

## PET (Midwifery) 9.5.23

## **NPEC Midwifery Student Placement Evaluation Tool**

This survey has been designed to enable you, as a midwifery student, to evaluate your placement experience. Please rate your experience and feel free to add comments at the end of the form. This feedback will enable quality improvements with benefits to educators and students. Please note that all reports are deidentified and only released to industry supervisors when seven (7) or more students have attended the placement in the last 12 months.

n which University	are you enrolled?									
Please start typing for o	options. Please choos	se only from the options	s provided.							
am studying for a:										
Bachelor of Midwifery (Undergraduate)	Bachelor of Midwifery (Postgraduate	lidwifery Nursing, Bachelor		duate Diploma Midwifery ostgraduate entry)	Master of Midwifery (postgraduate Mid entry)			Bachelor of ifery (Graduate Entry)	Other (please describe)	
which year of a d	egree are you enr	olled? (if a combina	tion, list highe	st year)						
First year		Second	Second year		Third year			Fourth year		
e you enrolled as	a domestic or inte	ernational student?								
	Domesti	student				Inte	rnationa	al student		
which State or Te	rritory was your p	placement?								
Australian Capital Territory	New South Wales	Northern Territory	Queensland	d South	Australia	Tasmania		Victoria	Western Australia	
which health faci	lity/service were y	ou placed? (e.g. ho	espital, GP, co	mmunity)						
as this placement		nit Placement			Continuit	y of Care/Midv	vifery G	roup Practice Mode	I Placement	
n what date did yo	our placement beg	jin?	Numbe	er of days						
Vhen did your placement start?				Please enter the number of <i>days</i> of placement						
/ primary supervi	sor was a:									
Facility Registered Midwife		Facility Regis		Facility Clinical Educator				University Educator		





Please select the choice that best matches your opinion about your placement experience. If you were in rostered placement rate the unit. If you were placed in a Continuity of Care/Midwifery Group Practice Model Placement provide an overall rating of the health facility/service you were placed in.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I was fully orientated to the placement environment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Staff were willing to work with students	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Staff were positive role models	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Staff were ethical and professional	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Staff demonstrated respect and empathy towards women	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Women's and newborn safety were fundamental to the work of the unit(s)	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I felt valued during this placement	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I felt safe within the placement (e.g. physically, emotionally, culturally)	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
This placement was a good learning environment	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
My supervisor(s) helped me identify my learning objectives/needs	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
I was adequately supervised in the placement	Strongly	Disagree	Neither agree or disagree	O Agree	Strongly agree
I received regular and constructive feedback	Strongly disagree	Disagree	Neither agree or disagree	O Agree	Strongly agree
I was supported to work within my scope of practice	Strongly disagree	Disagree	Neither agree or disagree	O Agree	Strongly agree
My supervisor(s) understood how to assess my practice abilities	Strongly disagree	Disagree	Neither agree or disagree	O Agree	Strongly agree
I had opportunities to enhance my skills and knowledge	Strongly disagree	Disagree	Neither agree or disagree	O Agree	Strongly agree
I had opportunities to interact and learn with the multi- disciplinary team	Strongly disagree	Disagree	Neither agree or disagree	O Agree	Strongly agree
I achieved my learning objectives	Strongly disagree	O Disagree	Neither agree or disagree	O Agree	Strongly agree
I have gained the skills and knowledge to further my practice	Strongly	Disagree	Neither agree or disagree	O Agree	Strongly agree
I anticipate being able to apply my learning from this practice experience	Strongly disagree	Disagree	Neither agree or disagree	O Agree	Strongly agree
Overall, I was satisfied with this placement experience.					
1 2 3 4	5	6	7 8	9	10
(Decide your overall rating on a scale of 1-10) (1 being very dissatisfice)  Please feel free to add additional comments about your pla					





## Do you identify as an Aboriginal and/or Torres Strait Islander?

Yes, Aboriginal	Yes, Torres Strait Islande		ooriginal and ait Islander	No, oth	ner indigenous (e.g. Māori)	No, non-indigenous (e.g. English)			
What is your age? (in years)									
0 of 3 max characters									
What is your sex?									
Female		Male			Non-binary sex				
This question is optional									
What is the primary language you speak at home?									
English				Other					

