

RUSOM (Registered Undergraduate Student of Midwifery)

Core Duties & Exclusion List

Introduction

The Registered Undergraduate Student of Midwifery (RUSOM) works as part of the health care team, assisting Registered Midwives (RM) to provide aspects of patient care delegated (by the RM). Elements of direct and indirect patient care (care of the woman and baby) will be delegated in accordance with the professional judgment of the supervising registered midwife and in accordance with the level of achieved educational preparation and assessed competence of the individual RUSOM.

RUSOM's are enrolled at a University to undertake undergraduate Bachelor of midwifery or nursing/midwifery study, registered with Australian Health Professionals Registration Agency (AHPRA) as a student midwife, and who at commencement of their employment have successfully completed at least twelve months of the Bachelor of Midwifery Undergraduate Degree (Clause 106.1 Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024)

RUSOMs undertake activities that have been delegated to them and are supervised by a registered midwife in accordance with the Nursing Midwifery Board Australia (NMBA) Registered Midwife standards for practice (2016) <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/Midwife-standards-for-practice.aspx> and the NMBA Decision Making Framework for Nursing and Midwifery <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>

Registered midwives can only delegate aspects of care to a RUSOM which are consistent with the educational preparation, skill level and assessed competencies of the RUSOM. **Clinical assessment of patients must be conducted by the RM responsible for delegation.** RUSOMs are not to be given sole allocation of patients, as articulated in the Delegation and Supervision Guidelines for Victorian nurses and midwives (DHS, 2014). <https://www.health.vic.gov.au/publications/delegation-and-supervision-guidelines-for-nurses-and-midwives-presentation-element-1>

In order to balance the RUSOMs academic obligations and the needs of the Employer, the rostered work of students will be in shifts of not less than four hours on day or evening shifts, or 10 hours on night shifts, Monday to Sunday.

The following Core Activity List has been developed to assist staff to understand the activities a RUSOM may undertake under the delegation and supervision of the registered midwife. In exercising clinical judgement, the registered midwife will also take into account the woman and babies' acuity and risk of clinical deterioration.

RUSOM's should only be allocated to Special Care Nurseries where a separate duties/exclusion list has been agreed with the Australian Nursing and Midwifery Federation.

Core Activity List

The RUSOM works as an assistant to the health care team.

The following activities can be delegated in accordance with the professional judgement of the supervising Registered Midwife, in accordance with the level of achieved educational preparation and assessed competence through the university studies of the individual RUSOM.

Area of care	Activity	Excluded activities
Hygiene	<ul style="list-style-type: none"> • Assist with personal hygiene of woman • Assist with caesarean section/ perineal wound hygiene • Assist with dressing and undressing • Removal of make-up and nail polish for procedures • Hand-hygiene • Pre-operative site preparation (with surgical clippers only) • Assist with baby bathing and hygiene needs 	<ul style="list-style-type: none"> • Cutting/trimming nails - including babies nails
Toileting	<ul style="list-style-type: none"> • Change soiled bedding / under pads • Assist with changing of maternity pads • Provide, record and empty urinal pans for women on fluid balance charts • Empty and record urinary catheter bag drainage • Document and report lochia and elimination amounts to Registered Midwife • Assist nappy changing of baby 	<ul style="list-style-type: none"> • Insertion of urinary catheters
Manual handling & Mobility	<ul style="list-style-type: none"> • Assist with transfers, sitting women out of bed/on toilet/commode • Assist women to change position in bed • Provide pressure area care • Assist with mobilizing women • Assist in the use of manual handling hoists/aids • Transport for discharge • Assist with infant care and settling 	<ul style="list-style-type: none"> • Transport of women or babies awaiting transfer to other facilities
Nutrition	<ul style="list-style-type: none"> • Assist patients with menu selection where appropriate • Undertake safe meal set up, cut up food, adjusting table and opening packages if required • Assist with feeding patients (exclusion: high risk patients with feeding) 	<ul style="list-style-type: none"> • Refilling of water jugs or making drinks for women on fluid restrictions, modified diet/fluids or nil orally • Develop or change infant feeding plans • Provide infant feeding advice



	<p>difficulties, parenteral or enteral nutrition)</p> <ul style="list-style-type: none"> • Provide water/refilling water jugs or making drinks for patient (exclusion: patients with fluid restrictions, dysphagia, modified diet/fluids or nil orally) 	
Environment	<ul style="list-style-type: none"> • Ensure falls prevention strategies for mothers are in place – call bell, phone, bedside table in reach, bed lowered, trip hazards removed as per current Safe sleeping guidelines • Maintain safe and tidy ward environment • Placing flowers in vases, water changes for flowers/vases • Making beds and cots • Assist safe infant sleeping practices as per current Safe sleeping guidelines 	<ul style="list-style-type: none"> • Checking of emergency equipment including Resuscitation trolley, bedside suction, oxygen and air
Communication	<ul style="list-style-type: none"> • Answering call bells including staff assist • Reporting and/or escalating all care and concerns to supervising registered midwife/s • Clerical answering and transferring calls/intercom (Exclusion: Advice, clinical or confidential information) • Assist with communication tools for women (iPads/ Wi-Fi etc) • Referring all aspects of care out of scope to RM • Direct visitors to ward or RM for assistance • Direct telephone enquiries to the responsible RM/N • Respond to, and report emergencies as per hospital policy within scope of the RUSOM and which are consistent with the educational preparation, skill level and assessed competencies • Attend handover and local team meetings or education sessions • Orientate women and family/carers to ward environment • Seek regular feedback from supervising RM/s and reflect on practice 	<ul style="list-style-type: none"> • Provide clinical information and advice to women or families • Taking verbal clinical orders from unregulated health care workers, administrative, medical or allied health staff • Accepting delegated duties from an enrolled nurse (EN) • Taking verbal pathology results via telephone • Providing advice, counselling, confirming new diagnosis and communicating confidential information



<p>Documentation</p>	<ul style="list-style-type: none"> • Complete fluid balance chart: Oral input and urine output, and report to RM for co-signing in EMR • Complete infant feeding chart and report to RM for co-signing in EMR • Complete infant output chart and report to RM for co-signing in EMR • Complete baby weight, document and report to RM for co-signing in EMR • Assist in the documentation of valuables • Complete incident reporting as per local hospital policy <p>Note: continue on paper charts if EMR charts not yet integrated in clinical area</p>	<ul style="list-style-type: none"> • Completing progress notes • Completing patient care plan details on communication boards or handover sheets • EMR documentation not otherwise listed in permitted Activity list
<p>Maintenance</p>	<ul style="list-style-type: none"> • Restock non-emergency supplies and equipment • Cleaning and putting away equipment between use i.e. – infusion pumps • Calibration of glucometer 	<ul style="list-style-type: none"> • Restocking emergency supplies in resuscitation trolley • Restocking medication supplies
<p>Other duties</p>	<ul style="list-style-type: none"> • Support midwives in gathering/provision of equipment i.e warm water jugs for perineal compress, ‘scout/runner’ in an emergency situation • Assist packing and unpacking women’s belongings when required • Attend professional development sessions • Attend and report at staff meetings • Initiate emergency response alarms as per organisational policy • Running simple errands within hospital grounds • Measurement and initial fitting of anti-embolic stockings, reporting to midwife once complete • Re- application of anti-embolic stockings • Conducting ward audits and surveys • Observation of midwifery procedures performed by RM if time permits 	<ul style="list-style-type: none"> • Initial observations of woman and baby • Allocation as the primary midwifery carer for women or babies • Escorts of women or babies, unless outlined in core duties list • Fetal monitoring • Sole clinician in room with labouring woman • Collection and labelling of specimens • Care of complex women or babies • Medication administration (all routes, including drops and topical creams) • Intravenous therapy management • Oxygen therapy • Suctioning • Complex wound management • Emptying of wound and ICC drainage bags • Allocated as Constant Patient Observer



Personal Protective Equipment (PPE) Spotter	<p>Undertaking PPE Spotter activities consistent with the PPE Spotter Position Description published by the Healthcare Infection Prevention & Wellbeing Taskforce, including:</p> <ul style="list-style-type: none">• Spotting and supervision of appropriate use of PPE, including observing, guiding, correcting technique during donning and doffing.• Formal and informal monitoring and auditing of appropriate use of PPE within clinical settings (e.g. when providing care to patients) and non-clinical settings (e.g. breakrooms, cafes).<ul style="list-style-type: none">○ Working with and supporting the Quality and Safety/Infection Prevention and Control/ (or other relevant area(s)) with:<ul style="list-style-type: none">○ Undertaking risks assessments through audits and spot checks on adherence to infection prevention measures (such as physical distancing)○ including proposing and implementing remedial actions, where required,○ as part of a continuous improvement process to support behavioural change.○ Training and promotional activities to create the conditions for workplace○ culture and behaviour change (e.g. information sessions, emails, posters).○ Ongoing education and knowledge improvement of staff aligned with current public health advice.○ Responding to occupational health and safety issues for staff experiencing skin and/or pressure injuries associated with prolonged use of PPE.	
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Clinical Practice Extension - Contribution to patient assessment	Where the RUSOM has completed the services' competency assessment and completed the necessary education relevant to the duty, as part of their bachelor program, the RUSOM may perform the following duties as delegated in appropriate contexts only by supervising Registered Midwife. Once documented on relevant EMR charts the RUSOM must report findings to RM for sign off in EMR: <ul style="list-style-type: none">• Vital signs• Blood glucose levels• Urinalysis• Simple wound dressing	
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