Welcome to Monash Health

Pre-placement Orientation for Undergraduate Midwifery Students
Objectives

After reading this orientation package students will be able to:

• Identify and demonstrate the Monash Health vision and values
• Identify mandatory training requirements for placement
• 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 17,000 staff

40 Monash Health sites (hospital & community health facilities)
Monash Health

- 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
Strategic Intent and Guiding Principles

We are relentless in our pursuit of excellence

- We consistently provide safe, high quality and timely care
- We provide experiences that exceed expectations
- We work with humility, respect, kindness and compassion in high performing teams
- We integrate teaching, research and innovation to continuously learn and improve
- We orientate care towards our community to optimise access, independence, and wellbeing
- We manage our resources wisely and sustainably to provide value for our community
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
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
Nursing and Midwifery Foundations of 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.
Nursing and Midwifery Foundations of Care

- The 10 elements of the Foundations of Care are:

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Hygiene</th>
<th>Hydration</th>
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<tr>
<td>Elimination</td>
<td>Mobility</td>
<td>Comfort</td>
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<td>Physiological</td>
<td>Psychological</td>
<td>Sociocultural</td>
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<tr>
<td>Environment</td>
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Parking and Transport

• Please note that specific student parking is not available on site at any location.

• Students are most welcome to access the public car parks at each of our main Monash Health sites at the usual daily fee. Some sites may offer a discounted daily or weekly rate for students.

• Parking and public transport information can be found on the Monash Health website www.monashhealth.org
Monash Health Services

• **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** - Some 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 at 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.
Mandatory Training

To prepare for clinical placement and use of EMR, you must complete some training using the Monash Health online learning portal - Latte. Use your existing login or to create a new one:

- Access this link or copy the address into your browser:
  https://learning.monashhealth.org/auth/saml/login.php

1. Click on the ‘Volunteers/Contractors/Students/Associates’ box which will navigate to a log in screen.

2. Log in or create a new account and complete all of the fields. Please retain (write down) your login details and keep for future placements.

- Once you have submitted your request for a new account an e-mail will be sent to your nominated email address with your user ID and password which will allow you to log into Latte.
Training on

• **Mandatory** completion (or evidence of prior completion within the previous 12 months) required prior to clinical placement of the following courses:

1. Fire Training
2. iBelong
3. Using Social Media
4. Introduction to Health and Safety (OHS)
5. Managing Challenging Behaviour (OVA)
6. Hand Hygiene - student module may be completed though Latte or on Hand Hygiene Australia website
7. Unconscious Bias
8. Infection Prevention – Transmission based precautions
Keeping a Record of Learning

• Keep a record of your learning to email to your clinical facilitator prior to your placement.
  • Click on the Reports tab
  • Click on My Course Completions
  • Click on Export and choose the PDF option
EMR – Electronic Medical Records

• Monash Health have recently implemented a new Electronic Medical Records system to enhance patient safety and care.
• This excludes some areas such as Residential and Aged Care
• All health professional students will have the ability to interact with the EMR in a student capacity and under supervision, while on clinical placement.
• Training prior to placement is highly recommended to aid in your preparation
EMR Training is highly recommended prior to clinical placement.

When you are logged into Latte, click on the “START EMR TRAINING” tab which will allow you to scroll down and select “Click for the View Only module” under the View Only heading.

Select EMR Program – View Only from the left of the screen

View each module by following the links

Ensure that “pop ups” are allowed in your web browser
EMR Training on Latte
EMR Training on Latte
Accessing the EMR

• Students will receive a Monash Health IT account which allows them to access Monash Health applications including EMR, whilst on placement.

• This is received via student email or on your first day via your facilitators.

• This account has separate log in and password to your LATTE account.

• Both accounts will be kept for all placements so please retain details and keep them safe/confidential.
Accessing the EMR

- Students will need to login to EMR without the use of an ID Badge

- Students should never use their supervisors' ID badge to access EMR

- Students must have all documentation in the EMR authenticated by their supervising midwife.
Other useful links for EMR information

• Monash Health EMR website

• EMR Quick Reference Guides

• EMR Proficiency Guides
EMR – Electronic Medical Record

- Some maternity documentation will remain on paper including:
  - Partogram
  - MORCs
  - Consent forms
  - Breastfeeding plans
  - Discharge planners (maternal & newborn)
  - All non-qualified newborn documents
  - Psychosocial assessments
  - Pack counts/operation reports
  - APGAR sheet
  - MET/code blue documentation
O H & S

• 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, Midwife-In-Charge, facilitator, university and document on Riskman

• Monash Health is a smoke free environment, smoking is no longer tolerated anywhere on hospital grounds
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 - REMOVE ANY PERSON IN IMMEDIATE DANGER IF SAFE TO DO SO

A - ALERT CALL EMERGENCY NUMBER “999” OPERATE NEAREST BREAK GLASS ALARM

C - CONTAIN & CONTROL BY CLOSING DOORS

E - EXTINGUISH 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
Code Blue or MET call

Basic Life Support

D
Dangers?

R
Responsive?

S
Send for help

A
Open Airway

B
Normal Breathing?

C
Start CPR
30 compressions : 2 breaths
if unresponsive: continue compressions until resuscitations

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

Continue CPR until responsiveness or normal breathing return
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
    • SaO₂ <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 and also occupational health and safety incidents
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 midwife
• Notify midwife in charge of shift
• Notify clinical facilitator ASAP – leave a phone message if after hours
• Preceptor or facilitator will need to complete the Riskman report, however you will need to be there to assist and provide information regarding the incident.
• Please include Clinical Education Coordinator Katherine Cook in the Riskman distribution list – Katherine.cook@monashhealth.org
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
## Infection Control
### Summary of requirements of each transmission based precaution type

<table>
<thead>
<tr>
<th></th>
<th>Airborne</th>
<th>Droplet</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single room</strong></td>
<td>Yes: negative pressure Door closed. Enter via anteroom. Negative pressure reading to be observed and documented each shift. Appendix 1</td>
<td>Yes (or cohort with other patients colonised or infected with the same organism) Door may remain open</td>
<td>Yes (or cohort with other patients colonised or infected with the same organism) Patients require their own bathroom and toilet facilities Door may remain open</td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
<td>On entering the room</td>
</tr>
<tr>
<td><strong>Gowns</strong></td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
<td>Long sleeve gown on entering the room</td>
</tr>
<tr>
<td><strong>Masks</strong></td>
<td>Particulate filter (N95) mask before entering the room</td>
<td>Surgical mask within one meter of patient or before entering room</td>
<td>As per Standard precautions</td>
</tr>
<tr>
<td><strong>Goggles/Face Shield</strong></td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
</tr>
<tr>
<td><strong>Health Record Forms</strong></td>
<td>May be in room</td>
<td>May be in room</td>
<td>Outside room</td>
</tr>
<tr>
<td><strong>Daily Cleaning</strong></td>
<td>As per daily clean procedure</td>
<td>As per daily clean procedure</td>
<td>As per daily clean procedure</td>
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</tbody>
</table>
# Infection Control

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<thead>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Equipment</strong></td>
<td>As per Standard Precautions.</td>
<td>As per Standard Precautions.</td>
<td>Dedicated equipment to individual patient. Clean with disposable damp MFC between patients. Discard items that cannot be cleaned.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Linen and Waste</strong></td>
<td>As per Standard precautions</td>
<td>As per Standard precautions</td>
<td>Waste: Bin in room. Double bag at doorway before taking from room. Linen: Skip in room. Double bag at doorway before taking from the room</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Transfer of Patients</strong></td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer. Patient to wear N95 if tolerated, or surgical mask</td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer. Patient to wear surgical mask</td>
<td>Limit to essential movement only. Notify area receiving patient prior to transfer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discharge Cleaning</strong></td>
<td>As per terminal clean procedure</td>
<td>As per terminal clean procedure</td>
<td>As per terminal clean procedure</td>
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<td></td>
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</tbody>
</table>
Immunisation Status

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

- 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”

Communication Using ISBAR

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>I - Identify</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>S - Situation</td>
<td>Why are you calling? – if it’s urgent, then say so</td>
<td>Patient’s diagnosis/current problem</td>
</tr>
<tr>
<td>B - Background</td>
<td>Brief history and background of the current situation</td>
<td>The patient’s past history</td>
</tr>
<tr>
<td>A - Assessment</td>
<td>What do you think is occurring?</td>
<td>Systems or head to toe assessment</td>
</tr>
<tr>
<td>R - Request</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”
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
LAN Page Standardised Message

**I** Identify
- Your name, position, extension and pager
- Your patient, ward, bed number

**S** Situation
- What is the situation?
- What do you want actioned?

**R** Request
- URGENCY RATING
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.

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 Medication Administration Policy

• Please review the following policy in the first days of placement
  • Medication Administration
  • Expressed Breast Milk – safe management and storage
Oxygen is also a medication!

When doing oxygen safety checks remember to...

1. Visualise your patient during bedside handover - are they wearing nasal cannula or a mask for example?
2. Check the patient’s chart - is there oxygen therapy recorded - how many litres?
3. Discuss with your buddy before doing checks

No tubing connected: Simply test the O2 works

Tubing connected: Is O2 running? Is it connected to the patient or a device? Check the patient’s chart
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 (non EMR sites) at the end of each shift in the confidential waste bin
Complaints

• If you have a complaint or any concern, speak to your facilitator who can support you and escalate the issue as required

• If complaint pertains to Clinical Facilitator:
  • Please contact Katherine Cook, Clinical Education Coordinator on 0466 204 099
  Or
  • Contact Nursing and Midwifery Education and Strategy on 9594 2876
What Makes a Successful Student?

• Completion of pre placement training and orientation.
• “Tools of the trade” – bring to every shift
• Well presented in correct student uniform
• Punctuality
• Showing initiative
• Good communication skills
• Good knowledge base
• Ability to apply knowledge
What Makes a Successful Student?

• Adaptability
• Problem solving skills
• Self directed
• Enthusiastic
• Keen & motivated
• Maintenance of privacy and confidentiality
• Wise use of resources, find out what and who these are in your clinical area and use them!
• Build upon current knowledge, learn common medications, diagnoses in your area.
“Tools of the Trade” – bring these to every shift

• Stethoscope
• Fob watch
• Pharmacology book
• Note pad
• Pens and highlighters
• Pick-pocket with scissors/tape/pen torch
• Student ID badge
Expectations

• 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 accompany student at all times
• Identify yourself as a student midwife to women, staff and visitors
• Abide by Monash Health infection control policies, for example jewellery, fingernails, hand hygiene practices

• 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).
• Ensure that daily feedback sheets are completed each shift, these are essential to assist with your appraisals.
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

• This clinical placement takes priority over other outside commitments, including COCE

• Take the time to read the key on your roster so you are aware of your shift times

• Please arrive 10 minutes before the start of each shift

• There will be no changing of shifts – speak to facilitator if there are any MAJOR concerns
Sick leave

If you are sick you must make 3 actions prior to commencement of your shift:

- call the ward you are on,
- email CME midwiferyundergrads@monashhealth.org
- call your Education provider

You must get a medical certificate from your health provider or a statutory declaration and hand to the CME on return to placement.

You may need to make up sick leave.
Sick Leave – Ward contact details

**Monash Medical Centre**

<table>
<thead>
<tr>
<th>Department</th>
<th>Phone 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

**Dandenong**
- Birth Unit: 95548180
- Maternity: 95548118
- Antenatal Clinic: 97927610
- SCN: 95548140

**Casey**
- Ward G (Birthing): 87681752
- Ward B (maternity): 87681353
- Antenatal Clinic: 97927979
- SCN: 87681433
Clinical Facilitator Role

• **Patient/client advocate**

• **Support** both student and buddy midwife

• **Assist** students to seek out learning opportunities within a safe environment

• **Assessment** Provide accurate, realistic but fair assessment of student performance

• **Education** Provide clinical education and debriefing sessions, assist students in the process of reflection
Student Clinical Assessment

Clinical facilitators will be assessing the following when students are on placement:

- Patient assessment skills
- Prioritisation of care
- Time management
- Confidence and taking initiative in patient care
- Communication with health care team
- Documentation
- Medication safety
- Critical thinking and problem solving
Access to staff education & inservice sessions

Clayton:
• Tuesday & Thursday 1-2pm

Dandenong:
• Team meetings (case reviews) Monday, Tuesday, Wednesday
• Thursdays & Fridays 1-2pm

Casey:
• Team meetings (case reviews) Tuesday, Wednesday & Thursday 1-2pm
• Monday & Friday 1-2pm
Summary

Thanks for taking the time to thoroughly read your orientation package prior to clinical placement. We look forward to facilitating your student placement at Monash Health
Clinical Midwife Educators

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• Sarah Avery
  Clinical Midwifery Educator
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Clinical support midwives are also available to facilitate your placement.

For all general enquiries, please email
midwiferyundergrads@monashhealth.org