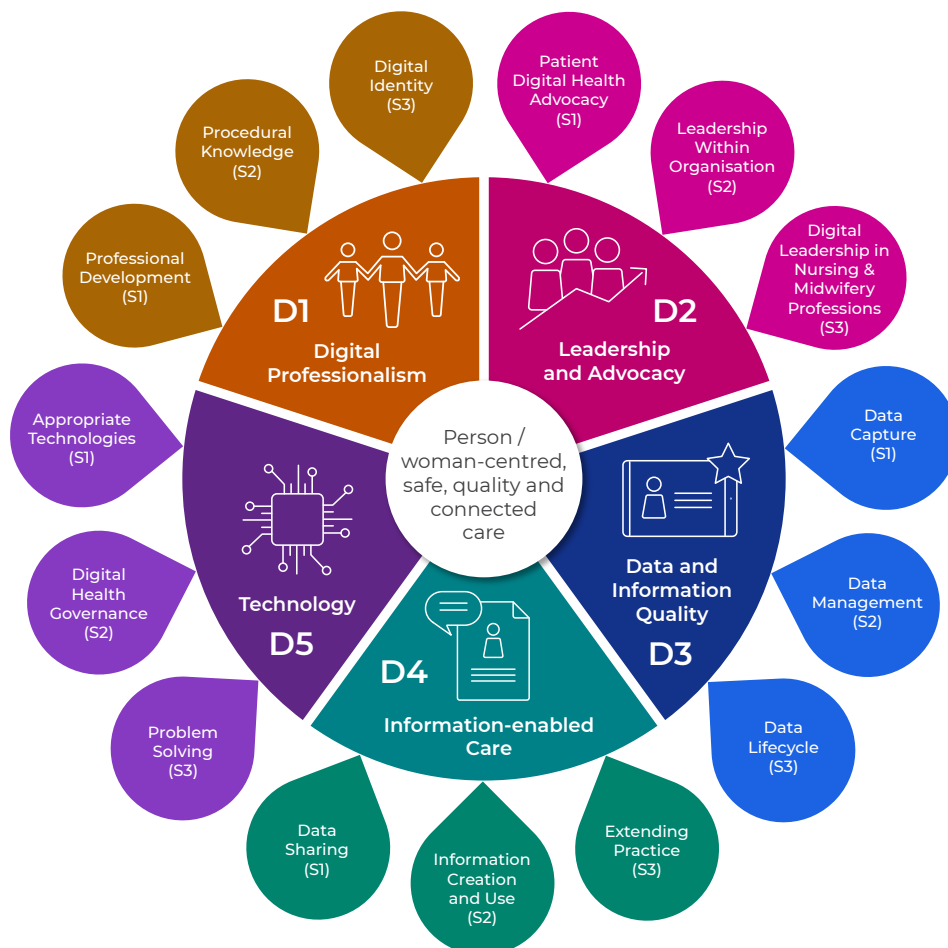



National Nursing and Midwifery


Digital Health Capability Framework


Case Study - Midwife


Professional standards	Nursing and Midwifery Board of Australia, <i>Midwife standards for practice</i> 2018
Workplace setting	Midwifery Continuity of Carer Model
Role	<p>Midwife (Frontline Clinical)</p> <p>Jan is a midwife working in a Midwifery Continuity of Carer Model in her local public hospital. She provides her patients with woman-centred care throughout their pregnancy, during childbirth, and in the early weeks at home with a new baby. With the advent of the COVID-19 pandemic and the physical distancing rules, the Australian Government has made telehealth services more widely available. Pregnant women and parents of children under 12 months of age are classified as vulnerable to COVID-19 and can access telehealth consultations free of charge under the Medical Benefits Scheme (MBS). Jan's workplace has commenced using video-consultations for many antenatal and postnatal visits, where the midwife deems this appropriate. Jan has used the framework to find out what additional knowledge and skills she requires to provide care using telehealth.</p>

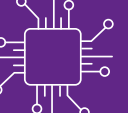


 D1. Digital Professionalism	S1. Professional Development	Jan has recorded her telehealth education in her professional portfolio for CPD records.
	S2. Procedural Knowledge	Jan has accessed her hospital's policies on the use of telehealth consultations.
	S3. Digital Identity	Jan ensures her social media posts are professional and maintains an up-to-date LinkedIn work profile.

 D2. Leadership & Advocacy	S1. Patient Digital Health Advocacy	Jan ensures her patients can use the technology for video-consultations.
	S2. Leadership Within Organisation	Jan has worked with her colleagues to update their policies to include telehealth.
	S3. Digital Leadership in Nursing and Midwifery Professions	Jan is aware of the Australian College of Midwives' (ACM) work on national policies for telehealth.

 D3. Data & Information Quality	S1. Data Capture	Jan makes sure that she takes accurate and complete notes at the time of her telehealth session.
	S2. Data Management	Jan discusses with her patients what information is being recorded and who else has access to the data, and for what purposes.
	S3. Data Lifecycle	Jan is unsure about why it is important to always collect and record data in a structured way.

 D4. Information Enabled Care	S1. Data Sharing	Jan makes sure she has authorisation to access patient information and she shares it securely with others in the patient's care team.
	S2. Information Creation and Use	Jan is accessing articles from various sources to assist her in telehealth practice.
	S3. Extending Practice	Jan uses these articles to create resources for her colleagues to help them with their telehealth sessions.

 D5. Technology	S1. Appropriate Technologies	Jan recognises when her patients do not have appropriate technologies to undertake quality telehealth visits and assists them with access.
	S2. Digital Health Governance	Jan applies the hospital's governing policies when she is aware of them.
	S3. Problem Solving	Jan is usually able to solve problems with basic technology if they arise during a telehealth session.

Jan has identified that she has intermediate to proficient skills in most domains as would be appropriate to her current position. She has noted that she is currently at the foundational level for sub-domains 2.3, 3.3 and 5.2. These are areas where she could expand her knowledge and skills, however, sub-domain 2.3 may not be relevant in her current role and focus should be placed on expanding sub-domains 3.3 and 5.2 initially.

