and professional practice
Codes of professional practice/codes of ethics
Statutory law and health services
Rights and claims to rights in health care
Consent and decisional incapacity
Quality improvement perspectives
Ethics in health care research
Strategies for the resolution of personal dilemmas
Civil and criminal law related to clinical practice and documentation
Occupational health and safety
Law relating to child protection and family violence
Documentation related to assessment, implementation and evaluation of care
Resource management of clinical practice
Consumer perspectives and the consumer movement
Evidence-based practice and the role of research in shaping practice
Risk management, open disclosure and suppression of dissent
Accountability, delegation, collegiality, leadership and conflict resolution
Bullying, harassment and victimisation
Mentoring, peer review, supervision

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

1. *Informed*: Have a sound knowledge of an area of study or profession and understand its current issues, locally and internationally. Know how to apply this knowledge. Understand how an area of study has developed and how it relates to other areas.
2. *Independent learners*: Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
5. *Responsible*: Appreciate and respect diversity. Understand how decisions can affect others and make ethically informed choices. Act with integrity as part of local, national, global and professional communities.

ANMC domain and competencies for GHMB923

Domain – Legal and professional practice

- Competency 1 Functions in accordance with legislation and common law affecting midwifery practice.
- Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.
- Competency 4 Promotes safe and effective midwifery care.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 10 Ensures midwifery practice is culturally safe.

Domain – Reflective and ethical practice

- Competency 11 Bases midwifery practice on ethical decision making.
- Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment criteria is reviewed by the subject coordinator and the SNMIH Assessment Committee as per UOW guidelines prior to commencement of the academic semester.

Assessment Task	Weighting	Due Date
Critical Reflections (200-500 words)	10%	Week 4
Critical Reflections (200-500 words)	15%	Week 6
Critical Reflections (200-500 words)	20%	Week 8
On-line presentation	5%	Week 10
Major Assignment (3000 words)	50%	Week 13

Major texts

McIlwraith, JF & Madden, WJ 2006, *Health care and the law*, Thomson Legal and Regulatory, Rozelle, NSW.

Students will draw on relevant case law, statute law, government policies and scholarly papers.

Recommended readings

This is not intended as an exhaustive list. Students should use the Library catalogue and databases to locate additional resources.

Ashcroft, RD, Dawson, A, Draper, H & McMillan, JR (eds.) 2007, *Principles of health care ethics*, John Wiley & Sons, Chichester, UK.

Campbell, AV, Gillette, G & Jones, G 2005, *Medical ethics*, 4th edn, Oxford University Press, Melbourne.

Chiarella, M 2002, *The legal and professional status of nursing*, Churchill Livingstone, New York.

Dickenson, DE 2002, *Ethical issues in maternal-fetal medicine*, Cambridge University Press, Cambridge.

Forrester, K & Griffiths, D 2005, *Essentials of law for health professionals*, 2nd edn, Elsevier Mosby, Sydney.

Freckelton, IR & Peterson, KA, 2006 *Disputes and dilemmas in health law*, The Federation Press, Sydney.

Frith, L & Draper, H (eds) 2004, *Ethics and midwifery*, 2nd edn, Books for Midwives, Edinburgh.

Jackson, JC 2006, *Ethics in medicine*, Polity, Cambridge.

Johnstone, MJ 2009, *Bioethics: a nursing perspective*, 5th edn, Elsevier, Sydney.

Kerridge, I, Lowe, M & McPhee, J 2005, *Ethics and the law for health professionals*, 2nd edn, Federation Press, Annandale NSW.

Lo, B 2005, *Resolving ethical dilemmas: a guide for clinicians*, 3rd edn, Lippincott Williams & Wilkins, Philadelphia.

Mapps, TA & DeGrazia, D (eds) 2006, *Biomedical ethics*, McGraw-Hill, Boston.

Mepham, B 2005, *Bioethics: an introduction for the biosciences*, Oxford University Press, Oxford.

Mifflin, P 2003, *Saving very premature babies: key ethical issues*, Elsevier Science Ltd, London.

Nurses Registration Board of NSW 2001, *Professional conduct: a case book of disciplinary decisions relating to professional conduct matters*, Nurses Registration Board of NSW, Sydney.

Pairman, S, Pincombe, J, Thorogood, C & Tracy, S 2006, *Midwifery: preparation for practice*, Elsevier, Sydney.

Staunton, PJ & Chiarella, M 2008, *Nursing & the law*, 6th edn, Elsevier (Australia), Marrickville.

Symon, A & Kirkham, M 2006, *Risk and choice in maternity care: an international perspective*, Elsevier/Churchill Livingstone, Philadelphia.

Thompson, F 2004, *Mothers & midwives: an ethical journey*, Books for Midwives, Edinburgh.

Thompson, DF 2005, *Restoring responsibility: ethics in government, business, and healthcare*, Cambridge University Press, New York.

Useful web-based sources

<http://www.health.nsw.gov.au>

This is the main page for NSW Health. This page has links to other useful sources including NSW policy directives and guidelines.

<http://www.rcna.org.au/>

The Royal College of Nursing Australia is one of the key national professional nursing organisations.

<http://www.nmb.nsw.gov.au/>

The NMB NSW is the statutory authority responsible for regulating the practice of nursing and midwifery in NSW.

<http://www.nursing.aust.edu.au/>

This site provides access to the web pages of the College of Nursing – a professional nursing organisation.

<http://www.nswnurses.asn.au/>

The NSW Nurses Association is one of the industrial organisations for nurses and other health care workers in NSW.

<http://www.hccc.nsw.gov.au/>

The Health Care Complaints Commission is the statutory body empowered to receive and investigate complaints about health care, health carers and health care facilities in the NSW public health system.

<http://www.austlii.edu.au>

This site allows students to search for electronic copies of a range of resources including cases and legislation in several jurisdictions of Australia.

<http://www.acmi.org.au/>

This is the web site of the Australian College of Midwives – a national professional organisation of midwives.

<http://www.anmc.org.au/>

The Australian Nursing and Midwifery Council (ANMC) is the key health research and policy organisation. It issues guidelines on clinical practice and on processes to protect the rights and wellbeing of participants in health research.

<http://www.health.gov.au/nhmrc/>

The Australian Nursing Council (ANC) is the key health research and policy organisation. It issues guidelines on clinical practice and on processes to protect the rights and wellbeing of participants in health research.

<http://www.internationalmidwives.org>

International Confederation of Midwives.

<http://www.icn.ch/>

The International Council of Nurses is a federation of 124 national nurses' associations worldwide which works to ensure quality care for all and sound health policies.

GHMB950 Reflective Practice 1

Session/s offered	Autumn Session
Credit points	6
Pre-requisite	Nil
Co-requisite	Nil
Contact hours	3 hours per week x 13 weeks

Delivery

The subject includes tutorials, in which students will present and discuss their work in the face-to-face and online discussion forums on eLearning@UOW. The subject will be run in such a way that will allow all students to present and/or submit, and receive feedback on, two (2) practitioner incidents analyses (see under 'assessment') Feedback is aimed at enhancing the theoretical underpinnings of the analyses as well as written and verbal presentation skills (if relevant) There will be four face-to-face sessions of intensive study, in which students are introduced to the practitioner incident analysis technique and its particular use in this subject. Students not attending the study days will be expected to undertake the designated activities through the online learning environment.

Learning modules are used in this subject that includes further activities; completion of these modules is a requirement for successful completion of this subject.

Master of Science Midwifery cohort of student activities are monitored by staff within the postgraduate midwifery program to ensure the subject facilitated contemporary midwifery concepts.

Content

This Reflective Practice subject develops (or enhances existing) personal conceptual frameworks and skills of reflectivity applicable to practice, to enable participants to 'stand back' from situations, to see the 'whole of the moon' rather than just 'the crescent'. Participants are encouraged to analyse, synthesise and evaluate research and experience to develop critical thinking skills. The subject promotes reflection on theory and research which underpins practice, to enable participants to identify potential areas for practice development and meaningful research.

Objectives

On successful completion of the subject, it is anticipated the student will be able to:

- develop the processes that enable researchers to 'step back' or 're-view' situations and thus identify researchable problems that will answer questions that practitioners actually need answered;
- enhance information literacy skills (encompassing advanced searching techniques and critical reading skills);
- develop skills required to synthesise academic endeavour with clinical application, by requiring that students be able to sustain reasoned analysis and argument throughout a substantial piece of referenced work, whilst acknowledging and applying its relevance to their **clinical** practice.

Graduate Qualities

Student development of the following Graduate Qualities will be enhanced by their participation in this subject:

1. *Informed*: Have a sound knowledge of an area of study or profession and understand its current issues, locally and internationally. Know how to apply this knowledge. Understand how an area of study has developed and how it relates to other areas.
2. *Independent learners*: Engage with new ideas and ways of thinking and critically analyse issues. Seek to extend knowledge through ongoing research, enquiry and reflection. Find and evaluate information, using a variety of sources and technologies. Acknowledge the work and ideas of others.
3. *Problem solvers*: Apply creative, logical and critical thinking skills to respond effectively. Make and implement decisions. Take on challenges and opportunities. Be flexible, thorough, innovative and aim for high standards.
4. *Effective communicators*: Articulate ideas and convey them effectively using a range of media. Recognise how culture can shape communication.
5. *Responsible*: Appreciate and respect diversity.

ANMC domain and competencies for GHMB950

Domain – Legal and professional practice

- Competency 1 Functions in accordance with legislation and common law affecting midwifery practice.
- Competency 2 Accepts accountability and responsibility for own actions within midwifery practice.

Domain – Midwifery knowledge and practice

- Competency 3 Communicates information to facilitate decision making by the woman.

Domain – Midwifery as primary health care

- Competency 7 Advocates to protect the rights of women, families and communities in relation to maternity care.
- Competency 8 develops effective strategies to implement and support collaborative midwifery practice.

Domain – Reflective and ethical practice

- Competency 11 Bases midwifery practice on ethical decision making.
- Competency 12 Identifies personal beliefs and develops these in ways that enhance midwifery practice.
- Competency 13 Acts to enhance the professional development of self and others.
- Competency 14 Uses research to inform midwifery practice.

Assessment

Assessment is reviewed annually as discussed in point 1.8 Assessment Summary. Year 2009 assessment will be as follows:

Practitioner incident description	20%
Two critical analyses of research papers	30%
One practitioner incident analysis	50%

Recommended text

Crookes, PA & Davies, S 2004, *Research into practice: essential skills for reading and applying research in nursing and health care*, Baillière Tindall, Edinburgh.

Theoretical foundation texts and articles

Clarke, E 1987, *Identifying and defining questions for research*, Module 5 'Research awareness - a program for nurses, midwives and health visitors', Distance Learning Centre.

Norman, I, Redfern, S, Tomalin, D & Oliver, S 1992, 'Developing Flanagan's critical incident technique to elicit indicators of high and low quality nursing care from patients and their nurses', *Journal of Advanced Nursing*, vol. 17, pp. 590-600.

Schon, DA 1983, *The reflective practitioner: how professionals think in action*, Basic Books, Harper Collins.

Schon, DA 1987, *Educating the reflective practitioner*, San Francisco, Jossey-Bass.

World Health Organisation Department of Reproductive Health and Research 1997, *Care in normal birth: a practical guide*, WHO, Geneva.

Wright-Mills, C 1970 'On intellectual craftsmanship', in *The sociological imagination*, Penguin, Harmondsworth.

Suggested texts and journals

The students are encouraged and educated to locate relevant current resources to assist in critical analysis of current topics. Therefore, this list is not exclusive as it is anticipated that students will locate additional relevant resources, including journal articles relevant to their practice discipline. Resources used in the learning modules are provided on the readings through the UOW Library.

Benner, P 2001, *'From novice to expert' excellence and power in clinical nursing practice*, Prentice Hall, Upper Saddle River.

Bulman, C & Schutz, S, 2008, *Reflective practice in nursing*, 4th edn, Blackwell Pub, Oxford.

Burns, N & Grove, SK 2007, *Understanding nursing research: building an evidence-based practice*, 4th edn, WB Saunders, St Louis.

DePoy, E & Gitlin, LN 2005, *Introduction to research: understanding and applying multiple strategies*, 3rd edn, Mosby, St Louis.

Harris, M 2008, 'Scaffolding reflective journal writing - negotiating power, play and position', *Nurse Education Today*, vol. 28, no. 3, pp. 314-326.

Johns, C 2002, *Guided reflection, advancing practice*, Blackwell Publishing, Oxford.

Larrivee, B 2000, 'Transforming teaching practice becoming a critically reflective practitioner', *Reflective Practice*, vol. 1, no. 3, pp. 293-308.

Parker, J 2005, 'A journey of transition', *Journal of Neonatal Nursing*, vol. 11, no. 2, pp. 58-64.

Pavlovich K 2007, 'The development of reflective practice through student journals', *Higher Education Research & Development*, vol. 26, no. 3, pp. 281-295.

Phillips, DJ & Hayes, BA 2008, 'Securing the oral tradition: reflective positioning and professional conversations in midwifery education', *Collegian: Journal of the Royal College of Nursing Australia*, vol. 15, no. 3, pp.109-114.

Proctor, S & Renfrew, M (eds) 2000, *Linking research and practice in midwifery: a guide to evidence-based practice*, Bailliere Tindall, Edinburgh.

Rees, C 2003, *Introduction to research for midwives*, 2nd edn, Harcourt.

Ruth-Sahd, LA 2003, 'Reflective practice: a critical analysis of data-based studies and implications for nursing education', *Journal of Nursing Education*, vol. 42, no. 11, pp. 488-497.

Schon DA 2005, *The reflective practitioner. How professionals think in action*, Ashgate Publishing Ltd, Hants.

Schutz, S 2007, 'Reflection and reflective practice', *Community Practitioner*, vol. 80, no. 9, pp. 26-29.

Stuart CC 2001, 'The reflective journeys of a midwife tutor and her students', *Reflective Practice*, vol. 1, no. 2, pp. 171-184.

Thorpe M 2000, 'Encouraging students to reflect as part of the assignment process', *Active Learning in Higher Education*, vol. 1, no. 1, pp. 79-92.

Taylor, BJ 2000, *Reflective practice: a guide for nurses and midwives*, Allen & Unwin Sydney.

Weston, A, Chambers, R & Boath, E 2001, *Clinical effectiveness & clinical governance For midwives*, Radcliffe Medical Press, Oxford.

Williams M 2004, 'Concept mapping - a strategy for assessment', *Nursing Standard*, vol. 19, pp. 33-38.

Useful web-based sources

RCT 's: <http://www.bmj.com/rct/contents.html>

US National Clinical Guidelines Centre: <http://www.guideline.gov/index.asp>

Joanna Briggs: <http://www.joannabriggs.edu.au/>

Evidence Based Nursing Journal: <http://ebn.bmjournals.com/>

CASP Oxford: <http://www.phru.org.uk/~casp/index.htm>

York Centre for Clinical Effectiveness: <http://www.york.ac.uk/inst/crd/em51.htm>

6d Example of a subject outline for mixed modes

See subject outline for GHMB950 Reflective Practice 1. See section 5.2.1 (p. 22).

6.1 Integration and internal consistency

Integration and internal consistency has been demonstrated in the subject outlines presented in section 6 of this document. Competency standards will be met when the students are undertaking GHMB911 Midwifery Practice 1, GHMB912 Midwifery Practice 2 and GHMB913 Midwifery Practice 3. The theoretical underpinning of the program have been described within the document under section 1. The university processes for teaching and learning have been outlined under sections 2 and 3. Midwifery theory and practice is integrated through out the curriculum. Students are provided within in-service and tutorial opportunities within the clinical settings.

6.2 Content

As demonstrated in section 6 the following content is covered within different subjects within the program.

Health assessment	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Care and management of the woman and her baby in both normal and complex situations	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Pathophysiology	GHMB916, GHMB914 & GHMB915
Pharmacology and medication administration	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Issues and practicalities related to pain in labour	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
The promotion of normal birth	GHMB914, GHMB911, GHMB912, GHMB913
Breastfeeding and infant nutrition	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913 and GHMB917
Family planning	GHMB914, GHMB911, GHMB912, GHMB913
Perioperative care including pain management	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Wound management	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Haemodynamic management	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Infection control	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913, GHMB916
Care during medical, surgical and obstetric emergencies	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Communication skills	All of the program
Regulatory and legislative requirements	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913, GHMB923 and GHMB917
Aboriginal health (University of Wollongong prefers the term Aboriginal and Torres Strait Islander or Indigenous)	GHMB911, GHMB912, GHMB913, GHMB914, GHMB915 and GHMB917. The major written assessment for GHMB917 is based on Indigenous health issues and cultural safety
Primary health care and community development	GHMB914, GHMB915, GHMB911, GHMB912,

	GHMB913 and GHMB917
Promotion of a positive workplace culture and occupational health and safety issues	GHMB914, GHMB915, GHMB911, GHMB912, GHMB913
Midwifery inquiry and research	All of the program

6.3 Undefined within NMB NSW midwifery education guidelines

This section does not appear within the NMB NSW midwifery education guidelines.

6.4 Texts

Textbooks have been identified within each subject outline in section 6.

6.5 Student assessment

6.5a Sample assessment materials used for midwifery practice assessment of competency

See CCP (separate document).

6.5b Description of mechanisms for dealing with unsatisfactory theoretical and midwifery practice performance

Assessment criteria for each subject have been provided in section 6c of this curriculum.

Management of dealing with unsatisfactory progress has been provided in section 3 Course Management and section 4 Students of this curriculum.