

**TE MARAE ORA**

**MINISTRY OF HEALTH**

**COOK ISLANDS**



**POSTGRADUATE MIDWIFERY**

**INTERNSHIP PROGRAM (PMIP) –**

**GUIDING DOCUMENT**

Document version and history table

Last amendment	27/11/25	Next review	January 2026
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Version:	Date Approved:	Approved by:	Brief description:
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 initial cohort evaluation

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## ABBREVIATIONS

CINC	Cook Islands Nursing Council
IBL	Inquiry Based Learning
IM	Internship Midwife
NCD	Non-Communicable Disease
PMIP	Postgraduate Midwifery Internship Program
TMO	Te Marae Ora Ministry of Health Cook Islands
TTP	Transition to Practice
UHC	Universal Health Coverage
WHO	World Health Organization

## GLOSSARY

**Clinical rotation** - during their PMIP, each Internship Midwife (IM) will work in five different clinical areas: maternity ward, gynaecology clinics, gynaecology ward, community post-natal service, and community visits. Each rotation lasts 6 weeks.

**Cook Islands Nursing Council (CINC) Nursing Competencies** – a document developed by the CINC outlining a combination of skills, knowledge, attitudes, values and abilities that underpin effective performance of Nurses practising in the Cook Islands.

**Global Competency Framework for Universal Coverage** - a Framework developed by the World Health Organization (WHO), which identifies health worker competencies towards the achievement of Universal Health Coverage (UHC).

**Internship Midwife (IM)** – a participant in this program who has completed a recognised postgraduate Midwifery qualification in the past 12 months.

**PMIP Coordinator** – someone who is responsible for the execution and evaluation and monitoring of the PMIP.

**Postgraduate Midwifery Internship Program (PMIP)** – a structured Midwifery transition to practice program of 6 months duration, developed for the Cook Islands. Referred throughout this document as ‘the Program’.

**Preceptor** – a Nurse or Midwife with appropriate training and experience to support and mentor IMs during their 6-month PMIP.

**Te Kupenga Model** – a model of care developed by TMO that underpins the National Healthcare Reorientation Plan and the PMIP, promoting nurses to empower individuals to lead healthier lives and thereby alleviate the burden of non-communicable diseases (NCDs) on individuals, families, and the country.

**Transition to practice program** – a structured program that prepares newly qualified Midwives for successful transition into the workforce.

**Universal Health Coverage (UHC)** – a concept adopted by the WHO, which means all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

## MESSAGE FROM THE SECRETARY OF HEALTH

To all the new midwives, a heartfelt Kia Orana and welcome to Te Marae Ora Ministry of Health family!

Congratulations to all of you for successfully completing your studies as you transition into this new phase of your career. This is an exciting time for you as it marks the start of a new journey as Midwives. The next 6 months is critical in your new journey, there will be ups and downs and challenges as you navigate yourselves in this new role. Through this Postgraduate Midwifery Internship Program (PMIP) you will be supported and guided not only by your Preceptors and senior Midwives, but through the support of everyone at Te Marae Ora Ministry of Health.

It is my hope that the PMIP will serve as a cornerstone for the future of Midwifery in the Cook Islands, supporting the successful transition of new Midwives with increased confidence and as very capable professionals who will make a meaningful impact to every women, newborn and families.

I would like to acknowledge the hard work and collaboration between the Pacific Community, the Cook Islands Nursing Council, and Te Marae Ora Ministry of Health who worked so hard to develop this program to ensure our new Midwives have a smooth transition in to the Nursing workforce.

You are the future Midwives in the Cook Islands and as such I hope that you will take you role seriously and embrace the values of Te Marae Ora; *equity, quality and innovation, unity, integrity and accountability, people centred, empower, and respect.*

Good luck for the next 6 months!



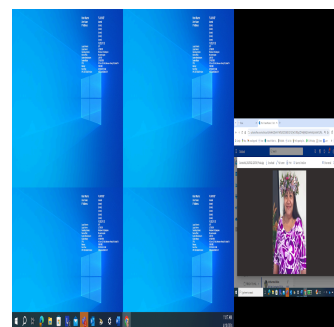
Mr Bob Williams

Secretary of Health

## MESSAGE FROM CHIEF NURSING OFFICER

I am proud to see this the Postgraduate Midwifery Internship Program (PMIP) come to fruition and continues to grow.

The PMIP is the first of its kind in The Cook Islands and has been implemented specifically, to support postgraduate Midwifery students' transition from studying to working as a Midwife in the Cook Islands.



We have drawn from the global experience and have developed this program through significant collaboration and consultation. As such I am grateful to the Pacific Community, the Cook Islands Nursing Council, Te Marae Ora Ministry of Health, and all the Midwives who contributed to the development of this auspicious program. I believe this program will not only be beneficial for its recipients, the newly qualified Midwives, but also for our current Midwifery workforce as they work together to deliver the program and support the graduates through this transition.

This is an important step for the future of Midwifery in the Cook Islands and comes at a crucial time when we are experiencing significant Nursing and Midwifery shortages in the Cook Islands. It is my hope that the PMIP will support the retention of recently qualified Midwives to help strengthen our Midwifery workforce and grow a cohort of Midwives who are competent, confident, and develop into strong Midwife leaders.

Mrs Ngatamariki Manea

Chief Nursing Officer.

## ACKNOWLEDGEMENTS

The development of the Postgraduate Midwifery Internship Program (PMIP) has been a collective effort, and sincere gratitude is extended to all those involved in bringing this program to fruition.

Te Marae Ora Ministry of Health Cook Islands would like to acknowledge Dr. Karen Hammad from the Pacific Community (SPC) for her steadfast guidance, expertise, and support. Her mentorship has been pivotal in ensuring that the program is comprehensive and aligned with global standards of nursing education. Sincere acknowledgement also to the SPC for the technical assistance of Dr Karen Hammad and financial support.

Additionally, acknowledgement to Volunteer Services Abroad, who supported Te Marae Ora to fund a coordinator. Acknowledgement to New Zealand Registered Nurse Genevieve Peyroux (BNConjBSc, BNHon) for acting as the coordinator for the second cohort and conducting the review and evaluation of the first cohort.

Gratitude is also extended to the various stakeholders across Te Marae Ora Ministry of Health departments, whose contributions have been invaluable. Their efforts have laid the groundwork for the program's successful implementation and long-term sustainability.

Further acknowledgment is given to the Community and Hospital Nurse Managers, Charge Midwife, senior Midwives and the dedicated Midwifery workforce for their hands-on contributions in refining the clinical components of the program. Their expertise and commitment have enriched the practical training aspects, ensuring that Internship Midwives receive the highest level of support.

Lastly, TMO would like to recognise the Cook Islands Nursing Council, under the visionary leadership of Chief Nursing Officer Mrs. Ngatamariki Manea. Mrs. Manea's dedication to advancing the Cook Islands Nursing and Midwifery workforce is commendable. Her vision emphasises upholding the highest standards of Nursing and Midwifery practice, fostering professional excellence, and cultivating a robust, competent Nursing and Midwifery workforce that meets the growing healthcare needs of the Cook Islands.

The success of the PMIP and its desired outcomes, as outlined in this document, are dependent on the ongoing collaboration and dedication of all involved. Continued cooperation across the entire Ministry of Health will be critical to ensuring the program's sustainability and positive impact on the future of Midwifery in the Cook Islands.

In conclusion, it is hoped that the PMIP will serve as a cornerstone for the future of Midwifery in the Cook Islands, supporting the successful transition of new Midwives into confident and capable professionals who will make a meaningful impact on the women, newborn and families.



## INTRODUCTION

Midwives play a vital role in achieving Universal Health Coverage. Evidence supports that the provision of high-quality midwifery education and care improves outcomes for women, newborns, families, and communities in all income country settings. It is stated that 4.3 million lives can be saved globally per year by 2035, just through the interventions of Midwives.<sup>1</sup>

Midwifery in the Cook Islands is evolving and changing to ensure that women, newborns and families receive comprehensive and evidence-based care from competent Midwives who are skilled and accountable for the care they deliver. This has resulted in zero maternal deaths since 1995. This is an incredible achievement given the geographical remoteness of the Te Pa Enua. To continue this good work, we feel that it is vital to support our new Midwives.

The implementation of this program coincides with the graduation of the first cohort of Midwives to be trained in-country through a collaboration between Te Marae Ora (TMO), the Ministry of Health and the Fiji National University. The PMIP is a new initiative and a significant milestone as it is the first time in the history of TMO Midwifery to have such a program providing the necessary guidance to newly qualified Midwives.

It is intended that the PMIP will expedite the outcomes of Delivery Area 3 of the *TMO – Ara - Tango Anga’anga: Cook Islands National Health Strategic Plan 2023 – 2027* by supporting and facilitating staff development and ensuring human resources for health policies are relevant, producing and maintaining quality and equitable distribution and a productive workforce.<sup>2</sup>

This 6-month program concentrates mainly on developing the clinical competence, practical performance, and soft skills of Internship Midwives (IMs) while they work in two directorates of TMO: Hospital Health Services and Community Health Services. Through the PMIP, IMs will be guided to build on the knowledge gained through their postgraduate Midwifery program and apply this to the clinical setting while also upholding TMO vision, mission and values as Cook Islands public servants.

The implementation of this PMIP comes at a time when the world is seeing an unprecedented shortage of Nurses and Midwives<sup>3</sup> and heralds TMO's commitment to ensuring that new Midwives are supported in their transition to practice. The PMIP is a structured program designed to develop a cohort of Midwives who are fit for purpose and possess the necessary attributes to navigate their transition to practice, thereby reducing transition shock and promoting the retention of new Midwives.

It is envisioned that this PMIP will not only streamline the clinical activities of IMs, but will also provide a holistic approach to accomplishing quality clinical performance and expertise in the beginner's journey of every IM in the Cook Islands.

## **PURPOSE OF THE PROGRAM**

This program is designed to alleviate the transition shock that may be experienced by newly qualified Midwives who are no longer Registered Nurses and who are entering the workplace in a new role. This program should support newly qualified Midwives in the Cook Islands with their professional development and socialisation into their new role while enabling them to participate in a supported program of study. A lack of clearly designed curricula for transition programs is linked to the underdevelopment of critical thinking skills, an issue that directly impacts patient safety and well-being. With this, it is hoped that the PMIP will develop Midwives who are confident, knowledgeable, and able to think critically.

## **Aims of the program**

The PMIP aims to provide learning experiences to IMs through facilitated learning, support and socialisation to facilitate their transition from a learning environment to the work environment.

## **Program outcomes**

On successful completion of this program, the PMs will transition to being fully fledged Midwives. As such, IMs will demonstrate:

- Competence in mandatory clinical skills
- Adhere to Scope and Standards of Practice for Nurses and Midwives in the Cook Islands<sup>17</sup>
- Ability to reflect on their Nursing practice and respond accordingly.

## Eligibility to do the PMIP

The Cook Islands PMIP is designed to support newly qualified Midwives in their transition to Midwifery practice. The PMIP is offered to newly qualified Midwives who:

- have successfully completed an approved postgraduate Midwifery Degree within the last 12 months
- are registered as a Midwife with the Cook Islands Nursing Council (CINC).

## PROGRAM DESIGN

Te Marae Ora has drawn on four different approaches to provide structure and direction, ensuring it is culturally responsive, contextualised for the Cook Islands, evidence-based, and aligned with strategic Midwifery goals.

In recognition of the cultural orientation of the participants in the PMIP and the environment in which they work, we identified *Te Kupenga model*, which underpins the Cook Islands *TMO National Healthcare Reorientation Plan 2024+*.<sup>4</sup> While adhering to the central premise of preventing people falling through the net, we have adapted the model, focusing on preventing our newly qualified Midwives from falling through the net.

In recognition that the participants of the PMIP are Cook Island public servants of TMO, we have aligned with the TMO vision, mission and values.<sup>5</sup>

In recognition of TMO's commitment to promote Universal Health Coverage (UHC), as well as recognising the vital role that Midwives play in achieving UHC, we have drawn from the *Global Competency Framework for Universal Coverage*.<sup>6</sup>

Finally, to ensure the program aligns with best practices for transition-to-practice programs, we drew inspiration from the literature regarding key elements for successful Transition to Practice (TTP) programs.<sup>7,8</sup>

## Te Kupenga Model

To ensure the program is both effective and culturally resonant, we have adopted and adapted the Te Kupenga Model (Figure 1) to underpin the PMIP.

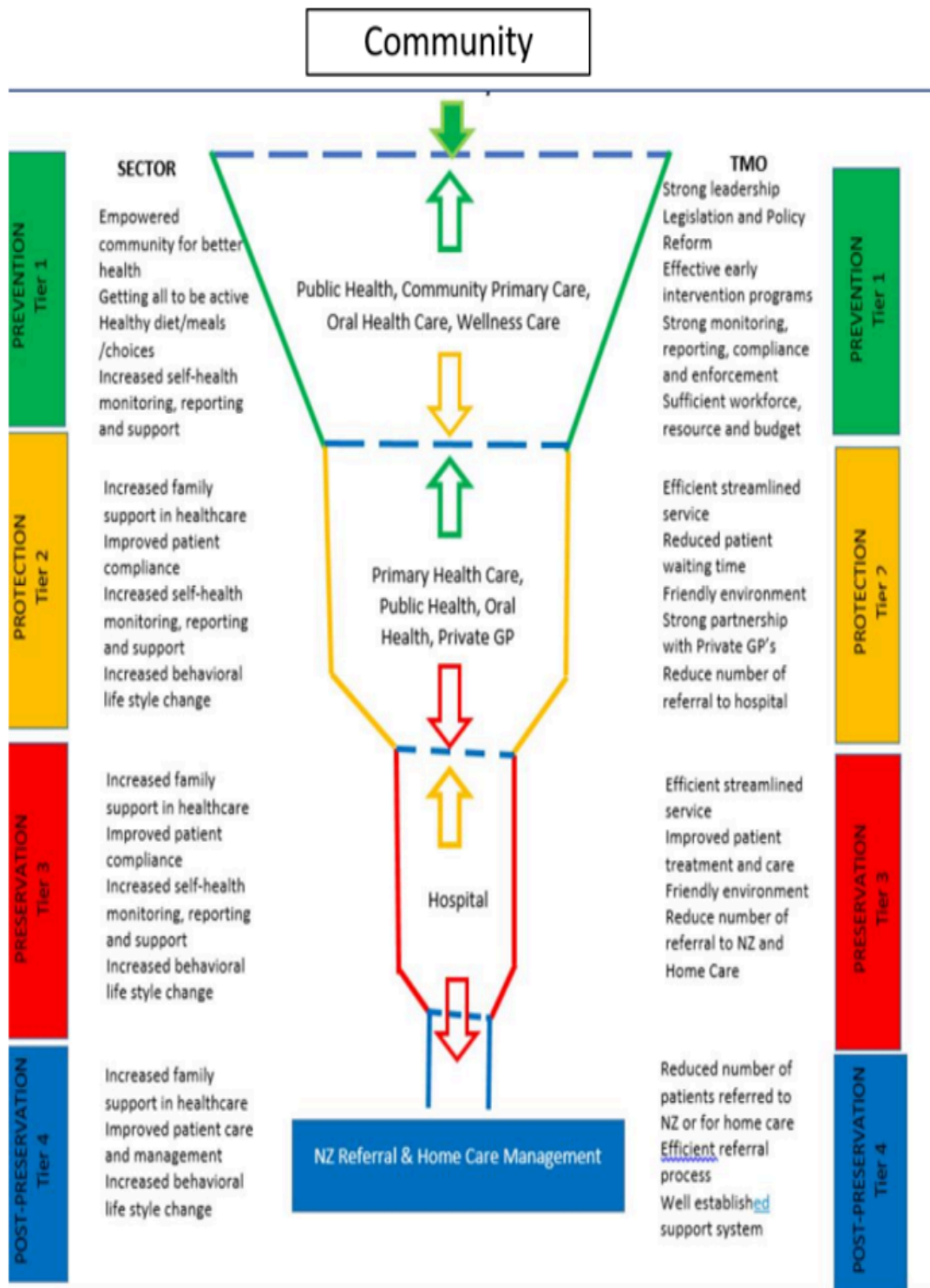


Figure 1. Te Kupenga Model<sup>4</sup>

The model was designed by TMO to reduce the number of admissions and premature deaths caused by uncontrolled levels of non-communicable diseases (NCDs), comorbidities, and chronicity amongst the young and ageing population in the Cook Islands.<sup>4</sup> A *kupenga* is a type of open-weave net used for fishing or gathering food. Just like a fishing net, the size of the net determines what it captures.<sup>4</sup> The model employs a four-tier approach – Prevention, Protection, Preservation, and Post-Preservation. The model has been adapted (Figure 2) to guide the PMIP by structuring support mechanisms that address the specific needs and challenges faced by IMs during their first year of practice.

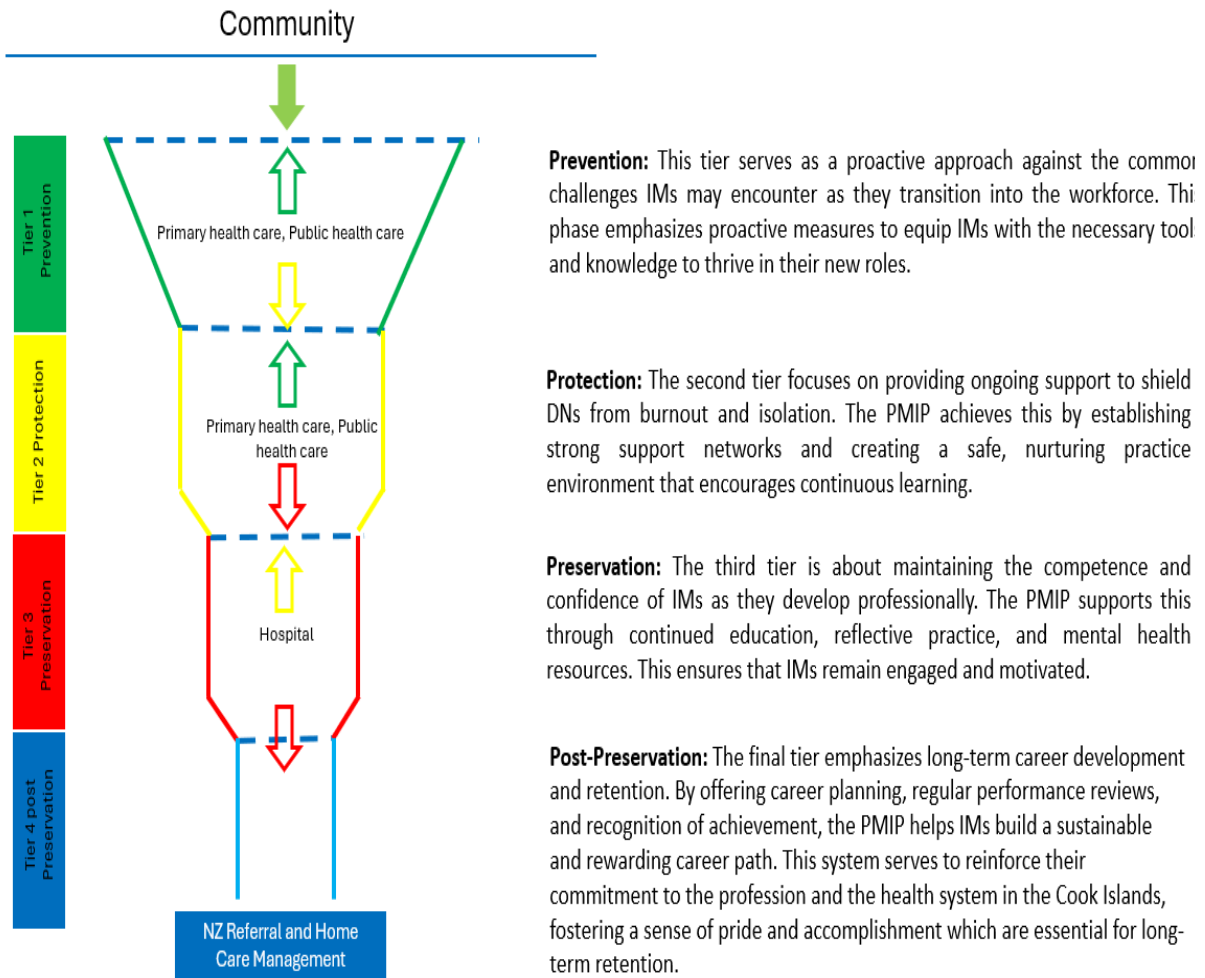
In the adapted model, we identify four tiers of support for the IMs: prevention, protection, preservation and post-preservation, outlined in more detail below.

**Prevention:** This tier provides a proactive approach to addressing common challenges that IMs may encounter as they transition into the workforce. This phase emphasizes proactive measures to equip IMs with the necessary tools and knowledge to thrive in their new roles.

**Protection:** The second tier focuses on providing ongoing support to shield IMNs from burnout and isolation. The OMIP achieves this by establishing strong support networks and creating a safe, nurturing practice environment that encourages continuous learning.

**Preservation:** The third tier is about maintaining the competence and confidence of IMs as they develop professionally. The PMIP supports this through continued education, reflective practice, and mental health resources. This ensures that IMs remain engaged and motivated.

**Post-Preservation:** The final tier emphasizes long-term career development and retention. By offering career planning, regular performance reviews, and recognition of achievement, the PMIP helps IMs build a sustainable and rewarding career path. This system serves to reinforce their commitment to the profession and the health system in the Cook Islands, fostering a sense of pride and accomplishment that are essential for long-term retention.



**Figure 2. Adapted Te Kupenga Model**

## TMO vision, mission, values

As public servants in TMO, IMs participating in this program must be aware of, and align themselves to the vision, mission and values of TMO.

### Vision

*All people living in the Cook Islands living healthier lives and achieving their aspirations.*

### Mission

*To provide accessible, affordable health care and equitable health services of the highest quality, by and for all in order to improve the health status of people living in the Cook Islands.*

## **Values – EQUIPPER**

**E – Equity** - Promoting human rights principles and providing timely and equitable access to quality, affordable healthcare services for all people in the Cook Islands;

**Q - Quality & Innovation** - Embracing leading-edge, evidence-based best practice and excellence in all aspects of our work. Client-focused, delivering safe, responsive, sensitive, sustainable, well resourced, data-driven healthcare services provided by a qualified and competent workforce, including carers and advocates; Creating a spirit of cooperation and a sense of belonging; increasing enthusiasm for requisite tasks and fostering an empowering work environment; Maintaining professionalism, honesty, respect and confidentiality; ensuring that our systems are transparent and reflect responsible governance and management, ensure gender equality, non-discrimination and the participation of men and women in decision-making at all levels

**U – Unity** - Creating a spirit of cooperation and a sense of belonging; increasing enthusiasm for requisite tasks and fostering an empowering work environment

**I - Integrity & Accountability** - Maintaining professionalism, honesty, respect and confidentiality; ensuring that our systems are transparent and reflect responsible governance and management, ensure gender equality, non-discrimination and the participation of men and women in decision-making at all levels

**P - People centred** - Ensuring that the welfare of men and women, boys and girls remains our priority, guided by the human rights principles of empowerment, gender equality, non-discrimination, participation and accountability;

**P – Passionate** - Maintaining a persistent, determined and caring attitude in pursuit of goals

**E – Empower** - Creating a spirit of appreciation, supporting, motivating and encouraging colleagues and clients

**R – Respect** - Acknowledging a person’s inherent dignity, integrity and rights with compassion, trust, privacy and confidentiality.

## Global Competency Framework for Universal Coverage

The Cook Islands PMIP is also underpinned by the *Global Competency Framework for Universal Coverage*.<sup>6</sup> The framework encompasses 6 domains: people-centeredness, decision-making, communication, collaboration, evidence-informed practice, and personal conduct (Figure 3).<sup>6</sup> Education delivery in the PMIP is underpinned by the pedagogical approach of inquiry-based learning (IBL), which uses real-world examples of clinical issues to develop critical intrapersonal reflection, problem-solving, and peer-to-peer communication.<sup>9</sup>

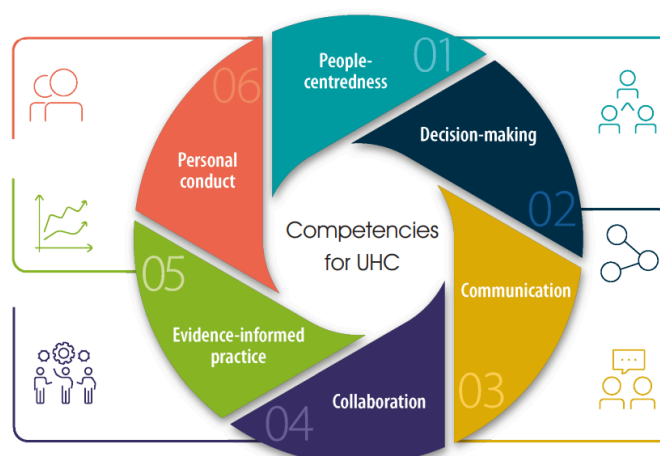


Figure 3. Global Competency Framework for Universal Health Coverage<sup>6</sup>

## Key elements for successful TTP

Three key elements required for successful transition programs are facilitated learning, support, and socialization.<sup>7,8</sup> The Cook Islands PMIP has embedded these elements into a structured 6-month program that is well considered through collaborative development and stakeholder input and is contextualised for the local context. The three elements are demonstrated through:

**Facilitated learning:** learning opportunities are embedded into the program through the development of clinical skills and facilitated learning session days. IMs are encouraged and expected to reflect on their learning experience throughout the program. Informed by other transition programs,<sup>10-15</sup> learning session days are designed to build confidence and communication skills rather than didactic learning focused on clinical skills, which has been a focus of TTPs historically. With IBL as a foundation, the content of each learning session day



is integrated around the real-world experiences of Midwives and peers working together to solve clinical problems.

**Support:** support is provided formally through Preceptorship. Preceptors have been trained to provide the appropriate level of support to IMs. In addition, IMs are provided opportunities to interact with each other during learning session days, to provide a level of peer-to-peer support. This cohort will participate in the program together and will have opportunities to share experiences, network, and seek peer support from each other.

**Socialization:** through this program, IMs are welcomed into their new work environment with clear roles and responsibilities and supported by more experienced Midwives in the workplace. The existing workforce has had training on the program and how to nurture acceptance of the IMs in a positive and supportive environment.

## PROGRAM DEVELOPMENT

Development of the PMIP has occurred through significant collaboration and stakeholder engagement. Technical assistance was sought from the Pacific Community (SPC) to coordinate the development of the program. Initial consultations between the SPC Nursing Adviser, the Chief Nursing Officer and the Cook Islands Nursing Council led to the development of the program outline. Outside of Midwifery, consultation and input were provided by the Director of Hospital Health Services, the Director of Primary Healthcare, the Director of Public Health, and the Director of Planning and Funding, as well as the Policy and Planning and Human Resources Departments.

## PROGRAM REVIEW

After the first cohort graduated from the programme, the Chief Nursing Officer, Community Nurse Manager, Hospital Nurse Manager, Charge Midwife, senior Midwives, and newly graduated Midwives from the PMIP were interviewed 1:1 or in focus groups by the program coordinator and provided feedback on their experiences of the program, identified areas of improvement and recommendations for the next cohort. The graduated PMIP midwives were asked to assess how often they used their midwifery skills, determined by the international midwifery competencies<sup>16</sup>, before, during and after the program. Based on this feedback and national changes, the logbook and number of rotations were updated to

include the Scope and Standards of Practice for Nurses and Midwives in the Cook Islands<sup>17</sup>. An additional assessment was developed for the IM to provide education to mothers. Otherwise, minor changes were made to support the IM in their workspace (See PMIP Evaluation First Cohort, Te Marae Ora<sup>20</sup>).

## **PROGRAM SUPPORT**

### **Preceptorship**

IMs will be allocated to Preceptors for each clinical rotation. All Preceptors are senior Midwives who have completed a Preceptor workshop.

IMs must be buddied with Preceptors during supernumerary shifts at the commencement of each clinical rotation. In addition, throughout this programme IMs should be regularly rostered with the Preceptors until all skills are signed off.

## **PROGRAM STRUCTURE**

The PMIP is a structured program of 6 months' duration, consisting of four key components: orientation, clinical rotations, a logbook, and learning session days. A timeline of the PMIP is outlined in Appendix A.

### **Orientation**

A one-day orientation introduces IMs to the PMIP, health services, staff, peers, and key stakeholders. Through a series of presentations, IMs will have sessions on key principles essential to their transition, as well as the completion of mandatory skills. The orientation agenda is in Appendix B.

### **Clinical rotations**

IMs will complete five clinical rotations of six weeks duration in the Maternity ward, Gynaecology clinics, Gynaecological ward (within the Surgical/Gynaecological/Paediatric ward), Community Post-natal Service, and in the Public Health Puna clinic. Further important information about clinical rotations is noted in the Human Resources section below.

## Log book

The logbook is a physical book that IMs will receive during the orientation to the PMIP. IMs will carry the logbook with them and complete it throughout the 6 months. IMs will submit the logbook to the PMIP Coordinator for assessment at the completion of their 6 months. Log books will be returned to the IMs as a personal record of their professional development. The logbook has four requirements: clinical skills, Midwifery standards and milestone reviews.

### Clinical skills

During each clinical rotation, the IMs will need to complete a list of mandatory skills (Appendix C). The process for each skill requires the IM to:

1. Read the Standard Operating Procedure relevant to the skill,
2. observe someone else performing the skill,
3. perform the skill supervised and under the direction of a Preceptor,
4. Then, when they feel confident performing the skill without support, they will do so unaided with their Preceptor or a qualified doctor observing.

Note: IMs may have to repeat steps several times before they feel confident to be assessed as independent

Deadline: 6 weeks

### Midwifery Standards

This includes a detailed reflection and a self-assessment.

**Detailed reflection:** the IM is required to reflect on two indicators within each standard of the Scope and Standards of Practice for Nurses and Midwives in the Cook Islands<sup>17</sup>. IMs must use the Gibbs Reflective Cycle<sup>18</sup> or Tanner's Reflective Model<sup>19</sup> to underpin their reflections. Reflection on the CINC Midwifery Standards can occur over the 6 months as the IM has experiences that demonstrate their adherence to the standards. However, it is recommended that the IM aims to complete one domain every two months.

**Self-assessment:** the IM will undertake a self-assessment regarding their adherence to the Scope and Standards of Practice for Nurses and Midwives in the Cook Islands<sup>17</sup>. This is then

followed by an assessment by a Preceptor. It is important that the IM and Preceptor discuss the assessment results, particularly if they are not aligned.

Deadline: 5 months.

### **Milestone reviews**

During the clinical rotation, the IM will complete a self-reflection on their progress using the Discolls model to underpin their reflection. They will then discuss their reflection with their Preceptor. The IM and Preceptor will then meet to discuss and document strengths, weaknesses and areas for improvement and this will be signed off by the Charge Nurse

### **Learning session days**

IMs will be expected to attend three learning session days throughout the course of the PMIP. The learning session days are designed to encourage communication, advocacy, and leadership. If the IM is unable to attend their scheduled learning session day due to unforeseen circumstances, the PMIP Coordinator and Charge Midwife or Charge Nurse will negotiate rescheduling this time so that the IM is not disadvantaged.

IMs will need to identify a case they have come across in their practice that interests them. Using the Nursing Process, they will need to present their case to their peers at a learning session day, which will be allocated to them during orientation week. The learning session day agendas are in Appendix D.

### **Education to mothers**

IMs will be expected to provide 1:1 educations to mothers throughout their transition period. They will also be expected to provide education to a group of mothers on a specific topic that they will be provided with (see Appendix A). The education sessions are to enable the IMs to communicate, and lead within a group setting. If the IM is unable to attend their scheduled education session due to unforeseen circumstances, the PMIP Coordinator and Charge Nurse will negotiate rescheduling this time so that the IM is not disadvantaged.

## **SUCCESSFUL COMPLETION OF THE PMIP**

*Evidence of successful completion of the PMIP is:*

- Complete five clinical rotations,

- Complete and submit the logbook
- Attend 3 learning session days.
- Provide education to mothers

If an IM does not successfully complete the above criteria, an extended program of 9 months may be considered.

## **HUMAN RESOURCES**

### **Supernumerary days**

The first day of the PMIP clinical rotation will be supernumerary and the IM will be buddied with a Preceptor for the duration. This orientation must include an introduction to the clinical area, outlining key staff, a tour of the area, staff and IM expectations, an introduction to policies and procedures relevant to the area, unit routines, and day-to-day tasks.

### **Relieving to other clinical areas**

IMs must not go relieving to other clinical areas during their PMIP. This will ensure they consolidate their skills relevant to the area they are familiar with and practising in.

### **Nightshift**

IMs must not do the night shift during the first 2 weeks of their first ward-based clinical rotation. This will ensure that they develop competence during daylight hours, when more support is available.

### **Leave**

IMs are eligible to leave as per their contract. Do not book annual leave during the study period and education sessions. Discuss sick leave and bereavement leave with the PMIP coordinator and CNO as soon as possible. Leave needs to be negotiated with your work area manager and the PMIP coordinator.

## **PROGRAM EVALUATION, REVIEW, IMPROVEMENT, AND MANAGEMENT**

The PMIP will be reviewed on completion of the first cohort of IMs. The review will consist of four phases: evaluation, review, improvement, and monitoring (EVIM). This is a cyclical

approach, and once the 4<sup>th</sup> phase comes to an end, the first phase will commence again. Activities relevant to each phase are outlined below.

### **Evaluation**

The PMIP will be evaluated on completion of the IMs through the following steps.

1. Development of necessary documentation, such as surveys using the International Midwifery Competencies<sup>16</sup> and used the program structure as prompts for the interviews and focus group
2. Evaluation of PMIP through surveys and focus groups, and interviews with IMs, Preceptors, Charge Nurses and other key stakeholders.

This will be repeated for each cohort.

### **Review**

The review process will commence after the collection of data in the evaluation phase. A workshop with the co-designers will review the data to determine if any changes are needed to the program.

### **Improvement**

The co-design team and Preceptors will work together to make improvements to the program.

### **Monitoring**

The PMIP Coordinator will continue to monitor the execution of the program and wellbeing of IMs, noting suggested changes for the next review. The PMIP Coordinator and TMO Policy and Planning will maintain version control of any documents.

## **SUSTAINABILITY, GOVERNANCE, AND ACCOUNTABILITY**

The appointment of a PMIP Coordinator/s is vital to the sustainability of the program. The PMIP Coordinator will work closely with the co-design team to; oversee execution of the program, arrange orientation and learning session days, arrange and execute Preceptor training, organise and maintain necessary communications with IMs, co-designers,

Preceptors, and other relevant stakeholders. In addition, the PMIP Coordinator will lead the review, evaluation, improvement, and monitoring cycle.

## **CONCLUSION**

This document provides an outline of the Cook Islands PMIP, including its development and design, structure, and monitoring and evaluation. The program itself is an important milestone in the Cook Islands' Midwifery history and a vital step for the future of Midwifery.

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## APPENDIX A – PMIP timeline template

Main activity		Timeline
Pre-planning	IMs graduate	November
Orientation	Orientation for IMs (see separate agenda)	January 26/1/26
Study period days	1	February 18/2/26
	2	April 22/4/26
	3	June 17/6/26
Education sessions	IM 5	February
	IM 1	March
	IM 2	April
	IM 3	May
	IM 4	June
Graduation	Graduation ceremony	July 29/6/26
EVIM		September to December

## APPENDIX B – Orientation agenda

Day/Date	Time	Topic	Presenter
Day 1 26/1/26	0830 - 0900	Registration	
	0900 - 1000	Official opening	PMIP Coordinator
	1000 - 1030	Morning break	
	1030 - 1100	PMIP program structure and logbook	PMIP Coordinator
	1130 - 1150	Cook Islands Nursing Council (CINC) role	CINC Chair
	1150 - 1210	Human resources (HR) roles and responsibilities	HR Manager
	1210 - 1310	Lunch	
	1310 - 1330	Midwifery in the Cook Islands: history, current, chain of communication, professional practice	Chief Nursing Officer
	1330 - 1350	Clinical reasoning/critical thinking	Preceptor Group 1
	1350 - 1410	Nursing process and SMART goals	Preceptor Group 2
	1410 - 1430	Afternoon break	
	1430 - 1500	Provide midwifery care for women and newborns affected by humanitarian crises caused by natural disasters, climate change, pandemics, and disasters	Preceptor Group
	1500 - 1520	Care for girls and women who experience physical and sexual violence and abuse	Preceptor Group 1
	1520 - 1540	Postnatal service and baby-friendly hospital	Preceptor Group 2
	1540 - 1600	Wrap up and closing prayer	

## **APPENDIX C – Clinical rotation skills**

### **Maternity ward**

- Admitting Mothers to the ward procedure and documentation
- Abdominal palpations
- Use of cardiotocography (CTG) – attaching and interpretations
- Use of Partogram
- Augmentation of labour
- Induction of labour
- Vaginal Examinations

### **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)

### **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

### **Surgical/Gynaecology/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

## APPENDIX D – LEARNING SESSION DAY AGENDA

<b>Day 1</b>	16/2/2026		
<b>Time</b>	<b>Topic</b>	<b>Presenter</b>	<b>Attendees</b>
0830 – 0845	Welcome, prayer	PMIP Coordinator	IM
0845 - 0915	Reflection on experiences so far – challenges and positive experiences	PMIP Coordinator	IM
0915 - 1000	Case study presentation and discussion	IM 1	IM, Maternity Preceptors
1000 - 1030	Morning break		
1030 - 1115	Case study presentation and discussion	IM 2	IM, Maternity Preceptors
1115 – 1200	Problem-based learning – antenatal, including Diabetes, High blood pressure	Maternity Preceptors. Community	IM
1200 - 1300	Lunch		
1300 - 1430	Problem-based learning – antenatal, including Diabetes, High blood pressure	Maternity Preceptors. Gynae Clinic	IM
1430 - 1500	Afternoon break		
1500 - 1545	Problem-based learning – antenatal, including Diabetes, High blood pressure	Maternity Preceptors. Gynae ward	IM
1545 - 1600	Wrap up	PMIP Coordinator	
<b>Day 2</b>	20/4/2026		
<b>Time</b>	<b>Topic</b>	<b>Presenter</b>	<b>Attendees</b>
0830 – 0845	Welcome, prayer	PMIP Coordinator	IM
0845 - 0915	Reflection on experiences so far – challenges and positive experiences	PMIP Coordinator	IM
0915 - 1000	Case study presentation and discussion	IM 3	IM, Maternity Preceptors
1000 - 1030	Morning break		
1030-1115	Case study presentation and discussion	IM 4	
1115 - 1200	Problem-based learning – obstetric emergencies and neonatal resuscitation	Maternity Preceptors. Maternity ward	IM
1200 - 1300	Lunch		
1300 - 1430	Problem-based learning – obstetric emergencies and neonatal resuscitation	Maternity Preceptors. Gynae Clinic	IM
1430 - 1500	Afternoon break		

1500 - 1545	Problem-based learning – obstetric emergencies and neonatal resuscitation	Maternity Preceptors. Maternity ward	IM
1545 - 1600	Wrap up	PMIP Coordinator	IM

<b>Day 3</b>	15/6/2026		
<b>Time</b>	<b>Topic</b>	<b>Presenter</b>	<b>Attendees</b>
0830 – 0845	Welcome, prayer	PMIP Coordinator	IM
0845 - 0915	Reflection on experiences so far – challenges and positive experiences	PMIP Coordinator	IM
0915 - 1000	Case study presentation and discussion	IM 5	IM, Maternity Preceptors
1000 - 1030	Morning break		
1030 – 1200	Problem-based learning – postnatal, including community, breastfeeding	Maternity Preceptors. Postnatal community	IM
1200 - 1300	Lunch		
1300 - 1430	Problem-based learning – postnatal, including community, breastfeeding	Maternity Preceptors. Gynae ward	IM
1430 - 1500	Afternoon break		
1500 - 1545	Problem-based learning – postnatal, including community, breastfeeding	Maternity Preceptors. Community	IM
1545 - 1600	Wrap up	PMIP Coordinator	IM