

R2C (HON2) MIDMILEK I

PRACTICE PROGRESS FILE YEAR 3

PROVIDING HOLISTIC MATERNITY CARE

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1. INTRODUCTION

This Practice Progress File (PPF) provides a framework which will enable you to document your ongoing record of achievement whilst in the practice area and is a fundamental tool for the assessment of your midwifery care during the third year of your course. Essential Evidence is collected continuously throughout the year, which reflects your personal and professional development within the practice environment.

The PPF provides a record of your personal and professional development within the practice environment. It is the means by which your progress and practice proficiency are measured, assessed and evidenced at the summative points in order to achieve the NMC Standards for Preregistration Midwifery Education (NMC, 2009).

2. MODULE OUTCOMES

By the end of the module I will:

Research, Knowledge and Cognitive Skills

- Demonstrate a comprehensive and detailed knowledge and understanding of the impact of physiological, psychological, social, political and cultural factors on the safe, holistic care of the woman, baby and family.
- Demonstrate a comprehensive and detailed knowledge and understanding of strategies to facilitate normality during pregnancy, labour and the postnatal period.
- Demonstrate in-depth knowledge of the recognition, management and care of women and babies who have complex needs throughout the childbirth continuum.

Personal and Transferable Skills

- Use critical thinking and reflective skills to identify individual learning needs and evaluate personal development with regard to lifelong learning.
- Apply The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC, 2018) and operate responsibly within digital environments.

Professional Skills

- Demonstrate, with indirect supervision, the provision of holistic and personalised care to women and their families.
- Demonstrates, with indirect supervision, the provision of safe, holistic, baby-centred care.
- Appraise their application of a range of techniques and knowledge to facilitate normality in all aspects of midwifery practice.
- With indirect supervision, determine the recognition and response to complex care, whilst demonstrating the courage to escalate concerns through timely referral to an appropriate professional.
- Demonstrate effective communication and interpersonal skills to initiate and maintain supportive relationships with women and their families in a wide range of situations.
- Demonstrate collaboration with multidisciplinary and agency teams with indirect supervision
- Formulates and provide public health support and parent education to meet individual care needs of women, their babies and families with indirect supervision.
- Prioritise and manage care, with indirect supervision, for individuals and groups of women and their babies, justifying the decision-making process.
- Apply comprehensive and detailed legal and professional knowledge to the maintenance of accurate, legible, contemporaneous and comprehensive records of midwifery practice.

• Demonstrates the ability to maintain personal responsibility for professional behaviour and conduct according to NMC Standards.

3. MODULE SUMMATIVE ASSESSMENT

The module assessment has two components, which assess all module learning outcomes. Both components must be passed at 40% for successful completion of the module, both component grades will be added together and divided by two, to achieve the summative grading mark.

Two summative assessment points will take place in Week 38 and 45 and a mean of the two assessments will provide the final summative grade for the year

Component 1: Grading of Practice of ten practice proficiencies (Module Week 38)

Component 2: Grading of Practice of ten practice proficiencies (Module Week 45)

Assessment Criteria

- To receive a pass mark you must achieve 40% for each of the 10 practice proficiencies,
- The practice proficiencies must be supported by the essential evidence in the Practice Progress File.

4. THE PRACTICE LEARNING TEAM

You will be supported by a Practice Learning Team which consists of Practice Assessors, Academic Assessor, Practice Supervisor, Skills Facilitators and a Nominated Person for each ward/department (Diagram 1) to meet the NMC standards for student supervision and assessment (NMC, 2018). Assessment of practice will be undertaken by a Practice Assessor, who will grade your achievement of the practice proficiencies, basing their professional decision on evidence provided within the Practice Progress File. The Practice Assessor and the Academic Assessor together will verify your practice and academic achievement.

Diagram 1



Your Responsibility as a Student



As a professional-in-training and an adult independent learner, you have several responsibilities with respect to your learning and completion of this PPF. You have a responsibility to ensure you demonstrate the core health and social care values and behaviours at all times and uphold the standards expected by regulatory, statutory and professional bodies.

This document makes a major contribution to assessment of your progress on your course, and ultimately your achievement of the award. You are responsible for the safekeeping and maintenance of this document. Alterations should be made in this document by crossing through with one line, with a signature and date. It is essential that the Practice Progress File must be available to the Practice Supervisor, Practice Assessor and Academic Assessor at all times when you are in placement. This includes all documentation including quantative numbers and competencies and that they are signed contemporaneously.

You should ensure that you prepare adequately for forthcoming placements to facilitate the achievement of learning outcomes. Ensuring that whilst in the placement area, any learning opportunities are maximised and that these are discussed with your allocated Practice Assessor/Practice Supervisor supporting you on a given day. There is an increasing emphasis on the student as an independent learner and it is the student's responsibility to seek, receive and act upon constructive feedback from Practice Assessors, Practice Supervisors and Academic Assessors. It is your responsibility to ensure that any Action Plan constructed for your professional development is shared with the relevant Practice Supervisors.

You are responsible for raising concerns with an appropriate member of staff in a timely manner and should alert staff to any reasonable adjustments that may be required to support your learning.

You should ensure you are familiar with the University assessment and submission processes for this document and contact the academic representative from the academic team, or refer to the University's intranet if you require support or advice on specific University procedures.

You will have access to confidential information when in practice placements. The PPF should not contain any patient/service user/carer identifiable information. Contents must not be disclosed to any unauthorised person or removed, photocopied or used outside the placement or University.

You have a responsibility to be proactive and actively engage with people receiving care, their families and carers respecting their dignity and diversity; always ensuring they are at the centre of care delivery. Before approaching any patient/service user/carer for feedback you must discuss with the Practice Supervisor supporting you on a given day /Practice Assessor who will facilitate consent.

The Nominated Person



The Nominated Person is a named individual for each ward/department area. The Nominated Person is identified by the ward/department manager as appropriate for the role and provides a link between the ward/Department, the University and the Practice Placement Facilitator. The Nominated Person is your first point of contact

and they can offer support and advice on any concerns during your placement experience.

The Nominated Person will ensure that you will receive an induction to the area, have been allocated off duty prior to the start of the placement and have access to the learning resources. Any changes to off duty should be negotiated with the nominated person in conjunction with the learning team. They also organise your Practice Learning Team. The Practice Learning Team is made up of the Practice Assessor, Practice Supervisors and Skills Facilitators. The Nominated Person, in liaison with the Practice Learning Team will make you aware of the support and opportunities available within the learning environments, thereby ensuring that you are empowered to be proactive and to take responsibility for your learning.

The Academic Assessor

Academic Assessor (Midwifery tutor) has an understanding of the student's learning and achievement in practice through working in partnership with the Practice Assessor to gather feedback regarding achievement and progression.

Academic Assessors will review the student progression at designated points in the course. They will make decisions about the student's progression in partnership with the Practice Assessor. The Academic Assessor will have a key role in confirming the student's progress within the course. They will also review and verify student achievement in relation to summative assessment s within the PPF. An Academic Assessor cannot assess a student in consecutive parts of the course. For example the same Academic Assessor may not assess a student in both Part 1 and Part 2, Part 2 and Part 3, but *may* be the assessor in Part 1 *and* Part 3.

The Practice Assessor

The Practice Assessor is required to be a registered midwife **NB** For any single part of the course, the Practice Supervisor and the Practice Assessor cannot be the same person.

The Practice Assessor has a key role in assessing and confirming your proficiency providing assurance of achievements and competence at each summative grading of practice.

The role of the Practice Assessor includes facilitating learning opportunities, relevant to the clinical area. Furthermore the Practice Assessor in conjunction with the Academic Assessor is responsible for facilitating any agreed reasonable adjustments required whilst in practice.

Decisions about your assessment and progression at a Mid-Point review and at each grading in practice module component will be informed by essential evidence and formative feedback sought and received from your Practice Supervisors, Skills Facilitator and Service Users. Periodically the Practice Assessor will observe you in practice in order to inform decisions for assessment and progression in partnership with your nominated Academic Assessor

On these occasions formative feedback on the episode of care may be completed (Appendix 8)

The Practice Supervisor (Practice Learning Team Member)

You will be supported by a range of Practice Supervisors whilst on placement The Practice Supervisor has an important role in supporting and guiding you through your learning experience. This includes facilitating learning opportunities including any reasonable adjustments that may need to be made to achieve maximum benefit from the placement. Practice Supervisors will provide formative feedback both verbal and written on your progress, by providing qualitative comments and supporting you to generate evidence. In addition, the Practice Supervisors will sign and date achieved skills and competencies once observed to have been performed adequately. The Practice Supervisor role is of key importance in contributing to your assessment.

NB; All documentation should be contemporaneous and stored within the practice progress file.

NB; All documentation should be contemporaneous and stored within the practice progress file.

The role of a Practice Supervisor supporting you on a given day is to ensure that:

- Their signature is verified (Appendix 2)
- You are orientated to the placement area on your first day and the Orientation to Placement Area document completed (Appendix 4)
- You will have undertaken a self-assessment (Appendix 5) and identified a range of Learning Goals (Appendix 6) agreed with your Practice Assessor
- You have ongoing assessment and feedback on your knowledge, performance and professional behaviour, completing the Formative Feedback (Appendix 8 & 10)
- Your skills and competencies (proficiencies) are observed and signed as appropriate.



The Skills Facilitator (Practice Learning Team Member)

A range of staff can support and facilitate your placement experience and have a vital role in your learning and development. These are clinicians known as skills facilitators. Skills facilitators are non-registrants with particular competence. Once the experience is completed the Skills Facilitator completes the Skills Facilitator Feedback Sheet (Appendix 10).

NB; All documentation should be contemporaneous and stored within the practice progress file.

On placements where specific NMC skills and competencies (proficiencies) are not being assessed, student feedback will be recorded in appropriate feedback form (**Appendix 8 & 10**).

Contact details

Part 3 Academic Assessors

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_		

Table 1: Demonstrates the Allocation of Academic and Practice Assessors Across the two Module components and Part 1 of the Course

NMC Term for year: Part 3	Module Component One: Grading of Practice	Module Component Two: Grading of Practice					
Practice Assessor	Practice Assessor for Component One: 50% of Part (progression agreed provided successful completion of Component 2 and theoretical learning)	Practice Assessor for Component Two: 50% of Part (progression agreed provided successful completion of theoretical learning)	Over all Components 1 and 2 are added together and divided by 2 to record 100% of the module mark (Grading				
Academic Assessor	Academic Asse	essor for Part 3	of Practice)				

5 PRACTICE PLACEMENTS

The final year of the course has placements in community, labour and the antenatal/postnatal ward enabling you to provide midwifery care across a range of settings and also contribute to multidisciplinary/multi-agency team-working. On completion of all of your summative assessments, there is an allocated period for consolidation when you will have the opportunity to further develop your confidence, experience and skills.

In the practice placements you will be assigned to an Practice Assessor for each module component who is knowledgeable regarding the expectations of a third year student midwife and is able to facilitate various learning opportunities within practice. It is important that you and your Practice Assessor identify time together to discuss your progress and experiences, and to plan future learning opportunities for you to actively engage in holistic woman, baby and family-centred

care. As the year progresses you should be clearly demonstrating confidence and an increasing ability to undertake midwifery care under 'indirect supervision' so that at the point of registration you are professionally capable of autonomous practice (NMC, 2009,).

It is a Nursing and Midwifery Council requirement that you experience 24-hour care for women and their babies in the form of night shifts. Therefore it is expected that you will work night shifts within each placement allocation and year of the course; however the number of nights must not normally exceed 50% of a placement allocation. In the instance that you are allocated off duty by the Nominated Person in excess of 50% night shifts it is your responsibility to inform both the Practice Assessor and Academic Assessor so that, following discussion, alternative arrangements maybe made.

6 CASELOAD HOLDING

Rawnson et al (2008) clearly articulate the value of student caseload holding within a preregistration midwifery course enabling you to become a responsive and dynamic practitioner prepared for challenges within 21st century maternity care. Integrating the experience and concept of caseload holding should enable you to have an understanding of 'the impact of pregnancy, birth and the addition of a new baby into family life, as well as learning about the practicalities of planning, implementing and evaluating midwifery care in a way that is relevant to women' (NMC, 2009). Caseload holding is a central strategy within this course which aims to facilitate development of autonomous practice and an understanding of the practicalities and professional responsibilities of managing a midwifery caseload. Providing care to a small caseload of women will enable you to utilise knowledge and skills required for effective leadership, clinical decisionmaking and collaborative working to effectively deliver holistic woman/family-centred care.

Additional information and guidance is clearly identified with the 'Caseload Holding' document. (**Appendix 14**)

7 CONSENT AND CONFIDENTIALITY

As a student at Teesside University it is essential that you abide by 'The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives' (NMC, 2018) and the current School of Health & Life Sciences (SHLS) guidelines when gaining informed consent and maintaining confidentiality. **Any breach of confidentiality or failure to gain informed consent**, in any setting, will be deemed to be unprofessional conduct and will result in a mark of 0% and possible disciplinary and/or legal action.

8 NMC PROFESSIONAL GUIDANCE

You will be expected to keep current copies of the NMC guidance with your Practice Progress File to use and to clearly demonstrate your underpinning knowledge in relation to your professional midwifery practice.

Table 2

NMC Guidance includes:

Standards for Pre-registration Midwifery Education (2009)

http://www.nmc.org.uk/standards/additional-standards/standards-for-pre-registration-midwifery-education/

NMC Standard Framework for Student supervision and assessment Part 2 (2019) <a href="https://www.nmc.org.uk/standards-for-education-and-training/standards-training/s

for-student-supervision-and-assessment/

Practising As A Midwife In The UK (2017) Practising as a midwife in the UK https://www.nmc.org.uk/standards/midwifery/midwifery-regulation/

Nursing & Midwifery Council. The Code: (2018)

http://www.nmc.org.uk/standards/code/

NMC Standards of Competence for Registered Midwives (2018)

https://www.nmc.org.uk/standards/standards-for-midwives/standards-ofcompetence-for-registered-midwives/

NMC Complaints about Fitness to Practise (2019)

http://www.nmc-uk.org/Employers-and-managers/Fitness-to-practise/

Raising and Escalating Concerns: Guidance for Nurses and Midwives (2019)

http://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-

nurses-and-midwives/

NMC Social Networking Guidance (2019)

http://www.nmc.org.uk/standards/guidance/social-networking-guidance/

GUIDANCE FOR COMPILING YOUR PRACTICE PROGRESS FILE 9

9.1 Presentation

You should include an introduction to your PPF which summarises your aims for the year and a conclusion which presents a summary evaluation of your progress over the year. An Action Plan to take forward as a newly qualified midwife and a completed Curriculum Vita should also be submitted.

Where possible entries should be word-processed, with exceptions for Initial and summative meeting summaries, Practice Learning Team feedback, and the quantitative records of essential experience which can be handwritten, clearly and legibly.

Referencing must be in accordance with Teesside University guidance.

9.2 The Assessment Process

Over the course of your placement experience for each separate component, learning is divided into summative assessment processes and formative learning activities. The summative assessment processes are made up of Summative and Formative feedback designed to enhance your learning. The summative feedback is completed by the Practice Assessor and Formative feedback completed by your Practice Learning Team. All formative feedback must be completed prior to the Practice Assessor's summative feedback and grading of practice, as it will be used to inform the assessment of your practice (grading). This feedback makes up your essential evidence for each grading point. You are required to maintain a practice assessment record for each component in year 3 (Appendix 3).

Formative Learning Activities are specific activities that have been designed to enhance your practice and learning and inform the Practice Assessor in the assessment of your practice. These activities also make up the essential evidence for your grading of practice.

Tripartite Meeting Schedule & Assessor Table 3

Date	Placement	Who will attend	What will I need	Examples of Discussion
	Year 1 Students			
Module Week 5	Initial meeting - community	You	PPF up to date Self-Assessment Learning Goals	Self-Assessment Learning Goals Orientation to placement
		Academic Assessor	3 -	The Learning Team Off Duty
Module	Mid	Practice Assessor You	DDC up to data with all	Learning Opportunities Complete initial Interview
Week 9	Placement review		PPF up to date with all feedback from The Practice Learning Team	Progress to date Supervisor and Skills Facilitator feedback
	Formative Feedback	Academic Assessor	Evidence within PPF of	Continuing opportunities Any issues or concerns
			progression towards your practice	Complete midpoint review
			proficiencies ie; skills,	
			quants, communication tools.	
Module Week	Summative Grading of	You	PPF up to date with all feedback from The	Overall progress in the placement
45	Practice	Academic Assessor	Practice Learning Team	Feedback for next placement
		Practice Assessor	Evidence within PPF of progression towards	Complete Grading of proficiencies.
			your practice proficiencies ie; skills,	
			quants, communication tools, workbooks	
Module	Initial	You	PPF up to date	Self-Assessment
Week 18	meeting - Labour Ward	Academic Assessor	Self-Assessment	Learning Goals Orientation The Practice Learning
	11.52	Practice Assessor	Learning Goals	Team Off Duty Learning Opportunities
Module	Mid	You	PPF up to date with all	Complete initial Interview Progress to date
Week 34	Placement review	Academic Assessor	feedback from The Practice Learning Team	Supervisor and Skills Facilitator feedback Continuing opportunities
			Evidence within PPF of progression towards	Any issues or concerns Complete midpoint review
			your practice proficiencies ie; skills,	
			quants, communication tools.	
Module Week 38	Grading of Practice	You	PPF up to date with all feedback from Practice	Overall progress in the placement Feedback for next
30		Academic Assessor	Learning Team	placement
		Practice Assessor	Evidence within PPF of progression towards your practice proficiencies ie; skills,	Complete Grading of proficiencies
			quants, communication tools, workbooks	

Formative Feedback

To inform the Practice Assessor and Academic Assessor summative grading of practice for the module, it is essential for the Practice Learning Team to provide formal written formative feedback on the appropriate forms (**Appendix 9**) prior to the Practice Assessor completing mid-point review and summative grading of practice. The episodes of care (**Appendix 12**) contribute to the evidence of achievement of the students learning goals and practice proficiencies. This evidence includes your own reflections which you must complete prior to meeting with your Practice Assessor. This feedback should normally take place during the mid-placement experience between the Initial Meeting and Mid-Point Review and the Mid-Point Review and Summative Grading of Practice for each component.

At any point within the placement, if it is identified you are not meeting the required standards this should be escalated promptly to the Practice Assessor and Academic Assessor. These concerns should be highlighted as a cause for concern and an action plan and review put in place (Appendix 18).

The Practice Assessor will review your progress at the mid-point review supported by evidence within the practice progress file

Summative Feedback

During a summative grading of practice tripartite meeting your Practice Assessor will grade your practice up to this point of the course and based upon all the Essential Evidence. At the summative tripartite meeting your Practice Assessor and Academic Assessor will meet initially to discuss the grades awarded for each of your practice proficiencies and then there will be an opportunity to discuss your progress, achievement of the practice proficiencies and the grade your Practice Assessor has awarded for these. An individual account of this discussion must be documented and signed by you, your Practice Assessor and Academic Assessor. To achieve a pass at the summative grading points, all of the practice proficiencies must be achieved at the level of 40%.

The following **Table 4** outlines these processes and learning activities

Table 4: Demonstrates the Summative Assessment Process and its Relationship to Formative Learning Processes

Module Assessment	Summative Assessment Process			Formative Learning Processes		
Component One 50% of the module mark	Initial Meeting	Meeting between student and Practice Assessor and Academic Assessor within the first week of placement Initial learning and development needs and agreement of a learning plan. Date for mid-point review agreed.		Formative Supervisor Feedback Skills Facilitator Feedback Communication Tool/workbooks Practice Assessor/ Practice Supervisor		
	Formative Supervisor Feedback			Signing of Competencies and Quantitative numbers Attendance sheets		
	Mid-Point Review	The Practice Assessor reviews the student' progress. Feedback from Practice Supervisors are reviewed. Any concerns about progress are escalated to the nominated Academic Assessor and action plans initiated				
	Formative Supervisor Feedback					
	Summative Grading of Practice	Overall performance is reviewed for component one on the basis of signed and completed evidence from the Practice Learning Team including the Academic Assessor. Please note: The Academic and Practice Assessors jointly confirm student progression from this stage. Therefore at the end of component one and at the time of the summative grading of practice the Practice Assessor signs to agree progression based on full achievement of all remaining academic and practice assessments				
Component	Initial Meeting	. Meeting between student and Practice Assessor and		Formative Supervisor Feedback		
Two 50% of the module mark		academic assessor within the first week of placement Initial learning and development needs and agreement of a learning plan. Date for mid-point review agreed.	Skills Facilitato Communication Practice Asses	Skills Facilitator Feedback Communication Tool/workbooks Practice Assessor/ Practice Supervisor		
module mark	Formative Supervisor Feedback			Signing of Competencies and Quantitative numbers Attendance sheets		
	Mid-Point Review	The Practice Assessor reviews the student' progress. Feedback from Practice Supervisors are reviewed. Any concerns about progress are escalated to the nominated Academic Assessor and action plans initiated		Attendance sneets		
	Formative Supervisor Feedback					
	Summative Grading of Practice	Overall performance is reviewed for component two on the basis of signed and completed evidence from the Practice Learning Team including the Academic Assessor				

	Please Note: The Academic and Practice Assessors jointly confirm student progression from this stage. If at the time of the summative grading of practice, the academic results remain outstanding. The Practice Assessor will agree progression based on full achievement of all outstanding academic and practice assessments.	
End of Stage and Progression Point		

9.2.1 Assessment of Practice and Grading of Practice

In each year of the course practice modules have two components that are each worth 50% of an overall module mark. The components are the summative assessment for grading in practice and take place at the end of a defined placement experience at a summative meeting. (Appendix 19)

At the grading in practice meeting, the Practice Assessor assesses your achievement within the practice area against the ten practice proficiencies and awards a grade of achievement for practice. **Each** practice proficiency must achieve a grading of 40% or above. The overall grading at one summative assessment will be calculated by adding together each individual grade and dividing by 10 to give an overall percentage grade for the practice proficiencies. Achievement of a practice proficiency is determined by both practice and evidence accrued within the PPF.

The grade awarded at the summative meeting is unratified and, as such, requires that the student maintains the assessed level against each of the 10 practice proficiencies until the placement is complete. If a Practice Assessor subsequently raises concerns about your practice, the situation will normally be managed through the School's Cause for Concern procedure and may result in the unratified grade being amended. However, if the concern is of a serious nature then the University Fitness to Practise procedure may be invoked.

9.2.2 Failure to Achieve the Graded Practice Proficiencies

Failure to achieve one or more practice proficiencies at a summative assessment point, will be classed as a fail at first attempt. The Practice Assessor will indicate on the practice proficiencies assessment grid only the proficiency that has not been achieved and the overall grade entered to the Assessment Board will be that of zero. The remainder of the practice proficiencies although achieved will not be assigned a grade as all will be capped at 40 at any subsequent reassessment. At this point in the course 'Chairs Action' will be obtained to grant you a reassessment of the failed summative grading of practise.

If reassessment is granted with 'Chairs Action; you will be required to return to that placement for a further 4 weeks and an Action Plan put in place with the focus on the specific practice proficiencies that have not been achieved at the first attempt. However, you must demonstrate at the end of the 4 weeks that you have achieved a pass standard in all practice proficiencies. The Academic Assessor will liaise with the Practice Assessor on a weekly/2-weekly basis. If successful at reassessment the grade for ALL 10 practice proficiencies will be capped at 40% (pass). If referred at re-assessment you will be removed from practice and commence a period of study leave pending the decision of the Assessment Board.

9.3 Student Self-assessment

At the beginning of each placement and consolidation you should identify the knowledge, attitudes and experience relating to the practice proficiencies and midwifery competencies and skills that you bring to the placement (**Appendix 5**). This should include your identified strengths, areas for development and what you would like to achieve during that placement.

At the end of each placement you should evaluate the progress you have made during the placement.

9.4 Writing your Learning Goals

You should develop realistic learning goals that are linked to the achievement of the Year 3 practice proficiencies and the midwifery competencies and skills.

Once the self-assessment tool is complete you can use it to identify your learning needs as a basis from which to formulate learning goals (**Appendix 6**). Identifying your learning needs is an important part of self-evaluation. A learning need is the gap between the learning that you need to achieve as part of your placement and your present level of development e.g. where are you now? Where do you want to be?

Once you have identified your learning needs you can write a set of learning goals. A learning goal is a broad statement of what you will be able to do or achieve during your clinical placement. Your learning goals need to be concise, realistic, measurable and specific so that you can assess attainment in your mid-placement summaries of personal development, when you have written your learning goals discuss them with your Practice Assessor at your initial meeting to ensure that planned learning opportunities will enable you to achieve the goals you have identified.

9.5 Tripartite Meetings

It is your responsibility to liaise with your Practice Assessor and Academic Assessor to arrange your Initial and Summative meetings (Appendix 7), you must give your Practice Assessor your PPF to ensure they have time to review it prior to the meeting. The initial tripartite meeting should be arranged for the first week in the placement area. At this meeting you will identify and discuss your self-assessment analysis and learning goals relevant to the area of practice, achievement of essential competencies and skills and practice proficiencies. In addition to discussing your self-assessment and learning goals, the initial meeting will also focus on exploring various learning opportunities available during your placement to enable you to work towards achievement of the practice proficiencies midwifery competencies and skills. Skills that may prove difficult to achieve due to lack of opportunity should be identified with a plan to be simulated in practice.

During your clinical placements, the Practice Assessor at the midpoint review will discuss your progression towards achieving your learning goals and summative practice proficiencies. This will provide the opportunity for you to receive constructive feedback on your progress

At the initial meeting at the beginning of your Labour Ward placement (Week 18/19), you must demonstrate your understanding of the professional responsibility of managing a midwifery caseload. This is an essential requirement prior to you undertaking indirect supervision whilst working in the community. From Week 18/19 until Week 38 supervision by your Practice Assessor or Practice Supervisor will be via a hub and spoke model.

During each module component summative grading of practice meeting (Week 38 and Week 45) your Practice Assessor will grade your practice up to this point of the course based upon all the Essential Evidence. At the summative grading of practice meeting your Practice Assessor and Academic Assessor will meet initially to discuss the grades awarded for each of your practice proficiencies and then there will be an opportunity to discuss your progress, achievement of the proficiencies and the grade your Practice Assessor has awarded for these. An individual account of this discussion must be documented and signed by you, your Practice Assessor and Academic Assessor.

The final summative grading of practice meeting for component 2 occurs during Week 45. At this meeting evidence will be presented to demonstrate that you have completed all practice placements and maintained professional standards. Once all academic results are known the

Academic Assessor in partnership with the Practice Assessor, will confirm that all progression conditions have been met.

9.6 Feedback from the Practice Learning Team and Student Reflection on Progress

Oral discussion and a range of written formative feedback on your progress is provided within the practice modules and is considered an integral part of enabling you to develop clarity and self-esteem as a midwifery student. Oral feedback is dynamic and occurs spontaneously during your day-to-day practice. Written formative feedback such as the Mid-point Review, Communication Tool, are more structured. Feedback should enable you to improve your midwifery knowledge and skills so that high quality, safe and effective midwifery care is provided to mothers, babies and families.

The following points may help you to gain the most from your feedback:

- Read feedback
- Seek clarification of written feedback or unfamiliar terminology
- Compare feedback with previous comments to confirm your progress towards learning goals and practice proficiencies

Your Practice Assessor will provide summative feedback on the 'Mid-placement Review proforma. This will include a review of your progression towards achievement of your learning goals, proficiencies, midwifery competencies and skills, and attendance.

9.7 Cause for Concern

The term Cause for Concern refers to any concerns about a student during their placement.

As soon as a problem is identified the individual raising the concern should notify the other members of the Practice Learning Team (if the concern arises in practice the Practice Supervisor should notify the Academic Assessor as soon as possible) and an additional meeting should be arranged at the earliest opportunity. This meeting will explore the nature of the problem/concern and the evidence that has led to it being identified. This meeting should be documented on the Record of Communication/additional feedback page.

An Action Plan will be devised to specify learning goals and documented at this point. The Action Plan to address the concern should identify learning needs, any additional resources and the evidence required to demonstrate achievement, along with a timeframe for review of progress normally after 1 – 2 weeks and completion of the Action Plan which is normally four weeks.

Please note, that if the concern relates to safety issues then the student may be withdrawn from practice with immediate effect. Where students are involved in untoward incidents/accidents, the Academic Assessor and Practice Placement Facilitator should be informed of any untoward incidents/accidents which have involved students as soon as possible, to enable them to offer support where needed.

9.8 Communication Tool

Recent national guidance (Kirkup 2015, DOH2010, Cumberlege 2016) and Midwifery 2020 has clearly articulated that effective communication among all members of maternity and social care teams will ensure high quality seamless care for women, babies and their families. When women require referral, the midwife must be skilled in working as part of the multidisciplinary/multi-agency team (NMC, 2009).

In Years 1 and 2 of the course you will have completed communication tools and received feedback from the practice area/s and women, which will have enabled you to address areas for development in relation to this essential aspect of midwifery care. In the final year of the course you will further enhance your communication skills and demonstrate your ability to effectively liaise and contribute to multidisciplinary and/or multi-agency team-working providing safe, holistic care for the woman, baby and family. This will be documented within the Communication Tool (Appendix 14)

9.9 Medicines Management Workbook

Medicines Management within midwifery care is based on a 'partnership approach' between the woman and the midwife providing therapeutic interventions that achieve positive outcomes (NMC, 2009).

As you have done during the previous years of the course you will continue to document a 'log' of medicines that you have encountered when caring for women/babies within the practice setting. Additionally, within the workbook there will be directed reading and clinical scenarios that provide opportunities for you to demonstrate effective decision-making and accountability within medicines management. We would advise that you make use of the workbook immediately when you enter Year 3 to obtain maximum learning.

9.10 Infant Feeding Workbook

This course has a strong focus on optimal infant feeding to ensure that you are equipped with the essential knowledge and skills to effectively support women and families in their informed decision-making. There is a continued emphasis throughout the course on the midwife's role in the promotion of breastfeeding that contributes to the public health agenda (NHS 2019).

The Infant Feeding Workbook will enable you to demonstrate your knowledge and skills specific to the NMC Skills Clusters in relation to initiation and continuation of breastfeeding (NMC, 2009) and the UNICEF BFI learning outcomes. The focus of the workbook in the third year will be scenarios within a Breastfeeding Clinic which will provide opportunities to develop your analytical and problem-solving skills.

9.11 Facilitation of Parent Education Session

Whilst on your community placements in Year 1 and 2 you will have observed and contributed to parent education sessions facilitated by midwives in the community and hospital settings. In the third year of the programme you will be expected to take an active and facilitative role in parent education sessions (Appendix 16).

The format of the parent education session and topic to be facilitated will be negotiated between you and your Practice Assessor/Practice Supervisor, ensuring that you are contributing effectively to the antenatal care experiences of women (and their families). It is therefore essential that you take all opportunities to develop this skill as your programme progresses.

Please note: The parent education feedback from your Practice Assessor/Practice Supervisor is a required element within the critical evaluation of a parent education session within the Providing Holistic Midwifery Care module.

9.12 Optional Newborn and Infant Physical Examination Logbook

To complement theory delivered in Contemporary Care of the Newborn an optional logbook is included. The logbook is to be utilised as evidence for those students who have had the opportunity to undertake a NIPE in practice under supervision.

9.13 Ward Management Activity

This formative activity must be undertaken during your antenatal/postnatal ward placement. You will select a group of women (antenatal and postnatal) and manage them for a full shift under the indirect supervision of your Practice Supervisor or Practice Assessor. This activity will enable you to demonstrate skills in prioritising care, problem-solving, decision-making and leadership when caring for a group of women and their babies. Formative feedback on this activity will enable you to plan further professional development (**Appendix 17**). It will also contribute to your summative grading of practice.

9.14 Caseload Holding Records

For each caseload care episode with women and babies you must accurately and clearly document all care given in the Caseload Holding Records (NMC, 2009). This should include the discussion with your Practice Assessor or Practice Supervisor and an appraisal of the previous visit. All caseload records in your Practice Progress File should be countersigned by your Practice Assessor or Practice Supervisor as soon as reasonably possible following the visit (Appendix 16). Anonymity and confidentiality must be maintained at all times within the records (NMC, 2008).

9.15 Midwifery Competencies and Skills

The midwifery competencies and skills have been mapped against the NMC Standards and Essential Skills Clusters (2009) which support the achievement of the practice proficiencies and required level of achievement relevant to the stage of the Course (Appendix 22). They are designed to help you and your Practice Assessor monitor your progress throughout the three years and should be considered within the context of safe, holistic maternity care rather than in isolation. Your Practice Assessor or Supervisor can sign each skill to the level achieved which should clearly demonstrate your progression and, along with achieved practice proficiencies that you are 'fit to practice' at the point of NMC registration.

Skills that may have proved difficult to achieve due to lack of opportunity (e.g. physiological management of the third stage, use of TENS) should be identified with a plan to be simulated in practice.

9.16 Quantitative Records of Essential Experience

Requirements of the European Union Directive 2005/36/EC Article 40 (The Training of Midwives).

The quantitative records of essential experience are required to be completed during all three years of the Course to demonstrate your range of care experiences. You will continue with the quantitative records that you have completed during Years 1 and 2 of the Course. All entries must be verified contemporaneously by the relevant Practice Supervisor or Practice Assessor who supervised you and their signature must be documented within the Practice Learning Team Signature List (Appendix 2).

Please be aware that all of the required quantitative numbers are an essential element of the Course and must be completed and evidenced within the Practice Progress File when submitted.

9.17 Attendance Record

You must complete the attendance record (Appendix 19) accurately whilst in placement, accounting for a total of 37.5 hours of practice each week. The record must be verified at the time by your Practice Assessor/ Supervisor and periodically by the Practice Assessor and Academic Assessor. It is your responsibility to ensure all attendance records are submitted with the PPF so that the NMC requirements for clinical practice time are clearly evident. Practice hours that have not been completed to the NMC requirements must be made up after your final weeks of the course and, prior to being awarded your classification and registration with the NMC.

9.18 Health and Safety Requirements

- Orientation Sheets Orientation Sheets for each practice area should be completed within the first week of each placement.
- Attendance at Appropriate Trust Mandatory Training Sessions you must provide evidence
 that you have attended your Trust Mandatory Training within the PPF. You are strongly
 advised to make arrangements with the relevant person within your Home Trust during the
 early part of the third year as attendance at all mandatory days is an essential requirement
 prior to undertaking indirect supervision for caseload holding.
- Verification of Attendance at Sessions on Moving and Handling these sessions are provided at the University during theory time. You must include evidence of your attendance with your PPF.

APPENDICES

CHECKLIST OF ESSENTIAL ELEMENTS OF PRACTICE PROGRESS FILE

All elements must be included for submission

1.	Introduction to Practice Progress File
2.	Practice Learning Team signature list
3.	Orientation Sheets to practice area for each placement
4.	A self-assessment for each placement
5.	Initial interview(s)
6.	Student learning goals and action plan for each placement
7.	Mid-placement summaries of practice progress for each placement
8.	Practice Supervisor(s) Feedback Episodes of Care
9.	Practice Assessor (s)Feedback Episodes of Care
10.	Student reflection on Episodes of care
11.	Skills facilitator feedback
12.	Evaluation of personal progress for each placement
13.	Ward Management Activity
14.	Communication Tool
15.	Parent education session feedback
16.	Medicine management workbook
17.	Infant Feeding Workbook
18.	Caseload Holding records
19.	Documentation of Components 1 & 2 for summative grading of practice
20.	 a) Quantitative records of essential experience b) Midwifery competencies and skills c) Records of attendance/copy of timesheets verified by the Practice Learning Team d) Evidence of attending Home Trust Mandatory Training e) Evidence of attendance at Manual Handling f) Evidence of Data acquirity averages
21.	f) Evidence of Data security awareness g) Verification of completed practice hours h) Verification of completed theory hours Practice Progress File Conclusion and Action Plan for future learning
	NIPE examinations (optional)

PRACTICE LEARNING TEAM SIGNATURE LIST

If you are involved in the education of this midwifery student and need to provide any written information within this portfolio please sign below

Date	Placement	Name	Signature	Practice assessor(PA) Practice supervisor (PS) Skills facilitator (SF)

PRACTICE ASSESSMENT RECORD

assessment/ Grading	Part/year Stage	Practice Assessor Name Print name & Record Signature	Academic Assessor Print name &	List practice supervisors you have worked with
Orading		Necord Orginature	Record Signature	during this stage
			•	
Record additiona	al practice supe	rvisors you have worke	d with in this section	
Date of assessment/ Grading	Part/year Stage	Practice Assessor Name Print name & Record Signature	Academic Assessor Print name &	List practice supervisors you
J		Necord Orginature	Record Signature	have worked with during this stage
		Record Oignature		
	al practice supe	ervisors you have worke	Record Signature	
	al practice supe		Record Signature	
	al practice supe		Record Signature	
	al practice supe		Record Signature	
	al practice supe		Record Signature	
	al practice supe		Record Signature	
	al practice supe		Record Signature	
	al practice supe		Record Signature	

ORIENTATION TO PLACEMENT AREA

To be completed on the first day of the placement

Placement Area:			
Date of Placement: From:	т	o:	
Practice Learning Team:			
Academic Assessor:			
The following have been	discussed:	Practice Learning Team (please tick)	Student (please tick)
Philosophy of midwifery ca	re		
Layout and location of facil	ities and equipment		
Fire procedure including loc exits and fire equipment			
Location of emergency equation the student in an obstetric/or Location of policies, protocol	clinical emergency		
Load management procedu			
Expectations of student: pr	ofessional manner		
Policy for receiving message	ges/enquiries		
Security			
Staff names, status and rol	es		
Local Safeguarding Childre	n Policy		
Lone Worker Policy			
Practice Learning Team	Signature		Date
Student:			

STUDENT SELF-ASSESSMENT

Placement:	Week No:	
Strengths		
Development Areas	5	
Opportunities		
Challenges		
	Signature	Date
Practice		
Assessor:		
Student:		

STUDENT'S LEARNING GOALS

Placement: Week No:

Student:

	Signature	Date
Practice Assessor:	-	
i idolioc Assossoli.		

Initial Interview

Placement Area		
Dates of Placement	Start Date:	
	End Date:	
	w should be completed in the first week of placemoals to be achieved.	ent to develop a Learning Plan
	an and goals should focus on the student's leawards the practice proficiencies.	rning goals and their
Practice Assesso	r updated within the last year 🔲	
Agreed Learning	y Plan and Goals:	
Practice Assessor	I confirm that I have not previously been a Practice Assessor for this student	
	Signature:	Date:
Academic Assessor	I confirm that I have not previously been a Academic Assessor for this student	Date:
ASSESSUI		Date
Student	Signature:	
	Signature:	Date:

Part 3 Episode of Care - Formative

This assessment must be completed by under the direct supervision of the student's Practice Assessor or Practice Supervisor during a specific episode of care.

The student will be given the opportunity to supervise and teach a junior learner/colleague in practice and provide a written reflection on this experience. This needs to be based on the delivery of direct woman-centred care. Professionalism underpins all aspects of the student's performance.

The aim of this assessment is to demonstrate the student's progression in the following five domains within NMC Standards for preregistration Midwifery Education (NMC, 2009).

- Effective midwifery practice
- Professional and ethical practice
- Developing the individual midwife and others
- Achieving quality care through evaluation and research

Effective communication and relationship management skills underpin all aspects of care

Assessment Learning Outcomes (take into consideration the individual student learning outcomes)

Under indirect supervision the student is able to:

Student reflection on the enicode of care

- 1. Engage with the role of the midwife as fully accountable lead professionals for the care and support of women, newborn infants, partners and families.
- 2. Evidence an understanding of the midwife's specific responsibility for coordination of care, providing ongoing midwifery care as part of the multi-disciplinary team, and acting as an advocate for the woman and newborn infant.
- 3. Professionally represent the midwife's role in caring for and supporting women, newborn infants, and families requiring medical, obstetric, neonatal, mental health, social care, and other services.
- 4. Establish knowledge, understanding and practice including operational and strategic developments that reflect maternity services within contemporary society.

Student reflection on the episode of care	
Within your reflection, describe the episode of care and how you planned and supervised the junior learner/peer in practice who delivered person-centred care.	What would you have done differently?
What did you do well?	What learning from this episode of care will support your professional development going forward in your

		teaching and learning role?
Dreatice aurentices feedback		
Practice supervisor feedback	votion or	ad discussion of the enjeads of ears, please assess and
comment on the following:	valion ar	nd discussion of the episode of care, please assess and
	chieved	(refer to criteria for assessment in practice)
V - Acineveu, X - Not a	cilieveu	(Telef to criteria for assessment in practice)
Standard to Achieve	√ or	Comments
	X	
Effective midwifery practice		•
e.g. lead the provision of safe, holistic,		
woman and baby-centred care.		
•		
Professional and ethical practice		
e.g. advocate for the woman/newborn		
infant so the centre of care focuses on the		
needs, views, and preferences of the		
woman and newborn infant.		
Developing the individual midwife and		
others		
o a collaborative working that analyses that		
e.g. collaborative working that ensures that		
the needs of women, their babies and families are always met through the		
provision of safe, kind, compassionate and		
respectful care. Achieving quality care through		
evaluation and research		
evaluation and research		
e.g. disseminating critically appraised good		
practice		
F-4-5-11-5		
Student Name:	l	Signature:
Practice Assessor/Supervisor Name:		Signature:
Doto:		- J

Further pages may be downloaded as per University guidelines

(delete as appropriate)

Written Reflection on Domain 1: Effective midwifery practice

This reflection is to support the Practice Assessor in their decision of proficiency for the student. It does NOT require to be marked in an academic sense.

Description: What	
happened?	
Feelings: What were	
you thinking about?	
Evaluation: What was	
good or bad about the	
experience?	
onponento.	
Analysis: What sense	
can you make of the	
,	

situation?	
Canalisai an Mhatala	
Conclusion: What else	
could you have done?	
Action Plan: What will	
you do next time?	

Written Reflection on Domain 2: Professional and ethical practice

This reflection is to support the Practice Assessor in their decision of proficiency for the student. It does **NOT** require to be marked in an academic sense.

Description: What happened?	
Feelings: What were you thinking about?	
Evaluation: What was good or bad about the experience?	
Analysis: What sense can you make of the situation?	
Conclusion: What else could you have done?	
Action Plan: What will you do next time?	

Written Reflection on Domain 3: Developing the individual midwife and others

This reflection is to support the Practice Assessor in their decision of proficiency for the student. It does **NOT** require to be marked in an academic sense.

Description: What happened?	
Feelings: What were you thinking about?	
Evaluation: What was good or bad about the experience?	
Analysis: What sense can you make of the situation?	
Conclusion: What else could you have done?	
Action Plan: What will you	
do next time?	
	1

Written Reflection on Domain 4: Achieving quality care through evaluation and research

This reflection is to support the Practice Assessor in their decision of proficiency for the student. It does **NOT** require to be marked in an academic sense.

Description: What happened?	
Feelings: What were you thinking about?	
Evaluation: What was good or bad about the experience?	
Analysis: What sense can you make of the situation?	
Conclusion: What else could you have done?	
Action Plan: What will you do next time?	

Skills Facilitator Feedback

Formative Feedback Form				
This formative feedback must be completed by the Skills Facilitator. This feedback will be reviewed by the learning team and assist the team in provideing feedback towards the practice proficiencies.				
Activity				
Areas of Strength				
Areas for Development				

Student response and action to feedback		
	Cinnatura	Doto
Skills Facilitator:	Signature	Date
Practice Assessor:		
Student:		

MID PLACEMENT SUMMARY OF PRACTICE PROGRESS PRACTICE ASSESSOR FEEDBACK

Placement Area:

The following areas of practice reflect assessment of the student's progress towards grading for each individual proficiency.

The following rating scales provide a level of quantitative guidance to the student about their progression:

1. Guide towards progress in achieving all your Learning Goals agreed at the Initial placement meeting.

Progression towards achievement of the Learning Goals						
Learning Goal Number	1	2	3	4	5	6
Tick the box if on track to complete the Learning Goal						
Further actions for those Learning Goals not on track to be achieved						

2. Progress toward achieving a 40% pass mark on **each individual proficiency** in the current placement area.

Guide to action			
No concerns with the current progress.			
Current progress is slow, just meeting a grade of 40% for one or more proficiencies. Action to be discussed with the Academic Assessor.			
At the current rate of progress the student will not achieve one or more of the 10 practice proficiencies. Action to be discussed with the Academic Assessor pending a 'Cause for Concern'.			

Please provide a qualitative comment on the following areas of practice:

Overall practice progress towards prioritise women their babies and families. Guide to Practice Assessor: The area of care to which this comment refers is identified in the NMC (2018) The Code. The ability to act in the best interests of women their babies and families, listen and respond, uphold privacy, dignity and confidentiality, assess and respond to physical, social and psychological need.

Your comments should refer to progression in relation to Proficiencies.1,2,3,4 from the summative grading in practice

- 2 Overall practice progress towards practising effectively. Guide to Practice Assessor: The area of care to which this comment refers is identified in the NMC (2018) The Code. The ability to cooperate with colleagues and communicate clearly, to share and use evidence to support practice.
 - Your comments should refer to progression in relation to Proficiency 5, from the summative grading in practice
- 3 Overall practice progress towards preserving safe care of women their babies and families. Guide to Practice Assessor: The area of care to which this comment refers is identified in the NMC (2018) The Code. To develop and work within one's scope of competence, to act without delay if women their babies and families are at risk, including raising concerns.
 - Your comments should refer to progression in relation to Proficiencies.6,7,8,9 from the summative grading in practice
- 4 Overall progress towards a professional approach to clinical practice. Guide to Practice Assessor: The area of care to which this comment refers is identified in the NMC (2018) The Code. Upholding the reputation of the profession. Your comments should refer to progression in relation to Proficiency 10 from the summative grading in practice

Please ensure the following are up to date:

- Review of Formative Practice Supervisor Feedback
- Practice Learning Team Signature verification list
- The EU Quantitative number signed and recorded.
- The Competencies and Skills booklet
- The Attendance Record

	Signature	Date
Practice Assessor	_	
Signature:		
Student Signature:		

STUDENT SUMMARY AND EVALUATION ON PERSONAL PROGRESS/ LEARNING AND GOALS:

	Signature	Date
Practice Assessor:		
Student:		

PROGRESS IN THE DEVELOPMENT OF COMMUNICATION SKILLS PRACTICE LEARNING TEAM FEEDBACK

Please indicate how effective you felt the student was in relation to her/his communication skills with the woman and the multidisciplinary/multi-agency team. Feedback given will enable the student midwife to strengthen her communication skills further aiding her personal and professional development.

		Excellent	Good	Satisfactory	Refer
1	Involved the woman in multidisciplinary discussions				
2	Involved the partner where appropriate				
3	Maintained the role as the woman's advocate				
4	Shared relevant information with the multidisciplinary/multi-agency team				
5	Used professional language in discussions with multidisciplinary/ multi-agency team				
6	Effectively collaborated with all members of the multidisciplinary/ multi-agency team				
7	Accurately documented referrals and discussions with multidisciplinary/multi-agency team				

Comments regarding overall performance:		

FEEDBACK FROM MEMBER OF THE MULTIDISCIPLINARY (MDT)/ MULTI-AGENCY TEAM (MAT)

Quality maternity care for women and their families is dependent on effective communication and contribution from each member of the multidisciplinary/multi-agency team. Please indicate how effective you felt the student was in relation to her/his communication skills. Feedback given will enable the student midwife to strengthen her communication skills further aiding her personal and professional development within the practice environment.

		Excellent	Good	Satisfactory	Refer
1	Involved the woman in multidisciplinary discussions				
2	Involved the partner where appropriate				
3	Maintained the role as the woman's advocate				
4	Shared relevant information with the multidisciplinary/multi-agency team				
5	Used professional language in discussions with multidisciplinary /multi-agency team				
6	Effectively collaborated with all members of the multidisciplinary /multi-agency team				
7	Accurately documented referrals and discussions with multidisciplinary/multi-agency team				

Comments regarding overall performance:		

	Signature	Date
Signature of MDT or MAT member:		
Student:		



SCHOOL OF HEALTH & LIFE SCIENCE

BSc (HONS) MIDWIFERY

COMMUNICATION TOOL: FEEDBACK FROM WOMAN CARED FOR BY STUDENT MIDWIFE

Name of Student Midwife		
I confirm that consent has been obtained from the woman completing this form		
Name and Signature of Practice Assessor/Practice Supervisor		

Communication is an essential part of the role of the midwife and this is particularly true when caring for a woman and her partner/family during the labour and birth. We are very grateful for your contribution to the student's development in this area. Please be as honest as possible so that the student midwife can address any areas for further development with communication skills. The student will not know who has been asked to complete these forms.

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FEEDBACK FROM WOMAN CARED FOR BY STUDENT MIDWIFE

Please indicate if the student midwife communicated well with you (and family) when involved in your care

		Very Good	Good	ок <u>:</u> :	Poor 🔆
1	Respected my feelings and wishes				
2	Involved me in the discussions with the staff/team				
3	Involved my partner/family when they were present				
4	Listened to what I was saying and what I wanted				
5	Gave me time to ask questions				
6	Ensured that I understood all explanations regarding my care				
7	Involved me in the decisions about my care and gave me opportunities to say what I would like to do				

Please feel free to add any further comments that you (and partner) may have:		

DEVELOPMENT OF PROFESSIONAL COMMUNICATION SKILLS STUDENT SELF – ASSESSMENT

Please self-assess and consider if you achieved all elements of the criteria when liaising with the woman and the multidisciplinary/multi-agency team

		Exceptional	Good	Satisfactory	Unsatisfactory
1	Involved the woman in multidisciplinary/multi-agency discussions				
2	Involved the partner when appropriate				
3	Maintained the role as the woman's advocate				
4	Shared relevant information with the multidisciplinary/multi-agency team				
5	Used professional language in discussions with multidisciplinary /multi-agency team				
6	Effectively collaborated with all members of the multidisciplinary /multi-agency team				
7	Accurately documented referrals and discussions with multidisciplinary/multi-agency team				

Comments regarding overall performance:

	Signature	Date
Practice Assessor/Practice Supervisor Signature:		
Student Signature:		

	Signature	Date
Practice Assessor/Practice Supervisor Signature:		
Student Signature:		

PARENT EDUCATION SESSION FEEDBACK

Date:	
Name of Student:	Type of Session:
Name of Practice Assessor /Supervisor:	Length of Session:
	No of Participants:
Session Topic:	Date of Session:
Location of Session:	
Tooching Dlan	
Teaching Plan Title of session and rationale for choice	
The of session and retionale for enough	
Aims and outcomes of the session	
(present and appropriate)	
Number and nature of participants in the	
session (i.e. woman alone/a group of women/	
women and their partners)	
Planned duration of the session	
Assessment of the women's/	
partner's existing knowledge	

Teaching Session	
Introduction	
Teaching methods	
(appropriate to outcomes and	
context)	
Delivery and pace	
(appropriate speed, time well managed,	
enthusiastic, sustained participants interest)	
Content (Appropriateness, accuracy and currency)	
(Appropriateriess, accuracy and currency)	
Communication skills (verbal and non-	
verbal, involvement of participants, the use of appropriate language)	
Use of accommodation and learning resources	
(used venue to best effect, audio/visual aids and hand-outs	
used effectively)	
Summary of cossion	
Summary of session	

dditional comments to aid future learning:	

Supervisor Signature:	
Student Signature:	

Signature

Date

Caseload holding

In collaboration with your Practice Assessor/Practice Supervisors, a small group of women will be identified as appropriate for a caseload. The women are initially approached by the Practice Assessor/Practice Supervisors to ascertain their willingness and permission to have you continuously involved in their care throughout pregnancy, labour and the postnatal period.

Verification of gaining informed consent is needed from the Practice Assessor or supervisor on the appropriate form.

You should ensure that you do not place yourself in unsafe situations or beyond your competence. You must adhere to your Home Trust's Lone Worker and Teesside University Lone Worker Policies to ensure that your safety is maintained at all times.

Each day discuss your plans for scheduled visits with your Practice Assessor/Practice Supervisor. Do not make any unscheduled visits that your Practice Assessor/Practice Supervisor is not aware of.

All care in labour is under the direct supervision of a registered midwife.

Whilst it is ideal that you see all aspects of each woman's care, it is not realistic for you to be available at all times. It is up to each student to decide what is reasonable and to make that clear to the woman and the midwife. To remain within the parameters of safe practice you must not work beyond 12 continuous hours.

Detailed information is available for you and your Practice Assessor/Practice Supervisor in the correlating caseload holding guides

CASELOAD HOLDING RECORDS

Date:	Duration of visit:	Venue:
Aim of Visit		
Outline of Care/Advice		
	e Assessor/Practice Supervisor	(Care given and plan of care agreed
and clearly documented)		
Next Visit		
Additional Comments		
Practice Assessor/Prac	tice Supervisor	
Signature:		
Student Signature:		

CASELOAD HOLDING RECORDS

Date:		
Critical reflection on last visit. Considerations may include the woman's experience to day, your practical progress and development of autonomous practice, what you have learned from the experience, identify any challenges and ways to resolve them, how you develop the care of this woman as part of your caseload.		

WARD MANAGEMENT ACTIVITY

"The ward manager's role as leader of a unit caring for patients is universally recognised as absolutely critical..." (Francis Inquiry 2013)

Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust public inquiry. London: The Stationary Office.

The antenatal/postnatal ward offers an ideal opportunity to develop your leadership and management skills in relation to the day-to-day running of the ward. In discussion with your Practice Assessor/Practice Supervisor, you will be allocated a number of women to care for. When deciding on a number, consider what would be expected of you when you are newly qualified and working on the ward.

NB Although the expectation is that you will undertake this activity once there is no restriction on the number of times you may wish to manage a group of women. This will add to the evidence in your PPF.

BSc (HONS) MIDWIFERY: WARD MANAGEMENT ACTIVITY

Please give feedback on the student's professional ability to manage the care of a group of women on the antenatal/postnatal ward

Name of Student:	Briefly outline the number and nature of the group of women for whom care is being provided.
Name of Practice Assessor or Practice Supervisor:	
Date:	
Outcomes	Comments from Practice Assessor / Supervisor
Manages, under supervision, ante/postnatal group of women	
Demonstrates appropriate delegation within the ward team to meet the individual needs of each woman (baby)	
Shows evidence of developing leadership and decision-making skills	

multidisciplinary /multi-agency team member		
Demonstrates effective and		
appropriate use of resources		
Communicates effectively with women, their families and staff		
Further comments:		
	Signature	Date
Practice Assessor or	2.3	_ 5.00
Practice Supervisor Signature:		
Student Signature:		

CAUSE FOR CONCERN

NATURE OF CONCERN		
	Cianatura	Data
Practice Assessor	Signature	Date
Signature:		
Academic Signature:		
Academic Orginalare.		

Student Signature:

CAUSE FOR CONCERN ACTION PLAN AND REVIEW

	Signature	Date
Practice Assessor		
Signature: Academic Assessor:		
Academic Assessor:		

Student:

CAUSE FOR CONCERN OUTCOME OF REVIEW

	Signature	Date
Practice Assessor	Signature	Date
Signature: Academic Assessor		
Academic Assessor		
Signature:		
		

Student Signature:

Inspiring success

ATTENDANCE SHEET

PRE-REG NURSING, MIDWIFERY, RADIOGRAPHY, PHYSIOTHERAPY, OCCUPATIONAL THERAPY, DENTAL, ODP & PARAMEDIC PRACTICE

Surname					Forena	me	
Student Number					Cohort	Month 	Year
	Shifts				Practice Learning		
Date (Day of Month)	Time Started	Time Finished	Total Hours Worked/ Sick	Code	Team Full Signature to verify time worked		Code
•							ND – Night Duty
							DO – Day Off
<u>-</u> .							AL – Annual Leave
-							S – Sick
							A – Absent
							U – University / Theory
							P – Placement
<u></u> .							Hours
							Relate to placements only
							and should
							include the time
•							started and finished.
Chudant C'	moture BALLS	T DE DATES					Please note that
Student Sig	gnature MUS	I RE DA LED				Date	

Practice Assessor Supervisor / Educator / Supervisor's Signature MUST BE	
DATED	
	Date

The form should be signed by the student and countersigned by the Practice Mentor / Educator / Site Co-ordinator each month. In addition they will be checked by the Academic Mentor at the end of the tripartite meeting (nursing / midwifery) / at the end of the placement (OT) / at the final bipartite meeting (DR)

Academic Assessors Verifcation of Seen Evidence

The following evidence should be used to inform the module summative assessment following formative feedback from the supervisor and skills facilataor

Evidence	Viewed by Practice Assessor Signature	Date Viewed
Range of Practice		
Supervisor feedback from		
episodes of care		
Range of Practice		
Assessors feedback from		
episodes of care		
Range of feedback from		
skills facilitators		
Students Written		
Reflections		
Quantative numbers to		
date		
Skills & competencies to		
date		
As appropriate:		
Caseload Holding		
records,		
Communication Tool		
Parent education session		
feedback,		
Ward management Activity		
Workbooks as applicable:		
Medicines		
Infant feeding		

	Print name	Signature
Academic Assessor:		
Practice Assessor:		
Student:		

PRACTICE PROFICIENCIES & GRADING GRID (LEVEL 6)

Grade	Descriptor
100-90	Demonstrates a comprehensive and detailed knowledge and understanding from a thorough range of robust source material. Consistently and confidently demonstrates an exceptional ability to safely and effectively provide all aspects of midwifery care. Consistently demonstrates a proactive response to the needs of women and those of the care environment. Consistently and confidently maintains a professional attitude when providing midwifery care and working as a team member.
89-80	Demonstrates a comprehensive and detailed knowledge and understanding from a thorough range of robust source material. Consistently and confidently demonstrates an outstanding ability to safely and effectively provide all aspects of midwifery care. Demonstrates a proactive response to the needs of women and those of the care environment. Consistently maintains a professional attitude when providing midwifery care and working as a team member.
79-70	Demonstrates a comprehensive and detailed knowledge and understanding from an extensive range of robust source material. Consistently and confidently demonstrates the ability to safely and effectively provide all aspects of midwifery care. Provides midwifery care without the need for verbal or physical cues. Consistently maintains a professional attitude when providing midwifery care and working as a team member.
69-60	Demonstrates a detailed knowledge and understanding from a broad range of source material. Confidently demonstrates the ability to safely and effectively provide all aspects of midwifery care. Provides midwifery care without the need for verbal or physical cues. Conveys a professional attitude when providing midwifery care and working as a team member.
59-50	Demonstrates a detailed knowledge and understanding from a range of source material. Displays ability to safely provide all aspects of midwifery care. Provides midwifery care without the need for verbal or physical cues. Conveys a professional attitude when providing midwifery care and working as a team member.
49-40	Demonstrates a detailed knowledge and understanding from a limited range of source material. Displays an acceptable ability to safely provide all aspects of midwifery care. Provides midwifery care without the need for verbal or physical cues most of the time. Conveys a professional attitude when providing midwifery care and working as a team member.
39-30 Fail	Demonstrates weak knowledge and understanding. Generally lacks the ability to safely and effectively provide all aspects of midwifery practice. Unable to demonstrate a professional attitude when providing midwifery care.
20-20 Fail	Demonstrates very weak knowledge and understanding. Consistently lacks the ability to safely and effectively providing all aspects of midwifery practice. Unable to demonstrate a professional attitude when providing midwifery care.
19-0 Fail	Demonstrates no real knowledge and understanding. Lacks the ability to safely and effectively assist the midwife in all aspects of midwifery practice. Unable to demonstrate a professional attitude when assisting the midwife.

Grading of Practice Level 6		0-19 Fail	20-29 Fail	30-39 Fail	40-49	50-59	60-69	70-79	80-89	90- 100
1	Acts with indirect supervision to provide safe, holistic and personalised care to women and their families.									
2	Acts with indirect supervision to provide safe holistic baby-centred care.									
3	Uses a range of techniques and knowledge to facilitate normality in all aspects of midwifery practice.									
4	Acts with indirect supervision when recognising and responding to complex care, whilst demonstrating the courage to escalate concerns through timely referral to an appropriate professional.									
5	Demonstrates effective communication and interpersonal skills to initiate and maintain supportive relationships with women and their families in a wide range of situations.									
6	Acts with indirect supervision when collaborating with multidisciplinary and agency teams.									
7	Acts with indirect supervision when providing public health support and parent education to meet individual care needs of women, their babies and families.									
8	Act with indirect supervision when prioritising and managing care for individuals and groups of women and their babies, justifying the decision- making process.									
9	Maintains accurate, legible, contemporaneous and comprehensive records of midwifery practice.									
10	Demonstrates the ability to maintain personal responsibility for professional behaviour and conduct according to NMC standards.									

The student has completed all o	component evidence requi	rements and subject to successful academic achievement.		
YES				
Progress to next part	A period of reassessment is required			
Practice Assessor	PRINT NAME:			
	Signature:	Date:		
Academic Assessor	PRINT NAME:			
	Signature:	Date:		
End of Part 3				
After the student has completed				
all practice placements for Part	PRINT NAME:	(Academic Assessor)		
3, maintaining professional				
standards for Parts 3, 2 and 1,	Signature:	Date:		
and evidence of this has been				
provided, I confirm that the	PRINT NAME:	(Practice Assessor)		
student may progress to the end				
of the course.	Signature:	Date:		

PRE-REGISTRATION BSc (Hons) MIDWIFERY COURSE – INFORMATION REGARDING TIME TO MAKE UP FOR COMPLETION OF THE COURSE

To complete this pre-registration midwifery course you must read the following information that explains how you will make up your sickness and absence time in accordance with the NMC (2009) Standards for Pre-Registration Midwifery Education.

PRACTICE HOURS TO MAKE UP: Once you have successfully achieved the ten graded practice proficiency identified in the PPF along with your competencies and skills, there is a period of time when you need to make up the required course hours set out by the NMC. During this time it is vital that you continue to maintain the skills and competencies required for entry to the NMC Register as a Midwife.

You will be allocated to a practice area and must continue to demonstrate competence in the delivery of safe midwifery care. As you complete your placement experience you must maintain supernumerary status as a Student Midwife. When you have completed all of the required hours, your Practice Assessor must verify that you have maintained your competencies and skills in the provision of safe midwifery care using.

You do not require a Tripartite meeting but if you have any concerns you must contact your Academic Assessor. During this time it is important that you accurately complete your Attendance Sheets (including signatures) to confirm the hours that you have completed within the practice area.

Please note: you must not exceed working hours of 37.5 hours per week.

THEORY HOURS TO MAKE UP: If you have missed theoretical time during the Course. A Learning Log must be completed that clearly identifies the theory you have undertaken to progress your knowledge in the areas you have missed. You must provide evidence of the learning activity that you have undertaken.

FINAL MEETING WITH YOUR ACADEMIC ASSESSOR

At the end of the course and once your theory and practice hours are complete, you need to contact your Academic Assessor to arrange a final meeting to confirm that all required hours, quantitative numbers, competencies and skill have been completed. At this meeting you will also sign a NMC self-declaration of Good Health & Character. Please ensure that you have completed all of the required elements prior to this meeting.

MAINTAINING COMPETENCY WHILST PROVIDING SAFE MIDWIFERY CARE DURING TIME TO MAKE UP ON THE BSc (HONS) MIDWIFERY COURSE

Practice

NAME OF STUDENT MIDWIFE

Date.....

COHORT						
PRACTICE HOURS TO BE COMPLETED						
NAME OF PRACTICE ASSESSOR						
Student Midwife	has been working in	the placement				
area of	from (date) until					
(date) and has continued to demonstrate competence the ability to						
provide safe midwifery care, thereby meeting NMC requirements for entry to the Register.						
Practice Assessor Signature						
Student's Signature						
Academic Assessor Signature						

BSc (Hons) Midwifery

Midwifery Competencies and Skills YEAR 3

Levels of Achievement:		
Observed	0	The student has had the opportunity to observe this skill
Simulation	S	The student has had the opportunity to practice this skill through supervised simulation
Competent simulation	CS	The student has demonstrated that they are competent through supervised simulation
Experience	E	The student has had the opportunity to practice this skill under the direct supervision of a midwife
Competent under direct supervision	CD	The student has demonstrated that they are competent under direct supervision
Competent under indirect supervision	CI	The student has demonstrated that they are competent under indirect supervision

The midwifery competencies and skills have been mapped against the NMC Essential Skills Clusters (2009), which support the achievement of the practice proficiency's. They are designed to help you and your Practice Assessor monitor your progress throughout the course and should be considered within the context of providing safe, holistic care rather than in isolation.

NB the midwifery competencies related to medicines management, which are depicted in the shaded column, must be signed by a Practice Assessor?

Note: the separate 'Competencies and Skills Booklet' contains the requirements for all three years of the BSc (Hons) Midwifery <u>Course</u>

Antenatal Care:	Third year All competencies to be achieved		
Midwifery Practice Skill	Minimum Level to be Achieved	Practice Assessor/Practice Supervisor - Level to be Achieved	
Assesses the physical, psychological, emotional, socio-	CI	Signature	
tural, spiritual needs of women	Ci	Date	
In partnership with women, plans, implements and evaluates holistic, woman-centred care, that is responsive to maternal	CI	Signature	
antenatal needs	OI.	Date	
Dian and delivers a parent education lesson	CI	Signature	
an and delivers a parent education lesson	CI	Date	
Explains the aim of an initial consultation and obtains a	CI	Signature	
comprehensive and detailed history		Date	
Recognises signs of pregnancy (e.g. breast tenderness;	CI	Signature	

tiredness; frequency of micturition)		Date
Monitor physical and psychological wellbeing of the mother during pregnancy	CI	Signature Date
Accurately measures Body Mass Index (BMI)	CI	Signature Date
Explains the aim of an initial consultation and obtains a comprehensive and detailed history	CI	Signature Date
Appropriately provides choices available to the woman, with the ability to advise as required (in relation to the screening options available, inc. infant screening, blood tests etc.)	CI	Signature Date
In partnership with women create birth plans that is responsive to their individual needs	CI	Signature Date

Monitors, records and interprets body temperature	CI	Signature Date
Monitors, records and interprets pulse rate and pattern	CI	Signature Date
Monitors, records and interprets blood pressure (manual and automated)	CI	Signature Date
Monitors, records and interprets respiratory rate and pattern	CI	Signature Date

Monitors, records and interprets urine analysis	CI	Signature Date
Monitors, records and interprets blood glucose levels	CI	Signature Date
Monitors, records and interprets oxygen saturation levels	CI	Signature Date
Accurately completes and interprets the MEOWS chart	CI	Signature Date
Interpretation of blood results, and referral to appropriate health care professional	CI	Signature Date
Assesses fetal growth through abdominal palpation and symphysis-fundal height measurement	CI	Signature Date

Accurately documents the symphysis-fundal height referring to appropriated health care professional as appropriate	СІ	Signature Date
Encourages women to consider their health needs and appropriately provides health promotional advice according to individual needs	CI	Signature Date
Able to prioritise and plan care according to individual needs, taking into account the holistic needs of the woman and her family	CI	Signature Date
Refer woman's care to appropriate health care professional when the situation demands	CI	Signature Date

Monitor, record and interpret fetal heart rate using a Pinnards' stethoscope	CI	Signature Date
Monitor and record and interpret fetal heart rate using a sonicaid	CI	Signature Date
Assesses fetal presentation, lie, position and engagement from 36 weeks gestation	CI	Signature Date
Performs venepuncture including the appropriate and safe procedure for specimen collection Plabelling and transport	CD	Signature Date
Provides information to facilitate informed choices about antenatal screening tests respecting the subsequent maternal decision	CI	Signature Date
Interprets data accurately from screening results and sensitively shares this information with women	CI	Signature Date

Justifies the use of and performs a speculum examination	CI	Signature Date
Justifies the use of and performs high, low and endocervical swabs	CI	Signature Date
Justifies the use of and performs MRSA swabs for screening	CD/CI	Signature Date
Justifies the use of and collects a mid-stream urine sample	CI	Signature Date

In partnership with the multidisciplinary team provides care for women with complex pregnancies	CI	Signature Date
Monitors, and maintains fluid balance	CI	Signature Date
Justifies the use of a membrane sweep	CI	Signature Date
Performs a membrane sweep	CI	Signature Date

Intrapartum Care:	Third year All competencies to be achieved	
Midwifery Practice Skill	Minimum Level to be Achieved	Practice Assessor/Practice Supervisor Signature & Date
Assesses the physical, psychological, emotional, socio- cultural, spiritual needs of women	СІ	Signature Date
In partnership with women, plans, implements and evaluates holistic, woman-centred care	СІ	Signature Date
In partnership with the woman, and incorporating birth plans, provides care that is responsive to maternal needs in a variety of settings	CI	Signature Date
Provides care for women in the latent phase of labour	CI	Signature Date
Determines the onset of established labour	CI	Signature Date

Monitors progress in labour; sensitively sharing information with the woman	CI	Signature Date
Assesses fetal presentation, lie, position and engagement at the onset of labour	CI	Signature Date
Assesses fetal descent through labour	CI	Signature Date
Assesses development of uterine contractions during labour	CI	Signature Date
Justifies the use of and performs vaginal examination in labour	CI	Signature Date
Assesses maternal behaviour during labour	CI	Signature Date

Uses strategies to facilitate normal labour and birth (e.g. position, mobilisation, birthing aids)	CI	Signature Date
Adapts the labour room environment to meet the woman's needs	CI	Signature Date
Provides emotional support during labour for the woman and her family/partner	CI	Signature Date
Ensures nutrition and hydration needs are met during labour	CI	Signature Date
Assesses vaginal amniotic liquor volume and colour	CI	Signature Date
Monitors, records and interprets fetal heart rate using a Pinnard stethoscope and sonicaid	CI	Signature Date

Effectively monitors and records fetal wellbeing in labour using intermittent auscultation	CI	Signature Date
Justifies the use of and applies electronic fetal monitoring	CI	Signature Date
Effectively monitors and records fetal wellbeing in labour using electronic fetal heart rate monitoring accurately interpreting the cardiotocography patterns	CI	Signature Date
Justifies the use of and applies a fetal scalp electrode	CI	Signature Date
Prepares equipment for fetal blood sampling	CI	Signature Date
Uses the correct procedure to obtain cord blood samples for analysis	CI	Signature Date

Demonstrates the use of the blood gas analyser to obtain a fetal blood gas result	CI	Signature Date
Assesses, monitors and evaluates maternal pain in labour	CI	Signature Date
Monitors, records and interprets body temperature	CI	Signature Date
Monitors, records and interprets pulse rate and pattern	CI	Signature Date
Monitors, records and interprets blood pressure (manual and automated)	CI	Signature Date
Monitors, records and interprets respiratory rate and pattern	CI	Signature Date

Monitors, records and interprets urine analysis	CI	Signature Date
Monitors, records and interprets blood glucose levels	CI	Signature Date
Monitors, records and interprets oxygen saturation levels	CI	Signature Date
Assesses and cares for maternal bowel and bladder function in labour	CI	Signature Date
Accurately completes and interprets the Intrapartum records	CI	Signature Date
Refer women's care to appropriate health care professional when the situation demands	CI	Signature Date

Assessment of maternal condition immediately following birth	CI	Signature Date
Assesses the perineum following birth: classifying perineal trauma	CI	Signature Date
Examines the placenta and membranes	CI	Signature Date
Assesses amniotic liquor volume and colour?	CI	Signature Date
Ensures hygiene needs are met during labour	CI	Signature Date
Uses appropriate measures to prevent infection during labour	CI	Signature Date

In partnership with the woman, plans coping and pain management strategies	CI	Signature Date
Appropriately uses non-pharmacological methods of pain relief during labour, e.g. massage	CI	Signature Date
Cares for women using transcutaneous electrical nerve stimulation	CS/CI	Signature Date
In accordance with NMC regulations administers pharmacological methods of pain relief in labour	CI	Signature Date
Cares for a woman using epidural anaesthesia	CI	Signature Date
Justifies the use of and performs an amniotomy in labour	CI	Signature Date

Facilitates care and management of the second stage of labour/actively preparing the environment for birth	CI	Signature Date
Infiltrates the perineum with local anaesthetic and performs an episiotomy, justifying the intervention	CS/CD/CI	Signature Date
Actively manages, and monitors maternal condition in the third stage of labour, facilitating safe delivery of the placenta and membranes	CI	Signature Date
Manages a physiological third stage of labour	CS/CD/CI	Signature Date
Promotes an environment that facilitates skin-to-skin contact ?early feed	CI	Signature Date
Demonstrates appropriate perineal suturing technique	CD/CI	Signature Date

Prepares and supports a woman and her family for operative delivery	CI	Signature Date
Justifies and follows the correct procedure for urinary catheterisation	CI	Signature Date
Prepares a woman for an elective caesarean section	CI	Signature Date
Prepares a woman for an emergency caesarean section	CI	Signature Date
Accurate assessment of infants condition at birth (APGAR; colour; tone; breathing; heart rate)	CI	Signature Date
Safely transfers or discharges the baby to postnatal ward/home	CI	Signature Date

		Signature
Performs and accurately documents the initial assessment of the newborn	CI	Date
Accurately records the babies birth weight	CI	Signature Date
Initiates basic emergency call for a newborn	CI	Signature Date
Demonstrates resuscitation of the newborn	CS/CI	Signature Date
Appropriate care and referral of the infant to the suitable health care professional if needed	CI	Signature Date
Effectively communicates with the multi-professional team utilising the situational awareness tool (e.g. SBAR)	CI	Signature

		Date
Provides individualised health information for the woman and her family which is easily understood	CI	Signature Date
Assesses and responds to parenthood and individual needs	CI	Signature Date
Cares for women and families suffering pregnancy loss	CI	Signature Date
IV cannulation including visual infusion phlebitis (VIP) documentation	CD/CI	Signature Date
Care for a woman with an intravenous infusion including a visual infusion phlebitis (VIP) documentation	CI	Signature Date
Monitors, and maintains fluid balance	CI	Signature

		Date
Demonstrates the care and management of antepartum haemorrhage	CI	Signature Date
Demonstrates the care and management of postpartum haemorrhage	CI	Signature Date
Demonstrates the care and management of shoulder dystocia	CS/CI	Signature Date
Demonstrates the care and management of the unconscious woman	CS/CI	Signature Date
Demonstrates the care and management of cord prolapse	CS/CI	Signature Date
Demonstrates the care and management of breech birth	CS/CI	Signature

		Date
		Signature
Initiates basic emergency call for maternal complication	CD/CI	Date
		Cignoture
		Signature
Demonstrates maternal resuscitation	CS	Date

Postnatal Care:	Third year All competencies to be achieved	
Midwifery Practice Skill	Minimum Level to be Achieved	Practice Assessor/Practice Supervisor Signature & Date
Assesses the physical, psychological, emotional, socio- cultural, spiritual needs of women	CI	Signature Date
In partnership with women, plans, implements and evaluates holistic, woman-centred care	CI	Signature

		Date
Assesses physical and psychological health in the postnatal period	CI	Signature Date
Monitors, records and interprets body temperature	CI	Signature Date
Monitors, records and interprets pulse rate and pattern	CI	Signature Date
Monitors, records and interprets blood pressure (manual and automated)	СІ	Signature Date
Monitors, records and interprets respiratory rate and pattern	CD	Signature Date
Monitors, records and interprets urine analysis	CI	Signature

		Date
Monitors, records and interprets blood glucose levels	CI	Signature Date
Monitors, records and interprets blood oxygen saturation levels	CI	Signature Date
Accurately completes and interprets the MEOWS chart completion	СІ	Signature Date
Safely transfers women and babies home	СІ	Signature Date
Provides emotional support to the mother and family during the postnatal period	CI	Signature Date

Effectively communicates with the multi-professional team utilising the situational awareness tool (e.g. SBAR)	CI	Signature Date
Provides advice on pelvic floor exercises	CI	Signature Date
Provides information to women and their partners regarding sexual health and contraception	CI	Signature Date
Cares for women with restricted mobility	CI	Signature Date
Educates women with regard to perineal hygiene	CI	Signature Date
Provides post-operative care	CI	Signature Date

Is able to demonstrate the correct procedure for removing sutures and clips	CS/CD/CI	Signature Date
Facilitates wound healing	CI	Signature Date
Justifies the use of and performs a wound swab	CI	Signature Date
Refer woman's care to appropriate health care professional when the situation demands	CI	Signature Date
Monitors, and maintains fluid balance	CI	Signature Date
Cares for a woman with a blood transfusion	CI	Signature Date

Cares for a woman with high dependency needs	CI	Signature Date
Assesses and monitors the babies wellbeing	CI	Signature Date
Accurately assesses the babies vital signs: colour; tone; respiratory rate and pattern; heart rate; oxygen saturation and blood glucose; and temperature	CI	Signature Date
Performs Newborn Blood Spot	CI	Signature Date
Promotes an environment that minimises the separation of mother and baby and promotes a culturally sensitive approach to mother and infant attachment	CI	Signature Date
Provides advice and support on hygiene needs of the baby	CI	Signature Date

Provides advice and support on umbilical cord care	CI	Signature Date
Refers to additional specialist services when appropriate e.g. BCG or renal scan	CI	Signature Date
Ensures safety and protection of the baby	CI	Signature Date
Examine and cares for babies with complex needs	CI	Signature Date
Provides support for families with an ill or preterm baby	CI	Signature Date
Recognises signs of deterioration in the condition of the baby and reports appropriately	CI	Signature Date

Performs a baby capillary blood sample	CI	Signature Date
Justifies and obtains swabs from a baby	CI	Signature Date
Supports and assists the mother with nasogastric feeding of her baby/is able to pass a nasogastric tube	CI	Signature Date
Safely discharges from maternity care	CI	Signature Date
Infant feeding:		Third year All competencies to be achieved
Midwifery Practice Skill	Minimum Level to be Achieved	Practice Assessor/Practice Supervisor Signature & Date

Facilitation of effective bonding/relationship between mother and infant	CI	Signature Date
Communicates sensitively the benefits of exclusive breastfeeding for mother and baby	CI	Signature Date
Communicates sensitively factors and risks associated with formula feeding	CI	Signature Date
Considers cultural traditions and beliefs relating to breastfeeding	CI	Signature Date
Facilitates forums where information is shared relating to the advantages and disadvantages of different feeding methods	CI	Signature Date
Explains the principles of Baby Friendly Initiative (skin to skin; responsive feeding and rooming in)	CI	Signature Date

Facilitating skin-to-skin contact	CI	
Recognising effective positioning, attachment, suckling and milk transfer of the baby at the breast	CI	Signature Date
Empowering mothers to recognise effective positioning, attachment, suckling and milk transfer of the baby at the breast	CI	Signature Date
Supporting and teaching hand expression of breast milk	CI	Signature Date
Supporting and assisting with the establishment of lactation when mother and baby are separated/mother has complex needs impacting upon her infant feeding practices	CI	Signature Date
Supporting and teaching the appropriate use and frequency of a breast pump	CI	Signature

		Date
		Signature
Provides accurate information on the safe storage, freezing,	CI	Date
and warming of breast milk		Date
		Cignoture
		Signature
Supporting and assisting with cup/syringe/spoon feeding	CI	Date
		Signature
Bottle feeding a baby using correct technique	CI	
?responsive feeding	01	Date
		Signature
Sterilisation of feeding equipment and correct reconstitution		Signature
of formula milk	CI	Date
		Signature
Recognise common complications of breastfeeding and	CI	
respond appropriately		Date
		Oi-mark.ma
Directs women to breastfeeding support	CI	Signature

		Date
Advises women via telephone when contacted for advice on breastfeeding issues	CI	Signature Date
		Signature
Advises women how to optimise lactation when separated from baby	СІ	Date
		Signature
Identifies babies that require a managed approach to breastfeeding	CI	Date

Medicines Management:	Third year	All competencies to be achieved
Midwifery Practice Skill	Minimum Level to be Achieved	Practice Assessor/Practice Supervisor Signature & Date
Applies knowledge of NMC standards; legal and ethical frameworks to the documentation and administration of medicinal products	CI	Signature Date
Understand roles and responsibilities of the multi- professional team in the administration of medicinal products	CI	Signature Date
Is able to read and interpret prescriptions for accuracy in terms of the correct dosage, route and treatment plan	CI	Signature Date
Clearly identifies the woman or baby for whom the medicine is intended	CI	Signature Date
Obtain an accurate medicine history	CI	Signature Date

Safely administers, and monitors medicinal products by the following routes:		
Oral	CD	Signature Date
Topical treatments (if practicable)	CI	Signature Date
Inhalational	CI	Signature Date
Intramuscular injection	CD	Signature Date
Subcutaneous injection	CD	Signature Date
Per vaginum	CD	Signature Date

Per rectum	CD	Signature Date
Via Cannulation?	CD/CS	Signature Date
Via direct vein access	CD/CS	Signature Date
In accordance with NMC regulations is able to participate in controlled drug administration	CD	Signature Date
Accurately documents medicine administration	CI	Signature Date
Demonstrate the ability to safely involve women in the self- administration of medicinal products	CI	Signature

		Date
Demonstrates accurate calculation of medicinal products in midwifery practice	CD	Signature Date
Demonstrate the ability to order, receive and store medicines safely applying knowledge of local Trust policies	CD	Signature Date
Correctly dispenses medicines	CD	Signature Date
Safely administers oral medicines to the baby	CS/CD	Signature Date
Safely administers intramuscular injection to a baby	CS/CD	Signature Date
Responds to and reports adverse drug reactions and near miss incidents	CI	Signature

		Date
Demonstrates an awareness of complementary therapies	CD	Signature Date
Signposting appropriately to a registered complementary therapist where appropriate	CS/CI	Signature Date

Health & Safety:	Third year All competencies to be achieved	
Midwifery Practice Skill	Minimum Level to be Achieved	Practice Assessor/Practice Supervisor Signature & Date
Apply knowledge of risk assessment in practice	CI	Signature Date
Appropriately assesses risk and promotes skin integrity	CI	Signature Date
Uses appropriate risk assessment tool and promotes practices that reduces the risk of thrombo-embolic conditions	CI	Signature Date
*Works within the lone-worker policy	CI	Signature Date
Adheres to fire and security policies	CI	Signature Date

Safely applies the principles of load management	CI	Signature Date
Correct and safe disposal of clinical and household waste	CI	Signature Date
Correct and safe disposal of blood and body fluids	CI	Signature Date
Correct, safe use and disposal of Sharps	CI	Signature Date
Adheres to standard principles of infection control	CI	Signature Date
Adheres to local Trust hand hygiene policy	CI	Signature

		Date
		Signature
Adheres to local Trust asepsis policy	CI	Date
		Signature
Safely uses medical devices and equipment	CI	Date

Generic	Third year All competencies to be achieved	
Midwifery Practice Skill	Minimum Level to be Achieved	Practice Assessor/Practice Supervisor Signature & Date
Demonstrates effective decision making in midwifery practice, based on evidence and experience	CI	Signature Date
Demonstrate an understanding of the family's role and relationships in maternal care	CI	Signature Date
Assesses the physical, psychological, emotional, socio- cultural, spiritual needs of women	CI	Signature Date
In partnership with women, plans, implements and evaluates holistic, woman-centred care	CI	Signature Date
Respect women's rights and autonomy in decision making and acts as their advocate	CI	Signature Date
Practices in a way which empowers women treating them and their family with respect	CI	Signature

		Date
Communicate sensitive information/breaking bad news	CI	Signature Date
Explores sensitive issues and responds appropriately in sexual health	CI	Signature Date
Explores sensitive issues and responds appropriately in safeguarding children and adults	CI	Signature Date
Explores sensitive issues and responds appropriately with vulnerable women	CI	Signature Date
Demonstrates effective communication that is clear, unambiguous and appropriate for the care setting	CI	Signature Date
Initiates conversation and uses strategies to enhance communication such as removing barriers	CI	Signature

		Date
		Signature
Answers the telephone professionally and deals appropriately with enquiries	CD	Date
		Signature
Uses verbal skills of questioning, paraphrasing and reflection to enhance communication	CI	Date
		Signature
Actively listens and responds to verbal and non-verbal cues	CI	Date
and respecting silences		Date
		Signature
Uses touch appropriately	CI	Date
Communicator offoctively and consitively with woman who		Signature
Communicates effectively and sensitively with women who have physical, cognitive or sensory disabilities	CI	Date
		Signature
Ensures effective communication with women/ families who do not speak English	CI	

		Date
Is able to explain findings from observations and tests in a sensitive and clear manner encouraging women to ask questions	CI	Signature Date
Communicate and work effectively with the multidisciplinary team valuing other roles and responsibilities	CI	Signature Date
Works effectively, providing support to others as a midwifery team member	CI	Signature Date
Confidently refers to an appropriate professional when the expertise required for care is outside the Midwife's scope of practice	CI	Signature Date
Demonstrates assertiveness	CI	Signature Date
Demonstrates empathy, kindness and compassion	CI	Signature

		Date
		Signature
Is proactive in maintaining privacy and dignity	CI	Date
Applies knowledge of the complaints procedure to manage	nage CI	Signature
complaints effectively	01	Date
Uses effective communication skills to manage challenging		Signature
situations	CI	Date
		Signature
Practices within the NMC Code, Standards and Guidelines	СІ	Date
		Signature
Is professional in behaviour, appearance, manner, attitude, beliefs, judgements and language	CI	Date
Adheres to principles of data protection, and confidentiality in practice	CI	Signature

		Date
Appropriately shares information with the multi-professional team to enhance care provision	CI	Signature Date
Writes accurate, legible, comprehensive and contemporaneous records	CI	Signature Date
Is able to retrieve and record information to use in information technology	CI	Signature Date
Uses appropriate strategies to enable women to make informed choices	CI	Signature Date
Obtains maternal informed consent prior to undertaking any procedure	CI	Signature Date
Uses a non-discriminatory and diversity sensitive approach to practice	CI	Signature

		Date
		Signature
Explores opportunities for pre-conception care	СІ	Date