

Sheffield Hallam University

BSc (Hons) Midwifery

Year 3 September 2019 Cohort

Midwifery Consolidating Holistic Practice 66-605819

Issued July 2021

Assessment of Practice

Name of Student	
Student Number	
Home Trust	
Academic Assessor	

Submission Date: Wednesday 17.08.22 by 15.00hrs

Grading Result	% mark awarded	Signature of Academic Assessor	Print Name
Summative Mark			

N.B. all marks awarded are subject to ratification by the Board of Examiners

Internal and external moderation		
Internal Moderator:		
Signature:	Print:	Date
External Examiner:		
Signature:	Print:	Date

Please note: Once completed the University will retain this assessment document as part of the requirements for midwifery registration. This document is the property of Sheffield Hallam University.

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Introduction

Practice placement areas in Yorkshire and the Humber (and North Derbyshire) provide students with a diverse and varied experience of midwifery practice. A practice supervisor and practice assessor will be supporting the learning and assessment of students.

This common assessment practice document records an individual student midwife's progress towards becoming a registered midwife. Education programmes are designed to prepare students to practise safely and effectively so that on registration they can assume responsibility and accountability for their practice as midwives (NMC 2009). Within the document are sections for the whole of the student's practice experience, learning and assessment to be comprehensively documented, to ensure an **ongoing achievement record** and an auditable trail. Elements of the Midwifery Ongoing Record of Achievement (MORA) document have been included to address the requirements of the *Standards for Student Support and Assessment (SSSA) (NMC 2018)*.

The Practice Assessor and student should make sure all discussions; feedback, self-assessment and practice assessment are carefully recorded and documented within the common assessment document. Record keeping is an important part of midwifery education and should be viewed as an integral process to supporting learning and assessment in practice. The best records are ones that are a product of consultation and discussion between all healthcare professionals, lecturers and midwives supporting students in practice.

Any queries regarding the common assessment document or practice placement should be made to the individual university or link lecturer. Also, information can be accessed related to Practice Assessors, supporting learning and assessment of students from individual university practice website or from the NMC publication *Standards for Student Support and Assessment (SSSA) (NMC 2018)*.

Extensions to practice placement will only be given in exceptional circumstances.

All entries by Practice Supervisors must be in written form. Ticks will not be accepted.

You are required to complete your evaluation for your placement area before you start your next placement.

Ongoing Record of Achievement Statement

My Common Assessment Document is my "ongoing record of achievement" for practice.

I consent to allow the processing of confidential data about me to be shared between successive Practice Supervisors and with the relevant education providers in the process of assessing my fitness for practice.

I understand that this is an NMC requirement and that it is essential to the pursuance of my programme of study leading to registration.

Student signature		Date	
Academic Adviser signature		Date	

Preparation for practice

The Midwifery Placements Website site contains all the information to support your practice placement induction. It is particularly important that as a student you familiarise yourself with your placements' policies/procedures/guidance for dealing with complaints by service users/patients or clients, or their families or about the service or care they are receiving. Your placements' policies and procedures will be available to you during your placement. If you have any concerns whilst on placement then you should ensure you are aware of and follow these procedures. All concerns that relate to service user/patient or client care or safety must be reported immediately to the placement manager. In addition, you will need to inform the link lecturer. Please familiarise yourself with the SHU policies and processes to support practice learning at <https://www.shu.ac.uk/health-social-placements>

Students returning to the course from temporary withdrawal during, rather than at the start, of the academic year will be supported and required to demonstrate maintenance of competence. For example, a student who has achieved labour ward performance and skills outcomes will be required to return to labour ward for reorientation and to demonstrate the maintenance of competence to underpin preparation for caseloading.

Student Placement Evaluation

As an Approved Education Institution (AEI), Sheffield Hallam University is required to adhere to the NMC's standards for assuring the safety and effectiveness of practice learning. We are required to ensure that all practice placements are audited and monitored for compliance with all aspects of the NMC's standards. As part of this process evaluation of practice placement is required and the NMC expect a 100% completion rate.

You will be reminded to complete your evaluation of each practice placement undertaken during this academic year. At the end of your placement, you are required to complete a Placement Evaluation to comply with the Quality Assurance element of the placement process.

Please Note:

Your honest assessment of the placement is sought, and you are encouraged to provide **constructive** feedback. Please remember it is not acceptable to refer to any **named** member of staff, and please always keep your comments professional. **The evaluation is not anonymous.** Please use your SHU email address that contains your student ID number to register on the PARE platform because this will be the email address that is visible when you complete your evaluation.

This evaluation is a monitoring system for quality purposes and is **not** a vehicle to **resolve** any grievances regarding the placement - issues of this nature must be dealt with in the correct way – please discuss with your Link Lecturer or Academic Adviser if you need clarification of the correct process.

For any concerns about the placement please follow the 'Concerns about a Placement' guidelines on the placement information website SHU concerns about a placement guideline found at <https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>.

The placement evaluation should not be used as a vehicle to report concerns about the placement.

Complete the evaluation before the last date that you are on the placement (at the latest one week after you finish the placement).

The completed student placement evaluation will be shared with the placement provider.

Please complete your evaluations; Chesterfield students via the online link sent to you by the placements team and students at all other Trusts by the PARE platform by using the following PARE evaluation link <https://onlinepare.net/>

On your first visit to the PARE site you will need to register yourself before you can complete your evaluation for:

- Barnsley Hospital NHS Foundation Trust
- Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

Frequently asked questions/easy reference guide: Who can complete the CAD?

	Practice Supervisor (PS) (registered healthcare professional)	Practice Assessor (PA) (nominated and prepared for role)	Academic Assessor (AA) (nominated by the university, different for each part)	Non-registered healthcare worker e.g., nursery nurse, support worker	Client or family member
Can I undertake student orientation	Yes	Yes	If appropriate but unlikely	If appropriate – please complete the signatory page	No
Can I complete the initial planning meeting with the student?	No	Yes – you should complete the section at the start of each year	No	No	No
Can I assess that a student has met a proficiency statement within an essential skills cluster?	Yes – if you have the knowledge and expertise relating to the proficiency and understand the programme outcomes	No – as this is the role of the PS. You cannot act as the PS and PA for the same student.	No - you cannot act as the AA and PS for the same student. You might supervise the student as a PS, but you cannot be their AA too.	No	No
Can I give feedback to inform the holistic assessment?	Yes – this is really important to inform the holistic assessment of the student	Yes – please complete the additional feedback page at the back of the document.	No – see above	Yes – please complete the additional feedback page at the back of the document.	Yes- Please complete the service user feedback form -
Should I write a progression plan if I am concerned about the student's performance?	No – if you have concerns, please record them in the feedback section and contact the PA and practice nominated person	Yes - in partnership with the AA	Yes - in partnership with the AA	No – if you have concerns, please record them in the feedback section and contact the PA	No -Please complete the service user feedback form and speak to the student's practice supervisor
Can I complete the interim reviews or final summative holistic assessment?	No	Yes	No	No	No
Can I complete the end of year summary	No	No	Yes – after reviewing the MORA during each assessment period	No	No

If you are unsure about any aspect of completion in this CAD, please check with the nominated practice person or academic link for your practice area

Guidance for Supervision and Assessment

Role Outlines

Practice Supervisor

This can be any Registered Professional who is registered with the NMC, General Medical Council (GMC) or Health and Social Care Professions Council (HCPC). They must undergo a preparation programme which has been approved by the local Higher Education Institute (HEI) but is delivered by the Trust. A Practice Supervisor may be the Practice Supervisor for more than one student at any given time, and there is no length of time that the Practice Supervisor should work with a Student Midwife. **They cannot be the Practice Assessor for the same student simultaneously (NMC 2018).** They should always complete testimonies to support the overall assessment process, including completing the signature bank.

Practice Assessor

This will be a Registered Midwife. They must have undertaken specific training to undergo the role, which enables them to formulate a fair and objective assessment and upholds public protection. The HEI approved training is delivered by the Trust, to prepare the midwife for the role they are to undertake. The Practice Assessor will rely on honest and open testimonies from the Practice Supervisors, to formulate their final assessment and grade. **The Practice Assessor can also be a Practice Supervisor, but not for the same student, simultaneously (NMC 2018).**

Academic Assessor

The Academic Assessor will be a lecturer appointed by the HEI to fulfil the role of Academic Assessor. The Academic assessor will demonstrate current knowledge and expertise, relevant to the programme outcomes they are collating and confirming. They will, in conjunction with the Practice Assessor, confirm that progression is appropriate for the student at each part of the course, and upon qualification to the Register.

The following information on supervision and assessment criteria provide guidance for the supervision and assessment of students during year three of the pre-registration midwifery course.

Year 3 (Competent)

The student requires minimal to indirect supervision/support and is expected to participate actively as well as to be able to plan all activities and to lead most of them.

What this means in practice

The level of supervision provided follows on from that which is required at the end of year two. Increasingly, the student should be able to use their initiative to recognise and meet the needs of clients. Supervision is indirect which means that although you are not observing the student directly, you are still aware of the activities of the student. At this stage, you should use questioning not only to test the student's knowledge and understanding of care activities, but also to ascertain how they would recognise changes in client needs. You should also question the student on how they would plan, prioritise, and manage care and the rationale behind their decision-making. By the end of the course, the student should be able to demonstrate all the competencies to the standard of a newly qualified practitioner.

Reference:

Nursing and Midwifery Council (2018). *Realising professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment.* London: Nursing and Midwifery Council.

Assessment criteria for level 6

Conditions of practice

- Performs most activities in a fully integrated way, without prompting
- Able to assess, plan and implement care
- Able to prioritize care and lead most of them
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for a group of clients within a time span
- Actively involves clients in their care
- Is organized and efficient:
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responds appropriately in situations requiring urgency.

Knowledge

- Critiques evidence-based research and its implementation
- Able to make connections between complex chunks of theory

Reference:

Stuart CC (2013) *Practice Mentoring, learning and assessment in clinical practice* (3rd ed.). Edinburgh, Churchill Livingstone.

Student and Practice Responsibilities

Student responsibilities

Complete documentation related to the orientation to the placement and present to Practice Supervisor
Review performance outcomes for the placement, identify learning needs and complete learning contract in preparation for the preliminary interview. These should be shared with the Practice Assessor. Students should always complete their review paperwork prior to the meeting.

At least one week prior to the date and time for the Preliminary Interview inform the Link lecturer. If it is not possible for the Link Lecturer to attend, the Preliminary Interview may be conducted in their absence
Inform the Link lecturer of the date and time of the interim review

At least one week prior to the date and time for the Final interview inform the Link lecturer of the date and time for the Review, or the Final assessment of the placement.

N.B. Every effort should be made to keep your Link Lecturer aware of your off duty so they can meet you during placement to offer support and help you to identify and review your learning needs.

Practice Supervisor responsibilities

During the first week (preferably on the first day) orientate the student to the placement as indicated within the assessment of practice documentation and complete documentation

During the first week identify suitable date/s for the Preliminary Interview. Accessing the Link Lecturer as and when required for support.

Conduct a progress review with the student to; review the learning contract, identify the student's strengths and progress to date and further learning needs. Complete documentation

In the final week of the placement conduct a review to verify and record the student's progress in relation to the required performance outcomes for the placement. Complete documentation.

Assess and record standards of professional behaviour as part of placement review and grading of practice.

In the event of your absence during the placement liaise with the Learning Environment Manager to identify a substitute Practice Supervisor for the student

Each placement should be formatively graded. The final placement of the academic year will be the summative assessment for the whole year. At the summative grading, the Practice Assessor needs to review and take into account the grades previously awarded in their assessment.

Liaise in a timely manner with the student's Link lecturer, Practice Assessor and Academic Assessor in the event that there are any difficulties identified with the student e.g., attendance, failing to achieve

Practice Assessor Responsibilities

Within the first two weeks of the year conduct a preliminary interview with the student; identifying learning opportunities related to the performance outcomes for the placement and agree the student's learning contract. Complete documentation. Agree dates for meetings throughout the year and record on page 29. Any changes to these dates must be communicated clearly between the student and the Practice Assessor.

Undertake two interim review meetings with the student on agreed dates throughout the year. These are to assess progress to date, and to identify future learning needs.

Complete final year grading of practice and completion of proficiencies. As assessment of professional behaviours should also be undertaken as part of the end of year review. Complete final page in the Record of Experience also.

N.B. The Link Lecturer is available for support and advice at any point during the assessment process.

Supernumerary status during clinical placement

Students undertaking pre-registration midwifery education programmes **cannot be employed to provide midwifery care during their training.**

<https://drive.google.com/file/d/1VGJgwaF2BUC7WpdpqxgduQpWkFUxIVIV/view?usp=sharing>

All clinical experience should be **education-led**, with students having **supernumerary status** for the **duration of their training** (NMC 2018)

Student practice performance will be graded using a clinical scoring method:

Section 1 Team working and communication

Section 2 Knowledge and application to practice

Section 3 Clinical skills and practice

Section 4 Professional and ethical practice

Section 5 Self-development and reflection

The Competencies, professional behaviours, and Essential Skills Clusters (pass/fail) will contribute to the student's overall grade for this module. The Competencies, professional behaviours and Essential Skills Clusters are detailed within the performance and skills outcomes numbers 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 / 14 / 15 / 16 / 17 / 18 / 19 / 20 / 21 / 22 / 23. Testimony from midwives in the labour and birth settings are required to demonstrate maintenance of competence with performance and skills outcomes numbers 6 / 7 during caseloading.

NMC (2009) Specific Standards of Proficiency: By the end of the placement all developmental performance outcomes at level 6 must be achieved. You will have planned all and led most clinical activities with minimal to indirect supervision of your Practice Supervisor.

Midwifery proficiencies, essential skills clusters and standards of conduct, performance, and ethics to be achieved, assessed, and signed off by Practice Supervisor

The NMC set standards for education programmes, for pre-registration midwifery. These are set out within the *Standards for pre-registration midwifery education* and Essential Skills Clusters (NMC 2009). There are 3 key elements in assessing a student's eligibility for registration within practice. New NMC midwifery standards will be introduced for students starting in September 2020.

Midwifery Proficiencies (MP)

The midwifery proficiencies are specific standards necessary for a student to be entered onto the NMC register as a midwife. The standards relate to professional competence and fitness for practice to ensure that on registration a student can assume responsibility and accountability for their practice as a midwife.

Essential Skills Clusters (ESC)

The ESC's were developed to clarify the expectations of the public and ensure pre-registration student midwives on registration are fit for practice, capable of safe and effective practice. The ESC is not a definitive syllabus and they do not encompass all the skills a student may be exposed to in practice. However, they do provide the public with assurance that specific areas of skills are assessed prior to registration. To support the student's learning and achievement of clinical skills four workbooks (Infant Feeding, Medicines Management, Clinical Skills Inventory and Ward Management) have been developed to provide a record of their progress.

Professional behaviours and conduct: Standards of Conduct, performance and ethics (CPE)

The Nursing and Midwifery Council (NMC) require that midwives ensure the highest standards of professional behaviour and conduct (*The Code*, NMC 2018). Although these standards are for qualified midwives it is good practice for the student and Practice Assessor to review and consider a student's professional behaviour and conduct during the placement. The Practice Assessor will assess and sign-off the professional behaviour and conduct standards within the common assessment document alongside the MP and ESC.

Any concerns related to a student's professional behaviour and conduct, midwifery proficiencies or essential skills clusters should be highlighted to the Practice Assessor and Academic Assessor as soon as possible.

Documenting assessment

To ensure that the student develops the above professional requirements for registration, the following pages provide the student and Practice Supervisor with a comprehensive portfolio of the proficiencies and skills that must be mastered this academic year. They are described as '**performance and skills outcomes**' and are presented under the 23 headings. The midwifery proficiencies, essential skills clusters and professional behaviours are mapped to these. Additionally, Baby Friendly Initiative (BFI) learning outcomes (UNICEF 2017) are also described where appropriate, to ensure that students are developing the necessary skills to adequately support breastfeeding women.

The student will be questioned about their knowledge and understanding of issues surrounding the care of women and as appropriate, their baby, safe practice, safe medicinal products management, the initiation and continuance of breastfeeding, initial consultation, and communication. The student is required to provide the relevant evidence (to be documented in the appropriate section) used in support of answers given.

Instructions to student: Using APA referencing format, list relevant literature / evidence sources that you have used to support the mark awarded for your proficiencies and essential skills clusters in the space provided with each element. Any additional pages can be attached. You need to complete this **before you are assessed** as it will inform the discussion with the midwife assessing you. Make sure you are familiar with the content of the literature used.

The Practice Supervisor may sign off the Performance and skills outcomes once they are satisfied with the quality of the evidence and the ability of the student.

Completing the Practice Assessor pages

The Practice Assessor must undertake an initial interview, followed by two interim reviews and a final interview with the student midwife, throughout the year. Final summative grading will be undertaken at the final interview. Documentation for this can be found on pages 29-42. Prior to all meetings the student midwife must complete the preparatory paperwork in the same section.

Initial Interview

The first section '**identify learning needs**' will be completed by the student **prior** to the initial interview. The student should consider how they could develop in the placement and what they need to learn in order to progress towards meeting the identified proficiencies/skills/behaviour/learning outcomes. As these will be underpinned with theoretical knowledge it is important to consider the evidence needed to demonstrate knowledge and understanding. At the preliminary interview, the Practice Assessor will discuss the learning opportunities with the student and together they will explore how the learning identified can be achieved and agree a development plan. If there are any areas of concern identified, they should be documented, and a plan agreed as to how these will be managed. The link lecturer may be contacted for support and guidance where relevant.

Interim Review x2

Prior to the interim reviews, the student will reflect on their progress to date by identifying what they have learnt and how they are progressing by revisiting the identified learning outcomes / proficiencies /essential skills/behaviour and development plan agreed at the preliminary interview. The Practice Assessor will identify any competencies the student has/has not achieved and/or progress made and discusses the student's strengths or challenges during the practice experience. Together the Practice Assessor and student will evaluate the students learning opportunities to date and identify new targets for the remainder of the placement/module. The student and Practice Assessor will be required to confirm that all records the student has made in maternity records have been countersigned.

Final Interview

The final interview should be undertaken in accordance with the student's individual University and assessment processes. Prior to the final interview the student will complete the student's evaluation identifying what they have learnt. The student and the Practice Assessor should revisit the learning objectives, development plan and intermediate interview to ensure the student has achieved all the learning outcomes for the placement. This should include exploring the Practice Supervisor's and student's strengths or challenges during the practice experience and identify new targets for future placements. Again, a declaration of maternity record completion will be made.

During the final interview, there should be no surprises. If a student is expected to fail the placement, then a link lecturer should be present at this interview. If a student has attempted but been unsuccessful in achieving any of the placements learning outcomes or proficiencies the student will be deemed to have failed.

It is essential that testimonies are gained from all Practice Supervisors that work with the student, to enable a fair and balanced assessment of the year to be undertaken and completed by the Practice Assessor. The role of the Academic Assessor is to confirm the findings of the Practice Assessor.

Guidelines for Good Final Interview Practice

An awareness of the preparation required by each of the parties involved in a final interview meeting will ensure a successful meeting.

The Learning Environment Manager (LEM) will have ensured that each student has been assigned a Practice Supervisor for the placement, who has undertaken preparation for the role. The Trust may decide that an annual update is also required.

The Practice Assessors name must also be recorded on the Trust Practice Assessor Register

Notification may be received via internal Trust processes for the maintenance of the register of live Practice Assessors. The Trust may decide that an annual update is also required.

Overall Principles

All grades may be used but the evidence to link theory to practice needs to be presented to enable a Practice Supervisor to award an appropriate grade for the formative grading. Care should be taken by both the student and the Practice Assessor to read and assimilate the information in the descriptor boxes to award an appropriate summative (final) grade. This is of particular importance during the final placement of the academic year when the summative grade will be awarded. The Practice Assessor should consider the formative grades previously awarded during the year by the Practice Supervisors in awarding the final summative grade.

Examples of evidence can include:

- The thoroughness of workbook completion.
- Reflections on practice to include competence/mastery of clinical skills and the application of theory to practice. The evidence of learning should confirm the student's ability to critique evidence-based research and literature, and its' implementation in the student's practice. Is able on most occasions to make connections between complex theory.
- Student's evidence and experience to achieve outcomes (in the Proficiency/ESC pages)
- Testimonies
- Any written accounts supported by the evidence

Examples may be evidenced in the following ways:

For first year – Antenatal fetal screening - to include knowledge and understanding of fetal screening tests. Higher marks would be awarded to students able to demonstrate the understanding of the management of care and implications for the mother in the short and long term.

For second year - As above but to include analysis - for example the research to support the cause of one or more fetal abnormalities and thus prevention of said condition(s)

For third year - As above and to include critical analysis but with links to effects on mental health/family relationships including bonding and bereavement theories and the planning of future pregnancies.

Student Preparation

It is the student's **responsibility** to identify a range of suitable dates and times with their Practice Assessor for the final interview meeting to take place well in advance of the final interview meeting window.

If at any point a Practice Supervisor or Assessor is unclear regarding the grading of practice process or the application of the criteria, then the Link Lecturer should be contacted before the grading takes place. The student should prepare their Common Assessment Document (CAD) for the final interview meeting:

- Practice Supervisor and Practice Assessor Information – completeness
- Orientation to Practice Area of Learning – completeness
- Monthly Attendance Sheets – completeness
- Performance and skills outcomes which are outstanding – are they linked to placement outcomes?

- Placement interviews and Practice Assessor interim review documentation
- Student's evidence and experience to achieve outcomes – is it up to date, does it demonstrate the link of theory to practice, is it referenced?
- Record of Experience – is it up to date and all entries verified?
- Workbooks/ Clinical skills records - these will enable you to provide evidence for your claim of competence. Ensure appropriate completeness and any sections not addressed to be linked to future placements and learning outcomes:
- Clinical Skills Inventory
- Administration of Medicines Workbook
- Infant Feeding Workbook
- Ward Management Workbook

For the 'grading' final interview complete the student self-assessment in the Practice Marking Grid.

Drawing upon the evidence within the CAD to do so. This evidence will be the basis for discussion and the Practice Assessor award of grade at the final interview. **Therefore, it is essential that the documentation is fully completed before grading can take place. This includes the completion of the final page in the Record of Experience (RoE)**

Practice Assessor Preparation

- To identify with the student a range of suitable dates and times for the final interview meeting to take place.
- To provide the student with feedback on performance. This will ensure that any issues discussed in the final interview meeting have first been raised with the student.
- To review the student's CAD and update any relevant sections. The assessment performance and skills outcomes should be supported by evidence (e.g., examples of assessment methods, feedback on performance and testimony) has been recorded within the CAD including the student's evidence and experience to achieve outcomes. The Practice Supervisor can sign off performance and skills outcomes and the **named** Practice Assessor should undertake the review of the evidence to support the same (See pages 18-21). If there are difficulties this should have been discussed with the Link Lecturer and LEM prior to the final interview.
- Ensure all entries must have a full signature and date.
- Prior to the grading final interview review the students' performance and the evidence of achievement within the CAD. Ensure that the evidence including your feedback reflects the grades you plan to award. **Do not document grading of the student until the final interview is actually undertaken.**
- The Practice Assessor undertaking the summative grading of practice during the last placement **must consider** the feedback and formative grading of practice that has been provided during all previous placements in making the **final summative grading decision**.

Link Lecturer Preparation

Link Lecturer will confirm a suitable date and time with the student and will aim to review the documentation prior to the meeting to reduce time.

Summary of the Final meeting

The participants discuss and document the placement grade awarded by the Practice Assessor.

Reference:

Nursing and Midwifery Council (2018). Realising professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment. London: Nursing and Midwifery Council

Role of the student in completion of the CAD

The student is responsible for the following actions please.

- Completion of the information in the CAD regarding the name of their Practice Assessor, Academic Assessor, and all personal details.
- Ensuring that all people that sign your CAD have signed the Document Signatories page on page 50-52
- They must complete the dates of the planned meetings with the Practice Assessor (PA) following the initial meeting.
- They must provide the Practice Supervisor (PS) with evidence to support the sign off of their Essential Skills Clusters (ESC).
- They must complete the Interview pages in advance of meetings with their PA.
- They must actively seek feedback from the PS they work with to support their overall holistic assessment. Use testimonies in other sections when necessary.
- They need to ensure they have their hours signed off contemporaneously.
- If they are not progressing as they had hoped, they must speak to the link lecturer for support.
- **It is the student's responsibility to ensure the documentation is complete, including page 180**

Role of the Practice Supervisor in completion of the CAD

This can be any Registered Professional who is registered with the NMC, General Medical Council (GMC) or Health and Social Care Professions Council (HCPC), and completed the training ascribed by the Trust. The Practice Supervisors are responsible for the following actions please.

- Orientation to placement areas.
- Identification of learning opportunities for students.
- Completion of placement learning opportunities page.
- Completion of final discussion page for placement.
- To sign the Document Signatories page if you sign anything in the CAD on pages 50 - 52
- Sign off ESC following review of supporting evidence.
- Sign any record of experience documentation as required.
- Complete feedback for students commenting on their professional values and holistic performance (see pages 16 and 17).
- If you have concerns about the progress of a student, please discuss with the link lecturer and the PA.

Role of the Practice Assessor in completion of the CAD

This will be a Registered Midwife and will have completed training ascribed by the Trust. The Practice Assessors are responsible for the following actions please.

- Signing the Document Signatories pages 50 – 52.
- Completion of the Initial Review documentation with the student.
- Arrange mutually convenient times to meet with the student for the interim review meetings (2 in year).
- During the year, they may work for a short episode of care with the student which may include completion of an OSCA (pages 164-171), or part of a shift.
- If the PA requires any support or guidance regarding the summative grading, or assistance with concerns about a student, they should contact the link lecturer in the first instance
- Meet with the student to complete the Summative Holistic Assessment, following review of the feedback and comments throughout the year. Following this, they must also complete the summative grading
- They will need to complete the final page in the Record of Experience to say the student can progress to the next year of study/qualification.

Reference: Nursing and Midwifery Council (2018). Realising professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment. London: Nursing and Midwifery Council

Holistic Assessment Descriptors

Students and Practice Supervisors, please refer to these descriptors when considering the student's performance during reviews and when writing testimonies.

Excellent pass	A student who is judged to have reached an outstanding exceptional standard: is able to consistently critique evidence-based research and its implementation. Is able to make connections between complex theory. Actively participates in midwifery care with indirect supervision in an organised and efficient manner, planning all activities and leading on most. Is able to prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Does not require prompting, is organised and efficient. Responds appropriately and confidently in situations requiring urgency. Actively involves women and their families in their care. Works as a dependable team member. Comprehensive and succinct record keeping.	14-20 (1st Class)
Very good pass	A student who is judged to have reached a very high standard: is able on most occasions to critique evidence-based research and its implementation. Is able on most occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, mostly in an organised and efficient manner, planning most activities and leading on some. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate with minimal prompting, is organised and efficient. Responds appropriately in situations requiring urgency. Actively involves women and their families in their care. Works as a reliable member of the team. Very good standard of record keeping.	12-13 (2:1)
Good pass	A student who is judged to have reached a capable standard: is able on some occasions to critique evidence-based research and its implementation. Is able on some occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, in an organised manner, planning some activities and leading on some with support and prompts. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Responds suitably in situations requiring urgency. Actively involves women and their families in their care. Works as a team member. A good standard of record keeping.	10-11 (2:2)
Pass	A student who is judged to have reached a reasonable standard of performance: is considered safe and meets the minimum standard. The student has been observed to perform with some hesitation. Vaguely explains rationale underpinning practice, makes limited connections between more complex theory. Some degree of questioning and critiquing of evidence-based practice and research. With instruction participates in midwifery care with minimal supervision. Sometimes indecisive in familiar situations, requires some instruction when planning and leading on activities. Responds cautiously in situations requiring urgency. With instruction actively involves women and their families in their care and with prompts evaluates the effectiveness of the care. Works within the team. Adequate record keeping.	8-9 (3rd Class)
Fail unsafe practice	A student who does not meet one or more of the proficiencies, essential skills, learning outcomes, professional behaviour and conduct associated with the placement/module. Weak underpinning knowledge demonstrated and cannot explain rationale underpinning practice; does not consider evidence-based practice. Disorganised planning and implementation of care, participates and assists in care only with close supervision, requires prompting. Does not work as part of a team. Inadequate record keeping. Even where all the learning outcomes have been met, a student who demonstrates unsafe practice may result in a fail overall.	0-7 (Refer/Fail)

Professional behaviours.

The Practice supervisor should consider the following statements when completing testimonies for the student.

Professional Behaviour	
Commitment	In accordance with organisation and university policies, the student embodies and promotes the level professionalism expected of a registrant in relation to punctuality, personal presentation, and attitude
Care	The student has made a consistent effort to engage in their learning in order to contribute to high quality, evidence-based, woman-centred maternity care.
Competence	The student has recognised and worked within the limitations of their own knowledge, skills and professional boundaries. The student has demonstrated the ability to listen, seek clarification and carry out instructions safely in order to contribute to positive health outcomes for women and the best start in life for babies.
Communication	The student has demonstrated that they can communicate clearly and consistently with colleagues, women and their families. The student has worked effectively within the multidisciplinary team with the intent of building professional caring relationships. The student avoids any form of discriminatory language or behaviours.
Courage	The student has demonstrated openness, trustworthiness, and integrity, ensuring the woman is the focus of care.
Compassion	The student is proactive in providing holistic, responsive and compassionate midwifery care ensuring that dignity and respect are always maintained.

Example of how to complete a testimony for a student.

Practice Area Boscasterfield Ward	Date 17/02/2022	Number of hours worked with student: 12.5
<p>In relation to the expected knowledge, attitude and skills, what does the student do well?</p> <p><i>Priti shows good knowledge around the first stage of labour and explained this very well to the woman we cared for, so she understood as well.</i></p> <p><i>Priti anticipates well the needs of the woman and always ensured her safety and comfort</i></p> <p><i>Priti is gaining confidence when undertaking VEs</i></p> <p>in relation to the expected knowledge, attitude and skills what does the student need to develop further?</p> <p><i>Priti is progressing well but needs to gain more confidence in interpreting CTGs</i></p>		
Please indicate whether the student has met the expected professional values by referring to		
Commitment	✓	Care
Competence	✓	Communication
Communication	✓	Courage
Courage	✓	Compassion
Compassion	✓	
Using the descriptors on please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.		
Excellent	Very Good	Good
		Satisfactory
		Unsatisfactory
Name Patience Gittins		Signature <i>P. Gittins</i>

Example of how the CAD can be completed.

<p style="text-align: center;">6) Intrapartum care, and management of the neonate at birth – Year 3</p> <p>To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.</p> <p>Midwifery Proficiency (6MP) Domain: Effective midwifery practice Care for, monitor and support women during labour and monitor the condition of the fetus and support spontaneous births.</p> <p>This will include:</p> <ul style="list-style-type: none"> Communicating with women throughout and supporting them through the experience Ensuring that the care is sensitive to individual women's culture and preferences Using appropriate clinical and technical means to monitor the condition of mother and fetus, providing appropriate pain management Providing appropriate care to women once they have given birth <p>Midwifery Proficiency (8MP) Domain: Effective midwifery practice Examine and care for babies immediately following birth</p> <p>This will include: Confirming their vital signs and taking the appropriate action and full assessment and physical examination</p> <p>Essential skills cluster (ESC)</p> <p>3) Normal labour and birth</p> <ul style="list-style-type: none"> Work in partnership with women to facilitate a birth environment that supports their needs (no: 3/1) Be attentive to the comfort needs of women before, during and after birth (no: 3/2) Determine the onset of labour (no: 3/3) Determine the wellbeing of women and their unborn baby (no: 3/4) Measure, assess and facilitate the progress of normal labour (no: 3/5) Support women and their partners in the birth of their baby (no: 3/6) Facilitate the mother and baby to remain together (no: 3/7) Keep accurate records (no:3/10) <p>4) Understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand (no: 4/1)</p> <p>Conduct, performance and ethics (CPE) - 15) Keep clear accurate records</p>				
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<p>Examples of assessment methods:</p> <p>Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)</p>				
6	Year 3	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
	Performance and skills outcomes			
A) ESC 3/3	Actively participates in the clinical assessment, observation and history taking to determine the onset of labour. Discussing the findings accurately and shares this information and consequences with women.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
B) ESC 3/1 3/4 3/5	Actively participates in the incorporation of birth plans or written instructions that identify the wishes and individual needs of women in any care provided. Referring women who would benefit from the skills and knowledge of other individuals.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
C) ESC 3/1	Works in partnership with women to facilitate a birth environment that supports their needs such as privacy, silence and acknowledges the roles and relationships in families, dependent upon religious and cultural beliefs, preferences, and experiences.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21

6	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
D) ESC 3/1	Anticipates and is able to provide intrapartum care appropriate to the needs, context, social factors, culture and choices of women, babies and families including practicing in accordance with relevant legislation.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
E) ESC 3/1	Supports the health and safety and wellbeing of women in a variety of birth settings other than the acute hospital environment.			
F) ESC 3/1	Actively participates in changing the physical environment to meet the needs of women, such as lighting, furniture, temperature.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
G) ESC 3/2	Applies in-depth knowledge of the physiology of labour and birth and uses this and skills of observation and active listening to analyse and evaluate the effectiveness of care being provided.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
H) ESC 3/5 3/6	Sensitively and accurately, with informed consent, makes an assessment of the progress of labour including observation, such as behaviour, abdominal examination, vaginal examination where appropriate, informing women of their progress and discussing actions/consequences as necessary. Recognising any deviation from the norm, identifying and appropriately managing the latent and active phase of labour and providing care to women with complications.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
I) 6MP ESC 3/4	Is able to assess and monitor fetal and maternal wellbeing during the intrapartum period, including assessment of liquor volume and colour, intermittent auscultation of the fetal heart using a pinnard stethoscope and a normal fetal cardiotocograph tracing. Interprets the findings accurately and shares this information with women and discusses further action/consequences as necessary.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
J) ESC 3/2	Is able to work with women to determine their coping strategies in order to support their preferences for pain management such as mobilising, different positions, use of water, silence, verbal and non-verbal cues.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
K) ESC 3/5	Is actively involved in supporting women to use a variety of birthing aids, such as birthing balls	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
L) 6MP	Actively participates in the safe administration of a range of non-pharmacological analgesic techniques.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
M) ESC 3/2	Is able to ensure the comfort needs of women are met, such as: Bladder care, appropriate hydration, nutritional intake, hygiene requirements, prevention of infection, assessment of skin integrity.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21

6	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
N) ESC 3/6	Identifies the importance of offering choices related to the birth phase. Safely caring for woman/baby sensitively and is attentive to the 'moment of birth' creating an environment that is responsive to the woman's needs.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
P) ESC 3/5	Is confident in preparing any necessary equipment and monitoring of maternal and fetal wellbeing.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
Q) ESC 3/5	Critically appraises and justifies the use of any intervention such as artificial rupture of membranes, continuous electronic fetal monitoring, urinary catheterisation, in order to facilitate a spontaneous birth.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
R) ESC 3/6	Initiates emergency measures if required such as episiotomy.			
S) ESC 3/6	Assesses and monitors the woman's condition throughout the third stage of labour facilitating safe delivery of the placenta and membranes by physiological and active management.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
T) 8MP	Actively participates in assessing the vital signs of the newborn at birth, including physical examination, adaptation to extra uterine life and in the administration of Vitamin K if required.	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
U) 8MP ESC 3/7	Actively participates in the provision of care immediately post-delivery, including early identification and security, initiation of skin to skin, maternal infant attachment, assessing accurately the health and wellbeing of the baby. Support feeding and delay any unnecessary separation, avoiding early routine procedures such as weighing. Initiates emergency measures if required	DO, QA, DPS, WD	A	J. A. Smith 17.12.21
V) ESC 3/10 4/10 CPE 15	Actively participates in the recording of information that is accurate, legible and continuous which includes planning, implementation and evaluation of care, interventions and findings	DO, QA, DPS, WD	A	J. A. Smith 17.12.21

6) Student's evidence and experience to achieve outcomes

This scenario took place with indirect supervision from my Practice Supervisor.

Anita had prepared a birth plan during the antenatal period with the community midwife; following her assessment on admission to the labour ward Anita and myself reviewed this. Birth plans can develop the partnership between midwives and mothers (Nolan 2014, Jackson et al 2014, and DoH 2007). Anita had requested no interventions or drugs during labour (Jackson et al 2014, Robertson 1999). It was important to discuss this with her to clarify her understanding of interventions and to apply it to her situation of being a primigravida in labour with an occipital posterior position of the fetus (Rimmer 2014). At the time of admission Anita was in early labour and therefore in a better position to make informed choices than if she was in advanced labour and distressed.

I have observed situations when the midwife and/or medical staff have overridden the woman's wishes. This has often ultimately proved to be in the woman's best interest from a holistic perspective but there have been other occasions when this has been questionable and the role of the midwife as advocate for the woman could have been more overt (NMC 2018). Contemporaneous record keeping is essential in such circumstances (NMC 2018 & 2020) when ethical dilemmas present. I have also been involved in the care of women who are not able to speak English and have had to rely on an interpreter. I feel that this has been most effective when a professional interpreter has been used. This conclusion has derived from the fact that they have a knowledge of professional terminology and are not directly involved with the woman therefore they can act as advocate for her but can be relied upon to translate accurately. The Report of the Confidential Enquiry into maternal Deaths (Knight et al 2017, Drife 2004) supports the use of professional interpreters. Caring for

women who cannot speak English is challenging but rewarding if that woman is able to access the choices and be active in her care (Commission for Racial Equality 1994).

Several hours after admission, further assessment showed slow progress in labour due to the position of the fetus (Rimmer 2014, NICE 2014). Non-pharmaceutical methods of pain relief were no longer proving effective for Anita, and she requested epidural analgesia (Jackson 2014, Jones et al 2012)). Post birth Anita stated that she was disappointed that she had to change her plan but felt that she and her partner had been involved in making this decision and she had been able to remain in control of her labour. Debriefing (Bastos et al 2015, Robinson 1998) should be an essential part of intra partum care as it provides an opportunity for the woman to discuss the sequence of events and for midwives to justify their actions to the women who they are accountable to. I have found the process of reflection that is inherent in this activity to be invaluable in my development (Nakielski 2005, Burns & Bulman 2000).

The value of continuity of carer can be seen when debriefing on birth events (Bohren 2017), ideally continuity from the antenatal period through to labour and the post-natal period but if this is not achievable then clear record keeping and rationale for actions is a pre-requisite.

I have developed confidence in my assessment of progress during labour but am aware that in scenarios such as Anita's I need to refer to my Practice Supervisor for advice as they are ultimately accountable for the woman's care (NMC 2018 and NMC 2020) and as a student I must not undertake tasks that I am not adequately prepared for (NMC 2009, NMC 2018 and NMC 2020). I am also aware that I will not be able to be exposed to all events during my pre-registration programme and will need a period of preceptorship following registration and must never lose sight of my limitations-and refer to other agencies where appropriate. I am also aware of my responsibility in identifying my development needs (NMC 2018, DoH 1998).

This Scenario meets the following performance and skills outcomes: 1a, 1b, 1c, 1d, 1e, 1f, 1g, 2b, 2c, 3a, 3b, 3g, 5b, 6a, 6b, 6c, 6d, 6f, 6g, 6h, 6i, 6j, 6k, 6l, 6m, 6n, 6o, 6p, 6q, 6s, 6t, 6u, 6v, 10b, 13a, 14a, 14b, 16a, 17b, 18a, 19b, 21a & 21d.

6) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date J A SMITH J. A. Smith 17.12.2021

Example of how to complete the grading criteria

Practice Marking Grid: Year 3						
Please note: If a student demonstrates unsafe practice, they will fail the module even where standards of proficiencies /essential skills clusters/professional behaviour and conduct/learning outcomes have been achieved						
Student's name Sally Green	Student identification number 22233344	Practice area: Labour Ward			1st attempt/ 2nd attempt (Please circle)	
Please indicate mark awarded in appropriate box and include initials						
	Excellent (1 st)	Very good (2:1)	Good (2:2)	Pass (3 rd)	*Fail unsafe practice	Student self- assessment
Section 1: Team working and communication	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>	
Demonstrates communication skills and ability to build a rapport with women and their family		13 JAS				13
Demonstrates communication skills within the multidisciplinary team and contributes to working across professional boundaries.		12 JAS				13
Demonstrates a professional approach to working as a healthcare student including punctuality and time keeping	16 JAS					15
Section 2: Knowledge & application to practice	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>	
Demonstrates the ability to critically appraise sources of information and to discuss evidence relevant to current practice			11 JAS			10
Demonstrates underpinning knowledge and applies this theory to practice		12 JAS				12
Explores practice and professional issues with colleagues		12 JAS				12
Section 3: Clinical skills & practice	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>	
Demonstrates ability to perform clinical skills and procedures whilst maintaining an environment that promotes the health, safety and well-being of women and others.			10 JAS			12
Demonstrates knowledge and understanding of the meaning of informed consent and gains informed consent with indirect supervision		12 JAS				12
With indirect supervision demonstrates the ability to complete records that are accurate, legible and continuous, containing the necessary information, and adheres to records and record keeping guidelines		12 JAS				12
Section 4: Professional & ethical practice	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>	
Identifies and relates professional codes, standards, conduct, behaviour, policies and guidelines to practice.		12 JAS				12
Recognises individual's preferences, right's, interests, beliefs and culture		12 JAS				12
Recognises the importance of ensuring and maintaining, safety, privacy, dignity, and respect		12 JAS				12

				Excellent (1 st) <u>14-20</u>	Very good (2:1) <u>12-13</u>	Good (2:2) <u>10-11</u>	Pass (3 rd) <u>8-9</u>	*Fail unsafe practice <u>0-7</u>	Student self- assessment
Section 5: Self- development & reflection									
Reflects on practice recognising own strengths and limitations, recognises the needs of others and seeks to improve skills and knowledge as a result of insight.						11 JAS			11
Is able to critically analyse the effectiveness of care, suggesting realistic alternatives where appropriate						11 JAS			11
Seeks help and guidance as appropriate and responds constructively to feedback from the multi-professional team, women and their families						11 JAS			11
Mark awarded (Total of each section above divided by 3)	Section 1: 41 / 3 = 13.7	Section 2: 35 / 3 = 11.7	Section 3: 34 / 3 = 11.3	Section 4: 36 / 3 = 12	Section 5: 33 / 3 = 11	*Please note if any of the marks awarded are in the 0-7 (Fail/unsafe) category on the marking grid the student fails the placement assessment. Even if the student achieves a pass marks in all the other sections of the marking grid the maximum summated percentage that can be achieved is 35%. If the summated mark is less than 35% then the true percentage will be awarded.			Outcome of practice assessment: Total mark awarded: 60 % (59.7 rounded up to 60%)
Student Signature: <u>Sally Green</u> Print Name: <u>SALLY GREEN</u> Date: 17/12/21									
I confirm that the student has met / not met (please circle) all of the performance outcomes (including proficiencies, essential skills clusters, professional behaviour and conduct) associated with this placement/module and that in my judgement has performed to the quality indicated.									
Midwife Signature: <u>J. A. Smith</u> Print Name: <u>J A SMITH</u> Date: 17/12/21									
I confirm that in my judgement assessment processes have been conducted appropriately									
Link Lecturer Signature: <u>Kath Nakielski</u> Print name: <u>KATH NAKIELSKI</u>									
Present at tripartite interview: Date 17 / 12 / 2021 Not Present at tripartite interview: Reviewed documentation on / /									

How to complete Monthly Attendance Sheets

For each shift worked, students should obtain the signature of their Practice Supervisor/midwife they are working with to verify the hours attended/worked.

When on practice placement you need to identify an average of 37.5 hours per week, plus 2.5 hours of reflection time. It is worthwhile working out how many hours you have been allocated. Ensure that you have adequate shifts allocated to fulfil the required hours of the placement. As you will see from the example below; the hours worked in an individual week may be greater than or less than 37.5hrs, but this will average out over a number of weeks.

You need to have every day on placement filled with a code or signature including all your days off.

Example only:

Student Name: Sally Green				Group: September 2019		Year 3
Student Number: 22233344				Course: BSc (Hons) Midwifery		
Month: May 2022				EACH ENTRY MUST BE SIGNED INDIVIDUALLY		
Date	Day	Placement / Activity	Hours attended / Worked (e.g., 09.00 - 12.00hrs)	Practice Supervisor / lecturer signature	Print Name	Total hours / week
Start of Year One						
1	Mon	LW	07.00 - 15.00hrs	J. A. Smith	Jane Smith	7hrs
2	Tues	LW	R	J. A. Smith	Jane Smith	2.5hrs
3	Wed	LW	SD			8hrs study
4	Thurs	LW	DO			
5	Fri	LW	DO			
6	Sat	LW	19.00 - 07.30hrs	J. A. Smith	Jane Smith	11.5hrs
7	Sun	LW	19.00 - 07.30hrs	J. A. Smith	Jane Smith	11.5hrs
						40.5hrs
8	Mon	LW	DO			
9	Tues	LW	DO			
10	Wed	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
11	Thurs	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
12	Fri	LW	R	J. A. Smith	Jane Smith	2.5hrs
13	Sat	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
14	Sun	LW	SD			8 hrs
						45hrs
15	Mon	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
16	Tues	LW	DO			
17	Wed	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
18	Thurs	LW	R	J. A. Smith	Jane Smith	2.5hrs
19	Fri	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
20	Sat	LW	07.00 - 15.00hrs	J. A. Smith	Jane Smith	7hrs
21	Sun	LW	DO			
						44hrs
22	Mon	LW	DO			
23	Tues	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
24	Wed	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
25	Thurs	LW	R	J. A. Smith	Jane Smith	2.5hrs
26	Fri	LW	07.00 - 19.30hrs	J. A. Smith	Jane Smith	11.5hrs
27	Sat	LW	DO			
28	Sun	LW	DO			
						35hrs
29	Mon	LW	S	J. A. Smith	Jane Smith	11.5hrs
30	Tues	LW	S	J. A. Smith	Jane Smith	11.5hrs
31	Wed	LW	DO			

Sickness and Absence Recording

This course requires 100% attendance - any time lost to the course (whatever the reason) has to be made up. You are required to complete the correct number of full programme weeks in practice to meet the NMC requirements. Missed practice hours can be made up as it occurs but:

- You are recommended not to work more than 48 hours during any placement week
- You are recommended not to work more than four long shifts per week
- You are recommended not to work more than three long shifts in a row

The time you have made up as above will be logged and signed off by your Practice Supervisor in the monthly attendance sheet. Additional 'making up time sheets', for Flexi Weeks, are available from the Placement Timesheet Organisation Blackboard site or from the placements Team at NMTimesheets@shu.ac.uk. It is your responsibility to complete and submit these forms.

Second attempts, for a referral in clinical practice, will occur during the flexi weeks.

Sickness and absences: If you are unable to attend university or placement for whatever reason, you need to inform SHU and your clinical area if necessary (see course handbook or blackboard for details). Please see the Nursing and Midwifery Student Working in Practice Guidance in the Attendance on Placement section for full details at:

<https://www.shu.ac.uk/health-social-placements/profession-information/midwifery/attendance>

Midwifery students missing a full week during any placement need to consult the Course Lead directly. This is to ensure you are receiving the required support to still meet the performance and skills outcomes required for that placement, that students do not overtire themselves following their period of sickness/absence and if necessary to revise allocation plans to meet the NMC requirements for mandatory clinical experience.

All practice placements must be completed and passed to progress to the next academic year or for registration.

All sickness, special leave, compassionate leave, and absences must be recorded on the student's attendance record.

Good practice is for students to arrange their study time in advance, normally at least 1 week before it is required. Study time should not be used instead of formally reporting sickness/absence.

Please note that students should report both 'Practice Placement Absence' and Taught Session Absence' by completing the **student absence form** at <https://docs.google.com/forms/d/e/1FAIpQLSdzs7Q-2VIm070GRz0akFpY-27U3Okq9kAkWqrWxi4SpdJ2XA/viewform>

If not currently logged in to Google Drive, clicking on the link will require the student to log in using their university email address as per the below example (username@my.shu.ac.uk). This will then take the student to the Sheffield Hallam University login page where they would login using their single sign on Sheffield Hallam University login details. The HWB **Student Absence Google Form** will then open for completion.

Google Form <https://docs.google.com/forms/d/e/1FAIpQLSdzs7Q-2VIm070GRz0akFpY-27U3Okq9kAkWqrWxi4SpdJ2XA/viewform>

Example Email Login username@my.shu.ac.uk

The student will be prompted to complete all details required to record their sickness absence.

If the student has been sick and this has been reported correctly, according to local and SHU policies, then this should be recorded as 'sick' [S] in the attendance record and verified by the Practice Supervisor. If the student does not follow the correct procedures for reporting sickness to the placement, then this must be documented as 'Absent' [A] in their attendance record and verified by the Practice Supervisor. When returning from sickness/leave, it is important that students notify the University and the Placement Area.

If sickness exceeds 5 days, the student is required to submit a medical certificate to the Student Support Adviser. Any unauthorised absence should be documented by the Practice Supervisor in the Student's Assessment documents and the link lecturer notified. If a student is off sick for longer than a week or more than once in a placement, this must also be documented, and link lecturer must be notified.

Students will be required to transcribe records of practice placement hours onto an electronic hour's spreadsheet. This will be uploaded to the Blackboard Placement Hours Organisation site. It is the student's responsibility to arrange a meeting with their Academic Adviser, within the required timeframe, to verify these hours against the records within the CAD. It is the student's responsibility to ensure all hours are correctly verified, match reported sickness absence records and that any changes made to any errors within the record are appropriately countersigned by the Practice Supervisor. The reflective and study time hours do not need to be entered in the electronic hour spreadsheet.

Midwifery placement queries: midwiferyplacements@shu.ac.uk

Electronic Timesheets and Hours: NMTimesheets@shu.ac.uk

Abbreviations for type of leave/absence

Sick leave	S
Absent	A
Special leave	SL
Compassionate leave	CL
Day off	DO
Study day	SD
Reflection	R

Please note that your reported sickness/absence and this record should match; please remember to report any period of sickness/absence at the START and END.

Instructions to Practice Supervisors

Please confirm hours attended or if sick/absent ensure hours that were missed are identified and correct code is inserted on each date.

Practice Hours:

- 844 practice hours (37.5 per week, less planned study hours, divided between 24 weeks)
- 60 reflection hours (2.5 hours per week for 24 weeks)
- 56 directed study hours (8 hours x 7 study days spaced as below)

At the end of year two you should have completed **1558 practice hours**. You need to track your own personal hours as the third-year progresses. You required **2400 hours for registration** and therefore you need to adjust your study hours and working week (not exceeding 48 hours in any week) to ensure that you meet the requirement. If you are unable to achieve the required practice hours within the 24 weeks of planned practice attendance during flexi weeks will be required to complete the NMC requirements.

Practice weeks:

- 18.10.21 to 12.12.21 - 284 practice hours, 20 reflection & 16 hours study time = 320 hours
- 24.01.22 to 20.02.22 - 134 practice hours, 10 reflection & 16 hours study time = 160 hours
- 28.03.22 to 24.04.22 - 142 practice hours, 10 reflection & 8 hours study time = 160 hours
- 22.06.22 to 14.08.22 - 284 practice hours, 20 reflection & 16 hours study time = 320 hours
- 22.08.22 to 11.09.22 - flexi weeks to complete course hours and EU directives as required

Placement will consist of:

- 8 weeks of Labour Ward experience
- 12 weeks of Community/Caseloading experience
- 4 weeks Ward Management experience.
- The above will be adjusted for those students who still require outstanding neonatal, theatre and Gynae experience prior to registration.

Sickness and absence recording - university

Example documentation

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer
04.02.22	Reflective practice Kath Nakielski	10.00 - 12.00hrs	2hrs	Kath Nakielski
04.02.22	Mock Interview Kath Nakielski	13.00 - 16.00hrs	3hr	Kath Nakielski
Total hours to make up			5hrs	
Emailed university to confirm off sick / absent		Date: 04.02.22		
Emailed university to confirm return from sick / absent		Date: 05.02.22		

Sickness and absence recording - placement

Example documentation

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g., 08.00 - 16.30hrs)	Number of hours absent	Signature Practice Supervisor
29.11.21	LW	07.00 - 19.30hrs	11.5hrs	J. A. Smith
30.11.21	LW	07.00 - 19.30hrs	11.5hrs	J. A. Smith
Total to make up			23hrs	J. A. Smith
Emailed university to confirm off sick / absent		Date: 29.11.21		
Telephoned placement to confirm sick / absent		Date: 29.11.21		
Emailed university to confirm return from sick / absent		Date: 31.11.21		
Telephoned placement to confirm return from sick / absent		Date: 31.11.21		

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Practice Assessor Documentation

Assessment planner

During the programme you are required to have initial meetings, reviews, and a holistic summative assessment with your Practice Assessor. Your assessment plan needs to be discussed and agreed with your practice nominated person and the academic link lecturer

Use this table to plan when you will undertake your assessments.

	Initial Meeting	Practice Assessor Review 1	Practice Assessor Review 2	Summative holistic assessment
Year 3 Dates for planned meetings				
Name of Practice Assessor				
Name of Academic Assessor			Academic Assessor Contact details:	

Practice Assessor Signature

Name (Please Print)	Signature	Initials	Practice Area

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Holistic Assessment Descriptors

Students and Practice Assessors, please refer to these descriptors when considering the student's performance during reviews and summative assessments.

Excellent pass	A student who is judged to have reached an outstanding exceptional standard: is able to consistently critique evidence-based research and its implementation. Is able to make connections between complex theory. Actively participates in midwifery care with indirect supervision in an organised and efficient manner, planning all activities and leading on most. Is able to prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Does not require prompting, is organised and efficient. Responds appropriately and confidently in situations requiring urgency. Actively involves women and their families in their care. Works as a dependable team member. Comprehensive and succinct record keeping.	14 - 20 1st Class
Very good pass	A student who is judged to have reached a very high standard: is able on most occasions to critique evidence-based research and its implementation. Is able on most occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, mostly in an organised and efficient manner, planning most activities and leading on some. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate with minimal prompting, is organised and efficient. Responds appropriately in situations requiring urgency. Actively involves women and their families in their care. Works as a reliable member of the team. Very good standard of record keeping.	12 - 13 (2:1)
Good pass	A student who is judged to have reached a capable standard: is able on some occasions to critique evidence-based research and its implementation. Is able on some occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, in an organised manner, planning some activities and leading on some with support and prompts. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Responds suitably in situations requiring urgency. Actively involves women and their families in their care. Works as a team member. A good standard of record keeping.	10 - 11 (2:2)
Pass	A student who is judged to have reached a reasonable standard of performance: is considered safe and meets the minimum standard. The student has been observed to perform with some hesitation. Vaguely explains rationale underpinning practice, makes limited connections between more complex theory. Some degree of questioning and critiquing of evidence-based practice and research. With instruction participates in midwifery care with minimal supervision. Sometimes indecisive in familiar situations, requires some instruction when planning and leading on activities. Responds cautiously in situations requiring urgency. With instruction actively involves women and their families in their care and with prompts evaluates the effectiveness of the care. Works within the team. Adequate record keeping.	8 - 9 (3rd Class)
Fail unsafe practice	A student who does not meet one or more of the proficiencies, essential skills, learning outcomes, professional behaviour and conduct associated with the placement/module. Weak underpinning knowledge demonstrated and cannot explain rationale underpinning practice; does not consider evidence-based practice. Disorganised planning and implementation of care, participates and assists in care only with close supervision, requires prompting. Does not work as part of a team. Inadequate record keeping. Even where all the learning outcomes have been met, a student who demonstrates unsafe practice may result in a fail overall.	0 7 (Refer/Fail)

Year 3 Initial Meeting

This should be completed by the Practice Assessor, ideally during the first placement week of the year

Name of Practice Assessor _____

Student: Please comment on your learning needs in relation to the proficiencies you are required to complete during this part of your programme.

Practice Assessor: Please briefly document the points raised during this meeting, particularly in relation to the evidence you will expect to review at the first review.

Please review and discuss the professional conduct criteria that the student is required to achieve for this part of the programme and explain that this must be met by the first review.

Practice Assessor signature: _____

Practice Assessor preferred contact details: _____

Student Signature: _____

Date ____/____/____

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Practice Assessor Review 1**Student reflection** (to be completed prior to meeting with Practice Assessor)

Review the feedback that you have had from Practice Supervisors and women that you have cared for.
What do you do well?

Which aspects of your practice do you need to develop further?

Reflect on one of the proficiencies that you have achieved but found difficult or challenging. Reflecting on what happened can help you to develop your practice and prepare to manage a similar situation in a different way.

Which proficiency are you reflecting on?

Describe what happened:

What were you thinking and feeling at the time?

What did you do well?

What went less well?

If you were in a similar situation again, what would you do differently?

Refer to the holistic assessment descriptors (on page 18) and consider which descriptor most closely describes your practice.

Which descriptor most closely matches your practice?

Use this space to add your reflection following feedback from your Practice Assessor

Student signature:

Date:

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Practice Assessor Review 1	
To be completed by the Practice Assessor with the student Please review the records completed by the student's Practice Supervisors.	
<p>What does the student consistently do well?</p> <p>Does the student appear to have acted on the areas highlighted for development?</p> <p>If a progression plan has been written since the previous meeting, has this now been completed? Yes / No* / Not applicable</p> <p>*Please contact the Academic Assessor for advice. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p>Skills: please review the student's progress of completion of the proficiencies and practice episode records</p> <p>Comments:</p>	
<p>Knowledge: ascertain the student's knowledge base</p> <p>Ask the student to discuss one case from their practice episode records to confirm their knowledge base and application of knowledge through discussion.</p> <p>Does the student demonstrate the expected knowledge at this point in their programme? Yes / No*</p> <p>*Please complete a progression plan and contact the Academic Assessor. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p>Attitude: review feedback on professional behaviour</p> <p>Please review the records from the student's Practice Supervisors.</p> <p>Has the student maintained the expected professional behaviour? Yes / No*</p> <p>*Please complete a progression plan and contact the Academic Assessor. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
Please review the student's reflection and provide constructive feedback to support the student's development:	
<p>Holistic Assessment:</p> <p>Please refer to the holistic descriptor on page 16 and identify which description most closely matches the student's performance.</p> <p>Descriptor awarded:</p>	
<p>I confirm that we have reviewed the available evidence and discussed current achievement and progress.</p> <p>Outcome of Practice Assessor Review 1: ACHIEVED / NOT ACHIEVED*</p> <p>*Please complete a progression plan and contact the Academic Assessor</p> <p>Date for Practice Assessor Review 2:</p> <p>Practice Assessor signature: _____ Date: _____</p> <p>Student midwife signature: _____ Date: _____</p>	

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Practice Assessor Review 2**Student reflection** (to be completed prior to meeting with Practice Assessor)

Review the feedback that you have had from Practice Supervisors and women that you have cared for.
What do you do well?

Which aspects of your practice do you need to develop further?

Reflect on one of the proficiencies that you have achieved but found difficult or challenging. Reflecting on what happened can help you to develop your practice and prepare to manage a similar situation in a different way.

Which proficiency are you reflecting on?

Describe what happened:

What were you thinking and feeling at the time?

What did you do well?

What went less well?

If you were in a similar situation again, what would you do differently?

Refer to the holistic assessment descriptors (on page 18) and consider which descriptor most closely describes your practice.

Which descriptor most closely matches your practice?

Use this space to add your reflection following feedback from your Practice Assessor

Student signature:

Date:

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Practice Assessor Review 2	
To be completed by the Practice Assessor with the student Please review the records completed by the student's Practice Supervisors.	
<p>What does the student consistently do well?</p> <p>Does the student appear to have acted on the areas highlighted for development?</p> <p>If a progression plan has been written since the previous meeting, has this now been completed? Yes / No* / Not applicable</p> <p>*Please contact the Academic Assessor for advice. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p>Skills: please review the student's progress of completion of the proficiencies and practice episode records</p> <p>Comments:</p>	
<p>Knowledge: ascertain the student's knowledge base</p> <p>Ask the student to discuss one case from their practice episode records to confirm their knowledge base and application of knowledge through discussion.</p> <p>Does the student demonstrate the expected knowledge at this point in their programme? Yes / No*</p> <p>*Please complete a progression plan and contact the Academic Assessor. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p>Attitude: review feedback on professional behaviour</p> <p>Please review the records from the student's Practice Supervisors.</p> <p>Has the student maintained the expected professional behaviour? Yes / No*</p> <p>*Please complete a progression plan and contact the Academic Assessor. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
Please review the student's reflection and provide constructive feedback to support the student's development:	
<p>Holistic Assessment:</p> <p>Please refer to the holistic descriptor on page 16 and identify which description most closely matches the student's performance.</p> <p>Descriptor awarded:</p>	
<p>I confirm that we have reviewed the available evidence and discussed current achievement and progress.</p> <p>Outcome of Practice Assessor Review 1: ACHIEVED / NOT ACHIEVED*</p> <p>*Please complete a progression plan and contact the Academic Assessor</p> <p>Date for Practice Assessor Review 2:</p> <p>Practice Assessor signature: _____ Date: _____</p> <p>Student midwife signature: _____ Date: _____</p>	

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Summative Holistic Assessment**Student reflection** (to be completed prior to meeting with Practice Assessor)**Reflect on the feedback that you have been given during this assessment period.**

With reference to the specific proficiencies and professional behaviour:

What do you consistently do well?

Which areas do you need to continue to develop?

What have you enjoyed most during this assessment period?

What have you found most challenging?

What is your development plan as you progress to the final year/part of the programme?

Refer to the holistic assessment descriptors (on page 18) and consider which descriptor most closely describes your practice.

Which descriptor most closely matches your practice?

Use this space to add your reflection following feedback from your Practice Assessor

Student signature:

Date:

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Practice Assessor Summative Holistic Assessment	
To be completed by the Practice Assessor with the student	
<p>Please review the records completed by the student's Practice Supervisors. What does the student consistently do well?</p> <p>Does the student appear to have acted on the areas highlighted for development?</p> <p>If a progression plan has been written since the previous meeting, has this now been completed? Yes / No* / Not applicable *Please contact the Academic Assessor for advice. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p>Skills: please review the student's progress of completion of the proficiencies and practice episode records Comments:</p>	
<p>Knowledge: ascertain the student's knowledge base Ask the student to discuss one case from their practice episode records to confirm their knowledge base and application of knowledge through discussion. Does the student demonstrate the expected knowledge at the summative holistic assessment point in their programme? Yes / No* *Please complete a progression plan and contact the Academic Assessor. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p>Attitude: review feedback on professional behaviour Please review the records from the student's Practice Supervisors. Has the student maintained the expected professional behaviour? Yes / No* *Please complete a progression plan and contact the Academic Assessor. The outcome of this review must be recorded as NOT ACHIEVED.</p>	
<p>Please review the student's reflection and provide constructive feedback to support the student's progression to the next year/part of the programme:</p>	
<p>Holistic Assessment: Please refer to the holistic descriptor on the following page and identify which description most closely matches the student's performance.</p> <p>Descriptor awarded:</p>	
<p>I confirm that we have reviewed the available evidence and discussed current achievement and progress.</p> <p>Outcome of Summative Holistic Assessment: ACHIEVED / NOT ACHIEVED* *Please complete a progression plan and contact the Academic Assessor</p> <p>Please also complete the final page in the Student's Record of Experience</p> <p>Practice Assessor signature: _____ Date: _____</p> <p>Student midwife signature: _____ Date: _____</p>	

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Blank for extra notes if required.

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Process for Summative grading and assessing practice

The Practice Assessor undertaking the summative grading of practice should **take note of the formative grade achieved and previous Practice Supervisor comments** for each of the three placements in this academic year. The summative grade should reflect the student's **achievement throughout the year**. The Link Lecturer should be given the opportunity to discuss the summative grading process, with both student and Practice Assessor, as part of an earlier meeting if not present for the final grading meeting. The student should have achieved all performance and skills outcomes (competencies and essential skills clusters) and the required professional behaviours by the end of the final placement to achieve a pass grade.

To guide a Practice Assessor with the process of grading a student the following marking grid should be considered and completed. The marking grid consists of **five sections**, with a maximum mark for each section of **20**. Each section is further divided into 3 sub-sections. When the Practice Assessor is grading the student, each sub-section should be considered, and a mark awarded out of 20. Three marks (out of 20) will be awarded for each sub-section – this is then divided by 3, to give an overall mark for the whole section out of 20. Once marks have been awarded to all sections an overall grade will be calculated.

For example: If a Practice Assessor awards marks of 9, 12 and 12 for 1 section the mark would be 11 out of 20 (33 divided by 3). To calculate the final overall grade, all 5 sections should be considered and measured for example 11, 15, 14, 13 and 12 – overall grade 65/100. Marks are not always simply divided but may result in 12.5 etc. (Do **NOT** round up or down at this point). Complete all the sections and add these marks up. Once the final mark has been identified you may then have a mark that is not a whole number, in these cases marks that are for example 0.4 will be rounded down and those of .5 and above will be rounded up.

The student is required to complete their self-assessment BEFORE the Practice Assessor undertakes their grading process. This grade may form part of the discussion that occurs, especially if the grades are notably different from the Practice Supervisor's assessment.

****Please note if any of the marks awarded are in the 0-7 (Fail/unsafe) category on the marking grid the student fails the placement assessment. Even if the student achieves a pass marks in all the other sections of the marking grid the maximum summated percentage that can be achieved is 35%. If the summated mark is less than 35% then the true percentage will be awarded.***

Excellent pass	A student who is judged to have reached an outstanding exceptional standard: is able to consistently critique evidence-based research and its implementation. Can make connections between complex theory. Actively participates in midwifery care with indirect supervision in an organised and efficient manner, planning all activities and leading on most. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Does not require prompting, is organised and efficient. Responds appropriately and confidently in situations requiring urgency. Actively involves women and their families in their care. Works as a dependable team member. Comprehensive and succinct record keeping.	14 - 20 1st Class
Very good pass	A student who is judged to have reached a very high standard: is able on most occasions to critique evidence-based research and its implementation. Is able on most occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, mostly in an organised and efficient manner, planning most activities and leading on some. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate with minimal prompting, is organised and efficient. Responds appropriately in situations requiring urgency. Actively involves women and their families in their care. Works as a reliable member of the team. Very good standard of record keeping.	12- 13 (2:1)
Good pass	A student who is judged to have reached a capable standard: is able on some occasions to critique evidence-based research and its implementation. Is able on some occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, in an organised manner, planning some activities and leading on some with support and prompts. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Responds suitably in situations requiring urgency. Actively involves women and their families in their care. Works as a team member. A good standard of record keeping.	10 - 11 (2:2)
Pass	A student who is judged to have reached a reasonable standard of performance: is considered safe and meets the minimum standard. The student has been observed to perform with some hesitation. Vaguely explains rationale underpinning practice, makes limited connections between more complex theory. Some degree of questioning and critiquing of evidence-based practice and research. With instruction participates in midwifery care with minimal supervision. Sometimes indecisive in familiar situations, requires some instruction when planning and leading on activities. Responds cautiously in situations requiring urgency. With instruction actively involves women and their families in their care and with prompts evaluates the effectiveness of the care. Works within the team. Adequate record keeping.	8 - 9 (3rd Class)
Fail unsafe practice	A student who does not meet one or more of the proficiencies, essential skills, learning outcomes, professional behaviour and conduct associated with the placement/module. Weak underpinning knowledge demonstrated and cannot explain rationale underpinning practice; does not consider evidence-based practice. Disorganised planning and implementation of care, participates and assists in care only with close supervision, requires prompting. Does not work as part of a team. Inadequate record keeping. Even where all the learning outcomes have been met, a student who demonstrates unsafe practice may result in a fail overall.	0 7 (Refer/ Fail)

Yorkshire and Humber Common Assessment Marking Grid - Summative Assessment
Please refer to previous formative assessment when assessing this summative grade

Practice Marking Grid: Midwifery Consolidating Holistic Practice - Year 3

Please note: If a student demonstrates unsafe practice they will fail the module even where standards of proficiencies /essential skills clusters/professional behaviour and conduct/learning outcomes have been achieved

Student's name	Student identification number	Practice area:	1st attempt/2nd attempt (Please circle)
Please indicate mark awarded in appropriate box and include initials			
	Excellent (1st)	Very good (2:1)	Good (2:2)
	Pass (3rd)	*Fail unsafe practice	<i>Student self- assessment</i>
Section 1: Team working and communication	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>
Demonstrates communication skills and ability to build a rapport with women and their family			
Demonstrates communication skills within the multidisciplinary team and contributes to working across professional boundaries.			
Demonstrates a professional approach to working as a healthcare student including punctuality and time keeping			
Section 2: Knowledge & application to practice	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>
Demonstrates the ability to critically appraise sources of information and to discuss evidence relevant to current practice			
Demonstrates underpinning knowledge and applies this theory to practice			
Explores practice and professional issues with colleagues			
Section 3: Clinical skills & practice	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>
Demonstrates ability to perform clinical skills and procedures whilst maintaining an environment that promotes the health, safety and wellbeing of women and others.			
Demonstrates knowledge and understanding of the meaning of informed consent and gains informed consent with indirect supervision			
With indirect supervision demonstrates the ability to complete records that are accurate, legible and continuous, containing the necessary information, and adheres to records and record keeping guidelines			
Section 4: Professional & ethical practice	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>
Identifies and relates professional codes, standards, conduct, behaviour, policies and guidelines to practice.			
Recognises individual's preferences, right's, interests, beliefs and culture			
Recognises the importance of ensuring and maintaining, safety, privacy, dignity, and respect			

				Excellent (1 st) <u>14-20</u>	Very good (2:1) <u>12-13</u>	Good (2:2) <u>10-11</u>	Pass (3 rd) <u>8-9</u>	*Fail unsafe practice <u>0-7</u>	<u>Student self- assessment</u>
Section 5: Self- development & reflection									
Reflects on practice recognising own strengths and limitations, recognises the needs of others and seeks to improve skills and knowledge as a result of insight.									
Is able to critically analyse the effectiveness of care, suggesting realistic alternatives where appropriate									
Seeks help and guidance as appropriate and responds constructively to feedback from the multi-professional team, women and their families									
Mark awarded (Total of each section above divided by 3)	Section 1:	Section 2:	Section 3:	Section 4:	Section 5:	*Please note if any of the marks awarded are in the 0-7 (Fail/unsafe) category on the marking grid the student fails the placement assessment. Even if the student achieves a pass marks in all the other sections of the marking grid the maximum summated percentage that can be achieved is 35%. If the summated mark is less than 35% then the true percentage will be awarded.			Outcome of practice assessment: Total mark awarded: _____%
Student Signature: _____ Print Name: _____ Date: / /									
I confirm that the student has met / not met (please circle) all of the performance outcomes (including proficiencies, essential skills clusters, professional behaviour and conduct) associated with this placement/module and that in my judgement has performed to the quality indicated. The student has achieved the required standard of practice for entry to the NMC register. Practice Assessor Signature: _____ Print Name: _____ Date: / /									
I confirm that in my judgement assessment processes have been conducted appropriately Link Lecturer Signature: _____ Print name: _____ Present at tripartite interview: Date / / Not Present at tripartite interview: Reviewed documentation on / /									

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Student Self-Assessment of Practice Assessor Documentation

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Midwifery Placement Preparation Checklist

Mandatory Sessions	Date Completed
Moving and handling theory	
Moving and handling practice	
Basic Life support practice	
Medicine management assessment	
Infection control	
Information governance (e-ice)	
Fire safety	
Safeguarding awareness	
Systems of e-care (to the appropriate point for this time in the course - modules 1-4)	
Annual completion of the Newborn blood spot e-learning modules at: http://portal.e-lfh.org.uk/	
Professional Suitability Clearance	Date Completed
DBS clearance received and document seen by professional issues team	
Occupational Health clearance for low-risk activities	
Occupational Health clearance for high-risk activities	
Student actions to be completed prior to placement	Date Completed
I have attended the timetabled clinical simulation and theoretical preparations sessions prior to my placement	
I have reviewed the learning outcomes for the module; prepared a plan to discuss with my Practice Supervisor to enable me to achieve these.	
I have referred to my workbooks in order to plan my activities for their completion	
I am aware that all entries I make in maternity records must be countersigned by the supervising midwife	
I have made contact with the placement in advance to ensure I know my shift pattern and the name of my assigned Practice Supervisor	
I have informed my link lecturer of my shift pattern to enable arrangement of a mutually convenient date to undertake my preliminary interview	
I have accessed the midwifery placement website to review placement policies and student information	
I know how to complete placement evaluations via the practice placement quality assurance (PARE) website	
I have accessed the placement profiles via PARE for the placements I will be attending	
I confirm that I have completed all of the mandatory training sessions and completed the requirements for placement Student Signature: _____ Print name: _____ Date ____ / ____ / ____	
Academic Adviser Signature: _____ Print name: _____ Date ____ / ____ / ____	

Midwifery Caseloading Placement Activities

Material supporting this placement can be located on the student's module blackboard site and for Practice Supervisors on Midwifery Practice Placement website at

<https://www.shu.ac.uk/health-social-placements/profession-information/midwifery>

The practice placements for this part of the module experience comprise of 12 weeks of community based caseloading experience. During the first four weeks of the caseloading experience students will be expected to ensure they are fully up to date with all aspect of high and low risk antenatal care. The purpose of this experience is to ensure students are fully prepared to work independently and to provide seamless care in the antenatal period in partnership with women and other care providers.

Activities for Antenatal Care Experience

The configuration of Antenatal services varies between Trusts so the student should access the PARE website for information on the local provision. The student should use the knowledge of the services available, the aims and learning outcomes below and the self-assessment of individual learning needs to produce an action plan for the first four weeks caseloading. Some student may have experienced all these aspects of care earlier within the programme and no further updating is required. Learning needs and previous experience should be identified within the following pages of this CAD.

Aims:

- To critically explore the midwife's role in complicated childbearing
- To develop proficiency in the provision of individualised midwifery care for mothers and babies in complicated childbearing and the utilisation of available evidence to select and instigate appropriate care

Learning Outcomes:

- Work in partnership with women to identify priorities of care using best available evidence, this may involve referral to or assignment of duties to others
- Critically analyse the physical, psychosocial, cultural, epidemiological, statistical aspects of complications in pregnancy and childbirth.
- Reflect on and demonstrate an in-depth knowledge of medical disorders, conditions, and complications with significance to pregnancy.
- Identify and give the rationale for technological interventions and investigations used in the care of the childbearing woman and fetus.
- Work flexibly with different clinical professionals across traditional boundaries and undertake a wider range of clinical skills
- Discuss the prioritisation and management of care underpinned by evidence-based practice.
- Demonstrate the ability to assess, plan, implement and evaluate care provision within a multi-professional context.
- Critically discuss the professional, legal, and ethical issues underpinning provision of care.
- Recognise risk factors in order to promote a proactive approach to care.
- Communicate effectively with women, their families', and health care professionals.

Guidance for the Case Load Experience

All student midwives undertaking the final year of the pre-registration BSc Honours Programme at Sheffield Hallam University are required to manage the care of a caseload of five women throughout their antenatal, intra-partum and postnatal care under supervision. The emphasis of this experience is on the learning to be gained from being involved in the woman's childbearing journey, and the continuity of care which this offers.

Case loading is therefore viewed as a key element of your educational pathway and its aims are to allow you to:

- Follow individual women through the continuum of pregnancy, birth and motherhood, working collaboratively with others involved in the woman's care
- Take the lead, as appropriate, in the provision of holistic woman-centred care by planning, delivering and evaluating a programme of midwifery care, exercising safe decision-making skills
- Gain experience of autonomous practice in a carefully supervised setting prior to completion of the programme

Whilst SHU Link Lecturers are required to ensure that staff in practice areas are aware of the University case loading system when supporting third year student midwives undertaking their case-load, it remains the individual responsibility of the midwife to ensure that they are aware of the case-loading scheme and its requirements. Link Lecturers are happy to discuss any issues pertaining to caseloading and their contact details can be accessed at: <https://www.shu.ac.uk/health-social-placements/contact-us/midwifery-link-lecturers>
Guidelines for the case loading experience can be found in the appendix of this document and accessed online at: <https://www.shu.ac.uk/health-social-placements/profession-information/midwifery/assessment>

Particular attention should be paid by the supervising midwife in countersigning all student documentation and if the student is undertaking an unaccompanied visit how this will be achieved in a timely manner.

Checklist of Suggested Activities for Antenatal Care Experience

Activity	Opportunity available or previously achieved (tick)	Opportunity not available (tick)	Discussed with Practice Supervisor/Assessor. Date and student's signature.
<p>Observe ultrasound scanning: state reasons for the scans</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ <p>Participate in plotting the estimated weight on the customised growth charts (in units where this is done)</p>			
<p>Observe and participate in specialist antenatal clinics: state the type of clinic and which professional(s) in attendance:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ 			
<p>Spend time with specialist midwives: state their roles</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ 			
<p>Observe the activities and role of the screening co-ordinator.</p> <ul style="list-style-type: none"> • Screening of women • Fetal screening <p>Observe how 'bad news' is given and the referrals which may be made when screening results are abnormal</p>			
<p>Participate in the pre-operative care and management of a woman booked for an elective Caesarean section. Identify the health professionals involved.</p>			
<p>Observe and participate in health education sessions e.g., teaching newly diagnosed diabetic women</p>			
<p>Observe 'birth afterthoughts' sessions and how the woman is prepared for the next birth</p>			
<p>To broaden your experience, spend time with the 'bereavement midwife' if this service is provided in your unit</p>			
<p>Observe and participate in the day-to-day 'routine' activities of the clinic</p>			
<p>Other activities/learning opportunities within the Trust e.g., Jessop Wing students, attendance in the feta-maternal unit</p> <ul style="list-style-type: none"> • _____ • _____ • _____ 			

Ward Management Experience

It is important for students to extend their skills from managing their own individual workload to managing that of others, maintaining the ward environment and to increase their knowledge and awareness of clinical management principles. During this placement, students should shadow the Ward Leader to gain a full appreciation of their role and responsibilities. Then, at appropriate times with the full support of their Practice Supervisor/Assessor, manage the ward to demonstrate their understanding of the implications of skill mix on effective care management, the importance of prioritising the clinical workload, the professional, legal and health & safety issues in ward environment, the management of quality assurance processes and to demonstrate an understanding of the needs of other learners in the clinical environment.

The management of medicines is a key area of learning during the ward management placement and students should revisit local and national guidance on drug ordering and storage. The full completion of the administration of medicines workbook is required for the successful completion of the performance and skills outcomes, section 11, 'Safe and accountable drug administration'. The Medicines management OSCA also enables student skills and underpinning knowledge development as well providing a detailed structure for Practice Supervisor assessment.

Students have a detailed workbook to help structure this learning process (see appendix) and this must be completed by the student during the placement. The checklist of suggested activities for the placement and interview sections of this CAD should be used to set and monitor the learning outcomes for the placement. The Ward Management Workbook can also be accessed at: <https://www.shu.ac.uk/health-social-placements/profession-information/midwifery/assessment>

Checklist of Suggested Activities for the Ward Management Placement

Activity	Opportunity available (tick)	Opportunity not available (tick)	Discussed with Practice Supervisor/Assessor. Date and student's signature
Manage the ward for at least five spans of duty (7.5 hours) or equivalent.			
Manage the total care of a group of women and babies during each shift			
The process of referral to the multi-disciplinary team The process of management of the woman/baby/situation following referral			
The process of referral to external agencies The process of management of the woman/baby/situation following referral			
Shadow a ward manager			
Shadow a Matron/Head of Midwifery			
Carried out drug rounds (compulsory)		xxxxxxxxxx	xxxxxxxxxx
Carried out drug calculations (compulsory)		xxxxxxxxxx	xxxxxxxxxx
Participated in medical products management: <ul style="list-style-type: none"> • Check controlled drugs (as per Trust policy) • Requisition of medical products from pharmacy • Storage, checking and disposal 			
Discussion of the ward's inventory for equipment			
Discussion of the ward's inventory for stock			
Discussion of the wards off duty and the skill mix			
Discussion of the following with appropriate senior manager: <ul style="list-style-type: none"> • CQC • Audit • Clinical governance 			
Discussion (and shadow if appropriate) of the management of the unit with the designated senior manager			
Attending ward meetings and any other relevant meetings - list below: <ul style="list-style-type: none"> • • • 			
Discussion of the role of support staff, e.g., nursery nurse, support worker, housekeeping staff, nurses			
Discussion of how the ward contribute to achievement of the outcomes required by the Care Quality Commission (CQC) and how the midwife can contribute to achievement of the outcomes required by the CQC			

The Ward Management workbook in the appendix will help you structure the above learning.

Guidance for Supervision and Assessment

The following information on supervision and assessment criteria provide guidance for the supervision and assessment of students during year three of the pre-registration midwifery course.

Year 3 (Competent)

The student requires minimal to indirect supervision/support and is expected to participate actively as well as to be able to plan all activities and to lead most of them.

What this means in practice

The level of supervision provided follows on from that which is required at the end of year two. Increasingly, the student should be able to use their initiative to recognise and meet the needs of clients. Supervision is indirect which means that although you are not observing the student directly, you are still aware of the activities of the student. At this stage, you should use questioning not only to test the student's knowledge and understanding of care activities, but also to ascertain how they would recognise changes in client needs. You should also question the student on how they would plan, prioritise and manage care and the rationale behind their decision-making. By the end of the course, the student should be able to demonstrate all the competencies to the standard of a newly qualified practitioner.

Assessment criteria for level 6

Conditions of practice

- Performs most activities in a fully integrated way, without prompting
- Able to assess, plan and implement care
- Able to prioritize care and lead most of them
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for a group of clients within a time span
- Actively involves clients in their care
- Is organized and efficient:
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responds appropriately in situations requiring urgency.

Knowledge

- Critiques evidence-based research and its implementation
- Able to make connections between complex chunks of theory

Reference:

Stuart, C.C., (2013). Mentoring, learning and assessment in clinical practice (3rd ed.). Edinburgh; Churchill Livingstone.

Students are reminded that they need to provide evidence of learning by attaching their written evidence to the "students evidence and experience to achieve outcomes" boxes at the end of each performance and skills outcome page. Practice Supervisors will be required to sign these boxes when they have reviewed the evidence and BEFORE signing off the performance and skills outcomes (proficiencies).

For the 'grading' final interview complete the student self-assessment in the Practice Marking Grid, drawing upon the evidence within the CAD to do so. This evidence will be the basis for discussion and the Practice Supervisor or Practice Assessor award of grade at the final interview, for both formative and summative assessments. Therefore, it is essential that the documentation is fully completed before grading can take place.

Document Signatories: Practice Supervisors (Registered Midwives)

Practice Supervisors must receive ongoing support to prepare, reflect and develop for effective supervision and contribution to student learning and assessment. They must have an understanding of the proficiencies and programme outcomes they are supporting students to achieve.

Name (Please Print)	Signature	Initials	Practice Area

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Orientation to practice area of learning

Prior to the end of the first shift the Practice Supervisor and student should normally complete the orientation to the practice area. To promote health and safety please ensure you are aware of the following policies and procedures. Please note the following list is not exhaustive and there may be individual area specific orientation issues that will be discussed at the discretion of the Practice Supervisor.

A. Introduction to the practice area	B. Policies and procedures related to practice area
1. Introduction to team, outlining roles and responsibilities	1. Trust policies and procedures
2. Layout of practice environment/locality & lines of communication	2. Practice specific policies and procedures
3. Fire equipment, exits, alarm points and procedure(s)	3. Complaints procedures
4. Resuscitation equipment procedure(s)	4. Moving & handling policy
5. Personal safety including procedure(s) in case of accident and injury	5. Confidentiality
6. Personal safety whilst in and away from the practice environment	6. Vulnerable adults/safeguarding children
7. Procedure(s) for student absences or illness	7. Infection control
8. Emergency contact information and 'bleep' system	8. Process for countersigning all entries made in maternity records
9. Call bell system (if appropriate)	C. Additional issues relevant to practice placement: Please specify
10. Accessed the Health Education Yorkshire & the Humber practice placement profile (If applicable)	

Placement:	Labour Ward	Community/Caseloading (specify)	Ward Management (specify)
Student signature			
Practice Supervisor signature			
Date			

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Labour Ward – Learning Opportunities

(To be completed by Practice Supervisor on first day)

Date of placement From: ____/____/____ To: ____/____/____	Practice Assessor	Number of practice hours to achieve during placement (where appropriate)
Practice Supervisor	Link lecturer	
Student: Self-assessed learning needs (student reviews the performance and skills outcomes, reflects on their current level of knowledge and skills and identifies their current learning needs)		
Practice Supervisor: learning opportunities / preliminary action plan (Practice Supervisor identifies learning opportunities to meet the performance and skills outcomes)		
Practice Supervisor Signature _____ Date _____ Practice Supervisor Name (Please print) _____ Please also complete the document signatory's page.		
Student Signature: _____ Date _____ Print Name: _____		

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Labour Ward – Final discussion

(To be completed by Practice Supervisor on final day)

Practice Supervisor	Number of hours completed
Students' reflection on progress (consider previous learning needs)	
Students' assessment of their own further areas of need	
Practice Supervisor's assessment of progress (how successful has the placement been, and have all learning opportunities been accessed?)	
Practice Supervisor's assessment of student's further areas of need	
It is important that students who are involved in clinical incident inform the University and complete the appropriate documentation. See https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies	
Has the student been involved in a clinical incident during this placement Yes/No (please circle)	If applicable has the Link Lecturer been informed and a copy of the incident form been sent to the University Yes/No
Have all the students entries in maternity records been countersigned Yes/No (please circle)	If no has this been reported via Trust internal processes Yes/No (please circle)
Signature of Practice Supervisor _____ Date _____ Name of Practice Supervisor (Please print) _____	
Signature of Student _____ Date _____ Name of Student _____	

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Labour Ward placement - Link Lecturer Communication Page

This page is for the Link Lecturer to advise the student on actions required to develop or improve their completion of the CAD, workbooks or other practice related issues excluding concerns. Please add, for each entry, the date and your printed name and signature.

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Practice Supervisor Testimony on Student's performance

Practice Area	Date	Number of hours worked with student:
<p>In relation to the expected knowledge, attitude and skills, what does the student do well?</p> <p>In relation to the expected knowledge, attitude and skills what does the student need to develop further?</p>		
Please indicate whether the student has met the expected professional values by referring to		
Commitment		Care
Competence		Communication
Courage		Compassion
Using the descriptors please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.		
Excellent	Very Good	Good
Satisfactory	Unsatisfactory	
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Service User and family testimony

The Practice Supervisor should seek permission first please

Tick if you are: Woman receiving care <input type="checkbox"/> Family member/partner <input type="checkbox"/>					
How happy were you with the way the student midwife	Very Happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
• cared for you?					
• listened to your needs?					
• was sympathetic to the way you felt?					
• talked to you?					
• showed you respect?					

What did the student midwife do well?






Is there anything the student midwife could have done to make your experience better?

Midwife name
and signature:.....Date.....

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Service User and family testimony

The Practice Supervisor should seek permission first please

Tick if you are: Woman receiving care <input type="checkbox"/> Family member/partner <input type="checkbox"/>		Very Happy	Happy	I'm not sure	Unhappy	Very unhappy
How happy were you with the way the student midwife						
• cared for you?						
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What did the student midwife do well?

Is there anything the student midwife could have done to make your experience better?

Midwife name
and signature:.....Date.....

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Service User and family testimony

The Practice Supervisor should seek permission first please

Tick if you are:	Woman receiving care <input style="width: 20px;" type="checkbox"/>	Family member/partner <input style="width: 20px;" type="checkbox"/>
How happy were you with the way the student midwife	Very Happy 	Happy
• cared for you?	I'm not sure 	Unhappy
• listened to your needs?	Very unhappy 	
• was sympathetic to the way you felt?		
• talked to you?		
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What did the student midwife do well?






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Tick if you are: Woman receiving care <input type="checkbox"/> Family member/partner <input type="checkbox"/>					
How happy were you with the way the student midwife	Very Happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
• cared for you?					
• listened to your needs?					
• was sympathetic to the way you felt?					
• talked to you?					
• showed you respect?					

What did the student midwife do well?






Is there anything the student midwife could have done to make your experience better?

Midwife name
and signature:.....Date.....

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Is there anything the student midwife could have done to make your experience better?

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and signature:.....Date.....

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Is there anything the student midwife could have done to make your experience better?

Midwife name
and signature:.....Date.....

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Record of Concerns about Progress

PLACEMENT AREA: _____

Please list issues of concern that have been identified with regard to the student's progress and the evidence supporting each concern. Following the 'Process for Managing a Student who is not Progressing, including Refer and Failure of Placement' at <https://www.shu.ac.uk/health-social-placements/profession-information/midwifery/assessment> or 'Process for managing a request from a placement provider regarding a concern raised about a student or to request a change to a student placement' at <https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

ISSUE OF CONCERN	SUPPORTING EVIDENCE
1.	
2.	
3.	
4.	

The following people have been informed that concerns have arisen:

The Learning Environment Manager YES / NO Date:

The Academic Assessor YES / NO Date:

Please contact the link lecturer for additional pages should they be required

SCAN THIS PAGE FOR WEEK 04

Action Plan for Issues of Concern

For each issue for concern, document:

- i) The help, support and advice the student has been given/will be given
- ii) The expected outcome/s
- iii) A date to review progress

Concern number	Help, support, advice given	Expected outcome(s)	Review date

Student name:

Student signature:

Date:

Practice Assessor name:

Practice Assessor signature:

Date:

SCAN THIS PAGE FOR WEEK 04

Review of Progress about Concerns

Please document the review of the student's progress for each of the issues listed in the record of concerns about progress page. If concerns are unresolved prior to the intermediate and final interviews, comments should be documented to reflect this. Detailed comments should be recorded in the relevant NMC standards page (contained in the coloured pages).

Concern number	Outcome	State whether issue has been resolved. Develop an action plan for each outstanding issue of concern

Student name: Student signature: Date:

Practice Assessor name: Practice Assessor signature:

Link lecturer Name.....Link lecturer signature Date:

SCAN THIS PAGE FOR WEEK 04

Action Plan for Outstanding Issues of Concern

For each issue for concern, document:

- i) The help, support and advice the student has been given/will be given
- ii) The expected outcome/s
- iii) A date to review progress

Concern number	Help, support, advice given	Expected outcome(s)	Review date

Student name:

Student signature:

Date:

Practice Assessor name:

Practice Assessor signature:

Date:

The following people have been informed:

The Learning Environment Manager

YES / NO

Date:

The Link Lecturer

YES / NO

Date:

SCAN THIS PAGE FOR WEEK 04

Student Self-Assessment of Documentation Completion - Labour Ward Placement

I have ensured all the placement documentation is fully complete:	Yes/No	Date Completed
Practice Supervisors have completed 'Document Signatories: Practice Supervisors' Information page (p51.)		
All learning opportunity and final discussion pages are fully completed		
All requested testimonies have been obtained, recorded directly into the CAD and have the full signature of the midwife verifying the documentation .		
Record of Concerns About Progress pages, if used, is fully complete.		
All completed performance and skills outcomes have all method of assessment, achieved /not achieved and PS full signature and date of completion are all fully recorded in all sections .		
Evidence of learning is fully completed, cross referenced against performance and skills outcomes and the PS has verified its completion with printed name, signature and date in all appropriate sections .		
Handwashing and verbal and written communication with colleagues OSCA's are fully complete.		
All relevant workbooks are fully completed and verified for this placement		
Record of Experience is fully complete and verified (including at risk and pathological conditions)		
All my entries in maternity documentation have been appropriately countersigned.		
The Placement Evaluation certificate has been sent to my Academic Adviser		
Any difficulties / issues If any of the questions above have a No answer, please contact the Link Lecturer for support in addressing these issues: Has the link lecturer been informed Yes / No Name of link lecturer: _____ Date informed: _____ Please note: A link lecturer should be informed to support the student, PS/PA in addressing omissions in records in a timely manner. Once the difficulties/issues have been recognised, explored and an action plan developed this will be recorded below and if applicable - additional space on the Link Lecturer communication page can be used.		
I confirm that all the placement documentation has been completed to the required NMC standards Student Signature: _____ Print name: _____ Date ____ / ____ / ____		
Academic Adviser comments: Signature: _____ Print name: _____ Date ____ / ____ / ____		

SCAN THIS PAGE FOR WEEK 04

Community/caseload - Learning Opportunities

(To be completed by Practice Supervisor on first day)

Date of placement From: ____/____/____ To: ____/____/____	Practice Assessor	Number of practice hours to achieve during placement (where appropriate)
Practice Supervisor	Link lecturer	
Student: Self-assessed learning needs (student reviews the performance and skills outcomes, reflects on their current level of knowledge and skills and identifies their current learning needs)		
Practice Supervisor: learning opportunities / preliminary action plan (Practice Supervisor identifies learning opportunities to meet the performance and skills outcomes)		
Practice Supervisor Signature _____ Date _____ Practice Supervisor Name (Please print) _____ Please also complete the document signatory's page.		
Student Signature: _____ Date _____ Print Name: _____		

SCAN THIS PAGE FOR WEEK 04

Community/caseload – Final discussion

(To be completed by Practice Supervisor on final day)

Practice Supervisor	Number of hours completed
Students' reflection on progress (consider previous learning needs)	
Students' assessment of their own further areas of need	
Practice Supervisor's assessment of progress (how successful has the placement been, and have all learning opportunities been accessed?)	
Practice Supervisor's assessment of student's further areas of need	
It is important that students who are involved in clinical incident inform the University and complete the appropriate documentation. See https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies	
Has the student been involved in a clinical incident during this placement Yes/No (please circle)	If applicable has the Link Lecturer been informed and a copy of the incident form been sent to the University Yes/No
Have all the students entries in maternity records been countersigned Yes/No (please circle)	If no has this been reported via Trust internal processes Yes/No (please circle)
Signature of Practice Supervisor _____ Date _____	
Name of Practice Supervisor (Please print) _____	
Signature of Student _____ Date _____	
Name of Student _____	

SCAN THIS PAGE FOR WEEK 04

Community Caseload placement - Link Lecturer Communication Page

This page is for the Link Lecturer to advise the student on actions required to develop or improve their completion of the CAD, workbooks or other practice related issues excluding concerns. Please add, for each entry, the date and your printed name and signature.

SCAN THIS PAGE FOR WEEK 04

Practice Supervisor Testimony on Student's performance

Practice Area	Date	Number of hours worked with student:
<p>In relation to the expected knowledge, attitude, and skills, what does the student do well?</p> <p>In relation to the expected knowledge, attitude and skills what does the student need to develop further?</p> 		
Please indicate whether the student has met the expected professional values by referring to		
Commitment		Care
Competence		Communication
Courage		Compassion
Using the descriptors please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.		
Excellent	Very Good	Good
Satisfactory	Unsatisfactory	
Name		Signature

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Practice Supervisor Feedback on Student's performance






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Record of Concerns about Progress

PLACEMENT AREA: _____

Please list issues of concern that have been identified with regard to the student's progress and the evidence supporting each concern. Following the 'Process for Managing a Student who is not Progressing, including Refer and Failure of Placement' at <https://www.shu.ac.uk/health-social-placements/profession-information/midwifery/assessment> or 'Process for managing a request from a placement provider regarding a concern raised about a student or to request a change to a student placement' at <https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

ISSUE OF CONCERN	SUPPORTING EVIDENCE
1.	
2.	
3.	
4.	

The following people have been informed that concerns have arisen:

The Learning Environment Manager YES / NO Date:

The Link Lecturer YES / NO Date:

PLEASE CONTACT THE LINK LECTURER FOR ADDITIONAL PAGES SHOULD THEY BE REQUIRED

SCAN THIS PAGE FOR WEEK 04

Action Plan for Issues of Concern

For each issue for concern, document:

- i) The help, support and advice the student has been given/will be given
- ii) The expected outcome/s
- iii) A date to review progress

Concern number	Help, support, advice given	Expected outcome(s)	Review date

Student name:

Student signature:

Date:

Practice Assessor name:

Practice Assessor signature:

Date:

SCAN THIS PAGE FOR WEEK 04

Review of Progress about Concerns

Please document the review of the student's progress for each of the issues listed in the record of concerns about progress page. If concerns are unresolved prior to the intermediate and final interviews, comments should be documented to reflect this. Detailed comments should be recorded in the relevant NMC standards page (contained in the coloured pages).

Concern number	Outcome	State whether issue has been resolved. Develop an action plan for each outstanding issue of concern

Student name: Student signature: Date:

Practice Assessor name: Practice Supervisor signature:

Link Lecturer Name..... Link lecturer signature Date:

SCAN THIS PAGE FOR WEEK 04

Action Plan for Outstanding Issues of Concern

For each issue for concern, document:

- i) The help, support and advice the student has been given/will be given
- ii) The expected outcome/s
- iii) A date to review progress

Concern number	Help, support, advice given	Expected outcome(s)	Review date

Student name:

Student signature:

Date:

Practice Assessor name:

Practice Assessor signature:

Date:

The following people have been informed:

The Learning Environment Manager

YES / NO

Date:

The Link Lecturer

YES / NO

Date:

SCAN THIS PAGE FOR WEEK 04

Student Self-Assessment of Documentation Completion Community/Caseload Placement

I have ensured all the placement documentation is fully complete:	Yes/No	Date Completed
Practice Supervisors have completed 'Document Signatories: Practice Supervisors' Information page (p51.)		
All learning opportunity and final discussion pages are fully completed		
All requested testimonies have been obtained, recorded directly into the CAD and have the full signature of the midwife verifying the documentation.		
Record of Concerns About Progress pages, if used, are fully complete.		
Formative and Summative (if applicable) grading of practice assessments are fully completed including PS initials of the grade awarded.		
All completed performance and skills outcomes have all method of assessment, achieved /not achieved and PS full signature and date of completion are all fully recorded in all sections.		
Evidence of learning is fully completed, cross referenced against performance and skills outcomes and the PS/PA has verified its completion with printed name, signature and date in all appropriate sections.		
All caseloading records are fully completed including x3 testimonies pages 172-179		
All relevant workbooks are fully completed and verified for this placement		
Record of Experience is fully complete and verified (including at risk and pathological conditions)		
All my entries in maternity documentation have been appropriately countersigned.		
The Placement Evaluation certificate has been sent to my Academic Adviser		
Any difficulties / issues <p>If any of the questions above have a No answer, please contact the Link Lecturer for support in addressing these issues:</p> <p>Has the link lecturer been informed Yes / No</p> <p>Name of link lecturer: _____ Date informed: _____</p> <p>Please note: A link lecturer should be informed to support the student, PS/PA in addressing omissions in records in a timely manner. Once the difficulties/issues have been recognised, explored and an action plan developed this will be recorded below and if applicable, additional space on the Link Lecturer communication page can be used.</p> 		
<p>I confirm that all the placement documentation has been completed to the required NMC standards</p> <p>Student Signature: _____</p> <p>Print name: _____</p> <p>Date ____ / ____ / ____</p>		
<p>Academic Adviser comments:</p> <p>Signature: _____</p> <p>Print name: _____</p> <p>Date ____ / ____ / ____</p>		

SCAN THIS PAGE FOR WEEK 04

Ward Management - Learning Opportunities

(To be completed by Practice Supervisor on first day)

Date of placement From: ____/____/____ To: ____/____/____	Practice Assessor	Number of practice hours to achieve during placement (where appropriate)
Practice Supervisor	Link lecturer	
Student: Self-assessed learning needs (student reviews the performance and skills outcomes, reflects on their current level of knowledge and skills and identifies their current learning needs)		
Practice Supervisor: learning opportunities / preliminary action plan (Practice Supervisor identifies learning opportunities to meet the performance and skills outcomes)		
Practice Supervisor Signature _____ Date _____ Practice Supervisor Name (Please print) _____ Please also complete the document signatory's page.		
Student Signature: _____ Date _____ Print Name: _____		

SCAN THIS PAGE FOR WEEK 04

Ward Management – Final discussion

(To be completed by Practice Supervisor on final day)

Practice Supervisor	Number of hours completed
Students' reflection on progress (consider previous learning needs)	
Students' assessment of their own further areas of need	
Practice Supervisor's assessment of progress (how successful has the placement been, and have all learning opportunities been accessed?)	
Practice Supervisor's assessment of student's further areas of need	
It is important that students who are involved in clinical incident inform the University and complete the appropriate documentation. See https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies	
Has the student been involved in a clinical incident during this placement Yes/No (please circle)	If applicable has the Link Lecturer been informed and a copy of the incident form been sent to the University Yes/No
Have all the students entries in maternity records been countersigned Yes/No (please circle)	If no has this been reported via Trust internal processes Yes/No (please circle)
Signature of Practice Supervisor _____ Date _____	
Name of Practice Supervisor (Please print) _____	
Signature of Student _____ Date _____	
Name of Student _____	

SCAN THIS PAGE FOR WEEK 04

Ward Management placement - Link Lecturer Communication Page

This page is for the Link Lecturer to advise the student on actions required to develop or improve their completion of the CAD, workbooks or other practice related issues excluding concerns. Please add, for each entry, the date and your printed name and signature.

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Practice Supervisor Testimony on Student's performance

Practice Area	Date	Number of hours worked with student:
<p>In relation to the expected knowledge, attitude, and skills, what does the student do well?</p> <p>In relation to the expected knowledge, attitude and skills what does the student need to develop further?</p>		
Please indicate whether the student has met the expected professional values by referring to		
Commitment		Care
Competence		Communication
Courage		Compassion
Using the descriptors please indicate the level you consider the student has achieved whilst working with you by circling the most accurate descriptor.		
Excellent	Very Good	Good
Satisfactory	Unsatisfactory	
Name	Signature	

Practice Area	Date	Number of hours worked with student:
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Practice Supervisor Testimony on Student's performance






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Service User and family testimony

The Practice Supervisor should seek permission first please

Tick if you are: Woman receiving care <input type="checkbox"/> Family member/partner <input type="checkbox"/>					
How happy were you with the way the student midwife	Very Happy	Happy	I'm not sure	Unhappy	Very unhappy
					
• cared for you?					
• listened to your needs?					
• was sympathetic to the way you felt?					
• talked to you?					
• showed you respect?					

What did the student midwife do well?






Is there anything the student midwife could have done to make your experience better?

Midwife name
and signature:.....Date.....

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and signature:.....Date.....

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What did the student midwife do well?

Is there anything the student midwife could have done to make your experience better?

Midwife name
and signature:.....Date.....

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Record of Concerns about Progress

PLACEMENT AREA: _____

Please list issues of concern that have been identified with regard to the student's progress and the evidence supporting each concern. Following the 'Process for Managing a Student who is not Progressing, including Refer and Failure of Placement' at <https://www.shu.ac.uk/health-social-placements/profession-information/midwifery/assessment> or 'Process for managing a request from a placement provider regarding a concern raised about a student or to request a change to a student placement' at <https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

ISSUE OF CONCERN	SUPPORTING EVIDENCE
1.	
2.	
3.	
4.	

The following people have been informed that concerns have arisen:

The Learning Environment Manager YES / NO Date:

The Link Lecturer YES / NO Date:

PLEASE CONTACT THE LINK LECTURER FOR ADDITIONAL PAGES SHOULD THEY BE REQUIRED

SCAN THIS PAGE FOR WEEK 04

Action Plan for Issues of Concern

For each issue for concern, document:

- i) The help, support and advice the student has been given/will be given
- ii) The expected outcome/s
- iii) A date to review progress

Concern number	Help, support, advice given	Expected outcome(s)	Review date

Student name: Student signature: Date:

Practice Assessor name: Practice Assessor signature:

Link lecturer name..... Link lecturer Signature.....

Date:

SCAN THIS PAGE FOR WEEK 04

Review of Progress about Concerns

Please document the review of the student's progress for each of the issues listed in the record of concerns about progress page. If concerns are unresolved prior to the intermediate and final interviews, comments should be documented to reflect this. Detailed comments should be recorded in the relevant NMC standards page (contained in the coloured pages).

Concern number	Outcome	State whether issue has been resolved. Develop an action plan for each outstanding issue of concern

Student name:

Student signature:

Date:

Practice Assessor name:

Practice Assessor signature:

Date:

SCAN THIS PAGE FOR WEEK 04

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For each issue for concern, document:

- i) The help, support and advice the student has been given/will be given
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Concern number	Help, support, advice given	Expected outcome(s)	Review date

Student name:

Student signature:

Date:

Practice Assessor name:

Practice Assessor signature:

Date:

The following people have been informed:

The Learning Environment Manager

YES / NO

Date:

The Link Lecturer

YES / NO

Date:

SCAN THIS PAGE FOR WEEK 04

Student Self-Assessment of Documentation Completion - Ward Management Placement

I have ensured all the placement documentation is fully complete:	Yes/No	Date Completed
Practice Supervisors have completed 'Document Signatories: Practice Supervisors' Information page (p51.)		
All learning opportunity and final discussion pages are fully completed		
All requested testimonies have been obtained, recorded directly into the CAD and have the full signature of the midwife verifying the documentation .		
Record of Concerns About Progress pages, if used, are fully complete.		
All completed performance and skills outcomes have all method of assessment, achieved /not achieved and Practice Supervisor full signature and date of completion are all fully recorded in all sections .		
Evidence of learning is fully completed, cross referenced against performance and skills outcomes and the Practice Supervisor has verified its completion with printed name, signature and date in all appropriate sections .		
Administration of Medicines OSCA is fully complete.		
All relevant workbooks are fully completed and verified for this placement		
Record of Experience is fully complete and verified (including at risk and pathological conditions)		
All my entries in maternity documentation have been appropriately countersigned.		
The Placement Evaluation certificate has been sent to my Academic Adviser		
Any difficulties / issues If any of the questions above have a No answer, please contact the Link Lecturer for support in addressing these issues: Has the link lecturer been informed Yes / No Name of link lecturer: _____ Date informed: _____ Please note: A link lecturer should be informed to support the student, PS/PA in addressing omissions in records in a timely manner. Once the difficulties/issues have been recognised, explored and an action plan developed this will be recorded below and if applicable, additional space on the Link Lecturer communication page can be used.		
I confirm that all the placement documentation has been completed to the required NMC standards Student Signature: _____ Print name: _____ Date ____ / ____ / ____		
Academic Adviser comments: Signature: _____ Print name: _____ Date ____ / ____ / ____		

SCAN THIS PAGE FOR WEEK 04

Guidance for Supervision and Assessment

The following information on supervision and assessment criteria provide guidance for the supervision and assessment of students during year three of the pre-registration midwifery course.

Year 3 (competent)

The student requires minimal to indirect supervision/support and is expected to participate actively as well as to be able to plan all activities and to lead most of them.

What this means in practice

The level of supervision provided follows on from that which is required at the end of year two. Increasingly, the student should be able to use their initiative to recognise and meet the needs of clients. Supervision is indirect which means that although you are not observing the student directly, you are still aware of the activities of the student. At this stage, you should use questioning not only to test the student's knowledge and understanding of care activities, but also to ascertain how they would recognise changes in client needs. You should also question the student on how they would plan, prioritise, and manage care and the rationale behind their decision-making. By the end of the course, the student should be able to demonstrate all the competencies to the standard of a newly qualified practitioner.

Assessment criteria for level 6

Conditions of practice

- Performs most activities in a fully integrated way, without prompting
- Able to assess, plan and implement care
- Able to prioritize care and lead most of them
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for a group of clients within a time span
- Actively involves clients in their care
- Is organized and efficient:
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responds appropriately in situations requiring urgency.

Knowledge

- Critiques evidence-based research and its implementation
- Able to make connections between complex chunks of theory

Reference:

Stuart, C.C., (2013). Practice Mentoring, learning and assessment in clinical practice (3rd ed.). Edinburgh; Churchill Livingstone.

Students are reminded that they need to provide evidence of learning by attaching their written evidence to the "students evidence and experience to achieve outcomes" boxes at the end of each performance and skills outcome page. Practice Supervisors will be required to sign these boxes when they have reviewed the evidence and BEFORE signing off the performance and skills outcomes (proficiencies).

For the 'grading' tripartite/final interview complete the student self-assessment in the Practice Marking Grid, drawing upon the evidence within the CAD to do so. This evidence will be the basis for discussion and the Practice Supervisor award of grade at the tripartite/final interview. Therefore, it is essential that the documentation is fully completed before grading can take place.

Performance and Skills Outcomes

1) Communication - Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills, drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (MP1) Domain: Effective midwifery practice

Communicates effectively with women and their families throughout the pre-conception, antenatal, intrapartum and postnatal periods.

Communication will include: -

- Listening to women, jointly identifying their feelings and anxieties about the pregnancies, the birth and the related changes to themselves and their lives.
- Enabling women to think through their feelings.
- Enabling women to make informed choices about their health and health care.
- Actively encouraging women to think about their own health and the health of their babies and families and how can this be improved.
- Communicating with women throughout their pregnancy, labour and the period following birth.

Essential skills cluster (ESC)

1) Communication:

- Be attentive and share information that is clear, accurate and meaningful at a level which women, their partner and family can understand (No: 1/1)
- Provide care that is delivered in a warm, sensitive and compassionate way (no: 1/7)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

1	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 1MP	Establishes a rapport with women and their families throughout the pre-conception, antenatal, intrapartum and postnatal stages.			
B) 1MP	Listens to women and their families talk about their experiences and expectations and where necessary seeks appropriate information from other sources to answer questions raised.			
C) 1MP ESC 1/1,1/7	Uses appropriate verbal, non-verbal and written communication and is familiar with accessing and recording information other than in handwritten form such as texting.			
D) ESC 1/1 1/7	With women and colleagues/peers consistently demonstrates the ability to use strategies to enhance communication to remove barriers in order to make clear effective communication and can recognise the appropriateness of silence in certain situations, including a range of communication methods and styles in individual and group settings.			
E) ESC 1/1	Is proactive and creative in enhancing communication and seeks to confirm understanding, responding appropriately to what the woman is communicating and acts to reduce and challenge barriers to effective communication.			

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1	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
F) ESC 1/7	Cares for women in a sensitive and compassionate manner to maintain a supportive relationship with the woman and her family by; anticipating responses with empathy: providing physical and emotional comfort: responding to emotional discomfort of self and others and using touch appropriately.			
G) ESC 1/1	Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances in individual and group scenarios.			
1) Student's evidence and experience to achieve outcomes - attach written evidence				
I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning. Practice Supervisors name, signature & date				

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2) Diagnosis, monitoring & assessment – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (2MP) Domain: Effective midwifery practice

Diagnose pregnancy, assess and monitor women holistically throughout the pre-conception, antenatal, intrapartum and postnatal period through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions.

The different assessment methods will include: -

- History Taking
- observation
- Physical Examination
- Biophysical Tests
- Social, Cultural and Emotional Assessments

Essential skills cluster (ESC)

2) Initial consultation between the woman and the midwife:

- Accurately complete an initial consultation ensuring women are at the centre of care (no: 2/2)
- Be the first point of contact when seeking advice and/or information about being pregnant (no: 2/4)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

2	Year 3	Methods of Assessment	Not Achieved (NA)	Practice Supervisor Signature & Date
	Performance and skills outcomes		Achieved (A)	
A) 2MP/ ESC 2/2	With indirect supervision takes an accurate history during an initial consultation, recording the information in the appropriate document(s) and ensures women are at the centre of care.			
B) 2MP	Assesses and monitors women and fetus/baby holistically throughout the pre-conception, antenatal, intrapartum and postnatal period through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions.			
C) 2MP	Actively participates in the appropriate assessment method(s) and is able to identify a woman's social, cultural and emotional wellbeing.			
E) ESC 2/4	With indirect supervision is the first point of contact when seeking advice and/or information about being pregnant. Is confident in working in a variety of models of service delivery, where available is actively involved in being accessible for women in environments other than traditional NHS setting such as shops, supermarkets, leisure centres			

2) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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3) Programmes of care and evaluation of care – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (3MP) Domain: Effective midwifery practice

Determine and provide programmes of care and support for women

Programmes of care and support for women which: -

- Are appropriate to the needs, contexts, culture and choices of the women, babies and their families
- Are made in partnership with women
- Are ethical
- Are based on best evidence and clinical judgement
- Involve other practitioners when this will improve health outcomes

This will include consideration of:

- Plans for birth
- Place of birth
- Plans for feeding their babies
- Needs for postnatal support
- Preparation for parenthood

Midwifery Proficiency (14MP) Domain: Effective midwifery practice

Monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families.

This will include: Consideration of the effectiveness of the above and making the necessary modifications to improve outcomes for women and their families.

Essential skills cluster (ESC)

1) Communication:

- Work in partnership with women in a manner that is diversity sensitive and is free from discrimination, harassment and exploitation (no: 1/6)
- Provide care that is delivered in a warm, sensitive and compassionate manner (no: 1/7)

4) Initiation and continuance of breastfeeding

- Understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand (no: 4/1) BFI relates to Baby Friendly Education Standards Learning Outcomes

Conduct, Performance & Ethics (CPE)

1) Make the care of people your first concern, treating them as individuals and respecting their dignity

7) Work with others to protect and promote the health & wellbeing of those in your care, their families and the wider community

12) Provide a high standard of care at all times 13) use best evidence

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

3	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 3MP CPE 12,13	With minimal supervision develops programme(s) of support, recognising when modifications are needed and how best evidence care in partnership with women, including preparation for parenthood plans and place for birth, plans for feeding their babies, postnatal support can improve health outcomes.			
B) ESC 1/7 CPE 1&7 3MP	Is knowledgeable about ethical, cultural and social choices and makes the care of people the first concern, treating them as individuals and respects their dignity. Promoting health and wellbeing of those in their care, families and the wider community including practical and emotional support.			

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3	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
C) ESC 1/6	Is proactive in promoting care environments that are diversity sensitive and free from exploitation, discrimination and harassment.			
D) ESC 1/6	Works in partnership with women and is sensitive to age, culture, religion, spiritual beliefs, disability, gender, sexual orientation and respects people's rights. Speaking out when these are at risk of being compromised and takes into account UK legal frameworks and professional ethics.			
E) ESC 1/7	Does not allow personal feelings towards a client or others to compromise care. Has insight into own values and how these may impact on interactions with women.			
F) ESC 4/1	Contributes, with indirect supervision, to a variety of forums where information is shared in respect of the advantages and disadvantages of different infant feeding methods.			
G) 14MP	Monitors and evaluates the effectiveness of care provided and contributes to the modification of care plans to meeting the changing needs of women and their babies.			
3) Student's evidence and experience to achieve outcomes - attach written evidence				
<p>I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.</p> <p>Practice Supervisors name, signature & date</p>				

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4) Provision of antenatal care and accountable record keeping – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (4MP) Domain: Effective midwifery practice

Provide seamless care and where appropriate interventions in partnership with women and other care providers during the antenatal period which: -

- Are appropriate for women's assessed needs, context and culture
- Promote their continuing health and well-being
- Are evidence based
- Are consistent with the management risk
- Draw upon the skills of others to optimise health outcomes and resource use

These include: -

- Acting as lead carer in normal pregnancies
- Contributing to providing support to women when their pregnancies are in difficulty (such as women who will need operative or assisted delivery)
- Providing care for women who have suffered pregnancy loss
- Discussion/negotiation with other professionals about further interventions which are appropriate for individual women, considering their wishes, context and culture
- Ensuring that current research findings and other evidence are incorporated into practice
- Team working in the best interests of individual women

Midwifery Proficiency (20MP) Domain: Professional and Ethical Practice

Work collaboratively with other practitioners and agencies in ways which:

- Value their contribution to health and care
- Enable them to participate effectively in the care of women, babies and their families
- Acknowledge the nature of their work and the content in which it is placed

Practitioners and agencies will include those who work in:

- Health care
- Social care
- Social security, benefits and housing
- Advice and guidance and counselling
- Child protection
- The Law

Midwifery Proficiency (13MP) Domain: Effective midwifery practice

Complete, store and retain records of practice which:

- Are accurate, legible and continuous
- Detail the reasoning behind any actions taken
- Contain the information necessary for the record's purpose.

Records will include:

- Biographical details of women and babies
- Assessments made, outcomes of assessments and the action taken as a result
- The outcomes of the discussions with women and the advice offered
- Any drugs administered
- Action plans and commentary on their evaluation

Essential skills cluster (ESC)

2) Initial consultation between the woman and the midwife:

- Be confident in sharing information about common antenatal screening (no: 2/1)
- Accurately complete an initial consultation ensuring women are at the centre of care (no: 2/2)
- Work collaboratively with other practitioners and external agencies (no: 2/3)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

4	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 4MP	Contributes with indirect supervision in the provision of evidence-based care with midwives and other care providers in partnership with women.			
B) 4MP	Actively participates in managing risk and the support women require with more complex pregnancies or pregnancy loss. Identifies deviation from the norm, referring if appropriate to other professionals to optimise health outcome.			
C) ESC 2/1	Actively participates in the main NHS-managed antenatal screening programmes that are offered to pregnant women utilising local/national information to assist with making choices including national voluntary agencies and websites and respects the decision of women who decline services or treatments.			
E) ESC 2/1	Actively participates in sharing information using as appropriate a variety of multi-media channels such as texting and facilitates informed consent with women about common antenatal screening tests including the optimum times for testing, previous bereavement or affected/high risk screening results.			
F) ESC 2/1	Is able to seek out required information about less common/specialised antenatal screening tests			
G) ESC 2/1	Interprets data/results accurately and shares this information sensitively with women and their families, including the ability to discuss further actions/consequences as necessary			
H) ESC 2/2	Participates and consistently shows the ability to assess maternal and fetal wellbeing relevant to the stage of pregnancy, explaining the findings in a sensitive manner and encourages women to ask questions, referring to appropriate individuals where necessary. Empowering women to recognise normal pregnancy development and to seek advice.			
I) ESC 2/2	Explores effectively the social, religious and cultural factors that inform an individualised antenatal care pathway for women that is diversity sensitive. Recognising and advising women who would benefit from more specialist services.			
J) ESC 2/2	Is skilled in providing the opportunity to women to disclose domestic abuse and is able to respond appropriately.			
L) ESC 2/3 20MP	Is able to collaborate effectively with the wider healthcare team and agencies as required and be aware of those best placed to provide aspects of maternity care and is competent to refer women who would benefit from more specialist services such as a local substance misuse support unit.			

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4	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
M) 13MP	Demonstrates full compliance with professional records, the confidentiality and security of written or verbal information and the storage of records in accordance with local policies and relevant legislation.			
4) Student's evidence and experience to achieve outcomes - attach written evidence				
<p>I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.</p> <p>Practice Supervisors name, signature & date</p>				

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5) Referral to access information, skills, advice, assistance, support and treatment - Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills, drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (5MP) Domain: Effective midwifery practice

Refer women who would benefit from the skills and the knowledge of other individuals:

- To an individual who is likely to have the requisite skills and experience to assist
- At the earliest possible time
- Support accurate, legible and complete information, which contains the reasoning behind making the referral and describes the woman's needs and preferences.

Referrals might relate to: - women's choices, health issues, social issues, financial issues, psychological issues, child protection matters, the Law

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

5	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 5MP	Recognises health and social situations or issues, which may require the referral of women to other professional or agencies with specialist knowledge and skills.			
B) 5MP	Supports accurate, legible and complete information, which contains the reasoning behind making the referral and describes the woman's needs and preferences.			

5) Student's evidence and experience to achieve outcomes -attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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6) Intrapartum care, and management of the neonate at birth – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (6MP) Domain: Effective midwifery practice

Care for, monitor and support women during labour and monitor the condition of the fetus and support spontaneous births.

This will include:

- Communicating with women throughout and supporting them through the experience
- Ensuring that the care is sensitive to individual women's culture and preferences
- Using appropriate clinical and technical means to monitor the condition of mother and fetus, providing appropriate pain management
- Providing appropriate care to women once they have given birth

Midwifery Proficiency (8MP) Domain: Effective midwifery practice

Examine and care for babies immediately following birth

This will include: Confirming their vital signs and taking the appropriate action and full assessment and physical examination

Essential skills cluster (ESC)

3) Normal labour and birth

- Work in partnership with women to facilitate a birth environment that supports their needs (no: 3/1)
- Be attentive to the comfort needs of women before, during and after birth (no: 3/2)
- Determine the onset of labour (no: 3/3)
- Determine the wellbeing of women and their unborn baby (no: 3/4)
- Measure, assess and facilitate the progress of normal labour (no: 3/5)
- Support women and their partners in the birth of their baby (no: 3/6)
- Facilitate the mother and baby to remain together (no: 3/7)
- Keep accurate records (no: 3/10)

4) Understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand (no: 4/1)

Conduct, performance and ethics (CPE) - 15) Keep clear accurate records

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

6	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) ESC 3/3	Actively participates in the clinical assessment, observation and history taking to determine the onset of labour. Discussing the findings accurately and shares this information and consequences with women.			
B) ESC 3/1 3/4 3/5	Actively participates in the incorporation of birth plans or written instructions that identify the wishes and individual needs of women in any care provided. Referring women who would benefit from the skills and knowledge of other individuals.			
C) ESC 3/1	Works in partnership with women to facilitate a birth environment that supports their needs such as privacy, silence and acknowledges the roles and relationships in families, dependent upon religious and cultural beliefs, preferences and experiences.			

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6	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
D) ESC 3/1	Anticipates and is able to provide intrapartum care appropriate to the needs, context, social factors, culture and choices of women, babies and families including practicing in accordance with relevant legislation.			
E) ESC 3/1	Supports the health and safety and wellbeing of women in a variety of birth settings other than the acute hospital environment.			
F) ESC 3/1	Actively participates in changing the physical environment to meet the needs of women, such as lighting, furniture, temperature.			
G) ESC 3/2	Applies in-depth knowledge of the physiology of labour and birth and uses this and skills of observation and active listening to analyse and evaluate the effectiveness of care being provided.			
H) ESC 3/5 3/6	Sensitively and accurately, with informed consent, makes an assessment of the progress of labour including observation, such as behaviour, abdominal examination, vaginal examination where appropriate, informing women of their progress and discussing actions/consequences as necessary. Recognising any deviation from the norm, identifying and appropriately managing the latent and active phase of labour and providing care to women with complications.			
I) 6MP ESC 3/4	Is able to assess and monitor fetal and maternal wellbeing during the intrapartum period, including assessment of liquor volume and colour, intermittent auscultation of the fetal heart using a pinnard stethoscope and a normal fetal cardiotocograph tracing. Interprets the findings accurately, and shares this information with women and discusses further action/consequences as necessary.			
J) ESC 3/2	Is able to work with women to determine their coping strategies in order to support their preferences for pain management such as; mobilising, different positions, use of water, silence, verbal and non-verbal cues.			
K) ESC 3/5	Is actively involved in supporting women to use a variety of birthing aids, such as birthing balls			
L) 6MP	Actively participates in the safe administration of a range of non-pharmacological analgesic techniques.			
M) ESC 3/2	Is able to ensure the comfort needs of women are met, such as: Bladder care, appropriate hydration, nutritional intake, hygiene requirements, prevention of infection, assessment of skin integrity.			

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6	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
N) ESC 3/6	Identifies the importance of offering choices related to the birth phase. Safely caring for woman/baby sensitively and is attentive to the 'moment of birth' creating an environment that is responsive to the woman's needs.			
P) ESC 3/5	Is confident in preparing any necessary equipment and monitoring of maternal and fetal wellbeing.			
Q) ESC 3/5	Critically appraises and justifies the use of any intervention such as artificial rupture of membranes, continuous electronic fetal monitoring, urinary catheterisation, in order to facilitate a spontaneous birth.			
R) ESC 3/6	Initiates emergency measures if required such as episiotomy.			
S) ESC 3/6	Assesses and monitors the woman's condition throughout the third stage of labour facilitating safe delivery of the placenta and membranes by physiological and active management.			
T) 8MP	Actively participates in assessing the vital signs of the newborn at birth, including physical examination, adaptation to extra uterine life and in the administration of Vitamin K if required.			
U) 8MP ESC 3/7	Actively participates in the provision of care immediately post-delivery, including early identification and security, initiation of skin to skin, maternal infant attachment, assessing accurately the health and wellbeing of the baby. Support feeding and delay any unnecessary separation, avoiding early routine procedures such as weighing. Initiates emergency measures if required			
V) ESC 3/10 4/10 CPE 15	Actively participates in the recording of information that is accurate, legible and continuous which includes planning, implementation and evaluation of care, interventions and findings			
6) Student's evidence and experience to achieve outcomes - attach pages of written evidence				
I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning. Practice Supervisors name, signature & date				

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7) Emergency procedures – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (7MP) Domain: Effective midwifery practice

Undertake appropriate emergency procedures to meet the health needs of women and babies

Emergency procedures will include: Management of shoulder dystocia; Managing post-partum haemorrhage, Resuscitation of mother/or baby; Manual removal of the placenta, Manual examination of the uterus,

Essential skills cluster (ESC)

3) Normal labour and birth

- Identify and safely manage appropriate emergency procedures (no: 3/8)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

7	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 7MP ESC 3/8	Initiates and demonstrates confidence in the procedure(s) relevant to local policy for summoning assistance in an emergency in both primary and secondary care settings.			
B) 7MP	Identifies and locates where emergency equipment can be accessed.			
C) 7MP	Demonstrates basic life support or simulation using Resuscitation Council Gold standards for adults, pregnant women and babies or relevant local policy.			
D) ESC 3/8	Participates and contributes to 'skills and drills' procedures related to adult and neonatal resuscitation and sustains emergency measures until help arrives.			

7) Student's evidence and experience to achieve outcomes - attach pages of written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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8) Postnatal care - Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills, drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (9MP) Domain: Effective midwifery practice

Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions which:

- Are appropriate to the woman's assessed needs, context and culture
- Promote their continuing health and wellbeing
- Are evidence based
- Are consistent with the management of risk
- Are undertaken by the midwife because they is the person best placed to do them and is competent to act
- Draw on the skills of others to optimise health outcomes and resource use

These will include:

- Providing support and advice to women as they start to feed and care for the baby
- Providing any particular support which is needed to women who have disabilities
- Post-operative care for women who have had caesarean and operative deliveries providing pain relief to women
- Team working in the best interests of women and their babies
- Facilitating discussion about future reproductive choices
- Providing care for women who have suffered pregnancy loss, stillbirth or neonatal death

Essential skills cluster (ESC)

4) Initiation and continuance of breastfeeding

- Understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand (no: 4/1) BFI relates to Baby Friendly Education Standards Learning Outcomes
- Respect social cultural factors that may influence the decision to breastfeed (no: 4/2)
- Effectively support women to breastfeed (no: 4/3)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

8	Year 3	Methods of Assessment	Not Achieved (NA)	Practice Supervisor
	Performance and skills outcomes		Achieved (A)	Signature & Date
A) 9MP	Actively participates in the assessment and monitoring of women in a range of settings during the postnatal period to promote health and wellbeing.			
B) 9MP ESC 4/2	Is able to identify ethical, cultural and social choices when developing the programme of postnatal care for women and their families and is sensitive to the issues of diversity when sharing information with women and respect their rights in relation to infant feeding.			
C) 9MP	Actively participates in the provision of post-operative care.			
D) 9MP	Actively participates in discussion with women regarding contraceptive choices.			
E) 9MP ESC 4/3	Actively participates and is attentive in providing care, information and support to women as they start to feed and care for their baby including giving advice over the telephone, listening and responding to verbal and non-verbal cues. N.B. Requires completion of <i>Clinical Skills Inventory and Infant Feeding Workbook</i> before being signed as achieved			
F) ESC 4/1	Participates in communicating sensitively the importance of breastfeeding, in terms of health outcomes (BFI) and contributes to/leads a variety of forums where information is shared about the advantages/limitations of different feeding methods, without regarding breastfeeding and artificial feeding as 'equal' choices.			

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8	Year 3 Performance and skills outcomes (continued)	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
G) ESC 4/1	Is able to critically appraise and understand the nature of research evidence and the strength of breastfeeding promotion and support interventions.			
H) ESC 4/2	Can recognise own thoughts and feelings about infant feeding in order to facilitate information sharing that is ethical and non-judgemental, and explores strategies and attitudes to support breastfeeding initiatives.			
I) ESC 4/3	Applies in-depth knowledge of the physiology of lactation to practical situations (BFI). N.B. Requires completion of <i>Infant Feeding Workbook</i> before being signed as achieved			
J) ESC 4/3	Is confident at exploring with women the potential impact of delivery room practices, such as the effect of different pain relief methods, rooming-in, baby holding and the importance of skin-to-skin contact, on the wellbeing of their baby and themselves and on the establishment of breastfeeding (BFI). N.B. Requires completion of <i>Infant Feeding Workbook</i> before being signed as achieved			
K) ESC 4/1 4/3	Actively participates in explaining and advising women of the importance of baby-led feeding in relation to the establishment and maintenance of breastfeeding, exclusive breastfeeding and consequences of offering artificial milk to breastfed babies, bed-sharing and the use of dummies (BFI).			
L) ESC 4/3	Is able to assist in teaching and empowering women to effectively position and attach their baby for breastfeeding. Can recognise effective positioning, attachment, suckling and milk transfer and evaluate the effectiveness of breastfeeding practices to support women to be successful for the first six months of life (BFI) N.B. Requires completion of <i>Infant Feeding Workbook</i> before being signed as achieved			
M) ESC 4/3	Identifies common complications of breastfeeding, how these arise and demonstrate how women may be helped to avoid them (BFI). N.B. Requires completion of <i>Infant Feeding Workbook</i> before being signed as achieved			
N) ESC 4/3	Actively participates in teaching women how to hand express their breast milk and how to store, freeze and warm it with consideration to aspects of infection control (BFI). N.B. Requires completion of <i>Infant Feeding Workbook</i> before being signed as achieved			
8) Student's evidence and experience to achieve outcomes - attach written evidence				
I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.				
Practice Supervisors name, signature & date				

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9) Neonates with special needs – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (10MP) Domain: Effective midwifery practice

Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate

This will include: child protection, congenital disorders, birth defects, low birth weight, pathological conditions (such as babies with vertical transmission of HIV, drug-affected babies)

Essential skills cluster (ESC)

4) Initiation and continuance of breastfeeding

- Support women to breastfeed in challenging circumstances (no: 4/6)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

9	Year 3	Methods of Assessment	Not Achieved (NA)	Practice Supervisor Signature & Date
	Performance and skills outcomes		Achieved (A)	
A) 10MP	Examines and cares for babies with specific health or social needs and refers to other professionals or agencies as appropriate.			
B) ESC 4/6	Supports women who are separated from their babies (e.g. admission to a special care baby unit, and/or women receiving high dependency care in a separate environment) to initiate and maintain their lactation and feed their babies optimally (BFI). N.B. Requires completion of <i>Infant Feeding Workbook</i> before being signed as achieved			
C) ESC 4/6	Feeds expressed breast milk to a baby using a cup/ or syringe as appropriate (BFI).			

9) Student's evidence and experience to achieve outcomes- attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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10) Postnatal health & transition to motherhood – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (11MP) Domain: Effective midwifery practice

Care for and monitor women during the puerperium, offering the necessary evidence-based advice and support regarding the baby and self-care

These will include:

- Providing advice and support on feeding babies and teaching women about the importance of nutrition in child development
- Providing advice and support on hygiene, safety, protection, security and child development
- Enabling women to address issues about their own, their babies' and their families' health and social well being
- Monitoring and supporting women who have postnatal depression or other mental illnesses
- Advice on bladder control
- Advising women on recuperation
- Supporting women to care for ill/pre-term babies or those with disabilities

Essential skills cluster (ESC)

4) Initiation and continuance of breastfeeding

- Recognise appropriate infant growth and development, including where referral for further advice/action is required (no: 4/4)
- Work collaboratively with other practitioners and external agencies (no: 4/5)
- Support women to breastfeed in challenging circumstances (no: 4/6)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

10	Year 3	Methods of Assessment	Not Achieved (NA)	Practice Supervisor
	Performance and skills outcomes		Achieved (A)	Signature & Date
A) 11MP	Actively participates in the facilitation of infant feeding and nutrition in child development.			
B) 11MP ESC 4/4	Actively participates in, under indirect supervision, the examination of the newborn for growth and development, and including appropriate screening tests to ensure health and normal progress. Informing women of the findings in a manner that is understood and referring where there is deviation from appropriate infant growth or concerns.			
C) 11MP	Actively participates in the provision of evidence-based advice and support to promote health and social wellbeing for women, their babies' and families.			
D) 11MP	Recognises the need to monitor and support women who have postnatal depression or mental health illnesses.			
E) ESC 4/5	Is able to discuss with women the introduction of complementary foods and continuing breastfeeding during the weaning period, into the second year of life.			

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10	Year 3 Performance and skills outcomes (continued)	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
F) ESC 4/5	Works actively with other healthcare professionals and external agencies. Shares information about National and Local agencies and networks available to support women in the continuation of breastfeeding such as NCT, La Leche League and Lactation Consultant breastfeeding co-ordinators and understands community support to women who breastfeed and as a resource for healthcare professionals.			
G) ESC 4/5 4/6	Works confidently and collaboratively and in partnership with women to identify the limited situations in which exclusive breastfeeding is not possible. Participates in supporting women to partially breastfeed or artificially feed (BFI) and is sensitive to the needs of women and their partners.			
10) Student's evidence and experience to achieve outcomes - attach written evidence				
<p>I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.</p> <p>Practice Supervisors name, signature & date</p>				

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11) Safe and accountable drug Administration– Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (12MP) Domain: Effective midwifery practice

Select, acquire and administer safely, a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation which pertains at the time

Methods of administration will include: Oral, Intravenous, Intramuscular, Topical, Inhalation

Essential Skills Clusters (ESC)

5) Medicines Management:

- Within the parameters of normal childbirth, ensure safe and effective practice through comprehensive knowledge of medicinal products, their actions, risks and benefits including the ability to recognise and respond safely to adverse drug reactions and adverse drug events (no: 5/1)
- Correctly and safely undertake medicinal products calculations (no: 5/2)
- In the course of their professional midwifery practice, supply and administer medicinal products safely in a timely manner, including controlled drugs (no: 5/3)
- Keep and maintain accurate records, which includes when working within a multi-disciplinary framework and as part of a team
- Work within the legal and ethical framework that underpins safe and effective medicinal products management as well as in conjunction with national guidelines and local policies (no: 5/5)
- Work in partnership with women to share information in assisting them to make informed choices about medical products related to herself, her unborn child or her baby (no: 5/6)
- Work in partnership with women to share information about alternative approaches to using medication, where appropriate (no: 5/7)
- Order, receive, store, transport and dispose of medicinal product safely and in accordance with relevant legislation, in midwifery settings including controlled drugs (no: 5/8)
- Use and evaluate up-to-date information on medicinal products management and work within national and local policies and guidelines using appropriate reference (no: 5/9)
- Recognise and correctly respond to obstetric emergencies in context of medicines management (5/10)

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

11	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 12MP ESC 5/1,5/3, 5/9	Actively participates and manages the safe administration of medication/drugs by prescribed routes in accordance with local, national and professional gold standards/policies and monitors their effect. N.B. Requires completion of <i>Medicines Management Workbook</i> before being signed as achieved			
B) ESC 5/1 5/10	Applies an understanding of pharmacology, how medical products act and interact in the systems of the body as well as their therapeutic action in all aspects related to midwifery practice. Recognises and acts accordingly with regard to medicines management when confronted with obstetric emergencies in both primary and secondary care. N.B. Requires completion of <i>Medicines Management Workbook</i> before being signed as achieved			
C) ESC 5/1	Uses knowledge and understanding of commonly supplied or administered medicinal products to the women or baby in order to act promptly in cases where side effects and adverse reactions occur such as management of anaphylaxis. Reporting adverse events. N.B. Requires completion of <i>Medicines Management Workbook</i> before being signed as achieved			
D) 12MP ESC 5/4, 5/5, 5/8	Applies knowledge of legislation, policies and procedures to support midwifery practice and for the safe, ordering, storage of medicines including controlled drugs in the primary and secondary care settings.			

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11	Year 3 Performance and skills outcomes (continued)	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
E) 12MP ESC 5/3 5/4	Contributes to the completion of records that are accurate, legible and continuous pertaining to drug administration including controlled drugs, omitted medication, information of the benefits and risks and the use of prescription charts. Understands the professional responsibility in maintaining accurate records including regulation, national and local policy guidelines.			
F) ESC 5/2	Competently and accurately calculates medicinal products frequently encountered within the field of practice.			
G) ESC 5/3	Utilises, safely handles, transports and disposes of medicinal products and the equipment needed to prepare/administer medication (e.g., needles, syringes, gloves).			
H) ESC 5/3, 5/5	Utilises and interprets medicine legislation related to midwives' exemptions accurately and is conversant with legislation related to pharmacy only and General Sales Lists medicinal products, midwives supply orders, destruction of controlled drugs and patient group directions.			
I) ESC 5/4	Demonstrates an understanding of roles and responsibilities within the multi-disciplinary team for medicinal products management, including how and in what ways information is shared.			
J) ESC 5/4	Under indirect supervision is able to take a medicine history.			
K) ESC 5/5	Is able to recognise and demonstrate understanding of the legal and ethical frameworks relating to safe administration of medicinal products including personal accountability in respect of supplying and administering unlicensed products.			
L) ESC 5/6	Participates and involves women in administration and/or self-administration of medicinal products including clear and accurate information, informed choices, and assesses women's ability to self-administer, giving clear instructions and clarifies understanding.			
M) ESC 5/9	Is able and confident to critically evaluate and access commonly used evidence-based sources of information relating to the safe and effective management of medicinal products such as: Pharmacy, British National Formulary and National/local policies.			

11) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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12) Public health – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (15MP) Domain: Effective midwifery practice

Contribute to enhancing the health and social wellbeing of individuals and their communities.

This will include:

- Planning and offering midwifery care within the context of public health policies
- Contributing midwifery expertise and information to local health strategies
- Identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies
- Involving users and local communities in service development and improvement
- Informing practice with best evidence shown to prevent and reduce maternal and perinatal morbidity and mortality
- Utilising a range of effective, appropriate and sensitive programmes to improve sexual and reproductive health.

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

12	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 15MP	Recognises the provision of evidence-based midwifery care within the context of international, national and local public health policies and strategies.			
B) 15MP	Is able to recognise groups with particular health and maternity needs that may pose challenges to their health.			
C) 15MP	Discusses and evaluates effective public health programmes to improve sexual and reproductive health.			
D) 15MP	Identifies users and local communities in service development and improvement of health.			

12) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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13) Professional accountability – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (MP16) Domain: Professional and Ethical Practice

Practice in accordance with The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008), within the limitations of the individual's own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice. This will include:

- Using professional standards of practice to self-assess performance
- Consulting with the most appropriate professional colleagues when care requires expertise beyond the midwife's current competence
- Consulting other health care professionals when the woman's and baby's needs fall outside the scope of midwifery practice
- Identifying unsafe practice and responding appropriately

Conduct, performance and ethics (CPE)

6) Maintain clear professional Boundaries, 11) Manage risk, 16) Be open and honest, act with integrity and uphold the reputation of the profession, 17) Act with integrity, 19) Be impartial, 20) Uphold the reputation of the profession

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

13	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 16MP	Recognises the role of the NMC and other legislation acts relating to midwifery practice and can identify NMC professional publications relating to midwifery and professional practice.			
C) 16MP	Confidently identifies situations that are outside the sphere of practice and consults with the most appropriate health care professionals.			
D) CPE 11	Contributes to managing risk and identifies procedures for reporting to colleagues when the environment of care is putting people at risk.			
F) CPE 6 16 17 19 20	Demonstrates a personal and professional commitment, is open and honest, acts with integrity, upholds the reputation of the profession, maintains clear professional boundaries and remains impartial. Adheres to the laws of the country.			

13) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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14) Accountability to individual – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (17MP) Domain: Professional and Ethical Practice

Practice in a way, which respects, promotes and supports individuals' rights, interests, preferences, beliefs and cultures.

This will include:

- Offering culturally-sensitive family advice
- Ensuring that women's labour is consistent with their religious and cultural beliefs and preferences
- Acknowledgement of the roles and relationships in families, dependent upon religious and cultural beliefs, preferences and experiences

Essential skills cluster (ESC)

1) Communication:

- Enable women to make choices about their care by informing women of the choices available to them and providing them with evidence-based information about the benefits and risks of options so that women can make fully informed decisions (no: 1/3).
- Ensure that consent will be sought from the woman prior to care being given and that the rights of women are respected (no: 1/4).
- Treat women with dignity and respect them as individuals (no: 1/5)

Conduct, Performance and Ethics (CPE) - 5) Ensure consent is gained

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

14	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 17MP	Actively participates in a woman-centred approach to care demonstrating respect for diversity and individual preferences and acts in a manner that respects others and that promotes, recognises and values differences.			
B) 17MP ESC 1/5	Acts professionally to ensure and maintain privacy and dignity when undertaking midwifery care and procedures. Identifies factors which maintain the dignity of women and challenging situations/others where the dignity of the woman may be compromised.			
C) 17MP	Recognises the roles and relationships in families, dependent upon religious and cultural beliefs, preferences and experiences.			
D) 17MP CPE5 ESC 4	Actively participates in the process of obtaining informed consent prior to undertaking clinical activity and assists in determining choices to maximise an individual approach to care. Ensures that the meaning of informed consent is understood and gain consent to share confidential information outside the professional team.			
E) ESC 1/3	Actively participates in sharing evidence-based information with women in order for them to make an informed decision about their care. Even where a particular choice may result in harm to themselves or their unborn child, unless a court of law orders contrary.			

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14	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
F) ESC 1/3	Respects women's autonomy when making decisions and the role as partners in their care and contributions they can make. Includes using appropriate strategies such as national, voluntary agencies and websites to encourage and promote choice for all women and provide accurate, truthful and balanced information which is easily understood.			
G) ESC 1/4	Works within the legal frameworks when seeking consent and applies the principles of consent in accordance with the NMC Code (NMC 2008). Respects client's autonomy and rights to withhold consent in relation to care and treatment.			
H) ESC 1/4	Shares information confidently with women who have physical, cognitive or sensory disabilities and those who do not speak or read English. Acts professionally to ensure personal judgements, prejudices, values, attitudes and beliefs do not compromise the care provided.			
14) Student's evidence and experience to achieve outcomes - attach written evidence				
<p>I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.</p> <p>Practice Supervisors name, signature & date</p>				

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15) Accountability to society – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (18MP) Domain: Professional and Ethical Practice

Practice in accordance with relevant legislation.

This will include:

- Practising within the contemporary legal framework of midwifery
- Demonstrating knowledge of legislation relating to human rights, equal opportunities and access to patient records
- Demonstrating knowledge of legislation relating to health and social policy relevant to midwifery practice
- Demonstrating knowledge of contemporary ethical issues and their impact upon midwifery practice
- Managing the complexities arising from ethical and legal dilemmas

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

15	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 18MP	Is able to identify legislation relating to health and social policy relevant to midwifery practice, for example Data Protection Act (1998), Freedom of Information (2000), Births & Deaths Registration Acts and Civil Liberties Act (1976).			
B) 18MP	Is able to outline the role(s) of the midwife in recognising and managing ethical dilemmas, and the impact they may have on midwifery practice.			
C) 18MP	Is able to identify ethical and legal dilemmas faced by women and midwives throughout the childbirth continuum.			

15) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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16) Confidentiality – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (19MP) Domain: Professional and Ethical Practice

Maintain confidentiality of information.

This will include:

- Ensuring the confidentiality and security of written and verbal information acquired in a professional capacity
- Disclosing information about individuals and organisations only to those who have a right and need to know it once proof of identify and the right to disclosure has been obtained.

Essential skills cluster (ESC) 1) Communication: Protect and treat as confidential all information relating to themselves and their care (no: 1/2).

Conduct, performance and ethics (CPE) 3) Respect people's confidentiality

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

16	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 19MP CPE3	Actively participates in the confidentiality and security of written and verbal information acquired in a professional capacity. Respects confidentiality			
B) 19MP ESC 1/2	Actively participates and acts professionally in protecting and treating information as confidential except where sharing of information is required for the purposes of safeguarding and/or public protection e.g., child protection, protection from harm.			
C) 19MP ESC ½	Recognises and evaluates the implications of a breach of confidentiality and the significance of information and who does/does not need to know. Distinguishes between that is relevant to care planning and that which is not relevant.			
D) 19MP	Is able to identify NMC guidelines for records and record keeping (NMC 2009)			
E) ESC 1/2	Actively participates in the principles of data protection and applies the principles of confidentiality. Acts appropriately in sharing information to enable and enhance care and works within the legal framework and acts within the law when disclosing information without consent.			

16) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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17) Managing self and others – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (21MP) Domain: Professional and Ethical Practice
Manage and prioritise competing demands.

This will include: Deciding who is best placed and able to provide particular interventions to women, babies and their families & Alerting managers to difficulties and issues in service delivery

Essential skills cluster (ESC) 3 Normal labour and birth - Works collaboratively with other practitioners (no: 3/9)

Conduct, performance and ethics (CPE) - 10 Delegate effectively, 18) Deal with problems

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

17	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 21MP ESC 3/9 CPE 10	Identifies ways in which the midwife utilises strategies to deal with and prioritise competing demands and the standards for delegating tasks effectively. Negotiates with others in relation to balancing competing/conflicting priorities			
B) 21MP ESC 3/9	Demonstrates self and professional awareness of strengths and limitations and takes appropriate action if required. Is able to effectively manage self in relation to competing demands of developing midwifery skills and achieving academic credibility.			
D) CPE 18	Identifies procedures for managing with complaints including internal and external investigations.			

17) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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18) Health and safety – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (22MP) Domain: Professional and Ethical Practice

Support the creation and maintenance of environments that promote the health, safety and wellbeing of women, babies and others

This will include: preventing and controlling infection & promoting health, safety and security in the environment in which the practitioner is working, whether it be at a woman's home, in the community, a clinic, or hospital.

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

18	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 22MP	Actively participates in the creation and maintenance of environments that promote the health, safety and wellbeing of women, babies and others.			
B) 22MP	Identifies policies and guidelines that ensure the safety, wellbeing and promotion of health.			
C) 22MP	Actively participates in the prevention and control of infection including the safe disposal of domestic/clinical waste and storage of equipment.			
D) 22MP	Demonstrates safe moving and handling procedures.			

18) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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19) Life-long learning – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (24MP) Domain: Developing the individual midwife and others
Review, develop and enhance the midwife's own knowledge, skills and fitness to practice.

This will include:

- Making effective use of the framework for the statutory supervision of midwives
- Meeting NMC's continuing professional development and practice standards
- Reflecting on the midwife's own practice and making the necessary changes as a result
- Attending conferences, presentations and other learning events

Conduct, performance and ethics (CPE) - 14) Keep skills and knowledge up to date

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

19	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 24MP CPE 14	Identifies personal learning outcomes and demonstrates motivation to develop up to date skills and knowledge. Seeks information and opportunities to attend learning events, and asks questions, to meet NMC professional and practice standards.			
B) 24MP	Demonstrates knowledge of the aspects of care and is able to explore theory and practice.			

19) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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20) Multi-professional working and Inter-agency collaboration – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (25MP) Domain: Developing the individual midwife and others
Demonstrate effective working across professional boundaries and develop professional networks

This will include: effective collaboration and communication, sharing skills, multi-professional standard setting and audit

Midwifery Proficiency (20MP) Domain: Professional and Ethical Practice

Work collaboratively with other practitioners and agencies in ways which:

- Value their contribution to health and care
- Enable them to participate effectively in the care of women, babies and their families
- Acknowledge the nature of their work and the content in which it is placed

Practitioners and agencies will include those who work in:

- Health care
- Social care
- Social security, benefits and housing
- Advice and guidance and counselling
- Child protection
- The Law

Essential skills cluster (ESC)

- 1) Communication: Be confident in their own role within a multi-disciplinary/multi-agency team (no: 1/8)
- 3) Normal labour and birth - Works collaboratively with other practitioners (no: 3/9)

Conduct, performance and ethics (CPE) - 8) Share information with colleagues, 9) Work effectively as part of a team

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

20	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 25MP ESC 1/8 3/9	Actively participates in effective working across professional boundaries and developing professional networks and acting within The Code: (NMC 2008)			
B) 25MP CPE 8&9	Actively participates in communication and works in collaboration with other midwives and professionals as part of an effective team. Sharing information to maintain safety of care.			
C) ESC 1/8	Actively participates in working within a multi-professional team as an active member, supporting others, valuing others roles and responsibilities within the team and interacts appropriately. Explores ideas and solutions to enhance care and working inter-professionally as a means of achieving optimum care.			
D) ESC 1/8	Demonstrates confidence in own role within a multi-disciplinary/multi-agency team, including reflecting on practice and discusses issues with other members of the team to enhance learning, including challenging the practice of self and others across the multi-professional team			

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20	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
E) ESC 3/9	Is confident to call appropriate professionals regardless of hierarchy, when care requires expertise beyond the midwife's current practice or needs of the women or baby fall outside the scope of midwifery practice. Acts an advocate for women.			
F) ESC 1/8	Acts as an effective role model in decision making processes, including taking action and supporting junior staff.			
G) 20MP	Is able to identify the role(s) and responsibility of practitioners and agencies in contributing to health and care. Identifies who may be best placed to provide aspects of maternity care and works collaboratively to ensure effective care for women and their families.			
20) Student's evidence and experience to achieve outcomes - attach written evidence				
<p>I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.</p> <p>Practice Supervisors name, signature & date</p>				

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21) Evaluation of practice, evidence-based practice and professional and policy awareness - Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (23MP) Domain: Professional and Ethical Practice

Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interests of women, babies and their families

Evaluating policies will include:

- Consideration of best available evidence
- Providing feedback to managers on service policies
- Representing the midwife's own considered views and experience within the context of broader health and social care policies in the interests of women, babies and their families

Midwifery Proficiency (26MP) Domain: Achieving quality care through evaluation and research

Apply relevant knowledge to midwife's own practice in structured ways which are capable of evaluation

This will include:

- Critical appraisal of knowledge and research evidence
- Critical appraisal of the midwife's own practice
- Gaining feedback from women and their families and appropriately
- Applying this to practice
- Disseminating critically-appraised good practice

Midwifery Proficiency (27MP) Domain: Achieving quality care through evaluation and research

Inform and develop the midwife's own practice and the practice of others through using the best available evidence and reflecting on practice

This will include:

- Keeping up-to-date
- Applying evidence to practice
- Alerting others to new evidence for them to apply to their own practice

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

21	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 26MP 23MP	Discusses and evaluates the best available evidence from a range of sources, in the context of health and social care including relevant policies and guidelines for aspects of antenatal, intrapartum and postnatal care. Is able to identify how relevant knowledge and evidence informs good practice.			
B) 26MP	Seeks appropriate feedback from Practice Supervisor, women and their families.			
C) 26MP	Reflects on midwifery practice identifying strengths and weaknesses.			
D) 27MP	Explores methods to keep up to date with midwifery care to inform own practice. Recognises the practice of others through the use of best available evidence and reflection.			

21) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

SCAN THIS PAGE FOR WEEK 04

22) Information technology skills – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (28MP) Domain: Achieving quality care through evaluation and research
Manage and develop care utilising the most appropriate information technology (IT) systems.

This will include:

- Recording practice in consistent formats on IT systems for wider scale analysis
- Using analysis of data from IT systems to apply to practice
- Evaluating practice from data analysis

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

22	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 28MP	Actively participates in the entry of data onto healthcare computer systems and in the retrieval of information pertaining to women to inform the provision of care.			
C) 28MP	Identifies and evaluates how data analysis from IT healthcare systems can be utilised to enhance and evaluate the effectiveness of midwifery practice.			

22) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

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23) Audit – Year 3

To meet the standard the student is required to demonstrate the following proficiency/skills drawing on practice experience(s) and underpinned by theoretical learning appropriate to their level. By the end of an NMC approved midwifery programme the student will have achieved all the proficiencies and skills.

Midwifery Proficiency (29MP) Domain: Achieving quality care through evaluation and research

Contribute to the audit of practice to review and optimise the care of women, babies and their families

This will include:

- Auditing the individual's own practice
- Contributing to the audit of team practice

Examples of assessment methods:

Direct observation (DO) and Question & answer (QA), Indirect observation (IO), working with other healthcare professional (WHP), discussion with Practice Supervisor (DPS), written documents (WD) e.g., portfolio, planned teaching (PT), opportunistic teaching (OT) reflection (R), Simulation (S)

23	Year 3 Performance and skills outcomes	Methods of Assessment	Not Achieved (NA) Achieved (A)	Practice Supervisor Signature & Date
A) 29MP	Recognises and evaluates the value of audit to enhance and optimise the care of women, babies and their families.			
B) 29MP	Contributes to the auditing and review of standard setting in midwifery practice.			

23) Student's evidence and experience to achieve outcomes - attach written evidence

I have reviewed the student's evidence to support these proficiencies and can confirm the evidence has met the required standards to support learning.

Practice Supervisors name, signature & date

SCAN THIS PAGE FOR WEEK 04

The following pages contain the OSCA criteria for the Year Three placements:

1. Handwashing

This needs to be undertaken within the first two weeks of the first placement of year three. This enables the Practice Supervisor to identify any developmental needs early in the placement and appropriate coaching can then be planned.

This OSCA should be undertaken on the Labour Ward placement by the Practice Supervisor and the Link Lecturer should be notified if the student is unsuccessful at the first attempt and a cause for concern should be completed.

2. Verbal and written communication with colleagues: Handover

It is advisable [wherever possible] to undertake the OSCA prior to the intermediate review of progress. This enables the Practice Supervisor to identify any developmental needs early in the placement and appropriate coaching can then be planned.

This OSCA should be undertaken on the Labour Ward placement by the Practice Supervisor.

3. Administration of medicines

This OSCA provides evidence primarily for performance and skills outcomes section 11. Professional values and Communication and interpersonal skills and so also provides evidence for these [see additional information overleaf]. This OSCA should be undertaken on the Ward Management placement by the Practice Supervisor.

At the first observation: if the student's performance is 'satisfactory', then there is no requirement to repeat this OSCA unless there are concerns about the student's consistency of competence in relation to this area of practice.

At the first observation: if the student's performance is 'unsatisfactory', then further practice should be undertaken and the OSCA undertaken again.

If a second observation is required and the student still does not demonstrate the required level of competence, then this should be identified as '**concern about progress**', documented and an action plan formulated to promote development and notify the Link Lecturer. The student has until the final assessment date on the Ward Management Placement to become competent.

Conversely, if the student achieves 'satisfactory' during an OSCA, they are **expected to maintain this standard** throughout the placement and subsequent placements in the final year. Successfully completing an OSCA should not be interpreted as having 'achieved' competence as this involves **consistency of practice** over time as well as the demonstration of understanding and application of underpinning knowledge. Therefore, assessment of competence is judged at the final assessment on the Ward Management Placement and involves the examination of a variety of evidence of which the OSCA is only one part.

The Practice Assessor may choose to undertake one of the OSCA assessments with the students, as part of the 'episode of care' that they are required work with the student. However, the Practice Assessor does not have to assess the OSCAs.

Handwashing Criteria

Criteria	First observation	Second observation [only if unsatisfactory at first observation]
Please indicate whether the student has performed the following by using a single Yes/No:	Y for Yes N for No	Y for Yes N for No
1. Arms are 'bare below the elbows' and the student is not wearing any jewellery (except one plain metal ring)		
2. Checks water temperature and flow		
3. Wets hands and forearms		
4. Applies enough soap to cover all hand surfaces		
5. Washes the following, for at least 15 seconds, using a minimum of 5 strokes (in any order): Palm to palm		
6. Palm to palm with fingers interlaced		
7. Palm of hand to back of opposite hand, with fingers interlocked		
8. Back of fingers to opposing palms with fingers interlocked		
9. Rubs the tips of fingers and thumb in opposite palm, using a circular motion		
10. Rotational rubbing of thumb clasped in opposite palm		
11. Washes each wrist		
12. Rinses in correct direction		
13. Turns off tap without hands touching it		
14. Dries hands thoroughly		
15. If using paper towels, disposes of them without touching bin		
Each tick= a score of 1 Final Score out of possible 15		
Please delete/circle as appropriate [must score full 15 to be satisfactory]	Satisfactory/ Unsatisfactory	Satisfactory/ Unsatisfactory
Signature of Registered Midwife Please sign observation in the appropriate column		
	Feedback [must be provided if unsatisfactory]	
First observation		
Second observation		

Verbal and written communication with colleagues: Handover

The OSCA criteria can be used in a variety of situations: the handover may be between midwives from one shift to another, or when a woman is transferred from one area to another. It could be communication between the student and another professional, for example the handover to, or communication with a Doctor about a deteriorating patient. Therefore, the handover can be about a single service user or a group of 4, depending upon the situation and the placement area. It should involve both verbal and written communication

If there is a lack of opportunity to undertake this on the Labour Ward placement, the Link Lecturer must be notified immediately, so that appropriate opportunities can be negotiated and provided.

Verbal and written communication with colleagues: Handover

Criteria	First observation	Second observation [only if unsatisfactory at first observation]
Please indicate whether the student has performed the following by using Yes/No:	Y for Yes N for No	Y for Yes N for No
1. Information communicated is audible		
2. Information communicated is clear and understandable		
3. Communicates information factually, in a non-judgemental way		
4. Handover of information is organised logically		
5. Handover is concise, but comprehensive		
6. Colleagues receive all the information they require for continuity of care and in order to make decisions effectively		
7. Uses appropriate professional language, avoiding jargon		
8. Responds appropriately to questions from colleagues they are handing over to		
9. Information presented is accurate and demonstrates knowledge and understanding of people in their care		
10. Identifies risks and priorities in care, demonstrating knowledge and understanding of common conditions and their impact on people		
11. During handover, maintains confidentiality and adheres to ethical, legal and professional frameworks as well as local policies		
12. Appears confident and inspires confidence in others		
13. Documentation in the nursing records is consistent with the verbal handover		
14. Documentation in the midwifery records is complete and accurate, using clear, appropriate and plain language		
15. Adheres to ethical, legal and professional frameworks as well as local policies for record keeping and storage		
NB: Criteria 2,6,9,10,14,15 highlighted in blue and in bold are critical criteria which students must achieve in order to be awarded satisfactory		
Final Score out of possible 15. [1 mark for each Yes in each criteria] Identify any critical criteria not achieved		
Please delete/circle as appropriate [must score at least 12 including all critical criteria to be satisfactory]	Satisfactory/ Unsatisfactory	Satisfactory/ Unsatisfactory
Signature of Registered Midwife Please sign and date observation in appropriate column		

	Feedback [must be provided if unsatisfactory or if scores less than 12]
First observation	
Second observation	

Administration of medicines

NB: This can be the administration of several drugs to a single individual or a single medication to 3 separate people, during the same span of duty. A minimum of 3 different drugs should be administered, with a maximum of 6. If all oral medications, then the number given should be at the upper limit, if different routes are being used, then the lower limit is sufficient

This OSCA **must** be completed before the end of the Ward Management Placement as it provides evidence for the competencies to be assessed.

Wherever possible this OSCA should be undertaken by the Practice Supervisor on the placement prior to the intermediate review of progress. This enables the Practice Supervisor to identify any developmental needs early and appropriate coaching can then be planned. Evidence of professional values, communication and interpersonal skills and so part of the assessment.

Important note: If there are concerns about a 'lack of opportunity' to undertake any elements of this OSCA, the Link lecturer **MUST** be notified so that appropriate opportunities can be provided e.g., by simulation.

Administration of Medicines OSCA Criteria

Criteria	First observation	Second observation [only if unsatisfactory at first observation]
Please indicate whether the student has performed the following by using Yes/No:	Y for Yes N for No	Y for Yes N for No
1. Introduces self as a student and where possible gains consent appropriately [if unable to consent, checks appropriate documentation is in place]		
2. Prepares appropriately <ul style="list-style-type: none"> Self: washes hands using correct technique. Dons gloves/apron if indicated Prepares equipment appropriately Prepares patient and environment 		
3. Assesses patient through observation and questioning: e.g., side effects/adverse effects/ need for PRN drugs		
4. Checks all sections of prescription sheet and correctly identifies medication due [date/time] <ul style="list-style-type: none"> Name of patient Allergies, Once only, prn and regular sections etc. 		
5. Checks all the elements of the prescription correctly <ul style="list-style-type: none"> Name and dose of drug Route and form of the drug Prescription signed and dated. Drug has not already been given. 		
6. Selects correct medication and checks against prescription, checks expiry dates [if a foil/blister pack, or an ampoule within a box, removes and checks this separately]		
7. Dispenses/draws up correct dose using non-touch technique		
8. Checks identity of patient according to Trust policy. Compares to prescription.		
9. Administers medication safely and appropriately e.g.: <ul style="list-style-type: none"> uses correct technique, ensures any specific pre-checks required, maintains privacy and dignity. offers assistance if required, offers a drink if oral medication/food if required. 		
10. Signs prescription sheet for every medication given, or inserts correct code for medicines omitted.		

Criteria	First observation	Second observation [only if unsatisfactory at first observation]
11. Ensures that cupboards/trolley etc. is locked when finished		
12. Responds and communicates appropriately with the patient throughout		
13. Disposes of equipment appropriately		
14. Washes hands using correct technique		
15. Assessor asks knowledge-based questions Student can identify the nature of the drugs given e.g., diuretic/ antibiotic etc.	6 marks available for this item	
16. Assessor asks knowledge-based questions Student can explain how the drugs work	6 marks available for this item	
17. Assessor asks questions about rationale for drugs Student can explain reason for the drugs being prescribed for <i>this</i> patient	6 marks available for this item	
18: Assessor asks about risks of drugs given Student can identify some <i>common</i> contraindications, potential side effects and interactions and nursing implications of drugs given.	8 marks available for this item	
Please record Final Score out of possible 40. Identify any critical items omitted		
Result: Please delete/circle as appropriate Student must score at least 30 out of 40 to be satisfactory. Even if score above 30, Items in bold and highlighted blue [1 and 4-11] are critical criteria which the student <u>must</u> achieve to be deemed satisfactory	Satisfactory/ Unsatisfactory	Satisfactory/ Unsatisfactory
Signature of Registered Midwife Please sign and date each observation in appropriate column		

	Feedback [must be provided if unsatisfactory]
First observation	
Second observation	

Testimonies to demonstrate that competence is maintained in the labour and birth settings with regards to standards of proficiency and Essential Skills Clusters 6 & 7 during caseloading experience

(See pages 139 – 142 for the detailed performance and skills outcomes)

You must document at least 3 testimonies

N.B. Testimonies should focus on labour and birth. Therefore, a woman who labours and has an emergency lower segment caesarean section can be one of the three required testimonies. However, a testimony of supporting a caseloading woman during an elective lower segment caesarean section can be obtained but it is insufficient to fulfil the Normal labour and birth ESC criteria.

Testimonies on care of the woman in labour during caseload from the supervising midwife(s)

The student must demonstrate that the following competence is maintained around the care of the woman and baby in the intrapartum period.

6) INTRAPARTUM CARE, AND MANAGEMENT OF THE NEONATE AT BIRTH – YEAR 3

Midwifery Proficiency (6MP) Domain: Effective midwifery practice

Care for, monitor and support women during labour and monitor the condition of the fetus and support spontaneous births.

This will include:

- Communicating with women throughout and supporting them through the experience
- Ensuring that the care is sensitive to individual women's culture and preferences
- Using appropriate clinical and technical means to monitor the condition of mother and fetus, providing appropriate pain management
- Providing appropriate care to women once they have given birth

Midwifery Proficiency (8MP) Domain: Effective midwifery practice

Examine and care for babies immediately following birth

This will include: Confirming their vital signs and taking the appropriate action and full assessment and physical examination

Midwifery Proficiency (7MP) Domain: Effective midwifery practice

Undertake appropriate emergency procedures to meet the health needs of women and babies

Emergency procedures will include: Manual removal of the placenta, Manual examination of the uterus, Managing post-partum haemorrhage, Resuscitation of mother/or baby

Essential skills cluster (ESC)

3) Normal labour and birth

- Work in partnership with women to facilitate a birth environment that supports their needs (no: 3/1)
- Be attentive to the comfort needs of women before, during and after birth (no: 3/2)
- Determine the onset of labour (no: 3/3)
- Determine the wellbeing of women and their unborn baby (no: 3/4)
- Measure, assess and facilitate the progress of normal labour (no: 3/5)
- Support women and their partners in the birth of their baby (no: 3/6)
- Facilitate the mother and baby to remain together (no: 3/7)
- Keep accurate records (no: 3/10)

4) Understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand (no: 4/1)

Conduct, performance and ethics (CPE) - 15) Keep clear accurate records

—

7) EMERGENCY PROCEDURES – YEAR 3

Midwifery Proficiency (7MP) Domain: Effective midwifery practice

Undertake appropriate emergency procedures to meet the health needs of women and babies

Emergency procedures will include: Managing shoulder dystocia; Managing post-partum haemorrhage, Resuscitation of mother/or baby Manual removal of the placenta, Manual examination of the uterus,

Essential skills cluster (ESC)

3) Normal labour and birth

- Identify and safely manage appropriate emergency procedures (no: 3/8)

Testimony number 1

IDENTIFIER FOR THE WOMAN: _____ STATE PROFICIENCY NUMBER: _____

This space provides an opportunity for the supervising midwife to make comments about the student. With reference to the *Standards of Proficiency and Essential Skills Clusters numbers 6 & 7*, use these criteria below for the basis of your testimony.

How far were the following conditions of practice demonstrated:

- Able to plan and perform all activities around the care of the woman and baby in a fully integrated way, **without prompting**
- Able to assess, plan and implement care
- Able to prioritize care
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for the woman within a time span
- Actively involved the woman in their care
- Is organized and efficient
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responded appropriately in situations requiring urgency.

Signature of midwife: _____

Print name: _____ DATE: _____

SCAN THIS PAGE FOR WEEK 04

Testimony number 2

IDENTIFIER FOR THE WOMAN: _____ **STATE PROFICIENCY NUMBER:** _____

This space provides an opportunity for the supervising midwife to make comments about the student. With reference to the *Standards of Proficiency and Essential Skills Clusters numbers 6 & 7*, use these criteria below for the basis of your testimony.

How far were the following conditions of practice demonstrated:

- Able to plan and perform all activities around the care of the woman and baby in a fully integrated way, **without prompting**
- Able to assess, plan and implement care
- Able to prioritize care
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for the woman within a time span
- Actively involved the woman in their care
- Is organized and efficient
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responded appropriately in situations requiring urgency.

Signature of midwife: _____

Print name: _____ **DATE:** _____

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Testimony number 3

IDENTIFIER FOR THE WOMAN: _____ STATE PROFICIENCY NUMBER: _____

This space provides an opportunity for the supervising midwife to make comments about the student. With reference to the *Standards of Proficiency and Essential Skills Clusters numbers 6 & 7*, use these criteria below for the basis of your testimony.

How far were the following conditions of practice demonstrated:

- Able to plan and perform all activities around the care of the woman and baby in a fully integrated way, **without prompting**
- Able to assess, plan and implement care
- Able to prioritize care
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for the woman within a time span
- Actively involved the woman in their care
- Is organized and efficient
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responded appropriately in situations requiring urgency.

Signature of midwife: _____

Print name: _____ DATE: _____

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Testimony number 4

IDENTIFIER FOR THE WOMAN: _____ **STATE PROFICIENCY NUMBER:** _____

This space provides an opportunity for the supervising midwife to make comments about the student. With reference to the *Standards of Proficiency and Essential Skills Clusters numbers 6 & 7*, use these criteria below for the basis of your testimony.

How far were the following conditions of practice demonstrated:

- Able to plan and perform all activities around the care of the woman and baby in a fully integrated way, **without prompting**
- Able to assess, plan and implement care
- Able to prioritize care
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for the woman within a time span
- Actively involved the woman in their care
- Is organized and efficient
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responded appropriately in situations requiring urgency.

Signature of midwife: _____

Print name: _____ **DATE:** _____

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Testimony number 5

IDENTIFIER FOR THE WOMAN: _____ **STATE PROFICIENCY NUMBER:** _____

This space provides an opportunity for the supervising midwife to make comments about the student. With reference to the *Standards of Proficiency and Essential Skills Clusters numbers 6 & 7*, use these criteria below for the basis of your testimony.

How far were the following conditions of practice demonstrated:

- Able to plan and perform all activities around the care of the woman and baby in a fully integrated way, **without prompting**
- Able to assess, plan and implement care
- Able to prioritize care
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for the woman within a time span
- Actively involved the woman in their care
- Is organized and efficient
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responded appropriately in situations requiring urgency.

Signature of midwife: _____

Print name: _____ **DATE:** _____

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Testimony number 6

IDENTIFIER FOR THE WOMAN: _____ **STATE PROFICIENCY NUMBER:** _____

This space provides an opportunity for the supervising midwife to make comments about the student. With reference to the *Standards of Proficiency and Essential Skills Clusters numbers 6 & 7*, use these criteria below for the basis of your testimony.

How far were the following conditions of practice demonstrated:

- Able to plan and perform all activities around the care of the woman and baby in a fully integrated way, **without prompting**
- Able to assess, plan and implement care
- Able to prioritize care
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for the woman within a time span
- Actively involved the woman in their care
- Is organized and efficient
- Able to organise care and demonstrate efficiency when managing their workload
- Within level of practice, responded appropriately in situations requiring urgency.

Signature of midwife: _____

Print name: _____ **DATE:** _____

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Assessment of Practice Audit - Midwifery Consolidating Holistic Practice

Student Name:	Student Number:	
Academic Assessor		
Home Trust (please circle)	Barnsley / Bassetlaw / Chesterfield / Doncaster / Rotherham / Sheffield	
Link Lecturer		
40% contact with Practice Supervisor for each placement Yes / No if no include details		
24hour cycle of care Yes / No if no include details	Hours uploaded and complete Yes/No	
All Practice Assessment graded and passed: Yes / No		
All NMC Proficiencies and ESCs assessed and passed including Ongoing Record of Experience (OAR): Yes / No		
All Practice Supervisors are on the Trust register of live Practice Supervisors and in date Yes / No		
Infant Feeding Workbook completed for year: Yes / No	Medicines Management Workbook completed for year: Yes / No	
Learning logs completed: Yes / No	Systems of eCare Complete: Yes/No	
Clinical Skills Workbook signatures / rationale completed on all relevant sections: Yes / No		
Ward Management Workbook is complete: Yes / No		
Testimonies x 3 to confirm competence in labour and birth care: Yes / No		
Evaluation of Practice Placements completed: Yes / No		
Record of Experience completed (i.e., all signatures): Yes / No		
All Practice Supervisors have declared maternity records have been countersigned by the supervising midwife Yes / No		
All evidence printed off and submitted including single reference list: Yes/No		
Record of Experience - NMC requirements and Directive 2005/26/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications, Annex V, Point 5.5.1		Number / Experience Achieved
Advising pregnant women, involving at least 100 prenatal examinations		
Supervision and care of at least 40 women in labour		
At least 40 births personally carried out by the student.		
Active participation with breech births or practice in a simulated situation		
Performance of an episiotomy and initiation into suturing including theoretical instruction and clinical practice		
Supervision and care of 40 women at risk in pregnancy, labour or the postnatal period		
Supervision and care (including examination) of at least 100 postnatal women and healthy newborn infants		
Observation and care of the newborn requiring special care including those born pre-term, post term underweight or ill.		
Care of women with pathological conditions in the field of Gynaecology and Obstetrics		
Initiation into care in the field of medicine and surgery		
Comments (especially in relation to the quality of record keeping)		
All documentation completed to NMC standards		Yes / No
Student Signature: _____ Print Name: _____ Date: / /		
Academic Assessor Signature: _____ Print Name _____ Date _____		For AA - Grade uploaded to BB Yes/No

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Monthly Attendance Sheets

Student Name:				Group: September 2019		Year 3
Student Number:				Course: BSc (Hons) Midwifery		
Month: September 2021				EACH ENTRY MUST BE SIGNED INDIVIDUALLY		
Date	Day	Placement / Activity	Hours attended / Worked (e.g., 09.00 - 12.00hrs)	Practice Supervisor/ lecturer signature	Print Name	Total hours / week
Start of Year 3 Welcome Back!						
20	Mon	University				
21	Tues	University				
22	Wed	University				
23	Thurs	University				
24	Fri	University				
25	Sat	DO				
26	Sun	DO				
27	Mon	University				
28	Tues	University				
29	Wed	University				
30	Thurs	University				

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September 2021:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g., 07.00 - 19.30hrs)	Number of hours absent	Signature Practice Supervisor
		Total to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Telephoned placement to confirm sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		
Telephoned placement to confirm return from sick / absent		Date: __/__/__		

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: ____/____/____

SCAN THIS PAGE FOR WEEK 04

Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hons) Midwifery			
Month: October 2021				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement / Activity	Hours attended / Worked (e.g., 09.00 - 12.00hrs)	Practice Supervisor signature	Print Name	Total hours / week	
1	Fri	University					
2	Sat	DO					
3	Sun	DO					
4	Mon	University					
5	Tues	University					
6	Wed	University					
7	Thurs	University					
8	Fri	University					
9	Sat	DO					
10	Sun	DO					
11	Mon	University					
12	Tues	University					
13	Wed	University					
14	Thurs	University					
15	Fri	University					
16	Sat	DO					
17	Sun	DO					
Have you arranged for initial interview with Practice Assessor?							
18	Mon	Practice					
19	Tues	Practice					
20	Wed	Practice					
21	Thurs	Practice					
22	Fri	Practice					
23	Sat	Practice					
24	Sun	Practice					
						x1 study day this week	
25	Mon	Practice					
26	Tues	Practice					
27	Wed	Practice					
28	Thurs	Practice					
29	Fri	Practice					
30	Sat	Practice					
31	Sun	Practice					

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October 2021:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: / /		

Sickness and absence record - Placement

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g., 07.00 - 19.30hrs)	Number of hours absent	Signature Practice Supervisor
		Total to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Telephoned placement to confirm sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		
Telephoned placement to confirm return from sick / absent		Date: __/__/__		

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: ____/____/____

SCAN THIS PAGE FOR WEEK 04

Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hons) Midwifery			
Month: November 2021				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor signature	Print Name	Total hours / week	
1	Mon	Practice					
2	Tues	Practice					
3	Wed	Practice					
4	Thurs	Practice					
5	Fri	Practice					
6	Sat	Practice					
7	Sun	Practice					
8	Mon	Practice					
9	Tues	Practice					
10	Wed	Practice					
11	Thurs	Practice					
12	Fri	Practice					
13	Sat	Practice					
14	Sun	Practice					
						x1 study day this week	
15	Mon	Practice					
16	Tues	Practice					
17	Wed	Practice					
18	Thurs	Practice					
19	Fri	Practice					
20	Sat	Practice					
21	Sun	Practice					
22	Mon	Practice					
23	Tues	Practice					
24	Wed	Practice					
25	Thurs	Practice					
26	Fri	Practice					
27	Sat	Practice					
28	Sun	Practice					
29	Mon	Practice					
30	Tues	Practice					

SCAN THIS PAGE FOR WEEK 04

November 2021:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

[illegible]

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: ____/____/____

SCAN THIS PAGE FOR WEEK 04

Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hons) Midwifery			
Month: December 2021				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor signature	Print name	Total hours / week	
1	Wed	Practice					
2	Thurs	Practice					
3	Fri	Practice					
4	Sat	Practice					
5	Sun	Practice					
6	Mon	Practice					
7	Tues	Practice					
8	Wed	Practice					
9	Thurs	Practice					
10	Fri	Practice					
11	Sat	Practice					
12	Sun	Practice					
13	Mon	CW					
14	Tues	CW					
15	Wed	CW					
16	Thurs	CW					
17	Fri	CW					
18	Sat	DO					
19	Sun	DO					
We hope you have a lovely holiday							
20	Mon	Holiday					
21	Tues	Holiday					
22	Wed	Holiday					
23	Thurs	Holiday					
24	Fri	Holiday					
25	Sat	Holiday					
26	Sun	Holiday					
27	Mon	Holiday					
28	Tues	Holiday					
29	Wed	Holiday					
30	Thurs	Holiday					
31	Fri	Holiday					

SCAN THIS PAGE FOR WEEK 04

December 2021:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

[illegible]

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: ____ / ____ / ____

SCAN THIS PAGE FOR WEEK 04

Student Name:			Group: September 2019			Year 3	
Student Number:			Course: BSc (Hons) Midwifery				
Month: January 2022			EACH ENTRY MUST BE SIGNED INDIVIDUALLY				
Date	Day	Placement / Activity	Hours attended / Worked	Practice Supervisor signature	Print Name	Total hours / week	
1	Sat	Holiday					
2	Sun	Holiday					
3	Mon	University					
4	Tues	University					
5	Wed	University					
6	Thurs	University					
7	Fri	University					
8	Sat	DO					
9	Sun	DO					
10	Mon	University					
11	Tues	University					
12	Wed	University					
13	Thurs	University					
14	Fri	University					
15	Sat	DO					
16	Sun	DO					
17	Mon	University					
18	Tues	University					
19	Wed	University					
20	Thurs	University					
21	Fri	University					
22	Sat	DO					
23	Sun	DO					
24	Mon	Practice				x1 study day this week	
25	Tues	Practice					
26	Wed	Practice					
27	Thurs	Practice					
28	Fri	Practice					
29	Sat	DO					
30	Sun	DO					
31	Mon	Practice					

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January 2022:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g., 07.00 - 19.30hrs)	Number of hours absent	Signature Practice Supervisor
		Total to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Telephoned placement to confirm sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		
Telephoned placement to confirm return from sick / absent		Date: __/__/__		

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: __/__/__

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Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hons) Midwifery			
Month: February 2022				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/Activity	Hours attended /Worked	Practice Supervisor signature	Print Name	Total hours / week	
1	Tues	Practice					
2	Wed	Practice					
3	Thurs	Practice					
4	Fri	Practice					
5	Sat	DO					
6	Sun	DO					
						x1 study day this week	
7	Mon	Practice					
8	Tues	Practice					
9	Wed	Practice					
10	Thurs	Practice					
11	Fri	Practice					
12	Sat	DO					
13	Sun	DO					
14	Mon	Practice					
15	Tues	Practice					
16	Wed	Practice					
17	Thurs	Practice					
18	Fri	Practice					
19	Sat	DO					
20	Sun	DO					
21	Mon	CW					
22	Tues	CW					
23	Wed	CW					
24	Thurs	CW					
25	Fri	CW					
26	Sat	DO					
27	Sun	DO					
28	Mon	University					

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February 2022:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

[illegible]

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: / /

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Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hons) Midwifery			
Month: March 2022				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/Activity	Hours attended / Worked	Practice Supervisor signature	Print Name	Total hours / week	
1	Tues	University					
2	Wed	University					
3	Thurs	University					
4	Fri	University					
5	Sat	Do					
6	Sun	Do					
7	Mon	University					
8	Tues	University					
9	Wed	University					
10	Thurs	University					
11	Fri	University					
12	Sat	Do					
13	Sun	Do					
14	Mon	University					
15	Tues	University					
16	Wed	University					
17	Thurs	University					
18	Fri	University					
19	Sat	Do					
20	Sun	Do					
21	Mon	University					
22	Tues	University					
23	Wed	University					
24	Thurs	University					
25	Fri	University					
26	Sat	Do					
27	Sun	Do					
28	Mon	Placement					
29	Tues	Placement					
30	Wed	Placement					
31	Thurs	Placement					

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March 2022:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g., 07.00 - 19.30hrs)	Number of hours absent	Signature Practice Supervisor
		Total to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Telephoned placement to confirm sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		
Telephoned placement to confirm return from sick / absent		Date: __/__/__		

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: ____ / ____ / ____

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Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hons) Midwifery			
Month: April 2022				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor Signature	Print Name	Total hours / week	
1	Fri	Placement					
2	Sat	Placement					
3	Sun	Placement					
						x1 study day this week	
4	Mon	Placement					
5	Tues	Placement					
6	Wed	Placement					
7	Thurs	Placement					
8	Fri	Placement					
9	Sat	Placement					
10	Sun	Placement					
11	Mon	Placement					
12	Tues	Placement					
13	Wed	Placement					
14	Thurs	Placement					
15	Fri	Placement					
16	Sat	Placement					
17	Sun	Placement					
18	Mon	Placement					
19	Tues	Placement					
20	Wed	Placement					
21	Thurs	Placement					
22	Fri	Placement					
23	Sat	Placement					
24	Sun	Placement					
We hope you have a lovely holiday!							
25	Mon	Holiday					
26	Tues	Holiday					
27	Wed	Holiday					
28	Thurs	Holiday					
29	Fri	Holiday					
30	Sat	Holiday					

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Sickness and absence record - University

Sickness and absence record - Placement

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

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Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hon) Midwifery			
Month: May 2022				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor Signature	Print Name	Total hours / week	
1	Sun	Holiday					
2	Mon	Holiday					
3	Tues	Holiday					
4	Wed	Holiday					
5	Thurs	Holiday					
6	Fri	Holiday					
7	Sat	Holiday					
8	Sun	Holiday					
9	Mon	University					
10	Tues	University					
11	Wed	University					
12	Thurs	University					
13	Fri	University					
14	Sat	DO					
15	Sun	DO					
Management of care viva voce this week							
16	Mon	University					
17	Tues	University					
18	Wed	University					
19	Thurs	University					
20	Fri	University					
21	Sat	DO					
22	Sun	DO					
23	Mon	University					
24	Tues	University					
25	Wed	University					
26	Thurs	University					
27	Fri	University					
28	Sat	DO					
29	Sun	DO					
30	Mon	University					
31	Tues	University					

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Sickness and absence record - University

Sickness and absence record - Placement

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

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Student Name:				Group: September 2019		Year 3	
Student Number:				Course: BSc (Hons) Midwifery			
Month: June 2022				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor Signature	Print Name	Total hours / week	
1	Wed	University					
2	Thurs	University					
3	Fri	University					
4	Sat	DO					
5	Sun	DO					
We hope you have a lovely holiday!							
6	Mon	Holiday					
7	Tues	Holiday					
8	Wed	Holiday					
8	Thurs	Holiday					
10	Fri	Holiday					
11	Sat	Holiday					
12	Sun	Holiday					
13	Mon	Holiday					
14	Tues	Holiday					
15	Wed	Holiday					
16	Thurs	Holiday					
17	Fri	Holiday					
18	Sat	Holiday					
19	Sun	Holiday					
20	Mon	Practice					
21	Tues	Practice					
22	Wed	Practice					
23	Thurs	Practice					
24	Fri	Practice					
25	Sat	Practice					
26	Sun	Practice					
27	Mon	Practice					
28	Tues	Practice					
29	Wed	Practice					
30	Thurs	Practice					

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Sickness and absence record - University

Sickness and absence record - Placement

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

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Student Name:				Group: September 2019		Year 3	
Student Number				Course: BSc (Hons) Midwifery			
Month: July 2022				EACH ENTRY MUST BE SIGNED INDIVIDUALLY			
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor / lecturer	Print Name	Total hours / week	
							x1 study day this week
1	Fri	Practice					
2	Sat	Practice					
3	Sun	Practice					
							x1 study day this week
4	Mon	Practice					
5	Tues	Practice					
6	Wed	Practice					
7	Thurs	Practice					
8	Fri	Practice					
9	Sat	Practice					
10	Sun	Practice					
Have you had a review meeting with your Practice Assessor?							
11	Mon	Practice					
12	Tues	Practice					
13	Wed	Practice					
14	Thurs	Practice					
15	Fri	Practice					
16	Sat	Practice					
17	Sun	Practice					
18	Mon	Practice					
19	Tues	Practice					
20	Wed	Practice					
21	Thurs	Practice					
22	Fri	Practice					
23	Sat	Practice					
24	Sun	Practice					
25	Mon	Practice					
26	Tues	Practice					
27	Wed	Practice					
28	Thurs	Practice					
29	Fri	Practice					
30	Sat	Practice					
31	Sun	Practice					

SCAN THIS PAGE FOR WEEK 04

July 2022:

Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g., 07.00 - 19.30hrs)	Number of hours absent	Signature Practice Supervisor
		Total to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Telephoned placement to confirm sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		
Telephoned placement to confirm return from sick / absent		Date: __/__/__		

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: __/__/__

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Student Name:			Group: September 2019			Year 3	
Student Number:			Course: BSc (Hons) Midwifery				
Month: August 2022			EACH ENTRY MUST BE SIGNED INDIVIDUALLY				
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor signature	Print Name	Total hours / week	
						x1 study day this week	
1	Mon	Placement					
2	Tues	Placement					
3	Wed	Placement					
4	Thurs	Placement					
5	Fri	Placement					
6	Sat	Placement					
7	Sun	Placement					
8	Mon	Placement					
9	Tues	Placement					
10	Wed	Placement					
11	Thurs	Placement					
12	Fri	Placement					
13	Sat	Placement					
14	Sun	Placement					
15	Mon	University Refer Week					
16	Tues	University Refer Week					
17	Wed	University Refer Week					
18	Thurs	University Refer Week					
19	Fri	University Refer Week					
20	Sat	DO					
21	Sun	DO					
22	Mon	Placement /Flexi week					
23	Tues	Placement /Flexi week					
24	Wed	Placement /Flexi week					
25	Thurs	Placement /Flexi week					
26	Fri	Placement /Flexi week					
27	Sat	Placement /Flexi week					
28	Sun	Placement /Flexi week					
29	Mon	Placement /Flexi week					
30	Tues	Placement /Flexi week					
31	Wed	Placement /Flexi week					

SCAN THIS PAGE FOR WEEK 04

August 2022:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g., 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g., 07.00 - 19.30hrs)	Number of hours absent	Signature Practice Supervisor
		Total to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Telephoned placement to confirm sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		
Telephoned placement to confirm return from sick / absent		Date: __/__/__		

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: __/__/__

SCAN THIS PAGE FOR WEEK 04

Student Name:			Group: September 2019			Year 3	
Student Number:			Course: BSc (Hons) Midwifery				
Month: September 2022			EACH ENTRY MUST BE SIGNED INDIVIDUALLY				
Date	Day	Placement/ Activity	Hours attended / Worked	Practice Supervisor Signature	Print Name	Total hours / week	
1	Thurs	Placement /Flexi week					
2	Fri	Placement /Flexi week					
3	Sat	Placement /Flexi week					
4	Sun	Placement /Flexi week					
5	Mon	Placement /Flexi week					
6	Tues	Placement /Flexi week					
7	Wed	Placement /Flexi week					
8	Thurs	Placement /Flexi week					
9	Fri	Placement /Flexi week					
10	Sat	Placement /Flexi week					
11	Sun	Placement /Flexi week					
We Hope You Have a Lovely Holiday and congratulations							
12	Mon	Holiday					
13	Tues	Holiday					
14	Wed	Holiday					
15	Thurs	Holiday					
16	Fri	Holiday					
17	Sat	Holiday					
18	Sun	Holiday					
NMC confirmation of completion due to be uploaded Monday 19/09/22							

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September 2022:
Sickness and absence record - University

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (multiple entries may be required if a number of sessions on one day)	Session title & Lecturer named on timetable	Time of session (e.g. 09.00 - 12.00hrs)	Number of hours absent	Signature Lecturer when hours have been made-up
		Total hours to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		

Sickness and absence record - Placement

100% attendance this month	Yes	No	N/A	
If no; confirm exact detail of sickness / absence Date (one date per line)	Placement area	Shift missed (e.g. 07.00 - 19.30hrs)	Number of hours absent	Signature Practice Supervisor
		Total to make up		
Emailed university to confirm off sick / absent		Date: __/__/__		
Telephoned placement to confirm sick / absent		Date: __/__/__		
Emailed university to confirm return from sick / absent		Date: __/__/__		
Telephoned placement to confirm return from sick / absent		Date: __/__/__		

The above is a true and accurate record of my sickness/absence. The University has been informed of all episodes of sickness or absence to enable them to record this information on my student file. I have recorded this information on my attendance register and on my electronic timesheet.

Signature of student: _____ Date: __/__/__

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Glossary

Academic Assessor	A midwifery lecturer who has undertaken suitable preparation to undertake the role and who confirms the grades that the Practice Supervisor provides.
Annual update	Once a year an opportunity to meet and explore assessment and supervision issues with other Practice Supervisors. Discuss changes to midwifery programmes
Assessment	Measurement of achievement and progress of student
Auditable trail	A continuous record of the students practice placement, including any planning, teaching, evaluation and feedback
Discriminating power	To treat people differently, ability to control people
Feedback	Oral or written development advice on performance so that the student has better understanding of standards and criteria
Fitness for Practice	Student demonstrates they are practising safely and effectively, having met the Midwifery proficiencies, Essential Skills Clusters and all other requirements to be registered
Formative Assessment	Assessment used to gauge the strengths and weaknesses of the learner's performance while there is time to take action for improvement
Link Lecturer	Same as liaison lecturer - a member of the midwifery education team who has a role to support the Practice Supervisors and Assessors in the practice environment
Ongoing Achievement Record	The vehicle for sharing information regarding a student's progress in practice
Outcomes	Outcomes identify the skills required at each stage of the framework to meet the defined final competencies
Practice Assessor	A midwifery registrant who has undertaken a suitable preparation programme to assess the progress of students and confirms their readiness for the next part of the programme/for registration
Practice Proficiency	A student is deemed proficient when they have successfully met all of the NMC midwifery proficiencies for midwifery at the end of the approved programme. A Practice Supervisor who has met the NMC additional criteria may only sign-off practice proficiency
Practice Supervisor	A registrant who has undertaken a suitable preparation programme to work with students and provide testimonies. Midwifery practice supervisors work with students and sign off their essential skills clusters.
Proficiencies	Contained within the Midwifery proficiencies and must be met by the end of an NMC approved pre-registration programme
Reflexivity	Ability to refer back to the cause of events
Reliability	Consistent and precise. The assessment process would generate the same result if repeated on another occasion with the same group or similar group of students
Self-Assessment	A judgment, sometimes for official purposes, which you make about your abilities, principles or decisions
Simulation	A learning activity that simulates real life scenario requiring participants to make choices which demonstrates cause and effect
Summative Assessment	Assessment comes at the end of a section of learning and awards the student with a final grade/mark
Supernumerary	Extra to normal i.e. not part of the staffing levels
Triangulation approach	The assessment interview involving the student, Practice Supervisor and liaison lecturer
Tripartite interviews	Divided into three sections and involving three people i.e. three interviews (preliminary, intermediate & final with three people being student, Practice Supervisor and liaison / link lecturer)
Validity	Adequacy and appropriateness of the assessment method in relation to outcomes/objectives being assessed i.e. it measures what it is supposed to measure

References

- Nursing and Midwifery Council (2018a) *Standards for Student Support and Assessment (SSSA)*
<https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/>
- Nursing and Midwifery Council (2018b) *The Code. Professional standards of Practice and Behaviour for nurses, midwives and nursing associates for Nurses and Midwives NMC*: London <http://www.nmc.org.uk/standards/code/>
- Nursing and Midwifery Council (2020) *Practicing as a Midwife in the UK NMC*: London
<http://nmc.org.uk/globalassets/sitedocuments/nmc-publications/practising-as-a-midwife-in-the-uk.pdf>
- Stuart CC (2013) *Practice Mentoring, learning and assessment in clinical practice* (3rd ed). Edinburgh, Churchill Livingstone. <http://catalogue.shu.ac.uk/record=b1740782~S11>
- UNICEF (2017) *Guidance notes for implementing the UNICEF UK Baby Friendly Initiative standards in universities*. UNICEF
http://www.unicef.org.uk/Documents/Baby_Friendly/Going%20Baby%20Friendly/baby_friendly_university_guidance.pdf



**Faculty of Health & Wellbeing
Nursing and Midwifery**

**Guidance for Student Midwives
The Case Load Experience**

BSc (Hons) Pre-Registration Midwifery

Academic year 2021-2022

Acknowledgement:

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Sheffield Hallam University Midwifery Team
National Health Service Clinical Staff

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1. Introduction to SHU Student Midwife Case Loading

All student midwives undertaking the final year of the pre-registration BSc Honours Programme at Sheffield Hallam University are required to manage the care of a caseload of a minimum of five women throughout their antenatal, intra-partum and postnatal care under supervision. You should make every reasonable effort to attend the birth of the women you book for caseloading, but there is an awareness that because the timing of birth is unpredictable this can be beyond your control. You are required to also obtain evidence of the maintenance of Intrapartum performance and skills outcomes and evidence this with at least 3 testimonies recorded in your CAD. The content of these testimonies should be relevant to demonstrate the maintenance of the performance and skills outcomes, for both labour and normal birth. The emphasis of this experience is on the learning to be gained from being involved in the woman's childbearing journey, and the continuity of care which this offers.

Case loading as a midwifery led continuity care model has been shown to have explicit benefits for mothers and babies (Sandall et al, 2016)¹ to be followed by the existing sentence: It has therefore been considered '*integral to the concept of holistic women centred care*' (McCourt et al 2006) and is also required to meet Nursing & Midwifery Council requirements. According to the NMC Circular (NMC17/2009):

'Holding a caseload is viewed as an extremely satisfying and positive learning experience, which offers the student midwife an opportunity to develop autonomous practice skills whilst under the supervision of a qualified midwife.'

Case loading is therefore viewed as a compulsory element of your educational pathway and its aims are to allow you to:

- Follow individual women through the continuum of pregnancy, birth and motherhood, working collaboratively with others involved in the woman's care
- Take the lead, as appropriate, in the provision of holistic woman-centred care by planning, delivering and evaluating a programme of midwifery care, exercising safe decision making skills
- Gain experience of autonomous practice in a carefully supervised setting prior to completion of the programme

Whilst SHU Link Lecturers are required to ensure that staff in practice areas is aware of the University case loading system when supporting third year student midwives undertaking their case-load, it remains the individual responsibility of the midwife to ensure that they are aware of the case-loading scheme and its requirements.

¹ Sandall J, Soltani H, Gates S, Shennan A, Devane D (2016) Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004667.pub5/full>

2. What is the Difference between Student Midwife Caseloading and Caseloading for Midwives?

MIDWIVES	STUDENT MIDWIVES
The aim is to provide continuity of care and carer for the woman in order to improve their experience and outcomes.	The aim is for the student to gain experience of a woman's journey through the continuum of childbearing, in order to develop their decision making skills and promote autonomous practice – thus enhancing their future practice as a midwife.
Community midwifery caseloads are benchmarked at RCM standard of 100/ year / whole time equivalents	Students are encouraged to hold a caseload of five women in the final year of their programme. Experiences gained are in addition to their normal clinical and academic requirements, so it is important that burnout is avoided.
Either individual midwives or small teams of 2-3 provide all antenatal, intra-partum and postnatal care for their caseload.	Students are required to follow local Trust policies with regard to location/ timing/ frequency of visits, and need to discuss any variations with the woman and the midwife accountable for her care.
Midwives are expected to work their hours and undertake their practice in settings convenient to the women in their caseload.	Students are required to follow local Trust policies with regard to location/ timing/ frequency of visits, and need to discuss their actions with the woman and the midwife accountable for her care.
Midwives are accountable for their own practice, although a 'fresh eyes' or partnership approach is deemed good practice.	Students remain under supervision of a registered midwife at all times. This midwife is accountable for the student's actions and omissions. The level of supervision ² will vary from minimal to indirect, depending on the abilities of the student and the needs/wishes of the woman. The midwife makes this judgement. It is expected that the midwife will provide 'fresh eyes' at a minimum of every third indirectly supervised encounters by the student, including auditing the student's records. NB the first postnatal visit in the woman's home and to be discharged from midwifery care must be accompanied. Visits where the Newborn Blood Spot Test is planned can be unaccompanied if the supervising midwife assesses that it is appropriate to do so.

² Please see Appendix One for more detail about levels of supervision.

3. Who are the People Involved in Supporting the Student and Staff?

Practice Supervisor – the midwife who is designated to teach, supervise and assess the student's practice in their usual placement setting. The Practice Supervisor will usually be the student's Caseload Co-ordinator.

Supervising Midwife – the midwife temporarily supervising the student in the clinical setting when they are caring for their case loading woman. This may be a community colleague (e.g.: when the Caseload Co-ordinator or lead midwife is away) or a hospital midwife.

Link Lecturer – the university lecturer who is linked to the clinical area in which the student is practising. If s/he is away and you require support, please contact another member of the midwifery academic team:

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4. The Process of Student Midwife Case Loading

a. Building the Caseload and Gaining Consent

You are required to carry a caseload of a minimum of 5 women (low, medium and high risk) by the time they complete the placement.

During the start of the community placement in year three, you and your Practice Supervisor should identify these women (low, medium and high risk) who will be due to give birth during the caseload placement.

Guidelines for the selection of the caseload women:

1. For the initial part of the caseload placement, identify women to whom you can give some antenatal care before their due date
2. Select women so that their due dates are staggered in order not to be overloaded at any given period
3. Start with women who are low risk during the initial part of the caseload
4. Do not select women who are due to give birth during the first or last week of the caseload placement

During the caseload placement, to help achieve continuity of care for the women, you need to provide antenatal, intranatal and postnatal care in both the hospital and community. Ideally one of the antenatal visits should occur in the home.

IMPORTANT NOTE: **ALL women must give their consent to be in your caseload.**

- The consent may be verbal or written. You may develop your own written consent form if you choose to request written consent.
- The women should be assured that you will be adequately supervised and that they can contact their midwife at any time.
- They should also be assured that they can cease to be in your caseload at any time.

b. Managing the Caseload

- You should negotiate your working hours so that you are able to take two days off per week.
- Whilst you need to prioritise your time to meet the care needs of the women in your caseload, it is recognised that there will be times during some spans of duty when you are not required to see these women. You should make use of these instances to maximise on opportunities to hone up your midwifery skills by working alongside your Practice Supervisor, provided that this is still within your total work hours for the week.
- Dependent upon your community midwife's own caseload and community area and whether home antenatal visits are appropriate, you will need to work with her and see the women in your caseload at the usual antenatal clinics. The days those activities occur may be on set days of the week if this is appropriate. These days would only be affected by a labour call which would take priority.
- The remaining days in your working week should be flexible so that you provide care wherever the women are – whether this is on the ward or in the community. So for example there may be one woman on the ward for a postnatal visit and three women in community. You may go to the hospital first and then undertake your community visits which you would have pre-booked with the women. The priority is the women in your caseload and the women in your community midwife's area.

c. On-Call Arrangements

On call arrangements will be negotiated and flexible to meet the aims of this allocation and your personal commitments and professional responsibilities. You will need to discuss the on-call arrangements you plan to put in place with the woman, community midwife and labour ward. However, you, labour ward staff and your community midwife must take account of the number of hours you are working, particularly if called in the night and ensure that you do not become over tired and unsafe to work or drive home. The student should, therefore, make the Labour Ward Co-ordinator fully aware of the number of hours that have already worked that day or the previous 24 hour and agree the maximum period of time during which they can safely provide that episode of caseloading care. The professional responsibility for ensuring that you are safe to practise rests with you, but the ultimate responsibility remains with the midwife who is supervising you.

Space potential labour calls over the duration of the caseload placement. It is recommended that you have two clear days off in a week; discuss this with your Practice Supervisor and the women involved. Having a telephone number, just for caseloading, which can be switched off during your days off or unavailable off-duty time will help this process. **This number should not be provided to women, to avoid messages being left on you telephone voicemail when care is required.** Advising the woman and the Labour Ward of your on-call availability for her Labour will reduce any confusion.

NOTE: When you have been out on call during the night you must inform your Practice Supervisor so that she can make arrangements for you to have the necessary time off to rest. She may also have to make alternative arrangements to cover your workload.

Where the woman has booked for a hospital birth, a system should be set up to ensure that you are called to care for the woman during labour, i.e. your name is clearly on the woman's notes and your contact telephone number is known by the hospital staff. The woman could phone the community midwife who would then contact you or phone you directly or labour ward staff could contact you once the woman has been admitted.

If an allocated 'low risk' woman becomes 'high risk' during labour you will continue to give care, be present during labour and/or delivery, in order to provide continuity of care for the woman. You should follow the obstetric and midwifery management prescribed for the woman.

When you go on call, you will need to liaise with the co-ordinator of the Labour Ward and the community midwife so that all are aware of your activities and working patterns

d. Communication

You must keep your Practice Supervisor informed of all activities, particularly if called to give care to a woman in labour. You must maintain effective communication between all the midwives involved.

Make sure the women are clear about the on-call arrangements you plan to put in place to be on call for them. Advise the women how she can get in contact with you. You may choose to use a dedicated phone number for caseloading purposes but **the woman should contact you either via Labour Ward or via the Community Midwife.** You should leave your details with staff on labour ward.

e. Feedback from Women and Families

Feedback from women and their families must be sought in order to solicit their views on how well their care

needs have been met.

Section 9 of *The Code (NMC 2018 p.8)* states:

"9.2 gather and reflect on feedback from a variety of sources, using it to improve your practice and performance". Such feedback also contributes to an audit of personal professional standards of practice. Key points for discussion should be:

- Would the woman and her family have liked anything different
- The positive aspects of care provided by you
- How has the woman and her family benefitted from being in your caseload, or otherwise

f. Keeping a Record of the Women in your Caseload

You are required to keep a written record (electronic or hard copy) of the women in your caseload, and the learning that ensued. The record has to be verified by your Practice Supervisor. Please use the documentation in your Record of Experience and additional pages are available via Blackboard (Midwifery Consolidating Holistic Practice).

g. Equipment

You are only allowed to use equipment issued by the Trust.

h. Claiming Expenses

Travel expenses

You will only be able to claim travel expenses if you are normally entitled to make such claims. Submission of receipts and completion of the appropriate claim form will be required.

Mobile phone

The University is unable to reimburse you for the use of mobile phones. A separate mobile number, different to your personal mobile number, is strongly recommended and this number should **NOT** be given to women.

i. Car Insurance

You may need to discuss the terms of your insurance cover with your insurance company if you are using your own car during this placement. The University does not cover any extra expense incurred.

5. Accountability, Supervision and Support during Caseload

a. Overall Principles

It is beneficial for your professional development to undertake indirectly supervised practice when visiting women in their homes, when your Practice Supervisor considers this is appropriate. Note that the timing of these 'solo' (unaccompanied) visits will vary, and in some cases directly supervised practice may be required throughout the woman's care.

The Practice Supervisor must be satisfied with your practice, and be confident that you will deliver care at the appropriate standard, before you are allowed to undertake indirectly supervised visits.

During the first intermediate interview at around four weeks into the community placement, your readiness to practise under indirect supervision should be assessed and documented in the intermediate interview pages.

The NMC had laid down some guiding principles for professional conduct as a midwifery student. In the publication *Guidance on Professional Conduct for Nursing and Midwifery Students* (NMC 2011) the NMC expects a high standard of practice and care at all times from you (p. 13). The NMC stated that you should:

You should:

- 28 Recognise and stay within the limits of your competence.
- 29 Work only under the appropriate supervision and support of a qualified professional and ask for help from your Practice Supervisor or tutor when you need it.
- 30 Work with your Practice Supervisor and tutor to monitor the quality of your work and maintain the safety of people for whom you provide care.
- 31 Seek help from an appropriately qualified healthcare professional, as soon as possible, if your performance or judgement is affected by your health.

The guidance above has been superseded by the revised *Code* (NMC 2018) the concepts above remain valid and the revised *Code* continues to provide clear guidance that you must recognise and stay within the limits of your competence, communicate any difficulties you encounter and that **your Practice Supervisor is fully responsible for the tasks she delegates to you.**

If you identify a potential problem whilst working under indirect supervision you must consult with the supervising midwife regarding potential action to be taken. **On no account must you refer problems to a third party without prior consultation with the supervising midwife.**

Remember that the supervising midwife remains ultimately professionally and legally accountable for each woman's care at all times.

Section 11 "Be accountable for your decisions to delegate tasks and duties to other people"

11.1 only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions"

11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and

11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard."
The Code (NMC 2018 p. 12)

You must remain under the supervision of a qualified midwife and all documentation must reflect this. All documentation made by the student must be countersigned by the supervising midwife.

As care will ultimately be assumed to be under the direct supervision of the lead midwife for that woman at the time of the care episode, at no time should there be any lack of clarity about which qualified midwife is responsible for the work of a case-loading student.

- **In the community:** When the student midwife carries out any work with women on her caseload, her allocated community Practice Supervisor, or a designated stand in (e.g. the on-call midwife) remains unequivocally accountable for all the actions or omissions of the student. All records must be countersigned.
- **In the hospital:** If a case-loading student midwife admits a woman in labour, or does an antenatal or postnatal examination within the hospital, **she must have a named, designated supervisor** who oversees any care given and acts as her stand-in supervisor. The supervising midwife is unequivocally accountable for all the actions or omissions of the student. All records must be countersigned.

The student must NEVER be sent/left in a situation where the presence of a practising midwife is required:

9.4 "support students' and colleagues' learning to help them develop their professional competence and confidence" The Code (NMC 2018 p.10)

During labour care, in high risk situations where there is the potential for an adverse event (for example, during the performance of any internal examinations - including membrane sweeps, speculum and/or digital vaginal examinations), it is expected that supervision of the student by the midwife will be direct, with their Practice Supervisor, or a supervising midwife, in close attendance.

- The student should never work / be left alone in a clinical situation e.g. antenatal clinic, Children's Centre or surgery unless a midwife or GP, who is willing to take responsibility for supporting the student, is present on the premises.
- On no account should the student visit a woman unaccompanied on the first occasion of meeting or to be discharged from midwifery care. The woman must consent to any care given / planned to be given by the student in the presence of the supervising midwife.
- Students should never enter a client's home outside sociable hours without a qualified midwife also being present. Unsociable hours include those between the hours of 7pm and 7am on weekdays, the weekend (between 7pm Friday and 7am Monday) or between 7am and 7pm on Bank Holidays.
- If at any time a client's condition becomes complicated, the student must seek the guidance of her **supervising midwife**. When, for whatever reason a woman's risk factors change (physical, social or psychological), the midwife should take steps to monitor the situation closely and intervene if required. **It may be appropriate for the student to observe while the midwife takes over the care directly.**

b. Working Hours of Case Load Students

Do remember that whilst you are undertaking case loading you have to balance this with your other placements, community practice and academic requirements, as well as your personal life.

It is important for you and your supervising midwife to monitor how long you have been working in a 24 hour period so that you remain safe to practise.

- Midwifery students should not exceed EU guidance on maximum working hours: (<http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm>)
- In the same way as for the community on-call midwife, case-loading students are not available seven days a week, twenty four hours a day.
- Student midwives are also supernumerary and as such do not constitute a part of the rostered staff on duty during a shift.
- Some labours can go on for a long time and the Practice Supervisor needs to consider whether the student is able to maintain the required level of safe, professional behaviour, should they become overtired.
- Where attendance at University is required, this must always take priority over caseload care.

The supervising midwife should therefore encourage and assist you to develop a practical plan of care which enables you to meet the needs of **all** your caseload women and **all** your other work commitments, whilst optimising your immediate working hours. This plan should allow you to feel able to leave and/or return to the care of your case load women as appropriate, **without feeling undue pressure** to remain in attendance with a woman for excessive periods of time.

Student midwives are required to keep a personal log of their clinical hours and should ensure that they do not work more than their rostered hours. However, if you do accrue hours as a result of your clinical caseload, negotiate to take back the time owing.

The added responsibility and stress of carrying a supervised caseload for the first time can be considerable and should not be underestimated.

If you do note any signs of stress or burn-out (e.g.: insomnia, irritability, and a lack of concentration, exhaustion, as well as physical symptoms of illness such as headaches, irritable bowel, continual anxiety or an inability to “switch off”), please discuss these with your link lecturer to try to seek a solution.

c. Your Personal Safety Whilst On Case Load

Whilst the safety of women and families are paramount, your personal safety and security are also vitally important and each Practice Supervisor and student will need to ensure that these are not compromised.

Case loading students are referred to the Sheffield Hallam University Guideline for Personal Safety & Lone Working (HS/1/12/5.1) available at <https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

Local Trusts will also have individual policies available for community based staff which the Practice Supervisor should make you aware of. Please ensure that these are followed.

In the event of a planned home birth you should NEVER enter a woman's house before the arrival of the community midwife:

- You must ensure that the attending midwife has been informed of the potential home birth, and is on her way.
- Before leaving home, you should ensure that either triage, delivery suite or the community midwife are aware that you are going to a woman's home, as well as informing them of your safe arrival.
- You should always meet the community midwife en-route, or await her arrival (safely) outside the client's premises.
- If a woman or baby requires ambulance transfer to hospital you must not accompany them unless a midwife is also **present** in the ambulance.

6. Clinical Records and Documentation

You must maintain clinical records in accordance with local Trust policy, keeping full and accurate records of care in the woman's hand held notes, online record system or the hospital notes, as appropriate.

Students' records constitute a legal document and could be used as evidence in court and you have a professional responsibility to keep them safely. You are responsible for ensuring that they are included and stored in the woman's records according to Trust guidelines at the end of your case loading period. **Nothing should be recorded in the student's records that are not also within the woman's records.**

Please note your Practice Supervisor's accountability as a Registered Midwife for completion and storage of patient records which you are maintaining under direct or indirect supervision.

All entries made by you in clinical records must be verified and countersigned by the registered midwife supervising your practice:

- If you undertake care under indirect supervision, and the midwife overseeing your practice is unable to countersign your documentation at the time, e.g. when the midwife is not physically present, **you must write "under indirect supervision by..."** Identify the registered midwife concerned so that lines of responsibility and accountability are clear.

As a minimum, you should ask the supervising midwife to check and sign the woman's records after every third indirectly supervised encounters you have made:

- This also provides the opportunity for the qualified midwife to meet with the woman and check she is happy with the care she is receiving. It also enables her to give feedback to you on your practice and acquire evidence to document in your assessment documentation.

7. References:

Fry J, Rawson S, Lewis P (2008) Student case loading: preparing and supporting students. **British Journal of Midwifery** 16(9): 568–73

Lewis P, Fry J, Rawson S (2008) Student midwife case loading – a new approach to midwifery education. **British Journal of Midwifery** 16(8):449–502 Retrieved from <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2008.16.8.30782>

NHS England. (2016). **Better Births: Improving outcomes of maternity services in England - A Five Year Forward View for maternity care.** Retrieved from <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

NMC (2009) **Standards for Pre-registration Midwifery Registration**, London: Nursing and Midwifery Council

NMC (2018) **The Code. Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.** London: Nursing and Midwifery Council

See also:

Mander, M., and Fleming, V. (2014). **Becoming a Midwife.** (2nd ed.). London: Routledge.

McCourt C, Stevens T, Sandall J, Brodie P (2006) Working with women: developing continuity of care in practice. In: Page LA, McCandlish R (Eds.) **The New Midwifery science and sensitivity in practice** 2nd ed. Churchill Livingstone, Edinburgh: 141–66

Sandall J, Soltani H, Gates S, Shennan A, Devane D (2016) Midwife-led continuity models versus other models of care for childbearing women. **Cochrane Database of Systematic Reviews** DOI: <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004667.pub5/full>

Stuart CC (2013) **Practice Supervising, learning and assessment in clinical practice** (3rd Ed.). Edinburgh, Churchill Livingstone.

Appendix 1: Guidance for Supervision and Assessment

The following information on supervision and assessment criteria provides guidance for the supervision and assessment of students during year three of the Pre-Registration Midwifery course.

Students are advised that they need to be mindful of the guidance given for their professional conduct by the University, NMC and placement Trust. Details of this guidance from the University and NMC can be accessed via Blackboard. Students will be guided to local Trust policies during their site orientation.

Year 3 (Competent)

The student requires minimal to indirect supervision/support and is expected to participate actively as well as to be able to plan all activities and to lead most of them.

What this means in practice

The level of supervision provided follows on from that which is required at the end of year two. Increasingly, the student should be able to use her initiative to recognise and meet the needs of clients. Supervision is indirect which means that although you are not observing the student directly, you are still aware of the activities of the student. At this stage, you should use questioning not only to test the student's knowledge and understanding of care activities, but also to ascertain how she would recognise changes in client needs. You should also question the student on how she would plan, prioritise and manage care and the rationale behind her decision-making. By the end of the course, the student should be able to demonstrate all the competencies to the standard of a newly qualified practitioner.

Assessment criteria for level 6

Conditions of practice

- Performs most activities in a fully integrated way, without prompting
- Able to assess, plan and implement care
- Able to prioritize care and lead most of them
- Able to evaluate effectiveness of care and make changes in care plans
- Able to plan, prioritize and manage care for a group of clients within a time span
- Actively involves clients in their care
- Is organized and efficient:
- Able to organise care and demonstrate efficiency when managing her workload
- Within level of practice, responds appropriately in situations requiring urgency.

Knowledge

- Critiques evidence-based research and its implementation
- Able to make connections between complex chunks of theory

Reference:

Stuart CC (2013) *Practice Supervising, learning and assessment in clinical practice* (3rd Ed.). Edinburgh, Churchill Livingstone.

Appendix 2: SHU Policy on Lone Working (2020)

The full document is available at:

<https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

This should be read in conjunction with the following documents:

'Agile Working for Students on Placements' -

<https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

'Student Working Hours in Practice' -

<https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

The section of the SHU Policy on Lone Working (2020) applicable to Midwifery Caseloading is as follows:

"Policy Statement on Students Visiting Clients in the Community

Some students may be required to use their own transport to carry out their duties while on placement (i.e. for community practice learning experience). If this is the case, it is the student's responsibility to ensure that their (or the policy holders) motor vehicle insurance covers them for this kind of work and their vehicle is roadworthy.

PLEASE NOTE - Students are not permitted to transport patients/ clients/ service users in the student's own vehicle.

Neither the University nor Placement Provider can accept any liability relating to, or from the use of student's vehicles to or from their placement setting.

Health and Safety of Students on practice learning experiences, visiting clients in the Community

Students have health and safety responsibilities both to themselves and others who may be affected by their actions. Students are required to comply with University and Faculty Health and Safety Procedures. These outline what is to be done to safeguard the health and safety of all of those affected by the University's activities.

Subsequently, the Faculty does not endorse students undertaking any activity independently without the supervision or authorisation of a registered practitioner and this would include students who have been asked to escort service users/ patient / clients unsupervised. All Placement Providers who manage community placements will hold policies on Escorting service users/ patient / clients and students must refer to these.

With regard to generic issues about students working unsupervised, the Nursing and Midwifery Council guidance states that "The student's Practice Supervisor is responsible for determining the amount of direct and indirect supervision which is required. The named Practice Supervisor is accountable for their decisions to let the student work independently".

Appendix 3: Frequently Asked Question

Caseloading - Frequently Asked Questions

Q - When can I commence caseloading?

A - You are actually commencing the caseloading experience from day one of the community placement because you are seeking potential women to caseload. The time at which you commence being on call for care in labour and unaccompanied antenatal (A/N) or postnatal (P/N) visits will vary greatly. Please see the guidance below on unaccompanied visits.

Your community Practice Supervisor will guide you in choosing appropriate women to caseload and you should undertake a detailed caseloading planning discussion at the start of the placement; ideally inviting the Link Lecturer to be present. As part of the Caseload preparation session in University students will identify their personal limits on the timings for caseloading e.g. ensuring they do not book women who are due to give birth during their annual leave, study blocks or the final week of their caseloading experience.

During the discussion with your Practice Supervisor you need to explore the feasibility of including a woman whose due date is within your first 4 weeks of practice. However your midwife may recommend, depending on your learning needs, that it may be more appropriate to book women who are due later in the community placement.

Q - How many caseloading women should I take on?

A - The guidance state a **minimum** of 5 women.

The decision on the number of women you chose should be made on an individually basis. This decision will be influenced by the number of births you need to achieve the EU requirements, the diversity of the caseload you are working with and your personal availability to be on call.

It is better to not over commit initially as you can always take on more and you do not want to raise the expectations of women and be unable to attend them in labour. You also need to ensure you are caring for sufficient women in labour and birth to maintain and evidence your competence in intrapartum care.

Q - Should all my caseloading women be "low risk"?

A - This decision should be based upon your individual learning needs, the diversity of the caseload and following a full discussion with your Practice Supervisor (and Link Lecturer as necessary).

To increase your confidence you ideally should start with women who are low risk during the initial part of the caseloading experience. Women who are defined as medically high risk would benefit from continuity of carer and will enable you develop confidence in working with the multidisciplinary team. However the choice of women who have socially challenging lives, e.g. a history drug abuse or domestic violence, may also be suitable but students need to appreciate that unaccompanied visits to the woman's home will not be appropriate.

Q - How do I gain consent for women to be part of my caseloading experience?

A - All women must give their consent to be in your caseload. This consent should be obtained by your community midwife when you are **NOT** present, so the woman does not feel pressurised to consent. Once you and your community Practice Supervisor have identified a woman who is suitable the Practice Supervisor should approach the woman either face to face or by telephone. The women should be assured that you will be adequately supervised and that they can contact their midwife at any time. The woman should be reassured that

her decision to accept or decline taking part in your caseloading experience will not influence the quality of care she will receive. They should also be assured that they can cease to be in your caseload at any time.

The consent may be verbal or written. You may develop your own written consent form if you choose to request written consent. However it is good practice for the community midwife to record the discussion she has had with woman and her consent to caseloading in the woman's handheld notes.

Q - What should my working hours be each week during caseloading?

The nature of caseloading is that working hours have to be flexible to allow for the unpredictability of birth and a labour call should take priority. You need to prioritise your time to meet the care needs of the women in your caseload. In the early days of caseloading this may not fill a whole week and you should make use of these instances to maximise on opportunities to work alongside your Practice Supervisor. You should negotiate your working hours so that you are able to take two days off per week. Students should normally work 37.5 hours per week in practice and no more than 48 hours in any given week.

Women need to know that, in consenting to caseloading, you will **aim** to be at all visits (A/N and P/N) and provide care in labour, if this can be arranged within your total work hours for any given week. However you can only do this if it is safe to do so. You must not become over tired and it is therefore becomes unsafe for you to work or drive home. The professional responsibility for ensuring that you are safe to practise rests with you, but the ultimate responsibility remains with the midwife who is supervising you. Please read the SHU policy on student working hours at:

<https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

When you have been out on call during the night you must inform your Practice Supervisor so that she can make arrangements for you to have the necessary time off to rest. She may also have to make alternative arrangements to cover your workload. Student midwives are supernumerary and as such do not constitute a part of the rostered staff on duty during a shift.

Some labours can go on for a long time and the Practice Supervisor needs to consider whether the student is able to maintain the required level of safe, professional behaviour, should they become overtired. Students must respond to a midwives request for them to stand down and handover care due to concerns that they are becoming overtired. Advising the Labour Ward Co-ordinator, when you arrive on duty, of the specific number of hours you have already worked during that day/24 hour period; discussing how long you have remaining before you reach the maximum working hours allowed is helpful in managing this process. You should not feel pressurised by the women, or others, to stay beyond your maximum hours or if you are becoming overtired.

Student midwives are required to keep a personal log of their clinical hours and should ensure that they do not work more than their rostered hours. However, if you do accrue hours as a result of your clinical caseload, negotiate to take back the time owing, as soon as reasonably practicable and you should have two days off in each week.

Q - How do I manage on call?

A - Make sure the women are clear about the on-call arrangements and be transparent about what you can, and plan, to put in place to be on call for each woman. Decide how and when the women can get in contact with you. You may choose to use a dedicated phone number for this purpose and be contacted either via labour ward or the community midwife. You should leave your contact details with staff on labour ward. The process for this will vary between each Trust and should be discussed with your Practice Supervisor Labour Ward LEM and Link Lecturer.

Where the woman has booked for a hospital birth, a system should be set up to ensure that you are called to care for the woman during labour, i.e. your name is clearly on the woman's notes and your contact telephone number is known by the hospital staff, do **not** give the woman your contact number. The size of the information appended to the hospital notes and how it is appended should conform to Trust policy. The labour ward staff could contact you once the woman has been admitted. For a home birth the woman would phone the community midwife who would then contact you.

If a caseloading woman becomes 'high risk' during labour you will continue to give care, be present during labour and/or delivery, in order to provide continuity of care for the woman. You should follow the obstetric and midwifery management prescribed for the woman. But you should not work more than 14 hours in one period and follow SHU guidance on working hours

<https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies>

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Student midwives are required to keep a personal log of their clinical hours and should ensure that they do not work more than their rostered hours. However, if you do accrue hours as a result of your clinical caseload, negotiate to take back the time owing, as soon as reasonably practicable and you should have two days off in each week.

Q - I don't have a car can I still caseload?

A - It is acknowledged that the caseloading process is much easier when you have a car but it is quite reasonable to caseload without a car. However the women in your caseload need to know that your use of public transport and how this will influence the time it will take you to attend them in labour.

Undertaking unaccompanied antenatal and postnatal home visits also requires more co-ordination. Usually it involves your Practice Supervisor dropping you off at an individual visit or for several visits in an area (walking between visits) and collecting you once the visits have been completed. This will obviously be dependent on the community midwives workload, number of visits in one geographic location and to some extent the weather. If it is not possible to undertake unaccompanied visits on a given day this does not prevent you leading all the workload that is in your midwives diary.

Q - When can I commence unaccompanied visits?

A - There are no absolute time scales. Undertaking unaccompanied visits is a privilege rather than a right. You can only do so if your Practice Supervisor feels you have achieved sufficient competency to support this and the clinical environment enables you to do so safely. Although student midwives are supernumerary, and as such do not constitute a part of the rostered staff on duty during a shift, your undertaking unaccompanied visits may increase the workload demands on your named or supervising Practice Supervisor and at times may not be feasible.

A Practice Supervisor's decision to enable you to undertake unaccompanied visits may be based on several factors such as your successful reorientation to community, demonstration of competence, your confidence and your level of knowledge e.g. Safeguarding procedures and local policies.

The midwife will also need to ensure you have met the family at some point before the planned visit. The family should be aware that a student will be making an unaccompanied visit and have given their consent. This process is especially straightforward with caseloading. Under no circumstances may the student be given visits to undertake when the Practice Supervisor has not visited the home previously and therefore considers that the unaccompanied visit is appropriate for the student to undertake.

Both Practice Supervisor and student need to have a clear action plan for how care records are to be countersigned. If students undertake care under indirect supervision and the midwife overseeing their practice is unable to countersign their documentation as not physically present, students must write "under indirect supervision by..." and identify the registered midwife concerned so that lines of responsibility and accountability are clear.

Q- How do I maintain my personal safety when undertaking unaccompanied visits to women's homes?

You should always follow the Trust loan working policy and this should be fully discussed with your Practice Supervisor and ideally Link Lecturer at a caseload planning meeting.

Out of hours travel should be managed in line with Trust (see Trust Intranet) and SHU policies <https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies> . Although there can be excellent planning for students to undertake unaccompanied visits to women in their own home, midwifery practice situations can be unpredictable and therefore the following examples of good practice are provided to assist with situations of uncertainty. Specific guidance provided in Trust policies should always take precedence.

- Out of hours (7pm to 7am) before leaving home, you should ensure that either triage, delivery suite or the community midwife are aware that you are going to be travelling to the hospital or a woman's home (also inform them of your safe arrival at the woman's home). When you are travelling home, out of hours, you should always confirm you have arrived safely.
- When travelling to each visit keep car doors locked and valuables out of sight. When returning to the car keep keys ready and enter the car quickly locking door immediately as a routine.
- Park the car facing the exit point of a cul-de-sac for easy exit.
- Park in open and well-lit areas and avoid walking in isolated or poorly lit areas.
- Ensure you are able to contact the Practice Supervisor throughout the visit. The use of a mobile phone and have ensured you have sufficient credit and sufficient battery life on it.
- You should discuss with your Practice Supervisor how she will track your progress between visits (as per Trust policy) and proposed actions if you get into difficulty. Also agreeing a process if you have not checked in with your Practice Supervisor by the end of the agreed time e.g. the Practice Supervisor must phone you, ensuring care is taken with the words used in the conversation, in case you are in a compromised situation. The use of pre-agreed codes or phrases may be useful.
- You must ensure you have all necessary contact/emergency contact details e.g. Practice Supervisor phone number.
- In the event of a planned home birth you should **never** enter a woman's house before the arrival of the community midwife:
 - You must also ensure that the attending midwife has been informed of the potential home birth, and is on her way.
 - You should always meet the community midwife en-route, or await her arrival (safely) outside the woman's home.
 - If a woman or baby requires transfer to hospital you must not accompany them unless a midwife is also present in the ambulance.

Q - Can I claim for using my mobile phone?

A - The University is unable to reimburse you for the use of mobile phones. A separate mobile number, different to your personal mobile number, is strongly recommended and this number should **NOT** be given to women.

Q - Can I use my own car for caseloading?

A - You can use your own car for caseloading but may need to discuss the terms of your insurance cover with your insurance company. You must be covered for business purposes. The University does not cover any extra expense incurred. You must **NOT** transport women or their family in your car. Travel costs can be claimed in the usual way and are subject to the guidance given for re-imbursement for practice placements.



Faculty of Health and Wellbeing

BSc (Hons) in Midwifery

Year Three

Ward Management Workbook:

**Activities and questions to guide learning during
the ward management placement**

Updated July 2021

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Staffing and Managing People

What is the skill mix on the ward? Outline the rationale for this.

How is staff appraisal undertaken in the unit? Who undertakes this?

Outline the role differences between a midwifery manager and a Professional Midwifery Advocate (PMA). Give two examples of issues you might approach each person with.

A doctor whom you have never met before arrives on the ward and asks to see 'the woman for Caesarean section tomorrow'. How would you manage this situation?

Staffing and managing people - continued

A midwife who is rostered for duty phones in sick. How is this managed?

How is staff sickness managed?

Care of Mothers and Babies

What are the aims of hospital care for:

- i. Antenatal women
- ii. Postnatal women

How are these aims realised within the antenatal ward and the postnatal ward?

How is care evaluated in your area? What action is taken following evaluation?

Care of mothers and babies - continued

What is the stated philosophy of care for the ward
How is this realised in the daily running of the ward.
How does it complement the philosophy of care for the unit?

Outline five priorities when a pregnant woman is admitted to the ward; when a mother and baby are admitted.

Managing the Ward

Outline the responsibility of the ward manager and team member with regard to the following:		
Equipment	Responsibility of manager	Responsibility of team member
A broken bed		
A CTG machine is not working properly		
A window gets broken		
A spillage of water		
A spillage of blood		
A light bulb stops working		

Emergency Equipment

List the emergency equipment kept on the ward?	Where is each item kept?	List the contents of each item.
What is your responsibility as a midwife with regard to the equipment		
If the event of an emergency how would you get hold of the appropriate personnel		
Who might these personnel consist of		

Finance and Budget for the Ward

Who is responsible for the budget for the ward?

Where does the money come from?

How is the budget used on the ward, i.e., what is the money spent on?

If a BUDGET REPORT is generated for the ward find out the following:

- The items on the budget report
- The most expensive item on the report
- The cost of five items that are used daily on the ward
- The implications of these items on the ward budget

Identify a treatment/way of management of care that required some amendment, e.g., the introduction of a different brand of drug or the amendment of the frequency of administration of a drug. What were the implications on the budget of this change?

Quality Assurance

Clinical Governance

"Clinical governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish." (Sally and Donaldson 1998, p.61)

Sally G and Donaldson LJ (1998) Clinical governance and the drive for quality improvement in the new NHS in England. *British Medical Journal*, 317, (7150), 4 July pp.61-65.

1. How does the ward contribute to clinical governance in the Trust?
2. What is the role of the midwife in contributing to clinical governance?
3. Reflect on a meeting you have attended about clinical governance.

Care Quality Commission (CQC)

The CQC makes sure that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. The CQC's aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes or elsewhere (<http://www.cqc.org.uk/about-us/our-purpose-role/who-we-are>)

1. How does the ward contribute to achievement of the outcomes required by the CQC in the midwifery unit and the Trust?
2. In her day-to-day activities, how can the midwife contribute to achievement of the outcomes required by the CQC?
3. Reflect on a meeting you have attended about CQC.

Audits

What audits are undertaken in your clinical area? Outline:

- i. The purpose of the audit(s)
- ii. The personnel involved
- iii. The possible actions following the audit(s)
- iv. Who the results are made available to
- v. Reflect on an audit where you had some involvement.

Service users

The Care Quality Commission (CQC) expects to see evidence of service user involvement when inspecting Trust services and a strong commitment to the championing of rights, balanced with responsibilities, is essential to ensure the Trust meets the standards required.

1. How are the views of individual service users solicited in the midwifery unit? What happens to these?
2. How is service user participation in service development promoted in the midwifery unit?
3. What is the role of the midwife in upholding service user involvement?

The Productive Ward

Releasing time to care - The Productive Ward focuses on improving ward processes and environments to help midwives spend more time on patient care thereby improving safety and efficiency. Practitioners are encouraged to make small changes to improve the way their ward is run by analysing the way they work.

1. Arrange to spend some time with the Productive Ward lead in your area. If available and appropriate, participate in an *Activity Follow* with this person. Give a brief description of this *Activity Follow* and the findings.
2. Which key modules have been implemented in your area? How have these modules been introduced and implemented?
3. Identify up to three areas of practice that have altered so that more time has been released for more client care activities?
4. How has The Productive Ward been integrated with other improvement initiatives (e.g., patient safety, patient experience).

Managing Situations

This section is to assist you to consider the action to be taken, and possible consequences, in a variety of situations that may occur on the ward. Write down the action to be taken and the follow up action that may need to be taken.

1. A baby falls to the floor from the mother's bed

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

2. A visitor catches his finger in the internal door

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

3. A mother discovers that some of her property has gone missing

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

4. A mother complains to you that she is not happy with the care she received from a midwife

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

5. A midwife reports a drug error to you

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

6. The fire alarm goes off

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

7. A mother collapses on the ward and it appears that she is having a cardiac arrest

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

8. A woman's partner threatens you with violence

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

9. When checking the controlled drugs, there is a quantity missing

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

10. You disagree with the instructions of a junior doctor for the care of a mother

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

11. You disagree with the instructions of a consultant for the care of a mother

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

12. You sustain a needle stick injury

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

13. You smell alcohol on the breath of the midwife who is taking over the charge of the ward

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

14. There are no name tags on a baby

Action taken	Possible consequences for the person(s) involved/affected and/or Trust

Suggested Reading:

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