Registered Midwife
Transition to Professional Practice Handbook

2019
Welcome to the Northern NSW Local Health District

Vision
Better Health and Excellence in Health Care

Purpose
To work together to promote better health across our diverse community and provide person centred, integrated care through a valued, skilled, motivated and sustainable workforce.

Congratulations on the completion of your Registered Midwife undergraduate degree.

The Northern NSW Local Health District (NNSW LHD) offers Transition to Professional Practice (TPP) places for newly graduated Registered Midwives across a number of health settings and facilities. The LHD covers a region stretching from Grafton in the south to Tweed Heads in the north and Urbenville in the west.

This handbook is designed to assist you throughout the duration of your contract and is your record of your learning and competence as you proceed. You should utilise the evidence contained within this handbook as the beginning of your post-registration portfolio.

The handbook should be used in conjunction with material and instruction provided during your orientation to the NNSW LHD at the commencement to your employment.

ACKNOWLEDGEMENTS
We would like to acknowledge that the conceptual framework used in this document has been developed with reference to the following documents:


Phillips KPA Pty Ltd, Queensland Health (September 2008) Formulation of a Best Practice Model for Clinical Education and Training for Nurses/Midwives in Queensland (ii)


Without the support & willingness of our colleagues to share their work, time and resources preparation of this Transition to Practice Program would not have been possible.

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Section One

Introduction

Context
The NNSWLHD TPP provides the clinical environment and theoretical framework within which the newly registered midwife is able to develop and consolidate midwifery management and organisational skills within the hospital acute care setting.

Purpose
The purpose of TPP is to assist and support the professional development of the newly registered midwife.

Duration
The TPP contract of employment is 12 months or 52 weeks, personal variations on contractual arrangements may be negotiated.

Responsibility of Assessment
The onus of responsibility for professional development remains with the graduate midwife. As registered midwives, it is assumed you are safe practitioners and will operate within your scope of practice. It is your responsibility when unsure; to seek specific instruction, clarification and feedback from preceptors or other registered midwives.

Using Transition to Professional Practice Resources
In conjunction with this TPP Handbook you will be provided with a number of other resources to support your learning. As you use these resources you will encounter a number of icons that have a standard meaning.

Guide Icons

Key Point:
A significant item/statement you may find useful for future reference.

References:
Direction to page, book, intranet etc. where further information can be found. Journal articles are available through the Clinical Library.

Activities:
An individual or group exercise that facilitates the reinforcement of learning outcomes.
Remuneration and Leave

**Salary**
Salary will be in accordance with the Public Health System Nurses and Midwives (State) Award. The NNSW LHD TPP contract is 12 months/ 52 weeks in duration (inclusive of annual leave entitlements). TPP midwives are employed on a Temporary contract, in either a Full or Part time capacity.

**Annual Leave**
Annual leave is to be taken at a time negotiated and approved by the relevant Midwifery Unit Manager (MUM). Accrued annual leave can be accessed after three (3) months of the TPP contract has been completed.

Every effort will be made to meet individual needs. Early attention to requests for annual leave are encouraged as all ward areas have limitations on the number of staff able to take annual leave at any one time.

An application form must be completed and signed by the relevant MUM, prior to annual leave. These forms are usually held in each ward or can be obtained from Staff Link forms index at: https://envz.cit.health.nsw.gov.au/OA_HTML/help/state/content/group.FND%3aLIBRARY%3aUS/locale.en_US/navld.2/navSetId.iHelp/vrTopicFile.iHelp%7CHelpServlet%7CUS%7CPER%7CREFO!NDX~htm/

**Sick Leave**
Under the Award, sick leave entitlements can be accessed after three (3) months of service. Sick leave payments are limited to two days per period of absence unless supported by a medical certificate. Medical certificates will be required for any absences in excess of two days and may be requested in cases of repeated absences of shorter duration.

**Study Leave**
Requests for study leave must be supported by the MUM and then forwarded to the Director of Nursing & Midwifery by the NUM for approval.

**Other Leave Requirements**
Will be granted in accordance with Award entitlements.
Transition to Professional Practice Orientation

The NNSW LHD TPP contract commences as close as possible to the Local Health District Orientation Program.

Local Health District Orientation

This normally takes place over two days. During these two days you will be orientated to generic issues regarding your employment within the NNSW LHD. You will also receive a [NNSW LHD Nursing and Midwifery Orientation Manual](#) to complement this Transition to Practice Handbook.

You will be introduced to:
- The health service environment
- Payroll, superannuation and leave entitlements
- Business improvement and quality systems
- Work health and safety issues
- Emergency procedures
- Manual Handling protocols
- Infection Prevention and Control
- Security
- Fire safety
- Child Protection
- Cultural Awareness
- Documentation

Clinical Orientation

Time will be allocated to you for orientation to the clinical areas at the commencement of the program and each rotation. A minimum of 2 days per rotation will apply during which time you will be supernumerary (have no clinical responsibility) in order to familiarise yourself with the new ward environment.

During Week 1 of your employment will be expected to complete the following midwifery related education and competencies:
- Basic Life Support including Maternal and Automated External Defibrillator (HETI online theory)
- Manual Handling
- Fire – evacuation and practical extinguisher use
- Infection Prevention and Control including Hand Hygiene and Aseptic Non-Touch Technique and Personal Protective Equipment (theory online)
- DETECT (Detecting Deterioration, Evaluation, Treatment, Escalation and Communication in Teams)
- Medication and Intravenous administration
- Electronic Medical Record (eMR) /eMaternity
- Newborn Resuscitation
- Admission and Discharge Process including antenatal assessment

Throughout each rotation you will be expected to complete certain learning objectives, skills and competencies. A full list of mandatory competencies for achievement is listed under the Core Clinical Competencies heading in the Professional Development section of this document. Additional competencies relevant to the clinical area of placement will be determined in collaboration with your MUM/Clinical Midwifery Educator.
Learning Outcomes

Aim
To provide an experience which develops the confidence and competence of the TPP midwife and effectively facilitates that transition from the role of student to that of a professional practitioner.

Objectives
On completion of the TPP contract, you will be able to demonstrate how you work in accordance with the Nursing and Midwifery Board of Australia Registered Midwife Standards for Practice, specifically:

✓ Thinks critically and analyses midwifery practice.
✓ Engages in therapeutic and professional relationships.
✓ Maintains the capability for practice.
✓ Comprehensively conducts assessments.
✓ Develops a plan for midwifery practice.
✓ Provides safe, appropriate and responsive quality midwifery practice
✓ Evaluates outcomes to inform midwifery practice.

The Nursing and Midwifery Board of Australia Registered Midwife Competency Standards for Practice can be accessed from:
Employment Details

The TPP contract is 12 months/52 weeks in duration (inclusive of annual leave entitlements). TPP midwives are employed on a Temporary contract, in either a Full or Part time capacity.

Toward the end of the contract it is advisable for you to take an active role regarding future employment and consider making application for suitable vacant positions, which may include casual positions. Positions vacant can be found at: http://nswhealth.erecrui.com.au/

TPP midwives are encouraged to undertake any appropriate study opportunities. Access to study leave may be available. Study leave forms are available from the ward or from the Staff Link forms index at: https://envz.health.nsw.gov.au/OA_HTML/help/state/content/group.FND%3ALIBRARY%3AUS/locale.en_US/navld.2/navSetld.iHelp/vtTopicFile.iHelp%7CHelpServlet%7CUS%7CPER%7CFO100017~htm/

Clinical Placement

Clinical rotations should include
1. Birthing Unit (4 Months)
2. Postnatal and Antenatal Inpatient Unit (4 Months)
3. Antenatal Clinic (3 months)
4. Special Care Nursery (1 month)

The Midwifery Unit Manager will advise you of these rotations. The length of placements will promote your integration as a team member within the department and the effective development of time management skills.

At the commencement of each rotation you should obtain the area orientation manual during the first week and become familiar with the location and use of commonly used documents, equipment and other frequently used items. A list of questions and activities to assist you orientate to a new clinical area can be found in Appendix 1 of this book.
Professional Development

Structured Learning
Structured learning opportunities will be provided over the duration of the TPP contract, and may include formal lectures, group learning activities, self-directed learning programmes and in-service education to assist transition from student to independent clinician.

Study Days
The purpose of the study days is to build upon the practical experience midwives gain throughout their clinical rotations.

There are 32 hours of paid study leave in the 52 week program, delivered as 4 eight-hour days. Study days will be conducted at The Tweed Hospital, Lismore Base Hospital and Grafton Base Hospital.

These study days will focus on consolidating your clinical experience and clinical knowledge, the identification of clinical risk and facilitating the on-going development of your clinical skills. They also provide an opportunity to debrief, share experiences with other colleagues in a similar position and reflect on your practice.

Dates for the study days will be notified by your TPP coordinator. These days are regarded as mandatory work days, you should ensure you have been rostered to attend and absence will require you to negotiate with your program coordinator regarding alternate activities to make up for missed material.

The following topic areas will aim to be covered during the study days
1) Fetal Welfare
2) Obstetric Emergencies Training (ONT)
3) Antenatal Education workshop
4) Reflective Practice workshop (CMC)
Core Clinical Competencies

All registered midwives employed by NNSWLHD are required to complete core clinical competencies as part of their on-going professional responsibility. During your TPP contract you will be required to meet various practical assessments of clinical competence. It is expected that you will demonstrate on-going professional development in the areas of theoretical knowledge, problem solving, teamwork, documentation and communication. The Nursing and Midwifery Board of Australia’s decision making framework can help guide you to determine if you have the required knowledge and skills to undertake a specific task (see also page 14 for a copy of the framework).

The full list of skills and their respective timeframes for completion are set out below.

<table>
<thead>
<tr>
<th>Description</th>
<th>Time Frame to be completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>eMaternity / eMR/ admission and discharge process of clinical area</td>
<td>One month</td>
<td></td>
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<tr>
<td>Paging System / CERS for Maternity and Paediatrics</td>
<td>One month</td>
<td></td>
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<tr>
<td>Maternal Basic Life Support</td>
<td>Three Months</td>
<td></td>
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<tr>
<td>Newborn Resus MHL package</td>
<td>Three Months</td>
<td></td>
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<tr>
<td>Newborn Resus In-Service</td>
<td>Three Months</td>
<td></td>
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<tr>
<td>Newborn Resus Practical</td>
<td>Three Months</td>
<td></td>
</tr>
<tr>
<td>K2MS Modules (EFM and Maternity Crisis Packages X 10)</td>
<td>Three Months</td>
<td></td>
</tr>
<tr>
<td>Obstetric Neonatal Training (ONT)</td>
<td>Three Months</td>
<td></td>
</tr>
<tr>
<td>Fetal Surveillance (FONT)</td>
<td>Three Months</td>
<td></td>
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<tr>
<td>Birth Suite Search and Find</td>
<td>Three Months</td>
<td></td>
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<tr>
<td>Performance Appraisal</td>
<td>Three Months</td>
<td></td>
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<tr>
<td>IV cannulation and Venepuncture</td>
<td>Three Months</td>
<td></td>
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<tr>
<td>Epidural Package</td>
<td>Six Months</td>
<td></td>
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<tr>
<td>Epidural Competency</td>
<td>Six Months</td>
<td></td>
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<tr>
<td>PCA Competency</td>
<td>Six Months</td>
<td></td>
</tr>
<tr>
<td>Surgical Scrub Competency</td>
<td>Six Months</td>
<td>If applicable to your Maternity Unit.</td>
</tr>
<tr>
<td>OT orientation</td>
<td>Six Months</td>
<td>Should occur first week in the Birth Unit Rotation.</td>
</tr>
<tr>
<td>My Health Learning Online 50% completed</td>
<td>Six Months</td>
<td></td>
</tr>
<tr>
<td>Performance Appraisal /Orientation evaluation</td>
<td>Six Months</td>
<td></td>
</tr>
<tr>
<td>Documentation Audit</td>
<td>Six Months</td>
<td></td>
</tr>
<tr>
<td>Fetal Blood Sampling</td>
<td>Six Months</td>
<td></td>
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<tr>
<td>Fetal Fibronectin</td>
<td>Six months</td>
<td></td>
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<tr>
<td>Actim Prom</td>
<td>Six Months</td>
<td></td>
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<tr>
<td>Domestic Violence Routine Screening</td>
<td>Six Months</td>
<td></td>
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<tr>
<td>ARM Competency</td>
<td>Twelve Months</td>
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<tr>
<td>----------------------------------------</td>
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<tr>
<td>Fetal Scalp Electrode competency</td>
<td>Twelve Months</td>
<td></td>
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<tr>
<td>Water Birth online Package</td>
<td>Twelve Months</td>
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<tr>
<td>Water Birth Competency</td>
<td>Twelve Months</td>
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<tr>
<td>Water Birth In-Service</td>
<td>Twelve Months</td>
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<tr>
<td>Sterile Water Injection competency</td>
<td>Twelve Months</td>
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<tr>
<td>Episiotomy Competency</td>
<td>Twelve Months</td>
<td></td>
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<tr>
<td>Suturing Competency</td>
<td>12 to 24 Months</td>
<td></td>
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<tr>
<td>Well baby Check Competency</td>
<td>12 to 24 Months</td>
<td></td>
</tr>
<tr>
<td>Performance Appraisal &amp; Orientation feedback</td>
<td>Twelve Months</td>
<td></td>
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<tr>
<td>Documentation audit</td>
<td>Twelve Months</td>
<td></td>
</tr>
<tr>
<td>Immunisation Accreditation</td>
<td>12 to 24 Months</td>
<td></td>
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</tbody>
</table>

You may have the opportunity to undertake the required skills and competency assessment prior to the nominated timeframes listed – this is quite acceptable. Please negotiate competency assessment and sign off with the CME/CMS in the area you are working in. Competency assessment completion and sign-off MUST be documented in your Midwifery Professional Portfolio (Section 2) and recorded in My Health Learning by the Clinical Midwifery Educator.

Instructions for Accessing My Health Learning online
1. Go to NNSW LHD intranet page and select work support apps

2. Choose HETI online from the icon list (Left hand side, bottom of page)
3. Use your Stafflink (also called payroll or assignment) number and password to log in

- **Additional competency assessment**
  There are many additional competencies you may wish to undertake dependent upon the clinical area you are working in, your level of confidence and clinical knowledge. Please discuss these with your CME at the time to determine your suitability to perform these.

**Reflective Practice**
Reflective practice is the process of purposfully reconsidering actions and decisions and making appropriate changes and incorporating new information if required (Taylor, 2000). As a registered midwife engaged in professional practice you should reflect upon the care you provide and the outcomes you achieve as an integral part of your professional development. The reflective log contained within Section Four of this handbook is optional.

**On-going In-service Education**
Ward based and hospital wide in-service education sessions are regularly conducted at each hospital site. You are encouraged to participate in any sessions that are relevant to your professional growth. Attendance at in-service sessions will be recorded. You should also keep your own personal record as evidence which contributes to your annual mandatory continuing professional development registration requirement.

**Clinical Resources and Support**
**Transition to Professional Practice Coordinator**
Each of the Health Service Groups within NNSW LHD has a nominated TPP coordinator. The coordinator, or their nominated delegate, takes overall responsibility for the program and oversees both the clinical and learning components of the program are implemented.
The Coordinator, or their delegate, supports and acts as a liaison person for TPP midwives and is available for you if you have any concerns that arise throughout the year. The Coordinator, or their delegate, also oversees reflective practice activities to ensure any unresolved issues are addressed in a positive and helpful manner.

The Transition to Professional Practice Coordinator for your health service group is:
- Cathy Adams Clinical Midwifery Consultant NNSW LHD
  Catherine.Adams@ncahs.health.nsw.gov.au
  0439 890 298
- Jacinta Felsch
  Clinical Midwifery Consultant NNSW LHD
  Jacinta.felsch@ncahs.health.nsw.gov.au
  0439 155 348

Clinical Midwifery Educators
The Maternity unit in which you work will have a Clinical Midwifery Educator, who will assist you by providing a structured learning experience for you when you work in those areas.

Some areas also have Clinical Midwifery Specialists (CMS) and Clinical Risk Resource Nurses (CRRN) who take a specific interest in supporting students and TPP midwives. They will also be a resource for you.

Clinical Preceptors
A preceptor is an experienced Registered Midwife who is able to facilitate the development of your clinical skills and may be responsible for assessing levels of competence. A preceptor model is utilised to support your integration into the clinical work place for each rotation. Some facilities do not use the title of preceptor but you will usually be supported by a more senior registered midwife.

Due to the nature of shift work, it is not always possible to be rostered on the same shifts as your preceptor or the same registered midwife.
Midwifery practice decision flowchart

Integration
- Do you wish to integrate this activity into your own midwifery practice or does another midwife wish to do so? OR
- Does your organisation wish to initiate this change?

Lawful authority & professional consensus
- Is the activity:
  - Permitted by legislation?
  - Supported by professional standards and evidence?

Risk management
- Have you assessed potential risks and developed strategies to minimise these risks?
- Do you understand your level of accountability?

Organisational support
- Is there organisational policy to support you in performing the activity?
- Have other stakeholders been involved in the planning?

Preparation & experience
- Have you sought the appropriate education, supervision, and competence assessment by a qualified person to prepare you for the activity?
- Are you confident of your ability to perform the activity safely?
- Have you considered the need to maintain competence over time?

Context

START
Activity to achieve desired/beneficial outcome for the woman/newborn

Scope of practice
- Is this activity within the current/contemporary scope of midwifery practice?

Level of support/education and supervision
- Does the organisation support you to perform this activity?
  - The organisation's role:
    - The woman's or newborn's health status
    - The complexity of care required by the woman or newborn
    - The knowledge/skill required to perform the activity safely
    - Professional standards or evidence
    - The model of care or local/organisational policy

Risk assessment
- Does this activity need to be performed by a midwife because of any of the following?
  - Compliance with acts or legislation
  - The woman's or newborn's health status
  - The complexity of care required by the woman or newborn
  - The knowledge/skill required to perform the activity safely
  - Professional standards or evidence
  - The model of care or local/organisational policy

Appropriate person
- Is it appropriate to delegate this activity to another person?
- Who is best able to perform this activity for this woman/newborn in this context?
- Is such a person available?

Beneficial outcomes
- Are you confident that the outcomes of delegating this activity to a non-midwife will achieve the desired outcomes?

Organisational support
- Do local personnel (supported by protocols) support the delegation of this activity to a non-midwife?

Professional consensus
- Does the midwifery profession support delegation of this activity to non-midwives?
- Is there evidence to support the delegation of this activity to non-midwives?

Assessment of competence
- Does the person have the education, experience and competence to safely perform this activity for this consumer in this context?
- Was their competence assessed by a midwife?

Readiness to accept delegation & accountability
- Is the person willing to accept this delegation?
- Do they understand their level of accountability in performing this activity?

Supervision
- Do you or another midwife able to provide the level of supervision required for this person to safely perform the activity?

Could this or another person perform this activity with moderate support/education/compliance assessment?
- Are you or another midwife able to provide the support, education, compliance assessment and supervision?

Delegation, supervise and evaluate outcomes

Nursing and Midwifery Board of Australia – Decision Making Framework
Performance Development and Appraisal


It is the Transition to Professional Practice Midwives responsibility:

- To document learning goals and objectives with their preceptor at the commencement of each clinical rotation on the Rotation Learning Plan: This is attended in your Midwifery Portfolio
- To review progress with the goals and objectives with your preceptor half way through each rotation on the Formative Assessment
- Provide the preceptor and MUM with your Midwifery Portfolio including the “Midwifery Skills, Knowledge and Experience Inventory” (Appendix 2 in Midwifery Portfolio) at least two weeks before the end of each rotation, to allow them to complete your performance appraisal the final week of the rotation and discuss it with you.
- Allow at least thirty minutes for each interview to discuss the performance appraisal

These formal assessments should be used to inform the identification of goals and objectives for on-going development and any areas with which you may require support for subsequent rotations.
Helpful Hints for Professional Practice Midwives

Below are some helpful hints for you in getting started as a TPP midwife and during each of your clinical rotations.

- Identify your learning needs.
- Develop relevant and suitable objectives that will enhance your clinical practice
- Develop and maintain good communication with staff
- Identify who your preceptor is at each rotation and introduce yourself
- Communicate with your preceptor if having difficulties
- Regularly evaluate your progress with your preceptor (on an informal basis)
- Let staff know how you learn best
- Clarify with your preceptor what the expectations of the ward are
- Request feedback from your:
  - Preceptor
  - Midwifery Team Leader
  - TPP Coordinator

On a daily basis…

- Introduce yourself to the midwifery team
- Ensure the other midwives around you are aware of your level of experience (scope of practice) when they are delegating activities to you
- Ensure that you are supervised when performing new activities unless you have already completed the relevant competency
- Check with your preceptor that you are prioritising your workload correctly
- Update the rest of the midwifery team regularly throughout the shift and immediately if there are changes in your patients’ condition
- Consult MIMS prior to administering medications and the Australian Injectable Drugs Handbook before giving IV medications
- Do not hesitate to ask for help if you are unsure
- Write new things down and look them up later

In General…

- Arrange to meet with your preceptor regularly
- Attend ward meetings and in-service sessions on your ward
- Keep in touch with the Transition to Practice Program Coordinator and update them with your progress. Ask for assistance from them if required
- Reflect on feedback from staff during the day – keep your reflective log, this helps!
- Work on strategies with your preceptor in areas that need improvement
- Recognise your own limitations
- Recognise how you deal with stress – utilise useful stress management strategies

Feedback…

- Comes in various forms and from different people. As a TPP Midwife you will receive feedback from:
  - Preceptors
  - Other midwifery staff
  - Support staff
  - Women
  - Relatives
  - Doctors
- Encourages professional development, including development of clinical expertise
- Provides information about behaviour
• Identifies strengths and weaknesses
• Helps give direction
• If you ask for feedback – ask for specific examples
• When receiving either formal or informal feedback, give yourself time to consider the information and develop strategies to deal with the situation
• Together with your preceptor, set realistic daily goals or objectives for each item of feedback
• Organise follow-up time with your preceptor to review your progress

Don’t stress – it is all part of your development – feedback never ends and it is part of everyone’s career.

Rostering...
• Rostering information was provided to you with your employment package – please refer to the NNSW LHD Rostering Guidelines – Information for Staff handbook.
• Rosters are published for viewing at least two weeks prior to the commencement of that roster period and can be viewed through Employee Online accessible from the NNSW LHD intranet home page or at: https://nnsweol.cit.health.nsw.gov.au/EmployeeOnlineHealth/NNSW/Login
• Specific roster requests must be given to the MUM, usually 4-6 weeks prior to the commencement of the next roster period. Be aware of this timeframe when rotating from ward to ward as a request may be in a new roster location
• Working either Christmas day or New Year’s Eve / New Year’s Day is expected from all midwives unless on annual leave.
Completion of Transition to Professional Practice Contract

Upon completion of the Transition to Professional Practice contract a Statement of Completion is awarded. The statement will include the areas of clinical experience; a transcript of education days attended and successfully attained core competencies.

Career Opportunities
NNSW LHD is an equal opportunity employer. Toward the end of your contract you should start investigating potential opportunities for employment; this may be full-time, part-time or casual. Positions may be advertised externally via the NSW Health jobs website: http://nswhealth.erecruit.com.au/ or internally via the NNSW LHD intranet: http://int.nnswlhd.health.nsw.gov.au/chief-executive/recruitment/applying-for-vacancies/expressions-of-interest/

Please note- If a permanent position is secured before the end of the 12-month program, the process will be to complete in full the 12-month transition program before being released to commence the new position the following year. If you decide to resign your position, casual pool employment will not be an option within twelve months.

Post Graduate Program
NNSW LHD is committed to providing learning programs for our staff that facilitate the on-going development of clinical knowledge, skills and best practice with the plan to assist in career path development. Some of these programs are affiliated with a tertiary education provider. Discuss these options and application requirements with your TPP Coordinator.

Scholarships
Post-graduate studies do not come without a cost! If you are considering further studies the NSW Health Website is able to provide information on a wide range of scholarships available to registered midwives.

Evaluation
One of the final requests we will ask of you is that you give us feedback on your Transition to Practice experience. We are continually looking to improve the experience we offer to ensure it meets the clinical and learning needs of newly graduated registered midwives.

The evaluation survey link will be emailed to you nearing your contract completion.

Your honesty with constructive feedback will help make future Transition to Practice nurses’ excellent clinicians.

Good luck and enjoy your journey!
Appendix 1 Clinical Orientation to do on each rotation

Clinical Orientation

The following questions and activities are designed to help orientate you to the ward. This is not a conclusive list of questions; in fact, you may have some of your own to ask. Please make sure you ask them too! Make notes as you go as this will help you remember what you are told. It will also give you some information to revise.

1. Introduce yourself to the Midwifery Unit Manager. Record their name below.

________________________________________________________________________

2. Find how the Woman’s Call Bell works? How to use the call system if you need another Midwife without leaving the woman? How you would use the call system for a rapid response (to get extra staff immediately)? How to turn them all off?

________________________________________________________________________

3. How do you find out what changes and orders were made on Doctor’s rounds?

________________________________________________________________________

________________________________________________________________________

4. What should you do if you notice that the ward is running low on a particular stores item?

________________________________________________________________________

________________________________________________________________________

5. What is the system for acquiring medications for women/newborns on the ward?

________________________________________________________________________

________________________________________________________________________

6. How do you get medications after hours and at weekends, when the pharmacy is closed?

________________________________________________________________________
7. Where would you leave messages for the medical officers about medication charts to be re-written and other tasks to be completed?

8. What should you do if you receive a telephone enquiry about a woman/newborn?

9. What do you do when you receive pathology results over the telephone?

10. What tasks/information must be attended or checked when preparing for and taking a woman to Operating Theatres?

11. Who is normally responsible for checking the Resuscitation Trolley each day?

12. What happens when something is missing or expired on the Resuscitation Trolley?

13. Now check the Adult and Newborn Resuscitation Trolley for today.

What did you Learn?

14. Find the roster, timesheets and leave forms.
15. Who do you contact if you are sick and cannot report for duty?

16. If you would like to request a special shift or days off, what must you do?

17. Where are women’s medications kept?

18. What type of information should you be passing on to the Midwifery Unit Manager or the Midwifery Team Leader?

19. What do you do if you find faulty equipment?

20. Record any additional questions and their answers below.