Midwifery Practice Assessment Document

(MPAD) Scotland

Student's Name:
University:
Student Matriculation Number:
Programme:
Year of Intake:
Personal Development Tutor:







GLOSSARY OF TERMS AND ABBREVIATIONS

AEI	Approved Educational Institute
AA	Academic Assessor
BLS	Basic Life Support
CPR	Cardiopulmonary Resuscitation
МН	Manual Handling
HAI	Healthcare Associated Infection
HEI	Higher Education Institute
ILS	Immediate Life Support
InPlace	Online Practice Placement Site
MPAD	Midwifery Practice Assessment Document
NES	NHS Education for Scotland
NHS	National Health Service
NHSS	National Health Service Scotland
NIPE	Newborn Infant Physical Examination
NLS	Neonatal Life Support
NMC	Nursing and Midwifery Council
Part 1	Year One
Part 2	Year Two
Part 3	Year Three
PA	Practice Assessor
PEF	Practice Education Facilitator
PLP	Practice Learning Partners
PS	Practice Supervisor
PSMAV	Prevention & Safe (Therapeutic) Management of
	Aggression and Violence
SIPCEP	Scottish Infection Prevention & Control Education
	Pathway
QMPLE	Quality Management of the Practice Learning
	Environment

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SECTION 1: GUIDANCE

1.0 Introduction to your Scottish Midwifery Practice Assessment Document (MPAD)

All Scottish Approved Education Institutions (AEIs) deliver their pre-registration midwifery programmes in accordance with the Nursing and Midwifery Council (NMC) Standards of proficiency for midwives (2019a) and the European Union Directive 2005/36/EC and requirements of the European Midwives Directives 80/155/EEC and Article 4 and 89/549/EEC Article 27 (Keighley, 2009). Also, requirements of the European Union Midwives Directive (2005/36/EC "on the recognition of professional qualifications" as amended by Directive 2013/55/EU) (Keighley, 2009). The Scottish AEIs have worked collaboratively to produce a single Midwifery Practice Assessment Document (MPAD) for Scotland, which must be completed by all midwifery students undertaking a pre-registration midwifery programme.

The purpose of your MPAD is to provide a systematic record of your practice learning progress and achievement of proficiencies and skills throughout each practice placement. This allows current and future practice supervisors, practice assessors and academic assessors to see an overview of your progress from each practice placement throughout your programme.

The MPAD is an integral part of your learning process. It is not simply a catalogue of learning activities; rather, it should be clear evidence of your learning and reflection. Your MPAD should provide evidence of learning from academic activities as well as from your practice experience, clearly evidencing your achievement of the NMC Standards of proficiency for midwives (NMC, 2019a). Consideration of adherence to The Code (NMC, 2018a) is part of the assessment process.

As a pre-registration midwifery student, you have consented to maintain your practice learning documentation throughout the length of your programme. Your MPAD is an important record of ongoing learning that records the final assessment of proficiency by the practice assessor and academic assessor.

1.1 Your responsibilities as a student within practice placements

Your MPAD is an important tool in presenting an overall picture of your achievement through your programme. It provides evidence for your practice supervisors and assessors about your achievements and/or needs. This is in accordance with NMC Part 2 of; Realising professionalism; Standards for education and training; Standards for student supervision and assessment (NMC, 2018b).

As a student it is your responsibility to:

- Take a proactive approach to practice and personal learning by developing learning plans.
- Complete the pre-practice learning activities prior to the start of each practice placement.
- Determine who your academic assessor and Practice Education Facilitator (PEF) for the area are.
- Identify the approved mechanism by which you, as a student, may raise concerns in practice (safety responsibilities). This is addressed through the Cause for Concern Guidance and the Whistleblowing Policy both of which you will find on all your practice placement Moodle sites.
- You must always seek consent from service users at all times and you must respect the rights of a service user to decline care.

- You must provide access to your MPAD on day 1 of each practice placement so that your practice supervisor or practice assessor can review your progress to date. Failure to do so may result in a delay to the commencement of your placement.
- Ensure that your supervisors and assessor sign the 'record of signatories' form once they have reviewed your MPAD.
- All actions and entries in your MPAD must be undertaken in collaboration with your supervisors and assessor and documented by them.
- To identify experiences and learning opportunities with supervisors and assessors to enable the achievement of proficiencies.
- To reflect in and on your practice and document within your MPAD.
- Demonstrate your ability to integrate theoretical learning with practice.
- Share with your supervisors and assessors evidence of learning and development to inform the assessment of your performance.
- Ensure that all elements of the assessment section are completed fully and signed before you leave your practice placement including attendance record.
- On completion of your practice placement, your MPAD should be submitted in accordance with your university's programme assessment schedule.
- You must ensure that you have knowledge of the requirements and declare your Good Health and Good Character. You must declare a Good Health and Good Character for every year of your programme and for entry to the register.
- You must ensure that you have knowledge of the requirements of Duty of Candour (NMC and GMC, 2019) and act upon this accordingly at all times.

In addition to the activities described above, you must also be aware of the requirement to complete an <u>evaluation of the practice placement</u> which is part of the formal university audit process. This evaluation is located in **QMPLE**.

This MPAD will show your achievements, progression through the programme and contribute to the decision for entry to the register. If you have any questions regarding this document or how to use it please do not hesitate to speak to your academic assessor/module/programme leader. You will undertake a variety of practice placements to enable you to develop and meet your NMC Standards of proficiency for midwives (NMC, 2019a). In addition, you will experience the range of hours expected of practicing midwives.

The Nursing and Midwifery Council (NMC, 2019b, p.11) state that: Approved education institutes together with practice learning partners must "ensure that students are supernumerary". Supernumerary status means that: "Students in practice or work-placed learning must be supported to learn. This may include being supernumerary, meaning that they are not counted as part of the staffing required for safe and effective care in that setting" (NMC, 2018b, p.4). "The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student's increasing proficiency and confidence" (NMC, 2018b, p.4). This means that you have supernumerary status whilst within the practice learning environment; you are not to be 'counted in the numbers' but you will make an active contribution to the provision of care under a varying degree of supervision whilst on your programme of study.

1.2 The Best Start - A Five-Year Forward Plan for Maternity and Neonatal Care

in Scotland (Scottish Government, 2017)

Best Start offers a unique opportunity to place the current and future needs of women, babies and families, and person-centred, relationship-based care at the heart of maternity and neonatal services. The key focus of this model of care is that women experience real continuity of care and carer, across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require. To support this community-based model, midwives are being reorganised into Continuity Models with each midwife/team carrying a caseload, for whom they provide care throughout the childbirth continuum. Currently the model is being implemented, however it will take time for it to be completely in place. In order to provide you (as a student) with the appropriate practice experience (which accounts for 50% of your programme), during this transition period, we have developed 2 practice placement streams:

1. Continuity Model

2. Placement-Based

Students in the continuity model will undertake all practice placements in year 1 and 3 within this stream undertaking antenatal, intrapartum, and postnatal care. Edinburgh Napier University and practice learning partners will monitor your experience to ensure you are being provided with appropriate learning opportunities to achieve NMC Proficiencies.

Students in the Placement-Based Stream will not be allocated to a continuity team, but will undertake individual placements in labour ward, community, and in-patient ward(s) to achieve experience in antenatal, intrapartum, and postnatal care during year 1 and 3 of your programme.

Year 2 of the programme is placement-based for all students to ensure you are provided with appropriate learning opportunities in relation to high-risk, complex care.

Table 1 below demonstrates how this would be organised over the three years of your midwifery programme.

Table 1			
PART 1	PLACEMENT	WEEKS	EXPERIENCE
Year 1			
Practice 1	Continuity Model	17 weeks	Antenatal (A/N) / Postnatal
			(P/N) and Intrapartum (I)
		OR	
Practice 1			
Placement 1	Antenatal / Postnatal	4 weeks	A/N / P/N
Placement 2	Labour Ward	4 weeks	I
Placement 3	Community	9 weeks	A/N / P/N
PARTS 2	PLACEMENT	WEEKS	EXPERIENCE
Year 2			
Practice 2	Continuity Model	10	Antenatal (A/N) / Postnatal
			(P/N), Intrapartum (I) and
			Neonatal
Practice 3 &	Continuity Model	17	Core hospital-based placement
4			(A/N, P/N, I, Gynaecology)
		OR	
Practice 2	Community/	10 weeks	Woman's Health
	Woman's Health		A/N P/N
	(Gynaecology)		
Practice 3	Labour Ward	9 weeks	
Practice 4	Antenatal/Postnatal	9 weeks	A/N / P/N
	Hub and Spoke		
PARTS 3	PLACEMENT	WEEKS	EXPERIENCE
Year 3	Continuity Model	00 weeke	
Practice 5, 6	Continuity Model	23 weeks	A/N / P/N / I
& 7	& Elective	4 weeks	
Dractice F	Lobour Mard/	OR 10 weeke	L 8 Nocratal
Practice 5	Labour Ward/	10 weeks	I & Neonatal
Dractice	Neonatal Destructo//Elective	Quecka	
Practice 6	Postnatal/Elective	8 weeks	
Practice 7	Community	9 weeks	A/N / P/N

1.3 The roles of Practice Supervisors, Practice Assessors and Academic Assessors

You will have a number of practice learning experiences throughout your programme. During your practice placements, responsibility for supervision and assessment will lie with a practice supervisor, practice assessor and an academic assessor (NMC, 2018b).

Nominated Person

There is a nominated person for each practice placement to actively support you and address any concerns (NMC, 2018b). In Scotland this nominated person in each placement is normally a practice supervisor (NES, 2019).

Practice Supervisor

There may be a number of practice supervisors in each learning environment who will support and supervise you as a student, however you must have a nominated practice supervisor identified to actively support you during this experience. They can be any registered health and social care professional working in a practice environment, but most of the time they will be midwives. Practice supervisors will be prepared and supported to take up their role and will have up-to-date knowledge and experience relevant to the supervision they must provide for you. All NMC registered midwives and nurses are capable of supervising students.

Practice supervision will enable you to learn and safely achieve proficiency and autonomy in your professional role. Your supervision will reflect your learning needs and stage of learning. Your practice supervisor will act as a role model in line with their scope of practice. They will provide you with support and feedback, liaising with colleagues and updating your practice assessor when they complete your practice placement documentation.

Practice Assessor

Your practice assessor will, in collaboration with your practice supervisor(s), create sufficient opportunities to periodically observe your practice across environment(s) in order to inform the decisions, they reach for your assessment and progression in practice.

Your practice assessor works in partnership with your academic assessor to evaluate and recommend your progression for each part of the programme. This will be in line with the programme standards, local and national policies. They will maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing. Your practice assessor will have an understanding of your learning and achievement in theory and with your academic assessor will reach a decision as part of the assessment process.

The Nursing and Midwifery Council Standards for student supervision and assessment state that "approved education institutions, together with practice learning partners, must ensure that all educators and assessors: have supported time and resources to enable them to fulfil their roles in addition to their other professional responsibilities" (NMC, 2018b).

To ensure a fair, objective, and transparent assessment, the same person cannot be your practice supervisor and practice assessor simultaneously.

Link Lecturer

The link lecturer has a responsibility to ensure that there are practice supervisors and assessors available within the practice placement areas that will support your supervision and assessment. In addition to biennial audits, they will periodically review, in partnership with the relevant PEF, the educational suitability of your placement. This also ensures that appropriate learning opportunities are available that adhere to Edinburgh Napier University teaching, learning and assessment regulations. They will support the need for reasonable adjustment within a placement area.

You will be encouraged to provide feedback on your placement area via QMPLE and this will be reviewed by the link lecturer and any specific points raised will be addressed. If you or your practice supervisor / practice assessor have any concerns, your link lecturer will work alongside your academic assessor to respond to this to ensure they are working in partnership between the university and practice environments.

Academic Assessor

Your academic assessors make and record objective, evidence-based decisions on your conduct, proficiency, and achievement. They will also make recommendations for progression based on your assessments, ongoing achievement record and other resources. They will collate and confirm your achievement of proficiencies and programme outcomes in the academic environment for each part of the programme.

Academic assessors maintain their current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming. They will have an understanding of your learning and achievement in practice.

Your nominated academic assessor will be your practice year lead, who is also a midwifery lecturer, will work in partnership with your practice assessors to evaluate your learning and make recommendations for progression for each part of the programme. This will be in line with programme standards and local and national policies.

Your academic assessor will be contacted by your practice assessor via email once your final assessment is complete or sooner if an action plan is required or a problem identified.

Your academic assessor cannot simultaneously be your practice supervisor and practice assessor.

Please read the following information which will assist you to understand the assessment process, including how service users and other professionals contribute to your assessment, the need for a risk assessment to be carried out in certain circumstances, reasonable adjustment, any cause for concerns and attendance.

1.4 Performance review process

1.4.1 Pre-practice activities

Pre-practice learning activities including practice information

The university has set you designated activities and it is essential that these are completed prior to commencing your practice placement. These provide a detailed placement profile in relation to the type of care delivered, staffing profiles, client groups

and learning experiences available. These activities will enable your potential learning opportunities to be identified thereby facilitating the development of a learning plan to achieve the required proficiencies whilst within the practice environment. These prepractice activities are signed off as completed by the practice supervisor in the MPAD once you commence the practice placement.

1.4.2 Initial meeting

Orientation and induction to the practice placement – practice supervisor and/or practice assessor and student

Your initial meeting must include completion of the checklist of topics of discussion. This should take place within the first 48 hours of starting your practice placement. As part of this conversation, your practice supervisor or practice assessor will familiarise you with the practice learning environment and review your previous learning development plans. This will give you the opportunity to identify the range of learning available.

Your practice supervisor or practice assessor must record this in your MPAD. At this point, you should agree and document <u>dates for your interim review meeting(s) and final assessment.</u>

It is also helpful to review any NMC proficiencies that you think may be met in the practice placement.

You **must** ensure that your practice supervisor(s), practice assessor and academic assessor complete the details required within the Record of Signatories and you must sign to confirm that all signatures in your MPAD are authentic.

1.4.3 Interim review

Interim review of progress – practice supervisor and/or practice assessor and student

It is recommended that you and your practice supervisor and/or assessor meet regularly (for example once every two weeks) to discuss your progress and to review your learning plan formulated within the first 48 hours of the practice placement. As a minimum, it is necessary for you, with your practice supervisor and/or assessor to ensure that the interim review of progress is completed at the planned interim date(s). Prior to the interim review of progress, you should reflect on your progress, this should assist you to address your learning needs. This discussion and review of progress is formative and documented and signed by your practice supervisor and/or practice assessor in your MPAD.

Situations may arise where there are concerns about knowledge, proficiency, professionalism, or fitness to progress. The Code (NMC, 2018a) reminds registrants of their professional accountability and responsibilities. Practice supervisors/practice assessors are expected to "appropriately raise and respond to student conduct, competence and achievement" (NMC, 2018b, p7). If concerns have been raised, a "Development Support Plan" will be put in place, for further information and guidance, please see Section 4.

For further support, your academic assessor / PEF will be informed if it has been identified that you may not achieve a satisfactory level of performance.

1.4.4 Final Assessment

Final performance assessment – practice assessor

It is your responsibility in collaboration with the practice supervisors and practice assessor to ensure that your final review and summative assessment of performance is completed at the end of your practice placement. The practice assessor should review your progress, identifying evidence upon which they will make a professional judgment. This should involve discussions with others who have supported you and you should seek feedback from service users (a minimum of once per module) to inform your learning and development.

Following this assessment, you should reflect upon your progress and document this along with your learning needs within future learning development plans.

In the event of not achieving the specified practice learning outcomes or demonstrating an unsatisfactory level of performance, the practice assessor must involve the academic assessor and PEF as soon as this is evident. It is anticipated that this would be discussed in advance of the final assessment. If the outcome is unsatisfactory the academic assessor should be included when the assessment is discussed with the student.

1.4.5 Confirmation of completion of each module

At the end of each module your academic assessor (practice year leader), with your nominated practice assessor, will agree the outcome of your final assessment that will then enable progression through your programme.

1.5 Feedback from service users and professional colleagues

The NMC (2018c, p.6, Section 1.12; p.12, Section 5.14) values the role of service users and professional colleagues in assessment of your practice learning and advocate their involvement in the assessment process. As such, we would encourage you to consider feedback received when reviewing your performance with your practice supervisors and take note of this when preparing to discuss your final written assessment with your practice assessor. You and your practice supervisors should seek feedback from service users on your abilities in relation to how you communicate, how you respect the service user as an individual and the care that you provided.

Please note the following guidance:

- 1. You should seek feedback from service users <u>at least once per module</u>. If additional opportunities arise these should be actioned, and additional documentation can be inserted within the MPAD to reflect any further feedback you receive.
- 2. You must seek consent from the service user and respect that service users have the right to refuse to participate. If they do not want to, you must assure them that this will not affect their future care or treatment.
- 3. It is your practice supervisors' responsibility to collate and document this feedback in a sensitive, anonymous manner within your MPAD in the appropriate section.

- 4. Feedback received in other formats (for example the receipt of cards, emails to practice placement, staff, or university) should be recorded within the Service User Feedback pages, **anonymised**, and reflected upon.
- Please also refer to the NHS Education for Scotland (NES) document NHS Education for Scotland (NES, 2013) Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland.

1.6 Risk assessment

Introduction:

During a programme of pre-registration midwifery education each accredited AEI has a duty of care to ensure that you are safe while undertaking practice placements. The AEI and practice providers work collaboratively to support all students. According to current Health and Safety legislation (Management of Health and Safety at Work Regulations, 1999) some groups of student midwives must be aware of particular hazards in the practice setting. Students under the age of 18 (young workers) and those who are pregnant or breastfeeding, will need additional consideration to ensure that they are not exposed to undue risk. Students from these groups should be risk assessed on arrival in the practice placement area. You may be required to complete a COVID age risk assessment depending on national guidance during your programme.

If you fall within any of these categories whilst a student, it is your responsibility to:

- 1. Alert the university (programme leader) as soon as possible if you are pregnant when you first commence practice or if you are returning to a practice placement following maternity leave and are still breastfeeding.
- 2. If you are under 18 years of age, please notify the university (programme leader) as additional considerations are required for you to undertake practice placements (HSE, 1998).
- 3. Consent to sharing information. While any information divulged by you will be treated sensitively, it will be necessary to share information relating to your situation with the member of staff responsible for the practice learning environment. Please see further information in your programme handbook.
- 4. Comply with measures recommended to control risk.

Please refer to your programme handbook for information about:

- Student midwives as young workers
- Student midwives who are pregnant or breastfeeding
- Outline of roles and responsibilities in relation to risk assessment process and reasonable adjustment

1.7 Reasonable adjustment

Reasonable adjustments may have to be made to facilitate a student with a disability to achieve proficiency. The NMC state that universities and practice learning partners must ensure that all students "have their diverse needs respected and taken into account across all learning environments, with support and adjustments provided in accordance with equalities and human rights legislation and good practice" (NMC 2018c p9). It is important to recognise that reasonable adjustments can be made to

support you and to assess how you can demonstrate that you have met a standard or proficiency, however, it is only possible to make adjustments which facilitate your achievement or demonstration of the required NMC standard or proficiency.

Edinburgh Napier Student Wellbeing and Inclusion Team offers advice, guidance, and appropriate support to all students with a disability or specific learning difficulty (such as dyslexia). In line with Edinburgh Napier University duties under the Equality Act (2010), the Student Wellbeing and Inclusion Team aim to promote equality of opportunity and positive attitudes towards disability (defined as a "physical or mental impairment that has a 'substantial' and 'long-term' negative effect") while ensuring any required reasonable adjustments are met for students.

You have a responsibility to inform the practice supervisor and/or practice assessor of any reasonable adjustment in practice that you may require. It is therefore good practice to discuss this provision prior to or at the initial meeting and consider whether reasonable adjustments can be made to enable you to practise safely and effectively. Adjustments may be put in place for the duration of your placement or for shorter periods of time to address a temporary requirement.

Both you and your practice supervisor and/or practice assessor and other members of practice education staff can provide feedback on how the reasonable adjustments are working at the interim feedback meeting pages. Further information on policies and reasonable adjustments can be accessed via Government sites, the NMC, your placement provider and within your programme handbook.

In certain circumstances, the desired requirement for adjustment to undertake practice learning will require collaborative discussion with practice learning partners to ascertain whether such adjustment can be made, to ensure safe and effective practice.

1.8 Attendance

Standards for pre-registration midwifery programmes (NMC, 2019b) state that you must achieve a minimum of 2300 hours in practice during your programme. Attendance in practice is mandatory. It is therefore essential that practice time is recorded, and any absence hours are retrieved. It is your professional responsibility to follow relevant AEI practice policy and procedures for absence.

1.8.1 Attendance for assessment

Edinburgh Napier University midwifery programmes have a minimum threshold of attendance for assessment. Please see your programme handbook for further information.

1.8.2 Working time directive

The Edinburgh Napier University practice placement team allocates the number of hours/weeks that you must engage with your practice placement. As a student you must not negotiate any reduction to the allocated time.

As a student you are expected to work the shifts allocated by the practice environment. Any requests for alteration to designated shift patterns for any reason should be made to the programme leader.

During your education, NMC (2019b) requires all students to undertake practice learning that enables you to experience the full 24 hour, 7 days per week care of women and their families.

When in practice placement, you are normally expected to work a minimum of 32 hours per week and a maximum of 48 hours per week. The average time worked should be 32 hours per week in years 1 and 2 and 40 hours per week in year 3.

As a student, you must ensure that any other work that you regularly undertake (additional part-time employment) does not result in you working more than 48 hours per week. If you're under 18, you cannot work more than 8 hours a day or 40 hours a week. This is to ensure the health and safety of you as a student midwife, your colleagues and the women and families in your care (HSE, 1998).

1.8.3 Attendance record sheets

- Attendance records are important documents in that they provide evidence to confirm that you have achieved the minimum NMC requirement of 2300 hours of practice during the pre-registration midwifery programme.
- Both students and practice supervisors and/or practice assessor are responsible for ensuring attendance records are accurate and signed.
- Attendance records should accurately reflect the number of hours worked in practice placements.
- Attendance records should not be signed in advance. If the practice supervisor and/or practice assessor is not going to be on duty during the last few days of your practice placement the attendance records for these days should be signed by another member of staff.
- If the practice placement closes because of a public holiday, you can make up the hours at another time.

1.8.4 Absence

Edinburgh Napier University recognises that individual schools and programmes may have differing thresholds for engagement and attendance depending on factors such as professional body requirements. NMC (2019b) states that students are required to undertake a minimum of 2300 hours of practice learning. This programme has been designed to offer you 2300 hours of practice learning, therefore, all absence from placement must be recovered. The practice learning team will facilitate additional placements to make up your absence hours if they exceed 40 hrs in any one placement. You should not organise this yourself.

1.8.4.1 Authorised absence / reporting absence

If you are absent from practice placement, you should notify the practice placement area and your PDT.

Absence of more than 7 consecutive working days requires a medical (GP) certificate. Certificates should be emailed/posted/handed in to your programme leader. If you accrue periods of unauthorised absence this will be addressed through the Edinburgh Napier University Fitness to Practice System. This may ultimately result in your discontinuation from the programme.

1.8.5 Returning from sickness / absence

When you expect to return from absence, please email your PDT and programme leader with further information. Please contact your practice placement area to inform them of your return.

1.8.6 Making up absence hours

All absence from practice placement must be made up ideally by the end of each year and completely by the end of the programme.

- Some absence can be made up during the placement following discussion and agreement between you and your nominated practice supervisor or assessor.
- Shifts/hours made up should be noted within the placement record of attendance, please see Table 2 below.
- Placement absence which prevents you from completing a module successfully will be recouped through the re-sit of the module as arranged by your programme leader.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N, Team	Reason for Absence	Staff Signature
Monday	12.5	A/N		K MacLeod
Tuesday	12.5	A/N	Sick	K MacLeod
Wednesday	12.5	A/N		K MacLeod
Thursday				
Friday	10.5	A/N – Extra shift to cover sickness		K MacLeod
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEP	K 1 = 48 hours	5	

Table 2: Example of recoding attendance / absence / making up time

1.9 List of Practice Supervisors

Sample signatures must be obtained for all entries within this document

Name (please print)	Signature I confirm that I have been suitably prepared for the role of practice supervisor	Initials	Job title	Placement area
Lois Morrison	Loís Morríson	LM	Midwife	Ward 7

1.9 List of Practice Supervisors

Sample signatures must be obtained for all entries within this document

Name (please print)	Signature I confirm that I have been suitably prepared for the role of practice supervisor	Initials	Job title	Placement area

1.10 List of Practice Assessors

Sample signatures must be obtained for all entries within this document

Name (please print)	Signature I confirm that I have been suitably prepared for the role of practice assessor	Initials	Job title	Placement area
Kirsty McLeod	Kírsty McLeod	KMcL	Staff Midwife	Ward 8
		<u></u>		

1.11 List of Link Lecturers / Academic Assessors

Sample signatures must be obtained for all entries within this document

Name (please print)	Signature I confirm that I have been suitably prepared for the role of practice assessor	Initials	Job title	Part of Programme
James S Morrison	J Morrison	JM	Midwifery Lecturer	PART 1, practice 1

1.12 Record of signatures for other registered professionals/supervisors

In order to verify the identity of all those involved in assessing student performance and to minimise the possibility of fraud, please enter your details in the table below if you contribute any signature / initials to the student's documentation while on practice.

Full Name (Print)	Position Held	Full Signature	Initials Used
Annie Donald	Family Nurse Practitioner	A Donald	AD



SECTION 2: PRACTICE PLACEMENT DOCUMENTATION

2.0 Bachelor of Midwifery (BM) Programme Outlines

BM Midwifery

Your degree programme aims to develop skilled, knowledgeable, respectful, and compassionate midwives who care for women, newborn infants, partners and their families in a humanitarian way focusing on their needs, views, and preferences. Following completion of your programme you will be able to work across the continuum from pre-pregnancy to postpartum, including transitional care and reproductive health.

The BM Midwifery programme will be provided on a full-time basis of no less than three years duration (NMC, 2019b, Standard 2.9) comprising 50% theory (2300 hours) and 50% practice learning (2,300 hours) (NMC, 2019b, Standard 2.8). The programme consists of 360 SCQF credits of which 120 are at SCQF level 9 to achieve degree award (NMC, 2019b, Standard 5.1) resulting in Bachelors Degree in Midwifery (academic qualification) and students can apply to register with the NMC within 5 years of programme completion to become a Registered Midwife (professional qualification). Theory will be taught within Edinburgh Napier University, Sighthill Campus and practice learning placements are within a variety of areas ranging from acute obstetricled maternity hospitals to midwifery led continuity teams within the associated NHS Boards: Borders, Fife, Forth Valley and Lothian. You are expected to work in both urban and rural settings on a 24-hour/seven-day basis to meet the holistic needs of women and their families (NMC, 2019b, Standard 3). This will enable you to develop an understanding of the needs and experiences of women and babies throughout a 24-hour period. You will also have the opportunity to undertake at least one placement out-with your planned allocations, which could be an elective or Turin experience. This alternative practice placement offers you a different learning opportunity to enhance your knowledge, clinical skills, and integration of theory with practice.

Year one

Year one will provide a foundation of relevant and specific knowledge at Higher National Certificate level (SCQF Level 7) and to meet specific NMC (2019a) proficiencies. The focus will be on low-risk holistic women-centred care. Theory will comprise anatomy, physiology, sociology, psychology, professional midwifery, evidence-based practice, essential midwifery theory and clinical skills, care, and examination of the newborn, promotion of maternal, infant, and family health. Practice learning placements will comprise antepartum, intrapartum, and postpartum experiences across the differing NHS Health Boards, within urban and rural areas.

Year two

Year two will build on year one of the programme and develop specific knowledge at Higher National Diploma level (SCQF Level 8) and to meet specific NMC (2019a) proficiencies. The focus will be on high-risk women-centred care. Theory will comprise of complex midwifery care for the mother and infant including the management of emergency situations, professional midwifery practice incorporating ethical, moral, and legal issues and research underpinning evidence-based practice. Practice learning placements will focus on high-risk antepartum, intrapartum, and postpartum experiences including neonatal, across the differing NHS Health Boards, within urban and rural areas.

Year three

Year three will consolidate your knowledge at Degree level (SCQF Level 9) and to meet specific NMC (2019a) proficiencies. The focus will be autonomous holistic women-centred care enabling you to be Newborn Infant Physical Examination (NIPE) and Prescriber ready. Theory will comprise a public health focus and project looking at woman centred care. This year has time allocated to complete an elective / Turin placement as circumstances allow. Practice learning placements will focus on holistic care and appropriate referral mechanisms throughout antepartum, intrapartum, and postpartum experiences across the differing NHS Health Boards, within urban and rural areas.

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BM Programme Flow / Planner Continuity

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2.2 Assessment criteria

Background Information

Student supervision and assessment in practice requires that practice supervisors and assessors work together with you as a student to facilitate your learning. This, combined with the input of your academic assessor, will help to ensure a robust assessment process for each part of your programme, and at the point of professional registration.

The assessment process includes your supervision and support in practice and the assessment of your performance based on specific proficiencies which have been determined by the Nursing and Midwifery Council (NMC, 2018b). These are outlined as part of this documentation and your practice supervisors and assessors should review this information prior to engaging in the supervision and assessment of your performance in practice.

The standards of proficiency in this document specify the knowledge, understanding and skills that you, as a midwife, must demonstrate at the point of professional registration, when caring for women across the maternity journey, newborn infants, partners, and families across all care settings. They reflect what the public can expect you to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate and person-centred midwifery care. The NMC have drawn on the evidence-informed definition of midwifery and the framework for quality maternal and newborn care from The Lancet Series on Midwifery (Renfrew et al., 2014). This series has helped to shape the scope and content and ensure a consistent focus on the needs, views, preferences, and decisions of women and the needs of newborn infants across the whole continuum of care. They also provide a benchmark for midwives from the European Economic Area (EEA), European Union (EU) and overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

Assessment Components

The standards of proficiency are stated as outcomes that you must achieve at the point of registration. They are grouped under six Domains. These Domains interrelate and build on each other and should not be seen separately. Together these reflect what we expect you, as a new midwife to know, understand and be capable of doing safely and proficiently, at the start of your career. This approach aims to provide clarity to the public and the professions about the knowledge, understanding and skills they can expect you to demonstrate (NMC, 2019a).

The Domains

These are assessed for every practice placement experience. There are 6 domains, each of which has associated proficiencies (NMC, 2019a). As a student you must achieve all proficiencies for each domain during your programme. Each of the domains are listed below. Domains 1-5 must be achieved in their entirety and repeatedly during each year (part) of your programme. Domain 6 are skills relating to the previous 5 domains and must be signed off once during your programme and maintained thereafter. It is the responsibility of the practice supervisor and practice assessor to discuss your progress together, and with others (please see additional information provided regarding the contribution of others) and, through this collaborative dialogue, determine whether or not you have achieved each of the domains. The outcome of

this assessment will then be reviewed and confirmed by your academic assessor at the end of each module.

The Domains

- 1. Being an accountable, autonomous professional midwife
- 2. Safe and effective midwifery care: promoting and providing continuity of care and carer
- 3. Universal care for all women and newborn infants
 - A. The midwife's role in public health, health promotion and health protection
 - B. The midwife's role in assessment, screening, and care planning
 - C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications

4. Additional care for women and newborn infants with complications

- A. The midwife's role in first line assessment and management of complications and additional care needs
- B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

5. Promoting excellence: the midwife as colleague, scholar, and leader

- A. Working with others: the midwife as colleague
- B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

6. The midwife as skilled practitioner

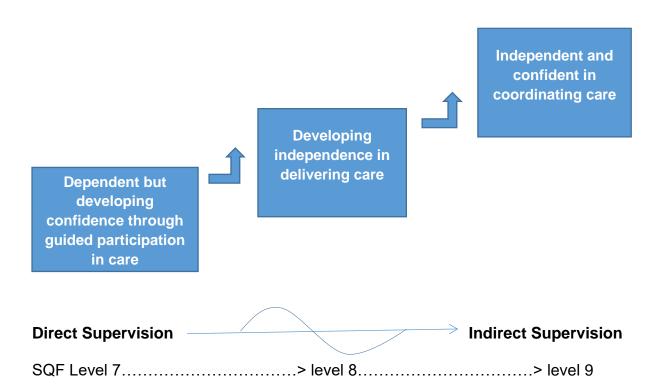
- Communication, sharing information and relationship management skills: shared skills for Domains 1, 2, 3, 4 and 5
- Being an accountable, autonomous, professional midwife: skills for Domain 1
- Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2
- Assessment, screening, planning, care, and support across the continuum: shared skills for Domains 3 and 4
- Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4
- Universal care for all women and newborn infants: skills for Domain 3
- Additional care for women and newborn infants with complications: skills for Domain 4
- Promoting excellence: the midwife as colleague, scholar, and leader: skills for Domain 5

Please note prior to confirming achievement of each of the domains, practice supervisors and practice assessors should review the proficiencies associated with each domain.

Assessment of Domains through Participation in Care

The practice assessor will ultimately be responsible for determining your outcome in practice however, this will involve collaborative discussion with others who support and come into contact with you as you progress through each part of your programme. The participation in care framework below is designed to assist you, and those supporting and assessing you, to identify the level of your performance for each of the domains.

• Participation in Care – Dependent to Independence (PLPAD 2.0)*



The description of each level of participation, detailed in the diagram above, and explained in more detail below, will help you and your practice supervisor(s)/assessor(s) to understand what is expected of you as a student by the end of each module of your programme. The explanation below outlines the expected level of performance which must be demonstrated by the end of each module, as well as the level of assistance you can expect to receive from your practice supervisor(s)/assessor.

Participation in Care – Explanation of Levels of Participation

Dependent

Minimal standard of participation in care to be achieved by the end of Part 1 Year 1 of your programme.

You will be working closely with your practice supervisor who will direct and guide you. Through this guided participation in care, you will be able to demonstrate delivery of safe, effective, woman-centred care in a professional manner using appropriate midwifery skills. You will also demonstrate a professionalism in your attitudes and values as well as a positive attitude to own learning.

Developing Independence

Minimum standard of participation in care to be achieved by the end of Part 2 Year 2 of your programme.

You will be developing independence and your practice supervisor will offer guidance and support when required. You will actively participate in care with this guidance and will demonstrate increasing confidence and competence. You will also demonstrate an understanding of professional roles and responsibilities and will maximise opportunities to extend your own knowledge.

Independent

Minimum standard of participation in care to be achieved by the end of your programme.

You will be working independently, and your practice supervisor will offer a more indirect form of supervision. You will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable and responsive practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice. You will also assume responsibility for your own learning, as well as the learning of others

*Adapted with permission from: Pan London Practice Learning Group (2019). Pan London Practice Assessment Document 2.0 available from: <u>www.plplg.uk</u>

Skill Achievement

Within the domains, detailed above, there are associated skills. These skills must be **demonstrated safely**, before being confirmed by your practice supervisor or practice assessor. You can either work to achieve these skills in practice, or alternatively, in exceptional circumstances, you may be able to achieve these through simulation. The practice supervisor and practice assessor must discuss your progress and, through this collaborative dialogue, both together and with others, determine whether or not you have achieved each of the skills.

The skills listed in your Midwifery Practice Assessment Document (MPAD) need only be signed once. Safely demonstrating skills will take place throughout each part of your programme and will, more often than not, involve a number of practice supervisors, as well as, potentially, the practice assessor. It is therefore important that at the start of each placement, you review all skills with your practice supervisor to help you to determine which skills you could potentially demonstrate in each area. Any skill or procedure that has been safely demonstrated must continue to be demonstrated safely whenever the opportunity arises in practice.

Your practice supervisors and assessors will communicate with one another and provide you with frequent feedback on your performance, indicating how you can best improve the safe demonstration of these skills going forward. Areas of strength and aspects for development should also be discussed and documented at all times to feed forward for subsequent practice placements. The skills identified by NMC as having to be safely demonstrated prior to entry to the NMC register are detailed below:

- Communication, sharing information and relationship management skills: shared skills for Domains 1, 2, 3, 4 and 5.
 - Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions
 - Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances
- Being an accountable, autonomous, professional midwife: skills for Domain 1
- Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2
- Assessment, screening, planning, care, and support across the continuum: shared skills for Domains 3 and 4
- Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4
- Universal care for all women and newborn infants: skills for Domain 3
 - The midwife's role in public health, health promotion and health protection
 - The midwife's role in assessment, screening, and care planning
 - The midwife's role in optimising normal physiological processes and
 - working to promote positive outcomes and to anticipate and prevent complications
- Additional care for women and newborn infants with complications: skills for Domain 4
 - The midwife's role in first line assessment and management of complications and additional care needs
 - The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services
- Promoting excellence: the midwife as colleague, scholar, and leader: skills for Domain 5
 - Working with others: the midwife as colleague
 - Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

2.3 Mandatory Training

This must be signed by the student and verified by an academic member of staff when sessions are attended/ completed.

Practice Skills	Pre-Practice	Part 1	Part 2	Part 3
Manual Handling (Statutory)	LearnPro Community & Simulated Practice	On campus	Annual update	Annual update
Student Signature:				
AEI Signature:				
Date:				
Prevention & Safe (Therapeutic) Management of Violence and Aggression	LearnPro Community & Breakaway Training – theory and practice			Practice update
Student Signature: AEI Signature:				
Date:				
Date.				
Fire Safety (Statutory)	Induction Programme - Community LearnPro of		ness	
Student Signature:				
AEI Signature:				
Date:				
Information Governance	Video on TURAS			
Student Signature:				
AEI Signature:				
Date:				
UG MIDWIFERY PROGRAMME BLOOD TRANSFUSION	Set up TURAS account & complete profile	1.Safe blood sampling for transfusion 2.Safe transfusion practice 3.Anti-D clinical	1.Consent for transfusion 2.Blood components & indications for use	1.Management of acute transfusion reactions
Student Signature:				
AEI Signature:				
Date:				

2.3 Mandatory Training (cont.)

Cardio-Pulmonary Resuscitation LearnPro Community & BLS - Theory and Practice BLS - Theory and Practice ILS - Theory and Practice to ILS Standard Student Signature: Image: Control of Infection SIPCEP Foundation Pathway Image: Control of Foundation Pathway Image: Control of Foundation Pathway Image: Control of Foundation Student Signature: Image: Control of Foundation Pathway Theory and Practice Theory and Practice Date: Image: Control of Foundation Pathway Theory and Practice Theory and Practice Date: Image: Control of Foundation Pathway Theory and Practice Theory and Practice Date: Image: Control of Foundation Theory and Practice Theory and Practice Date: Image: Control of Foundation Theory and Practice Theory and Practice Date: Image: Control of Foundation Image: Control of	Practice Skills	Pre-Practice	Part 1	Part 2	Part 3
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	Student Signature:				
Date:	AEI Signature:				
	Date:				



PART 1 Practice 1 <u>Continuity Model</u>

2.4 PART 1 Practice Placement Experience

Module Title: Practice 1

Module Code:

Placement 1 – Continuity Model

	Information for Students
1.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
2.	Access the School of Health and Social Care programme Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness absence guidance
3.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern
4.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
5.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.
6.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
7.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement

PRE-PRACTICE LEARNING ACTIVITIES

PART 1: Placement 1 Continuity Model

	PRACTICE	PLACEMENT DET	AILS	
Student Name:			Intake:	
Matriculation Number:			Year:	
Practice Placement Environment:			Start date:	
Telephone Number:			Finish date:	
Placement Type:				
Nominated Practice Supe	rvisor Name			
Nominated Practice Asse	ssor Name			
Nominated Academic Ass	sessor Name			
(Module Leader)				
Prior to the commenceme	ent of each prac	ctice learning enviro	nment, you sh	nould:
	1. Make contact with the practice learning environment and ascertain the shift patterns			
in operation, the name of your designated practice supervisor/assessor.2. Read the appropriate practice placement profile, which can be accessed on the				
student portal/via I	nPlace / QMPL	.E		
3. Briefly summarise what the practice placement environment does:				

 From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
5. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these.
 From your search, identify one key article on the topic (using appropriate reference style)
 In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics this environm	the practice placement that you ar from the theory modules that would ent. Please note your thoughts belo	d support your learning within	
related simula	the practice placement that you ar ated clinical skills from your previous within this environment. Please not	modules which would support	
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 1: Practice 1 Continuity Model

Module Summary

This is a practice module that aims to facilitate you to achieve foundation knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on the 'normality of childbirth'. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; prenatal screening; detailed knowledge of embryology, the fetal skull; the maternal pelvis; development of placenta and membranes; production of amniotic fluid; physiology and management of pre-conceptual and prenatal care, 1st, 2nd and 3rd stages of labour, postnatal care, and examination of the newborn; physiology and management of pain. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, BLS and communication strategies.

This module consists of 17 weeks of practice placement and experience includes, antenatal, intrapartum, postnatal and care of the newborn for the achievement and assessment of practice proficiencies at 'Dependent' level (PLPLG, 2019). You will work for 17 weeks within a Continuity Team. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 1 Learning Outcomes:

LO1.	Demonstrate effective communication and interpersonal skills.
LO2.	Develop the ability to perform a range of practical midwifery skills including record keeping taking account of individual needs of the woman and her family.
LO3.	Gain an appreciation of professional and ethical dimensions in practice in accordance with The Code, NMC (2018a).
LO4.	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.
LO5.	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019).

YEAR / PART 1 Practice Placement 1 Orientation

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick
	when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g., reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments	
and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 1: Practice 1 Continuity Model

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of inter	im reviews:	Date of final assessment:

INTERIM REVIEW

(This should take place in week 8/9 of your practice placement) **PART 1: Practice 1 Continuity Model - Dependent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excelle	nce: the midwife as colleague	e, scholar, and leader
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Domain 6 - The midwife as skilled practitioner

Student feedback:

Have any issues been referred to the Practice and/or Academic Assessor?		Yes	No
Developn	nent Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 1: Practice 1 Continuity Model

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happy the way th midwife:	y were you with e student	Very happy	Нарру	l'm not sure	Unhappy ©	Very unhappy
• care	d for you?					
 listen neer 	ned to your ds?					
	erstood the way felt?					
• talko	ed to you?					
	wed you bect?					
What did the student midwife do well?						
What could the student midwife have done differently?						
Date:	Student Signature		Practice	e Superviso	r or Assess	or Signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 1: Placement 1 Continuity Model

Please note any other forms of service user feedback (e.g., cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:

INTERPROFESSIONAL EXPERIENCE				
If you work within any other disciplines, please complete the following record				
Student Name:	e 1 Continuity Model Matriculation number:			
Student Name:	matriculation number:			
Name of Placement:				
Practice Supervisor:				
Name and Location of Organisation/Prof	essional Visited:			
Supervisor commente - Discos state wh	et the student did well			
Supervisor comments – Please state wh	at the student did well			
Supervisor comments - Please state what	at the student could do to enhance their			
knowledge / skills / attitudes and values				
Name of Supervisor (Print):	Signature of Supervisor:			
Title:				
Date:				

ADDITIONAL NOTES PART 1: Practice 1 Continuity Model					
Date	Time	Student, practice supervisors, practice assessors an	d Signature		
		academic assessors can add notes			
Quadripa	artite Reco	ord			
	Quadripartite Record Date: Student Signature: Date:				
	Nominated Practice Supervisor Signature: Date:				
	Nominated Practice Assessor Signature: Date:				
Nominate	ed Academ	nic Assessor Signature: Date:			

FINAL ASSESSMENT: END OF PRACTICE 1 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 17) PART 1: Practice 1 Continuity Model – DEPENDENT					
Student Name:	Matriculation number:				
	Cohort:				
	assessor comments should consider the				
Domain 1 - Being an accountable, autono	omous, and professional midwife				
Domain 2 - Safe and effective midwifery of	care: promoting and providing continuity				
of care and carer					
Domain 3 - Universal care for all women a	and newborn infants				

Domain 4 -	Additional care for women and r	newborn infants with complications
		ife as colleague, scholar, and leader
	The midwife as skilled practition	
Date:	Student Signature:	Practice Assessor Signature:

	tice Module 1 Learning Outcomes se initial)	PASS	FAIL
L01	Demonstrate effective communication and interpersonal skills		
LO2	Develop the ability to perform a range of practical midwifery skills including record keeping taking account of individual needs of the woman and her family.		
LO3	Gain an appreciation of professional and ethical dimensions in practice in accordance with The Code, NMC (2018a)		
LO4	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.		
LO5	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019).		

Practice Assessor Overall Assessment Comments				
Overall result for this Practice Placement	PASS / FAIL			
Name of Practice Assessor (print full name)				
Signature of Practice Assessor: Designation:	Date:			
	Date.			
Practice Assessor Confirmatory Statement				
I confirm that: student midwife (print full name) _				
following a period of hours of attend				
attendance record), and through objective evide	nce-based assessments, has:			
ACHIEVED / NOT ACHIEVED (Please delete a	s appropriate) the expected level of			
DEPENDENT				
By the end of year 1 practice 1 all proficienci	es from domains 1-5 and appropriate			
skills in domain 6 must be achieved and reco	orded for this year.			
Signature of Practice Assessor:				
Date:				
Student Statement				
	(write name in capital letters) have			
received feedback on my performance and have this with the Practice Assessor. Please write cor				
***online version space required				
Student signature:	Date			
_				
Academic Assessor Confirmatory Statement				
I confirm that in partnership with the nominated name)	Practice Assessor, student midwire (print			
has ACHIEVED/NOT ACHIEVED (please delete	e as appropriate) all require proficiencies at			
the DEPENDENT level for Part 1 of the programme and, RECOMMEND/DO NOT				
RECOMMEND (please delete as appropriate) p	rogression to Part 2.			
Comments:				
Signature of Academic Assessor:				
Date:				

RECORD OF ATTENDANCE – PART 1: Practice 1 Continuity Model

NAME:

Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	l =	·	
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 2			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 3	3 =		

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK	l =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 5	5 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK) =		

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 7 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 8 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 9 =			

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR	WEEK 10	=			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR	WEEK 11	=			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 12 =					

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR	WEEK 13 =	1			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR	WEEK 14 =	·			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 15 =					

RECORD OF ATTENDANCE – PART 1: Practice 1 Continuity Model

NAME:

Matriculation number:

It is YOUR responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your Module Handbook.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	6 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	7 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	8 =		

Total hours worked _

Total hours absent The attendance section MUST BE fully completed prior to submission of this assessment.

Please go online and complete the Clinical Placement Evaluation. Thank you.



Year 1 Part 1 Placement 1 <u>Placement-Based</u> Community/Antenatal/ Intrapartum/Postnatal

Year 1 Part 1 Practice 1 Placement-Based Experience

Module Title: Midwifery Practice 1

Module Code:

Placement 1 – Community/ Antenatal / Intrapartum / Postnatal

Information for Students		
1.	There is a preparation for practice session in each module of your programme, prior to your first practice placement. These workshops are delivered by the midwifery team to ensure you are fully prepared including;	
	Using and completing your MPAD appropriately	
	Uniform policy and shift patterns	
	Raising concerns / duty of candour / professionalism	
	Reporting absence	
2.	Access the School of Health and Social Care Practice Learning Moodle site for information on;	
	Practice learning experience – general information	
	Practice learning experience profiles	
	Practice support and policies	
	Student placement expenses and accommodation information	
	Placement sickness absence guidance	
3.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern	
4.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.	
5.	Please ensure that you liaise with your practice supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.	
6.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.	
7.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement	

PRE-PRACTICE LEARNING ACTIVITIES PART 1: Practice 1 – Community				
PRACTICE PLACEMENT DETAILS				
Student Name:			Intake:	
Matriculation number:			Year:	
Practice Placement			Start date:	
Environment:			Finish	
Telephone Number:			date:	
Placement Type:				
Nominated Practice Sup	ervisor Name			
Nominated Practice Ass	essor Name			
Nominated Academic As	ssessor Name			
Prior to the commencem	nent of each prac	tice learning enviro	nment, you sł	nould:
	name of your dea	signated Practice Su		
 appropriate, arrange a pre-practice experience visit. 2. Read the appropriate practice placement profile, which can be accessed on the student portal/via InPlace / QMPLE 				essed on the
3. Briefly summarise	e what the practi	ce placement enviro	nment does:	

4. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
 5. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a literature search in relation to these. From your search, identify a key article on the topic (using appropriate reference style) In the space below provide a brief summary of the article and outline any best practice recommendations in relation to this
Article:
Condition / situation

related learn	the practice placement that you are ning from the theory modules that nvironment. Please note your thoug	would support your learning	
related simu	o the practice placement that you are ulated clinical skills from your pre- r learning within this environment.	vious modules which would	
Practice Supervisor or Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 1: Practice 1 – community/antenatal/intrapartum/postnatal

Module Summary

This is an integrated theory/practice module that aims to deliver foundation knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on the 'normality of childbirth'. Theory you have studied or will study integrates related anatomy and physiology with evidence-based care and includes; prenatal screening; detailed knowledge of embryology, the fetal skull; the maternal pelvis; development of placenta and membranes; production of amniotic fluid; physiology and management of pre-conceptual and prenatal care, 1st, 2nd and 3rd stages of labour, postnatal care, and examination of the newborn; physiology and management of pain. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, BLS and communication strategies.

This module consists of 17 weeks of practice placement which is divided into three blocks of experience which includes, antenatal/postnatal, intrapartum and care of the newborn for the achievement and assessment of practice proficiencies at 'Dependent' level (PLPLG, 2019). You will work for 17 weeks in a variety of placements. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported, and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 1 Learning Outcomes:

LO1.	Demonstrate effective communication and interpersonal skills.
LO2.	Develop the ability to perform a range of practical midwifery skills including record keeping taking account of individual needs of the woman and her family.
LO3.	Gain an appreciation of professional and ethical dimensions in practice in accordance with The Code, NMC (2018a).
LO4.	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.
LO5.	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019).

PART 1 Practice 1 Placement 1 – Community

In accordance with the **NHS Education for Scotland (2020) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g., reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 1: Practice 1 - Community					
Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development					
plan.					
Please ide	ntify skills and procedures that co	ould be achieved within area:			
Date:	Student Signature:	Practice Supervisor or Assessor Signature:			
Date of interim review:		Date of final assessment:			

INTERIM REVIEW

(This should take place in week 4/5 of your practice placement) **PART 1: Practice 1 – Community – Dependent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - P	Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader				
Domain 6 - T	he midwife as skilled practitione	r			
Student fee	dhack				
	ues been referred to the	Yes	Νο		
Practice and	or Academic Assessor?				
Developmen	t Support Plan (see Section 4)	Yes	No		
Date:	Student Signaturo	Practice Supervisor o	r Assessor		
Dale.	Student Signature:	Signature:	1 79969901		

SERVICE USER FEEDBACK PART 1: Practice 1 – Community

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick if	you are:	Service U	lser 🗖	Re		J
How happy v way the stud	vere you with the ent midwife:	Very happy	Нарру	l'm not sure	Unhappy ©	Very unhappy
• cared	for you?					
Iistene	ed to your needs?					
unders felt?	stood the way you					
talked	to you?					
 showe 	d you respect?					
	What did the student midwife do well?					
What could the student midwife have done differently?						
Date	Student signature:		Practice s	supervisor o	r assessor s	signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 1: Practice 1 – Community

Please note any other forms of service user feedback (e.g., cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:

INTERPROFESSIONAL EXPERIENCE				
If you work within any other disciplines, please complete the following record				
PART 1: Practice 1 – Community Student Name: Matriculation number:				
Name of Placement:				
Practice Supervisor:				
	aional Vioitad			
Name and Location of Organisation/Profes				
Supervisor comments – Please state what	the student did well			
Supervisor comments - Please state what t	he student could do to enhance their			
knowledge / skills / attitudes and values				
Name of Supervisor (Print):	Signature of Supervisor:			
Title:				
Date:				

ADDITIONAL NOTES PART 1: Practice 1 - Community				
Date	Time	Student, practice supervisors, practice assessors and	Signature	
		academic assessors can add notes		
Quadripartite Record				
Student Signature: Date:				
Nominated Practice Supervisor Signature: Date:				
Nominated Practice Assessor Signature: Date:				
Nominated Academic Assessor Signature: Date:				

FINAL ASSESSMENT: EN	D OF PRACTICE PLACEMENT			
TO BE COMPLETED BY PRACTICE ASSESSOR				
PART 1: Practice 1 – Community – Dependent				
Student Name:	Matriculation number:			
	Cohort:			
means that the student midwife requires cor supervisor but is developing confidence thro	Assessor comments should consider the			
Domain 1 - Being an accountable, autono	omous, and professional midwife			
Domain 2 - Safe and effective midwifery of	care: promoting and providing continuity of			
care and carer				
Domain 3 - Universal care for all women	and newborn infants			

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader

Domain 6 - The midwife as skilled practitioner

Date:	Student Signature:
-------	--------------------

Practice Assessor Signature:

	Practice Module 1 Learning Outcomes (please initial)		
LO1	Demonstrate effective communication and interpersonal skills.		
LO2	Develop the ability to perform a range of practical midwifery skills including record keeping taking account of individual needs of the woman and her family.		
LO3	Gain an appreciation of professional and ethical dimensions in practice in accordance with The Code, NMC (2018a).		
LO4	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.		
LO5	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019).		

Practice assessor overall assessment comments						
Overall result for this Practice Placement	PASS / FAIL					
Name of Practice Assessor (print full name)						
Signature of Practice Assessor:						
Designation: Practice Assessor Confirmatory Statement	Date:					
I confirm that: student midwife (print full name) _						
following a period of hours of attend	dance at placement (please refer to					
attendance record), and through objective evide						
ACHIEVED / NOT ACHIEVED (Please delete a						
	as appropriate) the expected level of					
DEPENDENT						
Please note by the end of a placement block	k within year 1 you must have <u>24</u>					
proficiencies achieved and recorded.						
•						
If this is the final assessment for the Practice	e 1 module 100% of the proficiencies					
Domains 1-5 must be achieved and recorded	d for the year and appropriate skills from					
Domain 6.						
Signature of Practice Assessor:						
Date:						
Ctudent Ctotoment						
Student Statement						
1	(write name in capital letters) have					
received feedback on my performance and have had the opportunity to reflect and discuss						
this with the Practice Assessor. Please write comments below:						
Student Signature:	Date:					
	Date.					

RECORD OF ATTENDANCE – PART 1: Practice 1 – Community

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 1 =					
Date / Week Commencing	Hours	Reason for Absence	Staff Signature		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 2 =		•			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 3 =	TOTAL HOURS FOR WEEK 3 =				

RECORD OF ATTENDANCE – PART 1: Practice 1 – Community

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 4 =				
Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 5 =		•		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 6 =				

RECORD OF ATTENDANCE – PART 1: Practice 1 – Community

NAME:

Matriculation number:

It is YOUR responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your Module Handbook.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	7 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	8 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	9 =	1	I
Total hours worked		_ Total hours abs	sent

The attendance section MUST BE fully completed prior to submission of this assessment. Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 1

Placement 2

Intrapartum

Year 1 Part 1 Practice Placement-Based Experience

Module Title: Practice 1

Module Code:

Placement 2 – Intrapartum

	Information for Students				
1.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions delivered by the midwifery team to ensure you are fully prepared including;				
	Using and completing your MPAD appropriately				
	Uniform policy and shift patterns				
	Raising concerns / duty of candour / professionalism				
	Reporting absence				
2.	Access the School of Health and Social Care Practice Learning Moodle site for information on;				
	Practice learning experience – general information				
	Practice learning experience profiles				
	Practice support and policies				
	Student placement expenses and accommodation information				
	Placement sickness guidance				
3.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern				
4.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.				
5.	Please ensure that you liaise with your practice supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.				
6.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.				
7.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement				

PRE-PRACTICE LEARNING ACTIVITIES PART 1: Placement 2 – Intrapartum						
•	PRACTICE PLA	CEMENT DETA	ILS			
Student Name:			Intake:			
Matriculation number:			Year:			
Practice Placement Environment: Telephone Number:			Start date: Finish date:			
Placement Type:						
Nominated Practice Supervis	sor Name					
Nominated Practice Assesso	or Name					
Nominated Academic Asses	sor Name					
Prior to the commencement	of each practice	learning environ	ment, you shou	ıld:		
 Make contact with the in operation, the name appropriate, arrange a 	e of your designation	ated Practice Sup				
2. Read the appropriate	practice placem		can be access	sed on the		
 Read the appropriate practice placement profile, which can be accessed on the student portal/via InPlace / QMPLE Briefly summarise what the practice placement environment does: 						

4.	From	the	learning	opportunities	outlined	in	the	practice	placement	profile,
	choos	e on	e that you	u are unfamili a	ar with an	nd v	vrite	a short s	ummary.	

5.	Considering the women that will attend the practice placement, select one
	condition/situation that those women are likely to present with and undertake a
	literature search in relation to these.

- From your search, identify a key article on the topic (using appropriate reference style)
- In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this

Article:

Condition / situation

within this envi 7. In relation to the	g from the theory modules that we ronment. Please note your thoughts	about to enter, identify any
support your I below:	ted clinical skills from your previo earning within this environment. F or Assessor – please sign to confi	Please note your thoughts
activities have been	completed by the student	
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:

MODULE LEARNING OUTCOMES PART 1: Practice 1 - Placement 2 – Intrapartum

Module Summary

This is an integrated theory/practice module that aims to deliver foundation knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on the 'normality of childbirth'. Theory integrates related anatomy and physiology with evidence-based care and includes; prenatal screening; detailed knowledge of embryology, the fetal skull; the maternal pelvis; development of placenta and membranes; production of amniotic fluid; physiology and management of pre-conceptual and prenatal care, 1st, 2nd and 3rd stages of labour, postnatal care, and examination of the newborn; physiology and management of pain. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, BLS and communication strategies.

This module consists of 17 weeks of practice placement and experience includes, antenatal, intrapartum, postnatal and care of the newborn for the achievement and assessment of practice proficiencies at 'Dependent' level (PLPLG, 2019). You will undertake 4 weeks within hospital-based labour ward. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 1 Learning Outcomes:

LO1.	Demonstrate effective communication and interpersonal skills.
LO2.	Develop the ability to perform a range of practical midwifery skills including record keeping
	taking account of individual needs of the woman and her family.
LO3.	Gain an appreciation of professional and ethical dimensions in practice in accordance with
	The Code, NMC (2018a).
LO4.	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.
LO5.	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019).

PART 1 Practice 1 Placement 2 – Intrapartum Orientation

In accordance with the **NHS Education for Scotland (2020) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g., reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 1: Practice 1 Placement 2 – Intrapartum

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Date of interim review:		Date of final assessment:

INTERIM REVIEW

(This should take place by the end of week 2 of your practice placement) **PART 1: Practice 1 Placement 2 – Intrapartum– Dependent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 6 - The midwife as skilled practitioner

Student feedback:

-	es been referred to the or Academic Assessor?	Yes	Νο
Development	Support Plan (see Section 4)	Yes	Νο
Date: Student Signature:		Practice Supervisor o Signature:	r Assessor

SERVICE USER FEEDBACK PART 1: Practice 1 Placement 2 – Intrapartum

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick if you are:	Service User	Relative	

How happy the way the midwife:	were you with student	Very happy	Happy	l'm not sure	Unhappy ©	Very unhappy	
• carec	l for you?						
Iisten needs	ed to your s?						
 unde you f 	rstood the way elt?						
• talke	d to you?						
• show	showed you respect?						
What did the student midwife do well?							
What could the student midwife have done differently?							
Date:	Student Signature	2	Practic	e Supervisc	or or Assess	or Signature:	

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 1: Practice 1 Placement 2 – Intrapartum

Please note any other forms of service user feedback (e.g., cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:

INTERPROFESSIONAL EXPERIENCE If you work within any other disciplines, please complete the following record			
	acement 2 – Intrapartum		
Student Name:	Matriculation number:		
Name of Placement:			
Practice Supervisor:			
Name and Location of Organisation/Profes	sional Visited:		
Supervisor comments – Please state what			
Supervisor comments - Please state what t knowledge / skills / attitudes and values	ne student could do to enhance their		
Name of Supervisor (Print):	Signature of Supervisor:		
Title:			
Date:			

ADDITIONAL NOTES PART 1: Practice 1 Placement 2 – Intrapartum					
				Signature	
		academic assessors can add notes			
Quadripa	artite Rec	ord			
Student Signature: Date:					
Nominated Practice Supervisor Signature: Date:			Date:		
Nominated Practice Assessor Signature: Date:					
Nominated Academic Assessor Signature: Date:					

FINAL ASSESSMENT: END OF PRACTICE PLACEMENT TO BE COMPLETED BY PRACTICE ASSESSOR PART 1: Practice 1 Placement 2 – Intrapartum - Dependent

	· ·			
Student Name:	Matriculation number:			
	Cohort:			
The minimum level of performance for this part of the programme is DEPENDENT . This means that the student midwife requires continuous or frequent support from the practice supervisor but is developing confidence through guided participation in care. Please comment on the Domains below: Practice assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the Domains				
Domain 1 - Being an accountable, autor	nomous, and professional midwife			
Domain 2 - Safe and effective midwifery of care and carer	care: promoting and providing continuity			
Domain 3 - Universal care for all womer	and newborn infants			

Domain 4 - Additional care for women and newborn infants with complication
--

Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader

Domain 6 - The midwife as skilled practitioner

Date:	Student signature:	Practice Assessor Signature:

Practice Module 1 Learning Outcomes (please initial)			FAIL
L01	Demonstrate effective communication and interpersonal skills		
LO2	Develop the ability to perform a range of practical midwifery skills including record keeping taking account of individual needs of the woman and her family.		
LO3	Gain an appreciation of professional and ethical dimensions in practice in accordance with The Code, NMC (2018a)		
LO4	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.		
LO5	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019).		

Practice Assessor Overall Assessment Comments					
	Γ				
Overall result for this Practice Placement	PASS / FAIL				
Name of Practice assessor (print full name)					
Signature of Practice assessor: Designation:	Date:				
Practice Assessor Confirmatory Statemer	nt				
I confirm that: student midwife (print full name					
following a period of hours of atte	,				
attendance record), and through objective ev					
ACHIEVED / NOT ACHIEVED (Please delet	e as appropriate) the expected level of				
DEPENDENT					
Please note by the end of a placement blo	ock within year 1 you must have <u>23</u>				
proficiencies achieved and recorded.					
If this is the final assessment for the Prac	tice 1 module 100% of the proficiencies				
Domains 1-5 must be achieved and record	led for the year and appropriate skills				
from Domain 6.					
Signature of Practice Assessor:					
Date:					
Dale.					
Student Statement					
l	(write name in capital letters) have				
received feedback on my performance and h	ave had the opportunity to reflect and				
discuss this with the practice assessor. Please write comments below:					
Student Signature:	Date:				

RECORD OF ATTENDANCE – PART 1: Practice 1 Placement 2 – Intrapartum

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 1	=			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 2	=	·		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 3 =				

RECORD OF ATTENDANCE – PART 1: Practice 1 Placement 2 – IntrapartumNAME:Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 4	=		I	
Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 5	=			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 6	=	1	1	
otal hours worked Total hours absent				

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 1

Practice 1 Placement 3

Placement-Based

Antenatal / Postnatal

Year 1 Part 1 Practice Placement-Based Experience

Module Title: Midwifery practice 1

Module Code:

Placement 3 – Antenatal / Postnatal

	Information for Students
1.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
2.	Access the School of Health and Social Care Practice Learning Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness guidance
3.	Please contact your practice placement prior to your start date to confirm who your nominated Practice Supervisor is and to confirm your shift pattern
4.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
5.	Please ensure that you liaise with your Practice Supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your Practice Supervisor.
6.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
7.	Please refer to and discuss the skills and procedures with your Practice Supervisor to identify any skills that can be safely demonstrated within the practice placement.

PRE-PRACTICE LEARNING ACTIVITIES PART 1: Practice 1 – Antenatal / Postnatal

	PRACTICE	PLACEMENT DE	TAILS	
Otudant Nama			Intelier	1
Student Name:			Intake:	
Matriculation number:			Year:	
Practice Placement			Start date:	
Environment:			Finish	
Telephone Number:			date:	
Placement Type:				
Nominated Practice Su	pervisor Name			
Nominated Practice As	sessor Name			
Nominated Academic	Assessor Name			
Prior to the commence	ment of each pra	ctice learning en	vironment, you s	should:
	ation, the name of	arning environmo of your designate -practice experie	d Practice Supe	
2. Read the appro		acement profile, v		cessed on the
3. Briefly summari			vironment does	:

4. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.	
 5. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a literature search in relation to these. o From your search, identify a key article on the topic (using appropriate reference style) o In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this 	
Article:	
Condition / situation	

6. In relation to the practice placement that you are about to enter, identify any related learning from the theory modules that would support your learning within this environment. Please note your thoughts below:

7. In relation to the practice placement that you are about to enter, identify any related simulated clinical skills from your previous modules which would support your learning within this environment. Please note your thoughts below:

Practice Supervisor or Assessor- please sign to confirm that the pre-practice learning activities have been completed by the student

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

MODULE LEARNING OUTCOMES PART 1: Practice 1 – Antenatal / Postnatal

Module Summary

This is an integrated theory/practice module that aims to deliver foundation knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on the 'normality of childbirth'. Theory integrates related anatomy and physiology with evidence-based care and includes; prenatal screening; detailed knowledge of embryology, the fetal skull; the maternal pelvis; development of placenta and membranes; production of amniotic fluid; physiology and management of pre-conceptual and prenatal care, 1st, 2nd and 3rd stages of labour, postnatal care, and care of the newborn; physiology and management of pain. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, BLS and communication strategies.

This module consists of 17 weeks of practice placement and experience includes, antenatal, intrapartum, postnatal and care of the newborn for the achievement and assessment of practice proficiencies at 'Dependent' level (PLPLG, 2019). You will work for 4 weeks in an antenatal/postnatal area. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 1 Learning Outcomes:

LO1.	Demonstrate effective communication and interpersonal skills.
LO2.	Develop the ability to perform a range of practical midwifery skills including record keeping taking account of individual needs of the woman and her family.
LO3.	Gain an appreciation of professional and ethical dimensions in practice in accordance with The Code, NMC (2018a).
LO4.	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.
LO5.	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019)

PART 1

Practice 1 Placement 3 – Antenatal / Postnatal Orientation

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice **Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g., reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 1: Practice 1 Placement 3 – Antenatal / Postnatal

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Date of inte	erim review:	Date of final assessment:

INTERIM REVIEW

(This should take place by the end of week 2 of your practice placement) **PART 1: Practice 1 Placement 3 – Antenatal / Postnatal – Dependent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Pro	omoting excellence: the midwife	as colleague, scholai	r, and leader
Domain 6 - Th	e midwife as skilled practitioner		
Student feed	раск:		
Have any issu and/or Acader	es been referred to the Practice nic Assessor?	Yes	Νο
Development	Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor o Signature:	r Assessor

SERVICE USER FEEDBACK PART 1: Practice 1 Placement 3 – Antenatal / Postnatal

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tie	ck if you are:	Servi	ce User		Relative	
	py were you way the student	Very happy	Нарру	I'm not sure	Unhappy	Very unhappy
			~			
• ca	red for you?					
	tened to your eds?					
	derstood the ly you felt?					
• tal	ked to you?					
	owed you spect?					
	the student midw					
What cou	uld the student mi	dwife have d	one diffe	rently?		
Date:	Student Signature		Practic	e Supervisc	or or Assess	or Signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 1: Practice 1 Placement 3 – Antenatal / Postnatal

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:

INTERPROFESSIONA If you work within any other disciplines, pl PART 1: Practice 1 Placement	lease complete the following record
Student Name:	Matriculation number:
Name of Placement:	
Practice Supervisor:	
Name and Location of Organisation/Profession	nal Visited:
Supervisor comments – Please state what the Supervisor or assessor comments - Please state enhance their knowledge / skills / attitudes and	ate what the student could do to
Name of Supervisor (Print):	Signature of Supervisor:
Title:	
Date:	

	P/	ADDITIONAL NOTES ART 1: Practice 1 Placement 3 – Antenatal / Postnat	al
Date	Time	Student, practice supervisors, practice assessors an	
		academic assessors can add notes	
Quadrip	artite Rec	ord	
Student Signature: Date:			
Nominated Practice Supervisor Signature: Date:			
Nominate	ed Practice	e Assessor Signature: Date:	
Nominate	ed Academ	nic Assessor Signature: Date:	

FINAL ASSESSMENT: END OF PRACTICE PLACEMENT TO BE COMPLETED BY PRACTICE ASSESSOR

PART 1: Practice 1 Placement 3 – Antenatal / Pos	stnatal- Dependent
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Student Name:	Matriculation number:	
	Cohort:	
means that the student midwife requires practice supervisor but is developing co Please comment on the Domains below	his part of the programme is DEPENDENT . This s continuous or frequent support from the onfidence through guided participation in care. y: Practice Assessor comments should kills, attitudes, and values in relation to the Domains	
Domain 1 - Being an accountable, au	tonomous, and professional midwife	
Demoir 0. Orfe and offe ether with if		
Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer		
Domain 3 - Universal care for all won	nen and newborn infants	

Domain 4 - Additional care for women and newborn infants with complicatio

Domain 5 - Promoting excellence: the m	nidwife as colleague, scholar, and lead	ler
--	---	-----

Domain 6 - The midwife as skilled practitioner

Date:	Student Signature:	Practice Assessor Signature:

	ice Module 1 Learning Outcomes se initial)	PASS	FAIL
L01	Demonstrate effective communication and interpersonal skills.		
LO2	Develop the ability to perform a range of practical midwifery skills including record keeping taking account of individual needs of the woman and her family.		
LO3	Gain an appreciation of professional and ethical dimensions in practice in accordance with The Code, NMC (2018a).		
LO4	Participate in midwifery care in a manner that minimises risk and promotes wellbeing.		
LO5	Demonstrate the achievement of relevant Domain 6 Clinical Proficiencies (NMC, 2019).		

Overall result for this Practice Placement	PASS / FAIL
Name of Practice Assessor (print full name):	
Signature of Practice Assessor:	
Designation:	Date:

Practice Assessor Confirmatory Statement I confirm that: student midwife (print full name) following a period of ______ hours of attendance at placement (please refer to attendance record), and through objective evidence-based assessments, has: ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of DEPENDENT Please note by the end of a placement block within year 1 you must have 23 proficiencies achieved and recorded. If this is the final assessment for the Practice 1 module 100% of the proficiencies Domains 1-5 must be achieved and recorded for the year and appropriate skills from Domain 6. Signature of Practice Assessor: Date: Student Statement (write name in capital letters) have received 1 feedback on my performance and have had the opportunity to reflect and discuss this with the practice assessor. Please write comments below: Student Signature: Date: Academic Assessor Confirmatory Statement (HEI use only) – END OF PART 1 I confirm that in partnership with the nominated Practice Assessor, student midwife (print name) has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all require proficiencies at the **DEPENDENT** level for **Part 1** of the programme and, **RECOMMEND/DO NOT RECOMMEND** (please delete as appropriate) progression to **Part 2**. Comments:

Signature of Academic Assessor: Date:

RECORD OF ATTENDANCE – PART 1: Practice 1 – A/N / P/N

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 1 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 2 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 3 =	1	-	1

RECORD OF ATTENDANCE – PART 1: Practice 1 A/N / P/N

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 4 =		I	
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 5 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 6 =	1	1	1
Total hours worked		Total hours absent	

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 2 Practice 2 <u>Continuity Model</u>

Practice 2 Team

2.5 PART 2 Practice Placement Experience

Module Title: Practice 2

Module Code:

Placement 2– Continuity Model

	Information for Students
8.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
9.	Access the School of Health and Social Care programme Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness absence guidance
10.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern
11.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
12.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.
13.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
14.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement

PRE-PRACTICE LEARNING ACTIVITIES				
PART 2: Practice 2 Continuity Model				
	PRACTICE	PLACEMENT DE	TAILS	
Student Name:			Intake:	
Matriculation Number:			Year:	
Practice Placement			Start date:	
Environment:			Finish	
Telephone Number:			date:	
Placement Type:				
Nominated Practice Sup	ervisor Name			
Nominated Practice Ass	essor Name			
Nominated Academic As	sessor Name			
(Module Leader)				
Prior to the commencem	ent of each prac	tice learning envir	onment you should	d:
8. Make contact with in operation, the r	•	-	t and ascertain the supervisor/assesso	-
9. Read the appropr student portal/via	iate practice pla	cement profile, wh		
10. Briefly summarise	what the practic	ce placement envi	ronment does:	

11. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
12. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a literature search in relation to these.
 From your search, identify one key article on the topic (using appropriate reference style)
 In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you ar from the theory modules that woul ent. Please note your thoughts belo	d support your learning within	
related simula	the practice placement that you ar ated clinical skills from your previous within this environment. Please not	modules which would support	
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 2: Practice 2 Continuity Model

Module Summary

This is a practice module that aims to facilitate you to achieve knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on complex care and neonatal. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; maternal medical comorbidities and multi-disciplinary team management of complications during pregnancy, birth, and postnatal periods. Neonatal practice experience links with the examination and care of the newborn module. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also included.

This module consists of 10 weeks of practice placement over trimester 1 and experience includes your continuity team and care of the newborn for the achievement and assessment of practice proficiencies at 'Developing Independence' level (PLPLG, 2019). Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 2 Learning Outcomes:

LO1.	Provide safe, woman-centred care that is informed by a reliable evidence base in complex situations.
LO2.	Assess the woman's health status through history taking, observation and the interpretation of findings during the childbearing period.
LO3.	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code (NMC, 2018).
LO4.	Demonstrate a problem-solving approach in the provision of evidence-based care for women and their families with complex needs.
LO5.	Demonstrate competence in the achievement of all relevant Domain 6 clinical proficiencies (NMC, 2019).

YEAR 2/ PART 2 Practice 2 Continuity model Orientation

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g., reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 2: Practice 2 Continuity Model

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify	y skills and	procedures	that could b	e achieved	within area:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of interim reviews:		Date of final assessment:

INTERIM REVIEW

(This should take place in week 4/5 of your practice placement) PART 2: Practice 2 Continuity Model – Developing Independence

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting e	excellence: the midwife a	as colleague, schola	r, and leader
------------------------	---------------------------	----------------------	---------------

Domain 6 - The midwife as skilled practitioner

Student feedback:

Have any issues been referred to the Practice and/or Academic Assessor?		Yes	No
Developn	nent Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 2: Practice 2 Continuity Model

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happ the way th midwife:	y were you with e student	Very happy	Happy	l'm not sure	Unhappy [©] [©]	Very unhappy
• care	d for you?					
 listen neer 	ned to your ds?					
	erstood the way felt?					
• talko	ed to you?					
	wed you bect?					
What did the student midwife do well?						
What could	d the student mid	wife have dor	ne differe	ently?		
Date:	Student Signature	:	Practice	e Superviso	r or Assess	or Signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 2: Placement 2 Continuity Model

Please note any other forms of service user feedback (e.g., cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor
Dator		-
		Signature:

INTERPROFESSIONAL EXPERIENCE				
If you work within any other disciplines, please complete the following record				
	e 2 Continuity Model			
Student Name:	Matriculation number:			
Name of Placement:				
Practice Supervisor:				
Name and Location of Organisation/Prof	essional Visited:			
Supervisor comments – Please state wh	at the student did well			
Supervisor comments - Please state what	at the student could do to enhance their			
knowledge / skills / attitudes and values				
Name of Supervisor (Print):	Signature of Supervisor:			
Title:				
Date:				

	ADDITIONAL NOTES PART 2: Practice 2 Continuity Model				
Date	Time	Student, practice supervisors, practice assessors an	d Signature		
		academic assessors can add notes			
<u>Quadripa</u>	Quadripartite Record				
Student S	Signature:	Date:			
Nominated Practice Supervisor Signature: Date:					
Nominate	ed Practice	Assessor Signature: Date:			
Nominate	Nominated Academic Assessor Signature: Date:				

FINAL ASSESSMENT: END OF PRACTICE 2 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 10) PART 2: Practice 2 Continuity Model – DEVELOPING INDEPENDENCE						
Student Name:	Matriculation number:					
	Cohort:					
The minimum level of performance for this part of the programme is DEVELOPING INDEPENDENCE . This means that you will be developing independence and your practice supervisor will offer guidance and support when required. You will actively participate in care with this guidance and will demonstrate increasing confidence and competence. Please comment on the Domains below: Practice assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the Domains						
Domain 1 - Being an accountable, autono						
Domain 2 - Safe and effective midwifery of	care: promoting and providing continuity					
of care and carer						
Domain 3 - Universal care for all women and newborn infants						

Domain 4 -	Additional care for women and	newborn infants with complications
		vife as colleague, scholar, and leader
Domain 6 -	The midwife as skilled practitio	ner
Date:	Student Signature:	Practice Assessor Signature:

	ice Module 2 Learning Outcomes se initial)	PASS	FAIL
LO1	Provide safe, woman-centred care that is informed by a reliable evidence base in complex situations.		
LO2	Assess the woman's health status through history taking, observation and the interpretation of findings during the childbearing period.		
LO3	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code (NMC, 2018).		
LO4	Demonstrate a problem-solving approach in the provision of evidence-based care for women and their families with complex needs.		
LO5	Demonstrate competence in the achievement of all relevant Domain 6 clinical proficiencies (NMC, 2019).		

Practice Assessor Overall Assessment Comments			
Overall result for this Practice Placement	PASS / FAIL		
Name of Practice Assessor (print full name)			
Signature of Practice Assessor:			
Designation:	Date:		
Practice Assessor Confirmatory Statement			
I confirm that: student midwife (print full name) _			
following a period of hours of attend			
attendance record), and through objective evide	ence-based assessments, has:		
ACHIEVED / NOT ACHIEVED (Please delete a	as appropriate) the expected level of		
Please note by the end of each placement bl	lock for practice 2 you must have 35		
proficiencies achieved and recorded.			
Signature of Practice Assessor:			
Date:			
Student Statement			
1	(write name in capital letters) have		
received feedback on my performance and have had the opportunity to reflect and discuss			
this with the			
Practice Assessor. Please write comments below:			
Student signature:	Date:		
Ŭ,			

Academic Assessor Confirmatory Statement (HEI use only) – END OF PRACTICE 2

I confirm that in partnership with the nominated Practice Assessor, student midwife (print name)

has **ACHIEVED/NOT ACHIEVED** (please delete as appropriate) all required proficiencies at the **DEVELOPING INDEPENDENCE** level for **Part 2** of the programme

and, **RECOMMEND/DO NOT RECOMMEND** (please delete as appropriate) progression to **PRACTICE MODULE 3**.

Comments:

Signature of Academic Assessor: Date:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	1 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 2	2 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	3 =	·	

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 4	k =		l
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 5	5 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 6 =				

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 7 =	·		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 8 =	·		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 9 =			

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	0 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	1 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 12 =				
Total hours worked Total hours absent				

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 2 Practice 3

Continuity Model (In-patient focus)

Antenatal/Postnatal (Hub & Spoke) and Gynaecology



PART 2 Practice 3

Continuity Model (In-patient focus)

Gynaecology (if appropriate)

PRE-PRACTICE LEARNING ACTIVITIES PART 2: Practice 3 Gynaecology: ___ PRACTICE PLACEMENT DETAILS Student Name: Intake: Matriculation Number: Year: Practice Placement Start date: Environment: Finish Telephone Number: date: Placement Type: Nominated Practice Supervisor Name Nominated Practice Assessor Name

Nominated Academic Assessor Name

(Module Leader)

Prior to the commencement of each practice learning environment you should:

15. Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor.

16. Read the appropriate practice placement profile, which can be accessed on the student portal/via InPlace / QMPLE

17. Briefly summarise what the practice placement environment does:

18. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
19. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these. • From your search, identify one key article on the topic (using appropriate
 reference style) In the space below provide a brief summary of this article and outline
any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you are from the theory modules that would ent. Please note your thoughts belo	d support your learning within
related simula	the practice placement that you are ated clinical skills from your previous within this environment. Please not	modules which would support
Practice superviso have been complet		he pre-practice learning activities
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:

YEAR 2/ PART 2 Practice 3 Orientation Gynaecology: _____

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 2: Practice 3 Gynaecology: _____

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:
Dates of inter	im reviews:	Date of final assessment:

INTERPROFESSIONAL EXPERIENCE If you work within any other disciplines, please complete the following record		
	tice 3 Gynaecology	
Student Name:	Matriculation number:	
Name of Placement:		
Practice Supervisor:		
Name and Location of Organisation/Prof	essional Visited:	
Supervisor comments – Please state wh	at the student did well	
Supervisor comments - Please state wha knowledge / skills / attitudes and values		
Name of Supervisor (Print):	Signature of Supervisor:	
Title:		
Date:		

Final Meeting		
Assessment Comments: Gynaecology		
Overall result for this Practice Placement	PASS / FAIL	
Name of Dragtitioner (print full name)		
Name of Practitioner (print full name) Signature of Practitioner:		
Designation:	Date:	
	Dale.	

Student Statement

I (write r received feedback on my performance and have had the o this with the practitioner.	name in capital letters) have
Student signature:	Date:

RECORD OF ATTENDANCE – PART 2: Practice 3. Gynaecology:

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	=		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	2 =		•
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 3	3 =	•	·

Total hours worked _____ Total hours absent _____

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.

PART 2 Practice Placement Experience

Module Title: Practice 3

Module Code:

Placement 3 – Continuity Model (In-patient focus)

	Information for Students
15.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
16.	Access the School of Health and Social Care programme Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness absence guidance
17.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern
18.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
19.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.
20.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
21.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement

PRE-PRACTICE LEARNING ACTIVITIES				
PART 2: Practice 3 Continuity Model (In-patient focus)				
	Antena	tal/Postnatal Ward		
	PRACTICE	PLACEMENT DET	AILS	
Student Name:			Intake:	
Matriculation Number:			Year:	
Practice Placement Environment: Telephone Number:			Start date: Finish date:	
Placement Type:				
Nominated Practice Sup	ervisor Name			
Nominated Practice Ass	essor Name			
Nominated Academic Assessor Name (Module Leader)				
Prior to the commencem	ent of each prac	tice learning enviro	nment you sh	ould:
22. Make contact with in operation, the r		rning environment a signated practice su		
23. Read the appropr student portal/via	iate practice plac	cement profile, whic		
24.Briefly summarise			onment does:	

25. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
26.Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these.
 From your search, identify one key article on the topic (using appropriate reference style)
 In the space below provide a brief summary of this article and outline
any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you are from the theory modules that would ent. Please note your thoughts belo	d support your learning within	
related simula your learning	the practice placement that you an ated clinical skills from your previous within this environment. Please not	modules which would support e your thoughts below:	
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 2: Practice 3 Antenatal/Postnatal Ward

Module Summary

This is a practice module that aims to facilitate you to achieve knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on complex care and neonatal. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; maternal medical comorbidities and multi-disciplinary team management of complications during pregnancy, birth, and postnatal periods. Neonatal practice experience links with the examination and care of the newborn module. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also included.

This module consists of 9 weeks of practice placement over trimester 2 and experience includes, antenatal, postnatal, care of the newborn +/- gynaecology for the achievement and assessment of practice proficiencies at 'Developing Independence' level (PLPLG, 2019). Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Pract	ice Module 3 Learning Outcomes
LO1	Provide safe women centred evidence-based care during the intrapartum period
	that promotes health and wellbeing.
LO2	Demonstrate effective communication through the use of interpersonal skills within
	the context of partnership working.
LO3	Perform a range of practical midwifery skills in caring for women and their families
	with the support of the midwife or appropriate practitioner in a professional manner
	in accordance with The Code, NMC (2018).
LO4	Demonstrate a problem-solving approach in the provision of care for women and
	their families.
LO5	Draw on a range of resources and other health care providers in order to optimise
	health outcomes.
LO6	Demonstrate competence in the achievement of NMC Standards of Proficiency for
	Midwives (NMC 2019).

YEAR 2/ PART 2 Practice 3 Orientation Antenatal/Postnatal Ward

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 2: Practice 3 Antenatal/Postnatal Ward

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills an	d procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of inter	im reviews:	Date of final assessment:

INTERIM REVIEW

(This should take place in week 4/5 of your practice placement) PART 2: Practice 3 Antenatal/Postnatal Ward – Developing Independence

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting e	excellence: the midwife a	as colleague, scho	lar, and leader
------------------------	---------------------------	--------------------	-----------------

Domain 6 - The midwife as skilled practitioner

Student feedback:

-	issues been referred to the and/or Academic Assessor?	Yes	No
Developn	nent Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 2: Practice 3 Antenatal/Postnatal Ward

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happy the way th midwife:	y were you with e student	Very happy	Нарру	I'm not sure	Unhappy [©] [©]	Very unhappy
• care	d for you?					
Iiste nee	ned to your ds?					
	erstood the way felt?					
• talk	ed to you?					
	wed you bect?					
What did the student midwife do well?						
What could the student midwife have done differently?						
Date:	Student Signature	:	Practice	e Superviso	r or Assess	or Signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 2: Placement 3 Antenatal/Postnatal Ward

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor
		-
		Signature:
		3

INTERPROFESS	IONAL EXPERIENCE
If you work within any other disciplin	es, please complete the following record
	Intenatal/Postnatal Ward
Student Name:	Matriculation number:
Name of Placement:	
Practice Supervisor:	
Name and Location of Organisation/Prof	essional Visited:
Supervisor commente - Blasse state wh	at the student did well
Supervisor comments – Please state what	at the student did well
Supervisor comments - Please state what	It the student could do to enhance their
knowledge / skills / attitudes and values	
Name of Supervisor (Drint).	Signature of Supervisory
Name of Supervisor (Print):	Signature of Supervisor:
Title:	
Date:	

ADDITIONAL NOTES PART 2: Practice 3 Antenatal/Postnatal Ward			
Date	Time	Student, practice supervisors, practice assessors and	Signature
		academic assessors can add notes	
Quadripa	artite Rec	ord	
Student Signature: Date:			
Nominated Practice Supervisor Signature: Date:			
Nominated Practice Assessor Signature: Date:			
Nominate	Nominated Academic Assessor Signature: Date:		

FINAL ASSESSMENT: END OF PRACTICE 3 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 9) PART 2: Practice 3 Antenatal/Postnatal Ward – DEVELOPING INDEPENDENCE				
Student Name:	Matriculation number:			
	Cohort:			
The minimum level of performance for this part of the programme is DEVELOPING INDEPENDENCE . This means that the student will be developing independence and the practice supervisor will offer guidance and support when required. The student will actively participate in care with this guidance and will demonstrate increasing confidence and competence. Please comment on the Domains below: Practice assessor comments should consider the students' knowledge, skills, attitudes, and values in				
relation to achievement of proficiencies Domain 1 - Being an accountable, autono				
	care: promoting and providing continuity			
of care and carer				
Domain 3 - Universal care for all women and newborn infants				

Domain 4 -	Additional care for women and	newborn infants with complications
		vife as colleague, scholar, and leader
Domain 6 -	The midwife as skilled practitio	ner
Date:	Student Signature:	Practice Assessor Signature:

	ice Module 3 Learning Outcomes se initial)	PASS	FAIL
LO1	Provide safe women centred evidence-based care during the intrapartum period that promotes health and wellbeing.		
LO2	Demonstrate effective communication through the use of interpersonal skills within the context of partnership working.		
LO3	Perform a range of practical midwifery skills in caring for women and their families with the support of the midwife or appropriate practitioner in a professional manner in accordance with The Code, NMC (2018).		
LO4	Demonstrate a problem-solving approach in the provision of care for women and their families.		
LO5	Draw on a range of resources and other health care providers in order to optimise health outcomes.		
LO6	Demonstrate competence in the achievement of NMC Standards of Proficiency for Midwives (NMC 2019).		

Practice Assessor Overall Assessment Comments			
Overall result for this Practice Placement		PASS / FAIL	
Name of Practice Assessor (print full name)			
Signature of Practice Assessor:			
Designation:		Date:	
Practice Assessor Confirmatory Statement			
I confirm that: student midwife (print full name) _			
following a period of hours of attend	ance at place	ement (please refer to	
attendance record), and through objective evide	nce-based a	assessments, has:	
ACHIEVED / NOT ACHIEVED (Please delete a			
DEVELOPING INDEPENDENCE	o appropriate		
Developing independence			
Please note by the end of each placement bl	ock for prac	tice 3 you must have 35	
proficiencies achieved and recorded.			
Signature of Practice Assessor:			
Date:			
Student Statement			
	(write nar	me in capital letters) have	
I (write name in capital letters) have			
received feedback on my performance and have had the opportunity to reflect and discuss			
this with the			
Practice Assessor. Please write comments below:			
Divident standard and	Г		
Student signature:	D	Date:	

Academic Assessor Confirmatory Statement (HEI use only) – END OF PRACTICE 3

I confirm that in partnership with the nominated Practice Assessor, student midwife (print name) _____

has **ACHIEVED/NOT ACHIEVED** (please delete as appropriate) all required proficiencies at the **DEVELOPING INDEPENDENCE** level for **Part 2** of the programme

and, **RECOMMEND/DO NOT RECOMMEND** (please delete as appropriate) progression to **PRACTICE MODULE 4**.

Comments:

Signature of Academic Assessor: Date:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOURS	S FOR WEEK	1 =				
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOURS	S FOR WEEK	2 =				
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOURS FOR WEEK 3 =						

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 4	. =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 5	i =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 6 =				

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 7 =	·		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 8 =	·		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 9 =			

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOUR	S FOR WEEK 1	0 =	I			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOURS	S FOR WEEK 1	1 =				
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOURS	TOTAL HOURS FOR WEEK 12 =					
Total hours	Total hours worked Total hours absent					

The attendance section MUST BE fully completed prior to submission of this assessment. Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 2 Practice 4 <u>Continuity Model (In-patient focus)</u>

Antenatal/Postnatal (Hub & Spoke) and Gynaecology



PART 2 Practice 4 <u>Continuity Model (In-patient focus)</u>

Gynaecology (if appropriate)

PRE-PRACTICE LEARNING ACTIVITIES						
PART 2: Practice 4 Gynaecology:						
PRACTICE PLACEMENT DETAILS						
Student Name:			Intake:			
Matriculation Number:			Year:			
Practice Placement Environment:			Start date:			
Telephone Number:			Finish date:			
Placement Type:			<u> </u>			
Nominated Practice Sup	ervisor Name					
Nominated Practice Ass	essor Name					
Nominated Academic As	ssessor Name					
(Module Leader)						
Prior to the commencem	Prior to the commencement of each practice learning environment you should:			ould:		
29. Make contact with in operation, the r		arning environment a signated practice su				
30. Read the appropusite student portal/via	riate practice pla	cement profile, which				
31.Briefly summarise			onment does:			

32. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
33. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these.
 From your search, identify one key article on the topic (using appropriate reference style)
 In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics this environm	the practice placement that you ar from the theory modules that woul ent. Please note your thoughts belo	d support your learning within
related simula	the practice placement that you ar ated clinical skills from your previous within this environment. Please not	modules which would support
Practice superviso have been complet		he pre-practice learning activities
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:

YEAR 2/ PART 2 Practice 4 Orientation Gynaecology: _____

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments	
and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 2: Practice 4 Gynaecology: _____

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify	v skills and	procedures	that could	be achieved	within area:
	, on no and	pi o o o a ai o o	that ooura	50 aomoroa	man our

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:
Dates of inter	im reviews:	Date of final assessment:

INTERPROFESSIONAL EXPERIENCE If you work within any other disciplines, please complete the following record		
PART 2: Practice 4 Gynaecology		
Student Name:	Matriculation number:	
Name of Placement:		
Practice Supervisor:		
Name and Location of Organisation/Prof	essional Visited:	
Supervisor comments – Please state what the student did well		
Supervisor comments - Please state wha knowledge / skills / attitudes and values		
Name of Supervisor (Print):	Signature of Supervisor:	
Title:		
Date:		

Final Meeting		
Assessment Comments: Gynaecology		
Overall result for this Practice Placement	PASS / FAIL	
	FAGG / FAIL	
Name of Practitioner (print full name)		
Signature of Practitioner:	Dete	
Designation:	Date:	

Student Statement

I (write r received feedback on my performance and have had the o this with the practitioner.	name in capital letters) have
Student signature:	Date:

RECORD OF ATTENDANCE – PART 2: Practice 4. Gynaecology:

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	=		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	2 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 3 =				

Total hours worked _____ Total hours absent _____

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.

PART 2 Practice Placement Experience Module Title: Practice 4

Module Code:

Placement 4 – Antenatal/Postnatal Ward

Information for Students			
22.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;		
	Using and completing your MPAD appropriately		
	Uniform policy and shift patterns		
	Raising concerns / duty of candour / professionalism		
	Reporting absence		
23.	Access the School of Health and Social Care programme Moodle site for information on;		
	Practice learning experience – general information		
	Practice learning experience profiles		
	Practice support and policies		
	Student placement expenses and accommodation information		
	Placement sickness absence guidance		
24.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern		
25.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.		
26.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.		
27.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.		
28.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement		

PRE-PRACTICE LEARNING ACTIVITIES				
P	PART 2: Practice 4			
Anter	natal/Postnatal Ward			
PRACTIC	E PLACEMENT DETAILS			
Student Name:	Intake:			
Matriculation Number:	Year:			
Practice Placement Environment:	Start date:			
Telephone Number:	Finish date:			
Placement Type:				
Nominated Practice Supervisor Name				
Nominated Practice Assessor Name				
Nominated Academic Assessor Name				
(Module Leader)				
Prior to the commencement of each pr	actice learning environment you should:			
•	earning environment and ascertain the shift patterns			
37. Read the appropriate practice p	lesignated practice supervisor/assessor. lacement profile, which can be accessed on the			
student portal/via InPlace / QMF 38.Briefly summarise what the prac	ctice placement environment does:			

39. From the learning opportunities outlined in the practice placement profile,
choose one that you are unfamiliar with and write a short summary.
40. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a
literature search in relation to these.
 From your search, identify one key article on the topic (using appropriate
reference style)
 In the space below provide a brief summary of this article and outline
any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you are from the theory modules that would ent. Please note your thoughts belo	d support your learning within	
related simula	the practice placement that you are ated clinical skills from your previous within this environment. Please not	modules which would support	
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 2: Practice 4 Antenatal/Postnatal Ward

Module Summary

This is a practice module that aims to facilitate you to achieve knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on complex care and neonatal. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; maternal medical comorbidities and multi-disciplinary team management of complications during pregnancy, birth, and postnatal periods. Gynaecology practice experience links with the importance of birth to public health and wellbeing across the life course. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also included.

This module is 8 weeks in total of practice placement over trimester 3 and experience includes antenatal/postnatal (hub & spoke), care of the newborn +/- gynaecology for the achievement and assessment of practice proficiencies at 'Developing Independence' level (PLPLG, 2019). Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication

In this practice module you are required to complete Practical skills review on Breastfeeding and hand expression. This form can be found on page 213.

Practic	e Module 4 Learning Outcomes:
LO1.	In partnership with women and their families participate in the delivery of evidence- based care in complex situations.
LO2.	Assess the woman's health status through history taking, observation and the interpretation of findings.
LO3.	Participate with the midwife and other members of the multidisciplinary care team in providing care for women and their families in a professional and compassionate manner as outlined by The Code (NMC, 2018).
LO4.	Demonstrate a problem-solving approach in the provision of evidence-based care for childbearing women with complex needs.
LO5.	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC 2019).

YEAR 2/ PART 2 Practice 4 Orientation Antenatal/Postnatal Ward

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick
	when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments	
and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN	
PART 2: Practice 4 Antenatal/Postnatal Ward	

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of inter	im reviews:	Date of final assessment:

INTERIM REVIEW

(This should take place by the end of week 4 of your practice placement) PART 2: Practice 4 Antenatal/Postnatal Ward – Developing Independence

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting e	excellence: the midwife a	as colleague, scho	lar, and leader
------------------------	---------------------------	--------------------	-----------------

Domain 6 - The midwife as skilled practitioner

Student feedback:

Have any issues been referred to the Practice and/or Academic Assessor?		Yes	No
Developn	nent Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor or Assessor Signature:	

SERVICE USER FEEDBACK PART 2: Practice 4 Antenatal/Postnatal Ward

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Servic	e User L		Relative	
How happy the way th	y were you with e student	Very happy	Нарру	l'm not sure	Unhappy	Very unhappy
midwife:		ê ê	• • ~			26
• care	ed for you?					
 listen need 	ened to your ds?					
	erstood the way felt?					
• talko	ed to you?					
	wed you bect?					
	he student midwif					
What could the student midwife have done differently?						
Date:	Student Signature: Practice Supervisor or Assessor Signature:			or Signature:		

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 2: Placement 4 Antenatal/Postnatal Ward

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date: Student Signature: Practice Supervis Signature:
--

INTERPROFESSIONAL EXPERIENCE		
If you work within any other disciplines, please complete the following record		
PART 2: Practice 4 Antenatal/Postnatal Ward		
Student Name:	Matriculation number:	
Name of Placement:		
Practice Supervisor:		
Name and Location of Organisation/Prof	essional Visited:	
Supervisor comments – Please state wh	at the student did well	
•		
Supervisor comments - Please state what	at the student could do to enhance their	
knowledge / skills / attitudes and values		
knowledge / skins / attitudes and values		
Name of Supervisor (Print):	Signature of Supervisor:	
Title:		
Date:		
Date.		

ADDITIONAL NOTES PART 2: Practice 4 Antenatal/Postnatal Ward				
Date	Date Time Student, practice supervisors, practice assessors and Signature			
		academic assessors can add notes		
Quadripartite Record				
Student Signature: Date:				
Nominated Practice Supervisor Signature: Date:				
Nominate	ed Practice	Assessor Signature: Date:		
Nominate	Nominated Academic Assessor Signature: Date:			

FINAL ASSESSMENT: END OF PRACTICE 4 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 8) PART 2: Practice 4 Antenatal/Postnatal Ward– DEVELOPING INDEPENDENCE				
Student Name:	Matriculation number:			
	Cohort:			
practice supervisor will offer guidance and s actively participate in care with this guidance and competence. Please comment on the D	ident will be developing independence and the support when required. The student will e and will demonstrate increasing confidence omains below: Practice assessor ' knowledge, skills, attitudes, and values in			
Domain 1 - Being an accountable, autono				
Domain 2 - Safe and effective midwifery care: promoting and providing continuity				
of care and carer				
Domain 3 - Universal care for all women	and newborn infants			

Domain 4 -	Additional care for women and	newborn infants with complications
		vife as colleague, scholar, and leader
Domain 6 -	The midwife as skilled practitio	ner
Date:	Student Signature:	Practice Assessor Signature:

	tice Module 4 Learning Outcomes se initial)	PASS	FAIL
L01	In partnership with women and their families participate in the delivery of evidence-based care in complex situations.		
LO2	Assess the woman's health status through history taking, observation and the interpretation of findings.		
LO3	Participate with the midwife and other members of the multidisciplinary care team in providing care for women and their families in a professional and compassionate manner as outlined by The Code (NMC, 2018).		
LO4	Demonstrate a problem-solving approach in the provision of evidence-based care for childbearing women with complex needs.		
LO5	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC 2019).		

Practice Assessor Overall Assessment Comments				
Overall result for this Practice Placement	PASS / FAIL			
Name of Practice Assessor (print full name)				
Signature of Practice Assessor:				
Designation:	Date:			
Practice Assessor Confirmatory Statement				
I confirm that: student midwife (print full name)				
following a period of hours of attendance at placement (please refer to				
attendance record), and through objective evidence-based assessments, has:				
ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of				
DEVELOPING INDEPENDENCE				
Please note by the end of practice 4 <u>all</u> remaining part 2 year 2 proficiencies must be				

achieved and recorded.

Signature of Practice Assessor:

Date:

Student Statement		
I (write r	name in capital letters) have	
received feedback on my performance and have had the	opportunity to reflect and discuss	
this with the		
Practice Assessor. Please write comments below:		
Chudent eigneture.	Deter	
Student signature:	Date:	

Academic Assessor Confirmatory Statement (HEI use only) – END OF PRACTICE 4
I confirm that in partnership with the nominated Practice Assessor, student midwife (print
name)
has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all required proficiencies
at the DEVELOPING INDEPENDENCE level for Part 2 of the programme
and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression
to PRACTICE MODULE 5.
Comments:
Signature of Academic Assessor:
Date:

Practical skills review form: Breastfeeding and hand expression

Student Name:	Name of facilitator:	Date:

The practical skills review is part of your mandatory infant feeding training and needs to be done before your training is complete.

The purpose of the practical skills review is to give you the opportunity to practice discussing and demonstrating the practical skills of infant feeding in a safe environment and receive individual feedback. It also provides you with an opportunity to discuss any concerns or questions you may have about any aspects of your practice related to infant feeding on a one-to-one basis with a member of the infant feeding team. It is designed to be a supportive learning experience.

Your practical skills facilitator will give you verbal feedback on positive aspects as well as any areas for improvement that you may identify together. S/he will use the form to give you written feedback for your records.

To start the discussion, you will either be asked to describe a recent situation in which you supported a mother with learning to attach her baby to the breast or given a scenario that is related to your role to discuss. The facilitator will have a doll and breast model and leaflets in use in your facility for you to use.

Supporting a mother and baby to achieve a successful feed					
Is the practitioner able to	✓ or X	Comments			
Describe an approach to teaching the practical skills					
of breastfeeding which demonstrates a mother-					
centred approach					
Observing and listening					
Hands off approach					
 Clear relevant information shared 					
 Use of leaflets, analogies, props 					
Identify signs of instinctive behaviour in baby (rooting,					
head bobbing, mouthing the nipple) and help mother					
to recognise them.					
Identify areas where additional information is needed					
and explain appropriately					
To include:		1			
Principles of positioning					
Baby held close					
Baby held/supported with head and body in line					
Baby's head free to tilt back					
Baby held with nose opposite nipple					

	1	
Or could use CHIN acronym		
Or mother supports her baby in a way that allows self-attachment (laid back, biological nurturing)		
The process of attachment		
Watch for baby to have a wide-open mouth		
 Mother moves her baby to her breast, with his head tilted back and chin leading 		
 Bottom lip touches breast well away from the base of the nipple and nipple aimed towards the rear of the roof of the baby's mouth 		
Is the practitioner able to	✓ or X	Comments
Observe signs of effective feeding		
 Mother comfortable during feed – suckling does not cause pain 		
Baby's mouth is wide open		
Baby's chin indents the breast		
Baby's cheeks are full and round		
 Suckling is appropriate to age of baby (Usually rapid initially, then deep and rhythmic with pauses and audible swallows) 		
 Areola – if any is visible then more will be visible above the baby's top lip 		
 The baby is contented and stays on the breast 		
Show a mother how to hand express		
Explain why hand expressing might be useful and describe when she uses this skill in her current role		
Describe an approach to teaching the practical skills of hand expressing which demonstrates a mother- centred approach (see above)		
Describe or show using a diagram or model the relevant anatomy		
Explain the importance of stimulating oxytocin to flow and suggest things that will help this process e.g. Having baby near/gentle breast massage/use of something to remind mother of baby		
Explain to a mother how she will find the right spot for her to put her fingers and express milk		
 Place fingers 2-3 cm back from the base of the nipple 		

(Understands the importance for the mother of having a go and shifting her fingers a little until she finds what works for her)	
 Explain the technique of expressing Place finger(s) and thumb in a C shape, opposite each other Compress and release in a steady rhythm (+/-pressing back first) Avoid sliding fingers on skin Move round breast once flow slows Once flow slows/ceases move to other breast 	

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL HOURS FOR WEEK 1 =								
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL HOURS FOR WEEK 2 =								
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL HOURS FOR WEEK 3 =								

RECORD OF ATTENDANCE – PART 2: Practice 4 Antenatal/Postnatal Ward NAME: Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK	4 =	•		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS					
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 7 =					

RECORD OF ATTENDANCE – PART 2: Practice 4 Antenatal/Postnatal Ward Matriculation number: NAME:

It is YOUR responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your Module Handbook.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 7	7 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 8	3 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 9 =					
Total hours worked Total hours absent					

The attendance section MUST BE fully completed prior to submission of this assessment. Please go online and complete the Clinical Placement Evaluation. Thank you.



<u>PART 2</u> <u>Practice 2</u> <u>Placement-Based Model</u> Community and Gynaecology

Year 2 Part 2 Practice 2 Placement-Based Experience

Module Title: Midwifery Practice 2

Module Code:

Community and Gynaecology

	Information for Students
29.	There is a preparation for practice session in each module of your programme, prior to your first practice placement. These workshops are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
30.	Access the School of Health and Social Care Practice Learning Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness absence guidance
31.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern
32.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
33.	Please ensure that you liaise with your practice supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.
34.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
35.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement

PRE-PRACTICE LEARNING ACTIVITIES PART 2: Practice 2 Practice-Based Model Community: PRACTICE PLACEMENT DETAILS Student Name: Intake: Matriculation Number: Year: Practice Placement Start date: Environment: Finish Telephone Number: date: Placement Type: Nominated Practice Supervisor Name Nominated Practice Assessor Name Nominated Academic Assessor Name (Module Leader) Prior to the commencement of each practice learning environment you should: 43. Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor. 44. Read the appropriate practice placement profile, which can be accessed on the student portal/via InPlace / QMPLE 45. Briefly summarise what the practice placement environment does:

46. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
47. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these.
 From your search, identify one key article on the topic (using appropriate reference style)
 In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics this environm	the practice placement that you a from the theory modules that wo ent. Please note your thoughts be	uld support your learning within low:			
related simula	the practice placement that you a ated clinical skills from your previou within this environment. Please n	s modules which would support			
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student					
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:			

YEAR 2/ PART 2 Practice 2 Orientation Community: _____

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN
PART 2: Practice 2 Practice-Based Model
Community:

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify	v skills and	procedures that could be achieved within area:
		procouling of that of all bo admitted manning and

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of interim reviews:		Date of final assessment:

INTERIM REVIEW

(This should take place by the end of week 4/5 of your practice placement) PART 2: Practice 2 Practice-Based Model – Developing Independence Community:

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting e	excellence: the midwife a	as colleague, scho	lar, and leader
------------------------	---------------------------	--------------------	-----------------

Domain 6 - The midwife as skilled practitioner

Student feedback:

Have any issues been referred to the Practice and/or Academic Assessor?		Yes	Νο
Development Support Plan (see Section 4)		Yes No	
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 2: Practice 2 Practice-Based Model Community:

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happy the way th midwife:	y were you with e student	Very happy	Нарру	l'm not sure	Unhappy	Very unhappy
• care	d for you?					
 listen need 	ned to your ds?					
	erstood the way felt?					
• talke	ed to you?					
	wed you bect?					
What did the student midwife do well?						
What could the student midwife have done differently?						
Date:	Student Signature	:	Practice	e Superviso	r or Assess	or Signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 2: Practice 2 Practice-Based Model Community: _____

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor
2 0.101	otadont orginataro.	
		Signature:

INTERPROFESSIONAL EXPERIENCE If you work within any other disciplines, please complete the following record PART 2: Practice 2 Practice-Based Model			
Student Name:	Matriculation number:		
Name of Placement:			
Practice Supervisor:			
Name and Location of Organisation/Prof	essional Visited:		
Supervisor comments – Please state wh Supervisor comments - Please state what			
knowledge / skills / attitudes and values			
Name of Supervisor (Print):	Signature of Supervisor:		
Title:			
Date:			

ADDITIONAL NOTES PART 2: Practice 2 Practice-Based Model				
Date	Time	Student, practice supervisors, practice assessors and Signature		
		academic assessors can add notes		
Quadrina	artite Rec	ord		
		Date:		
Ŭ				
Nominated Practice Supervisor Signature: Date:				
Nominated Practice Assessor Signature: Date:				
Nominated Academic Assessor Signature: Date:				

FINAL ASSESSMENT: END OF PRACTICE 4				
	Y PRACTICE ASSESSOR take place in week 10)			
(this review should take place in week 10) PART 2: Practice 2 Practice-Based Model – DEVELOPING INDEPENDENCE Community:				
Student Name:	Matriculation number:			
	Cohort:			
The minimum level of performance for this part of the programme is DEVELOPING INDEPENDENCE . This means that the student will be developing independence and the practice supervisor will offer guidance and support when required. The student will actively participate in care with this guidance and will demonstrate increasing confidence and competence. Please comment on the Domains below: Practice assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the Domains Domain 1 - Being an accountable, autonomous, and professional midwife				
Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer				
Domain 3 - Universal care for all women and newborn infants				

Domain 4 -	Additional care for women and	newborn infants with complications		
	Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader			
Domain 6 -	The midwife as skilled practitio	ner		
Date:	Student Signature:	Practice Assessor Signature:		

	tice Module 2 Learning Outcomes se initial)	PASS	FAIL
L01	Provide safe, woman-centred care that is informed by a reliable evidence base in complex situations.		
LO2	Assess the woman's health status through history taking, observation and the interpretation of findings during the childbearing period.		
LO3	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code (NMC, 2018).		
LO4	Demonstrate a problem-solving approach in the provision of evidence-based care for women and their families with complex needs.		
LO5	Demonstrate competence in the achievement of all relevant Domain 6 clinical proficiencies (NMC, 2019).		

Practice Assessor Overall Assessment Comments			
Overall result for this Practice Placement	PASS / FAIL		
Name of Practice Assessor (print full name)			
Signature of Practice Assessor:	1		
Designation:	Date:		
Practice Assessor Confirmatory Statement			
I confirm that: student midwife (print full name) _			
following a period of hours of attendance at placement (please refer to			
attendance record), and through objective evidence-based assessments, has:			
ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of			
DEVELOPING INDEPENDENCE			
Please note by the end of practice 2 <u>35</u> proficiencies must be achieved and recorded.			
Signature of Practice Assessor:			
Date:			

Student Statement			
I (write r	(write name in capital letters) have		
received feedback on my performance and have had the	opportunity to reflect and discuss		
this with the			
Practice Assessor. Please write comments below:			
Student signature:	Date:		

Academic Assessor Confirmatory Statement (HEI use only) – END OF MODULE 2
I confirm that in partnership with the nominated Practice Assessor, student midwife (print
name)
has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all required proficiencies
at the DEVELOPING INDEPENDENCE level for Part 2 of the programme
and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression
to PRACTICE MODULE 3.
Comments:
Signature of Academic Assessor:
Date:

NAME:

Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK	1 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 2	2 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 3 =					

NAME:

Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK	1 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK &	5 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	TOTAL HOURS FOR WEEK 6 =				

NAME:

Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 7	7 =	•		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 8	3 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	TOTAL HOURS FOR WEEK 9 =				

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	0 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	1 =		·
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 12 =				

Total hours worked _____ Total hours absent _____

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.

PRE-PRACTICE LEARNING ACTIVITIES					
PART 2: Practice 2 Practice-Based Model Gynaecology:					
	PRACTICE	PLACEMENT DET	AILS		
Student Name:			Intake:		
Matriculation Number:			Year:		
Practice Placement Environment:			Start date: Finish		
Telephone Number:			date:		
Placement Type:					
Nominated Practice Sup	ervisor Name				
Nominated Practice Ass	essor Name				
Nominated Academic As	ssessor Name				
(Module Leader)					
Prior to the commencement of each practice learning environment you should:			ould:		
50. Make contact with in operation, the	•	arning environment signated practice su		•	
51. Read the appropriate student portal/via	riate practice pla	cement profile, which			
52. Briefly summarise			onment does:		

53. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
54. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a
 literature search in relation to these. From your search, identify one key article on the topic (using appropriate reference at the)
 reference style) In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you a from the theory modules that wou ent. Please note your thoughts be	ld support your learning within		
related simula	the practice placement that you a ated clinical skills from your previous within this environment. Please no	s modules which would support		
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:		

YEAR 2/ PART 2 Practice 2 Orientation Gynaecology: _____

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN
PART 2: Practice 2 Practice-Based Model
Gynaecology:

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify	v skills and	procedures that could be achieved within area	:
1 10400 1401101	y on ino ana	procouline of that of a children in a ca	-

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of interim reviews:		Date of final assessment:

INTERPROFESSIONAL EXPERIENCE If you work within any other disciplines, please complete the following record PART 2: Practice 2 Practice-Based Model		
Student Name: Matriculation number:		
Name of Placement:		
Practice Supervisor:		
Name and Location of Organisation/Prof	essional Visited:	
Supervisor comments – Please state what the student did well		
knowledge / skills / attitudes and values		
Name of Supervisor (Print):	Signature of Supervisor:	
Title:		
Date:		

	ice Module 2 Learning Outcomes se initial)	PASS	FAIL
L01	Provide safe, woman-centred care that is informed by a reliable evidence base in complex situations.		
LO2	Assess the woman's health status through history taking, observation and the interpretation of findings during the childbearing period.		
LO3	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code (NMC, 2018).		
LO4	Demonstrate a problem-solving approach in the provision of evidence-based care for women and their families with complex needs.		
LO5	Demonstrate competence in the achievement of all relevant Domain 6 clinical proficiencies (NMC, 2019).		

Overall Assessment Comments				
Overall result for this Practice Placement				
		PASS / FAIL		
Name of Practitioner (print full name)	•			
Signature of Practitioner:		Γ		
Designation:		Date:		

Student Statement	
I (write r	name in capital letters) have
received feedback on my performance and have had the o	opportunity to reflect and discuss
this with the practitioner.	
Student signature:	Date:

RECORD OF ATTENDANCE – PART 2: Practice 2. Gynaecology:

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature			
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS FOR WEEK 1 =							
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature			
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS FOR WEEK 2 =							
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature			
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS FOR WEEK 3 =							

Total hours worked ______ Total hours absent _____

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 2 Practice 3 <u>Practice-Based Model</u> Intrapartum

PRE-PRACTICE LEARNING ACTIVITIES PART 2: Practice 3 Intrapartum

PRACTICE PLACEMENT DETAILS					
Student Name:			Intake:		
Matriculation number:			Year:		
Practice Placement Environment:			Start date:		
Telephone Number:			Finish date:		
Placement Type:					
Nominated Practice Sup	ervisor Name				
Nominated Practice Ass	essor Name				
Nominated Academic As	ssessor Name				
Prior to the commencement of each practice learning environment, you should:					
57. Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated Practice Supervisor/Assessor and if appropriate, arrange a pre-practice experience visit.					
58. Read the approprised the student portal/via	riate practice pla	cement profile, whic	ch can be acces	ssed on the	
59. Briefly summarise what the practice placement environment does:					

60. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.				
61. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a literature search in relation to these.				
 From your search, identify a key article on the topic (using appropriate reference style) 				
 In the space below provide a brief summary of the article and outline any best practice recommendations in relation to this 				
Article:				
Condition / situation				

related learn	o the practice placement that you an ning from the theory modules that nvironment. Please note your thoug	would support your learning				
related simu	o the practice placement that you an ulated clinical skills from your pre- r learning within this environment.	vious modules which would				
Practice Supervisor or Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student						
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:				

MODULE LEARNING OUTCOMES PART 2: Practice 3 Practice-based Model Intrapartum

Module Summary

This is a practice module that aims to facilitate you to achieve knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on complex intrapartum care and neonatal. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; maternal medical comorbidities and multi-disciplinary team management of complications during pregnancy, birth, and postnatal periods. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also included.

This module is 9 weeks in total of practice placement over trimester 2 and experience includes intrapartum care for the achievement and assessment of practice proficiencies at 'Developing Independence' level (PLPLG, 2019). Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 3 Learning Outcomes:

LO1.	Provide safe women centred evidence-based care during the intrapartum period that promotes health and wellbeing.
LO2.	Demonstrate effective communication through the use of interpersonal skills within the context of partnership working.
LO3.	Perform a range of practical midwifery skills in caring for women and their families with the support of the midwife or appropriate practitioner in a professional manner in accordance with The Code, NMC (2018).
LO4.	Demonstrate a problem-solving approach in the provision of care for women and their families.
LO5.	Draw on a range of resources and other health care providers in order to optimise health outcomes.
LO6.	Demonstrate competence in the achievement of NMC Standards of Proficiency for Midwives (NMC 2019).

PART 2 Practice 3 Practice-Based Model Intrapartum

In accordance with the **NHS Education for Scotland (2020) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment Practice Supervisor or Assessor Signature	

	INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 2: Practice 3 Practice-Based Model Intrapartum			
PART 2: Practice 3 Practice-Based Model Intrapartum Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.				
Please identify skills and procedures that could be achieved within area: Date: Student Signature: Practice Supervisor or Assessor Signature:				
Date of inte	erim review:	Date of final assessment:		

Γ

INTERIM REVIEW

(This should take place in week 4/5 of your practice placement) **PART 2: Practice 3 Practice-Based Model Intrapartum**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - P	romoting excellence: the midwif	e as colleague, schol	ar, and leader
Domain 6 - T	he midwife as skilled practitione	r	
Student fee	dback:		
Have any ice	upper boom referred to the	Yes	Νο
	ues been referred to the /or Academic Assessor?	Tes	NO
Developmen	t Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor o Signature:	r Assessor

SERVICE USER FEEDBACK PART 2: Practice 3 Practice-Based Model Intrapartum

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick if	you are:	Service U	ser L	Re	ative	J
How happy w way the stud	vere you with the ent midwife:	Very happy	Happy	l'm not sure	Unhappy	Very unhappy
• cared	for you?					
listene	ed to your needs?					
unders felt?	stood the way you					
talked	to you?					
 showe 	showed you respect?					
What did the student midwife do well?						
What could the student midwife have done differently?						
Date	Student signature:		Practice s	supervisor o	r assessor s	signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 2: Practice 3 Practice-Based Model Intrapartum

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts	and feelings on all service user feedback
received:	-

Date: Stude	nt Signature:	Practice Supervisor or Assessor Signature:
-------------	---------------	---

If you work within any other disciplines, please complete the following record PART 2: Practice 3 Practice-Based Model Intrapartum

Student	Namo
Sludent	inallie.

Matriculation number:

Name of Placement:

Practice Supervisor:

Name and Location of Organisation/Professional Visited:

Supervisor comments – Please state what the student did well

Supervisor comments - Please state what the student could do to enhance their knowledge / skills / attitudes and values

Name of Supervisor (Print):	Signature of Supervisor:
Title:	
Date:	

ADDITIONAL NOTES PART 2: Practice 3 Practice-Based Model Intrapartum				
Date	Time	Student, practice supervisors, practice assessors and Sign		
		academic assessors can add notes		
Quadrip	artite Rec	ord		
Student Signature: Date:		ite:		
Nominate	Nominated Practice Supervisor Signature: Date:		ate:	
Nominated Practice Assessor Signature: Date:			ite:	
Nominated Academic Assessor Signature: Date:			te:	

FINAL ASSESSMENT: END OF PRACTICE PLACEMENT TO BE COMPLETED BY PRACTICE ASSESSOR PART 2: Practice 3 Practice-Based Model Intrapartum

A 4			
Stu	dont	Nam	^ .
Ju	uciii	INAIII	с.

Matriculation number:

Cohort:

The minimum level of performance for this part of the programme is **DEVELOPING INDEPENDENCE.** This means that the student midwife will be developing independence and the practice supervisor will offer guidance and support when required. The student will participate in care with this guidance and will demonstrate increasing confidence and competence. Please comment on the Domains below: **Practice Assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the Domains**

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care	for women and	newborn infants	with complications
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Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader

Domain 6 - The midwife as skilled	d practitioner
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Date:	Student Signature:	Practice Assessor Signature:

	ce Module 3 Learning Outcomes e initial)	PASS	FAIL
LO1	Provide safe women centred evidence-based care during the intrapartum period that promotes health and wellbeing.		
LO2	Demonstrate effective communication through the use of interpersonal skills within the context of partnership working.		
LO3	Perform a range of practical midwifery skills in caring for women and their families with the support of the midwife or appropriate practitioner in a professional manner in accordance with The Code, NMC (2018).		
LO4	Demonstrate a problem-solving approach in the provision of care for women and their families.		
LO5	Draw on a range of resources and other health care providers in order to optimise health outcomes.		
LO6	Demonstrate competence in the achievement of NMC Standards Proficiency for Midwives (NMC 2019).		

Practice assessor overall assessment comm	ients
Overall result for this Practice Placement	PASS / FAIL
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:
Practice Assessor Confirmatory Statement.	
I confirm that: student midwife (print full name) _ following a period of hours of attend attendance record), and through objective evide ACHIEVED / NOT ACHIEVED (Please delete a DEVELOPING INDEPENDENCE	nce-based assessments, has:
Please note by the end of practice 3 you mus recorded.	st have <u>35 proficiencies achieved and</u>
Signature of Practice Assessor:	
Date:	
Student Statement	
I	(write name in capital letters) have
received feedback on my performance and have	e had the opportunity to reflect and discuss
this with the Practice Assessor. Please write cor	
Student Signature:	Date:
Academic Assessor Confirmatory Statement	(HEI use only) – END OF MODULE 3
I confirm that in partnership with the nominated name)	Practice Assessor, student midwife (print
has ACHIEVED/NOT ACHIEVED (please delete at the DEVELOPING INDEPENDENCE level fo	
and, RECOMMEND/DO NOT RECOMMEND (p to PRACTICE MODULE 4.	
Comments:	
Signature of Academic Assessor:	
Date:	

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 1 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 2 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 3 =	1		1

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	4 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	5 =	I	
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	6 =	I	

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 7	′ =		I
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 8	3 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK) =	1	1

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	10 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	11 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	12 –		

Total hours worked _____ Total hours absent _____

The attendance section MUST BE fully completed prior to submission of this assessment. Please go online and complete the Clinical Placement Evaluation. Thank you.



YEAR 2 PART 2

Practice 4

Placement-Based

Antenatal / Postnatal with hub and spoke

Year 2 Part 2 Practice Placement-Based Experience

Module Title: Midwifery practice 4

Module Code:

Placement 4 – Antenatal / Postnatal with hub and spoke

	Information for Students
8.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
9.	Access the School of Health and Social Care Practice Learning Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness guidance
10.	Please contact your practice placement prior to your start date to confirm who your nominated Practice Supervisor is and to confirm your shift pattern
11.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
12.	Please ensure that you liaise with your Practice Supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your Practice Supervisor.
13.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
14.	Please refer to and discuss the skills and procedures with your Practice Supervisor to identify any skills that can be safely demonstrated within the practice placement

PRE-PRACTICE LEARNING ACTIVITIES PART 2: Practice 4 – Antenatal / Postnatal with hub and spoke				
PRACTICE	PLACEMENT DET	AILS		
Student Name:		Intake:		
Matriculation number:		Year:		
Practice Placement		Start date:		
Environment: Telephone Number:		Finish date:		
Placement Type:		uale.		
Nominated Practice Supervisor Name				
Nominated Practice Assessor Name				
Nominated Academic Assessor Name				
Prior to the commencement of each p	-	-		
8. Make contact with the practice patterns in operation, the name	of your designated	Practice Supe		
 and if appropriate, arrange a pre-practice experience visit. 9. Read the appropriate practice placement profile, which can be accessed on the 				
student portal/via InPlace / QMPLE 10. Briefly summarise what the practice placement environment does:				

11. From the learning opportunities outlined in the practice placement profile,
choose one that you are unfamiliar with and write a short summary.
choose one that you are unaminar with and write a short summary.
12. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake
a literature search in relation to these.
 From your search, identify a key article on the topic (using
appropriate reference style)
 In the space below provide a brief summary of this article and outline
any best practice recommendations in relation to this
Article:
Condition / situation

13. In relation to the practice placement that you are about to enter, identify any
related learning from the theory modules that would support your learning
within this environment. Please note your thoughts below:

14. In relation to the practice placement that you are about to enter, identify any related simulated clinical skills from your previous modules which would support your learning within this environment. Please note your thoughts below:

Practice Supervisor or Assessor- please sign to confirm that the pre-practice learning activities have been completed by the student

-		
Date:	Student Signature:	Practice Supervisor and/or
		Practice Assessor Signature:

MODULE LEARNING OUTCOMES PART 2: Practice 4 – Antenatal / Postnatal with hub and spoke

Module Summary

This is a practice module that aims to facilitate you to achieve knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on complex antenatal and postnatal care. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; maternal medical comorbidities and multi-disciplinary team management of complications during pregnancy, birth, and postnatal periods. Your hub and spoke experiences will offer you an opportunity to explore a variety of diverse care settings. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also included.

This module consists of 8 weeks of practice placement over trimester 3 and experience includes complex antenatal and postnatal care for the achievement and assessment of practice proficiencies at 'Developing Independence' level (PLPLG, 2019). Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported, and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

In this practice module you are required to complete Practical skills review on Breastfeeding and hand expression. This form can be found on page 290.

Practice Module 4 Learning Outcomes:

LO1.	In partnership with women and their families participate in the delivery of evidence-based care in complex situations.
LO2.	Assess the woman's health status through history taking, observation and the interpretation of findings.
LO3.	Participate with the midwife and other members of the multidisciplinary care team in providing care for women and their families in a professional and compassionate manner as outlined by The Code (NMC, 2018).
LO4.	Demonstrate a problem-solving approach in the provision of evidence-based care for childbearing women with complex needs.
LO5.	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC 2019).

PART 2

Practice 4 – Antenatal / Postnatal Orientation

In accordance with the **NHS Education for Scotland (2020) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 2: Practice 4 – Antenatal / Postnatal

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:
Date of interim review:		Date of final assessment:

INTERIM REVIEW

(This should take place by the end of week 4 of your practice placement) **PART 2: Practice 4 – Antenatal / Postnatal**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Pro	omoting excellence: the midwife	as colleague, scholar	, and leader
Domain 6 Th	a midwifa an akillad practitionar		
Domain 6 - Th	e midwife as skilled practitioner		
	h a a lu		
Student feed	Dack:		
	es been referred to the Practice nic Assessor?	Yes	No
Development	Support Plan (see Section 4)	Yes	No
Date:	Student Signature:	Practice Supervisor o	r Assessor
		Signature:	

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 2: Practice 4 – Antenatal / Postnatal			
	anonymity is maintained		
Use the box b feedback rece	elow to record your thoughts and f ived:	eelings on all service user	
Date:	Student Signature:	Practice Supervisor or Assessor Signature:	

SERVICE USER FEEDBACK PART 2: Practice 4 – Antenatal / Postnatal

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please ti	ck if you are:	Servi	ce User		Relative	
	py were you way the student	Very happy	Нарру	l'm not sure	Unhappy	Very unhappy
			*			
• ca	red for you?					
	tened to your eds?					
	derstood the ay you felt?					
• tal	ked to you?					
	owed you spect?					
What did the student midwife do well?						
What could the student midwife have done differently?						
Date:	Student Signature): 	Practic	e Supervisc	or or Assess	or Signature:

INTERPROFESSIONAL EXPERIENCE

If you work within any other disciplines, please complete the following record PART 2: Practice 4 – Antenatal / Postnatal

Student	Name:
---------	-------

Matriculation number:

Name of Placement:

Practice Supervisor:

Name and Location of Organisation/Professional Visited:

Supervisor comments – Please state what the student did well

Supervisor or assessor comments - Please state what the student could do to enhance their knowledge / skills / attitudes and values

Name of Supervisor (Print):	Signature of Supervisor:
Title:	
Date:	

ADDITIONAL NOTES PART 2: Practice 4 – Antenatal / Postnatal				
Date	Time	Student, practice supervisors, practice assessors and academic assessors can add notes		
Quadrip	artite Reco	ord		
	Signature:	Date:		
Nominated Practice Supervisor Signature: Date:				
Nominated Practice Assessor Signature: Date:				
Nominate	ed Academ	nic Assessor Signature: Date:		

		ADDITIONAL NOTES PART 2: Practice 4 – hub and spoke	
Date	Time	Student and practice supervisor should provide a short summary of the spoke experiences available which will be noted by the practice assessor for the final assessment. <u>Maternity Outpatients Department</u>	Signatures (Student & Supervisor)
		Maternity Day Assessment	
		Maternity Triage	

FINAL ASSESSMENT: END OF PRACTICE PLACEMENT TO BE COMPLETED BY PRACTICE ASSESSOR PART 2: Practice 4 – Antenatal / Postnatal – Developing Independence

Student	Name:	

Matriculation number:

Cohort:

The minimum level of performance for this part of the programme is **DEVELOPING INDEPENDENCE.** This means that the student midwife will be developing independence and the practice supervisor will offer guidance and support when required. The student will participate in care with this guidance and will demonstrate increasing confidence and competence. Please comment on the Domains below: **Practice Assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the Domains**

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader

Domain 6 - The	e midwife as	skilled	practitioner

Date:	Student Signature:	Practice Assessor Signature:

Practice Module 4 Learning Outcomes (please initial)		PASS	FAIL
LO1	In partnership with women and their families participate in the delivery of evidence-based care in complex situations.		
LO2	Assess the woman's health status through history taking, observation and the interpretation of findings.		
LO3	Participate with the midwife and other members of the multidisciplinary care team in providing care for women and their families in a professional and compassionate manner as outlined by The Code (NMC, 2018).		
LO4	Demonstrate a problem-solving approach in the provision of evidence-based care for childbearing women with complex needs.		
LO5	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC 2019).		

Practice Assessor Overall Assessment Comments		
Overall result for this Practice Placement	PASS / FAIL	
Name of Practice Assessor (print full name):		
Signature of Practice Assessor:		
Designation:	Date:	

Practice Assessor Confirmatory Statement. The feedb	ack from spoke areas	
should be considered when completing the final assessment.		
I confirm that: student midwife (print full name) following a period of hours of attendance at placement (please refer to attendance record), and through objective evidence-based assessments, has: ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of DEVELOPING INDEPENDENCE.		
Please note by the end of practice 4 you must have <u>all</u> recorded for year 2.	proficiencies achieved and	
Signature of Practice Assessor:		
Date:		
Student Statement		
I (write r	name in capital letters) have	
received feedback on my performance and have had the o	opportunity to reflect and	
discuss this with the practice assessor. Please write comm	nents below:	
Student Signature:	Date:	
Academic Assessor Confirmatory Statement (HEI use		
I confirm that in partnership with the nominated Practice A name)	ssessor, student midwife (print	
has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all required proficiencies at the DEVELOPING INDEPENDENCE level for Part 2 of the programme and RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression to Part 3 .		
Comments:		
Signature of Academic Assessor:		
Date:		

Practical skills review form: Breastfeeding and hand expression

Student Name:	Name of facilitator:	Date:

The practical skills review is part of your mandatory infant feeding training and needs to be done before your training is complete.

The purpose of the practical skills review is to give you the opportunity to practice discussing and demonstrating the practical skills of infant feeding in a safe environment and receive individual feedback. It also provides you with an opportunity to discuss any concerns or questions you may have about any aspects of your practice related to infant feeding on a one-to-one basis with a member of the infant feeding team. It is designed to be a supportive learning experience.

Your practical skills facilitator will give you verbal feedback on positive aspects as well as any areas for improvement that you may identify together. S/he will use the form to give you written feedback for your records.

To start the discussion, you will either be asked to describe a recent situation in which you supported a mother with learning to attach her baby to the breast or given a scenario that is related to your role to discuss. The facilitator will have a doll and breast model and leaflets in use in your facility for you to use.

Supporting a mother and baby to achieve a succes	sful feed	
Is the practitioner able to	✓ or X	Comments
Describe an approach to teaching the practical skills of breastfeeding which demonstrates a mother- centred approach		
 Observing and listening Hands off approach Clear relevant information shared Use of leaflets, analogies, props 		
Identify signs of instinctive behaviour in baby (rooting, head bobbing, mouthing the nipple) and help mother to recognise them.		
Identify areas where additional information is needed and explain appropriately		
To include:		
Principles of positioning		
Baby held close		
Baby held/supported with head and body in line		
Baby's head free to tilt back		
Baby held with nose opposite nipple Or could use CHIN acronym		

Or mother supports har behv in a way that allows		
Or mother supports her baby in a way that allows self-attachment (laid back, biological nurturing)		
son attachment haid back, biological hutturing		
The process of attachment		
• Watch for baby to have a wide-open mouth		
 Mother moves her baby to her breast, with his head tilted back and chin leading 		
 Bottom lip touches breast well away from the base of the nipple and nipple aimed towards the rear of the roof of the baby's mouth 		
Is the practitioner able to	✓ or X	Comments
Observe signs of effective feeding		
 Mother comfortable during feed – suckling does not cause pain 		
Baby's mouth is wide open		
Baby's chin indents the breast		
Baby's cheeks are full and round		
 Suckling is appropriate to age of baby (Usually rapid initially, then deep and rhythmic with pauses and audible swallows) 		
 Areola – if any is visible then more will be visible above the baby's top lip 		
 The baby is contented and stays on the breast 		
Show a mother how to hand express		
Explain why hand expressing might be useful and describe when she uses this skill in her current role		
Describe an approach to teaching the practical skills of hand expressing which demonstrates a mother- centred approach (see above)		
Describe or show using a diagram or model the relevant anatomy		
Explain the importance of stimulating oxytocin to flow and suggest things that will help this process e.g. Having baby near/gentle breast massage/use of something to remind mother of baby		
Explain to a mother how she will find the right spot for her to put her fingers and express milk		
 Place fingers 2-3 cm back from the base of the nipple (Understands the importance for the mother of having a go and shifting her fingers a little until she finds what works for her) 		

Explain the technique of expressing	
 Place finger(s) and thumb in a C shape, opposite each other Compress and release in a steady rhythm (+/-pressing back first) Avoid sliding fingers on skin Move round breast once flow slows Once flow slows/ceases move to other breast 	

RECORD OF ATTENDANCE – PART 2: Practice 4 Antenatal/Postnatal

NAME:

Matriculation number:

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 1 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 2 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 3 =	1		I

RECORD OF ATTENDANCE – PART 2: Practice 4 Antenatal/Postnatal Ward NAME: Matriculation number:

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 4 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 5 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 6 =			

RECORD OF ATTENDANCE – PART 2: Practice 4 Antenatal/Postnatal Ward NAME: Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 7 =	I		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 8 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 9 =	1	1	1
L Total hours worked		Total hours absent	

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 3 YEAR 3 Practice 5 <u>Continuity Model</u> Team & Neonatal (trimester 1 only)



YEAR 3 PART 3

Practice 5

Neonatal

PART 3 Practice 5– Neonatal Orientation

In accordance with the **NHS Education for Scotland (2020) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 5 – Neonatal

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:
Date of inter	im review:	Date of final assessment:

NEONATAL ASSESSMENT WHICH WILL FORM PART OF THE FINAL ASSESSMENT TO BE COMPLETED BY PRACTICE SUPERVISOR PART 3: Practice 5 – Neonatal

Student Name: Matriculation number:		
	Cohort:	
The minimum level of performance for this part of the programme is INDEPENDENT . This		
means that the student midwife will be working more independently, and the practice		
supervisor will provide more indirect forms of supervision. Please comment on the		
Domains below: Practice assessor comments should consider the students'		
knowledge, skills, attitudes, and values in relation to achievement of proficiencies		

within the Domains

Neonatal Practice Supervisor Feedback
Summary:
I confirm that: student midwife (print full name)
following a period of hours of attendance at placement (please refer to
attendance record), and through objective evidence-based assessments, has:
PASSED/FAILED (Please delete as appropriate) the expected level of INDEPENDENT
Signature of Practice Assessor:
Date:

Student Statement			
I(write na	ame in capital letters) have		
received feedback on my performance and have had the op			
discuss this with the practice supervisor. Please write comr			
Student Signature:	Date:		

RECORD OF ATTENDANCE – PART 3: Practice 5 Neonatal

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	=		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	2 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	3 =	I	I
otal hours worked		Total hours abso	ent

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.

2.6 PART 3 Practice Placement Experience

Module Title: Practice 5

Module Code:

Continuity Model

Information for Students				
36.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;			
	Using and completing your MPAD appropriately			
	Uniform policy and shift patterns			
	Raising concerns / duty of candour / professionalism			
	Reporting absence			
37.	Access the School of Health and Social Care programme Moodle site for information on;			
	Practice learning experience – general information			
	Practice learning experience profiles			
	Practice support and policies			
	Student placement expenses and accommodation information			
	Placement sickness absence guidance			
38.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern			
39.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.			
40.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.			
41.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.			
42.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement			

PRE-PRACTICE LEARNING ACTIVITIES PART 3: Practice 5 PRACTICE PLACEMENT DETAILS Student Name: Intake: Matriculation Number: Year: Practice Placement Start date: Environment: Finish Telephone Number: date: Placement Type: Nominated Practice Supervisor Name Nominated Practice Assessor Name Nominated Academic Assessor Name (Module Leader) Prior to the commencement of each practice learning environment you should: 64. Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor. 65. Read the appropriate practice placement profile, which can be accessed on the student portal/via InPlace / QMPLE 66. Briefly summarise what the practice placement environment does:

67. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
 68. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a literature search in relation to these. From your search, identify one key article on the topic (using appropriate
 In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you ar from the theory modules that would ent. Please note your thoughts belo	d support your learning within	
related simula	the practice placement that you ar ated clinical skills from your previous within this environment. Please not	modules which would support	
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 3: Practice 5 Continuity Model

Module Summary

This is a practice module that aims to facilitate you to consolidate your knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on continuity of care and carer. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; public health concepts and woman-centred midwifery practice. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, ILS, and communication strategies.

This module consists of 10 weeks of practice placement and experience includes, antenatal, intrapartum, postnatal and care of the newborn for the achievement and assessment of practice proficiencies at 'Independent' level (PLPLG, 2019). You will work for 10 weeks within a Continuity Team. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 5 Learning Outcomes:

LO1.	Consolidate knowledge and skills, safely demonstrating evidence -based best practice in all intrapartum proficiencies detailed in the NMC Standards of Proficiency for Midwives (NMC, 2019a)
LO2.	Work with multidisciplinary and multiagency colleagues to provide appropriate care, facilitate change and utilise quality improvement methodology to provide safe, effective, respectful, kind, and compassionate midwifery care for women, newborn and their families.
LO3.	Develop graduate attributes of resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills required for professional midwifery practice.
LO4.	Utilise a problem-solving approach in the provision of care for mothers and babies
LO5.	Achieve 100% accuracy in medicine calculations in relation to women and neonates.

YEAR 3/ PART 3 Practice 5 Orientation

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 5 Continuity Model

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedu	res that could be achieved within area:
------------------------------------	---

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of inter	im reviews:	Date of final assessment:

INTERIM REVIEW

(This should take place in week 4/5 of your practice placement) **PART 3: Practice 5 Continuity Model - Independent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting e	excellence: the midwife a	as colleague, scho	lar, and leader
------------------------	---------------------------	--------------------	-----------------

Domain 6 - The midwife as skilled practitioner

Student feedback:

-	issues been referred to the and/or Academic Assessor?	Yes	No
Developm	nent Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 3: Practice 5 Continuity Model

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happy the way th midwife:	y were you with e student	Very happy	Happy	l'm not sure	Unhappy 0 0	Very unhappy
• care	ed for you?					
 listen neer 	ened to your ds?					
	erstood the way felt?					
• talk	ed to you?					
	wed you bect?					
	he student midwif					
What could	d the student mid	wife have dor	ne differe	ently?		
Date:	Student Signature):	Practice	e Superviso	r or Assess	or Signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 3: Practice 5 Continuity Model

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:

INTERPROFESS				
If you work within any other disciplines, please complete the following record				
PART 3: Practice 5 Continuity Model				
Student Name: Matriculation number:				
Name of Placement:				
Practice Supervisor:				
Name and Location of Organisation/Professional Visited:				
Supervisor comments – Please state what the student did well				
Supervisor comments - Please state wha knowledge / skills / attitudes and values				
Name of Supervisor (Print):	Signature of Supervisor:			
Title:				
Date:				

ADDITIONAL NOTES PART 3: Practice 5 Continuity Model					
Date	Time	Student, practice supervisors, practice assessors and	Signature		
		academic assessors can add notes			
Quadripartite Record					
Student S	Signature:	Date:			
Nominate	ed Practice	e Supervisor Signature: Date:			
Nominate	ed Practice	e Assessor Signature: Date:			
Nominated Academic Assessor Signature: Date:					

FINAL ASSESSMENT: END OF PRACTICE 5 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 10) PART 3: Practice 5 Continuity Model – INDEPENDENT				
Student Name:	Matriculation number:			
	Cohort:			
means that the student midwife will be work supervisor will provide more indirect forms of Domains below: Practice assessor comm	f supervision. Please comment on the			
Domain 1 - Being an accountable, autono	omous, and professional midwife			
Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer				
Domain 3 - Universal care for all women and newborn infants				
Domain 3 - Universal care for all women and newborn infants				

Domain 4 -	Additional care for women and	newborn infants with complications		
	Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader			
Domain 6 -	The midwife as skilled practitio	ner		
Date:	Student Signature:	Practice Assessor Signature:		

	ce Module 5 Learning Outcomes e initial)	PASS	FAIL
LO1	Consolidate knowledge and skills, safely demonstrating evidence -based best practice in all intrapartum proficiencies detailed in the NMC Standards of Proficiency for Midwives (NMC, 2019a)		
LO2	Work with multidisciplinary and multiagency colleagues to provide appropriate care, facilitate change and utilise quality improvement methodology to provide safe, effective, respectful, kind, and compassionate midwifery care for women, newborn and their families.		
LO3	Develop graduate attributes of resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills required for professional midwifery practice.		
LO4	Utilise a problem-solving approach in the provision of care for mothers and babies		
LO5	Achieve 100% accuracy in medicine calculations in relation to women and neonates.		

Practice Assessor Overall Assessment Comments				
Overall result for this Practice Placement	PASS / FAIL			
Name of Practice Assessor (print full name)				
Signature of Practice Assessor:				
Designation:	Date:			
Practice Assessor Confirmatory Statement				

I confirm that: student midwife (print full name)

following a period of ______ hours of attendance at placement (please refer to

attendance record), and through objective evidence-based assessments, has:

ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of

INDEPENDENT

By the end of practice 5, 35 proficiencies from domains 1-5 and appropriate skills in domain 6 must be achieved and recorded for this block.

Signature of Practice Assessor:

Date:

Student Statement				
I (write	name in capital letters) have			
received feedback on my performance and have had the	opportunity to reflect and discuss			
this with the Practice Assessor. Please write comments b	elow:			
	Deter			
Student signature:	Date:			
Academic Assessor Confirmatory Statement (HEI use				
I confirm that in partnership with the nominated Practice A	Assessor, student midwife (print			
name) has ACHIEVED/NOT ACHIEVED (please delete as appro	opriate) all required proficiencies			
at the INDEPENDENT level for Part 3 of the programme				
RECOMMEND (please delete as appropriate) progression to PRACTICE MODULE 6 .				
Comments:				
Signature of Academic Assessor: Date:				
Dale.				

RECORD OF ATTENDANCE – PART 3: Practice 5 Continuity Model NAME: Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK	=			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 2				
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 3 =					

RECORD OF ATTENDANCE – PART 3: Practice 5 Continuity Model

NAME:

Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOUR	S FOR WEEK 4	k =	I	I		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOUR	S FOR WEEK 5	5 =				
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOUR	TOTAL HOURS FOR WEEK 6 =					

RECORD OF ATTENDANCE – PART 3: Practice 5 Continuity Model NAME: Matriculation number:

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 7 =	l		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 8 =	·		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 9 =			

RECORD OF ATTENDANCE – PART 3: Practice 5 Continuity Model

NAME:	
-------	--

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 1	0 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 1	1 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 12 =					

Total hours worked _____

Total hours absent

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 3 Practice 6 <u>Continuity Model</u>

&

Elective Placement

PART 3 Practice Placement Experience

Module Title: Practice 6

Module Code:

Continuity Model & Elective Placement

	Information for Students				
43.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;				
	Using and completing your MPAD appropriately				
	Uniform policy and shift patterns				
	Raising concerns / duty of candour / professionalism				
	Reporting absence				
44.	Access the School of Health and Social Care programme Moodle site for information on;				
	Practice learning experience – general information				
	Practice learning experience profiles				
	Practice support and policies				
	Student placement expenses and accommodation information				
	Placement sickness absence guidance				
45.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern				
46.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.				
47.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.				
48.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.				
49.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement				

PRE-PRACTICE LEARNING ACTIVITIES

PART 3: Practice 6 Continuity Model

PRACTICE PLACEMENT DETAILS

	TRACIICE		AILO	
Student Name:			Intake:	
Matriculation Number:			Year:	
Practice Placement Environment:			Start date: Finish	
Telephone Number:			date:	
Placement Type:				
Nominated Practice Super	visor Name			
Nominated Practice Asses	sor Name			
Nominated Academic Asse	essor Name			
(Module Leader)				
Prior to the commencemer	nt of each prac	ctice learning enviro	onment you should:	
			and ascertain the shift pat	terns
in operation, the name			upervisor/assessor.	ż
student portal/via In	Place / QMPL	E		-
73. Briefly summarise w	hat the practi	ce placement envir	onment does:	

74. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
 75. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a literature search in relation to these. From your search, identify one key article on the topic (using appropriate
 reference style) In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you ar from the theory modules that would ent. Please note your thoughts belo	d support your learning within	
related simula	the practice placement that you ar ated clinical skills from your previous within this environment. Please not	modules which would support	
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 3: Practice 6 Continuity Model & Elective Placement

Module Summary

This is a practice module that aims to facilitate you to consolidate your knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on continuity of care and carer. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; public health concepts and woman-centred midwifery practice. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, ILS, and communication strategies.

This module consists of 8 weeks in total: 4 weeks of practice placement within your continuity team and experience includes, antenatal, intrapartum, postnatal and care of the newborn for the achievement and assessment of practice proficiencies at 'Independent' level (PLPLG, 2019). The remaining 4 weeks will be spent on your elective placement. This experience will offer you an opportunity to set your own learning objectives in a practice learning environment which you have negotiated on an individual basis. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 6 Learning Outcomes:

LO1.	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates (NMC, 2018).
LO2.	Demonstrate safe, effective, and evidenced based practice in partnership with women and other health and social care professionals.
LO3.	Engage in reflection to enhance learning in midwifery practice.
LO4.	Participate in providing midwifery care to a small caseload of women under the supervision of a midwife.
LO5.	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC, 2019).

Elective Placement Learning Outcomes

The first three learning outcomes are set by the university. Please complete learning outcomes 4-6 inclusive.

L01.	Maintain professional practice with good time keeping, appropriate dress/clothes and using courteous, professional language as per the NMC Code (2018), as you are an ambassador for Edinburgh Napier University
LO2.	Negotiate your time in practice with a midwife supervisor in order to maximise your leaning experience
LO3.	Work in partnership with women respecting individual cultures and diverse needs.
LO4.	
LO5.	
LO6.	

YEAR 3/ PART 3 Practice 6 Continuity Model Orientation

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments	
and learning development plan	
Development support plan Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 6 Continuity Model

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedu	res that could be achieved within area:
------------------------------------	---

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of inter	im reviews:	Date of final assessment:

INTERIM REVIEW

(This should take place in week 2 of your practice placement) **PART 3: Practice 6 Continuity Model - Independent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting e	excellence: the midwife a	as colleague, scho	lar, and leader
------------------------	---------------------------	--------------------	-----------------

Domain 6 - The midwife as skilled practitioner

Student feedback:

-	issues been referred to the and/or Academic Assessor?	Yes	No
Developn	nent Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 3: Practice 6 Continuity Model

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happy the way th midwife:	y were you with e student	Very happy	Happy	I'm not sure	Unhappy [©] [©]	Very unhappy
• care	ed for you?					
 listen neer 	ened to your ds?					
	erstood the way felt?					
• talko	ed to you?					
	wed you bect?					
	he student midwif					
What could	d the student mid	wife have dor	ne differe	ently?		
Date:	Student Signature	:	Practice	e Superviso	r or Assess	or Signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 3: Practice 6 Continuity Model

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:

INTERPROFESS	
If you work within any other disciplir	nes, please complete the following record
PART 3: Practic	e 6 Continuity Model
Student Name:	Matriculation number:
Name of Placement:	
Practice Supervisor:	
Name and Location of Organisation/Prof	essional Visited:
Supervisor comments – Please state wh	at the student did well
Supervisor comments - Please state wha knowledge / skills / attitudes and values	
Name of Supervisor (Print):	Signature of Supervisor:
Title:	
Date:	

		ADDITIONAL NOTES PART 3: Practice 6 Continuity Model	
Date	Time	Student, practice supervisors, practice assessors and	Signature
		academic assessors can add notes	
Quadripa	artite Rec	ord	
Student Signature: Date:			
	Nominated Practice Supervisor Signature: Date:		
		Assessor Signature: Date:	
		nic Assessor Signature: Date:	

		ELECTIVE PLACEMENT SUMMARY PART 3: Practice 6	
Date	Time	These boxes are to record the feedback from your elective experience and achievement of your learning outcomes	Signatures (Supervisor and student)
		Supervisor/Midwife	
		Student	

FINAL ASSESSMENT: END OF PRACTICE 6 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 4) PART 3: Practice 6 Continuity Model – INDEPENDENT		
Student Name:	Matriculation number:	
	Cohort:	
means that the student midwife will be work supervisor will provide more indirect forms of the ability to lead and coordinate care. Pleas	of supervision. The student will demonstrate se comment on the Domains below: Practice students' knowledge, skills, attitudes, and	
Domain 1 - Being an accountable, autono	omous, and professional midwife	
Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer		
Domain 3 - Universal care for all women	and newborn infants	

Domain 4 -	Additional care for women and	newborn infants with complications
		vife as colleague, scholar, and leader
Domain 6 -	The midwife as skilled practitio	ner
Date:	Student Signature:	Practice Assessor Signature:

	ce Module 6 Learning Outcomes e initial)	PASS	FAIL
LO1	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates (NMC, 2018).		
LO2	Demonstrate safe, effective, and evidenced based practice in partnership with women and other health and social care professionals.		
LO3	Engage in reflection to enhance learning in midwifery practice.		
LO4	Participate in providing midwifery care to a small caseload of women under the supervision of a midwife.		
LO5	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC, 2019).		

Overall result for this Practice Placement	
Overall result for this Fractice Flacement	PASS / FAIL
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:

Practice Assessor Confirmatory Statement

I confirm that: student midwife (print full name) _

Practice Assessor Overall Assessment Comments

following a period of ______ hours of attendance at placement (please refer to

attendance record), and through objective evidence-based assessments, has:

ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of INDEPENDENT

By the end of practice 6, 35 proficiencies from domains 1-5 and appropriate skills in domain 6 must be achieved and recorded for this block.

Signature of Practice Assessor:

Date:

Student Statement	
I (write r received feedback on my performance and have had the o this with the Practice Assessor. Please write comments be	
Student signature:	Date:

Academic Assessor Confirmatory Statement (HEI use only) – END OF PRACTICE 6
I confirm that in partnership with the nominated Practice Assessor, student midwife (print
name)
has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all required proficiencies
at the INDEPENDENT level for Part 3 of the programme and, RECOMMEND/DO NOT
RECOMMEND (please delete as appropriate) progression to PRACTICE MODULE 7 .
Comments:
Signature of Academic Assessor:
Date:

RECORD OF ATTENDANCE – PART 3: Practice 6 Continuity Model NAME: Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	1 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 2			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK	3 =		

RECORD OF ATTENDANCE – PART 3: Practice 6 Continuity Model NAME: Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 4	k =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 5	5 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 6 =				

RECORD OF ATTENDANCE – PART 3: Practice 6 Elective NAME: Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 1 =	1		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 2 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 3 =			

RECORD OF ATTENDANCE – PART 3: Practice 6 Elective

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 4	=	I	1
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 5	=		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 6 =				

Total hours worked _____ Total hours absent ____

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



PART 3 Practice 7 <u>Continuity Model</u>

PART 3 Practice Placement Experience

Module Title: Practice 7

Module Code:

Continuity Model

	Information for Students
50.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
51.	Access the School of Health and Social Care programme Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness absence guidance
52.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern
53.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
54.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.
55.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
56.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement

PRE-PRACTICE LEARNING ACTIVITIES

PART 3: Practice 7

PRACTICE PLACEMENT DETAILS

Student Name:		Intake:
Matriculation Number:		Year:
Practice Placement		Start date:
Environment:		Finish
Telephone Number:		date:
Placement Type:		i
Nominated Practice Supervisor Nam	e	
Nominated Practice Assessor Name		
Nominated Academic Assessor Nam	e	
(Module Leader)		
Prior to the commencement of each	practice learning enviror	nment you should:
78. Make contact with the practice		
in operation, the name of your 79. Read the appropriate practice		
student portal/via InPlace / QI		
80. Briefly summarise what the pr		nment does:

81. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
82. Considering the women that will attend the practice placement, select one condition/situation that those women are likely to present with and undertake a
literature search in relation to these. • From your search, identify one key article on the topic (using appropriate
 reference style) In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you are from the theory modules that would ent. Please note your thoughts belo	d support your learning within	
related simula	the practice placement that you an ated clinical skills from your previous within this environment. Please not	modules which would support	
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student			
Date:	Student Signature:	Practice Supervisor and/or Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 3: Practice 7 Continuity Model

Module Summary

This is a practice module that aims to facilitate you to consolidate your knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on continuity of care and carer. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; public health concepts and woman-centred midwifery practice. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, ILS, and communication strategies.

This module consists of 9 weeks of practice placement and experience includes, antenatal, intrapartum, postnatal and care of the newborn for the achievement and assessment of practice proficiencies at 'Independent' level (PLPLG, 2019). You will work for 9 weeks within a Continuity Team. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 7 Learning Outcomes:

LO1.	Practice with increasing independence in the provision of maternity care and manage your own workload.
LO2.	Critically reflect to enhance learning in midwifery practice.
LO3.	Participate with the multidisciplinary team in a professional manner in accordance with The Code (NMC, 2018).
LO4.	Act as a buddy for junior student midwives to help support them in practice.
LO5.	Demonstrate increased independence and competence in the achievement of Doman 6 clinical proficiencies (NMC, 2019).

YEAR 3/ PART 3 Practice 7 Orientation

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 7 Continuity Model

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedu	res that could be achieved within area:
------------------------------------	---

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of interim reviews:		Date of final assessment:

INTERIM REVIEW

(This should take place in week 4/5 of your practice placement) **PART 3: Practice 7 Continuity Model - Independent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting	excellence: the	midwife as colleague	, scholar, and leader
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Domain 6 - The midwife as skilled practitioner

Student feedback:

Have any issues been referred to the Practice and/or Academic Assessor?		Yes	No
Developm	nent Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 3: Practice 7 Continuity Model

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happy the way th midwife:	y were you with e student	Very happy	Happy	l'm not sure	Unhappy	Very unhappy
• care	ed for you?					
 listen neer 	ened to your ds?					
	erstood the way felt?					
• talko	ed to you?					
	wed you bect?					
What did the student midwife do well?						
What could the student midwife have done differently?						
Date:	Student Signature	Practice Supervisor or Assessor Signature:			or Signature:	

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 3: Practice 7 Continuity Model

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date: Student Signature:	Practice Supervisor or Assessor Signature:
--------------------------	---

INTERPROFESS	INTERPROFESSIONAL EXPERIENCE			
If you work within any other disciplines, please complete the following record				
	e 7 Continuity Model			
Student Name:	Matriculation number:			
Name of Placement:				
Practice Supervisor:				
Name and Location of Organisation/Prof	essional Visited:			
Supervisor comments – Please state what the student did well				
Supervisor comments - Please state what the student could do to enhance their knowledge / skills / attitudes and values				
Name of Supervisor (Print):	Signature of Supervisor:			
Title:				
Date:				

ADDITIONAL NOTES PART 3: Practice 7 Continuity Model				
Date	Time		ervisors, practice assessors sessors can add notes	and Signature
	artite Rec	ord		
	Signature:		Date:	
Nominated Practice Supervisor Signature: Date:				
Nominated Practice Assessor Signature: Date:				
Nominate	ed Acaden	nic Assessor Signature:	Date:	

FINAL ASSESSMENT: END OF PRACTICE 7 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 9) PART 3: Practice 7 Continuity Model – INDEPENDENT				
Student Name:	Matriculation number:			
	Cohort:			
The minimum level of performance for this part of the programme is INDEPENDENT . This means that the student midwife will be working independently, and the practice supervisor will provide more indirect forms of supervision. The student will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice. Please comment on the Domains below: Practice assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the Domains				
Domain 1 - Being an accountable, autono				
Domain 2 - Safe and effective midwifery of care and carer	care: promoting and providing continuity			
Domain 3 - Universal care for all women and newborn infants				

Domain 4 - Additional ca	are for women a	and newborn	infants with	complications

Domain 5 - Promoting	excellence: the	midwife as colle	eaque, scholar,	and leader

Domain 6 - The midwife as skilled practitioner

Date:	Student Signature:	Practice Assessor Signature:
		9

	ce Module 7 Learning Outcomes e initial)	PASS	FAIL
LO1	Practice with increasing independence in the provision of maternity care and manage your own workload.		
LO2	Critically reflect to enhance learning in midwifery practice.		
LO3	Participate with the multidisciplinary team in a professional manner in accordance with The Code (NMC, 2018).		
LO4	Act as a buddy for junior student midwives to help support them in practice.		
LO5	Demonstrate increased independence and competence in the achievement of Doman 6 clinical proficiencies (NMC, 2019).		

Practice Assessor Overall Assessment Comments					
Overall result for this Practice Placement	PASS / FAIL				
Name of Practice Assessor (print full name)					
Signature of Practice Assessor:					
Designation:	Date:				
Practice Assessor Confirmatory Statement					
I confirm that: student midwife (print full name) _					
following a period of hours of attend	ance at placement (please refer to				
attendance record), and through objective evide	nce-based assessments, has:				
ACHIEVED / NOT ACHIEVED (Please delete a	s appropriate) the expected level of				
INDEPENDENT					
By the end of practice 7, <u>all</u> proficiencies fro	m domains 1-5 and <u>all</u> skills in domain 6				
must be achieved and recorded.					
Signature of Practice Assessor:					
Date:					

Student Statement				
I (write name in capital letters) have received feedback on my performance and have had the opportunity to reflect and discuss this with the Practice Assessor. Please write comments below:				
Student signature:	Date:			
Academic Assessor Confirmatory Statement (HEI use	e only) – END OF PRACTICE 7			
I confirm that in partnership with the nominated Practice Assessor, student midwife (print name)				

Signature of Academic Assessor: Date:

RECORD OF ATTENDANCE – PART 3: Practice 7 Continuity Model

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK	=			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 2	2 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 3 =					

RECORD OF ATTENDANCE – PART 3: Practice 7 Continuity Model NAME: Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 4	l =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 5	5 =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 6	i =		

RECORD OF ATTENDANCE – PART 3: Practice 7 Continuity Model NAME: Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 7 =	1		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 8 =	·		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR	WEEK 9 =			

RECORD OF ATTENDANCE – PART 3: Practice 7 Continuity Model

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 1	0 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 1	1 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK 1	2 =			

Total hours worked _____ Total hours absent _____

The attendance section MUST BE fully completed prior to submission of this assessment.

Please go online and complete the Clinical Placement Evaluation. Thank you.



YEAR 3 PART 3

Practice 5

Placement-Based

Intrapartum and Neonatal



YEAR 3 PART 3 Practice 5 <u>Neonatal</u>

PART 3 Practice 5– Neonatal Orientation

In accordance with the **NHS Education for Scotland (2020) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 5 – Neonatal

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:
Date of inter	im review:	Date of final assessment:

NEONATAL ASSESSMENT WHICH WILL FORM PART OF THE FINAL ASSESSMENT TO BE COMPLETED BY PRACTICE SUPERVISOR PART 3: Practice 5 – Neonatal

Student Name:	Matriculation number:	
	Cohort:	
The minimum level of performance for this part of the programme is INDEPENDENT. This		
means that the student midwife will be working more independently, and the practice		
supervisor will provide more indirect forms	of supervision. Please comment on the	
Domains below: Practice assessor comments should consider the students'		
knowledge, skills, attitudes, and values	in relation to achievement of proficiencies	

within the Domains

Neonatal Practice Supervisor Feedback
Summary:
I confirm that: student midwife (print full name)
following a period of hours of attendance at placement (please refer to
attendance record), and through objective evidence-based assessments, has:
PASSED/FAILED (Please delete as appropriate) the expected level of INDEPENDENT
Signature of Practice Assessor:
Date:

Student Statement	
I(write na	ame in capital letters) have
received feedback on my performance and have had the op	
discuss this with the practice supervisor. Please write comr	
Student Signature:	Date:

RECORD OF ATTENDANCE – PART 3: Practice 5 Neonatal

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	=		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	2 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	3 =	I	1
otal hours worked		Total hours abso	ent

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.

Year 3 Part 3 Practice Placement-Based Experience

Module Title: Midwifery Practice 5

Module Code:

Intrapartum and Neonatal

	Information for Students
15.	There is a preparation for practice session in each module of your programme, prior to your practice placement. These sessions are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
16.	Access the School of Health and Social Care Practice Learning Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness guidance
17.	Please contact your practice placement prior to your start date to confirm who your nominated Practice Supervisor is and to confirm your shift pattern
18.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
19.	Please ensure that you liaise with your Practice Supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your Practice Supervisor.
20.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
21.	Please refer to and discuss the skills and procedures with your Practice Supervisor to identify any skills that can be safely demonstrated within the practice placement

PRE-PRACTICE LEARNING ACTIVITIES				
PART 3: Practice 5				
	PRACTICE	PLACEMENT DE	TAILS	
Student Name:			Intake:	
Matriculation Number:			Year:	
Practice Placement Environment:			Start date: Finish	
Telephone Number:			date:	
Placement Type:				
Nominated Practice Sup	ervisor Name			
Nominated Practice Ass	essor Name			
Nominated Academic As	ssessor Name			
(Module Leader)				
Prior to the commencem	nent of each prac	tice learning env	ironment you sho	ould:
85.Make contact with in operation, the i				
86. Read the approp	riate practice place	cement profile, w		
student portal/via 87.Briefly summarise			vironment does:	
	·	,		

88. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
89. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these.
 From your search, identify one key article on the topic (using appropriate reference style)
 In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this.
Article:
Condition / situation

related topics	the practice placement that you ar from the theory modules that would ent. Please note your thoughts belo	d support your learning within
91. In relation to the practice placement that you are about to enter, identify any related simulated clinical skills from your previous modules which would support your learning within this environment. Please note your thoughts below:		
Practice supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student		
Date:	Student Signature:	Practice Supervisor and/or
		Practice Assessor Signature:

MODULE LEARNING OUTCOMES PART 3: Practice 5 Practice-Based Model Intrapartum

Module Summary

This is a practice module that aims to facilitate you to consolidate your knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on continuity of care and carer. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; public health concepts and woman-centred midwifery practice. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, ILS, and communication strategies.

This module consists of 10 weeks of practice placement within your intrapartum practice learning environment for the achievement and assessment of practice proficiencies at 'Independent' level (PLPLG, 2019). Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 5 Learning Outcomes:

LO1.	Consolidate knowledge and skills, safely demonstrating evidence -based best practice in all intrapartum proficiencies detailed in the NMC Standards of Proficiency for Midwives (NMC, 2019a)
LO2.	Work with multidisciplinary and multiagency colleagues to provide appropriate care, facilitate change and utilise quality improvement methodology to provide safe, effective, respectful, kind, and compassionate midwifery care for women, newborn and their families.
LO3.	Develop graduate attributes of resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills required for professional midwifery practice.
LO4.	Utilise a problem-solving approach in the provision of care for mothers and babies
LO5.	Achieve 100% accuracy in medicine calculations in relation to women and neonates.

YEAR 3/ PART 3 Practice 5 Intrapartum Orientation

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice Placements, a preliminary meeting should take place within two days of commencing practice. Your nominated practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking note of reasonable adjustment
- An initial Learning Development Plan

Date of Initial Meeting	Date:
Topics to be Discussed:	Please tick when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to members of the multi-disciplinary team	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments	
and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 5 Intrapartum

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills a	and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Dates of interim reviews:		Date of final assessment:

INTERIM REVIEW

(This should take place in week 5 of your practice placement) PART 3: Practice 5 Intrapartum - Independent

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5 - Promoting exc	ellence: the midwife as	colleague, scholar,	and leader
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Domain 6 - The midwife as skilled practitioner

Student feedback:

Have any issues been referred to the Practice and/or Academic Assessor?		Yes	No
Development Support Plan (see Section 4)		Yes	Νο
Date:	Student Signature:	Practice Supervisor of Signature:	r Assessor

SERVICE USER FEEDBACK PART 3: Practice 5 Intrapartum

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick	c if you are:	Service	User		Relative	
How happy the way th midwife:	y were you with e student	Very happy	Нарру	l'm not sure	Unhappy ©	Very unhappy
• care	ed for you?					
 listen neer 	ened to your ds?					
	erstood the way felt?					
• talk	ed to you?					
	wed you bect?					
What did the student midwife do well?						
What could the student midwife have done differently?						
Date:	ate: Student Signature: Practice Supervisor or Assessor Signature:			or Signature:		

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 3: Practice 5 Intrapartum

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:

INTERPROFESSIONAL EXPERIENCE		
	nes, please complete the following record stice 5 Intrapartum	
Student Name:	Matriculation number:	
Name of Placement:		
Practice Supervisor:		
Name and Location of Organisation/Prof	essional Visited:	
Supervisor comments – Please state what the student did well		
Supervisor comments - Please state what the student could do to enhance their knowledge / skills / attitudes and values		
Name of Supervisor (Print):	Signature of Supervisor:	
Title:		
Date:		

ADDITIONAL NOTES PART 3: Practice 5 Intrapartum			
Date	Time	Student, practice supervisors, practice assessors and	Signature
		academic assessors can add notes	
Quadripartite Record			
Student Signature: Date:			
Nominated Practice Supervisor Signature: Date:			
Nominated Practice Assessor Signature: Date:			
Nominated Academic Assessor Signature: Date:			

FINAL ASSESSMENT: END OF PRACTICE 5 TO BE COMPLETED BY PRACTICE ASSESSOR (this review should take place in week 10) PART 3: Practice 5 Intrapartum – INDEPENDENT		
Student Name:	Matriculation number:	
	Cohort:	
means that the student midwife will be work supervisor will provide more indirect forms of the ability to lead and coordinate care. Pleas	of supervision. The student will demonstrate se comment on the Domains below: Practice students' knowledge, skills, attitudes, and	
Domain 1 – Being an accountable, auton	omous, and professional midwife	
Domain 2 – Safe and effective midwifery of care and carer	care: promoting and providing continuity	
Domain 3 – Universal care for all women and newborn infants		

Domain 4 – Additional care for women and newborn infants with complications				
Domain 5 – Promoting excellence: the midwife as colleague, scholar, and leader				
Domain 6 – The midwife as skilled practitioner				
Date:	Student Signature:	Practice Assessor Signature:		
Dale.	Student Signature:	Practice Assessor Signature:		

Practice Module 5 Learning Outcomes (please initial)		PASS	FAIL
LO1	Consolidate knowledge and skills, safely demonstrating evidence -based best practice in all intrapartum proficiencies detailed in the NMC Standards of Proficiency for Midwives (NMC, 2019a)		
LO2	Work with multidisciplinary and multiagency colleagues to provide appropriate care, facilitate change and utilise quality improvement methodology to provide safe, effective, respectful, kind, and compassionate midwifery care for women, newborn and their families.		
LO3	Develop graduate attributes of resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills required for professional midwifery practice.		
LO4	Utilise a problem-solving approach in the provision of care for mothers and babies		
LO5	Achieve 100% accuracy in medicine calculations in relation to women and neonates.		

Practice Assessor Overall Assessment Comments				
Overall result for this Practice Placement	PASS / FAIL			
Name of Practice Assessor (print full name)				
Signature of Practice Assessor:				
Designation:	Date:			
Describe Assessed Operformation Otations at				
Practice Assessor Confirmatory Statement				

I confirm that: student midwife (print full name) _____

following a period of ______ hours of attendance at placement (please refer to

attendance record), and through objective evidence-based assessments, has:

ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of

INDEPENDENT

By the end of practice 5, 35 proficiencies from domains 1-5 and appropriate skills in domain 6 must be achieved and recorded for this block.

Signature of Practice Assessor:

Date:

Student Statement	Student Statement			
I (write name in capital letters) have				
received feedback on my performance and have had the	. ,			
this with the Practice Assessor. Please write comments be	elow:			
Student signature:	Date:			
Academic Assessor Confirmatory Statement (HEI use	e only) – END OF PRACTICE 5			
I confirm that in partnership with the nominated Practice A	Assessor, student midwife (print			
name)				
at the INDEPENDENT level for Part 3 of the programme and, RECOMMEND/DO NOT				
RECOMMEND (please delete as appropriate) progression to PRACTICE MODULE 6 . Comments:				
Signature of Academic Assessor:				
Date:				

RECORD OF ATTENDANCE – PART 3: Practice 5 Intrapartum

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, Intrapartum (I), P/N		Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK	1 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS	S FOR WEEK	2 =			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 3 =					

RECORD OF ATTENDANCE – PART 3: Practice 5 Intrapartum NAME: Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 4	l =		
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOUR	S FOR WEEK 5			
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 6 =				

RECORD OF ATTENDANCE – PART 3: Practice 5 IntrapartumNAME:Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR	WEEK 7 =				
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR	WEEK 8 =				
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL HOURS FOR WEEK 9 =					

RECORD OF ATTENDANCE – PART 3: Practice 5 Intrapartum

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	0 =	I	
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS	S FOR WEEK 1	1 =		1
Date / Week Commencing	Hours	Experience gained on shift, e.g. A/N, I, P/N	Reason for Absence	Staff Signature
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 12 =				

Total hours worked _____ Total hours absent ____

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



Year 3 Part 3 Practice 6 <u>Placement-Based</u> Postnatal & Elective

Year 3 Part 3 Practice 6 Placement-Based Experience

Module Title: Midwifery Practice 6

Module Code:

Postnatal

	Information for Students
57.	There is a preparation for practice session in each module of your programme, prior to your first practice placement. These workshops are delivered by the midwifery team to ensure you are fully prepared including;
	Using and completing your MPAD appropriately
	Uniform policy and shift patterns
	Raising concerns / duty of candour / professionalism
	Reporting absence
58.	Access the School of Health and Social Care Practice Learning Moodle site for information on;
	Practice learning experience – general information
	Practice learning experience profiles
	Practice support and policies
	Student placement expenses and accommodation information
	Placement sickness absence guidance
59.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern
60.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.
61.	Please ensure that you liaise with your practice supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.
62.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.
63.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement

MODULE LEARNING OUTCOMES PART 3: Practice 6 – Postnatal

Module Summary

This is a practice module that aims to facilitate you to consolidate your knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on continuity of care and carer. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; public health concepts and woman-centred midwifery practice. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, ILS, and communication strategies.

This module consists of 8 weeks of practice placement and includes 4 weeks postnatal for the achievement and assessment of practice proficiencies at 'Independent' level (PLPLG, 2019). The remaining 4 weeks will be spent on your elective placement. This experience will offer you an opportunity to set your own learning objectives in a practice learning environment which you have negotiated on an individual basis. Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills – ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 6 Learning Outcomes:

LO1.	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates (NMC, 2018).
LO2.	Demonstrate safe, effective, and evidenced based practice in partnership with women and other health and social care professionals.
LO3.	Engage in reflection to enhance learning in midwifery practice.
LO4.	Participate in providing midwifery care to a small caseload of women under the supervision of a midwife.
LO5.	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC, 2019).

Elective Placement Learning Outcomes

The first three learning outcomes are set by the university. Please complete learning outcomes 4-6 inclusive.

L01.	Maintain professional practice with good time keeping, appropriate dress/clothes and using courteous, professional language as per the NMC Code (2018), as you are an ambassador for Edinburgh Napier University.
LO2.	Negotiate your time in practice with a midwife supervisor in order to maximise your leaning experience.
LO3.	Work in partnership with women respecting individual cultures and diverse needs.
LO4.	
LO5.	
LO6.	

PRE-PRACTICE LEARNING ACTIVITIES PART 3: Practice 6 – Postnatal				
	PRACTICE	PLACEMENT DETA	AILS	
Student Name:			Intake:	
Matriculation number:			Year:	
Practice Placement Environment: Telephone Number:			Start date: Finish date:	
Placement Type:	<u> </u>			
Nominated Practice Su	pervisor Name			
Nominated Practice As	sessor Name			
Nominated Academic A	ssessor Name			
Prior to the commencer	ment of each prac	tice learning enviror	nment, you sho	ould:
 15. Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated Practice Supervisor/Assessor and if appropriate, arrange a pre-practice experience visit. 16. Read the appropriate practice placement profile, which can be accessed on the 				
student portal/via InPlace / QMPLE 17. Briefly summarise what the practice placement environment does:				

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18. From the learning opportunities outlined in the practice placement profile, choose one that you are unfamiliar with and write a short summary.
19. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these.
 From your search, identify a key article on the topic (using appropriate reference style)
 In the space below provide a brief summary of this article and outline any best practice recommendations in relation to this
Article:
Condition / situation

20. In relation to the practice placement that you are about to enter, identify any
related learning from the theory modules that would support your learning
within this environment. Please note your thoughts below:

21. In relation to the practice placement that you are about to enter, identify any related simulated clinical skills from your previous modules which would support your learning within this environment. Please note your thoughts below:

Practice Supervisor or Assessor- please sign to confirm that the pre-practice learning activities have been completed by the student

		-
Date:	Student Signature:	Practice Supervisor and/or
		Practice Assessor Signature:

PART 3: Practice 6 – Postnatal

In accordance with the NHS Education for Scotland (2020) Quality Standards for Practice **Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6)	
Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 6 – Postnatal

Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development plan.

Please identify skills and procedures that could be achieved within area:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:
Date of interim review:		Date of final assessment:

INTERIM REVIEW

(This should take place by the end of week 2 of your practice placement) **PART 3: Practice 6 – Postnatal – Independent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 – Being an accountable, autonomous, and professional midwife

Domain 2 – Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 – Universal care for all women and newborn infants

Domain 4 – Additional care for women and newborn infants with complications

Domain 5 – Pr	omoting excellence: the midwife	as colleague, schola	r, and leader
Domain 6 – Th	e midwife as skilled practitioner		
Student feed	back:		
		N	
	es been referred to the Practice nic Assessor?	Yes	No
and/or Acader			
Development	Support Plan (see Section 4)	Yes	No
Date:	Student Signature:	Practice Supervisor o	r Assessor
		Signature:	

SERVICE USER FEEDBACK PART 3: Practice 6 – Postnatal

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tie	ck if you are:	Servi	ce User		Relative		
	py were you way the student	Very happy	Happy	l'm not sure	Unhappy	Very unhappy	
• ca	red for you?						
	tened to your eds?						
	derstood the ly you felt?						
• tal	ked to you?						
showed you respect?							
What did the student midwife do well?							
What could the student midwife have done differently?							
Date:	Student Signature	:	Practic	e Supervisc	or or Assess	or Signature:	

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 3: Practice 6 – Postnatal

Please note any other forms of service user feedback (e.g. cards, letters, emai	ils).
Please ensure anonymity is maintained	

Use the box below to record your thoughts and feelings on all service use	er
feedback received:	

Date:	Student Signature:	Practice Supervisor or Assessor
		Signature:

INTERPROFESSIONAL EXPERIENCE

If you work within any other disciplines, please complete the following record **PART 3: Practice 6 – Postnatal**

Student Name:	Matriculation number:			
Name of Placement:				
Practice Supervisor:				
Name and Location of Organisation/Professio	nal Visited:			
Supervisor comments – Please state what the				
Supervisor or assessor comments – Please st enhance their knowledge / skills / attitudes an				
Name of Supervisor (Print):	Signature of Supervisor:			
Title:				
Date:				

ADDITIONAL NOTES PART 3: Practice 6 – Postnatal				
Date	Time	Student, practice supervisors, practice assessors and academic assessors can add notes	d Signature	
		academic assessors can add notes		
Quadrina	artite Rec	ord		
	Signature:			
		e Supervisor Signature: Date:		
		Ŭ		
nominate	eu Acaden	nic Assessor Signature: Date:		

FINAL ASSESSMENT: END OF PRACTICE PLACEMENT TO BE COMPLETED BY PRACTICE ASSESSOR PART 3: Practice 6 – Postnatal - Independent			
Student Name:	Matriculation number:		
	Cohort:		
This means that the student midwife will supervisor will provide more indirect forr the ability to lead and coordinate care, a practitioner, demonstrating a compreher effective practice. Please comment on the	nsive knowledge base that informs safe and he Domains below: Practice assessor ents' knowledge, skills, attitudes, and values ncies within the Domains		
Domain 2 - Safe and effective midwife of care and carer	ery care: promoting and providing continuity		
Domain 3 - Universal care for all wom	nen and newborn infants		

Domain	4 - Additional care for women a	nd newborn infants with complications
		idwife as colleague, scholar, and leader
Domain	6 - The midwife as skilled practi	tioner
Date:	Student Signature:	Practice Assessor Signature:

	ce Module 6 Learning Outcomes se initial)	PASS	FAIL
LO1	Participate with the midwife or appropriate practitioner in caring for women and their families in a professional manner in accordance with The Code: Professional standards of practice and behaviour for nurses, midwives, and nursing associates (NMC, 2018).		
LO2	Demonstrate safe, effective, and evidenced based practice in partnership with women and other health and social care professionals.		
LO3	Engage in reflection to enhance learning in midwifery practice.		
LO4	Participate in providing midwifery care to a small caseload of women under the supervision of a midwife.		
LO5	Demonstrate competence in the achievement of NMC Standards of proficiency for midwives (NMC, 2019).		

Practice Assessor Overall Assessment Comments			
Overall result for this Practice Placement PASS / FAIL			
Name of Practice Assessor (print full name):			
Signature of Practice Assessor:			
Designation:	Date:		

Practice Assessor Confirmatory Statement

I confirm that: student midwife (print full name) _

following a period of ______ hours of attendance at placement (please refer to

attendance record), and through objective evidence-based assessments, has:

ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of INDEPENDENT

By the end of practice 6, <u>35</u> proficiencies from domains 1-5 and appropriate skills in domain 6 must be achieved and recorded for this module.

Signature of Practice Assessor:

Date:

Student Statement				
I (write name in capital letters) have received feedback on my performance and have had the opportunity to reflect and discuss this with the practice assessor. Please write comments below:				
Student Signature:	Date:			
Academic Assessor Confirmatory Statement (HEI use	only) – END OF PRACTICE 6			
I confirm that in partnership with the nominated Practice Assessor, student midwife (print name)				
and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression to PRACTICE MODULE 7 .				
Comments:				
Signature of Academic Assessor:				
Date:				

RECORD OF ATTENDANCE – PART 3: Practice 6 – P/N

NAME:

Matriculation number:

_It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 1 =		-1	
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 2 =		·	
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 3 =	1	•	- .

RECORD OF ATTENDANCE – PART 3: Practice 6 P/N

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 4 =	I		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 5 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 6 =	:	1	1
Total hours worked		Total hours absent	

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.

ELECTIVE PLACEMENT LEARNING OUTCOMES

The first three learning outcomes are set by the university. Please complete learning outcomes 4-6 inclusive.

LO1.	Maintain professional practice with good time keeping, appropriate dress/clothes and using courteous, professional language as per the NMC Code (2018), as you are an ambassador for Edinburgh Napier University.
LO2.	Negotiate your time in practice with a midwife supervisor in order to maximise your leaning experience.
LO3.	Work in partnership with women respecting individual cultures and diverse needs.
LO4.	
LO5.	
LO6.	

	ELECTIVE PLACEMENT SUMMARY PART 3: Practice 6				
Date	Time	These boxes are to record the feedback from your elective experience and achievement of your learning outcomes	Signatures (Supervisor and student)		
		<u>Supervisor/Midwife</u>			
		Student			

RECORD OF ATTENDANCE – PART 3: Practice 6 – Elective

NAME:

Matriculation number:

_It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 1 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 2 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 3 =			

RECORD OF ATTENDANCE – PART 3: Practice 6 Elective

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 4	=		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 5	=		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 6	=	I	I
Total hours worked		Total hours absent	

<u>The attendance section MUST BE fully completed prior to submission of this assessment.</u> Please go online and complete the Clinical Placement Evaluation. Thank you.



Year 3 Part 3 Practice 7 <u>Placement-Based</u>

Community

Year 3 Part 3 Practice 7 Placement-Based Experience

Module Title: Midwifery Practice 7

Module Code:

Community

	Information for Students				
64.	There is a preparation for practice session in each module of your programme, prior to your first practice placement. These workshops are delivered by the midwifery team to ensure you are fully prepared including;				
	Using and completing your MPAD appropriately				
	Uniform policy and shift patterns				
	Raising concerns / duty of candour / professionalism				
	Reporting absence				
65.	Access the School of Health and Social Care Practice Learning Moodle site for information on;				
	Practice learning experience – general information				
	Practice learning experience profiles				
	Practice support and policies				
	Student placement expenses and accommodation information				
	Placement sickness absence guidance				
66.	Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern				
67.	Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.				
68.	Please ensure that you liaise with your practice supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.				
69.	Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours.				
70.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the practice placement				

PRE-PRACTICE LEARNING ACTIVITIES PART 3: Practice 7 – Community				
PRACTICE PLACEMENT DETAILS				
Student Name:			Intake:	
Matriculation number:			Year:	
Practice Placement			Start date:	
Environment:			Finish	
Telephone Number: Placement Type:		[date:	
Nominated Practice Sup	ervisor Name			
Nominated Practice Ass	essor Name			
Nominated Academic As	ssessor Name			
Prior to the commencer	nent of each prac	tice learning enviro	onment, you sh	nould:
-	name of your dea	signated Practice S		
appropriate, arrange a pre-practice experience visit. 93.Read the appropriate practice placement profile, which can be accessed on the student portal/via InPlace / QMPLE			essed on the	
94. Briefly summarise			onment does:	

95. From the learning opportunities outlined in the practice placement profile,
choose one that you are unfamiliar with and write a short summary.
96. Considering the women that will attend the practice placement, select one
condition/situation that those women are likely to present with and undertake a literature search in relation to these.
\circ From your search, identify a key article on the topic (using appropriate
 reference style) In the space below provide a brief summary of the article and outline
any best practice recommendations in relation to this
Article:
Condition / situation

related lear	o the practice placement that you ar ning from the theory modules that nvironment. Please note your thou	would support your learning	
	the practice placement that you ar		
related simi	ulated clinical skills from your pre Ir learning within this environment.	vious modules which would	
Practice Supervisor or Assessor — places sign to confirm that the pre-practice			
=	Practice Supervisor or Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student		
Date:	Student Signature:	Practice Supervisor and/or	
		Practice Assessor Signature:	

MODULE LEARNING OUTCOMES PART 3: Practice 7 – Community

Module Summary

This is a practice module that aims to facilitate you to consolidate your knowledge and skills in relation to the art and science of midwifery and associated skills, and apply that knowledge to provide evidence-based, holistic, person-centred care throughout the childbirth continuum. The focus of the module is on continuity of care and carer. The theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care and includes; public health concepts and woman-centred midwifery practice. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also undertaken including, manual handling, ILS, and communication strategies.

This module consists of 9 weeks of practice placement and experience includes community for the achievement and assessment of practice proficiencies at 'Independent' level (PLPLG, 2019). Proficiencies are defined as the application of academic knowledge to clinical practice and achievement is attained in performing specialised clinical skills and the development and demonstration of professional behaviours detailed within NMC Standards of proficiency for midwives (NMC, 2019a). Your practice learning experience is guided, supported and monitored by:

- Practice Supervisors, Practice Assessors and Academic Assessors (NMC Standards for student supervision and assessment, 2018b)
- Standards for pre-registration midwifery programmes (NMC, 2019b)
- Programme Handbook

The holistic promotion, support and maintenance of breastfeeding will be included in relation to an overall, comprehensive, and detailed knowledge and understanding of UNICEF Baby Friendly Initiative Standards (2019). Key aspects: Standard 2: Knowledge and skills - ensuring that all students are equipped with the knowledge and skills to implement the Baby Friendly learning outcomes in the relevant clinical setting. This learning is based on the following themes:

- Understand breastfeeding
- Support infant feeding
- Support close and loving relationships
- Manage the challenges
- Promote positive communication.

Practice Module 7 Learning Outcomes:

LO1.	Practice independently in the provision of maternity care and manage your own workload.
LO2.	Critically reflect to enhance learning in midwifery practice.
LO3.	Participate with the multidisciplinary team in a professional manner in accordance with The Code (NMC, 2018).
LO4.	Act as a buddy for junior student midwives to help support them in practice.
LO5.	Demonstrate independence and competence in the achievement of Doman 6 clinical proficiencies (NMC, 2019).

PART 3 Practice 7 – Community

In accordance with the **NHS Education for Scotland (2020) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Your Nominated Practice Supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this placement
- The available learning opportunities within this practice placement
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for learning

Date of Initial Meeting	Date:
Topics to be Discussed:	Please initial when complete
Orientation to the practice placement environment & equipment	
Shift patterns and meal breaks / facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to placement demographics	
Confidentiality and data protection	
Professional behaviour / duty of candour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Midwifery Practice Assessment Document (MPAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the clinical practice area	
Student's previous practice assessments, previous written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.6) Consider appropriate dates for interim feedback meeting(s) and final	
assessment	
Practice Supervisor or Assessor Signature	

INITIAL MEETING LEARNING DEVELOPMENT PLAN PART 3: Practice 7 - Community						
meeting w	Please use the space below to summarise the main points arising from the initial meeting with the student and discussion around the students learning development					
plan.						
Please identify skills and procedures that could be achieved within area:						
Date:	Student Signature:	Practice Supervisor or Assessor Signature:				
Duit.		Tablice Supervisor of Assessor Signature.				
Date of inte	erim review:	Date of final assessment:				

INTERIM REVIEW

(This should take place in week 4/5 of your practice placement) **PART 3: Practice 7 – Community – Independent**

Practice supervisor or assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the domains

Domain 1 - Being an accountable, autonomous, and professional midwife

Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer

Domain 3 - Universal care for all women and newborn infants

Domain 4 - Additional care for women and newborn infants with complications

Domain 5	- Promoting e	excellence: the	midwife as	colleague,	scholar,	and leader

Domain 6 - The midwife as skilled practitioner

Student feedback:

Have any issues been referred to the Practice and/or Academic Assessor?		Yes	Νο
Developmen	t Support Plan (see Section 4)	Yes	Νο
Date:	Student Signature:	Practice Supervisor o Signature:	r Assessor

SERVICE USER FEEDBACK PART 3: Practice 7 – Community

Aim: We would value your / or your families view of the contact the student has had with you. This provides valuable feedback for the student midwife to further develop their knowledge and skills.

Information to be given to the service user/ family member:

You have been asked to participate in this feedback exercise, as the student midwife has been involved in delivering your care. The student's supervisor or assessor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment. Thank you for your time.

Please tick if you are:		Service U	lser	Re	lative]
How happy were you with the way the student midwife:		Very happy	Нарру	l'm not sure	Unhappy	Very unhappy
cared for you?						
Iistene	ed to your needs?					
unders felt?	stood the way you					
talked	to you?					
showed you respect?						
What did the student midwife do well?						
What could the student midwife have done differently?						
Date Student signature:			Practice s	supervisor o	r assessor s	signature:

STUDENT REFLECTION ON SERVICE USER FEEDBACK PART 3: Practice 7 – Community

Please note any other forms of service user feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained

Use the box below to record your thoughts and feelings on all service user feedback received:

Date:	Student Signature:	Practice Supervisor or Assessor Signature:

INTERPROFESSIONAL EXPERIENCE					
If you work within any other disciplines, please complete the following record PART 3: Practice 7 – Community					
Student Name:	Matriculation number:				
Name of Placement:					
Practice Supervisor:					
Name and Location of Organisation/Profes	sional Visited:				
Supervisor comments – Please state what the student did well					
Supervisor comments - Please state what t knowledge / skills / attitudes and values					
Name of Supervisor (Print):	Signature of Supervisor:				
Title:					
Date:					

ADDITIONAL NOTES PART 3: Practice 7 – Community				
Date				ature
		academic assessors can add notes		
Quadrip	artite Rec	ord		
Student Signature: Date:		ate:		
Nominated Practice Supervisor Signature: Date:		ate:		
Nominate	Nominated Practice Assessor Signature: Date:		ate:	
Nominate	ed Acaden	nic Assessor Signature: Da	ate:	

FINAL ASSESSMENT: END OF PRACTICE PLACEMENT (This should take place in week 9 of your practice placement) TO BE COMPLETED BY PRACTICE ASSESSOR					
PART 3: Practice 7 – Community – Independent					
Student Name:	Matriculation number:				
	Cohort:				
The minimum level of performance for this part of the programme is INDEPENDENT . This means that the student midwife will be working independently, and the practice supervisor will provide more indirect forms of supervision. The student will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice. Please comment on the Domains below: Practice assessor comments should consider the students' knowledge, skills, attitudes, and values in relation to achievement of proficiencies within the Domains					
Domain 1 - Being an accountable, autono	omous, and professional midwife				
Domain 2 - Safe and effective midwifery care: promoting and providing continuity of care and carer					
Domain 3 - Universal care for all women and newborn infants					

Domain 4 - Additional care for women and newborn infants with cor	nplications	

Domain 5 - Promoting excellence: the midwife as colleague, scholar, and leader

Domain 6 Th	o midwife	as skilled	prostitionar
Domain 6 - Th	le midwile	as skilled	practitioner

Date:	Student Signature:	Practice Assessor Signature:

	ice Module 7 Learning Outcomes se initial)	PASS	FAIL
LO1	Practice independently in the provision of maternity care and		
	manage your own workload.		
LO2	Critically reflect to enhance learning in midwifery practice		
LO3	O3 Participate with the multidisciplinary team in a professional		
	manner in accordance with The Code (NMC, 2018)		
LO4	Act as a buddy for junior student midwives to help support		
	them in practice.		
LO5	LO5 Demonstrate independence and competence in the		
	achievement of Doman 6 clinical proficiencies (NMC, 2019).		

Practice assessor overall assessment comm	ents
Overall result for this Practice Placement	PASS / FAIL
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:
Practice Assessor Confirmatory Statement	
I confirm that: student midwife (print full name) _ following a period of hours of attend attendance record), and through objective evide ACHIEVED / NOT ACHIEVED (Please delete a INDEPENDENT	nce-based assessments, has:
By the end of practice 7, <u>all</u> proficiencies from must be achieved and recorded.	m domains 1-5 and <u>all</u> skills in domain 6
Signature of Practice Assessor:	
Date:	
Student Statement	
I	(write name in capital letters) have
received feedback on my performance and have	e had the opportunity to reflect and discuss
this with the Practice Assessor. Please write cor	mments below:
Student Signature:	Date:
Academic Assessor Confirmatory Statement	(HEI use only) – END OF PRACTICE 7
I confirm that in partnership with the nominated name)	
has ACHIEVED/NOT ACHIEVED (please delete at the INDEPENDENT level for Part 3 of the pro-	
RECOMMEND (please delete as appropriate) or programme.	-
Comments:	
Signature of Academic Assessor:	
Date:	

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 1 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 2 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 3 =			•

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	4 =		
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	5 =	· ·	
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK	6 =		

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 7 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 8 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 9 =		1	

NAME:

Matriculation number:

It is **YOUR** responsibility as a student to complete this form and have it signed and verified weekly by your practice supervisor or assessor. Please refer to your **Module Handbook**.

Date / Week Commencing	Hours	Reason for Absence	Staff Signature				
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS FOR WEEK 10 =	1						
Date / Week Commencing	Hours	Reason for Absence	Staff Signature				
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS FOR WEEK 11 =							
Date / Week Commencing	Hours	Reason for Absence	Staff Signature				
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL HOURS FOR WEEK 12	TOTAL HOURS FOR WEEK 12 =						

Total hours worked _____ Total hours absent ___

The attendance section MUST BE fully completed prior to submission of this assessment. Please go online and complete the Clinical Placement Evaluation. Thank you.

THE DOMAINS AND PROFICIENCIES TO BE ACHIEVED

The proficiencies and skills are grouped under six domains; this section focuses on the domains / proficiencies / skills and are explained in more detail in the next section. Each proficiency from the 6 Domains map to The Code (NMC, 2018a) and the clinical instruction elements of the EU directives - Articles 40–42 of 2005/36/EC (Keighley, 2009).

This section contains the domains and the related proficiency statements for each part/year of your programme. In keeping with the Participation in Care Framework, you should evidence achievement of each proficiency at the required level.

Shading has been used to distinguish which proficiencies must be achieved in each part/year, and by the point of entry to the register, all proficiencies should have been achieved across your midwifery programme. See explanation below for this achievement:

- Year 1 Practice 1 ALL non-shaded proficiencies must be achieved at the dependent level by the end of this module (Placement-Based model you will complete 24/23/23 proficiencies by the end of each placement).
- Year 2 Practice 2 35 non-shaded proficiencies must be achieved at the developing independence level by the end of this module
- Year 2 Practice 3 35 non-shaded proficiencies must be achieved at the developing independence level by the end of this module
- Year 2 Practice 4 30 non-shaded proficiencies must be achieved at the developing independence level by the end of this module
- Year 3 Practice 5 35 non-shaded proficiencies must be achieved at the independent level by the end of this module
- Year 3 Practice 6 35 non-shaded proficiencies must be achieved at the independent level by the end of this module
- Year 3 Practice 7 30 non-shaded proficiencies must be achieved at the independent level by the end of this module

If a proficiency has been signed as achieved in a previous practice placement experience, you must continue to demonstrate the achievement of the required level of participation within all subsequent placement areas. An explanation of the levels of the Participation in Care Framework has been provided to help you and your practice supervisor and practice assessor work together to document this. **The skills listed in Domain 6 need only be signed once throughout your whole programme and thereafter maintained.**

Participation in Care Framework

The expected level of performance for **PART 1/YEAR 1** is **Dependent**. This means that you will be working closely with your practice supervisor who will direct and guide you. Through guided participation in care, you will be able to demonstrate delivery of safe, effective person-centred care in a professional manner using appropriate midwifery skills.

The expected level of performance for **PART 2/YEAR 2** is **Developing Independence**. This means that you will be developing independence and your practice supervisor will offer guidance and support when required. You will actively participate in care with this guidance and will demonstrate increasing confidence and competence.

The expected level of performance for **PART 3/YEAR 3** is **Independent**. You will be working independently, and your practice supervisor will offer a more indirect form of supervision. You will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice.

Domain 1: Being an accountable, autonomous, and professional midwife

Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion.

1	Outcomes: At the point of registration the midwife will be able to;	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7)
	Proficiencies to be signed and dated in relevant PART/YEAR when achieved		g	
1.1	understand and act in accordance with the Code: Professional standards of			
	practice and behaviour for nurses, midwives, and nursing associates, and fulfil all			
	registration requirements			
1.2	understand and act in accordance with relevant legal, regulatory, and governance			
	requirements, policies, and ethical frameworks including any mandatory reporting			
	duties, differentiating where appropriate between the devolved legislatures of the			
	United Kingdom			
1.3	understand and act to promote and enable the human rights of women and			
	newborn infants at all times, including women's sexual and reproductive rights			
1.4	demonstrate the knowledge, skills, and ability to identify, critically analyse, and			
	interpret research evidence and local, national, and international data and			
	reports			
1.5	use, share and apply research findings and lessons from data and reports to			
	promote and inform best midwifery policy and practice, and to support women's			
	evidence-informed decision-making			
1.6	be accountable and autonomous as the lead professional for the midwifery care			
	and support of women and newborn infants throughout the whole continuum of			
	care			
1.7	demonstrate knowledge and understanding of the role and scope of the midwife			
	in the 21st Century			
1.8	demonstrate an understanding of and the ability to challenge discriminatory			
1	behaviour			
l				

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
1.9	provide and promote non-discriminatory, respectful, compassionate, and kind			
	care, and take account of any need for adjustments			
1.10	demonstrate understanding of women's relationships and individual family			
	circumstances, and the ability to communicate and involve her partner and family			
	in discussions and decisions about her care and the care of the newborn infant,			
	always respecting the woman's preferences and decisions about who to involve			
	and the extent of involvement and communication			
1.11	use effective, authentic, and meaningful communication skills and strategies			
	with women, newborn infants, partners, and families, and with colleagues			
1.12	develop and maintain trusting, respectful, kind, and compassionate person-			
	centred relationships with women, their partners, and families, and with			
	colleagues			
1.13	demonstrate the ability to always work in partnership with women, basing care			
	on individual women's needs, views, preferences, and decisions, and working to			
	strengthen women's own capabilities to care for themselves and their newborn			
	infant			
1.14	act in the best interests of women and newborn infants at all times			
1.15	demonstrate the skills of advocacy and leadership, collaborating with and			
	challenging colleagues as necessary, and knowing when and how to escalate			
	concerns			
1.16	demonstrate the ability to advocate for women and newborn infants who are			
	made vulnerable by their physical, psychological, social, cultural, or spiritual			
	circumstances			
1.17	demonstrate knowledge and understanding of the range of factors affecting	1.17.1	1.17.1	1.17.1
	women, newborn infants, partners, and families and the impact these factors			
	may have, including but not limited to:	1.17.2	1.17.2	1.17.2
	1.17.1 health and social inequalities and their determinants			···· ·
	1.17.2 historical and social developments and trends	1.17.3	1.17.3	1.17.3
	1.17.3 cultural and media influences on public and professional understanding			

	Proficiencies to be signed and dated in relevant PART when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
1.18	explain the rationale that influences their own judgements and decisions,			
	recognising and addressing any personal and external factors that may unduly			
	influence their own decision-making in routine, complex, and challenging			
	situations			
1.19	understand and apply the principles of courage, integrity, transparency, and the			
	professional duty of candour, recognising and reporting any situations,			
	behaviours, or errors that could result in sub-standard care, dysfunctional			
	attitudes and behaviour, ineffective team working, or adverse outcomes			
1.20	understand the importance of, and demonstrate the ability to seek, informed			
	consent from women, both for herself and her newborn infant			
1.21	understand and respect the woman's right to decline consent, and demonstrate			
	the ability to provide appropriate care and support in these circumstances			
1.22	be able to advocate for the woman when her decision is outside of clinical			
	guidance, in order to minimise risk and maintain relationships			
1.23	demonstrate the skills of numeracy, literacy, digital, media, and technological			
	literacy needed to ensure safe and effective midwifery practice			
1.24	understand the importance of effective record keeping, and maintain consistent,			
	complete, clear, accurate, secure, and timely records to ensure an account of all			
	care given is available for review by the woman and by all professional involved in			
	care			
1.25	act as an ambassador, uphold public trust and promote confidence in midwifery			
	and health and care services			
1.26	understand the professional responsibility to maintain the level of personal health,			
	fitness, and wellbeing required to meet the needs of women, newborn infants and			
	families for psychological and physical care			
1.27	take responsibility for continuous self-reflection, seeking and responding to all			
	support and feedback to develop their professional knowledge, understanding,			
	and skills			

Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer

Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy, labour, and birth, postpartum, and the early weeks of newborn infants' life. They work in the woman's home, hospitals, the community, midwifery led units and all other environments where women require care by midwives. The midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience of care during her whole maternity journey is seamless

2	Outcomes: At the point of registration the midwife will be able to;	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
	Proficiencies to be signed and dated in relevant PART/YEAR when achieved			
2.1	demonstrate knowledge and understanding of the health and social care system			
	and of different settings for midwifery and maternity care, and the impact of these			
	on women, newborn infants, partners, and families			
2.2	demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on safety and effectiveness, and on women, their newborn infants, partners, and families			
2.3	demonstrate knowledge and understanding of the range of factors affecting the provision of safe and effective midwifery and maternity services and their impact on quality of care			
2.4	demonstrate the ability to work in and across a range of health and social care settings and with other health and social care staff to promote continuity of care and carer			
2.5	demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs			
2.6	demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately			

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
2.7	demonstrate and apply knowledge and understanding of the social context in which			
	women and their families live to inform, support, and assist in meeting their needs and preferences			
2.8	demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs			
2.9	understand the need to work with other professionals, agencies, and communities to share knowledge of the needs of women, newborn infants, partners and families when considering the impact of the social determinants of health on public health and well-being			
2.10	work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including protection for women to breastfeed in all settings			
2.11	demonstrate the ability to be the coordinator of care within the wider multidisciplinary and multiagency teams, arranging a seamless transfer of care when midwifery care is complete			
2.12	demonstrate an understanding of the need for an ongoing focus on the promotion of public health and wellbeing of women and newborn infants, their partners, and families across all settings			

Domain 3: Universal care for all women and newborn infants

Midwives work in partnership with women to care for and support all childbearing women, newborn infants, and their families. They make an important contribution to population health, promoting psychological and physical health and well-being. Midwives optimise normal physiological processes, support safe psychological social, cultural, and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

3A	Outcomes: At the point of registration the midwife will be able to;	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
	Proficiencies to be signed and dated in relevant PART/YEAR when achieved			•
3.1	demonstrate knowledge and understanding of the woman's lived experiences in			
	everyday life, enabling access to public health, social care and community			
	resources as needed			
3.2	understand epidemiological principles and critically appraise and interpret current			
	evidence and data on public health strategies, health promotion, and safeguarding,			
	and use this evidence to inform conversations with women, their partners, and			
	families, as appropriate to their needs and preferences			
3.3	demonstrate the ability to share information on public health, health promotion and			
	protection with women, enabling them to make evidence-informed decisions, and			
	providing support for access to resources and services			
3.4	demonstrate the ability to offer information and access to resources and services for			
	women and families in regard to sexual and reproductive health and contraception			
3.5	understand the importance of birth to public health and well-being across the life			
	course			
3.6	understand the importance of human milk and breastfeeding to public health and			
	well-being, and demonstrate how to protect, promote, and enable breastfeeding			
	with the woman, her partner and family			

A. The midwife's role in public health, and health promotion and protection

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
3.7	demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, abuse, and safeguarding			
3.8	understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups			
3.9	promote and support parent and newborn mental health and well-being, positive attachment and the transition to parenthood			
3.10	demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship			
	B. The midwife's role in assessment, screening	ng, and care pla	anning	
3В	Outcomes: At the point of registration the midwife will be able to; Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
3.11	demonstrate knowledge and understanding of anatomy, physiology, genetics, and genomics of adolescent girls and women and of the reproductive system for adolescent boys and men			
3.12	demonstrate knowledge and understanding of normal changes to anatomy, physiology, and epigenetics of the adolescent girl/woman during :			
3.12.1	pregnancy			
3.12.2	labour			
3.12.3	birth			
3.12.4	Postpartum			

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
3.13	demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:			
3.13.1	fetal development			
3.13.2	adaptation to life			
3.13.3	the newborn infant			
3.13.4	very early child development			
3.14	demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of infant feeding			
3.15	demonstrate knowledge and understanding of the implications of infant feeding for maternal and child health and for very early child development			
3.16	demonstrate knowledge and understanding of psychological, behavioural, and cognitive factors for:			
3.16.1	adolescents and adults			
3.16.2	newborn infants			
3.17	demonstrate knowledge and understanding of changes to psychological, behavioural, and cognitive factors for women during :			
3.17.1	pregnancy, labour, birth and postpartum			
3.17.2	infant feeding and relationship building			
3.17.3	the transition to parenthood and positive family attachment			
3.18	demonstrate knowledge and understanding of pharmacology and the ability to recognise the positive and adverse effects of medicines across the continuum of care; to include allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors, and the impact of polypharmacy and over the counter medication usage			

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
3.19	demonstrate knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration			
3.20	demonstrate knowledge and understanding of national screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas			
3.21	demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe psychological, social, and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications			
3.22	demonstrate knowledge and understanding that women's circumstances vary widely, and the importance of supporting, promoting and protecting any individual needs and preferences that they themselves identify			
3.23	in partnership with the woman, use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant, based on sound knowledge and understanding of normal processes and recognition of deviations from these			
	C. The midwife's role in optimising normal physiological processes and w complications	orking to promote	e positive outcomes	s and prevent
3C	Outcomes: At the point of registration the midwife will be able to; Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
3.24	identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment, both physical and emotional			

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
3.25	use evidence-based, best practice approaches and work in partnership with the woman to provide care for the woman and the newborn infant across the continuum that optimises normal processes, manages common symptoms and problems, and anticipates and prevents complications, drawing on the findings of assessment, screening, and care planning			
3.26	understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary			
3.27	understand and demonstrate how to provide culturally sensitive and individualised care for all women, their partners, and families, irrespective of their social situation			

Domain 4: Additional care for women and newborn infants with complications

Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

A. The midwife's role in first line assessment and management of complications and additional care needs

4A	Outcomes: At the point of registration the midwife will be able to;	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
	Proficiencies to be signed and dated in relevant PART/YEAR when achieved			
4.1	demonstrate knowledge and understanding that the complications and additional			
	care needs of women, newborn infants, partners and families may relate to			
	physical, psychological, social, cultural, and spiritual factors			
4.2	identify and use reports and data on local, national, and international prevalence			
	and risk to develop knowledge and awareness of complications and additional			
	care needs that may affect women, newborn infants, and families			
4.3	demonstrate knowledge and understanding of pre-existing, current and emerging			
	complications and additional care needs that affect the woman, including their			
	potential impact on the woman's health and wellbeing; and the ability to recognise			
	and provide any care, support or referral that may be required as a result of any			
	such complications or needs			
4.4	demonstrate knowledge, understanding, and the ability to recognise			
	complications and additional care needs in regard to:			
4.4.1	embryology and fetal development			
4.4.2	adaptation to life			
4.4.2	adaptation to life			

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
4.4.3	the newborn infant			·
4.4.4	very early child development			
4.4.5	the transition to parenthood and positive family attachment			
4.5	demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development			
4.6	use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant to make clinical decisions based on need and best practice evidence; and act on those decisions			
4.7	use evidence-based, best practice approaches to the management of emergency situations			
4.8	use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed			
В.	. The midwife's role in caring for and supporting women and newborn infa health, social care, and other s	• •	edical, obstetric, neoı	natal, mental
4B	Outcomes: At the point of registration the midwife will be able to; Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
4.9	demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants			

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
4.10	use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and additional care needs occur			
4.11	demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care			

Domain 5: Promoting excellence: the midwife as colleague, scholar, and leader

Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings.

5A	Outcomes: At the point of registration the midwife will be able to; Proficiencies to be signed and dated in relevant PART/VEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
5.1	Proficiencies to be signed and dated in relevant PART/YEAR when achieved demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all			
5.2	demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events			
5.3	demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences			
5.4	understand and apply the principles of human factors, environmental factors, and strength-based approaches when working with colleagues			
5.5	understand the relationship between safe staffing levels, effective team working, appropriate skill mix, and the safety and quality of care			
5.6	recognise risks to public protection and quality of care and know how to escalate concerns in line with local/national escalation guidance and policies			

A. Working with others: the midwife as colleague

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
5.7	demonstrate the ability to act safely in situations where there is an absence of good quality evidence			·
5.8	demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities			
5.9	contribute to team reflection activities to promote improvements in practice and service			
5.10	demonstrate knowledge and understanding of the principles and methods of sustainable health care			
5.11	demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service level			
5.12	effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies			
5.13	demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and effective practice; this must include :			
5.13.1	individual and team reflection, problem solving, and planning			
5.13.2	effective and timely communication with colleagues and senior staff			
5.13.3	collaborating to ensure safe and sustainable systems and processes			
5.13.4	the ability to advocate for change			
5.13.5	the use of strength-based approaches			
5.13.6	responding to unpredictable situations			
5.14	demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or well-being of self and others			

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
5.15	demonstrate awareness of the need to manage the personal and emotional			
	challenges of work and workload, uncertainty, and change; and incorporate			
	compassionate self-care into their personal and professional life			
	B. Developing knowledge, positive role modelling and leade		ife as scholar and lead	ler
5B	Outcomes: At the point of registration the midwife will be able to;	PART 1/YEAR1 Dependent	PART 2/YEAR 2 (Practice 2, 3 & 4) Developing Independence	PART 3/YEAR 3 (Practice 5, 6 & 7) Independent
	Proficiencies to be signed and dated in relevant PART/YEAR when achieved			
5.16	demonstrate knowledge and understanding of the importance of current and			
	ongoing local, national, and international research and scholarship in			
	midwifery and related fields, and how to use this knowledge to keep updated,			
	to inform decision-making, and to develop practice			
5.17	demonstrate knowledge and understanding of the importance of midwives'			
	contribution to the knowledge base for practice and policy through research,			
	audit and service evaluation, engagement, and consultation			
5.18	demonstrate the ability and commitment to develop as a midwife, to			
	understand career pathways that may include practice, management,			
	leadership, education, research, and policy, and to recognise the need to			
	take responsibility for engaging in ongoing education and professional			
	development opportunities			
5.19	safely and effectively lead and manage midwifery care, demonstrating			
	appropriate prioritising, delegation, and assignment of care responsibilities to			
	others involved in providing care			
5.20	demonstrate positive leadership and role modelling, including the ability to			
	guide, support, motivate, and interact with other members of the			
	interdisciplinary team			
5.21	support and supervise students in the provision of midwifery care, promoting			
	reflection, providing constructive feedback, and evaluating and documenting			
	their performance			

Domain 6: The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

6.0	Outcomes: At the point of registration the midwife will be able to;				
	safely demonstrate evidence-based best practice in all core and domain specific skills and procedures listed below:				
	Communication, sharing information and relationship management: shared skills for Domains 1,2,3,4 and 5 Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign		
6.1	demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman's needs, views, preferences, and decisions, and the needs of the newborn infant				
6.1.1	actively listen, recognise, and respond to verbal and non-verbal cues				
6.1.2	use prompts and positive verbal and non-verbal reinforcement				
6.1.3	use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space				
6.1.4	make appropriate use of respectful, caring, and kind open and closed questioning				

	Communication, sharing information and relationship management: shared skills for Domains 1,2,3,4 and 5 Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions.	Demonstrated safely in practice whilst acknowledging own limitations. Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement. Please date and sign
6.1.5	check understanding and use clarification techniques		
6.1.6	respond to women's questions and concerns with kindness and compassion		
6.1.7	avoid discriminatory behaviour and identify signs of unconscious bias in self and others		
6.1.8	use clear language and appropriate resources, making adjustments where appropriate to optimise women's, and their partners' and families', understanding of their own and their newborn infant's health and well-being.		
6.1.9	recognise the need for, and facilitate access to, translation and interpretation services		
6.1.10	recognise and accommodate sensory impairments during all communications		
6.1.11	support and manage the use of personal communication aids		
6.1.12	identify the need for alternative communication techniques, and access services to support these		
6.1.13	communicate effectively with interdisciplinary and multiagency teams and colleagues in all settings to support the women's needs, views, preferences, and decisions		
6.1.14	maintain effective and kind communication techniques with women, partners, and families in challenging and emergency situations		
6.1.15	maintain effective communication techniques with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations		

	Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.2	demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman's needs, views, preferences, and decisions		
6.2.1	build and maintain trusting, kind, and respectful professional relationships		
6.2.2	convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed		
6.2.3	demonstrate the ability to conduct sensitive, individualised conversations that are informed by current evidence on public health promotion strategies		
6.2.4	demonstrate effective communication to initiate sensitive, compassionate, woman-centred conversations with pregnant women and new mothers around infant feeding and relationship building		
6.2.5	engage effectively in difficult conversations, including conversations about sensitive issues related to ethical dilemmas, and breaking bad news, and sexuality, pregnancy, childbirth, and the newborn infant		
6.2.6	demonstrate the ability to explore with women their attitudes, beliefs and preferences related to childbirth, infant feeding, and parenting, taking into account differing cultural contexts and traditions		
6.2.7	provide effective and timely communication with women, who experience complications and additional care needs, and their partners and families. This includes support, accurate information, and updates on changes; continuing to listen and respond to their concerns, views, preferences, and decisions.		

	Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.2.8	communicate complex information regarding a woman's care needs in a clear, concise manner to interdisciplinary and multiagency colleagues and teams		
6.2.9	consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations		
6.2.10	demonstrate skills of effective challenge, de-escalation and remaining calm, considering, and taking account of the views and decisions made by others		
	Being an accountable, autonomous, professional midv	vife: skills for Domain 1	
6.3	share and apply research, audit, and service evaluation findings to inform practice, to include:		
6.3.1	find and access best local, national, and international evidence relevant to health, care, and policy		
6.3.2	critically analyse the strengths and limitations of quantitative and qualitative studies, including ethical considerations, study design, and data analysis		
6.4	keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner, and family		
6.4.1	present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality		
6.4.2	clearly document the woman's understanding, input, and decisions about her care		

	Being an accountable, autonomous, professional midwife: skills for Domain 1	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.5	use strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions		
6.6	reflect on and debate topics including those that are seen to be challenging or contentious		
6.7	demonstrate the ability to escalate concerns in situations related to the health and well-being of the woman or newborn infant, or of the behaviour or vulnerability of colleagues		
	Safe and effective midwifery care: promoting and providing continuit	ty of care and carer: skill	s for Domain 2
6.8			
	discuss with women, and their partners and families as appropriate, information		
	discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision; and regularly		
6.9	on options for the place of birth; support the woman in her decision; and regularly		
	on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues		
	on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues identify, contact, and communicate effectively with colleagues from their own		
	 on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, 		
6.9	 on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care 		
6.9	 on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care consistently plan, implement, and evaluate care that considers the needs of 		

	Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.12	arrange for effective transfer of care for the woman and newborn infant, as needed, and when midwifery care is complete		.
6.13	inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly		
	Assessment, screening, planning, care, and support across the contin	nuum: shared skills for D	omains 3 and 4
6.14	promote the woman's confidence in her own body, health, and well-being, and in		
	her own ability to be pregnant, give birth, build a relationship, and nurture, feed,		
	love, and respond to her newborn infant		
6.15	when assessing, planning, and providing care include the woman's own self-		
	assessment and assessment of her newborn infant's health and well-being, and		
	her own ability and confidence in regard to self-care and care for her newborn		
	infant		
6.16	respond to any questions and concerns, and recognise the woman's own		
	expertise of her own pre-existing conditions		
6.17	demonstrate the ability to involve women in assessment, planning and evaluating		
	their care		
6.18	apply in-depth knowledge of anatomy, physiology, genetics, genomics,		
	epigenetics, and psychology to inform the assessment, planning and provision of		

	Assessment, screening, planning, care, and support across the continuum: shared skills for Domains 3 and 4	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.19	assess, plan, and provide care that promotes and protects physical,		
	psychological, social, cultural, and spiritual safety for all women and newborn		
	infants, including any need for safeguarding, recognising the diversity of		
	individual circumstances		
6.20	demonstrate the ability to conduct a holistic assessment of physical,		
	psychological, social, cultural, and spiritual health and well-being for the woman		
	and the newborn infant, across the continuum		
6.21	assess, plan, and provide care that optimises the normal physiological		
	processes of reproduction and early life, working to promote positive outcomes,		
	health and well-being, and to anticipate and prevent complications		
6.22	provide evidence-based information on all aspects of health and well-being of		
	the woman and newborn infant to enable informed decision-making by the		
	woman, and partner and family as appropriate		
6.23	use evidence-based information to enable women, their partners, and families to		
	make individualised care choices and decisions about screening and diagnostic		
	tests		
6.24	demonstrate the ability to discuss findings of tests, observations and		
	assessments with the woman, partner/companion, and family as appropriate		

	Assessment, screening, planning, care, and support across the continuum: shared skills for Domains 3 and 4	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.25	assess the environment to maximise safety, privacy, dignity, and well-being, optimise normal physiological processes, and provide a welcoming environment for the woman, partner/companion, and family; and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant		
6.26	identify opportunities to offer support and positive feedback to the woman		
6.27	recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding		
6.28	use skills of infection prevention and control, following local and national policies and protocols		
6.29	engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship		
6.30	demonstrate the ability to measure and record vital signs for the woman and newborn infant, using technological aids where appropriate, and implement appropriate responses and decisions		
6.31	undertake abdominal examination and palpation of the woman appropriately across all stages of the continuum		
6.32	undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG) accurately interpreting and recording all findings including fetal heart patterns		

	Assessment, screening, planning, care, and support across the continuum: shared skills for Domains 3 and 4	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.33	recognise normal vaginal loss and deviations from normal, across the continuum		
6.34	undertake vaginal examination with the woman's consent		
6.35	undertake venepuncture and cannulation and blood sampling, and interpret appropriate blood tests		
6.36	Assess, plan, and provide care that optimises the woman's hygiene needs and skin integrity		
6.37	recognise and respond to oedema, varicosities, and signs of thromboembolism		
6.38	support the woman when nausea and vomiting occur, recognise deviations from normal physiological processes		
6.39	assess, plan, and provide care that optimises the woman's nutrition and hydration		
6.40	assess, plan, and provide care that optimises the woman's bladder and bowel function and health across the continuum		
6.41	assess, plan, and provide care and support in regard to the woman's experience of and response to pain, her need for pain management, using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods		
6.42	demonstrate the ability to recognise and respond to deviations from normal physiological processes, and unsafe psychological, social, cultural, and spiritual situations for the woman and the newborn infant		
6.43	demonstrate the ability to avoid and minimise trauma		

	Assessment, screening, planning, care, and support across the continuum: shared skills for Domains 3 and 4	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.44	demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary		
	and multiagency colleagues as appropriate		
6.45	act as an advocate when care involves the interdisciplinary and multiagency		
	team, to ensure that care continues to focus on the needs, views, preferences		
	and decisions of women, and the needs of newborn infants		
6.46	assess, promote, and encourage the development of the mother-newborn infant		
	relationship, and opportunities for attachment, contact, interaction, and		
	relationship building between the women, newborn infant, partner, and family		
6.47	enable immediate, uninterrupted, and ongoing safe skin-to-skin contact		
	between the mother and the newborn infant, and positive time for the partner		
	and family to be with the newborn infant and each other, preventing unnecessary		
	interruptions		
6.48	observe, assess, and promote the woman's, and partner's (as appropriate),		
	immediate response to the newborn infant, and their ability to keep the newborn		
	infant close and be responsive to the newborn infant's cues for love, comfort		
	and feeding (reciprocity)		
6.49	provide information about and promote access to community-based facilities		
	and resources as needed		

Medicine Administration Guidance

The Human Medicines Regulations 2012, amended in 2016, ("the Regulations") consolidated many of the pre-existing pieces of legislation related to the administration, sale, and supply of medicinal products for human use. The Regulations govern the ways that medicines can be lawfully sold and supplied in the UK. The Regulations set out the rules for prescription, supply and administration of medicines by midwives with reference to patient-specific directions (PSD), patient-group direction (PGD) and midwives exemptions. Midwives can supply all general sale list medicines (GSL) and pharmacy medicines (P) in accordance with their scope of practice. Medicines not included in midwives' exemptions (this includes GSL, pharmacy (P) and specified prescription only medicines (POMs) medicines), require a prescription, a patient-specific direction (PSD) or patient-group direction (PGD). Midwives can also supply and administer a limited list of POM. Schedule 17 of the Human Medicines Regulations lists the midwives exemptions from restrictions on supply and administration of prescription only medicines.

At the point of entry onto the register all midwives will have been deemed competent by the AEI to select, acquire, and administer safely a range of permitted drugs consistent with the Human Medicines Regulations 2012, amended in 2016, applying knowledge and skills to the situation. Midwives exemptions are distinct from prescribing, which requires the involvement of a pharmacist in the sale or supply of the medicine. Exemptions also differ from the arrangements for patient group directions (PGDs) as the latter must comply with specific legal criteria, be signed by a doctor or dentist and a pharmacist, and authorised by an appropriate body.

Student midwives

All midwives who support, supervise, and assess student midwives should ensure that they are familiar with the law in relation to the supply of medicines, including the midwives' exemptions, in order to safely support and supervise student midwives who may administer medicines to women in their care. In accordance with Part 3 of Schedule 17 of the Regulations student midwives can administer the drugs included within the midwives' exemptions (with the exception of controlled drugs) under the direct supervision of a midwife. Student midwives **are not permitted** to administer controlled drugs using midwives' exemptions, including Diamorphine, Morphine and Pethidine Hydrochloride. They may participate in the checking and preparation of controlled drugs under the supervision of a midwife. Student midwives may administer prescribed drugs (including controlled drugs) parenterally if prescribed by a doctor or an appropriate practitioner according to their directions for administration. This must be under the direct supervision of a midwife. A registered nurse during their clinical placement on the shortened programme acts as a student midwive for the purposes of all drug administration (NMC, 2019d; Royal Pharmaceutical Society, 2019; The Human Medicines Regulations, 2012).

As per the Human Medicines Regulations (2012) Schedule 17 student midwives may administer, under direct supervision of a practice supervisor or assessor, the medicines found on the MEL **except controlled drugs**. Please see table below:

Column 1	Column 2	Column 3
Persons exempted	Prescription only medicines to which the exemption applies	Conditions
2. Registered midwives and student midwives.	 2. Prescription only medicines for parenteral administration containing any of the following substances but no other substance that is classified as a product available on prescription only— (a) Adrenaline, (b) Anti-D immunoglobulin, (c) Carboprost, (d) Cyclizine lactate, (e) Diamorphine, (f) Ergometrine maleate, (g) Gelofusine, (h) Hartmann's solution, (i) Hepatitis B vaccine, (j) Hepatitis immunoglobulin, (k) Lidocaine hydrochloride, (n) Naloxone hydrochloride, (n) Oxytocins, natural and synthetic, (o) Pethidine hydrochloride, (q) Prochloperazine, (r) Sodium chloride 0.9%. 	 2. The medicine shall— (a) in the case of Lidocaine and Lidocaine hydrochloride, be administered only while attending on a woman in childbirth, and (b) where administration is— (i) by a registered midwife, be administered in the course of their professional practice; (ii) by a student midwife— (aa) be administered under the direct supervision of a registered midwife; and (bb) not include Diamorphine, Morphine or Pethidine hydrochloride.

	Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4:	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.50	demonstrate the ability to work in partnership with the woman to assess and provide care and support across the continuum that ensures the safe administration of medicines		
6.50.1	carry out initial and continued assessments of women and their ability to self- administer their own medications		
6.50.2	recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed, and administered; and the laws, policies, regulations, and guidance that underpin them		
6.50.3	use the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation, and disposal of medicinal products		
6.50.4	demonstrate the ability to safely supply and administer medicines listed in Schedule 17 of the Human Medicines Regulations (midwives exemptions) and any subsequent legislation and demonstrate the ability to check the list regularly		
6.50.5	undertake accurate drug calculations for a range of medications	Achieves 100% in Year 3 of the programme	
6.50.6	undertake accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product		
6.50.7	exercise professional accountability in ensuring the safe administration of	Oral:	Oral:
	medicines, via a range of routes, to women and newborn infants	Vaginal: Rectal: Ocular: Topical:	Vaginal: Rectal: Ocular: Topical:

	Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4:	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.50.8	administer injections using intramuscular (IM), subcutaneous (SC), intradermal	IM:	IM:
	(ID) and intravenous (IV) routes and manage injection equipment	SC: ID:	SC: ID:
		IV:	IV:
6.50.9	recognise and respond to adverse or abnormal reactions to medications for the		
	woman and the newborn infant, and the potential impact on the fetus and the		
	breastfed infant		
6.50.10	recognise the impact of medicines in breastmilk and support the woman to		
	continue to responsively feed her newborn infant and/or to express breastmilk		
	Universal care for all women and newborn infants A. The midwife's role in public health, health promo		n
6.51	access oral, written and digital information from sources including published		
	evidence, data, and reports to inform conversations with women, partners, and		
	families		
6.52	conduct person-centred conversations with women, their partners, and families		
	on women's and children's health across the life course, depending on		
	relevance and context; this must include:		

	Universal care for all women and newborn infants: skills for Domain 3 A. The midwife's role in public health, health promotion and health protection	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.52.1	sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections		
6.52.2	food, nutrition, and food safety		
6.52.3	the importance of human milk and breastfeeding on short- and long-term health and well-being outcomes		
6.52.4	weight management and exercise		
6.52.5	smoking, alcohol, and substance use		
6.52.6	immunisation		
6.52.7	poverty and social and health inequalities		
6.52.8	social media use and the potential for addiction		
6.53	use evidence-based information to enable women, their partners, and families to make individualised care choices and decisions on :		
6.53.1	the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding		
6.53.2	formula feeding responsively and as safely as possible		
6.53.3	attachment relationships and very early childhood development and the impact on their own and the infant's health and emotional wellbeing outcomes		
6.54	develop and provide parent education and preparation for parenthood that is tailored to the context, needs, views, and preferences of individuals and groups		

	A. The midwife's role in assessment, screening, and care planning			
	Universal care for all women and newborn infants: skills for Domain 3	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign	
6.55	recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate, and refer using safeguarding policies and protocols			
6.56	accurately assess, interpret, and record findings for the woman in pregnancy			
	and the fetus for:			
6.56.1	signs and symptoms of pregnancy			
	B. The midwife's role in assessment, screening	g, and care planning		
6.56.2	shared identification of social, and lifestyle factors			
6.56.3	maternal mental health and well-being			
6.56.4	recognition of signs of all forms of abuse and exploitation, and need for safeguarding			
6.56.5	weight and height including calculation of Body Mass Index (BMI)			
6.56.6	recognition of spontaneous rupture of membranes and assessment of vaginal loss			
6.56.7	recognition of the onset of labour			

	Universal care for all women and newborn infants: skills for Domain 3 B. The midwife's role in assessment, screening, and care planning	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.57	accurately assess, interpret, and record the health and well-being of the woman and the fetus during labour for:		
6.57.1	the woman's behaviour, appearance, and emotional needs		
6.57.2	the need for mobility and position changes		
6.57.3	effectiveness of contractions and progress in labour		
6.57.4	fetal well-being and the need to respond to problems		
6.57.5	the need to expedite birth when necessary		
6.57.6	the need for an episiotomy		
6.57.7	recognising the position of the umbilical cord during birth and the need to respond to problems		
6.57.8	progress of the third stage of labour, birthing of the placenta completeness and healthiness of the placenta and membranes, and any suspected abnormalities and associated blood loss		
6.57.9	perineal/labial/vaginal/cervical/anal trauma, and need for suturing		
6.58	conduct immediate assessments of the newborn infant at birth and after birth, and interpret and record findings; this must include:		
6.58.1	initial adaptation to extra-uterine life including appearance, heart rate, response, tone, and respirations		
6.58.2	the infant's ability to respond to cues for food, love, and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed		

	Universal care for all women and newborn infants: skills for Domain 3 B. The midwife's role in assessment, screening, and care planning	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.58.3	the need for neonatal life support (NLS) where respiration is not established		
6.58.4	with the mother present whenever possible, check newborn infant's vital signs and body systems, reflexes, behaviour, movement, neurological tone, and posture		
6.59	 conduct ongoing assessments of the health and well-being of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; this must include: 		
6.59.1	parental confidence in handling and caring for the newborn infant including response to crying and comfort measures		
6.59.2	full systematic physical examination of the newborn infant in line with local and national evidence-based protocols SEE NIPE DOCUMENTATION		1
6.59.3	ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols		
6.60	accurately assess interpret and record the health and well-being of the woman postnatally; this must include:		
6.60.1	mental health and well-being: including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships		
6.60.2	vital signs and physical assessment including; uterine involution and perineal health and wellbeing		

6.60.3	Universal care for all women and newborn infants: skills for Domain 3 B. The midwife's role in assessment, screening, and care planning individual mobility needs, including any adaptations needed to carry and care for	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
	her newborn infant		
6.61	accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; this must include:		
6.61.1	monitoring the newborn infant's weight, growth, and development		
6.61.2	use skills of observation, active listening, and evaluation to examine effectiveness of feeding practices		
6.61.3	observation of the woman's breasts for tenderness, pain engorgement, and need for pain management		
6.62	for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; this must include:		
6.62.1	effective attachment and positioning of the infant at the breast		
6.62.2	responsive feeding		
6.62.3	infant behaviour at the breast including coordination and effectiveness of sucking and swallowing		
6.62.4	effective milk transfer and milk production		
6.62.5	stool and urine output appropriate to age of infant		

	Universal care for all women and newborn infants: skills for Domain 3 B. The midwife's role in assessment, screening, and care planning	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.62.6	ability to maximise breastmilk; safe and effective hand expression and feeding the baby expressed breastmilk		
6.63	for the woman and her partner, and newborn infants who are formula feeding or bottle feeding with human milk, partially or exclusively; observation and assessment must include:		
6.63.1	parent's assessment of and confidence with using a bottle to feed their baby		
6.63.2	responsive bottle feeding: pacing the feeds, limiting the number of care givers		
6.63.3	when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible		
6.64	effectively implement, review, and adapt an individualised, evidence-informed care plan for the woman and her newborn infant across the continuum, involving her partner and family as appropriate		

	 Universal care for all women and newborn infants: skills for Domain 3 C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.65	implement care that meets the needs of the woman and fetus in labour and at birth, including provision of safe, continuous, one-to-one care for the woman in labour and at birth, and for the newborn infant at birth; this must include:		
6.65.1	encourage mobility and support the woman to achieve optimal positions in labour and for birth		
6.65.2	guide and support the woman as she gives birth, using evidence-informed approaches to safely conduct the birth, and to avoid and minimise trauma, while responding to the women's own preferences		
6.65.3	optimise the management of the umbilical cord at birth		
6.65.4	use evidence-informed physiological and active techniques as appropriate to safely manage the third stage of labour		
6.65.5	perform and suture an episiotomy, undertake repair of 1st and 2nd degree perineal tears as necessary, and refer if additional trauma has occurred		
6.66	implement care that meets the woman's mental health and well-being needs after birth; this must include:		
6.66.1	provide ongoing information, support, and care on all aspects of the woman's mental health and well-being		
6.66.2	if assessment has identified concerns about the partner's mental health,		
	encourage referral to appropriate services		
6.66.3	Provide opportunities for the woman and her partner as appropriate, to discuss		
	the birth and any questions they may have		
6.67	share evidence-based information with all women and fathers/partners as		
	appropriate on how to minimise the risks of sudden infant death syndrome		

	Universal care for all women and newborn infants: skills for Domain 3 C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.68	implement care that meets the needs of the woman in regard to infant feeding;		
	this must include:		
6.68.1	for all women:		
6.68.1. a	understand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made		
6.68.1. b	provide appropriate pain management for breast tenderness and pain		
6.68.2	for women who are breastfeeding:		
6.68.2. a	apply in-depth knowledge of the anatomy of the breast and physiology and psychology of lactation to enable mothers to get breastfeeding off to good start		
6.68.2. b	support women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control		
6.68.2.c	share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding		
6.68.3	for parents who bottle feed, partially or exclusively:		
6.68.3. a	support women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production		
6.68.3. b	encourage responsive bottle feeding		
6.68.3.c	encourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible		

Additional care for women and newborn infants with complications: skills for Domain 4

A. The midwife's role in first line assessment and management of complications and additional care needs

		Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.69	recognise, assess, plan, and respond to pre-existing and emerging complications	AN:	AN:
	and additional care needs for women and newborn infants, collaborating with,	L:	L:
	consulting, and referring to the interdisciplinary and multiagency team as	B:	B:
	appropriate; this must include:	PN	PN
		NI:	NI:
		IFC: PL:	IFC: PL:
6.69.1	pre-existing and emerging physical conditions, and complications of pregnancy (AN), labour (L), birth (B), postpartum (PN) for the woman and fetus, and complications for the newborn infant (NI), infant feeding challenges (IFC), perinatal loss (PL), and maternal illness (MI) or death (MD)		PL.
		MI:	MI:
		MD:	MD:
6.69.2	physical disability		
6.69.3	learning disability		
6.69.4	psychological circumstances and mental illness including alcohol, drug and		
	substance misuse/withdrawal, previous perinatal loss, stress, depression, anxiety,		
	postpartum psychosis		
6.69.5	social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery		
6.69.6	violence and abuse including female genital mutilation and		
	emergency safeguarding situations		

	 Additional care for women and newborn infants with complications: skills for Domain 4 A. The midwife's role in first line assessment and management of complications and additional care needs 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.69.7	traumatic experiences including tokophobia, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss, and bereavement		-
6.70	act upon the need to involve others, promptly and proactively consulting with and referring to appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur		
6.71	implement first-line emergency management of complications and/or additional care needs for the woman, fetus, and newborn infant when signs of compromise and deterioration or emergencies occur until other help is available; this must include:		
6.71.1	prompt call for assistance and escalation as necessary		
6.71.2	implement evidence-based, emergency actions and procedures and immediate life support for the woman and newborn infant until help is available		
6.71.3	monitor deterioration using evidence-based early warning tools		
6.71.4	respond to signs of infection, sepsis, blood loss including haemorrhage, and meconium-stained liquor		
6.71.5	communicate concerns to interdisciplinary and/or multiagency colleagues using recognised tools		
6.71.6	expedite birth of newborn infant		
6.71.7	a breech birth and manage shoulder dystocia		
6.71.8	a manual removal of the placenta		
6.71.9	keep accurate and clear records, including emergency scribe sheets		

	 Additional care for women and newborn infants with complications: skills for Domain 4 B. The midwife's role in first line assessment and management of complications and additional care needs 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.71.10	undertake delegated tests for woman, fetus and newborn infant		<u> </u>
6.71.11	organise safe environment, immediate referral, and appropriate support if acute mental illness, violence, or abuse is identified		
6.71.12	arrange safe transfer to appropriate care setting		
6.72	work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and		
	and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:		
6.72	and/or multiagency team to plan and implement midwifery care for women and		
	and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:		
6.72.1	 and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to: implement appropriate response when acute social problems occur implement necessary interventions when physical complications occur, including 		
6.72.1 6.72.2	 and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to: implement appropriate response when acute social problems occur implement necessary interventions when physical complications occur, including but not limited to: 	f	

	 Additional care for women and newborn infants with complications: skills for Domain 4 B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.72.2. d	obtain cord blood and interpret results		
6.72.2. e	provide care for women who have experienced female genital mutilation		
6.73	demonstrate the ability to collaborate effectively with interdisciplinary teams and work in partnership with the woman to assess and provide care and support when emergency situations or clinical complications arise that ensures the safe administration of medicines; this must include :		
6.73.1	safe administration of medicines in an emergency		
6.73.2	manage intravenous (IV) fluids including transfusion of blood and blood products		
6.73.3	manage fluid and infusion pumps and devices		
6.74	provide midwifery care for the women and newborn infant before, during, and after medical interventions, and collaborate with colleagues as needed, including epidural analgesia, fetal blood sampling, instrumental births, caesarean section, and medical and surgical interventions to manage haemorrhage		
6.74.1	provide midwifery care for the women and newborn infant before, during, and after interventions carried out in theatre		

	 Additional care for women and newborn infants with complications: skills for Domain 4 B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.75	provide additional postnatal care for the woman including referral to services and resources as needed; this must include:		
6.75.1	support and care for women with pre-existing conditions		
6.75.2	support and care for women following caesarean section		
6.75.3	support and care for women with perineal/labial/vaginal/cervical/anal trauma including female genital mutilation		
6.75.4	support and care for woman with urinary or faecal incontinence		
6.75.5	support for women and families undergoing surrogacy or adoption		
6.76	support transitional care of a newborn infant with additional care needs in collaboration with the neonatal team		
6.77	support women and their partners who have a newborn infant in the neonatal unit to:		
6.77.1	stay close to their newborn infant, be partners in care, build a close and loving relationship with their newborn infant		
6.77.2	optimise skin-to-skin/kangaroo care where possible, including for parents of more than one newborn infant who may be separated and cared for in different places		
6.77.3	to enable their newborn infant to receive human milk and be breastfed when		
	possible, including access to and use of donor milk		
6.78	support women who are separated from their newborn infants as a result of		
	maternal illness and enable contact with the newborn infant to maximise the time		
	they can spend together		

	 Additional care for women and newborn infants with complications: skills for Domain 4 B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.79	work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support		
6.80	work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate the ability to:		
6.80.1	provide care and follow up after discharge to women and/or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death		
6.80.2	provide end of life care for a woman or for a newborn infant		
6.80.3	arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/spiritual beliefs and faith		
6.80.4	support and assist with palliative care for the woman or newborn infant		
6.80.5	offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman		
6.80.6	support the parents of more than one newborn infant when a newborn infant		
	survives while another dies, recognising the psychological challenges of dealing		
	with loss and bereavement and adapting to parenthood at the same time		

	 Additional care for women and newborn infants with complications: skills for Domain 4 B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the</u> <u>end of Part 3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.80.7	provide care for the deceased woman or newborn infant and the bereaved,		
	respecting cultural requirements and protocols		
6.80.8	support the bereaved woman with lactation suppression and/or donating her		
	breastmilk if wished		
6.80.9	provide clear information and support regarding any possible post-mortem		
	examinations, registration of death and options for funeral arrangements and/or a		
	memorial service		
6.81	work in partnership with the woman, her partner and family as appropriate, and in		
	collaboration with the interdisciplinary and multiagency team, to plan and		
	implement midwifery care for women and/or partners and families experiencing		
	mental illness and following traumatic experiences; this must include:		
6.81.1	provide care and support for women and the newborn infant, and partners and		
	families as appropriate		
6.81.2	support the woman to stay close to her newborn infant to build positive		
	attachment behaviours		
6.81.3	support the woman to responsively feed her newborn infant, and to maximise the		
	use of human milk/breastfeeding		
6.81.4	support positive attachment between the father/partner and the infant		

	 Additional care for women and newborn infants with complications: skills for Domain 4 B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.82	work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate when problems occur with infant feeding; this must include:		
6.82.1	carry out ongoing feeding assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient		
6.82.2	refer to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns does not respond to first line management		
6.82.3	for women who are breastfeeding: support women to overcome breastfeeding challenges and provide ongoing support and referral to infant feeding specialists and peer supporters as required		
	Promoting excellence: the midwife as colleague, scholar, a	nd leader: skills for Dom	ain 5
	A. Working with others: the midwife as	s colleague	
6.83	work with interdisciplinary and multiagency colleagues, advocacy groups and		
	stakeholders to promote quality improvement; this must include:		
6.83.1	use best evidence to inform decisions		
6.83.2	learn from local, national, and international reports		

	 Promoting excellence: the midwife as colleague, scholar, and leader: skills for Domain 5 A. Working with others: the midwife as colleague 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.83.3	analyse, clearly record and share digital information and data		
6.83.4	contribute to audit and risk management		
6.83.5	contribute to investigations on critical incidents, near misses and serious event reviews		
6.84	work with interdisciplinary and multiagency colleagues to implement change management; this must include:		
6.84.1	advocate for change		
6.84.2	negotiate and challenge skills		
6.84.3	use evidence-informed approaches to support change		
6.85	when managing, supervising, supporting, teaching, and delegating care responsibilities to other members of the midwifery and interdisciplinary team and students; this must include:		
6.85.1	provide clear verbal, digital or written information and instructions and check understanding		
6.85.2	provide encouragement to colleagues and students that helps them to reflect on their practice		
6.85.3	keep unambiguous records of performance		

	 Promoting excellence: the midwife as colleague, scholar, and leader: skills for Domain 5 A. Working with others: the midwife as colleague 	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign
6.86	demonstrate effective team management skills when:		
6.86.1	developing, supporting, and managing teams		
6.86.2	managing concerns		
6.86.3	escalating and reporting on those concerns		
6.86.4	de-escalating conflict		
6.86.5	reflecting on learning that comes from working with interdisciplinary and multiagency teams		
6.87	demonstrate skills to recognise and respond to vulnerability in self and others, including:		
6.87.1	self-reflection		
6.87.2	seeking support and assistance when feeling vulnerable		
6.87.3	taking action when own vulnerability may impact on ability to undertake their role as a midwife		
6.87.4	identifying vulnerability of individual and wider team members and action support and/or intervention as needed		
6.87.5	demonstrating strength-based approaches and compassionate self-care		

B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader				
Promoting excellence: the midwife as colleague, scholar, and leader: skills for Domain 5	Demonstrated safely in practice whilst acknowledging own limitations Please date and sign	In exceptional circumstances only. Demonstrated safely through simulation <u>at the end of Part</u> <u>3/YEAR 3</u> only if unable to undertake skill in practice placement Please date and sign		
reflect on own thoughts and feelings around positive and negative feedback,				
and take responsibility for incorporating relevant changes into practice and				
behaviour				
demonstrate engagement in ongoing midwifery and interdisciplinary professional				
development, including:				
participatory and self-directed learning				
reflection on learning that informs professional development and practice				
know how to:				
keep up to date by accessing evidence-based information and policy, applying				
digital literacy and critical appraisal skills				
debate the implications for practice where no research or conflicting research				
evidence exists				
find information about possible paths for career development including				
opportunities for postgraduate courses and scholarships				
	Promoting excellence: the midwife as colleague, scholar, and leader: skills for Domain 5 reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including: participatory and self-directed learning reflection on learning that informs professional development and practice know how to: keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills debate the implications for practice where no research or conflicting research evidence exists find information about possible paths for career development including	Promoting excellence: the midwife as colleague, scholar, and leader: Demonstrated safely in practice whilst acknowledging own limitations skills for Domain 5 Please date and sign reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour Please date and sign demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including: participatory and self-directed learning reflection on learning that informs professional development and practice know how to: keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills debate the implications for practice where no research or conflicting research evidence exists find information about possible paths for career development including find information about possible paths for career development including		

B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

<u>Glossary</u>

The following terms and their accompanying explanations relate to the context of the standards of proficiency for midwives.

Abuse: an act that may harm the woman or the newborn infants, endanger their lives, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm they are causing. The type of abuse may be emotional, physical, sexual, psychological material, financial, or neglect. Abuse may be current or may have occurred in the past (known as non-recent, or historical, abuse); in these circumstances, the harmful physical and psychological effects can still manifest in the present.

Autonomous: to have the knowledge and confidence to exercise professional judgement.

Cultural competence: knowledge of how to promote respectful and responsive midwifery care in cross-cultural settings that reflects the cultural and linguistic needs of the diverse population.

Companion: the person/people chosen by the woman to support her in labour and at birth.

Continuity of carer or relational continuity of care: care provided by a midwife or small group of midwives who provide care for a woman and her newborn infant, partner, and family throughout the continuum of her maternity journey.

Continuity of care or management continuity: continuity and consistency of management, including providing and sharing information and care planning, and any necessary co-ordination of care required.

Continuum of care: care across the whole childbearing period from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.

Epigenetics: changes in organisms caused by the modification of gene expression that does not involve an alteration in the DNA sequence itself.

Evidence-based midwifery practice: decision-making that integrates midwifery expertise with knowledge derived from the best available evidence.

Female genital mutilation: the practice of partially or totally removing the external female genitalia for non-medical reasons. This practice is illegal in the UK.

Human factors: environmental, organisational, and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

Kangaroo care: an evidence-based method of caring for a newborn infant where the infant is held in skin-to-skin contact against the chest, usually by the parent, for as long as possible each day to promote attachment and infant growth and development.

Maternity journey: the woman's view of her journey through the lead up to pregnancy, pregnancy, labour, birth, the immediate postpartum period, and the early days and weeks after pregnancy.

Morbidity: maternal and newborn: physical or psychological harm to a woman or newborn infant as a direct or indirect consequence of pregnancy, birth, or postpartum.

Newborn infant: an infant from birth to around two months of age.

Partner: the person considered by the woman to be her life partner. This may include the biological father and other -or same-sex partners.

Reciprocity: The intimate interaction between the baby and their parent through mutual communication which encourages secure, positive attachments.

Skin-to-skin contact at birth: the practice where a newborn infant is dried and laid directly on their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. Ongoing skin-to-skin contact involves the mother/parent holding the newborn infant skin-to-skin for feeding, love, and comfort.

Strengths-based approach: a strengths-based approach is a collaborative process between the woman and the midwife, allowing them to work together to determine an outcome that draws on the woman's own strengths and assets.

Tokophobia: severe fear of pregnancy and childbirth.

Very early child development: Very early child development includes physical, social, emotional, cognitive, and motor development in the first hours, days, and weeks when the newborn infant is developing most rapidly.

Woman: the words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.



SECTION 3

NEWBORN INFANT PHYSICAL EXAMINATION (NIPE) DOCUMENTATION

Newborn Infant Physical Examination (NIPE) Documentation

Information for Students.

Following completion of the appropriate Care and Examination of the Newborn Infant theory module and formative Observed Simulated Clinical Examination (OSCE) you will complete supervised clinical practice over the remainder of your programme. This will be available within a variety of your practice placement areas.

During this time, you will be expected to complete a minimum of 10 supervised examinations to meet the proficiency. This must always be under the **DIRECT SUPERVISION** of a suitably qualified member of the clinical team. This is essential as you are not a registered midwife or fully competent in NIPE so cannot take responsibility for the examination, decisions made or any necessary referrals. The responsibility for the NIPE and any decision made regarding fitness for discharge or ongoing referral lies solely with the supervisor, who must countersign any documentation made by you. In addition, the NIPE supervisor may be someone other than your allocated supervisor during the placement.

A (NIPE) SUPERVISOR can be:

• any midwife who has successfully completed the SMMDP Routine Examination of the Course and is undertaking examination of the newborn on a regular basis.

• an ANNP or Paediatric/Neonatal Registrar working within the clinical area.

• a Consultant Paediatrician or Neonatologist.

Your rate of progress will be individual to you and will depend on your preparedness for practice, engagement with your supervisor and availability of clinical experience. When you and your supervisor feel that you have reached a proficient level an assessment will be carried out. Assessments which may only be undertaken by an ASSESSOR, who may not be your regular supervisor.

A (NIPE) ASSESSOR can be:

- a midwife who is an experienced newborn examiner who has maintained their clinical expertise and knowledge.
- an ANNP or Paediatric/Neonatal Registrar working within the clinical area (preferably, but not essentially, an SMMDP Trainer).
- a Consultant Paediatrician or Neonatologist (preferably, but not essentially, an SMMDP Trainer).

Once the assessment is completed you must notify the Project Lead (Kathryn Hardie: k.hardie@napier.ac.uk).

Information for Supervisors & Assessors.

The role and actions of the NIPE Supervisor and NIPE Assessor is crucial to the quality of this experience and by providing clinical guidance,

expertise, and facilitating the student's clinical experience this will enhance the quality of the service they ultimately provide once qualified as midwives.

To achieve this, the NIPE Supervisor is required to provide DIRECT supervision and, where possible, work with a student on a number of occasions. This role in supporting the student in their clinical consolidation of this training is essential.

They can help and support learning by:

- Working with the student as much as possible during their clinical placement.
- Arranging alternative support for the student when necessary.
- Encouraging the student to self-assess and identify how they are going to accomplish the required clinical competencies.
- Encouraging the student to question their clinical practice.
- Providing a forum to allow them to reflect on their practice.
- Assisting the student in the development of clinical decision-making skills towards the end of the programme i.e., Year 3.

Students on this programme will NEVER work AUTONOMOUSLY and must be DIRECTLY SUPERVISED at all times with the

responsibility for the newborn examination and ongoing care remaining SOLELY WITH THE NIPE SUPERVISOR or NIPE ASSESSOR.

The NIPE ASSESSOR will determine the developing proficiency of the student at an agreed point (we advise a minimum of 10 examinations should be completed before this point). The NIPE ASSESSOR is confirming that the student has met the NIPE proficiency *"full systematic physical examination of the newborn infant in line with local and national evidence-based protocols."* (Proficiency 6.59.2, NMC 2019)

Should a SUPERVISOR or ASSESSOR have any concerns regarding a student's progress or practice then all further supervised practice should be suspended and they should contact the PROJECT LEAD immediately.

Completion of the Formative NIPE Objective Simulated Clinical Examination (OSCE)

This form is for use at the skills practice and simulated NIPE assessment day. This formative assessment MUST be successfully completed before undertaking supervised clinical practice within the practice placement areas.

Learning outcomes: Each student will be able to demonstrate a complete simulated routine NIPE, including assessment of perinatal history.

Scenario: You are examining a baby in the postnatal ward 16 hours after birth. Demonstrate what you would do in this simulated

situation. Is there anything you would like to check first? Ensure the student understands what is expected and that the case history is available. The student is expected to:

Component of Assessment.	Please '√' if achieved.
Check all equipment is present and working.	
Ensures the environment is warm and well lit for the examination.	
Looks at case history and identifies at least 3 significant findings from the maternal, family and perinatal histories correctly.	
Demonstrates the discussion with the parents prior to the examination i.e. purpose, limitations and informed consent.	
Ensure the safety and comfort of the baby during the examination i.e. hand hygiene, thermal care etc	
Demonstrates a systematic approach to the examination of the newborn.	
Demonstrates the 6 essential components of the simulated examination: (Heart, Femoral pulses, Hips, Eyes, Palate, Male Genitalia).	

Additional question:

What additional actions would be taken by the examiner in respect of the hip examination if a baby was a breech presentation?

The student provides a clear and complete answer. YES / NO

Overall Assessment

Learning Objectives Achieved

Learning Objectives Achieved	
Learning Objectives Not Achieved	

Additional comments from Assessor:

Name & Signature of Assessor	
Date of Assessment	

Post-registration requirements for independent practice.

Following completion of the programme and registration as a midwife, and if employed within Scotland, there is an expectation of the following before they will be permitted to undertake this examination independently without ongoing supervision:

1. The supervised clinical examination of a minimum of 15 newborns (25 newborn examinations if the proficiency was achieved through simulated clinical assessment alone).

2. Successful completion of a clinical assessment.

3. Indexing with the SMMDP

Clinical Log (0-10 Supervised NIPE)

Please use the following table to record details of the **supervised** NIPEs performed and ask your NIPE supervisor to countersign each entry. REMEMBER no identifiable patient information should be recorded.

Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
Example	15/9/20	26hrs	38+6, M	Uneventful pregnancy but	None noted	Not	Nil.	K. Hardie
				EmLUSCS for no progress.		required		Midwife
				Apgar's 6/1 & 9/5				K. Hardie
1.								
2.								

Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
3.								
4.								
5.								

Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
6.								
7.								
8.								

Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
								- 3
9.								
				PE ASSESSOR AND ASSESS				
		BE CARRIED OU		2 A33E330K AND A33E33	WENT PAPERWO			
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	E ASSESSOR AC	CCORDINGLY)						
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Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
11.								
12								
13								

F uired). a	Name, Profession and
uired). a	and
S	
	Signature.
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Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
17.								
40								
18.								
19.								

Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
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21.								
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Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
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Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
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Examination	Date of	Age of baby at	Gestational	Relevant perinatal history.	Variations from	Reason for	Outcome of	Supervisor
Number	supervised	time of	Age and		normal during	referral (if	referral/follow-	Name,
	examination.	examination.	Sex (M/F).		examination.	required).	up	Profession
							(if required).	and
								Signature.
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Assessment Point (A minimum of 10 NIPE completed)

Please use the form below to record the assessment undertaken during the 10th supervised NIPE by the **NIPE ASSESSOR**. This is to confirm that the student has met the proficiency.

The assessor should ' \checkmark ' the appropriate box and provide constructive and detailed feedback to the student.

The assessment comprises 3 components: cognitive, psychomotor & affective competencies.

ALL COMPETENCIES MUST BE MET FOR SUCCESSFUL COMPLETION OF THIS ASSESSMENT.

Cognitive Competencies	Meets the best practice standard	Does not meet the best practice standard		
Interprets the significance of the maternal, family and perinatal histories in relation to the examination of the newborn.	Interprets the significance maternal, family and perinatal histories and relates the findings to the examination of the newborn.		Fails to interpret the significance of maternal, family and perinatal histories in relation to the examination of the newborn.	
Knows how to refer and demonstrates this by selecting the correct referral pathway.	Refers abnormal / unexpected findings using the correct referral pathway.		Fails to refer abnormal / unexpected findings.	
Provides accurate information to key professional(s).	Communicates effectively with the key professional(s).		Fails to provide accurate information to key professional(s).	
Generates clear, concise and complete records.	Records are clear, concise and complete.		Fails to generate records that are clear, concise and complete.	

Psychomotor Competencies	Meets the best practice standard	ł	Does not meet the best practice standard		
Adapts the environment during examination to ensure: • Adequate lighting and warmth. • Privacy for parents. • Baby's safety & comfort.	Ensures environment meets all identified requirements.		Fails to ensure that the environment meets all identified requirements.		
Explains the procedure for examination of the newborn to the parents and gains consent.	Explains procedure effectively to parents and checks understanding before obtaining consent.		Fails to explain procedure and / or fails to check understanding or gain consent.		
Performs the examination of the newborn using a systematic approach.	Systematic and thorough approach to the examination of the newborn.		Unsystematic approach to the examination of the newborn.		
Differentiates between normal and abnormal / unexpected findings.	Elicits abnormal / unexpected findings.		Misses important aspects of examination and / or abnormal / unexpected findings.		
Compiles contemporaneous records of the examination of the newborn.	Records written contemporaneously.		Fails to write up records contemporaneously.		
Identifies parental needs in relation to information giving in a respectful and supportive manner.	Elicits parental needs for information in supportive and respectful manner.		Fails to identify parental needs for information in a supportive and respectful manner.		
Responds effectively to the concerns of the parents.	Addresses concerns and ensures that they have been allayed.		Does not address concerns.		
Organises referrals according to local procedures.	Referrals organised effectively according to local procedures.		Fails to follow local procedures when organising referrals.		
Explains effectively the need for referral to the parents.	Information about referral communicated effectively to parents.		Inadequate information about referral provided to parents.		

Affective Competencies	Meets the best practice standard		Does not meet the best practice standard		
Explains the findings of the newborn examination clearly and concisely.	Provides a clear and concise account of the newborn examination.		Provides an incoherent or inaccurate account of the newborn examination.		
Verifies understanding of oral communication relating to the examination of the newborn.	Ensures understanding of oral communication.		Fails to check or ensure understanding of oral communication.		
Feedback following assessment and summary of discussion with student.					
Reflection by student on assessment outcome.					
CONFIRMATION	OF SUCCESSFUL COMPLETION OF 1ST	SUMMA	ATIVE ASSESSMENT.		
ASSESSOR SIGNATURE:					
STUDENT SIGNATURE:					
DATE OF COMPLETION:					



SECTION 4:

Record of European Union (EU) Requirements

and

Baby Friendly Initiative (BFI) Proficiencies

4.1 Record of EU and BFI Proficiencies Guidance

This section is for you to confirm that you have met the EU requirements for pre-registration midwifery training - Articles 40–42 of 2005/36/EC (Keighley, 2009) It also includes your evidence of having achieved BFI criteria (UNICEF, 2019)

Skill	EU Requirement	PS / PA to Sign & Date when achieved
Antenatal examination	100	
Supervision and care of pregnant women (in-patient experience)	40	
Normal births	40 where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further births	
Assisted births e.g. retained placenta or instrumental birth or caesarean section if you have cared for the woman during her labour.	20	
Care episodes of women 'at risk' in pregnancy, or labour or post-natal period	40	
Breech birth witnessed / Assisted / Simulated	No minimum requirement	
Infiltration / Episiotomy / Perineal repair	No minimum requirement	
Postnatal examination	100	
Neonatal examination	100	
Skill	BFI Requirement	PS / PA to Sign & Date when achieved
Breastfeeding assistance, teaching positioning and attachment	10	
Breastfeeding, observation of a feed using BFI assessment tool	10	
Skin to skin, facilitate skin to skin contact in labour ward or a postnatal area	10	
Teaching hand expression and appropriate storage of breast milk	10	
Demonstrate/explain safe preparation of formula milk and sterilisation of equipment	10	

Example A/N	Parity 0+0	Gestation 41+3	Case Summary: M/W antenatal clinic. No past medical, social, or surgical history of note. Feels well, urine clear, BP 124/74mmHg, P80, digital oedema only, abdominal exam: long lie, cephalic, 3/5 palpable. FH 136bpm and variable. FM: active no concerns. Discussed and agreed to membrane sweep: cervix mid position, soft admits a fingertip, station -2, membranes intact and sweep carried out. Show noted. FH 140bpm following VE. Information given for Planned IOL.	PS or PA Initial & Date KMcL 02/06/20
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Supervision and Care of Pregnant Women

Example	Parity	Gestation	Case Summary: Admitted woman from home for planned Induction of Labour (IOL) for post-dates. Full explanation of procedures given to woman and partner and informed consent obtained. Vital signs	PS or PA
S&CPW	1+0	41+0	normal, abdominal examination no abnormalities detected and CTG commenced. Vaginal examination	Initial & Date
			carried out with consent, Bishops Score: 9, no further action required, for ARM in the morning.	KMcL 02/06/20
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Example CNB	Parity 1+0	Gestation 39+0	Case summary: Took over care in birth centre when in established labour. Used Entonox for pain relief throughout. Birthed baby boy on a birth mattress on 'all fours' supported by birth partner. Physiological 3rd stage, placenta delivered after 30mins, 250ml blood loss. Baby cried at birth, Apgar score 9 & 9. Skin to skin contact immediately following birth, first feed (stipulate feeding method) initiated after 20mins. Small second-degree tear sutured by midwife	PS / PA Initial & Date KMcL 02/06/20
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Assists with Births

Example AWB	Parity 2+0	Gestation 39+4	Case Summary: Attended a birth in labour ward where another student midwife was the lead carer. I prepared the room for the birth, for example, warmed the resuscitaire, assisted with maintaining contemporaneous documentation and following birth baby had low Apgar scores, therefore I assisted with initial resuscitation and then assumed care of the mother.	PS / PA Initials & Date KMcL 02/06/20
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Assists with Births

8.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Assists with Births

16.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Example CEoWaR	Parity 0+0	<u>Antenatal</u> Intrapartum Postnatal	Case summary : Admitted woman to the Day-care Unit following referral from the antenatal clinic for hypertension and proteinuria at 34+6. On admission, BP 156/94, woman reports a slight frontal headache, no visual disturbances, no epigastric pain noted. Urinalysis – protein ++. CTG commenced following information and discussion of care required with the woman. Obstetric staff notified and awaiting blood results taken at antenatal clinic.	PS / PA Initials & Date KMcL 02/06/20
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Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
	Parity	Parity A/N / I/N / P/N /	Parity A/N / /N Case summary: /P/N Case summary:

16.	Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
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32.	Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
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Breech Birth – Assisted / Witnessed / Simulated

Example BB	Parity 1+0	Gestation 37+5	Case Summary: Assisted PS with labour care and preparation of the woman, her partner, and the environment for a breech birth. Obstetric and neonatal staff informed and SBAR communication of situation given. Active 2 nd stage commenced, and Obstetric Consultant prepared for birth of the baby. I documented appropriate information and noted time of birth and manoeuvres carried out.	PS / PA Initials & Date KMcL 02/06/20
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Infiltration / Episiotomy / Perineal Repair

Example IEP	Parity 1+0	Gestation 39+6	Case summary : (include reason for episiotomy and if local anaesthetic used) Second stage of labour, slow progress and new trickle of fresh blood witnessed. Under supervision, I administered local anaesthetic as per guidance and performed an episiotomy during the next contraction. Baby birthed in good condition.	PS / PA Initials & Date KMcL 02/06/20
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Infiltration / Episiotomy / Perineal Repair

8.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Infiltration / Episiotomy / Perineal Repair

16.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Example P/N	Type of Birth Elective C/S	P/N Day 3	Case summary: Home visit, full postnatal check – no problems identified. P84, BP 122/68mmHg, T36.8. Wound clean and dry – subcutaneous sutures. Reports that she feels well. PU and BO this morning. Breastfeeding, 2-3hrly, reports that breasts feel fuller today but comfortable. Partner at home, other family nearby for support. Information left to ensure informed consent obtained for newborn screening. Plan: Day 5 visit.	PS / PA Initial & Date KMcL 02/06/20
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8.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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16.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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32.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

88.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

96.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

104.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Example		P/N Day	Case summary including type of birth: At home. Post elective C/S. Full neonatal examination carried out – NAD.	PS/PA
	at Birth		Continues to breastfeed 2-3hrly, weighed today, has lost less than 10% birth weight. 3 dirty and 6 wet nappies in last	Initial & Date
NE		5	24hrs. Newborn blood spot test carried out following parental consent, good quality sample obtained.	KMcL
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8.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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16.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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	PS / PA Initial & Date

80.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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96.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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104.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Care of Women with Pathological Conditions in the Fields of Gynaecology and Obstetrics

Example CWPC	Gynaecology √	Obstetrics	Case summary: Looked after a woman in the gynaecology ward who was admitted for surgery for refashioning of her perineum due to inadequate perineal wound healing following episiotomy and perineal suturing. Attended theatre with the woman to support and observe her surgical procedure. Observations of vital signs and perineal wound carried out post theatre and health education given regarding wound care / hygiene / diet.	PS/PA Initial & Date KMcL 02/06/20
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Care of Women with Pathological Conditions in the Fields of Gynaecology and Obstetrics

8.	Gynaecology	Obstetrics	Case summary:	PS / PA Initial & Date
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Care of Women with Pathological Conditions in the Fields of Gynaecology and Obstetrics

16.	Gynaecology	Obstetrics	Case summary:	PS / PA Initial & Date
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Facilitate Skin to Skin Contact

Example FSTS	Gestation at Birth 38+6	P/N Day 1	Setting Labour Ward	Case summary: in the labour ward, skin to skin contact discussed and agreed, as per birth plan. Following birth of baby, immediate skin to skin contact initiated and baby observed and left uninterrupted. Initiated first feed after 50mins and fed effectively for 10mins.	PS/PA Initial & Date KMcL 02/06/20
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				Facilitate Skin to Skin Contact	
8.	Gestation at Birth	P/N Day	Setting	Case summary:	PS / PA Initial & Date
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Breastfeeding Assistance – Teaching Positioning and Attachment

Example BATPA	Gestation at Birth 38+4	P/N Day 3	Setting Home	Case summary: working with practice supervisor in community, once the woman was sitting comfortably, supported by cushions, she observed me advising her how to position the baby and the method to encourage the best attachment for the baby. As this is the 3rd P/N day the woman reports that her breasts feel fuller today. It took her a few attempts to get the baby attached. CHIN principles were in place and the baby fed well.	PS / PA Initial & Date KMcL 02/06/20
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Breastfeeding Assistance – Teaching Positioning and Attachment

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Observation of a Breastfeed using the UNICEF Breastfeeding Assessment Tool

Gestation at Birth	P/N Day	Setting	Case summary: Baby last fed in labour ward for 25mins 4hrs ago. CHIN principles in place but mothers' position not sustainable. Pillows adjusted; fresh water put within reach. Baby's sucking and swallowing	
40+2	1	P/N Ward	pattern observed and is effective. End of feed, baby ended feed herself, seems settled, mum reports that nipples are comfortable	KMcL 02/06/20
	at Birth	at Birth Day	at Birth Day	at Birth Day position not sustainable. Pillows adjusted; fresh water put within reach. Baby's sucking and swallowing pattern observed and is effective. End of feed, baby ended feed herself, seems settled, mum reports that

Observation of a Breastfeed using the UNICEF Breastfeeding Assessment Tool

8.	Gestation at Birth	P/N Day	Setting	Case summary:	PS / PA Initial & Date
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Teach Hand Expression and appropriate Breastmilk Storage

Example THEBS	Gestation / Delivery P/N Day EL C/S 4th	Setting Home	Case summary: Breasts full and difficulty with attachment. Using knitted breast and doll I demonstrated hand expression of breastmilk, using UNICEF guidance. Mother simultaneously used the same technique and successfully expressed breastmilk to enable effective attachment. Following this, information was given about safe collection and storage of breastmilk.	
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Teach Hand Expression and appropriate Breastmilk Storage

8.	Gestation / Delivery P/N Day	Setting	Case summary:	PS / PA Initial & Date
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Demonstrate/Explain Safe Preparation of Formula Milk and Sterilisation of Equipment

Example	Gestation / P/N Day	Setting	Case summary: Discussions for going home included preparation of formula milk, using right scoop for each tub, follow instruction on tin and making each bottle up as required. Also mentioned first milk only required. Formula already bought and has a stock at home. Has a steam steriliser, discussion about sterilising equipment prior to first use and always following instructions.	
DESPFM	2 nd	P/N Ward		
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8.	Gestation / P/N Day	Setting	Case summary:	PS / PA Initial & Date
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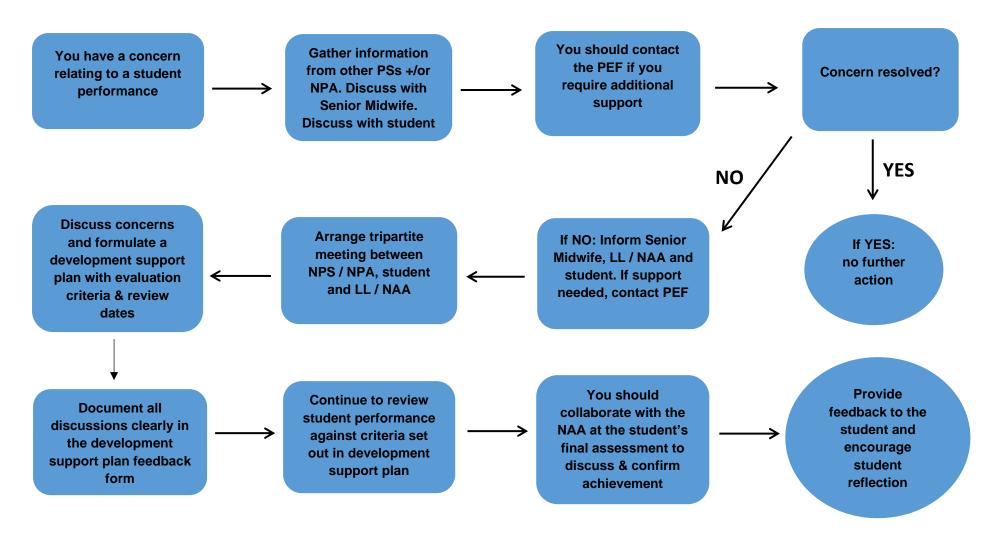


SECTION 5: DEVELOPMENT SUPPORT PLAN & RAISING CONCERNS

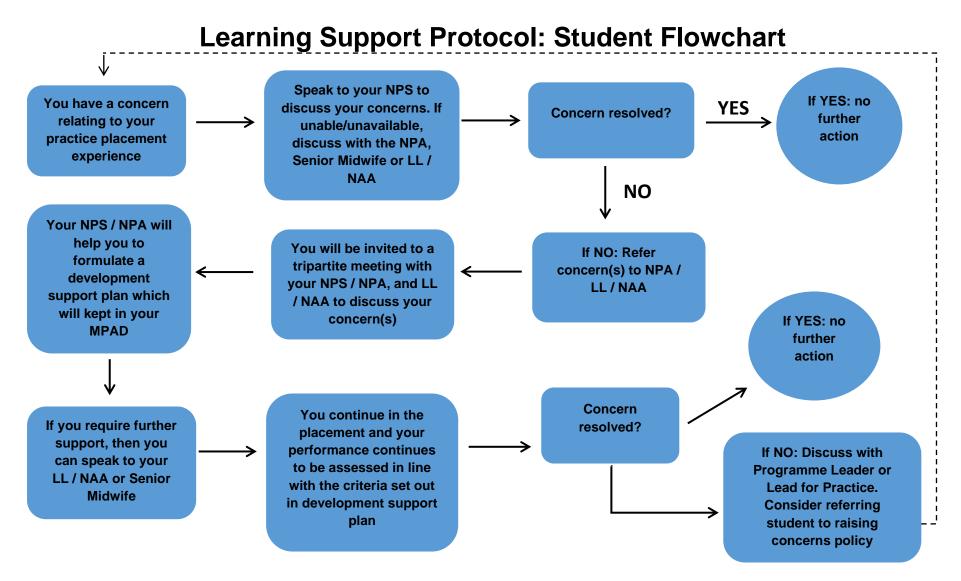
5.1 Development Support Plan

During your practice learning experience, you may require more support to achieve particular learning outcomes or professional standards. The practice learning support protocol on the following page details the steps to be taken, and the support available, when you have a concern about your learning in practice. In order to ensure a supportive framework for this, we also provide you and your practice supervisor / practice assessor with a development plan and feedback document (see pages below). This should be used to record any areas of concern and your development progress in relation to this. These documents must be kept as part of your MPAD to ensure consistency of assessment across practice areas.

Practice Learning Support Protocol: Nominated PS/PA Flowchart



NPS = Nominated Practice Supervisor; NPA = Nominated Practice Assessor; NAA = Nominated Academic Assessor, LL = Link Lecturer; PEF = Practice Education Facilitator



NPS = Nominated Practice Supervisor; NPA = Nominated Practice Assessor; NAA = Nominated Academic Assessor, LL = Link Lecturer; PEF = Practice Education Facilitator

Example of Development Support Plan:

Date: 02.06.19

Development Need Identified: Not adhering to hand hygiene policy

Specific areas to be addressed	Related Domain number / proficiency	Participation in Care level	Learning Resources / actions	Evidence of achievement	Achievement / Review date(s)
Student not following hand hygiene policy when carrying out care within the ward setting, for example, venepuncture, catheter removal	Domain 1 Proficiency 1.2 Domain 6 Proficiency 6.28	Dependent	To review SIPCEP unit on hand hygiene again To review hospital policy / WHO 5 Moments of Hand Hygiene Reflect with Practice Supervisor on each shift	Practice Supervisor has observed a vast improvement and the student is now fully adhering to hand hygiene policies	To be observed on every shift Formal review 09.06.20
Development support plan	outcome:	·	Achieved)/ Not Achiev	ed	Date:
			(please circle)		09/06/20
Practice Supervisor / Asses Signature:	ssor Student Signatu	r Student Signature:		Academic Assessor Signature:	
K MacLeod	A Student	A Student		J Morrison	

Example Development Support Plan Feedback

DATE	PROGRESS	SIGNATURE: Student / Practice Supervisor / Practice Assessor
09.02.20	Met with student for formal review of adherence to hand hygiene policy. Through discussion and reflection, I have observed that the student has a better knowledge and	K MacLeod
	understanding of the need to adhere to this policy and has successfully completed and revisited her SIPCEP module.	A Student
	The student has been observed by me and other members of staff and utilises the correct technique for this procedure and is aware of when it is appropriate to use alcohol hand gel.	
	I have observed student each shift and noted that she is complying with this therefore, no further action will be required.	

Development Support Plan 1

	Date:			
Development Need Identified:				
Related Domain number / proficiency	Participation in Care level	Learning Resources / actions	Evidence of achievement	Achievement / Review date(s)
Development support plan outcome:		Achieved / Not Achieved (please circle)		Date:
Practice Supervisor / Assessor Student Signatur Signature:		Academic Assessor Si	ignature:	Date:
	Related Domain number / proficiency	Related Domain number / proficiency Participation in Care level Image: Contrast of the second se	Related Domain number / proficiency Participation in Care level Learning Resources / actions Image: Second Secon	Related Domain number / proficiency Participation in Care level Learning Resources / actions Evidence of achievement Image: Strain

Development Support Plan 1 Feedback

DATE	PROGRESS	SIGNATURE:
		Student/supervisor/assessor

Development Support Plan 2

Date:					
Development Need Identified:					
Specific areas to be addressed	Related Domain number /proficiency	Participation in Care level	Learning Resources / actions	Evidence of achievement	Achievement / Review date(s)
Development support plan outcome:			Achieved / Not Achieved (please circle)		Date:
Practice Supervisor / Assessor Student Signatur Signature:		ire:	Academic Assessor S	ignature:	Date:

Development Support Plan 2 Feedback

DATE	PROGRESS	SIGNATURE:
		Student/supervisor/assessor

Development Support Plan 3

Date:

Development Need Identified:

Specific areas to be addressed	Related Domain number /proficiency	Participation in Care level	Learning Resources / actions	Evidence of achievement	Achievement / Review date(s)
				_	
Development support plan	outcome:		Achieved / Not Achieve (please circle)	ed	Date:
Practice Supervisor / Asse Signature:	ssor Student Signatu	re:	Academic Assessor Si	gnature:	Date:

Development Support Plan 3 Feedback

DATE	PROGRESS	SIGNATURE:
		Student/supervisor/assessor





SECTION 6

Student Midwife Case Loading

Guidelines for Students, Supervisors and Assessors

2021

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Introduction

Edinburgh Napier University has been running a continuity of care scheme for student midwives since 2006. The NMC (2019:17) has stated that at the point of qualification midwives should be able to:

2:5 "Demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs."

(Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer).

We have used the following drivers for the Best Start (Scottish Government 2017) as the key principles for the student experience of caseloading and the evolving provision of maternity services.

- All mothers and babies are offered a truly family-centred, safe, and compassionate approach to their care.
- Fathers, partners, and other family members are actively encouraged and supported to become an integral part of all aspects of care.
- Women experience real continuity of care and carer across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require.

• Services are redesigned using the best available evidence, to ensure optimal outcomes and sustainability, and maximise the opportunity to support normal birth processes and avoid unnecessary interventions.

• Staff are empathetic, skilled, and well supported to deliver high quality, safe services, every time.

• Multi-professional team working is the norm within an open and honest team culture, with everyone's contribution being equally valued.

The Royal College of Midwives Position Statement Midwifery Continuity of Carer (2018:1) supports "the aim that midwifery continuity of carer across the maternity journey should be the central model of maternity care for women."

Edinburgh Napier University continues to be proactive in supporting students' involvement with continuity of care schemes.

Aims of the Student Midwife Caseloading Scheme

To enable students to:

- Gain experience in continuity of midwifery care with clients throughout their ante natal, intrapartum, and postpartum experiences.
- Under the supervision of an experienced midwife, have the opportunity to experience the decision making required to plan and evaluate an individualised schedule of midwifery care for clients.

• Gain continuity of experience, and insight into the multi-disciplinary care needs of women experiencing more complex pregnancies and births.

• Gain experience of autonomous practice in a supported and supervised setting prior to qualification.

Orientation and Preparation

Following discussion between midwifery lecturers and midwifery colleagues it was established that prior to students actively providing continuity of care to a small caseload of women there should be a period of orientation and preparation. The key areas for this were identified as follows:

- Clinical midwifery skill acquisition and professional competence
- Theoretical underpinning of normal midwifery
- Orientation to midwifery practice
- Development of reflective skills

For student caseloading to be successful, it is important that there is a good relationship between the student, and their supervisor. The supervisor needs to feel confident that the student has reached the necessary level of proficiency; and the student needs the supervisor to be supportive. To establish this, we have aimed that students are allocated to a maximum of two community areas for the whole of their midwifery training. For the

first academic year of the midwifery programmes, the student will undertake the orientation and preparation stage of case loading.

During this stage, the student will focus on reflective practice and skills acquisition (this is achieved in reflection groups and through the MPAD). Focussing the student in this way will enable them to start thinking about the professional responsibilities of case loading.

Prior to starting caseloading, specific information relating to the case loading will be embedded into reflection days and theory modules to ensure the students are gaining sufficient preparation.

By the time the student reaches the second year there should be ample evidence to demonstrate that the student has reached the appropriate level of

proficiency; and also the opportunity to support those students who may need extra time or support.

Interactive Phase

Students will now be in academic year 2 and supervisors should have had exposure to the students and the opportunity to engage in their preparation and ongoing clinical assessments (either as a supervisor, assessor or as a member of the team the student has been allocated to).

During this stage, it is anticipated that the students will, with the support of a supervisor, take on a negotiated caseload of women. Clients should be chosen to match the students' ability to caseload and estimated due dates staggered to allow for holidays, non-negotiable placements and to enable the students to achieve a spread over the final stage of their programme.

Students are expected to maintain good communication with their supervisors and to feedback on each client contact. It is anticipated that this will be very similar to what is expected currently of students during this stage of clinical practice; although it is recognised that different teams offer slightly different opportunities to students. It is also recognised that the implementation of Best Start is occurring at individual rates across partner Health Boards.

The NMC recognises that midwives have overall accountability, but this also includes the ability to delegate appropriately, as such, it is considered acceptable practice by the NMC for students to fully participate in case loading in a planned and supportive environment.

Minimum caseload

It is proposed that a minimum caseload should be two clients. It is also recognised that not all students will be able to provide intrapartum care – and that this will be dependent upon when clients go into labour and individual student commitments.

Maximum Caseload

It is proposed that students should not try and caseload more than five women.

Placement Summary

Orientation and preparation

All Programmes

Students spend trimester one in university gaining preparatory theory and clinical skills.

Practice commences in trimester 2. Students start to practice key clinical skills and orientate towards midwifery practice.

Interactive All Programmes

This commences during the second academic year and should coordinate with students' community placements; however this might vary depending on the allocation schedule. Students need to take into account the timings of neonatal unit placements and elective placements.

Frequently Asked Questions

Q: Which students will be taking part in the project?

A: All the students will caseload, but it will take place in two stages:

Stage 1: First academic year - orientation and preparation

Stage 2: Second academic year onwards - interactive

Q: How many women will students caseload at any time?

A: This has to be flexible to match students' individual circumstances. In principle, a caseload will be a minimum of two clients and a maximum of five.

Q: What if women do not want to be involved with the student case loading?

A: Women retain the right to decline to participate in case loading. The literature on student caseloading schemes would appear to indicate that

Women are very positive about the experience and welcome being part of the schemes in their future pregnancies.

Q: What if students cannot follow women through the intrapartum stage?

A: It is anticipated that this will not always be possible, but it is expected that students keep close contact and pick up care as soon as possible.

Q: What will the role of the supervisor be?

A: The principal role of the supervisor in student caseloading is to support student learning and experience. The student will have a supervisor in the community, who will support the student in much the same way as present. When the woman goes into labour, the student will be contacted and will be supervised by the allocated midwife in the intrapartum setting. Where Best Start has been implemented, the role of the supervisor will be tailored to the organisation of the team.

Q: Will students coming in with women affect the placements for students already allocated to intrapartum placements?

A: This should not be a problem. Lothian, Borders, Fife and Forth Valley areas should provide the students with ample opportunity to meet their EU numbers. As each student will caseload, it is anticipated that placement and caseload should balance out.

Q: How will student clinical hours be monitored?

A: Students will continue to have their attendance signed for by a supervisor. Where the student is undertaking clinical work that is not directly supervised by a midwife, it is expected that all experiences will be negotiated with the supervisor and that the student will report back to their supervisor on their clinical work. This ensures that hours are monitored and also that the principles of reporting care and actions, documentation and good communication skills are addressed.

Q: Will students be disadvantaged if they cannot drive?

A: Inability to drive does not prevent students' case loading – but it does mean that community placements will have to be carefully chosen and it may mean that students may choose to have a smaller caseload.

Q: Who is responsible for the woman's care?

A: As now overall responsibility remains with the midwife.

Q: As it will remain my responsibility – how will I know if something has been missed or if a problem develops?

A: Students will be allocated to a community area for their practice placement, so the supervisor should already know the student and have insight into their abilities.

Good communication between the student and supervisor is essential, and it is required that the student will give the mentor detailed feedback. The NMC states that the midwife has overall accountability but should be able to delegate tasks appropriately and this includes students who caseload.

Q: Whom does the woman contact when she is in labour?

A: The woman informs delivery suite, triage, the birth centre, or midwife led unit as usual. Contact details of the student can be stored at the place most appropriate for each unit. For example, Lothian uses special features on TRAK and Borders keeps the information on Delivery Suite.

Q: Why not let the woman contact the student directly?

A: Protection of student details and ensuring appropriate client care.

Q: What about student safety, especially if called out during unsocial hours?

A: The student will be contacted by a midwife and should identify their method of travel and expected time of arrival. It is considered safe practice for anyone to inform someone if they are called out and to confirm safe arrival at their destination. This will be an extension of introductory personal safety education.

When potential clients are being selected, the supervisor and student will have a risk assessment form to complete for each client (Appendix 2).

Q: What if a client needs more complex care?

A: The student will follow the woman regardless of how her pregnancy needs change. The supervisor links for best start teams, community and delivery suite will be the same; however, a student link will need to be established at clinics and antenatal assessment units.

Q: What if the supervisor does not think the student is ready for interactive stage case loading?

A: If a supervisor has any concerns regarding the students' development, then they should contact the link lecturer to discuss any issues and a plan should be developed to support student learning. This will follow the same process that is currently in place.

Q: What if there is a fetal demise or neonatal death? Should the student stay involved?

A: Within the supportive environment of the project, students would benefit from experiencing the support given to the bereaved family. The supported involvement of the student would be good preparation for qualified practice. The student will have additional support available from their personal tutor or link lecturer.

Guidelines to Use with Students

The aims of student caseloading are:

- Gain experience in continuity of midwifery care with clients throughout their ante natal, intrapartum, and postpartum experience
- Under the supervision of an experienced midwife, have the opportunity to experience the decision making required to plan and evaluate an individualised schedule of midwifery care for clients
- Gain continuity of experience, and insight into the multi-disciplinary care needs of women experiencing more complex pregnancies and births
- Gain experience of autonomous practice in a supported and supervised setting prior to qualification

How to select appropriate women:

In conjunction with your community midwife supervisor or team midwife, consider women who are most likely to give birth during the last two years of your programme, taking into account when you will have holidays, examinations, electives, and neonatal placements.

Gaining consent from the women:

Women should be asked if they are happy to have student involvement in their care, they should be assured that a qualified midwife will retain overall responsibility for their care. This will normally be the community or team midwife during the antenatal and postnatal periods and for home births and a delivery suite midwife in labour for women who give birth in hospital.

Students are advised not to contact women initially by telephone. Your supervisor should approach potential clients and written information provided for the woman to look at (where appropriate); a sample letter is provided for you on the case loading learning space. This makes it easier for women to ask questions and decide if they want to be involved.

Women should be informed that they can withdraw their consent at any time; however, the benefits of receiving continuity from a known student should be explained.

Women should be informed that they will always have access to a qualified midwife and that their midwives contact details will be available as usual.

When a woman has agreed to participate, you are required to:

1. Document your name in the woman's handheld record or on the relevant electronic record system.

2. Complete the 'intrapartum sheet' identifying that you are the named student for this woman; your contact details and availability should be also documented here. This will be used to highlight to the birth centre, midwife led unit, delivery unit or triage when to call you, should the woman be admitted at any time.

3. This sheet should be filed in the hospital notes. **This is your responsibility.** A copy of this should be attached to the handheld notes to enable the woman to see if you are on duty. However, personal contact details should not be recorded in any handheld notes.

Planning the care and visits:

You are required to meet with your supervisor early on in the placement for an initial discussion. A negotiated mechanism for contacting and providing feedback to the midwife about the progress of the woman during these visits must be in place before you can visit under minimal supervision. A risk assessment form needs to be completed by yourself and the community midwife or team midwife for each woman booked as part of your caseload (students have electronic copies of these on the case loading learning space).

Each student can negotiate one visit per client during theory time (excluding labour), however you need to consider how you will make up the theory you have missed and decide whether the visit could take place at a different time. Sessions such as efficient moving and handling, emergency skills and drills and resuscitation cannot be missed. If a woman is scheduled for a visit at this time, you need to take responsibility to maintain contact with your client i.e. by telephone later. This will require you to organise and manage your time effectively.

Visiting/Travelling/Safety

You will be required to carry out where possible, antenatal visits (at least one of these visits should be in the woman's own home i.e. to discuss the birth plan), accompany the women if attending antenatal appointments, undertake the intrapartum care, provide postnatal care, and attend and participate in any parent education activities such as aqua natal and yoga classes.

It is essential that you are aware of and protect your own safety needs, especially during unsocial hours, during the night and especially if you are reliant on public transport/walking.

Time Management:

One of the aims of this clinical experience is to provide you with the opportunity to manage your time effectively. There is no correct way in which to do this, but general principles are:

- You must have two days off per week (or equivalent)
- You may wish to identify nights' on-call separately from daytime availability

• When you are providing intrapartum care, you should not be on duty for more than 12 hours

• The amount of time you spend working alongside your midwife supervisor will vary depending on what stage of your programme you have reached. This is at the discretion of your midwife supervisor. The NMC recognises that midwives are accountable for provision of care and the appropriate delegation of duties.

Record keeping

It is essential that you record the following:

- **Every visit**, either at a clinic or at home, identifying findings, discussions and plans for future care in the woman's handheld notes
- Any parenting sessions, agua natal sessions etc.

• Case load evidence/pages for every visit, outlining findings, discussions, and plans,

plus discussions on progress with your community midwife supervisor

• A record of time spent on visits providing care etc.

• A record of mileage

Procedures to be followed when a woman goes into labour:

1. Initially the woman will contact the delivery suite, the midwife led unit, birth centre or triage as usual and state that she has a student involved in her care.

2. The relevant area will contact the student at this point if the woman is advised to attend the unit or the midwife is going out to the woman's home.

3. You may wish to attend the delivery unit, midwife led unit or birth centre prior to the woman arriving there to prepare a room and negotiate a mentor for the case etc.

4. You will then, **UNDER SUPERVISION** from a midwife in the relevant area or from your best start team, care for the woman.

5. At any appropriate and/or negotiated time, you will/can handover care to an appropriate person, if necessary. Normally you should not be with a woman for more than 12 consecutive hours.

Communication with your supervisor

Once you are undertaking minimally supervised visits you need to agree a mechanism of communication with your best start team or community midwife supervisor. This is to enable you to provide your supervisor with information about your caseload and receive feedback about your plan of care.

You are required to meet with your best start team or community midwife supervisor on a regular basis to formally review your cases when they are discharged from midwifery care. You should take any records that you have made, including timesheets and mileage claims to this meeting to be signed.

Towards the end of the project, you will need to arrange to meet with your best start team or community midwife supervisor and then your personal tutor to evaluate your experiences. All documentation will need to be submitted with your personal development portfolio (PDP) to your personal development tutor. It is expected that you will complete a written reflection on each caseload client to be submitted as part of your caseload documentation and as part of your PDP.

TRUTHS AND MYTHS about CASE LOADING: A GUIDE

1. Student can do visits on their own whenever they want?

FALSE

The student needs to have been assessed prior to minimally supervised care being undertaken. Most antenatal care is provided in antenatal clinics where the midwife is present or readily accessible. Where a home visit is planned, the midwife supervisor should discuss with the student the aims of the visit etc. and after the visit the student should feedback to the midwife using the agreed mechanism.

2. Women who have agreed to have a case loading student have agreed to have any student participation?

FALSE

Women specifically consent to having a case loading student and have often developed a relationship with them. Other students should not be allocated to these women, unless their student is unavailable; the woman's consent to having the other student present should always be sought as usual.

3. Students should only be called when the women are in established labour? FALSE

In order to achieve the aims of the project, students need to be involved in all parts of the assessment and decision-making process.

4. Students are responsible for ensuring their on-call availability is known on delivery suite, triage etc. and the rotas are kept up to date?

TRUE

Each student must complete both the availability form in the woman's notes and the on-call rota.

5. Students are available 24/7?

FALSE

Students are entitled to 2 days off a week. Individual students should identify the amount of on-call they are able to work to meet the requirements of the women and their other commitments.

6. Students need supervision when in an intrapartum setting?

TRUE

The students' are extra to the numbers – consider them as a bonus! However, they are only there to care for women from their caseload.

7. When the shift changes the student will go home?

FALSE

As the student is aiming to provide continuity of care, they can work up to 12 hours continuously. This will also be dependent upon the students other programme commitments.

8. Students need a break whilst working in the intrapartum setting? TRUE

9. Students can choose when they want to work whilst on case loading practice? TRUE and FALSE

Students, whilst on case loading practice, are working flexibly to meet the needs of the woman and their programme. The students are required to negotiate closely with the supervisors when planning visits etc.

10. When a woman moves from normal care to complex care the student should stop caring for her?

FALSE

The student should not stop providing care for the woman but should be able to identify any additional support needs. They will obviously need more direct supervision from their allocated supervisors and in some situations, students may need to revert back to an observatory capacity depending on the situation.

School of Health and Social Care

Student Midwife Case Loading

Information for Women

Thank you for agreeing to have a named student midwife allocated to your care. The student is undertaking a pre-registration midwifery programme at Edinburgh Napier University and is undertaking student midwife case loading.

Please remember that you can withdraw your consent at any time. However, we hope you will benefit from the continuity and support provided by the student midwife in addition to the ongoing support of your midwife. We hope that you find your antenatal care, birth, and postnatal support a positive one.

The aims of case loading are to enable the student midwife to:

- Participate in providing continuity of midwifery care for you throughout your pregnancy, birth, and early postnatal days.
- Gain experience and develop skills in decision making required to plan and provide care for you under the supervision of your community midwife.
- Be involved in the range of care provision as required throughout your care.
- Experience midwifery practice in a supported and supervised setting prior to qualification.

A qualified midwife will have overall responsibility for your care: this will normally be your team or community midwife during the antenatal and postnatal stages and for homebirths; and a delivery suite, birth centre or midwife led unit midwife during labour for women who give birth in hospital.

Your student is encouraged to provide a significant proportion of your antenatal care; whether in an antenatal clinic or in your own home, conduct postnatal care and accompany you and participate in any parent education activities e.g. ante natal classes, aqua natal, yoga etc. that you may wish to attend during your pregnancy.

Your care in labour:

1. When you initially contact the Delivery Suite at either the Borders, Kirkcaldy, Larbet, St John's, or Triage at The Simpson Centre for Reproductive Health please state you have a student midwife involved in your care.

2. If you require admission to the unit, the midwife will check the student's availability and will inform your student of your impending admission.

3. The student will aim to meet you when you arrive at the labour ward or as soon as possible afterwards.

4. Your student will then, **UNDER SUPERVISION FROM A QUALIFIED MIDWIFE**, care for you throughout the birth of your baby.

Student's name:

Midwife supervisor's name:

School of Health and Social Care

Student Midwife Case Loading

Agreement to participate in case loading provided by a student midwife undertaking an Edinburgh Napier University pre-registration Midwifery programme.

Name of woman:

Name of student:

Contact number(s) for the student:

Dates when not available:

Name of Team or Community Midwife Supervisor and contact details:

Name of Personal Tutor and contact details:

PLEASE CONTACT THIS STUDENT WHEN

.....

IS ADMITTED FOR ANY REASON.

Appendix One

Risk Assessment Form

Student Midwife Case Loading Risk Assessment Form

The following form must be completed when midwifery students are planning to contact or visiting clients in their own homes, unaccompanied by a midwife or via an electronic platform. An electronic copy of the form should be stored by the PDT and signed by the community supervisor.

Name of Student.....

Community Area.....

Dates: From. To.

Identifying potential	Identifying Measures	Additional Information
issues	to Reduce Potential	Please indicate any
Please indicate any	Issues	additional
potential issues the	Please indicate action taken	Information, such as
student may be exposed to	for	prohibited activities or other
in the clients' home	minimizing potential issues	issues that
	identified	may affect the student

I have discussed the above with the student. I have assessed the student as competent to undertake identified midwifery care with identified clients in an unaccompanied capacity.

Signature of Supervisor Date

I have had the opportunity to discuss the above with my supervisor and PDT. I feel competent to either visit identified clients unaccompanied or take part in online discussions with them. I know what action to take in the event of an emergency.

I know that my role is not to provide clinical advice and that I should always refer women back to a qualified midwife.

Signature of Student Date

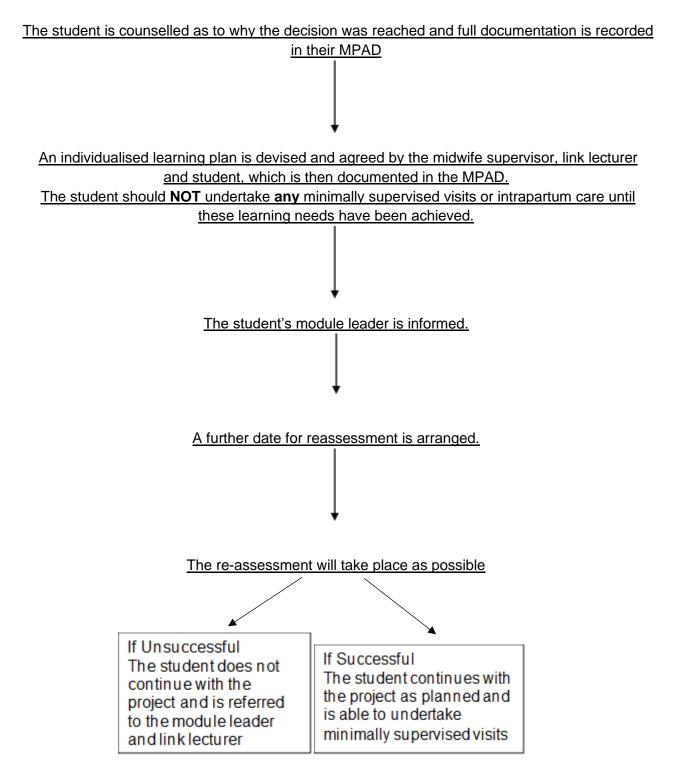
Appendix Two

Student Proficiency Process

School of Health and Social Care

Student Midwife Case Loading Interactive Phase

Not yet Proficient Procedure:



Appendix Three

Introductory Letter

Dear

My name is _____ and I am a midwifery student at Edinburgh Napier University. I am undertaking student midwife caseloading and would like to participate in your care alongside your community midwife.

The aim of the project is to:

- Participate in delivering continuity of care for you throughout your pregnancy, labour, and postnatal experiences.
- Gain experience and skills in the decision-making required to plan and evaluate a schedule for your care under the supervision of your community midwife.
- Be involved in the multi-disciplinary care provision as required throughout your care.

A qualified midwife will always have overall responsibility for your care, but you will have the additional involvement of myself as a student midwife.

Should you consent to my participation in the provision of your care, please remember that **you** can withdraw your consent at any time.

I will provide a proportion of your midwifery care, whether in a clinic, delivery suite, birth centre or, when appropriate, in your own home.

IF YOU WOULD LIKE ME TO BE PART OF YOUR MATERNITY CARE, OR HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT _____ ON _____

Yours sincerely

Appendix Four

Consent Form

School of Health and Social Care

Student Midwife Case Loading Agreement to participate in Case loading provided by a student midwife undertaking a pre-registration Midwifery programme.

Name of woman:

Name of student:

Contact details for the student:

Dates when not available:

Name of Community Midwife supervisor and contact details:

Name of Personal Tutor and contact details:

Appendix Five

Student Caseload Sheets

Student Caseload Contacts and Visits Sheet

Date:	Time From: Time To:	Venue:
Aim of Conta	nct/ Visit:	
Please state	the form of contact e	.g. face to face, email, or online discussion
Outline of Dis	scussion/Findings:	
Plans for futu	ure contact:	
Next contact	:	
Discussion w	vith community midw	/ife supervisor/ PDT:
Date:		Time:

Student's signature:

Community midwife/supervisor's signature:

Appendix Six

Information Sheets for Women School of Health and Social Care Student Midwife Case Loading Information for Women

Thank you for agreeing to have a named student midwife allocated to your care. The student studying on a midwifery pre-registration programme and is undertaking student midwife case loading at Edinburgh Napier University.

Please remember that you can withdraw your consent at any time. However, we hope you will benefit from the continuity and support provided by the student midwife and experience and support a positive one.

The aims of case loading are:

- Participate in delivering continuity of support for you throughout your pregnancy and early days as a new parent
- Gain experience and skills in building professional relationships with women.
- Gain an understanding of maternity service provision from the perspective of the women and families using the service

A qualified midwife will have overall responsibility for your care: this will normally be your community midwife during the antenatal and postnatal stages and for homebirths; and a delivery suite midwife during labour for women who give birth in hospital.

Your student is encouraged to maintain regular contact with you, participate in helping you develop a care plan and where possible participate in your antenatal care; be with you at the birth of your baby and provide postnatal care.

Student's name:

Community Midwife's name:

Personal Development Tutor's name:

Useful References for Staff and Students

Equality Act (2010) [Online] Available: <u>http://www.legislation.gov.uk/ukpga/2010/15/contents</u>. [Accessed 3 December 2019].

Health and Safety Executive (1998) <u>The Working Time (Amendment) Regulations 2003</u>. [Online] Available: <u>http://www.legislation.gov.uk/uksi/2003/1684/contents/made</u>. [Accessed: 02 December 2019].

Keighley, T. (2009) <u>European Union Standards for Nursing and Midwifery: Information for</u> <u>Accession Countries</u>. (2nd ed). Europe: World Health Organisation.

NHS Education for Scotland (NES) (2019) <u>A National Framework for Practice</u> <u>Supervisors, Practice Assessors and Academic Assessors In Scotland</u>. [Online] Available:

https://www.nes.scot.nhs.uk/media/4343473/scottish_approach_to_student_supervision_ and_assessment_interactive_final_19.8.19.pdf. [Accessed: 02 December 2019].

NHS Education for Scotland (NES) (2013). <u>Evaluation of Current Practices to Involve</u> <u>Service Users and Carers in Practice Assessment in 11 Higher Education Institutes</u> (<u>HEIs</u>) in Scotland. [Online] Available:

https://www.nes.scot.nhs.uk/media/2063151/nes_user_and_carers_final_report_word_29 0313-no_appendix_inc_nes__and_gcu_logo_wsv.pdf . [Accessed: 02 December 2019].

NHS Education for Scotland (NES) (2020) <u>Quality Standards for Practice Placements.</u> Edinburgh: NHS Education for Scotland.

Nursing and Midwifery Council (NMC) General Medical Council (GMC) (2015) <u>Openness</u> and honesty when things go wrong: the professional duty of candour. [Online] Available: <u>https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf</u>. [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019d) <u>Practising as a midwife in the UK</u>. [Online] Available: <u>https://www.nmc.org.uk/globalassets/sitedocuments/nmc-</u> publications/practising-as-a-midwife-in-the-uk.pdf . [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019e) <u>Raising concerns. Guidance for nurses,</u> <u>midwives and nursing associates.</u> [Online] Available: <u>https://www.nmc.org.uk/globalassets/blocks/media-block/raising-concerns-v2.pdf</u>. [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019b) <u>Realising professionalism: Standards for</u> <u>education and training</u>. Part 3: Standards for pre-registration midwifery programmes. [Online] Available:

https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-for-preregistration-midwifery-programmes.pdf . [Assessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2018b)) <u>Realising professionalism: Standards for</u> <u>education and training. Part 2: Standards for student supervision and assessment.</u> [Online] Available: <u>https://www.nmc.org.uk/globalassets/sitedocuments/education-</u> <u>standards/student-supervision-assessment.pdf</u>. [Accessed 3 December 2019].

Useful References for Staff and Students (cont.)

Nursing and Midwifery Council (2018c) <u>Realising professionalism: Standards for</u> <u>education and training. Part 1: Standards framework for nursing and midwifery</u> <u>education</u>. [Online] Available: https://www.nmc.org.uk/standards-for-education-andtraining/standards-framework-for-nursing-and-midwifery-education/</u>. [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019a) <u>Standards of proficiency for midwives.</u> [Online] Available:

https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiencyfor-midwives.pdf . [Accessed: 02 December 2019].

Nursing and Midwifery Council (2018a) <u>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</u>. [Online] Available: <u>https://www.nmc.org.uk/standards/code/</u> [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019c) <u>What it means to have a nominated</u> <u>assessor for 'each part'. Reference AC1-B.</u> [Online] Available: <u>https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-</u> <u>and-assessment/academic-assessment/who-are-academic-assessors-and-how-are-they-</u> <u>prepared/what-it-means-to-have-a-nominated-assessor-for-each-part/</u>. [Accessed: 02 December 2019].

Pan London Practice Learning Group (PLPLG) (2019) Pan London Practice Assessment Document 2.0. [Online] Available: www.plplg.uk [Accessed: 13 December 2019].

Renfrew, M., McFadden, A., Bastos, HM., Campbell, MPH., Channon, AA., Cheung, NF., Silva, DRAD., Downe, S., Kennedy, HP., Malata, A., McCormick, F., Wick, L. and Declercq, E. (2014) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. <u>The Lancet</u>, Vol. 384(9948), pp1129-1145. [Online] Available: <u>https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60789-3/fulltext</u>. [Accessed: 02 December 2019].

Royal Pharmaceutical Society (2019) <u>Professional Guidance on the Administration of</u> <u>Medicines in Healthcare Settings</u>. [Online] Available: <u>https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Profe</u>

ssional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guid ance.pdf?ver=2019-01-23-145026-567 . [Accessed: 3 December 2019].

Scottish Government (2017) <u>The Best Start: A Five-Year Forward Plan for Maternity and</u> <u>Neonatal Care in Scotland. Edinburgh: Scottish Government.</u> [Online] Available: <u>https://scotgov.publishingthefuture.info/publication/the-best-start-a-five-year-forward-plan-for-maternity-and-neonatal-care-in-scotland</u>. [Accessed 3 December 2019].

Strachan, E., Ion, R. and Roxburgh, M. (2019) on behalf of the National Strategic Group for Practice Learning. <u>Raising Concerns in Practice: Student Guidance. A National</u> <u>Approach for Students, Practice Learning Experience Providers and Higher Education</u> <u>Institutions in Scotland</u>. [Online] Available:

https://www.nes.scot.nhs.uk/media/4387539/final_nov_2019_version_national_rc_with_l eaflet.pdf . [Accessed: 13 December 2019].

Useful References for Staff and Students (cont.)

The Human Medicines Regulations (2012) [Online] Available: <u>http://www.legislation.gov.uk/uksi/2012/1916/contents/made</u> . [Accessed 3 December 2019].

The Management of Health and Safety at Work Regulations (1999) [Online] Available: <u>http://www.legislation.gov.uk/uksi/1999/3242/regulation/3/made</u> . [Accessed 3 December 2019].

United Nations Children's Emergency Fund (UNICEF) (2019) <u>Implementing the Baby</u> <u>Friendly Standards in Universities</u>. [Online] Available: <u>https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/university-guide-to-the-standards/</u>. [Accessed: 3 December 2019].