Welcome to Monash Health

Orientation for Undergraduate Midwifery Students
Objectives

After reading this orientation package students will be able to:

• Identify and demonstrate Monash Health vision and values
• Discuss the expectations of student behaviour whilst on clinical placement
• Identify Monash Health Policies and Procedures in relation to communication, OH&S, incident reporting and emergency management
• Identify the elements of patient assessment and identify when these should be performed
Monash Health

- Victoria’s leading teaching and referral hospitals
- Monash Health services 32% of Melbourne’s population
- Provide primary, secondary and tertiary services
- Monash Health covers all aspects of public health care
- University affiliated international research and teaching facilities
About Monash Health

Services the South Eastern Suburbs

Employs over 16,000 staff

40 Monash Health sites (hospital & community health facilities)
• Approximately 9,000 births per annum across the 3 sites
• Services offer to our clients include:
  1. Teams model of care incorporating multidisciplinary collaborative care, midwifery led care, caseload and home birthing
  2. Special needs adolescent, drug & psychiatric pregnancy team (ADaPPT)
  3. Young women’s support team (YWC)
  4. Maternal fetal medicine team (MFM)
  5. Fetal diagnostic unit (FDU)
  6. Fetal monitoring team (FM)
  7. Pregnancy assessment unit (PAU)
  8. Extended postnatal care (EPC)
  9. Lactation services
  10. Lactation drop in service (LDS)
  11. Tertiary neonatal intensive care unit (NICU)
  12. Monash newborn – Special care nursery (SCN)
  13. Monash Children’s
Vision and Values

Our Vision:

*Exceptional Care, Outstanding Outcomes*

Our Values:

*Integrity*
*Compassion*
*Accountability*
*Respect*
*Excellence*

Our values underpin the way we deliver our services
Patient First Protocol

1. **Introduce:** Inform the patient you are here to do your round
2. **Check:** woman and baby needs, pain levels, comfort.
3. **Assist:** with their needs
4. **Reposition:** Think pressure, moisture, friction
5. **Environment**
   - Buzzer, TV remote control and bed light
   - Bedside table, water and tissue
   - Rubbish bin/bag to be near the bed

Ask if there is anything else the patient would like while you are in the room and let them know you’ll be back in an hour
National Safety and Quality Health Service Standards:

• Have been developed by the Australian Commission on Safety and Quality in Health Care (the commission) following extensive public and stakeholder consultation

• Provide a *nationally consistent and uniform set of measures of safety and quality* for application across a wide variety of health care services

• Propose evidence based improvement strategies to deal with gaps between current and best practice outcomes that affect a large number of patients

• Are standards that will apply consistently across all hospitals and day procedure services, public and private no matter who the accrediting agency is
What do the National Standards Really Mean For Us?

“Every person, every time”
Focus on consistent process of care - how things are done every day

“If it isn’t documented, it didn’t happen”
Promotes the use of evidence

“We’re all in it together”
A joint effort from everyone ensured Monash Health successfully achieved accreditation for the National Standards

Front line staff
Work within the Standards to provide safe, high quality care
The fundamental care provided by nurses and midwives at Monash Health is articulated within the organisation's Foundations of Care. These were initially developed in 2011 to outline the essential elements of care underpinning clinical practice.

Each Foundation addresses the aims, assessment, plan of care, evaluation and documentation with regard to a specific area of nursing and midwifery practice.

The Foundations were reviewed in 2015 to ensure they remain contemporary, evidenced-based and fit for purpose.
The 10 elements of the Foundations of Care are:

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<tr>
<th>Nutrition</th>
<th>Hygiene</th>
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<tr>
<td>Elimination</td>
<td>Mobility</td>
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<tr>
<td>Physiological</td>
<td>Psychological</td>
<td>Sociocultural</td>
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<tr>
<td>Environment</td>
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</table>
Car Parking-
For short term clinical placements at Clayton, a parking permit can be purchased. A deposit of $20 for the card is required but is refunded on return of permit. Parking will be $5.20 per day. The car park at Clayton is located at Brown’s Road (south carpark).

At Casey Hospital students can park in the public car park. Parking will be $5.00 per day. Students must have parking cards validated but will need staff assistance to do this.

Unfortunately, there is no parking for students available at Dandenong. You will need to park in an all day spot in the surrounding streets or at the Oasis swim centre (corner of Heatherton Road & Cleeland Street). We strongly recommend that you move your car to closer proximity to the hospital when on a PM shift.
• Clayton birth access card
• A daily access card is available to students on placement at Clayton birth
• Present to security ground floor near the front entrance and emergency prior to the commencement of your shift and a card can be obtained for the duration of the shift
• Once the shift is completed return access card to security
• An item of security must be left such as license or car keys to gain access card
Security- All sites have 24hr, 7 days a week security arrangements. Contact security staff if you detect a breach in security or you require them to escort you to your car at night. They will only escort you to hospital car parks, not street parking.

Food/Cafeteria- Each ward has a fridge and microwave for staff use and free tea and coffee. There are food and drink vending machines and public cafes available at each site.
Monash Health Services

• **Library**- All sites have a library which can be accessed by students during hours of operation. Students are not permitted to borrow books, journals or other library resources. Photocopy machines are available.
Monash Health Midwifery Placement Information

- **Clayton Campus** – 52 North & South, EPC, Fetal Monitoring, PAU, Monash Newborn, 51 North and Birth Suite are located on level 5, signs will direct you to the wards. Students attending *Birth Suite PAU & Postnatal* will need to press the buzzer at the door and ask to be directed to handover. Student’s should introduce themselves and after handover will be allocated to a Midwife to work with for the shift.

- Antenatal clinics are located on level 2 (ground floor) near patient Pharmacy. Maternity clinics are in “Clinic D”. Check shift times on the legend as these vary.
Monash Health Midwifery Placement Information

• **Dandenong Campus** – Birth Unit and Maternity Services are both situated on the ground floor, go in the main entrance and follow the long corridor until you reach the end. Students should introduce themselves and ask to be directed to handover.

• Antenatal clinic is located 135 David street, Dandenong. (Next to multi level staff car park) Please check legend and locations at the bottom of the roster.
Monash Health Midwifery Placement Information

• **Casey Campus** – Birth is on 2nd floor. Go in the main entrance up the “sweeping” staircase, and follow the sign to Ward G. Postnatal is on the ground floor. Follow the sign to ward B. Student’s should introduce themselves and ask to be directed to handover.

• If you are placed at Casey antenatal - Antenatal clinic is situated at 2 Henty Way, Pakenham.
• Monash Health has a manual handling policy

• Use appropriate equipment such as slide sheets, lifting machine, standing machine, bariatric equipment

• Report any injuries to your Preceptor, Nurse-In-Charge, CNE, university and document on Riskman

• Monash Health is a smoke free environment, smoking is no longer tolerated anywhere on hospital grounds
Monash Health Generic Emergency Response

Whilst emergencies differ, the **R.A.C.E.** concept offers a set of immediate, generic responses which are easily memorised and appropriate in most circumstances.
R.A.C.E. Principle

R. EMOVE ANY PERSON IN IMMEDIATE DANGER IF SAFE TO DO SO

A. LERT CALL EMERGENCY NUMBER “999” OPERATE NEAREST BREAK GLASS ALARM

C. ONTAIN & CONTROL BY CLOSING DOORS

E. XTINGUISH FIRE IF SAFE TO DO SO & EVACUATE TO ASSEMBLY AREA
Emergency Codes > Dial 999

- Red - Fire/Smoke
- Orange - Evacuation
- Purple – Bomb threat
- Black – Personal threat
- Yellow – Internal Emergency
- Blue – Medical Emergency
- Brown – External Emergency
- Grey – De escalation of verbal or physical violence or aggression
Confidentiality

- **Statement by Student on Clinical Placement** - must be completed and returned **prior** to placement commencement.
- Be mindful of where you are discussing any aspect of your clinical placement or patient information. Public areas like the cafeteria are an inappropriate place to have clinical discussions, however the handover room is appropriate.
- It is inappropriate to share information between patients.
- **DO NOT** discuss any clinical placement details on social media such as Facebook or twitter.
- Debriefs – anything said in debrief is confidential and not to be discussed on the wards.
- Dispose of your handover sheet at the end of each shift in the confidential waste bin.
Basic Life Support

**Dangers?**

**Responsive?**

**Send for help**

**Open Airway**

**Normal Breathing?**

**Start CPR**
- 30 compressions : 2 breaths
  - if unwilling / unable to perform rescue breaths continue chest compressions

**Attach Defibrillator (AED)**
- as soon as available and follow its prompts

**Continue CPR until responsiveness or normal breathing return**

Code Blue or MET call
Code Blue > Dial 999

Basic Life Support for anyone who is unresponsive and not breathing normally.

- DRS ABCD

To activate the Resuscitation Team

- Call 999 or 0000 for residential

Nurse Role

- CPR, scribe, runner

Get to know your emergency equipment

- Look at the resuscitation trolley.
Medical Emergency Team (MET Call)  
Dial 999  

• **Adult MET Call Criteria**  
  • **Airway** - Respiratory distress, threatened airway.  
  • **Breathing**  
    • RR > 30/min, RR < 6/min  
    • SaO$_2$ <90% on Oxygen  
    • Difficulty speaking.  
  • **Circulation**  
    • Blood pressure <90 systolic, despite treatment  
    • Pulse > 130  
  • **Neurological**  
    • Drop in GCS  
    • Fitting  
  • **Other** - Concerned, need prompt attention.  

(Be aware that separate criteria exists for paediatric MET calls)
Maternity Emergencies

- CODE PINK (Clayton and Dandenong)
  Ring 999, state Code Pink, state location
Maternity Emergencies

- Code GREEN (Monash Medical Centre, Dandenong and Casey)
- Initiated for Cord Prolapse, significant abnormal CTG, placental abruption, uterine rupture or scalp lactate <7.20 (in conjunction with a significantly abnormal CTG)
- Call 999, state code green, go directly to Theatre
Maternity Emergencies

- NEONATAL CODE BLUE - all sites
  Initiated for neonatal collapse
  Ring 999, state neonatal code blue, state location
Assisting in Emergencies

• Check the emergency equipment at the bedside at the start of every shift
• Know where the staff assist buzzer is located
• Know where the resuscitation trolley (crash cart) is located. Find time to learn the equipment on the trolley.
• Many staff are involved in a Code Blue or MET call. Learn about the different roles. The environment can get crowded and you may be asked to leave the area
• If asked to obtain equipment do so promptly. If you don’t know where something is located speak up promptly
Riskman Incident Reporting

- Monash Health has a no blame culture
  - An Incident report isn’t filled out as a means to blame someone but to look at ways to prevent the incident occurring again
  - By reporting incidents you are protecting patients, staff, visitors and the organisation. It helps Monash Health to implement strategies to improve patient care and safety
- Riskman is used to report clinical incidents such as a missed medication
- My Safety is used to report Occupational Health and Safety incidents such as a needle stick injury
Riskman Incident Reporting

- Monash Health uses Riskman as its incident reporting program
- Riskman is available on every computer within Monash Health
- There are 4 different levels of Incident Investigation that can be undertaken
Riskman Incident Reporting

If an incident occurs the student should follow these steps:

- Notify preceptor/buddy
- Notify person in charge of shift
- Notify clinical facilitator ASAP – leave a phone message if after hours
- Buddy or facilitator will need to complete the Riskman report, however you will need to be there to assist and provide information regarding the incident.
The 5 Moments of Hand Hygiene

1. Before touching the patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching the patient’s environment
Infection Control

• Avagard is available for hand hygiene at the end of every bed, outside every room & various other locations throughout the ward

• Non-sterile gloves for hand hygiene can be found in every patient room

• Personal Protective Equipment such as yellow gowns, goggles, and face masks are available on all wards.

• Be vigilant. Infection Control protects our patients, families, our colleagues and ourselves
<table>
<thead>
<tr>
<th>Infection Control</th>
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</thead>
<tbody>
<tr>
<td><strong>STOP</strong></td>
</tr>
<tr>
<td>AIRBORNE</td>
</tr>
<tr>
<td>PRECAUTIONS</td>
</tr>
<tr>
<td>APPLY</td>
</tr>
<tr>
<td>WEAR N95 MASK</td>
</tr>
<tr>
<td>ON ENTERING ROOM</td>
</tr>
<tr>
<td><strong>STOP</strong></td>
</tr>
<tr>
<td>DROPLET</td>
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<tr>
<td>PRECAUTIONS</td>
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<tr>
<td>APPLY</td>
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<tr>
<td>WEAR MASK ON</td>
</tr>
<tr>
<td>ENTERING ROOM</td>
</tr>
<tr>
<td><strong>STOP</strong></td>
</tr>
<tr>
<td>STRICT CONTACT</td>
</tr>
<tr>
<td>PRECAUTIONS</td>
</tr>
<tr>
<td>APPLY</td>
</tr>
<tr>
<td>WEAR LONG SLEEVE</td>
</tr>
<tr>
<td>GOWN &amp; GLOVES ON</td>
</tr>
<tr>
<td>ENTERING ROOM</td>
</tr>
<tr>
<td><strong>STOP</strong></td>
</tr>
<tr>
<td>CONTACT</td>
</tr>
<tr>
<td>PRECAUTIONS</td>
</tr>
<tr>
<td>APPLY</td>
</tr>
<tr>
<td>GLOVES REQUIRED</td>
</tr>
<tr>
<td>ON ENTERING ROOM</td>
</tr>
<tr>
<td>GOWN &amp; GLOVES</td>
</tr>
<tr>
<td>REQUIRED FOR</td>
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<tr>
<td>PATIENT CONTACT</td>
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</tbody>
</table>

Monash Health
<table>
<thead>
<tr>
<th></th>
<th>Airborne</th>
<th>Droplet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>As per Standard Precautions.</td>
<td>As per Standard Precautions.</td>
</tr>
<tr>
<td>Gowns</td>
<td>As per Standard Precautions.</td>
<td>As per Standard Precautions.</td>
</tr>
<tr>
<td>Masks</td>
<td>Particulate filter (N95) mask before entering the room.</td>
<td>Surgical mask if within one metre of patient/before entering the room.</td>
</tr>
<tr>
<td>Goggles/Face shield</td>
<td>As per Standard Precautions</td>
<td>As per Standard Precautions.</td>
</tr>
<tr>
<td>Patient charts</td>
<td>May be in room</td>
<td>May be in room</td>
</tr>
<tr>
<td>Handling of equipment</td>
<td>As per Standard Precautions.</td>
<td>As per Standard Precautions.</td>
</tr>
<tr>
<td>Single room</td>
<td>Yes - negative pressure. Door closed.</td>
<td>Yes or cohort with other patients colonised of infected with the same organism. Door may remain open.</td>
</tr>
<tr>
<td>Transfer of patients</td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer. Patient to wear surgical mask or N95 if tolerated.</td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer. Patient to wear surgical mask.</td>
</tr>
<tr>
<td></td>
<td>Contact</td>
<td>Strict Contact</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Gloves</td>
<td>On entering the room.</td>
<td>On entering the room.</td>
</tr>
<tr>
<td>Gowns</td>
<td>Short sleeved, if anticipate contact with the patient or their environment. Discard after use, do not reuse</td>
<td>Long sleeved on entering the room. Discard after use, do not reuse</td>
</tr>
<tr>
<td>Masks</td>
<td>As per Standard Precautions.</td>
<td>As per Standard Precautions.</td>
</tr>
<tr>
<td>Goggles/Face shield</td>
<td>As per Standard Precautions</td>
<td>As per Standard Precautions</td>
</tr>
<tr>
<td>Patient charts</td>
<td>Outside room</td>
<td>Outside room</td>
</tr>
<tr>
<td>Handling of equipment</td>
<td>Ideally, dedicate equipment to individual patient use. Clean with detergent and water before reuse. Any item unable to be cleaned is discarded.</td>
<td>Ideally, dedicate equipment to individual patient use. Clean with detergent and water followed by Sodium Hypochlorite or 70% alcohol if incompatible with Sodium Hypochlorite. Any item unable to be cleaned is discarded. Linen is double-bagged at the doorway as it is taken from the room. All waste is double-bagged at the door of the room.</td>
</tr>
<tr>
<td>Single room</td>
<td>Yes or cohort with other patients colonised/infected with the same organism. Door may remain open.</td>
<td>Yes or cohort with other patients colonised or infected with the same organism. Door may remain open.</td>
</tr>
<tr>
<td>Transfer of patients</td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer.</td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer.</td>
</tr>
<tr>
<td>Visitors</td>
<td>Gowns and gloves not required unless involved in direct patient care</td>
<td>Gowns and gloves not required unless involved in direct patient care</td>
</tr>
</tbody>
</table>

Monash Health
Immunisation Status

- Your education provider provides a declaration to Monash Health prior to placement that states that you meet immunisation guidelines as per “Vaccination for healthcare workers”

- Immunisation Status includes:
  - Hepatitis B
  - Varicella
  - Measles, Mumps, Rubella
  - Pertussis
  - Mantoux or Quantiferon
  - Influenza vaccination for current year
What is ISBAR?

- ISBAR is a standardised communication tool used to improve the structure and effectiveness of clinical communication. This mnemonic helps staff to remember the key elements of clinical information that should be used.

When is ISBAR used?

- During clinical communication
  - Referrals
  - Handovers
  - Telephone and LAN paging
## Using ISBAR

<table>
<thead>
<tr>
<th></th>
<th>For Telephone or verbal communication</th>
<th>During Handover</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I - Identify</strong></td>
<td>Yourself (name, position, location) and patient</td>
<td>Patient – 3 identifiers such as name, DOB and medical record number</td>
</tr>
<tr>
<td><strong>S - Situation</strong></td>
<td>Why are you calling? – if it’s urgent, then say so</td>
<td>Patient’s diagnosis/current problem</td>
</tr>
<tr>
<td><strong>B - Background</strong></td>
<td>Brief history and background of the current situation</td>
<td>The patient’s past history</td>
</tr>
<tr>
<td><strong>A - Assessment</strong></td>
<td>What do you think is occurring?</td>
<td>Systems or head to toe assessment</td>
</tr>
<tr>
<td><strong>R - Request</strong></td>
<td>What do you want? For example request a review or referral</td>
<td>What is the current plan?</td>
</tr>
</tbody>
</table>
LAN Page Communication

Lan Page

• Computer system
• A standardised format for LAN Paging exists
• Maximum of 80 characters per message
• Make the message short!
• For example: “Pt Smith 32S, needs Consent for procedure, Karen 12345”

Phone

• *8 enter pager number followed by #
• Then enter your extension number #
• Only use if computer system is down
Sending a LAN Page

Access LAN Page system via any computer on the network.
The LAN Page icon is located on the desktop.

Type in Holder Number and click Search.
Or
Type in the Pager Number into the boxes.

Type in the Message using the standardised format of IS & R from ISBAR.
<table>
<thead>
<tr>
<th>I</th>
<th>Identify</th>
<th>Your name, position, extension and pager</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>Situation</td>
<td>What is the situation?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you want actioned?</td>
</tr>
<tr>
<td>R</td>
<td>Request</td>
<td>URGENCY RATING</td>
</tr>
</tbody>
</table>
Policy and Procedures

• Policy
  • Statement of expectations

• Procedure
  • Implements a policy
  • Steps required to complete an activity

• Why do we have them
  • Evidence based
  • Best practice standard
  • Standardisation throughout Monash Health

• Located on the intranet – please ask if you are unsure how to access PROMPT
Supervision and Delegation

- All students must work under the delegation and supervision of a registered nurse or midwife at all times in the clinical environment.
- This can be direct supervision or indirect supervision depending on the task.
- Supervisors may consist of clinical facilitators, preceptors, buddy nurses/ midwives or nurse/midwife in charge of the shift.
- It is your responsibility as a student to also ensure that you have the correct supervision prior to completing patient care.
- You must be aware of your own scope of practice and inform the delegating person if you have not been adequately trained or are uncertain of any aspect.
- If you are unsure whether you are allowed to complete a skill or task, please contact your clinical facilitator or your education provider prior to completing the task.
Ask yourself…
1. Am I educated?
2. Am I authorised?
3. Am I competent?
Supervision

Direct Supervision
Direct supervision is provided when the registered nurse or midwife is actually present, observes works with and directs the person who is being supervised.

Indirect Supervision
Indirect supervision is provided when the registered nurse or midwife is easily contactable but does not directly observe the activities.

Guidelines on delegation and supervision for nurses and midwives, ANMC

Please note that Expressed Breast Milk (EBM) must be checked by 2 registered staff and cannot be checked by students.
Medication Administration

Medication administration:
- Right patient
- Right medication
- Right dose
- Right route
- Right time
- Right Reason
- Right documentation
- Right Monitoring
- Remember to check Allergies

Students must be directly supervised at all times when preparing & administering ALL medications

This includes IV therapy and oxygen administration
Monash Health Policy – medication administration and EMB

• Please review the following policies in the first days of placement
  • Medication Administration
  • Expressed Breast Milk – safe management and storage
Consent

- You must obtain verbal consent from a patient prior to performing any care.

- The patient must be aware that you are a student.

- The patient must be informed by you if you are performing a procedure for the first time.

- The patient has the right to refuse care from you.

- Patient Consent must be obtained before you can disclose any patient information to family or visitors. Encourage the patient to update their visitors about their progress.
Confidentiality

• **Statement by Student on Clinical Placement** - must be completed and returned *prior* to placement commencement

• Be mindful of where you are discussing any aspect of your clinical placement or patient information. Public areas like the cafeteria are an inappropriate place to have clinical discussions, however the handover room is appropriate.

• It is inappropriate to share information between patients

• **DO NOT** discuss any clinical placement details on social media such as Facebook or twitter

• Debriefs– anything said in debrief is confidential and not to be discussed on the wards

• Dispose of your handover sheet at the end of each shift in the confidential waste bin
Complaints

• Report concerns to CME
• Anna Mifsud – Pager 4391, ph. 9594 6395
• Sarah Hillis – Pager 7787, ph. 9554 9173
  • CME can then escalate the issue as required
• If complaint pertains to Clinical Facilitator:
  • Please contact Katherine Cook, Undergraduate Program Support Manager on 0466 204 099
    Or
  • Contact Nursing and Midwifery Education and Strategy on 9594 2876
What makes a successful student?

- “Tools of the trade”
- Student Uniform
- Shows initiative
- Good communicator
- Good knowledge base and ability to apply knowledge
- Adaptability & problem solving ability
- Self directed
- Enthusiasm
- Prioritisation of clinical time
- Keen & motivated
“Tools of the trade”

- Stethoscope
- Note pad
- Pens
- Drug guide
- Pick-pocket
- Scissors
- Name badge
- Highlighters
Expectations

• Be punctual.
• Wear correct uniform be well presented
• Name badge/student I.D worn at chest level and visible at all times
• Placement documentation should be readily available on request by the CME
• Student competency tools/log book should be accompany student at all times
• Identify yourself as a student midwife to women, staff and visitors
• Bring everything you need: I.D., nurse’s watch, stethoscope, pens, pocket notepad etc.
• Abide by Monash Health infection control policies, for example jewellery, finger nails, hand hygiene practices
• DO NOT CARRY MOBILE PHONES
Clinical Expectations

• Only spontaneous, normal vaginal births can be counted as part of your required birth numbers (Instrumental assistance is considered complex care and should be recorded as such).

• Seek own learning opportunities

• Be prepared. Research the ward you will be on & learn some of the common diagnoses. Learn the common abbreviations used on the ward.

• Learn who or what your resources are & use them! It’s up to you to get the most out of your clinical time.

• Thinking about the pathophysiology behind your patients’ conditions.

• Learn the commonly used medications and abbreviations on your ward.

• Fulfil your full shift requirement unless mutually negotiated with CME
Clinical Expectations

• Ensure that daily feedback sheets are completed each shift, they are a mandatory requirement.
• Ensure your documentation is thorough, professional and up-to-date. Print your name, year level and university next to your signature and have it countersigned by the midwife you are buddied with.
• Maintain patient confidentiality & privacy at all times.
• Bed safety checks to be done at the start of every shift.
• Manual blood pressures & pulses for the first week (no dynamaps please).
Clinical Expectations

• Don’t sit at the desk unless you are writing your notes—there’s always something to do.

• If there’s any change in your patient’s condition, make sure you tell someone!

• Answer the telephone, patient call bells & enquires and assimilate yourself into ward routine as much as possible. When answering the telephone, identify the ward, state your name and that you are a midwifery student. If you are unable to assist the caller, please take a message and relay it to the appropriate person quickly.
Clinical Expectations

Things that the CME will be assessing when students are on placement:

- Prioritisation of care
- Clinical Assessments
- Time management
- Confidence and taking initiative in patient care
- Communication with health care team
- Documentation
- Medication safety
- Critical thinking
Midwifery Notes: What do I need to include?

- Norms/trends, anything out of the ordinary?
  - What have you done about it? E.g. contacted Dr, NFO, given meds/fluids etc., & outcome e.g. pain relieved, now normotensive
- If uncomplicated you can write- All postnatal care and assessments as per guidelines. No outstanding issues, concerns or complications identified by observation or reported by the woman
- Patient plan– ?for d/c Wednesday
- Notes need to be objective not subjective
- Finish by signing & printing your name, year level and university and getting buddy midwife to co-sign.
Monash Health Patient Assessment

- **Assessment must be conducted:**
  - On admission
  - Shift by shift
  - Post-operatively
  - To reflect change of condition
  - MET calls/Code Blue
Bedside Safety Checks

Safety check of area
- Obstacles, falls risks, blood, water, sharps
- Bed brakes on, cot sides up (if appropriate)
- Call bell within reach of patient

Safety check of patient
- Response, airway, breathing, circulation
- Check ID bands
- Check any IV sites and fluids, wounds, drains

Safety Equipment
- Oxygen flow meter, wall suction and suction tubing
- Emergency Box/Bag - oropharyngeal airway (Guedel), oxygen tubing, nasal prongs/Hudson mask/Air Viva, Yankeur sucker, suction catheter
- Avagard and gloves
Rosters

• You may only change shifts with your clinical educators approval.
• You should arrive 10 minutes before the start of each shift.
• Take the time to read the key on your roster so you are aware of your shift times.
• This clinical placement takes priority over other outside commitments. This includes COCE commitments.
Sick leave

If you are sick there are 3 phone calls you must make:

1. Call the ward you are on,
2. Email Midwiferyundergrads@monashhealth.org and call CME on office phone.
3. Call your University
   - do this 1-2 hours prior to the commencement of this shift

You must get a medical certificate from your GP to be sighted by the CME and your university. You may need to make up sick leave.
Sick Leave – Ward contact details

**Monash Medical Centre**

<table>
<thead>
<tr>
<th>Ward</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Suite</td>
<td>95945279</td>
</tr>
<tr>
<td>Maternity 52 North</td>
<td>95945260</td>
</tr>
<tr>
<td>Maternity 52 South</td>
<td>95945268</td>
</tr>
<tr>
<td>PAU</td>
<td>95945032</td>
</tr>
<tr>
<td>Antenatal Clinic</td>
<td>95942457</td>
</tr>
<tr>
<td>SCN</td>
<td>95945160</td>
</tr>
</tbody>
</table>
# Sick Leave - Contact Numbers

<table>
<thead>
<tr>
<th>Location</th>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dandenong</strong></td>
<td>Birth Suite:</td>
<td>95548180</td>
</tr>
<tr>
<td></td>
<td>Maternity:</td>
<td>95548118</td>
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<tr>
<td></td>
<td>Antenatal Clinic:</td>
<td>97927610</td>
</tr>
<tr>
<td></td>
<td>SCN:</td>
<td>95548140</td>
</tr>
<tr>
<td><strong>Casey</strong></td>
<td>Ward G (Birthing):</td>
<td>87681752</td>
</tr>
<tr>
<td></td>
<td>Ward B (maternity):</td>
<td>87681353</td>
</tr>
<tr>
<td></td>
<td>Antenatal Clinic:</td>
<td>97927979</td>
</tr>
<tr>
<td></td>
<td>SCN:</td>
<td>87681433</td>
</tr>
</tbody>
</table>
Clinical Facilitator role

- **Support** to student and buddy midwife
- **Assist** students to seek out learning opportunities within a safe environment & reflect on these.
- **Resource** for clinical questions.
- Provide accurate, realistic but fair assessment of student performance.
- **Patient/client advocate.**
- Conduct clinical tutorials & debrief sessions.
Assessments

Clinical Assessment Tool will be completed by your buddy midwife or your educator. Mid and End of placement reports will be completed by your educator:

• Mid-way feedback/interim report
• Final assessment/Formative report on your last day.
• Please give your Tool to your buddy midwife at the start of the shift. Also remind your Educator that the Mid-way feedback is required.

Daily Feedback Sheets- Please print this out and bring to placement to be completed by your buddy midwife each day. This is a useful tool for you to receive constructive feedback.
Access to staff education & inservice sessions

**Clayton:**
- Tuesday & Thursday 1-2pm

**Dandenong:**
- Monday, Wednesday & alternate Fridays 1-2pm

**Casey:**
- Team meetings (case reviews) Tuesday, Wednesday & Thursday
- Monday & Friday 1-2pm
• Thanks for taking the time to thoroughly read your orientation package prior to clinical placement. We look forward to working with you on the wards at Monash Health.

• Please ensure that you have completed and sent the following documentation prior to the commencement of your placement inclusive of; confidentiality agreement and proof of completion of modules on Monash Health Learning by the requested due date or your placement may be delayed.
Clinical Undergraduate Educators

- Anna Mifsud
  Clinical Midwifery Educator
  Pager 4391
  Ph. 9594 6395
  Anna.mifsud@monashhealth.org

- Sarah Hillis
  Clinical Midwifery Educator
  Pager 7787
  Ph. 9554 9173
  Sarah.hillis@monashhealth.org

- Undergraduate Program Manager
  Katherine Cook
  phone 0466204099