Master of Clinical Practice (Midwifery) **Sept 2024**

# YEAR 1 TERM one

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| MIDWF571: The Practicing Midwife in Aotearoa **(Level 8, 15 points)** |

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| **Tuition hours** | |
| Teaching contact hours | 50 |
| Clinical hours | 0 |
| Online learning hours | 50 |
| Independent study hours | 50 |
| Total student learning hours | 150 |

This paper explores midwifery as an autonomous profession in Aotearoa New Zealand, defining its philosophy and scope of practice. Students develop skills to undertake integrated assessments for whānau who are planning a pregnancy, pregnant, birthing, or postnatal.

**Learning Outcomes**

Students who successfully complete the paper should be able to:

1. Critique and reflect on the midwifery scope of practice, in relation to the past and present midwifery profession, and the provision of culturally safe care

2. Demonstrate beginning competency in midwifery clinical skills relating to the assessment of pregnant individuals and fetal wellbeing

3. Demonstrate communication skills, to assess, plan, provide and evaluate the care of whānau who are pregnant, birthing or postnatal

4. Review and analyse how relevant legislation and policies influence the midwifery profession, and how these can inadvertently lead to institutional racism and bullying

**Content**

* professional midwifery issues, including history and politics - Nurses Amendment Act, NZCOM, Midwifery Council, MFYP, Scope of Practice, Code of Conduct, Statement on Cultural Competence for Midwives, Midwifery Philosophy and Code of Ethics.
* health and maternity system – continuity of care model, LMC and core midwifery, prescribing, ordering tests
* place of birth, including Māori traditional practices
* physiology of pregnancy, birth and postnatal period
* supporting women in labour including working with pain, water birth, positioning – including the pelvis and mechanisms of labour
* explore social services and community support agencies – whanau support services, postnatal support groups, Well Child providers, social work, and other social and community support agencies
* review professionalism and professional organisation
* review relevant legislation and policies including regulatory requirements - Notice 21 (Sec 88), Referral Guidelines, Abortion legislation, HPCAA, HDC, ACC, Privacy
* ways of knowing including traditional Māori practices, sociological underpinnings, women’s studies, application of research in practice
* reflective practice in midwifery
* integrated antenatal and postnatal assessment skills using Whare model (including use of screening and diagnostic tools such as GROW charts, family violence, and maternal mental health, smoking cessation)
* develop and maintain self-resilience and wellbeing, knowledge of a range of self-care and coping skills appropriate for whanau
* healthy eating in pregnancy and birth
* clinical skills including history taking, venipuncture, cannulation,
* documentation (partogram, MEWS), and data collection (MMPO, Expect, Plato)
* adaptations of the newborn after birth (normal responses)

**Assessments**

Assessment 1 (40% weighting) (1, 4**)**

Group presentation: The evolution of midwifery in Aotearoa – exploring historical significance of Acts of 1902, 1977 & 1990, influence of St Helens hospitals, impact of colonisation on traditional Māori birthing, Save the Midwife campaign.

Each group will be assigned a specific topic related to the history of midwifery in Aotearoa. The group will investigate and report on the factors that prompted these changes, the reactions generated and the outcomes of these changes in retrospect. The group will consider the impact and reaction from other professions that work alongside midwifery. Each member of the group will complete a reflection on how their personal understanding has changed following this assessment. Each group will have 15 minutes to present with five minutes question time. At the end of the presentation the group will provide the marker with a summary sheet of key points from the presentation and references used. A maximum of 10 slides may be used if using powerpoint.

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| **Criteria** | **Mark** | **Mark gained** |
| Academic presentation | 5 |  |
| Critique the factors that prompted these changes including the context that contributed to the changes | 5 |  |
| Analyse the reactions generated including how these are viewed in retrospect. Reflect on the impact on other professions that work alongside midwifery. | 10 |  |
| Evaluate the outcomes of these changes including any unexpected consequences. Consider who benefitted and who did not from these changes. | 10 |  |
| Reflect on how your personal understanding of this topic has changed.  Reflect on any other perspectives within the group. | 10 |  |
| **TOTAL** | **40** |  |

 Marking rubric

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| **Criteria** | **0-3** | **4-6** | **7-10** |
| Academic presentation |  | Well organised verbal presentation with ideas consistently and logically presented. Supported with comprehensive supporting notes. Excellent use of references to support work. |  |
| Critique the factors that prompted these changes including the context that contributed to the changes | Some aspects not critiqued. , , Minimal insight for context with some aspects missing. | Appropriate factors that prompted changes clearly critiqued. Understanding of . Context is insightful and appropriate. |  |
| Analyse the reactions generated including how these are viewed in retrospect. Reflect on the impact on other professions that work alongside midwifery | Limited analysis and insights into how the professions were impacted. Limited understanding shared regarding how these are viewed in retrospect. | Analysis identifies insights into how the professions were impacted.  Some understanding shared regarding how these are viewed in retrospect. | Extensive critical analysis into how the midwifery and other professions were impacted.  Clear understanding shared regarding how these changes are viewed in retrospect. |
| Evaluate the outcomes of these changes including any unexpected consequences. Consider who benefitted and who did not from these changes. | Evaluation on outcomes of changes described with limited awareness/identification of any unexpected consequences, or why there were none identified. Limited identification of those who benefited and those who did not. | Evaluation on outcomes of changes appropriate with some awareness of any unexpected consequences, or why there were none identified. Discussion identifies those who benefited and those who did not. | Evaluation on outcomes of changes insightful and includes awareness of any unexpected consequences, or why there were none identified. Those who benefited and those who did not clearly and sensitively identified. |
| Reflect on how your personal understanding of this topic has changed.  Reflect on any other perspectives within the group. | Reflection demonstrates limited awareness and/or learning.  Reflection lacks awareness of other perspectives with limited understanding of different societal views. | Reflection demonstrates some awareness and learning.  Reflection includes some insights into other perspectives and some understandings of different societal views. | Reflection demonstrates appropriate awareness and learning.  Reflection includes insights into other perspectives and understandings of different societal views. |

 Assessment 2

Assessment (4 short tests) (20% weighting) (2,4)

Students will undertake four short tests while in-class. Content will include topics that have been taught either in class or online. For example, the theory of screening tools, assessment of wellbeing, regulation that supports midwifery practice.

Assessment 3

Objective Simulated Clinical Examination (40% weighting) (2,3)

OSCE – assessment of maternal & fetal wellbeing including the following aspects:

* assessment
* asking screening questions, if relevant
* sharing of information with whānau
* planning of ongoing care

 Students will be allocated three of the following OSCE topics on the day of assessment. You will have a maximum of ten minutes at each station.

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| **Topic** | **Please tick each completed appropriately** |
| Describe the mechanisms of labour using a doll and pelvis and the landmarks of pelvis | Using doll and pelvis student demonstrates: Descent, Flexion, Internal rotation, Crowning, Exterior Rotation, Lateral flexion, ischial spines, movement of coccyx, pelvic outlets |
| Asking screening questions – mental health/family violence | Placement, set the scene, ask permission, ensure safe to ask, ask open questions appropriately, sensitive response, appropriate response, appropriate close, document. |
| Sharing information with whānau – vitamin K | Ascertain current understanding, share information, use of appropriate resources, appropriate language, what if any alternatives, discuss understanding, discuss decision reached, document. |
| Antenatal assessment of woman 36 weeks' gestation | Introduce self, hand hygiene, share information and gain consent, complete BP & urinalysis, abdominal palpation, fundal measurement & fetal heart, appropriate communication & information sharing, check for swelling, check for wellbeing, holistic assessment including mental health |
| Documentation of antenatal assessment (from scenario) | Date and time, logical Setout, information gained documented, information shared documented, plan of care updated, signed |
| Postnatal assessment of woman (day 1) | Hand hygiene, informed consent gained, information shared, gain information from woman, assess fundal height, assess PV loss, assess perineum, any pain, assess breasts & nipples, assess wellbeing (physical & mental) |
| Normal newborn baby assessment following birth | Hand hygiene, informed consent, systematic head to toe check, exclude hips and red eye reflex, measure head circumference and length appropriately, listen to heart sounds, palpate abdomen, share information about what is being assessed, culturally appropriate, responds to woman's question. |
| Assessing fetal wellbeing – abdominal palpation and advice regarding fetal movement | Hand hygiene completed, information shared, consent gained, correct palpation technique, correct fundal height measurement, listen to FH with consent, correct information shared about fetal movements, shares information found with woman appropriately, responds to woman’s question, culturally appropriate. |

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| MIDWF572: Equity in Midwifery Care **(Level 8, 15 points)** |

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| **Tuition hours** | |
| Teaching contact hours | 50 |
| Clinical hours | 0 |
| Online learning hours | 50 |
| Independent study hours | 50 |
| Total student learning hours | 150 |

This paper considers midwifery practice in Aotearoa, analysing this in relation to Te Tiriti o Waitangi and whānau health, with insights from sociology and gender studies.

**Learning Outcomes**

Students who successfully complete the paper should be able to:

1. Consolidate and integrate previous knowledge of Te Ao Māori in order to practice culturally safe midwifery care

2. Critically review Te Tiriti o Waitangi and how this is reflected in Te Pae Ora to ensure whānau receive culturally and clinically safe midwifery care

3. Demonstrate an understanding of whānau health issues, including the impact of identity, sexual health, ableism, family violence and fertility issues

4. Demonstrate an understanding of how professional and cultural frameworks apply to midwifery practice

5. Apply evidence-based strategies to promote equity and improve outcomes in midwifery care, particularly amongst Māori and Pasifika communities where there are comparatively high birthing rates

**Content**

* understanding of self and impact on others
* professional and cultural frameworks for practice, including but not limited to, Midwifery Scope of Practice, continuity of care, Cultural Competence, Turanga Kaupapa
* Te Tiriti o Waitangi
* explore strategies identified in Te Pae Ora and how these influence maternity care
* explore Hauora Māori models (Te Whare Tapa Whā, Te Wheki, Te Meihana)
* Matauranga Māori ways of knowing and practices such as Rongoa
* Māori and Pasifika health and midwifery care/cultural competence for working with Māori and Pasifika women and whānau
* women’s health relating to childbearing, including major health issues for specific cultural groups, sexual health, family violence, mental health and fertility issues (FGM, obesity, LGBTQIT, teen, surrogacy, endometriosis, PCOS)
* working with different perspectives
* Perinatal Morbidity and Mortality Report:  demonstration of inequity

**Assessments**

Assessment 1

Field trip (20% weighting) (1, 2, 3)

Students will participate in a day trip to cultural sites to support understanding of local history, and to community facilities that have innovative ways of working. For example, Marae/sites of Māori war in the Waikato/community health services. This experience will support the development of assessments 2 and 3.

Assessment 2

Essay: Inclusion and diversity in midwifery practice (50% weighting) (3, 4, 5)

Critically review Te Tiriti o Waitangi and identify how it is reflected in Pae Ora. Identify one of the health topics (identity, sexual health, ableism, family violence or fertility issues) and explore how these frameworks (Te Tiriti o Waitangi and Pae Ora) support whanau to receive culturally and clinically safe midwifery care. Reflect on how your values and beliefs may influence your care.

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| **Criteria** | **Mark** | **Mark gained** |
| Academic presentation | 10 |  |
| Critically review Te Tiriti o Waitangi and identify how it is reflected in Pae Ora legislation. | 10 |  |
| Identify and describe one of the health topics, including why this was chosen. | 10 |  |
| Critique how these frameworks support (or not) whanau to receive culturally and clinically safe midwifery care. | 10 |  |
| Reflect on how your values and beliefs may influence your care | 10 |  |
| **TOTAL** | **50** |  |

Marking rubric

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| **Criteria** | **0-3** | **4-6** | **7-10** |
| Academic presentation | Introduction rambling or missing aspects, limited overview for context, some issues with errors in writing and poor referencing | Clear introduction and informative overview for context but some detail missing, mostly grammatically correct with some spelling errors, with references. | Clear and concise introduction and relevant overview for context, use of at least five appropriate and correct references, grammatically correct with minimum spelling errors |
| Critically review Te Tiriti o Waitangi and identify how it is reflected in Pae Ora legislation. | Limited review of Te Tiriti that lacks critique. Some links identified with Pae Ora legislation. | Critical review of Te Tiriti with some aspects missing. Clear links identified with Pae Ora legislation. | Strong critical review of Te Tiriti with clear links identified and described with Pae Ora legislation. |
| Identify and describe the health topic, including why this was chosen. | Health topic Identified and writing shows limited understanding of how this may impact health. Limited rationale provided for why this was chosen. | Health topic Identified and writing shows good understanding of how this may impact health. Rationale for why this was chosen described. | Health topic Identified and writing shows comprehensive understanding of how this may impact on health. Rationale for why this was chosen well described. |
| Critique how these frameworks support (or not) whanau to receive culturally and clinically safe midwifery care. | Limited critique or understanding conveyed of how these frameworks support (or not) whanau to receive culturally and clinically safe midwifery care. | Some critique with understanding demonstrated of how these frameworks support (or not) whanau to receive culturally and clinically safe midwifery care. Examples provided. | Comprehensive critique with a strong understanding conveyed of how these frameworks support (or not) whanau to receive culturally and clinically safe midwifery care. Strong examples provided to support stance. |
| Reflect on how your values and beliefs can influence your care | Descriptive reflection which demonstrates a limited awareness and understanding of how own values and beliefs can influence care. | Reflection demonstrates appropriate awareness and understanding of how own values and beliefs can influence care. | Reflection demonstrates a strong awareness and understanding of how own values and beliefs can influence care. |

Assessment 3

Group presentation: Explore Māori birthing (30% weighting) (1, 2)

Use information available, including statistics, identify and explore how inequities are demonstrated in Māori birthing. Explore how your knowledge and understanding of Te Ao Māori might support culturally safe midwifery practice.  Discuss strategies that may promote and support equity and improved outcomes for Māori and Pasifika communities. Share ways in which you could incorporate traditional practices into your care. Upon completion presentation notes must be submitted to the assessor.

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| **Criteria** | **Mark** | **Mark gained** |
| Using information available including statistics, identify and explore how inequities are demonstrated in Māori birthing. | 5 |  |
| Explore how your knowledge and understanding of Te Ao Māori might support culturally safe midwifery practice. | 10 |  |
| Discuss strategies that may promote and support equity and improved outcomes for Māori and Pasifika communities. | 10 |  |
| Share ways in which you could incorporate traditional practices into your care. | 5 |  |
| **TOTAL** | **30** |  |

Marking rubric

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| **Criteria** | **0-3** | **4-6** | **7-10** |
| Using information available, including statistics, identify and explore how inequities are demonstrated in Māori birthing | Utilises a narrow range of information and/or statistics that provide some evidence about how inequities impact on Māori birthing. | Utilises a range of information and statistics that provides some insights how inequities impact on Māori birthing | Utilises a broad range of information and statistics that comprehensively demonstrate how inequities impact on Māori birthing |
| Explore how your knowledge and understanding of Te Ao Māori might support culturally safe midwifery practice. | Demonstrates limited awareness, knowledge and/or understanding of Te Ao Māori. Provides minimal examples of how this might support culturally safe midwifery practice. | Demonstrates awareness, knowledge and/or understanding of Te Ao Māori. Provides examples of how this might support culturally safe midwifery practice. | Demonstrates strong awareness, knowledge and understanding of Te Ao Māori and provides perceptive examples of how this might support culturally safe midwifery practice. |
| Discuss strategies that may promote and support equity and improved outcomes for Māori and Pasifika communities. | Limited identification of strategies that may promote and support equity with brief description of how these might lead to improved outcomes for Māori and Pasifika communities. | Identifies appropriate strategies that may promote and support equity and describes how these might lead to improved outcomes for Māori and Pasifika communities. | Identifies appropriate strategies that may promote and support equity and describes in depth how these might lead to improved outcomes for Māori and Pasifika communities. |
| Share ways in which you could incorporate traditional practices into your care. | Identifies ways to incorporate traditional practices into care but with limited exploration of feasibility or aspiration. | Discusses methods to incorporate traditional practices into care with consideration for both aspiration and feasibility, although may lack depth or clarity in practical application | In depth discussion of ways to incorporate traditional practices into care that are aspirational but also pragmatic. Shows clear understanding of cultural relevance and practical understanding. |

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| MIDWF573: Midwifery Practice 1 **(Level 8, 30 points)** |
| This paper sets out to introduce the role of the midwife as a health professional. It will focus on the role of assessment, decision-making, care planning and evaluation, in a continuity of care model. Students will participate in clinical tutorials every fortnight to support their learning. They will gain experience and understanding using different Hauora Māori models, including Te Whare Tapa Whā, Te Wheke, and the Meihana Model, as assessment frameworks.  Clinical placement will be with Lead Maternity Carer (LMC) midwives and in primary settings including birth units and the community midwifery team.    **Learning Outcomes**  Students who successfully complete the paper should be able to:  1. Describe the role and scope of the midwife, drawing on cultural and clinical ways of knowing, including social, professional, ethical and legal frameworks  2. Critique the ways in which midwifery practice can contribute to health equity  3. Demonstrate skills in assessment, decision making and care planning  4. Demonstrate effective communication and relationship skills with birthing whānau and with interprofessional colleagues    **Content**  300 hours clinical placement:  students will work through clinical skills workbook alongside their clinical skills facilitator   * integration of midwifery knowledge and skills described in MIDWF571 and MIDWF 572 * cultural safety in midwifery * establish and maintain appropriate relationships with whānau * work interprofessionally within midwifery practice * decision making and critical thinking at a beginning level in midwifery practice * assist in midwifery emergencies * develop time management skills in midwifery care * critical thinking and decision-making skills developed in midwifery care * communication and documentation * evidence based midwifery practice     **Assessments**  Assessment 1  Case study held at clinical tutorial (40% weighting (3, 4)  All students will take turns to present a case study identified in consultation with the Clinical Academic from their clinical placements. Students will use one of the identified Hauora Māori models (Te Whare Tapa Whā, Te Wheki, Te Meihana) as an assessment framework. Students are expected to discuss the care they provided, showcasing their skills in assessment, communication, decision making and care planning. Reflect on what learning occurred and how this would inform your practice.   |  |  |  | | --- | --- | --- | | **Criteria** | **Mark** | **Mark gained** | | Introduce the case study and provide an overview of your care | 5 |  | | Identify the Hauroa Māori model used and why this was selected. | 5 |  | | Discuss the care that was provided using the following headings: what assessment was undertaken and why, how was communication enabled including informed consent, the understanding for what decision making occurred and what care was planned. | 20 |  | | Reflect on what learning occurred and how this would inform your practice | 10 |  | | **TOTAL** | **40** |  |     Marking rubric   |  |  |  |  | | --- | --- | --- | --- | | **Criteria** | **0-3** | **4-6** | **7-10** | | Introduce your case study and provide an overview of your care. | Introduction rambling or missing aspects, limited overview of care | A clear and concise introduction and overview of care provided provides context. |  | | Identify the Hauroa Māori model used and why this was selected. | Hauroa Māori model identified with brief or unclear rationale for why this was selected | Hauroa Māori model identified with clear rationale for why this was selected |  | | Discuss the care that was provided using the following headings:    what assessment was undertaken and why, | Description of assessment undertaken shared but gaps in understanding of rationale for why this occurred | Clear description of the assessment undertaken and understanding demonstrated for the rationale for why this occurred |  | | how was communication enabled including informed consent | Communication and evidence of informed consent vague or includes assumptions | Communication and evidence of informed consent clearly demonstrated |  | | demonstrates understanding for any decision making | Description of the decision making undertaken and shares a poor understanding of the rationale for this | Clear description of the decision making undertaken and articulates sound rationale for this |  | | care planned. | Unclear description of the care planned with limited evidence of consultation with whanau. | Clear description of the care planned in consultation with whanau. |  | | Reflect on what learning occurred and how this would inform your practice | Reflection shows awareness of learning and some insight into how this may inform practice development | Reflection shows evidence of learning and describes examples of how this may inform practice development | Reflection shows strong evidence of learning and realistic examples of how this might inform practice development. |     Assessment 2  Portfolio (40% weighting) (1, 2, 3)  Students must meet beginning competence for the practical skill checklist and communication skills.  Skill list will include:   * Hand hygiene * health & safety, manual handling * maternal and fetal assessment including observations * antenatal and postnatal assessment * vaginal examination, pelvic assessment * labour assessment including working with pain in labour * facilitation of normal birth * catheterisation * examination of placenta * aseptic technique * venepuncture, cannulation, fluid balance + IV lines * assist in midwifery emergencies (PPH, shoulder dystocia, neonatal resuscitation) * neonatal assessment * communication skills including a documentation audit * written reflection on equity in practice     Marking rubric   |  |  |  | | --- | --- | --- | | **Skill** | **Date** | **Clinical Academic notes** | | Hand hygiene |  |  | | H&S + Manual handling |  |  | | History taking |  |  | | Maternal observations (T, P, BP, R)  + MEWS |  |  | | Abdominal palpation |  |  | | Fetal auscultation |  |  | | Aseptic technique |  |  | | Pelvic assessment |  |  | | Vaginal examination |  |  | | Catheterisation |  |  | | Fluid balance + IV lines |  |  | | Examination of placenta |  |  | | Midwifery emergencies (assist)   * Postpartum hemorrhage * Shoulder dystocia * Neonatal resuscitation |  |  | | Needles: Injection (IM, sc)   * Venipuncture * Cannulation |  |  | | Documentation |  |  | | Neonatal assessment |  |  | | Reflection on equity in practice |  |  | | Follow-throughs |  |  | | Facilitated births |  |  | | Antenatal assessments |  |  | | Postnatal assessment of woman |  |  | | Postnatal assessment of baby |  |  | | Facilitated births |  |  |       Assessment 3  Clinical competence (20% weighting) (1-4) pass/fail  Completion of 300 clinical hours and complete portfolio assessments. |

# YEAR 1 TERM two

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| MIDWF574: Applied Midwifery Science **(15 points)** |

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| **Tuition hours** | |
| Teaching contact hours | 50 |
| Clinical hours | 0 |
| Online learning hours | 50 |
| Independent study hours | 50 |
| Total student learning hours | 150 |

This paper explores the physiology of normal pregnancy, labour, birth and postnatal care, including when complexities arise. It introduces pharmacology and the role of prescribing within the midwifery scope of practice.

**Learning Outcomes**

Students who successfully complete the paper should be able to:

1. Demonstrate an understanding of the normal physiological processes of pregnancy, labour, birth and postnatal that support wellbeing.
2. Recognise, explain and analyse variations of normal in relation to physical, mental and emotional wellbeing and identify when complexities arise within the childbearing period
3. Develop and demonstrate an understanding of pharmacology and prescribing relevant to the midwifery scope of practice.
4. Examine how cultural and clinical ways of knowing affect the provision of midwifery care.

**Content**

* anatomy and physiology applied to pregnancy, labour and birth and postnatal care
* interpreting assessment, scan and laboratory results
* physiology of placenta including inadequate development
* conception, embryology and fetal development
* understanding fetal wellbeing through movement, auscultation and CTG
* health promotion, pre-conceptual care and nutrition for pregnancy, birth and lactation
* anatomy and physiology of pain
* pharmacology and prescribing relevant to scope of practice and including contraception antibiotics and opiates

**Assessments**

Assessment 1

Poster project (30% weighting) (1, 2)

Working in small groups’ students will explore the science that underpins physiological processes and variations of normal that women experience in pregnancy. Topics may include changes in blood volume, peripheral vascular, changes in blood pressure, organ displacement in pregnancy, increased cardiac output. Discuss how this process presents and how the midwife may support the woman to navigate this.

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| Criteria | Mark | Mark gained |
| Identify the focus of your poster including the normal physiological process that occurs | 5 |  |
| Discuss the change in physiology that contributes to the identified condition and how this manifest. | 10 |  |
| Identify treatments that may be recommended and the rationale for this, taking into consideration the range of severity of this physiological process | 10 |  |
| Consider how this may be experienced by whānau and what you may do to support their understanding and experience. | 10 |  |
| Poster presented with references to support information | 5 |  |
| TOTAL | 40 |  |

Marking rubric

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| **Criteria** | **0-3** | **4-6** | **7-10** |
| Identify the focus of your poster including the normal physiological process that occurs | Introduction rambling or missing aspects, inaccuracies or aspects missing in description of physiological processes | Clear and concise introduction, clear and correct description of physiological processes |  |
| Discuss the change in physiology that contributes to the identified condition and how this manifest. | Discussion of change missing some detail and depth, unclear manifestations | Clear discussion of change in physiology with good linking to how this manifest | Thorough and detailed discussion of change in physiology, with clear and well-explained manifestations |
| Identify treatments that may be recommended and the rationale for this, taking into consideration the range of severity of this physiological process | Treatments identified with aspects missing or incorrect, little rationale and discussion of range of severity | Clear identification of treatments with rationale described, limited linking to range of severity | Detailed and correct identification of treatments with thorough and appropriate rationale, clear identification of the range of severity |
| Consider how this may be experienced by the whānau and what you may do to support their understanding and experience. | Poorly articulated consideration of whānau, perspectives, superficial support strategies | Reasonable consideration for whānau perspectives, support strategies described | Thorough consideration of whānau perspectives described, detailed and practical strategies to support understanding and experience |
| Poster presented with references to support information | Poor use of references, presentation unclear at times | Relevant and well linked references with clear presentation. Limited or no formatting issues |  |

Assessment 2

Case study report (40% weighting) (1, 4)

This assessment is a written report which is designed to showcase your knowledge relating to physiology and how this is understood through different ways of knowing.  Identify an aspect of the childbearing journey that while part of normal physiology, may challenge the woman (for example, symphysis pain, indigestion, nausea, Braxton hicks, constipation, perineal trauma) and the rationale for your interest. Discuss the physiology that underpins these and what measures may be used to support the woman. Describe any drugs that may be used and the context in which these may be prescribed. Discuss how Māori world view and practices may influence understanding and care for this aspect. Use references to support your report.

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| Criteria | Mark | Mark gained |
| Identify the focus of your report including the rationale for your interest. | 5 |  |
| Discuss the physiology that that contributes to this. | 10 |  |
| Identify what measures may be used to support the woman including any pharmacological options and the context in which these may be prescribed. | 10 |  |
| Discuss how Māori world view and practices may influence understanding and how this may impact on care provided. | 10 |  |
| Report presented with appropriate references. | 5 |  |
| TOTAL | 40 |  |

Marking rubric

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| **Criteria** | **0-3** | **4-6** | **7-10** |
| Identify the focus of your report including the rationale for your interest. | Introduction rambling or missing aspects, unclear linking to rationale for interest | Clear and concise introduction with relevant rationale for interest |  |
| Discuss the physiology that that contributes to this. | Physiology described, discussion shows limited understanding and detail | Physiology identified with good discussion | In-depth discussion showing thorough understanding through clear explanation |
| Identify what measures may be used to support the woman including any pharmacological options and the context in which these may be prescribed. | Identification of support measures lacks depth, some identification of pharmacological options. Context for use of aspects of support unclear at times or poorly linked | Clear identification of support measures with appropriate identification of pharmacological options. Context for use of aspects of support described but with some gaps in understanding. | Comprehensive identification of support measures with appropriate identification of pharmacological options. Clear context for use of all aspects of support. |
| Discuss how Māori world view and practices may influence understanding and how this may impact on care provided for this aspect. | Limited discussion of Māori world views. Limited insight discussed into how this may impact care | Some discussion of Māori world views relating to the topic. Description on how this may impact care | Thorough discussion of Māori world views relating to the identified topic. Insightful discussion on how care may be impacted |
| Report presented with appropriate references | Limited or relevance of references unclear. May have formatting issues | Relevant and well linked references with clear presentation. Limited or no formatting issues |  |

 Assessment 3

Online quiz (30% weighting) (3)

To assess the students understanding and application of learnt concepts three online quizzes will focus on variations of normal physiology in pregnancy, labour, birth & postnatal periods, including appropriate prescribing. These quizzes are designed to provide ongoing feedback to students, allowing them to gauge their progress and reinforce their knowledge in these areas.

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| MIDWF575: Postnatal Care and the Newborn **(15 points)** |

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| **Tuition hours** | |
| Teaching contact hours | 50 |
| Clinical hours | 0 |
| Online learning hours | 50 |
| Independent study hours | 50 |
| Total student learning hours | 150 |

This paper sets out to introduce the physiology that underpins postnatal care for whānau. It will introduce the student to pharmacology in the postnatal period.

**Learning Outcomes**

Students who successfully complete the paper should be able to:

1. Demonstrate comprehensive knowledge of the anatomy and physiology of whānau through the normal postpartum period, including midwifery assessment of pēpi wellbeing
2. Utilize their understanding of lactation and breastfeeding physiology to demonstrate skills in initiating and establishing breastfeeding.
3. Explore the pharmacology of commonly used drugs relevant to the postnatal period.
4. Address deviations from normal postnatal circumstances for whānau, including successful management of emergency situations involving pēpi.

**Content**

* physiology of the postnatal person to six weeks
* working with mental health and wellbeing in the postnatal period, using screening tools such as Edinburgh Depression Scale
* pharmacology relevant to whānau in the postnatal period including complimentary therapies
* breastfeeding, including baby friendly policies
* experience of breastfeeding/ukaipo for Māori
* skills to identify breastfeeding problems and to support breastfeeding
* nutrition including composition of breastmilk compared with formula,
* supporting infant feeding, including artificial feeding and supplementation (cup, lact-aid, nipple shield)
* physiology of newborn adaptation including newborn assessment including hip check, red eye reflex check and auscultation of heart sounds
* physiology and care of newborn through to six weeks of age
* advanced neonatal resuscitation – airway and UVC
* identification of the newborn at risk including screening tools (NOC NEWS, Finnegan score)
* care of the unwell newborn including feeding when there is complexity
* identification and care of a newborn with congenital conditions
* developmental hip dysplasia
* infections and the newborn
* long term effects of newborn illness
* ethical and cultural considerations for care, including expectations of breastfeeding and baby care and alternative feeding methods (whangai, chest feeding)
* referral/integration to well person and well child services
* screening programmes, including PKU and hearing
* immunisation schedules, programmes and vaccinations at birth
* interprofessional working relationships, including consultation and referral

**Assessments**

Assessment 1

Case study oral (40% weighting) (2, 3)

This case study will critically review the breast-feeding journey of whanau. Provide an overview of the situation. Discuss any events that have occurred prior to the postnatal period that may influence initiating or establishing lactation (for example induction of labour, preterm, breast surgery) including the evidence that underpins this. Identify the physiological events whanau experienced when initiating breastfeeding and describe the physiology that underpins these. Using one of the Hauora Māori models (Te Whare Tapa Whā, Te Wheki, Te Meihana) as a framework, discuss the care that was given, including any medication whanau received and how this may have impacted on their breastfeeding journey. If no medication was used, identify a medication commonly used in this context in your discussion. Reflect on how this situation relates to the BFHI initiative.   Following your presentation, submit your notes using the template below.

|  |  |  |
| --- | --- | --- |
| Criteria | Mark | Mark gained |
| Provide an overview of the situation relating to starting the breastfeeding journey of whanau | 5 |  |
| Discuss any events that have occurred prior to the postnatal period that may influence initiating or establishing lactation (for example induction of labour, preterm, breast surgery) including the evidence that underpins this | 10 |  |
| Identify physiological events whānau experienced when initiating breastfeeding and describe the physiology that underpins these. | 10 |  |
| Using one of the Hauora Māori Health models, discuss care that was given including any medication and how this may have impacted on their breastfeeding journey. | 10 |  |
| Reflect on how this situation relates to the BFHI initiative | 5 |  |
| TOTAL | 40 |  |

Marking rubric

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **0-3** | **4-6** | **7-10** |
| Provide an overview of the situation relating to starting the breastfeeding journey of whanau | Overview is unclear or missing key details. Limited context provided. | Clear and concise overview enabling the reader to understand the context |  |
| Discuss any events that have occurred prior to the postnatal period that may influence initiating or establishing lactation (for example induction of labour, preterm, breast surgery) including the evidence that underpins this | Discussion misses some aspects, suggests limited understanding of effects of pre-postnatal events. Limited linking to evidence. | Good discussion of pre-postnatal events with good linking to relevance evidence | Thorough discussion with detailed understanding of pre-postnatal events and their impact on care. Strong linking to relevant evidence to support writing |
| Identify physiological events whānau experienced when initiating breastfeeding and describe the physiology that underpins these. | Physiological events described with aspects missing or not well integrated, limited understanding of physiology described | Good identification of physiological events, some aspects not as clearly described, good description of physiology that underpins this | Comprehensive identification of physiological events when initiating breastfeeding with clear description of physiology that underpins this demonstrating understanding of topic |
| Using one of the Hauora Māori Health models, discuss care that was given including any medication and how this may have impacted on their breastfeeding journey. | Limited discussion of care, poor application of the Hauora Māori Health model. Medication described with limited discussion or awareness evident on how this may impact on the breastfeeding journey. | Good discussion of care given using Hauora Māori Health model., Medication described with some discussion about how this may impact on the breastfeeding journey. | Comprehensive discussion of care given using identified Hauora Māori Health model. Medication identified with discussion about how this may impact on the breastfeeding journey |
| Reflect on how this situation relates to the BFHI initiative | Descriptive reflection with limited understanding of BFHI evident | Thorough and insightful reflection that demonstrates understanding of BFHI |  |

Assessment 2

Test (20% weighting) (3)

Students will be required to complete two tests during class time that will focus on:

* drug calculations
* understanding and application of commonly used medication
* appropriate prescribing relevant to the postnatal period including relating to the newborn

 Assessment 3

Objective Simulated Clinical Examination (40% weighting) (1, 2, 4)

Students will be assessed on their management of:

* simulated neonatal resuscitation following standardised protocols. This would include providing initial assessment, positive pressure ventilation, administering oxygen, performing chest compressions
* neonatal assessment:  the students required to perform a comprehensive physical assessment of the neonate.
* communication and teamwork: students will demonstrate effective communication and teamwork skills with colleagues and with whānau

Marking rubric

|  |  |
| --- | --- |
| **Topic** | **Please tick each completed appropriately** |
| Simulated Neonatal Resuscitation including communication and teamwork | Comprehensive evaluation of simulated neonatal resuscitation, including initial assessment, drying and stimulating the newborn, observation, the importance of maintaining temperature, effective positive pressure ventilation, administering oxygen, chest compressions, consider chin lift, head position, oral airways, pressure, seal and suction |
| Newborn Assessment | Informed consent, hand hygiene, awareness of warm and safe environment, comprehensive top to toe physical assessment of the newborn, information shared throughout assessment |
| Identification of newborn at risk using screening tools  Finigan score  Noc/news  Sepsis | Up to 3 scenarios that require plotting of scores and then a plan of care |
| Completing PKU | Informed consent, preparation, taking the sample, storage of sample and posting. Understanding of tests undertaken, managing results including abnormal result. |
| Care plan in scenario with baby growth and development including communication and teamwork | (baby with low weight gain) Identified insufficient weight gain, full assessment of feeding, output, behaviour, wellbeing, shares information with whanau, makes a clear and appropriate plan of care, considers referral if appropriate. |

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| MIDWF576: Midwifery Practice 2 **(30 points)** |
| This paper sets out to develop the role of the midwife as a health professional through 300 hours of clinical placement. It will focus on the role of assessment, decision-making, care planning and evaluation, while working across different models of care in Aotearoa. Students will participate in clinical tutorials every fortnight to support their learning. They will develop their experience using different Hauora Māori models, including Te Whare Tapa Whā, Te Wheke, and the Meihana Model, as assessment frameworks.  Clinical placement will be with Lead Maternity Carer midwives and in primary settings including birth units and/or secondary/tertiary hospital settings.  **Learning Outcomes**  Students who successfully complete the paper should be able to:     1. Apply midwifery knowledge and skills competently to provide safe midwifery care. 2. Illustrate progressive development of skills in assessment, decision-making and care planning. 3. Exhibit competence in identified emergency situations by effectively demonstrating applicable skills. 4. Utilise appropriate communication and professional competencies while collaborating with whānau and other professionals.     **Content**   300 hours clinical placement:  students will work through clinical skills workbook alongside their clinical academic   * integration of midwifery knowledge and skills described in MIDWF571, MIDWF 572, MIDWF574 and MIDWF575 * cultural safety in midwifery * establish and maintain appropriate relationships with whānau * decision making and critical thinking at a beginning and intermediate level in midwifery practice * Assist/participate in midwifery emergencies * Provide appropriate and timely care * newborn assessment * communication and documentation * evidence based practice * work interprofessionally within midwifery practice     **Assessments**  Assessment 1  Case study held at clinical tutorial (40% weighting) (1, 2)  All students will take turns to present a case study from their clinical placements, as identified in consultation with the Clinical Academic. Students will use the identified Hauora Māori model (Te Whare Tapa Whā, Te Wheki, Te Meihana) as an assessment framework. Students are expected to outline background data to the topic, discuss the care they provided showcasing their skills in assessment, communication, decision making and care planning. Reflect on what learning occurred and how this will inform your practice.  Submit your notes using the headings below following the presentation.   |  |  |  | | --- | --- | --- | | **Criteria** | **Mark** | **Mark gained** | | Introduce your topic including background data relating to the topic (incidence, risk factors). | 10 |  | | Using a Hauora Māori health model discuss the care you provided, describing your assessment and the thinking that underpinned your decision making | 10 |  | | Discuss what care you planned and how you communicated this information. | 10 |  | | Reflect on what learning occurred and how this will inform your future practice | 10 |  | | **TOTAL** | **40** |  |     Marking rubric   |  |  |  |  | | --- | --- | --- | --- | | **Criteria** | **0-3** | **4-6** | **7-10** | | Introduce your topic including background data relating to the topic. | Introduction rambling or missing aspects, limited or incorrect background data makes it hard to understand the context | Introduction provides background and context of the topic. Some aspects may be missing or not well described. | Clear and concise introduction providing background of the topic with incidence and risk factors as appropriate. | | Using a Hauora Māori health model discuss the care you provided, describing your assessment and the thinking that underpinned your decision making | Māori health model basically applied to discuss the care provided, description of assessment and thinking on how decisions on care were reached lacks depth at times, assessment and decision-making mostly support safe care | Māori health model applied to discuss the care provided, description of assessment and thinking shows how decisions on care were reached, assessment and decision-making support safe care | Māori health model applied holistically to discuss the care provided, rich description of assessment and thinking demonstrates clearly how decisions on care were reached, assessment and decision-making clearly support safe care | | Discuss how you communicated this information and what care you planned. | Gaps in communication of information to others. Ongoing plan of care   inaccurate or missing theoretical underpinning | Demonstrates good communication of appropriate information to others. Ongoing plan of care mostly evidence based and appropriate. | Discusses ways of communication of appropriate information to others. Ongoing plan of care evidence based and appropriate. | | Reflect on what learning occurred and how this will inform your future practice | Brief reflection on what learning occurred and with limited linking to how this will inform future practice | Reflection shows learning occurred with links to how this will inform future practice | Insightful reflection on learning that occurred with realistic understanding regarding how this will inform future practice |      Assessment 2  Portfolio (40% weighting) (3, 4)  Students must meet competence for the practical skill checklist and meet competence in communication skills.  Skill list will include:   * GAP education * FSEP Ko Awatea/workshop * artificial rupture of membranes * application of fetal scalp electrode * perineal assessment * wound care, CS/perineal, * neonatal examination * newborn screening, cord blood gases, blood glucose testing * prescribing & medicine administration * pre and postoperative care * breastfeeding initiation and support * removal of sutures * audit of own documentation * collegial feedback: reflect on communication skills   And reflect on:   * Participation in emergency situations (PPH and Neonatal Resuscitation) * understanding of theory of episiotomy (supported by simulation practice)     Marking rubric   |  |  |  | | --- | --- | --- | | **Skill** | **Date** | **Clinical Academic notes** | | GAP education (4 hour) |  |  | | FSEP Ko Awatea/workshop |  |  | | Neonatal examination |  |  | | Newborn screening |  |  | | Cord blood gases |  |  | | Blood glucose testing |  |  | | Prescribing |  |  | | Medicine administration |  |  | | Artificial rupture of membranes |  |  | | Application of fetal scalp electrode |  |  | | Breastfeeding initiation & support |  |  | | Episiotomy |  |  | | Perineal assessment |  |  | | Pre & post-operative care |  |  | | Wound care   * Caesarean Section * Perineal |  |  | | Removal of sutures |  |  | | Audit of Documentation |  |  | | Reflection on collegial feedback |  |  | | Reflection on participation in emergency situation (PPH or NNR) (option of simulation with clinical academic) |  |  | | Reflect on understanding of theory of episiotomy (supported by simulation practice) |  |  | | Facilitated births: | Follow-throughs: | Postnatal assessment of woman:  Postnatal assessment of baby: |     Assessment 3  Clinical competence (20% weighting) (1-4) pass/fail  Completion of 300 clinical hours and meet competence as per portfolio assessments. |

# YEAR 2 TERM one

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| MIDWF581: Assessment of Risk and Complexity in Midwifery **(15 points)** |

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| --- | --- |
| **Tuition hours** | |
| Teaching contact hours | 40 |
| Clinical hours | 0 |
| Online learning hours | 30 |
| Independent study hours | 80 |
| Total student learning hours | 150 |

This paper sets out to develop the role of the midwife when caring for whānau with complexity and in emergency situations.

**Learning Outcomes**

Students who successfully complete the paper should be able to:

1. Apply an understanding of physiology to effectively address variations from the normal course of the childbearing process.
2. Identify, assess and analyse the causes, effects and the appropriate management of deviations, complications or unexpected outcomes that may impact on the well-being of the whānau.
3. Critique and reflect on the integration of culturally informed ways of knowing and diverse sources of knowledge that support midwifery care when complexity is present.
4. Exhibit proficiency in effectively responding to specific childbirth emergencies, displaying competence in providing timely and appropriate care.

**Content**

* pathophysiology of pregnancy, labour, birth and the postnatal period
* obstetric complications – screening, diagnosis and referral
* underlying medical conditions, their tests, investigations and management
* early pregnancy – hyperemesis, miscarriage, ectopic pregnancy
* gynaecological conditions – PCOS, PID, molar pregnancy
* issues relating to the birthing continuum – infertility, use of drugs and alcohol, obesity, abortion, contraception, STI
* identifying maternal mental health conditions and referring
* influence of culture on understanding of complexity and planning of care
* management of perineum including perineal repair
* emergencies in childbirth – shoulder dystocia, breech, PPH, cord prolapse, uterine rupture, APH
* induction and augmentation of labour
* preparation for surgery and care following CS
* instrumental birth
* CTG interpretation
* advanced working with pain – remifentanil, epidural
* identification and management of abnormal pain
* progress in labour – precipitate and obstructed labour complexity
* interprofessional relationships
* boundaries of midwifery care in relation to complexity and referral
* decision making and referral pathways
* integrated verbal and written communication skills
* working with grief and loss
* conflict management and de-escalation
* applying wisdom and research to practice including how knowledge is gained and privileged.

**Assessments**

Assessment 1

Case study report (40% weighting) (2, 3)

This assessment is a written report that aims to demonstrate your knowledge and understanding of caring for whānau who are experiencing complexity.

In consultation with the academic facilitator, you will be given a specific medical or obstetric condition to report on. Provide an overview of the condition including the incidence, risk factors and recommended management. Using one of the identified Hauora Māori models (Te Whare Tapa Whā, Te Wheki, Te Meihana) as a framework, relate your report to whānau you have cared for demonstrating practical application of your knowledge. Discuss and critique the care that you gave and your rationale for that care to showcase provision of care that was safe. Reflect on ways of knowing that supported or may have hindered your midwifery care demonstrating critical self-reflection and insight.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Mark** | **Mark gained** |
| Provide a comprehensive overview of the medical or obstetric condition including the incidence, risk factors and recommended management. | 10 |  |
| Use one of the identified Hauora Māori models to discuss the condition and its management for whānau you have cared for, demonstrating practical application of your knowledge. | 10 |  |
| Discuss and critique the care you gave and your rationale for that care to showcase provision of safe care including how this might be supported in practice. | 10 |  |
| Reflect on ways of knowing that supported or may have hindered your midwifery care, demonstrating critical self-reflection and insight. | 10 |  |
| **TOTAL** | **40** |  |

 Marking rubric

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **0-3** | **4-6** | **7-10** |
| Provide a comprehensive overview of the medical or obstetric condition including the incidence, risk factors and recommended management. | Overview of the condition supported by information relating to the incidence, risk factors and recommended management. Several errors or omissions. | Clear overview of the condition supported by information relating to the incidence, risk factors and recommended management. Some minor errors or omissions. | Comprehensive overview with clear description of the condition supported by relevant and correct information relating to the incidence, risk factors and recommended management. |
| Use one of the identified Hauora Māori models to discuss the condition and its management for whānau you have cared for, demonstrating practical application of your knowledge. | Application of Hauora Māori framework does not demonstrate good understanding of the condition and how this may be experienced by whanau. | Good application of Hauora Māori framework demonstrates good understanding of the condition and how this may be experienced by whanau. | Comprehensive application of Hauora Māori framework demonstrates strong understanding of the condition and how this may be experienced by whanau. |
| Discuss and critique the care you gave and your rationale for that care to showcase provision of safe care including how this might be supported in practice. | Limited critique of rationale for care. Understanding of when care is clinically and culturally safe not demonstrated well, concepts described as to how this might be attained or mitigated. | Discussion of care given with critique of rationale. Good understanding demonstrated of when care is clinically and culturally safe and with some concepts of how this might be attained or mitigated. | In-depth discussion of care given with critique of rationale. Clear understanding demonstrated of when care is clinically and culturally safe and strong descriptions of how this might be attained or mitigated. |
| Reflect on ways of knowing that supported or may have hindered your midwifery care, demonstrating critical self-reflection and insight. | Reflection shows limited insights into different ways of knowing or how this may influence understanding of safe care. Limited awareness shared of issues that can impact whanau feeling safe | Reflection shows some insights into different ways of knowing. Some discussion of how this can determine what care feels safe. Some awareness of self-and/or systemic issues that can impact on whanau feeling safe. | Reflection shows insights into different ways of knowing and how this can determine what care feels safe. Awareness of self-and/or systemic issues that can impact on whanau feeling safe well-articulated. |

Assessment 2

Objective Simulated Clinical Examination (20% weighting) (4)

This OSCE aims to assess students’ ability to effectively respond to various midwifery emergencies in a simulated environment:

• breech dystocia

 • shoulder dystocia

• postpartum haemorrhage (PPH)

 • suspected uterine rupture

• mental health crisis

• cord prolapse

• maternal collapse

• fetal heart abnormalities.

These topics will be included in case study presentations in MIDWF583

Assessment 3

Examination (40% weighting) (1, 2)

Students will take a multi choice examination in preparation for the national midwifery examination. The content will include all topics already covered in the programme.

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| MIDWF582: Applied Pharmacology for Midwives **(15 points)** |

|  |  |
| --- | --- |
| **Tuition hours** | |
| Teaching contact hours | 45 |
| Clinical hours | 0 |
| Online learning hours | 30 |
| Independent study hours | 75 |
| Total student learning hours | 150 |

This paper offers a comprehensive overview of prescribing practices within the midwifery scope of practice. It consolidates knowledge regarding the appropriate use of common medications throughout the various stages of pregnancy. Additionally, it reviews the professional responsibilities associated with medication administration, emphasizing the relevant legislation governing this area of practice.

**Learning Outcomes**

Students who successfully complete the paper should be able to:

1. Critically examine the role of midwifery prescribing and legislation that supports it.
2. Discuss the pathophysiology of illness and disease in relation to appropriate prescribing.
3. Explore the pharmacodynamics and pharmacokinetics of medication, including potential adverse effects and drug interactions.
4. Engage in critical reflection on the obligations and duties of health professionals towards prescribing and administering medication.

**Content**

* pharmacology and prescribing relevant to scope of practice including contraception, pre-conception and early pregnancy medications /including those used for miscarriage and abortion, antibiotics, and medication use during labour and in emergencies
* recreational drug use during the childbearing continuum
* theory of drug actions and interactions
* pharmacodynamics and pharmacokinetics of medication
* use of complementary therapies
* revisit working with pain
* ethical and legal responsibilities when prescribing, identifying own bias

**Assessments**

Assessment 1

Case study report (40% weighting) (2)

Students will review and critically evaluate appropriate prescribing for a named illness/condition in the context of whānau they have cared for.

Describe the pathophysiology of the named illness/condition. Discuss the midwifery assessments undertaken including your rationale. Identify the medication that is appropriate including any other possible options and why this one was chosen. Discuss the benefits and risks of prescribing this medication including any potential side effects. Reflect on the responsibilities of the midwife as a health professional.

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| --- | --- | --- |
| **Criteria** | **Mark** | **Mark gained** |
| Provide an overview of the situation and describe the pathophysiology of the named illness/condition | 5 |  |
| Describe the midwifery assessment including your rationale for each assessment and finding. | 10 |  |
| Identify the appropriate medication including any other possible options and why this one was chosen. | 10 |  |
| Discuss the benefits and risks of prescribing this medication including any potential side effects | 10 |  |
| Reflect on the responsibilities of the midwife as a health professional | 5 |  |
| **TOTAL** | **40** |  |

Marking rubric

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **0-3** | **4-6** | **7-10** |
| Provide an overview of the situation and describe the pathophysiology of the named illness/condition | Overview provided however lacks some clarity. Pathophysiology description is missing detail or has incorrect aspects | Comprehensive overview provided with clear context. Thorough and accurate pathophysiology description. |  |
| Describe the midwifery assessment including your rationale for each assessment and finding | Assessments described are incomplete, rationale is unclear at times. | Good description of assessments however some aspects may be missing, rationale mostly provided. | Thorough description of assessments with clear rationale for each assessment and finding |
| Identify the appropriate medication including any other possible options and why this one was chosen | Medication identification may be incomplete. Limited discussion of alternative options or rationale. | Appropriate medication identified. Discussion of alternative options and rationale lacking detail at times. | Appropriate medication identified with comprehensive rationale, discussion illustrates why this one was chosen and what alternatives could be considered |
| Discuss the benefits and risks of prescribing this medication including any potential side effects | Discussion of benefits and risks is incomplete or inaccurate. Side effects are not adequately discussed. | Discussion of benefits and risks with some minor omissions, good discussion of potential side effects | Comprehensive discussion of benefits and risks, with clear analysis of potential side effects |
| Reflect on the responsibilities of the midwife as a health professional | Reflection on midwifery responsibilities with some insights provided. | In-depth reflection on midwifery responsibilities demonstrating understanding and insight into professional role |  |

Assessment 2

Test (30% weighting) (3)

Students will undertake three tests which are equally weighted to assess their theoretical knowledge and understanding of pharmacology concepts including drug actions, pharmacokinetics and pharmacodynamics, and drug calculations.

Assessment 3

Presentation (30% weighting) (1, 4)

In pairs, students will present about a named aspect of legislation that supports midwifery prescribing. Outline the legislation and how it influences prescribing. Critique how this legislation ensures safe prescribing and how it protects whānau. Reflect on the responsibilities of the midwife when prescribing including when a woman declines treatment.

|  |  |  |
| --- | --- | --- |
| Criteria | Mark | Mark Gained |
| Name and outline the intent of the legislation you have been given to discuss. | 6 |  |
| Discuss how this legislation influences prescribing, considering both intended and unintended ways | 6 |  |
| Critically review how this legislation ensures safe prescribing and how it sets out to protect whanau. | 6 |  |
| Discuss your response and responsibilities when women decline treatment. | 6 |  |
| Reflect on the responsibilities of the midwife as a health professional when prescribing. | 6 |  |
| **Total** | **30** |  |

Marking rubric

|  |  |  |
| --- | --- | --- |
| **Criteria** | **0-3** | **4-6** |
| Name and outline the intent of the legislation you have been given to discuss. | Introduction rambling or missing aspects, limited overview for context | Clear and concise introduction and overview for context |
| Discuss how this legislation influences prescribing, considering both intended and unintended ways | Presentation describes legislation with limited or gaps in how this may influence prescribing. Consequences not well described. | Clear and concise presentation of how this legislation influences prescribing, insights shared into the intended and possible unintended affects. |
| Critically review how this legislation ensures safe prescribing and how it sets out to protect whanau. | Description of how legislation ensures safe prescribing and some insights into how it sets out to support whanau. | Thoughtful review of how legislation ensures safe prescribing, realistic insights into how it sets out to support whanau. |
| Discuss your response and responsibilities when women decline treatment. | Response mostly respectful of whanau’s right to decline care, pathway to ensure whanau remain safe not always clear. | Response respectful of whanau’s right to decline care, clear pathway provided to ensure whanau remain safe |
| Reflect on the responsibilities of the midwife as a health professional when prescribing. | Reflection on responsibilities of a midwife when prescribing descriptive or lacking some detail | Insightful reflection on responsibilities of a midwife when prescribing |

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| MIDWF583: Midwifery Practice 3 **(30 points)** |
| This paper sets out to develop the role of the midwife as a healthcare professional when providing care for women with complexity. It will focus on the role of assessment, decision-making, care planning and evaluation, while working across different models of care in Aotearoa. Students will participate in clinical tutorials every fortnight to support their learning. They will develop competence using different Hauora Māori models, including Te Whare Tapa Whā, Te Wheke, and the Meihana Model, as assessment frameworks.  **Learning Outcomes**  Students who successfully complete the paper should be able to:     1. Apply comprehensive evidence-based midwifery knowledge to ensure culturally and clinically safe care is provided to whānau facing complex situations. 2. Critically apply and reflect on appropriate and professional communication skills when working with whānau experiencing complexity. 3. Demonstrate professional accountability to whānau and the profession, ensuring adherence to ethical standards, demonstrating responsibility, and upholding the values and principles of the profession. 4. Provide informed choice, education and referrals in a professional manner, and engage in reflective practice to continually improve these communication skills.     **Content**   300 hours clinical placement within secondary and/or tertiary hospital settings:  students will work through clinical skills workbook alongside their clinical skills facilitator   * integration of midwifery knowledge and skills described in MIDWF571, MIDWF 572, MIDWF574, MIDWF575, MIDWF581 and MIDWF582 * cultural safety in midwifery * establish and maintain appropriate relationships with whānau * decision making and critical thinking at an intermediate level in midwifery practice * Participate in midwifery emergencies * Plan and provide care in a timely manner * communication and documentation * evidence based midwifery practice * work interprofessionally within midwifery practice     **Assessments**  Assessment 1  Case study held at clinical tutorial (40% weighting) (2, 4)  All students will take turns to present on allocated topics that will inform understanding to support ongoing assessments. This evaluation is an oral presentation aimed at demonstrating the student’s expertise and comprehension on a specific subject. Working with the specified complexity describe the epidemiology, risk factors, physiology and management of the condition comparing local and national data. Using the identified Hauora Māori framework (Te Whare Tapa Whā, Te Wheki, Te Meihana) discuss and critique the care you would give including any referrals that may be recommended, and your rationale for this. Consider how different world views may understand the condition and how this may impact care provided.  Reflect on how you plan and communicate your care with whānau. Topics may include:   * breech presentation * shoulder dystocia * postpartum haemorrhage (PPH) * cord prolapse * maternal collapse * mental health crises * the deteriorating woman * multidisciplinary responses to emergencies (PROMPT) * CTG interpretation.   Populate the template below and submit your notes following the presentation.   |  |  |  | | --- | --- | --- | | **Criteria** | **Mark** | **Mark gained** | | Introduce your topic and provide an overview of your presentation. | 5 |  | | Describe the epidemiology, risk factors, physiology and management of your topic comparing local and national data. | 10 |  | | Using the identified Hauora Māori framework discuss and critique the care you would give including any referrals that may be recommended and your rationale for this. | 10 |  | | Consider how different world views may understand the condition and how this may impact care provided. | 10 |  | | Reflect on how you plan and communicate your care with whānau. | 5 |  | | **TOTAL** | **40** |  |     Marking rubric   |  |  |  |  | | --- | --- | --- | --- | | **Criteria** | **0-3** | 4-6 | **7-10** | | Introduce your case study and provide an overview of your presentation. | Introduction rambling or missing aspects, limited overview of care | Clear and concise introduction and overview of care provided illustrating context. |  | | Describe the epidemiology, risk factors, physiology and management of your topic comparing local and national data. | Epidemiology, risk factors, physiology and management of topic described with omissions or incorrect data, limited insights demonstrated between local and national data. | Epidemiology, risk factors, physiology and management of topic described with minor omissions or incorrect data, some insights demonstrated between local and national data. | Epidemiology, risk factors, physiology and management of topic clearly described, insights demonstrated between local and national data. | | Using the identified Hauora Māori framework discuss and critique the care you would give including any referrals that may be recommended and your rationale for this. | Hauora Māori framework identified with discussion and critique of care missing some detail. Limited rationale given for referrals that may be recommended | Hauora Māori framework identified with good discussion and critique of care. Good rationale given for referrals that may be recommended | Hauora Māori framework identified with insightful discussion and critique of care. Clear rationale given for referrals that may be recommended | | Consider how different world views may understand the condition and how this may impact care provided. | Exploration of how different world views may understand the condition poorly articulated. Limited understanding of how this may impact care provided described. | Good exploration of how different world views may understand the condition with good understanding of how this may impact care provided, albeit with gaps in understanding demonstrated. | Thoughtful and insightful exploration of how different world views may understand the condition with real-world understanding of how this may impact care provided. | | Reflect on how you plan and communicate your care with whānau. | Reflection shows some or limited insights into own ways of thinking about how care is planned and communicated with whānau. | Reflection shows insights into own ways of thinking about how care is planned and communicated with whānau. |  |     Assessment 2  Portfolio (40% weighting) (1, 3)  Students must demonstrate meeting competence for the practical skill checklist and reflect on midwifery accountability in practice  Marking rubric   |  |  |  | | --- | --- | --- | | **Skill** | **Date** | **Clinical Academic notes** | | Manual handling revisited |  |  | | Midwifery emergencies:   * PPH * Shoulder dystocia * Cord prolapse * Breech * Maternal collapse * Neonatal resuscitation * Eclampsia |  |  | | Cannulation revisited |  |  | | Perineal suturing |  |  | | Medicine management Ko Awatea   + signoff |  |  | | Remifentanil care  Ko Awatea + signoff |  |  | | Oxytocin care  Ko Awatea + signoff |  |  | | Epidural cares  Ko Awatea + signoff |  |  | | Emergency workshop |  |  | | Examples of prescribing in practice |  |  | | Reflection on accountability of midwifery practice to enhance health of whānau |  |  | | Communication skills – referral to hospital services |  |  | | Facilitated births: | Follow-throughs: | Postnatal assessment of woman:  Postnatal assessment of baby: |       Assessment 3  Clinical competence (20% weighting) (1-4) pass/fail  Completion of 300 clinical hours and meet competence as per portfolio assessments. |

# YEAR 2 TERM two

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| MIDWF584: The Midwifery Profession **(15 points)** |

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| --- | --- |
| **Tuition hours** | |
| Teaching contact hours | 40 |
| Clinical hours | 0 |
| Online learning hours | 10 |
| Independent study hours | 100 |
| Total student learning hours | 150 |

This paper consolidates and integrates the role of the midwife as a collaborative health professional, emphasizing the importance of teamwork and interprofessional cooperation in providing comprehensive care. Students undertake a Clinical Audit, the findings of which are disseminated in written format in this paper and as an oral presentation in MIDWF585.

**Learning Outcomes**

Students who successfully complete the paper should be able to:

1. Understand the collaborative role of the midwife, apply effective communication and interpersonal skills, and develop strategies for professional relationship building in healthcare settings
2. Systematically review literature that is relevant to midwifery, synthesizing findings and critically assessing research methodologies
3. Apply relevant research findings and other evidence in midwifery practice decision-making, considering ethical and legal frameworks, and the role of different healthcare professionals in supporting equitable whānau health outcomes.
4. Utilize reflective techniques and continuous professional development to ensure midwifery practice remains current and can evolve with new research findings and societal expectations.
5. Appreciate the different employment contexts for midwives, including the skills necessary for self-employed community midwives to manage their own small business effectively.

**Content**

* professional conduct – communication and interpersonal skills
* professional relationships, including collaboration between midwives and others
* review of professional guidance documents including Scope of Practice, Code of Conduct, Statement on Cultural Competence for Midwives, Midwifery Philosophy and Code of Ethics
* role of health professionals to support equitable outcomes
* processes for consultation and referrals
* giving and receiving feedback
* processes for supervising others and delegating tasks
* adult learning and teaching principles, including information sharing
* ethics and research methods and methodology
* researching skills and integration of evidence-based practice
* best practice guidelines
* prescribing competently
* cultural competence
* perinatal maternal mental health
* process when whānau decline care including documentation
* sustainable practice – self-care, ways of working, mindfulness
* small business management

**Assessments**

Assessment 1

Literature review (30% weighting) (2, 4)

Students will work in pairs and in consultation with the course facilitator will identify an aspect of midwifery practice to review.  Review the existing literature on the chosen topic, critically analysing relevant research articles and information available. Assess the methodology and relevance of the literature, describe key insights, and discuss any trends identified from the literature.  Reflect on the findings using Pae Ora Act 2022 to uncover further insights that may contribute to improved equity. Collate these findings into a presentation to share with your colleagues. Populate the template below and submit your notes following the presentation.

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Mark** | **Mark gained** |
| Summarise the reviewed literature including methodology and relevance to practice. | 10 |  |
| Discuss key insights gleaned and any trends identified from the literature. | 10 |  |
| Reflect on your findings using Pae Ora Act 2022 to consider ways to improve equity. | 10 |  |
| **TOTAL** | **30** |  |

Marking criteria

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **0-3** | **4-6** | **7-10** |
| Summarise the reviewed literature including methodology and relevance to practice. | Good summary of relevant literature but with omissions or inaccuracies. Good assessment of the methodology with some links evident to practice. | Good summary of relevant literature. Good assessment of the methodology with links evident to practice. | Comprehensive summary of relevant literature. Insightful assessment of the methodology and strong linking to relevance to practice. |
| Discuss key insights gleaned and any trends identified from the literature. | Good identification and discussion of key insights and any trends identified from the literature however with several omissions or errors | Good identification and discussion of key insights and any trends identified from the literature with minor omissions or errors | Clearly identifies with robust discussion and critique of key insights relevant to the topic. Appropriate trends identified from the literature. |
| Reflect on your findings using Pae Ora Act 2022 to consider ways to improve equity. | Good reflection on findings with minimal links to Pae Ora Act 2022. Minimal or unrealistic ways to improve equity suggested. | Good reflection on findings with good links to Pae Ora Act 2022 which may include realistic ways to improve equity. | Insightful reflection on findings with strong links to Pae Ora Act 2022 which include realistic ways to improve equity. |

Assessment 2

Clinical Audit/dissertation (30% weighting) (2, 3, 4)

This assessment builds on the work completed in assessment 1 in this paper and contributes to the oral presentation in MIDWF585. Working in pairs, students will use data from their local facility. Review data relating to the topic from the previous 8-10 years. Write a report describing trends over the years, any changes in practice or management that have been implemented and the effects of those changes. Discuss recommendations for improvements based on your previous literature review. Reflect on how this information could support improved equity in maternity care.

Topics that could be considered include complications following induction of labour using misoprostol, infection rates following elective versus emergency Caesarean Section.

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| **Criteria** | **Mark** | **Mark gained** |
| Academic presentation | 5 |  |
| Discuss any trends in local data over the years identified. | 5 |  |
| Explore any changes in practice or management implemented and the effects of those changes. | 10 |  |
| Reflect on how this information could support improved equity in maternity care | 10 |  |
| **TOTAL** | **30** |  |

Marking criteria

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **0-3** | **4-6** | **7-10** |
| Academic presentation | Work submitted on time, mostly appropriate references that are relevant, may have minor errors, may be outside of 10% of word count | Work submitted on time, appropriate references that are relevant and correct, within word count |  |
| Discuss any trends in local data over the years identified. | Identifies and discusses trends in local data over the years identified but some information either incorrect or missing. | Identifies and discusses trends in local data over the years identified |  |
| Explore any changes in practice or management implemented and the effects of those changes. | Description of any changes in practice or management that were implemented lacking detail or application to practice. Limited critique of what the effects of those changes might be. | Good description of any changes in practice or management that were implemented with minor omissions. Presents a good case for the effects of those changes | In-depth description of changes in practice or management that were implemented. Presents a strong case for the effects of those changes. |
| Reflect on how this information could support improved equity in maternity care | Reflection identifies ways that this information could support improved equity in maternity care but includes several omissions or errors | Reflection identifies ways that this information could support improved equity in maternity care but includes minor omissions or errors. | Reflection identifies insightful and realistic ways that this information could support improved equity in maternity care |

Assessment 3

Examination (40% weighting) (1-5)

 Students will take a multi choice examination in preparation for the national midwifery examination. Topics will include all programme content.

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| MIDWF585: Transition to Registered Midwife Practice (45 points) |
| This paper aims to consolidate and integrate the pivotal role of the midwife as a culturally sensitive health professional in delivering comprehensive care for whānau. It will focus on the autonomous execution of assessment, decision-making, care planning and care evaluation all while recognising and integrating cultural nuances and traditions. Students are expected to demonstrate competence using different assessment frameworks, including Te Whare Tapa Whā, Te Wheke, and the Meihana Model. Students will participate in clinical tutorials every fortnight to support their learning.  **Learning Outcomes**  Upon successful completion of this paper, students should be able to:   1. Demonstrate the practical application of midwifery knowledge and skills in the provision of culturally and clinically safe care with whānau who are planning a pregnancy, pregnant, birthing, and postnatal 2. Undertake a Clinical Audit, in a manner that ensures appropriate cultural engagement, consultation and collaboration 3. Critique and evaluate research-based evidence that inform midwifery practice. 4. Demonstrate that they meet the competencies for registration as a midwife in Aotearoa 5. Effectively communicate research findings orally     **Content**   450 hours clinical placement in area student anticipates working or as agreed with the academic staff:  students will work through clinical skills workbook alongside their clinical academic   * integration of midwifery knowledge and skills described in MIDWF571, MIDWF 572, MIDWF574, MIDWF575, MIDWF581, MIDWF582 and MIDWF584 * cultural safety in midwifery * establish maintain and close relationships with whānau * decision making and critical thinking at entry to midwifery practice level * Participate as part of the team in midwifery emergencies * Plan and provide care in timely manner at an entry to practice level * critical thinking and decision-making skills at entry to midwifery practice level * communication and documentation * application of evidence-based midwifery practice * work interprofessionally within midwifery practice   **Assessments**  Assessment 1  Sharing of Clinical audit held at clinical tutorials (40% weighting) (3, 4, 5)  This evaluation is an oral presentation of data collected from their local facility. Drawing on the data gathered in MIDWF584 students will present their interim findings to their peers and relevant midwifery leaders and /or Management. Populate the template below and submit your notes following the presentation.   |  |  |  | | --- | --- | --- | | **Criteria** | **Mark** | **Mark gained** | | Introduce your topic and provide an overview | 5 |  | | Discuss how the data was gathered, including cultural engagement and consultation | 10 |  | | Critique the evidence that informs this practice. | 10 |  | | Reflect on how this understanding supports midwifery practice including any recommendations | 10 |  | | Communicate research findings that are clear and understood | 5 |  | | **TOTAL** | **40** |  |   Marking rubric   |  |  |  |  | | --- | --- | --- | --- | | Criteria | 0-3 | 4-6 | 7-10 | | Introduce your topic and provide an overview | Introduce your topic and provide an overview | Introduce your topic and provide an overview |  | | Discuss how the data was gathered, including cultural engagement and consultation | Description of how the data was gathered, description of how cultural engagement and consultation was achieved lacks some details | Discussion describes how the data was gathered; discussion of how cultural engagement and consultation was achieved has minor omissions | Clear discussion illustrating how the data was gathered, with clear evidence of how cultural engagement and consultation was achieved | | Critique the evidence that informs this practice and provide insights into how this may influence care. | Discussion of a range of evidence that informs this practice with identification of limited insights that may or may not relate to care. | Critique of a range of evidence that informs this practice with minor omissions. Discussion regarding insights into how this may influence care lacking some details. | Strong critique of a range of evidence that informs this practice with robust discussion regarding insights into how this may influence care. | | Reflect on how this understanding supports midwifery practice including any recommendations | Reflection describes how this understanding supports midwifery practice with some recommendations included. | Reflection discusses how this understanding supports midwifery practice with recommendations that may be implemented | Insightful reflection on how this understanding supports midwifery practice with practical recommendations for implementation to practice | | Communicate research findings that are clear and understood | Communication of research findings lacks clarity or depth to be applicable to practice. | Communicate research findings that are clear and understood |  |     Assessment 2  Portfolio (40% weighting) (1, 2, 4)  Students must demonstrate meeting competence for the practical skill checklist and in communication skills.  Skill list will include:   * completion of full skills checklist to entry to practice level (see map of skills) * completion of programme requirements – GAP, FSEP, medicines management, oxytocin, epidural & remifentanil * demonstration of strong communication skills interprofessionally and with whānau * written reflection on cultural engagement and consultation * Audit of own documentation * written reflection demonstrating meeting the Competencies for Entry to the Register of Midwives * Participation in simulated midwifery emergencies workshop   **Marking rubric**   |  |  |  | | --- | --- | --- | | **Skill** | **Date** | **Clinical Academic notes** | | Competency in skills over programme |  |  | | Perineal suturing (entry to practice) |  |  | | Documentation audit |  |  | | Communication skills – referral to well child services/other health services and communicated to whanau |  |  | | Completion of programme requirements:   * GAP workshop * FSEP workshop & Ko Awatea * Oxytocin Ko Awatea * Epidural & Remifentanil workshop + Ko Awatea * Medicine management Ko Awatea + signoff * Midwifery Emergencies Workshop |  |  | | Reflection on cultural engagement and consultation (from assessment 1) |  |  | | Reflection demonstrating meeting the Competencies for Entry to the Register of Midwives |  |  | | **Record numbers below** | |  | | Participated in 25 follow-throughs |  |  | | 100 antenatal assessments |  |  | | 100 postnatal assessments of women |  |  | | 100 postnatal assessments of babies |  |  | | Facilitated 40 births |  |  |     Assessment 3  Clinical competence (20% weighting) (1, 2, 4) pass/fail  Completion of 450 clinical hours and meet competence as per portfolio assessments |