

TE MARAE ORA

MINISTRY OF HEALTH

COOK ISLANDS

POSTGRADUATE MIDWIFERY INTERNSHIP PROGRAM (PMIP) – LOG BOOK

Name: _____

Document version and history table

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1	14/10/2024	Secretary of Health Mr.Bob Williams 	Initial document
2	18/12/2025	Secretary of Health Mr.Bob Williams 	Updated document after first cohort evaluation

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ABBREVIATIONS

CINC	Cook Islands Nursing Council
IM	Internship Midwife
PMIP	Postgraduate Midwifery Internship Program
SOP	Standard Operating Procedure

MESSAGE FROM THE CHIEF NURSE

Kia Orana,

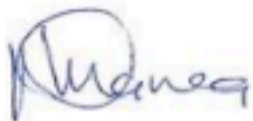
Congratulations on embarking on this significant journey as part of the Postgraduate Midwifery Internship Program (PMIP). You are now entering a critical phase of your career, where you will build upon the knowledge and skills you've gained, further honing your abilities to become a competent, confident, and compassionate Midwife.

This logbook will serve as both a tool and a testament to your professional growth over the next 6 months. It will guide you through your assessments, track your achievements, and ensure you meet the standards set by the Cook Islands Nursing Council. As you progress, remember that you are not only representing yourself but also contributing to the ongoing development of our healthcare system.

Take pride in your work, stay committed to your responsibilities, and remain focused on the values of care, compassion, and service to our community. We are confident that with perseverance, you will successfully complete this program and join the ranks of fully qualified Midwives, making a lasting impact on the health and well-being of Mothers, babies and families of the Cook Islands.

Kia manuia,

Ngatamariki Manea

A handwritten signature in blue ink, appearing to read 'Ngatamariki Manea', is positioned below the name.

Chief Nursing Officer

Te Marae Ora, Ministry of Health Cook Islands

INTRODUCTION

This logbook will become your companion for the next 6 months, and you will use it to guide you through your Postgraduate Midwifery Internship Program (PMIP). It is essential that you take care of your logbook, as you will use it to track your assessments and important milestones over the next six months. You will submit your logbook at the end of your PMIP as part of the completion criteria for you to successfully complete your PMIP and become a fully-fledged Midwife. **It is your responsibility to complete all aspects of this logbook prior to submitting it to the PMIP Coordinator.**

This logbook should be read in conjunction with the *PMIP Guiding Document version 2 [27/11/25]*.

To successfully pass your PMIP, you must complete the following pages of this logbook. Upon completing your PMIP, you will submit this logbook to the PMIP Coordinator. Don't worry, you will get the logbook back and keep it as a record of your professional development and your first year as a Midwife.

PMIP Timeline and Responsibilities

Date	Event	Per rotation:
26th January	1-day orientation	
26th January	Rotation 1	Week 1: Orientate to the physical area, read the policies and procedures relevant to the skills checklist
18th February	Learning session 1	
February	Maternity education 1	
2nd March	Rotation 2	Week 2: Develop your goals for that rotation. Observe the skills of the area at least once.
March	Maternity education 2	
6th April	Rotation 3	
April	Maternity education 3	
22nd April	Learning session 2	Month 5: become independent with all skills in the checklist and complete signoff. Meeting with your preceptor and charge nurse for final feedback and review of your goals.
11th May	Rotation 4	
May	Maternity education 4	
15th June	Rotation 5	
June	Maternity education 5	
17 June	Learning session 3	
29 July	Recognition Ceremony	

ASSESSMENTS

There are four assessments associated with your PMIP:

1. Case study presentation
2. Mothers group education
3. Mandatory clinical skills
4. Midwifery standards
5. Milestone review

1. Case study presentation

During orientation week, you will be allocated to a learning day in which you will be required to present a case study. First, you will identify a patient case that has interested you. Using the nursing process, you will reflect on the case. You will have 30 minutes to present the case to your peers at the learning session and 15 minutes for questions.

Note: You must remove all identifying information when you present the case.

2. Mothers group education

You will be assigned to an educational session and a topic to present to mothers on fundamental midwifery knowledge and education. You will be expected to present on a topic and answer questions from mothers.

3. Mandatory clinical skills



Over the next few pages, you will document your achievement toward performing the clinical skills that are mandatory for your clinical rotation (Appendix A). You and your Preceptor/s will use the Capability Assessment Rubric below to determine your progress with each skill.

Capability Assessment Rubric			
SCALE	DESCRIPTION	PERFORMANCE LEVEL	SUPPORT REQUIRED
1=Independent <i>(Above expected level/outstanding)</i>	<ul style="list-style-type: none"> Safe, accurate practice Effective each time Appropriate behaviour and demeanor each time 	<ul style="list-style-type: none"> Proficient, coordinated, confident, care provided within an expected time frame, accurate knowledge 	<ul style="list-style-type: none"> Without supportive cues
2=Proficient	<ul style="list-style-type: none"> Safe, accurate practice Effective each time Appropriate behaviour and demeanor each time 	<ul style="list-style-type: none"> Efficient, coordinated, confident practice, some expenditure of excess energy to complete care within expected timeframe 	<ul style="list-style-type: none"> Occasional supportive cues
3=Assisted <i>(Expected level)</i>	<ul style="list-style-type: none"> Safe practice Effective most of the time Appropriate behaviour and demeanor most of the time 	<ul style="list-style-type: none"> Skilful in parts of behaviour, inefficiency, and lacking coordination for some tasks, expends excess energy to complete tasks within a delayed timeframe 	<ul style="list-style-type: none"> Frequent verbal and occasional physical directive cues in addition to supportive cues
4=Supported	<ul style="list-style-type: none"> Safe when supported but not when practicing alone Ineffective care without support Appropriate behaviour and demeanor at times 	<ul style="list-style-type: none"> Unskilled, inefficient, considerable expenditure of excess energy to complete tasks 	<ul style="list-style-type: none"> Continuous verbal and frequent physical cues
5=Dependent	<ul style="list-style-type: none"> Unsafe and unable to demonstrate effective, coordinated care 	<ul style="list-style-type: none"> Unable to demonstrate procedure or appropriate professional behaviour. Lacks competence, confidence, coordination, and efficiency 	<ul style="list-style-type: none"> Continuous verbal and physical cues to maintain safety of patients and staff

For each mandatory skill, you will be required to complete the following 7 steps.. It is your responsibility to ensure all the mandatory clinical skills relevant to the clinical area you are working in have been completed and signed off by a Preceptor before you complete your clinical rotation.

Process for completing the clinical skills
Step 1: write the name of the skill.
Step 2: write the clinical area you are working in.
Step 3: read the Standard Operating Procedure (SOP) related to the skill and ensure you understand how and why it is performed. (Complete within first week of placement)
Step 4: Sign your name to indicate that you have read the SOP. (Complete within one weeks of placement commencing)
Step 5: Observe someone else doing the skill Note: you may observe the skill as many times as it takes for you to feel ready to do the skill under supervision.
Step 6: Perform the skill under supervision with a Preceptor. Note: you may perform the skill under supervision as many times as it takes for you to feel ready to do the skill independently.
Step 7: Perform the skill independently with a Preceptor observing. If completed independently, the Precpetor signs you off as independent, otherwise, they can sign you off at the relevant level and you can try again.

Below is a sample of how to fill out the clinical skills.

Name of skill	1. partogram			Clinical area	2. Maternity ward		
To be completed by the Internship Midwife							
3. I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):							
4. Jane Smith 17/7/24							
	Skill practice		Skill practice		Skill practice		
Date and time	7.17/7/2024 1500		7.23/7/2024 1100				
Capability	I P A SX		IX P A S		I P A S		
Preceptor Name and Signature	Florence Nightingale 		Florence Nightingale 				
REQUIRED Skill completed independently 7.							
Preceptor Name Florence Nightingale			Preceptor signature		Date and Time 1/8/2024 0900		

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
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Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
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Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
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OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

Name of skill		Clinical area	
To be completed by the Internship Midwife			
I have read the Standard Operating Procedure on how to perform this skill (IM signature and date):			
OPTIONAL	Skill practice	Skill practice	Skill practice
Date and time			
Capability	I P A S	I P A S	I P A S
Preceptor Name and Signature			
REQUIRED Skill completed independently			
Preceptor Name		Preceptor signature	Date and Time

4. Cook Islands Nursing Council Midwifery Standards

Over the next few pages, you are required to reflect on how you meet the Cook Islands Nursing Council (CINC) Midwifery Standards.

You are required to reflect on two indicators within each domain of the CINC Midwifery. You must use the Gibbs Reflective Cycle or Tanner's Reflective Model to underpin your reflections. You will identify the indicator and write your reflection below.

In addition, you and your Preceptor will use the Capability Assessment rubric on page 7 to determine your performance in all indicators.


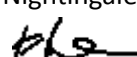
Process for completing the CINC Standards of Practice of a Registered Midwife

Step 1: Use the Capability Assessment Rubric to determine how well you meet the Domain indicator.

Step 2: Ask a Preceptor to use the Capability Assessment Rubric to determine how well they think you meet the Domain indicator.

Step 3: Both you and a Preceptor have a discussion about your performance and sign and date the domain to acknowledge that the discussion took place.

An example of how to do this is provided below. Although you have 5 months to complete your reflections, it is wise not to leave it to the last minute. It is your responsibility to have this section completed before you submit your Portfolio.

Standard 1. Cross-functional competencies for Midwifery practice				
		Independent	Proficient	Assisted
Assume responsibility for own decisions and actions as an autonomous practitioner within the midwifery scope of practice	Intern Midwife		Jane Jones	
	Preceptor	Florence Nightingale  17/7/2024		
Assume responsibility for continuing education and personal wellbeing as an RM	Intern Midwife		Jane Jones	
	Preceptor		Florence Nightingale  17/7/2024	

Standard 1. Cross-functional competencies for Midwifery practice
Indicator:
Intern Midwife's Reflection:

Standard 1. Cross-functional competencies for Midwifery practice
Indicator:
Intern Midwife's Reflection:

Standard 1. Cross-functional competencies for Midwifery practice				
		Independent	Proficient	Assisted
Assume responsibility for own decisions and actions as an autonomous practitioner within the midwifery scope of practice	Intern Midwife			
	Preceptor			
Assume responsibility for continuing education and personal wellbeing as an RM	Intern Midwife			
	Preceptor			
Adapt to and adopt new and emerging technologies that have been proven to enhance midwifery practice and care	Intern Midwife			
	Preceptor			
Appropriately delegate and oversee aspects of care	Intern Midwife			
	Preceptor			
Use research to inform practice	Intern Midwife			
	Preceptor			
Adhere to national legislation and regulatory requirements	Intern Midwife			
	Preceptor			
Uphold fundamental human rights of individuals when providing midwifery care	Intern Midwife			
	Preceptor			

Support women to make choices and decisions about care	Intern Midwife			
	Preceptor			
Demonstrate respectful and effective interpersonal communication with women and families, healthcare professionals, teams, and community groups	Intern Midwife			
	Preceptor			
Collaborate effectively with other healthcare professionals	Intern Midwife			
	Preceptor			
Assess health status, screen for health risks, and promote general health and wellbeing of adolescent girls and women	Intern Midwife			
	Preceptor			
Prevent and treat common health problems within the scope of midwifery practice	Intern Midwife			
	Preceptor			
Recognise abnormalities and complications and provide appropriate treatment and referral when necessary	Intern Midwife			
	Preceptor			
Facilitate normal/physiological birth processes in institutional and community settings, including women's homes	Intern Midwife			
	Preceptor			

Prescribe, dispense and administer medicines or products	Intern Midwife			
	Preceptor			
Provide midwifery care for women and newborns affected by humanitarian crises caused by natural disasters, climate change, pandemics, and disasters	Intern Midwife			
	Preceptor			

Standard 2. Sexual and reproductive health and rights
Indicator:
Intern Midwife's Reflection:

Standard 2. Sexual and reproductive health and rights
Indicator:
Intern Midwife's Reflection:

Standard 2. Sexual and reproductive health and rights				
		Independent	Proficient	Assisted
Provide education on sexual and reproductive health, contraception, and family planning	Intern Midwife			
	Preceptor			
Provide support on natural family planning and barrier methods	Intern Midwife			
	Preceptor			
Administer contraceptives within scope of practice	Intern Midwife			
	Preceptor			
Provide pre-conception care	Intern Midwife			
	Preceptor			
Care for girls and women who experience physical and sexual violence and abuse	Intern Midwife			
	Preceptor			

Standard 3. Antenatal care
Indicator:
Intern Midwife's Reflection:

Standard 3. Antenatal care
Indicator:
Intern Midwife's Reflection:

Standard 3. Antenatal care				
		Independent	Proficient	Assisted
Determine health status of a woman and assess pregnancy	Intern Midwife			
	Preceptor			
Assess foetal wellbeing	Intern Midwife			
	Preceptor			
Monitor and assess progression of pregnancy	Intern Midwife			
	Preceptor			
Promote and support health behaviours that improve wellbeing	Intern Midwife			
	Preceptor			
Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family	Intern Midwife			
	Preceptor			
Detect, stabilise, manage, and refer women with complicated pregnancies	Intern Midwife			
	Preceptor			
Assist the woman and her family to prepare for birth	Intern Midwife			
	Preceptor			

Standard 4. Care during labour and birth	
Indicator:	
Intern Midwife's Reflection:	

Standard 4. Care during labour and birth
Indicator:
Intern Midwife's Reflection:

Standard 4. Care during labour and birth				
		Independent	Proficient	Assisted
Promote normal/ physiological labour and birth	Intern Midwife			
	Preceptor			
Manage a safe, spontaneous vaginal birth, prevent and manage complications	Intern Midwife			
	Preceptor			
Provide care of the newborn immediately after birth	Intern Midwife			
	Preceptor			

Standard 5. Ongoing care of women and newborns
Indicator:
Intern Midwife's Reflection:

Standard 5. Ongoing care of women and newborns
Indicator:
Intern Midwife's Reflection:

Standard 5. Ongoing care of women and newborns				
		Independent	Proficient	Assisted
Provide postnatal care for the healthy woman	Intern Midwife			
	Preceptor			
Provide care to healthy newborns	Intern Midwife			
	Preceptor			
Promote and support breastfeeding	Intern Midwife			
	Preceptor			
Detect, treat, and stabilise postnatal complications in women and refer as necessary	Intern Midwife			
	Preceptor			
Detect, stabilise, and manage health problems in newborns and refer if necessary	Intern Midwife			
	Preceptor			

5. Milestones

This is an opportunity to identify what you'd like to learn during your placement in each area. Due to patient profiles, you may not achieve every goal, but you must actively work on your goals. It is your responsibility to ensure this is completed on time and before you complete your clinical rotation. The process for this is outlined below.

Process for completing Milestone review

Step 1: conduct a self reflection of your progress using the Discoll's model of reflection

Step 2: give your Log book to your Preceptor so they can write some comments.

Step 3: meet with your Preceptor to discuss your progress and identify areas of Nursing practice that require strengthening.

Step 4: submit your Log book to your Charge Nurse for final review and signature.

Rotation 1 Milestone review	Clinical area:
Date:	
Intern Midwife reflection:	
Preceptor name, comment, signature, date:	
Area/s of practice that need strengthening:	
Charge Nurse comments, signature, date:	

Rotation 2 Milestone review	Clinical area:
Date:	
Intern Midwife reflection:	
Preceptor name, comment, signature, date:	
Area/s of practice that need strengthening:	
Charge Nurse comments, signature, date:	

Rotation 3 Milestone review	Clinical area:
Date:	
Intern Midwife reflection:	
Preceptor name, comment, signature, date:	
Area/s of practice that need strengthening:	
Charge Nurse comments, signature, date:	

Rotation 4 Milestone review	Clinical area:
Date:	
Intern Midwife reflection:	
Preceptor name, comment, signature, date:	
Area/s of practice that need strengthening:	
Charge Nurse comments, signature, date:	

Rotation 5 Milestone review	Clinical area:
Date:	
Intern Midwife reflection:	
Preceptor name, comment, signature, date:	
Area/s of practice that need strengthening:	
Charge Nurse comments, signature, date:	

APPENDIX A – Clinical rotation skills

Maternity Ward

- Admitting mothers to the ward
- Abdominal palpations during labour
- Use of CTG - Attaching and Interpretations
- Use of Partogram
- Vaginal Examinations
- Augmentation of labour
- Induction of labour

Community Postnatal Service

- Assessing staff safety in the home environment
- Neonatal assessment
- Maternal wellbeing assessment
- Breastfeeding assessment
- Provide education on breastfeeding
- Assessing safety at home

Gynaecology Clinics

- Antenatal Booking (Hx taking and obstetric history)
- Family Planning Counselling (available commodities)
- Abdominal palpation during growth
- Cervical screening/Pap smear
- Gynae History (menarche, bleeding pattern, menstrual cycle, sexual hx)

Surgical/Gynaecological/Paediatric Ward

- Miscarriage assessment
- Counselling post miscarriage - danger signs and family planning
- Abnormal bleeding management
- Abnormal bleeding education
- Post-natal check

Community Visits

- Counselling on contraception and preventive measures
- Healthy pregnancy counselling
- Infant health - normal milestone developments
- Menopause management