

Midwifery Practice Assessment Document (MPAD) Scotland

Postgraduate Diploma in Midwifery/ Masters in Midwifery (Short)

PgDip Mid/MM (Short)

Student's Name: _____

University: _____

Student Matriculation Number: _____

Programme: _____

Year of Intake: _____

Personal Development Tutor: _____



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GLOSSARY OF TERMS AND ABBREVIATIONS

AEI	Approved Educational Institute
AA	Academic Assessor
BLS	Basic Life Support
CPR	Cardiopulmonary Resuscitation
MH	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
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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Edinburgh Napier
UNIVERSITY



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 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 practice 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 evaluation of the practice placement 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.

For the purpose of your programme, you will work within a placement-based model. Caseloading will provide you with experience of continuity of care and carer. Information relating to this is available in the MPAD, Moodle learning site and can be discussed with your PDT.

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

Table 1

PART 1 Year 1	PLACEMENT	WEEKS	EXPERIENCE
	Placement based, placement blocks	25 weeks	Antenatal (A/N) / Postnatal (P/N) and Intrapartum (I) Community (C)
	Placement based, placement blocks	2 weeks	NNU
PART 2 Year 2	PLACEMENT	WEEKS	EXPERIENCE
	Placement based, placement blocks	27 weeks	Antenatal (A/N) / Postnatal (P/N) and Intrapartum (I) Community (C)

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.

Academic assessors:

PART 1 Ness McHugh (n.mchugh@napier.ac.uk)

PART 2 Roz Haddrill (TBC)

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 pre-practice 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 dates for your interim review meeting(s) and final assessment.

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 PART

At the end of each PART your academic assessor, 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 **at least once per placement**. 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.
5. 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 1800 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 40 hours per week and a maximum of 48 hours per week. The average time worked should be 40 hours per week throughout your programme.

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 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 1800 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 1800 hours of practice learning. This programme has been designed to offer you 1800 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 37.5hrs 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, PDT and follow your local health board absence/sickness policy.

- 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.

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

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		<i>K MacLeod</i>
Tuesday	12.5	A/N	Sick	<i>K MacLeod</i>
Wednesday	12.5	A/N		<i>K MacLeod</i>
Thursday				
Friday	12.5	A/N – Extra shift to cover sickness		<i>K MacLeod</i>
Saturday				
Sunday				
TOTAL HOURS FOR WEEK 1 = 50				

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

Student to sign and confirm that all signatures are authentic_____

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	<i>Kirsty McLeod</i>	KMcl	Midwife	Ward 8

Student to sign and confirm that all signatures are authentic _____

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	JMorrison	JM	Midwifery Lecturer	PART 1, practice 1

Student to sign and confirm that all signatures are authentic _____

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

Student to sign and confirm that all signatures are authentic _____

**SECTION 2: PRACTICE PLACEMENT
DOCUMENTATION**

DRAFT

2.0 Postgraduate Diploma in Midwifery (PgDip Mid Short) & Master in Midwifery (MM Short).

Your 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 programme will be provided on a full-time basis of no less than 18 months duration (NMC, 2019b, Article 41b) comprising 50% theory (1800 hours) and 50% practice learning (1800 hours) (NMC, 2019b, Standard 2.8). The programme consists of SCQF credits of which 120 are at SCQF level 11 to an award (NMC, 2019b, Standard 5.1) resulting in a Postgraduate Diploma in Midwifery (academic qualification) or Master 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 via a blended approach facilitated from within Edinburgh Napier University, Sighthill Campus, on-line and practice learning placements are within a variety of areas ranging from acute obstetric-led maternity hospitals to midwifery led continuity teams within the associated NHS Boards. 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.

Year one

Year one will develop your knowledge and skills in practice at (SCQF Level 11) and to meet specific NMC (2019a) proficiencies. The focus will be on low and high-risk women-centred care. Theory will comprise of 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 low and high-risk antepartum, intrapartum, and postpartum experiences across the differing NHS Health Boards, within urban and rural areas.

Year two

Year two will consolidate your knowledge in practice at (SCQF Level 11) 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 woman centred care. Practice learning placements will focus on holistic care and appropriate referral mechanisms throughout antepartum, intrapartum, and postpartum experiences including neonatal across the differing NHS Health Boards, within urban and rural areas.

2.1 Programme Flow / Planner example

1: Trimester 1																			Trimester 2																			Trimester 3																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52			
06.09.21	13.09.21	20.09.21	27.09.21	04.10.21	11.10.21	18.10.21	25.10.21	01.11.21	08.11.21	15.11.21	22.11.21	29.11.21	06.12.21	13.12.21	20.12.21	27.12.21	03.01.22	10.01.22	17.01.22	24.01.22	31.01.22	07.02.22	14.02.22	21.02.22	28.02.22	07.03.22	14.03.22	21.03.22	28.03.22	04.04.22	11.04.22	18.04.22	25.04.22	02.05.22	09.05.22	16.05.22	23.05.22	30.05.22	06.06.22	13.06.22	20.06.22	27.06.22	04.07.22	11.07.22	18.07.22	25.07.22	01.08.22	08.08.22	15.08.22	22.08.22	29.08.22			
																			Induction week	Theory Midwifery Practice: Art and Science.				Holiday	Practice learning Midwifery Part One Hospital AN/PN/IN										PL Part One Community			Assess Case study		Theory: Care and Examination of the Newborn (2)				Holiday	Community Part One		Reading		Assess Portfolio		Holiday		Part One	
Year 2: Trimester 1																			Trimester 2																			Trimester 3																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52			
05.09.22	12.09.22	19.09.22	26.09.22	03.10.22	10.10.22	17.10.22	24.10.22	31.10.22	07.11.22	14.11.22	21.11.22	28.11.22	05.12.22	12.12.22	19.12.22	26.12.22	02.01.23	09.01.23	16.01.23	23.01.23	30.01.23	06.02.23	13.02.23	20.02.23	27.02.23	06.03.23	13.03.23	20.03.23	27.03.23	03.04.23	10.04.23	17.04.23	24.04.23	01.05.23	08.05.23	15.05.23	22.05.23	29.05.23	05.06.23	12.06.23	19.06.23	26.06.23	03.07.23	10.07.23	17.07.23	24.07.23	31.07.23	07.08.23	14.08.23	21.08.23	28.08.23			
Part One		Theory: Complex Care of Women and Newborn Infant x 1 day per week				Hospital and Part one sign off				Assess: Exam		Xmas Holiday			Catch up time		Theory Evaluating Midwifery Practice Project				Reading				Practice Learning Part Two: Hospital AN/PN/IN				Holiday		Assess: Essay		Theory: Management of Obstetric Emergencies and Midwifery Care				Reading		Part two IP/HDU		Reading		Holiday				Assess: OSCE		Catch up time Part two					
Community Part one		Hospital Part one inc NNU for 2 weeks																																																				
Year 3: Trimester 1																			Trimester 2																			Trimester 3																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52			
04.09.23	11.09.23	18.09.23	25.09.23	02.10.23	09.10.23	16.10.23	23.10.23	30.10.23	06.11.23	13.11.23	20.11.23	27.11.23	04.12.23	11.12.23	18.12.23	25.12.23	01.01.24	08.01.24	15.01.24	22.01.24	29.01.24	05.02.24	12.02.24	19.02.24	26.02.24	04.03.24	11.03.24	18.03.24	25.03.24	01.04.24	08.04.24	15.04.24	22.04.24	29.04.24	06.05.24	13.05.24	20.05.24	27.05.24	03.06.24	10.06.24	17.06.24	24.06.24	01.07.24	08.07.24	15.07.24	22.07.24	29.07.24	05.08.24	12.08.24	19.08.24	26.08.24			
Midwifery Practice: Leadership and Personalised Care x 1 day per week				Hospital part two + 1 week Gynaecology				Community part two				Holiday				Community case loading Part Two				Assess: Digital Discreetness		Part two sign off		Holiday		Holiday																												

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

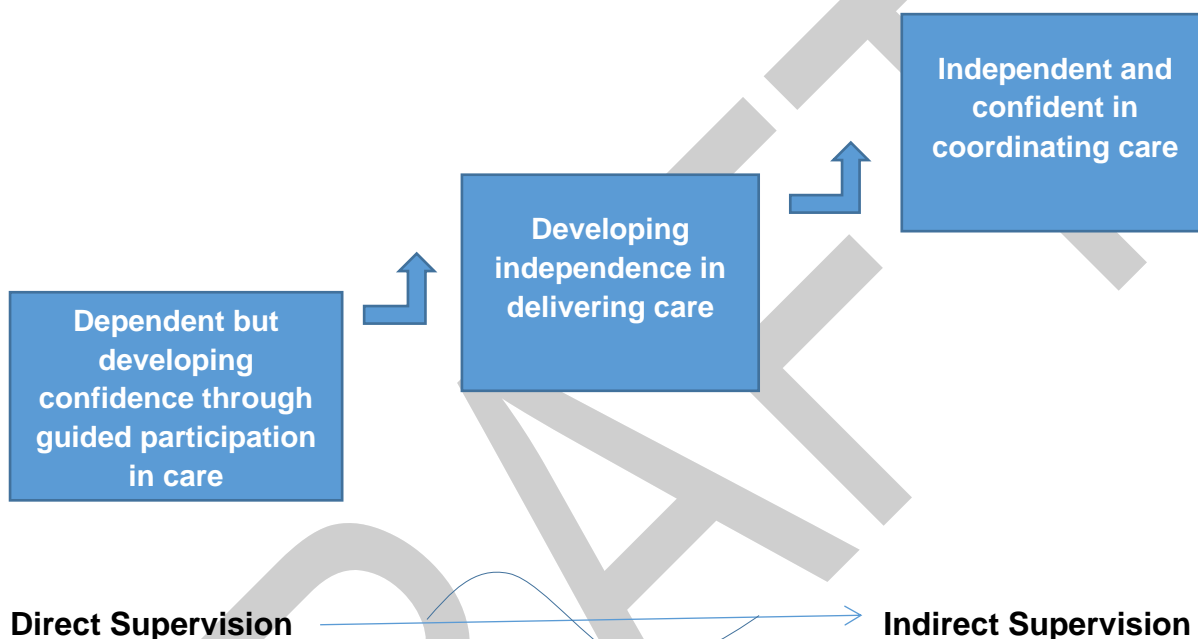
- 1. Being an accountable, autonomous professional midwife**
- 2. Safe and effective midwifery care: promoting and providing continuity of care and carer**
- 3. Universal care for all women and newborn infants**
 - A. The midwife's role in public health, health promotion and health protection
 - B. The 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

Developing Independence

Minimum standard of participation in care to be achieved by the end of Part 1 Year 1 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: www.plplg.uk

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 and maintained. 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 your associate university tutor when sessions are attended/ completed.

Practice Skills	Pre-Practice	Part 1	Part 2
Manual Handling (Statutory)	LearnPro & Simulated Practice		Annual update
Student Signature:			
AEI Signature:			
Date:			
Prevention & Safe (Therapeutic) Management of Violence and Aggression	Breakaway Training – theory and practice		Practice update
Student Signature:			
AEI Signature:			
Date:			
Fire Safety (Statutory)	Induction Programme - Fire Safety Awareness		
Student Signature:			
AEI Signature:			
Date:			
Information Governance (Statutory)	Video on TURAS		
Student Signature:			
AEI Signature:			
Date:			
Better Blood Transfusion		LearnPro Community Modules: Safe Transfusion Practice; Anti-D administration: Safe sampling video	LearnPro Community Consent for Transfusion; Acute transfusion reaction
Student Signature:			
AEI Signature:			
Date:			

2.3 Mandatory Training (cont.)

Practice Skills	Pre-Practice	Part 1	Part 2
Cardio-Pulmonary Resuscitation	BLS - Theory and Practice		ILS - Theory and Practice to ILS Standard
Student Signature:			
AEI Signature:			
Date:			
Control of Infection	SIPCEP Foundation Pathway	SIPCEP Foundation Pathway	
Student Signature:			
AEI Signature:			
Date:			
Neonatal Life Support		Theory and Practice	Theory and Practice
Student Signature:			
AEI Signature:			
Date:			
On-line prescribing programme as Health Board requirements	LearnPro Community HePMA		
Student Signature:			
AEI Signature:			
Date:			
K2 medical systems		Chapters: *Fetal physiology *Intermittent auscultation *Antenatal CTG *Intrapartum CTG	*Cord blood gases *Errors and limitations in fetal monitoring *Fetal Blood sampling Minimum 5 Cases on training simulator and 5 cases on assessment simulator
Student Signature:			
AEI Signature:			
Date:			

Edinburgh Napier
UNIVERSITY

PART 1

2.4 Part 1

Module Code:

Information for Students	
1.	<p>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;</p> <p>Using and completing your MPAD appropriately Uniform policy and shift patterns Raising concerns / duty of candour / professionalism Reporting absence</p>
2.	<p>Access the School of Health and Social Care Practice Learning Moodle site for information on;</p> <p>Practice learning experience – general information Practice learning experience profiles Practice support and policies Student placement expenses and accommodation information Placement sickness absence guidance</p>
3.	<p>Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern</p>
4.	<p>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.</p>
5.	<p>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.</p>
6.	<p>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.</p>
7.	<p>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</p>

**PRE-PRACTICE LEARNING ACTIVITIES
PART 1**

PRACTICE 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			
Prior to the commencement of each practice learning environment, you should:			
1. 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.			
2. Read the appropriate practice placement profile, which can be accessed on the student portal/via InPlace / QMPLE			
3. Briefly summarise what the practice placement environment 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

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 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

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 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 theory will link with your neonatal practice learning experience. Simulated practice of fundamental core caring, and mandatory skills required for safe and effective practice are also included.

This module consists of 25 weeks of practice placements within first year 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.

Part 1 Module Learning Outcomes:

LO1.	Critically reflect on existing communication and interpersonal skills and demonstrate effective application to midwifery practice
LO2.	Contextualise relevant nursing knowledge and skills and consider their significance in the performance of a range of practical midwifery skills including record keeping taking account of individual needs of the woman or birthing person and their family
LO3.	Explore professional and ethical concepts, identifying the role of the Code (NMC, 2018) and reflect on how these present within midwifery policy and practice
LO4.	Justify the provision of midwifery care in a manner that optimises women and person's capabilities and promotes wellbeing.
LO5.	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 1, exercising initiative and developing autonomy as appropriate

PART 1

In accordance with the **NHS Education for Scotland (2008) 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**

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:






SERVICE USER FEEDBACK PART 1

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 were you with the way the student midwife:	Very happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
• cared for you?					
• listened to your needs?					
• understood the way you felt?					
• 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 supervisor or assessor signature:
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**STUDENT REFLECTION ON SERVICE USER FEEDBACK
PART 1**

**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:
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INTERPROFESSIONAL EXPERIENCE

If you work within any other disciplines please complete the following record

PART 1

Student Name:	Matriculation number:
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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 1**

Date	Time	Student, practice supervisors, practice assessors and academic assessors can add notes	Signature
			

Quadripartite Record

Student Signature:

Date:

Nominated Practice Supervisor Signature:

Date:

Nominated Practice Assessor Signature:

Date:

Nominated Academic Assessor Signature:

Date:

DRAFT

1ST INTERIM REVIEW
TO BE COMPLETED BY PRACTICE ASSESSOR AT THE END OF EACH TRIMESTER
PART 1

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 midwife 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 practitioner

Date:

Student Signature:

Practice Assessor Signature:

Part 1 Module Learning Outcomes

LO1	Critically reflect on existing communication and interpersonal skills and demonstrate effective application to midwifery practice.
LO2	Contextualise relevant nursing knowledge and skills and consider their significance in the performance of a range of practical midwifery skills including record keeping taking account of individual needs of the woman or birthing person and their family.
LO3	Explore professional and ethical concepts, identifying the role of the Code (NMC, 2018) and reflect on how these present within midwifery policy and practice
LO4	Justify the provision of midwifery care in a manner that optimises women and person's capabilities and promotes wellbeing.
LO5	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 1, exercising initiative and developing autonomy as appropriate.

Practice assessor comments	
End of trimester review	CONTINUE or ACTION PLAN <i>If an action plan is required please contact Part 1 Academic Assessor Ness McHugh</i>
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:
Student Statement	
<p>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:</p>	
Student Signature:	Date:

DRAFT

2ND INTERIM REVIEW
TO BE COMPLETED BY PRACTICE ASSESSOR AT THE END OF EACH TRIMESTER
PART 1

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 midwife 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 practitioner

Date:

Student Signature:

Practice Assessor Signature:

Part 1 Module Learning Outcomes

LO1	Critically reflect on existing communication and interpersonal skills and demonstrate effective application to midwifery practice.
LO2	Contextualise relevant nursing knowledge and skills and consider their significance in the performance of a range of practical midwifery skills including record keeping taking account of individual needs of the woman or birthing person and their family.
LO3	Explore professional and ethical concepts, identifying the role of the Code (NMC, 2018) and reflect on how these present within midwifery policy and practice
LO4	Justify the provision of midwifery care in a manner that optimises women and person's capabilities and promotes wellbeing.
LO5	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 1, exercising initiative and developing autonomy as appropriate.

Practice assessor comments	
End of trimester review	CONTINUE or ACTION PLAN <i>If an action plan is required please contact Part 1 Academic Assessor Ness McHugh</i>
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:
Student Statement	
<p>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:</p>	
Student Signature:	Date:

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**FINAL ASSESSMENT: END OF PART 1
TO BE COMPLETED BY PRACTICE ASSESSOR**

PART 1: 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 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, 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 practitioner		
Date:	Student Signature:	Practice Assessor Signature:

Part 1 Module Learning Outcomes (please initial)		PASS	FAIL
L01	Critically reflect on existing communication and interpersonal skills and demonstrate effective application to midwifery practice.		
L02	Contextualise relevant nursing knowledge and skills and consider their significance in the performance of a range of practical midwifery skills including record keeping taking account of individual needs of the woman or birthing person and their family.		
L03	Explore professional and ethical concepts, identifying the role of the Code (NMC, 2018) and reflect on how these present within midwifery policy and practice		
L04	Justify the provision of midwifery care in a manner that optimises women and person's capabilities and promotes wellbeing.		
L05	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 1, exercising initiative and developing autonomy as appropriate.		

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
<p>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:</p> <p>ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of DEVELOPING INDEPENDENCE in the proficiencies for Part 1.</p> <p>By the end of the Part 1 <u>all</u> proficiencies from domains 1-5 and appropriate skills in domain 6 must be achieved and recorded.</p> <p>If identified proficiencies have not been achieved, then this will result in a refer against the learning outcomes (learning outcome 5) which will be noted at the end of Part 1 final assessment. A resit period of a minimum of 4 weeks will be required following the Programme Assessment Board to enable the student to retrieve the proficiencies and outcomes before progressing to Part 2.</p> <p>PLEASE COMPLETE THE CONFIRMATORY PAGES FOLLOWING THE NEONATAL DOCUMENTATION ON PAGE 77</p>
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 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 DEVELOPING INDEPENDENCE 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

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

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

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 =			

RECORD OF ATTENDANCE – PART 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 =			

RECORD OF ATTENDANCE – PART 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 13 =

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TOTAL HOURS FOR WEEK 14 =

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TOTAL HOURS FOR WEEK 15 =

RECORD OF ATTENDANCE – PART 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 16 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 17 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 18 =			

RECORD OF ATTENDANCE – PART 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 19 =

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TOTAL HOURS FOR WEEK 20 =

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TOTAL HOURS FOR WEEK 21 =

RECORD OF ATTENDANCE – PART 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 22 =

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TOTAL HOURS FOR WEEK 23 =

Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TOTAL HOURS FOR WEEK 24 =

RECORD OF ATTENDANCE – PART 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 25 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 26 =			
Date / Week Commencing	Hours	Reason for Absence	Staff Signature
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
TOTAL HOURS FOR WEEK 27 =			

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.

Edinburgh Napier
UNIVERSITY



Neonatal

PART 1

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PART 1
Neonatal Orientation

In accordance with the **NHS Education for Scotland (2008) 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: 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 interim review:		Date of final assessment:

**NEONATAL ASSESSMENT WHICH WILL FORM PART OF THE FINAL ASSESSMENT
TO BE COMPLETED BY PRACTICE SUPERVISOR
PART 1: Neonatal**

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 requires continuous or frequent support from the practice supervisor but is developing confidence through guided participation and 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**

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, can CONTINUE
or has an ACTION PLAN developed. If an action plan has been developed please
contact Ness McHugh.

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 supervisor. Please write comments below:

Student Signature:

Date:

RECORD OF ATTENDANCE – PART 1: 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 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 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.

CONFIRMATION OF COMPLETION - PART 1

Practice Assessor Confirmation of Proficiency

This should be informed by the feedback sought from practice supervisors and any other relevant people in order to be assured about your decision. Review Domains section for the part to ensure all appropriate proficiencies have been signed as achieved.

Practice Assessor: Confirmation of Achievements of Domains: END OF PART 1		
	Please initial the relevant column	
	Achieved	Not Achieved
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 practitioner		

Practice Assessor Confirmatory Statement – END OF PART 1
<p>I confirm that in partnership with the Practice Supervisor and nominated Academic Assessor, student midwife (print name) _____ has ACHIEVED / NOT ACHIEVED (please delete as appropriate) all Domains (and proficiencies) at the DEVELOPING INDEPENDENCE level for Part 1 of the programme and, RECOMMEND / DO NOT RECOMMEND (please delete as appropriate) progression to PART 2.</p>
Signature of Practice Assessor
Date:

CONFIRMATION OF COMPLETION - PART 1 (cont.)

Academic Assessor Confirmatory Statement (AEI use only)
<p>I confirm that in partnership with the Practice Supervisor and nominated Practice Assessor, student midwife (print name) _____ has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all Domains (and proficiencies) at the DEVELOPING INDEPENDENCE level for Part 1 of the programme and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression to PART 2.</p>
Comments:
Signature of Academic Assessor:
Date:

AEI USE ONLY	
Number of hours for Part 1	
Absence hours carried forward to Part 2	
Excess hours carried forward to Part 2	
Retrieval programme required?	YES / NO (delete as appropriate)

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PART 2

DRAFT

2.5 PART 2

Module Code:

Information for Students	
1.	<p>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;</p> <p>Using and completing your MPAD appropriately Uniform policy and shift patterns Raising concerns / duty of candour / professionalism Reporting absence</p>
2.	<p>Access the School of Health and Social Care programme Moodle site for information on;</p> <p>Practice learning experience – general information Practice learning experience profiles Practice support and policies Student placement expenses and accommodation information Placement sickness absence guidance</p>
3.	<p>Please contact your practice placement prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern</p>
4.	<p>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.</p>
5.	<p>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.</p>
6.	<p>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.</p>
7.	<p>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</p>

PRE-PRACTICE LEARNING ACTIVITIES

PART 2

PRACTICE 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 practice learning environment you should:			
8. Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor.			
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.

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

13. In relation to the practice placement that you are about to enter, identify any related topics 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 – 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:
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MODULE LEARNING OUTCOMES PART 2

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 theory you have had or will go on to study integrates related anatomy and physiology with evidence-based care. 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 30 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). 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 107.

Part 2 Module Learning Outcomes:

LO1.	Critically reflect on communication and interpersonal skills considering working effectively with others, including other professionals, students, agencies and stakeholders.
LO2.	Evaluate and review the knowledge and skills required in the provision of universal and additional midwifery care, demonstrating initiative and developing autonomous practice
LO3.	Debate professional and regulatory frameworks for midwifery practice evaluating the evidence base in relation to the provision of continuity of care and carer.
LO4.	Critically evaluate their own and other's contribution to midwifery leadership in the provision of care in a manner that optimises women and person's capabilities and promotes wellbeing
LO5.	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 2, exercising initiative and developing autonomy as appropriate.

PART 2 Orientation

In accordance with the NHS Education for Scotland (2008) 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**

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 interim reviews:		Date of final assessment:

DRAFT

1ST INTERIM REVIEW
TO BE COMPLETED BY PRACTICE ASSESSOR AT THE END OF EACH TRIMESTER
PART 2

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, 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 practitioner

Date:

Student Signature:

Practice Assessor Signature:

Part 2 Module Learning Outcomes

LO1	Critically reflect on communication and interpersonal skills considering working effectively with others, including other professionals, students, agencies and stakeholders.
LO2	Evaluate and review the knowledge and skills required in the provision of universal and additional midwifery care, demonstrating initiative and developing autonomous practice
LO3	Debate professional and regulatory frameworks for midwifery practice evaluating the evidence base in relation to the provision of continuity of care and carer.
LO4	Critically evaluate their own and other's contribution to midwifery leadership in the provision of care in a manner that optimises women and person's capabilities and promotes wellbeing
LO5	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 2, exercising initiative and developing autonomy as appropriate.

Practice assessor comments	
End of trimester review	CONTINUE or ACTION PLAN <i>If an action plan is required please contact Part 2 Academic Assessor Roz Haddrill</i>
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:
Student Statement	
<p>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:</p>	
Student Signature:	Date:

DRAFT

2ND INTERIM REVIEW

TO BE COMPLETED BY PRACTICE ASSESSOR AT THE END OF EACH TRIMESTER

PART 2

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, 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 practitioner

Date:

Student Signature:

Practice Assessor Signature:

Part 2 Module Learning Outcomes

LO1	Critically reflect on communication and interpersonal skills considering working effectively with others, including other professionals, students, agencies and stakeholders.
LO2	Evaluate and review the knowledge and skills required in the provision of universal and additional midwifery care, demonstrating initiative and developing autonomous practice
LO3	Debate professional and regulatory frameworks for midwifery practice evaluating the evidence base in relation to the provision of continuity of care and carer.
LO4	Critically evaluate their own and other's contribution to midwifery leadership in the provision of care in a manner that optimises women and person's capabilities and promotes wellbeing
LO5	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 2, exercising initiative and developing autonomy as appropriate.

Practice assessor comments	
End of trimester review	CONTINUE or ACTION PLAN <i>If an action plan is required please contact Part 2 Academic Assessor Roz Haddrill</i>
Name of Practice Assessor (print full name)	
Signature of Practice Assessor:	
Designation:	Date:
Student Statement	
<p>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:</p>	
Student Signature:	Date:






SERVICE USER FEEDBACK PART 2

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 were you with the way the student midwife:	Very happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
• cared for you?					
• listened to your needs?					
• understood the way you felt?					
• 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 Supervisor or Assessor Signature:
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**STUDENT REFLECTION ON SERVICE USER FEEDBACK
PART 2**

**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:

DRAFT

Date:

Student Signature:

Practice Supervisor or Assessor
Signature:

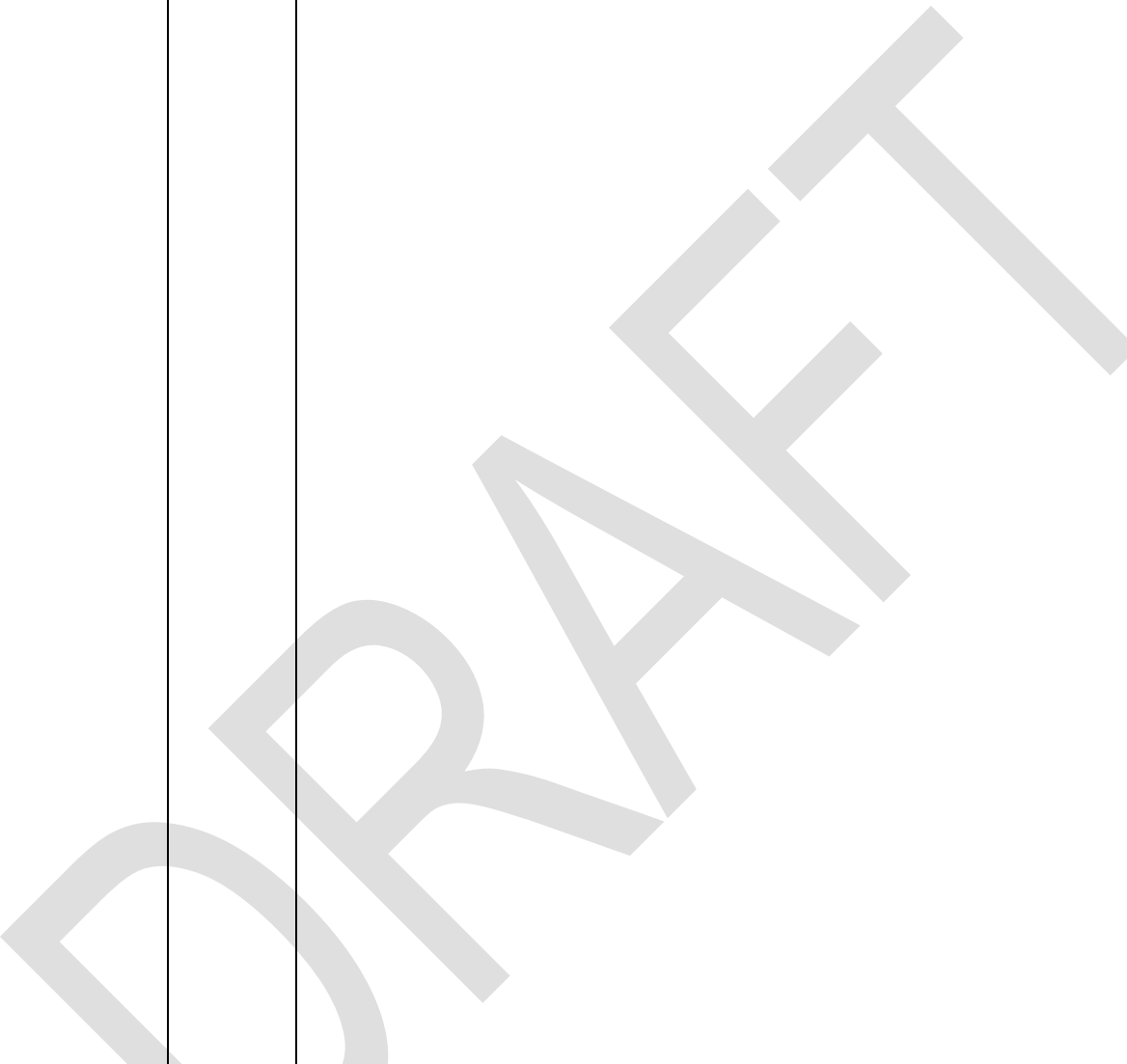
INTERPROFESSIONAL EXPERIENCE

If you work within any other disciplines please complete the following record
PART 2

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 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

Date	Time	Student, practice supervisors, practice assessors and academic assessors can add notes	Signature
			

Quadripartite Record

Student Signature:

Date:

Nominated Practice Supervisor Signature:

Date:

Nominated Practice Assessor Signature:

Date:

Nominated Academic Assessor Signature:

Date:

**FINAL ASSESSMENT: END OF PART 2
TO BE COMPLETED BY PRACTICE ASSESSOR
PART 2: 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, 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 practitioner

Date:

Student Signature:

Practice Assessor Signature:

Part 2 Module Learning Outcomes (please initial)		PASS	FAIL
L01	Critically reflect on communication and interpersonal skills considering working effectively with others, including other professionals, students, agencies and stakeholders.		
L02	Evaluate and review the knowledge and skills required in the provision of universal and additional midwifery care, demonstrating initiative and developing autonomous practice		
L03	Debate professional and regulatory frameworks for midwifery practice evaluating the evidence base in relation to the provision of continuity of care and carer.		
L04	Critically evaluate their own and other's contribution to midwifery leadership in the provision of care in a manner that optimises women and person's capabilities and promotes wellbeing		
L05	Demonstrate the required components of the Midwifery Practice Assessment Document (MPAD) for the end of Part 2, exercising initiative and developing autonomy as appropriate.		

Practice Assessor Overall Assessment Comments

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

Signature of Practice Assessor:

Designation:	Date:
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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** in the proficiencies for Part 2.

By the end of the Part 2 all proficiencies from domains 1-5 and all skills in domain 6 must be achieved and recorded.

If identified proficiencies have not been achieved, then this will result in a refer against the learning outcomes (learning outcome 5) which will be noted at the end of Part 2 final assessment. A resit period of a minimum of 4 weeks will be required following the Programme Assessment Board to enable the student to retrieve the proficiencies and outcomes before completion of programme.

PLEASE COMPLETE THE CONFIRMATORY STATEMENT STARTING AT PAGE 110.

Signature of Practice Assessor:

Date:

Student Statement

<p>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:</p>	
Student signature:	Date:

<p>Academic Assessor Confirmatory Statement (HEI use only) – END OF PART 2</p>	
<p>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 INDEPENDENT level for Part 2 of the programme and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) completion of practical component of the programme.</p>	
<p>Comments:</p>	
<p>Signature of Academic Assessor:</p>	
<p>Date:</p>	

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		
<i>Is the practitioner able to</i>	<i>✓ or X</i>	<i>Comments</i>
Describe an approach to teaching the practical skills of breastfeeding which demonstrates a mother-centred approach <ul style="list-style-type: none"> • 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 her baby in a way that allows self-attachment (laid back, biological nurturing)		
The process of attachment		
<ul style="list-style-type: none"> • Watch for baby to have a wide-open mouth 		
<ul style="list-style-type: none"> • Mother moves her baby to her breast, with his head tilted back and chin leading 		
<ul style="list-style-type: none"> • 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 		
<i>Is the practitioner able to</i>	<i>✓ or X</i>	<i>Comments</i>
Observe signs of effective feeding		
<ul style="list-style-type: none"> • Mother comfortable during feed – suckling does not cause pain 		
<ul style="list-style-type: none"> • Baby's mouth is wide open 		
<ul style="list-style-type: none"> • Baby's chin indents the breast 		
<ul style="list-style-type: none"> • Baby's cheeks are full and round 		
<ul style="list-style-type: none"> • Suckling is appropriate to age of baby (Usually rapid initially, then deep and rhythmic with pauses and audible swallows) 		
<ul style="list-style-type: none"> • Areola – if any is visible then more will be visible above the baby's top lip 		
<ul style="list-style-type: none"> • 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		
<p>Explain to a mother how she will find the right spot for her to put her fingers and express milk</p> <ul style="list-style-type: none"> • Place fingers 2-3 cm back from the base of the nipple <i>(Understands the importance for the mother of having a go and shifting her fingers a little until she finds what works for her)</i> 		

<p>Explain the technique of expressing</p> <ul style="list-style-type: none"> • 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 		
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CONFIRMATION OF COMPLETION - PART 2

Practice Assessor Confirmation of Proficiency

This should be informed by the feedback sought from practice supervisors and any other relevant people in order to be assured about your decision. Review Domains section for the part to ensure all appropriate proficiencies have been signed as achieved.

Practice Assessor: Confirmation of Achievements of Domains: END OF PART 2		
	Please initial the relevant column	
	Achieved	Not Achieved
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 practitioner		

Practice Assessor Confirmatory Statement – END OF PART 2
<p>I confirm that in partnership with the Practice Supervisor and nominated Academic Assessor, student midwife (print name) _____ has ACHIEVED / NOT ACHIEVED (please delete as appropriate) all Domains (and proficiencies) at the INDEPENDENT level for Part 2 of the programme.</p>
Signature of Practice Assessor
Date:

CONFIRMATION OF COMPLETION - PART 2 (cont.)

Academic Assessor Confirmatory Statement (AEI use only)
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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 2** of the programme and **RECOMMEND/DO NOT RECOMMEND** (please delete as appropriate) completion of practical component of programme.

Comments:

Signature of Academic Assessor:

Date:

AEI USE ONLY	
Number of hours for Part 2	
Retrieval programme required?	YES / NO (delete as appropriate)

RECORD OF ATTENDANCE – PART 2

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 =				

RECORD OF ATTENDANCE – PART 2

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 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 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 2
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 =

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 2

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 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 =				

RECORD OF ATTENDANCE – PART 2
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 13 =				
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 2
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 16 =				
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 17 =				
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 18 =				

RECORD OF ATTENDANCE – PART 2

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 19 =				
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 *20 =				
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 21 =				

RECORD OF ATTENDANCE – PART 2

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 22 =

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 23 =

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 24 =

RECORD OF ATTENDANCE – PART 2

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 25 =				
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 26 =				
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 27 =				

RECORD OF ATTENDANCE – PART 2

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 28 =

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 29 =

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 30 =

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

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

DRAFT

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.

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 **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 2/YEAR 2** 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/YEAR 1 Developing Independence	PART 2/YEAR 2 Independent
Proficiencies to be signed and dated in relevant PART/YEAR when achieved			
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 behaviour		

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 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 women, newborn infants, partners, and families and the impact these factors may have, including but not limited to: 1.17.1 health and social inequalities and their determinants 1.17.2 historical and social developments and trends 1.17.3 cultural and media influences on public and professional understanding	1.17.1	1.17.1
		1.17.2	1.17.2
		1.17.3	1.17.3

	Proficiencies to be signed and dated in relevant PART when achieved	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 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; Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 Independent
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/YEAR 1 Developing Independence	PART 2/YEAR 2 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.

A. The midwife's role in public health, and health promotion and protection

3A	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/YEAR 1 Developing Independence	PART 2/YEAR 2 Independent
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		

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 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 and care planning			
3B	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/YEAR 1 Developing Independence	PART 2/YEAR 2 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/YEAR 1 Developing Independence	PART 2/YEAR 2 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/YEAR 1 Developing Independence	PART 2/YEAR 2 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 working to promote positive outcomes and prevent complications			
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/YEAR 1 Developing Independence	PART 2/YEAR 2 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/YEAR 1 Developing Independence	PART 2/YEAR 2 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; Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 Independent
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		

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 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		
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			
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/YEAR 1 Developing Independence	PART 2/YEAR 2 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/YEAR 1 Developing Independence	PART 2/YEAR 2 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		

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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.

A. Working with others: the midwife as colleague

5A	Outcomes: At the point of registration the midwife will be able to;	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 Independent
Proficiencies to be signed and dated in relevant PART/YEAR when achieved			
5.1	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		

	Proficiencies to be signed and dated in relevant PART/YEAR when achieved	PART 1/YEAR 1 Developing Independence	PART 2/YEAR 2 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/YEAR 1 Developing Independence	PART 2/YEAR 2 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 leadership: the midwife as scholar and leader			
5B	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/YEAR 1 Developing Independence	PART 2/YEAR 2 Independent
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 end of Part 2/YEAR 2</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 2/YEAR 2</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 2/YEAR 2</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 2/YEAR 2</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 midwife: 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 2/YEAR 2</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 continuity of care and carer: skills for Domain 2			
6.8	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 review this with the woman and with colleagues		
6.9	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		
6.10	consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together		
6.11	identify resources relevant to the needs of women and newborn infants, and support and enable women to access these as needed		

	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 2/YEAR 2</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 continuum: shared skills for Domains 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 care for the woman and newborn infant across the continuum		

	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 2/YEAR 2</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 2/YEAR 2</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 2/YEAR 2</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 2/YEAR 2</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 midwife 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, (l) Morphine, (m) Naloxone hydrochloride, (n) Oxytocins, natural and synthetic, (o) Pethidine hydrochloride, (p) Phytomenadione, (q) Prochlorperazine, (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 2/YEAR 2</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		
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 medicines, via a range of routes, to women and newborn infants	Oral:	Oral:
		Vaginal:	Vaginal:
		Rectal:	Rectal:
		Ocular:	Ocular:
		Topical:	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 2/YEAR 2</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 (ID) and intravenous (IV) routes and manage injection equipment	IM: SC: ID: IV:	IM: SC: ID: 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: skills for Domain 3			
A. The midwife's role in public health, health promotion and health protection			
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:		
6.52.1	sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections		
6.52.2	food, nutrition and food safety		

	Universal care for all women and newborn infants: skills for Domain 3	Demonstrated safely in practice whilst acknowledging own limitations	In exceptional circumstances only.
	A. The midwife's role in public health, health promotion and health protection	Please date and sign	Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement Please date and sign
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		
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		

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 2/YEAR 2</u> only if unable to undertake skill in practice placement Please date and sign
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, 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		
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		

	Universal care for all women and newborn infants: skills for Domain 3	Demonstrated safely in practice whilst acknowledging own limitations	In exceptional circumstances only.
	B. The midwife's role in assessment, screening, and care planning	Please date and sign	Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement Please date and sign
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		

	<p>Universal care for all women and newborn infants: skills for Domain 3</p> <p>B. The midwife's role in assessment, screening, and care planning</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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		
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		

	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 2/YEAR 2</u> only if unable to undertake skill in practice placement Please date and sign
6.60.3	individual mobility needs, including any adaptations needed to carry and care for 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 2/YEAR 2</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		

	<p>Universal care for all women and newborn infants: skills for Domain 3</p> <p>C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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		
6.67	share evidence-based information with all women and fathers/partners as appropriate on how to minimise the risks of sudden infant death syndrome		

	<p>Universal care for all women and newborn infants: skills for Domain 3</p> <p>C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
6.68	<p>implement care that meets the needs of the woman in regard to infant feeding;</p> <p>this must include:</p>		
6.68.1	<p>for all women:</p>		
6.68.1.a	<p>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</p>		
6.68.1.b	<p>provide appropriate pain management for breast tenderness and pain</p>		
6.68.2	<p>for women who are breastfeeding:</p>		
6.68.2.a	<p>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</p>		
6.68.2.b	<p>support women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control</p>		
6.68.2.c	<p>share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding</p>		
6.68.3	<p>for parents who bottle feed, partially or exclusively:</p>		
6.68.3.a	<p>support women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production</p>		
6.68.3.b	<p>encourage responsive bottle feeding</p>		
6.68.3.c	<p>encourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible</p>		

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 end of Part 2/YEAR 2</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 and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; this must include:	AN:	AN:
		L:	L:
		B:	B:
		PN	PN
		NI:	NI:
		IFC:	IFC:
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:	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		

	<p>Additional care for women and newborn infants with complications: skills for Domain 4</p> <p>A. The midwife's role in first line assessment and management of complications and additional care needs</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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 end of Part 2/YEAR 2</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		
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		
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			
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 newborn infants as appropriate to:		
6.72.1	implement appropriate response when acute social problems occur		
6.72.2	implement necessary interventions when physical complications occur, including but not limited to:		
6.72.2.a	manage, monitor, and effectively administer fluid balance		
6.72.2.b	conduct speculum examination and low and high vaginal swabs to test for signs of infection and preterm labour		
6.72.2.c	undertake amniotomy and application of fetal scalp electrode		

	<p>Additional care for women and newborn infants with complications: skills for Domain 4</p> <p>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</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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		

	<p>Additional care for women and newborn infants with complications: skills for Domain 4</p> <p>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</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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		

	<p>Additional care for women and newborn infants with complications: skills for Domain 4</p> <p>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</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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		

	<p>Additional care for women and newborn infants with complications: skills for Domain 4</p> <p>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</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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		

	<p>Additional care for women and newborn infants with complications: skills for Domain 4</p> <p>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</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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 and leader: skills for Domain 5			
A. Working with others: the midwife as 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		

	<p>Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5</p> <p>A. Working with others: the midwife as colleague</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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		

	<p>Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5</p> <p>A. Working with others: the midwife as colleague</p>	<p>Demonstrated safely in practice whilst acknowledging own limitations</p> <p>Please date and sign</p>	<p>In exceptional circumstances only.</p> <p>Demonstrated safely through simulation <u>at the end of Part 2/YEAR 2</u> only if unable to undertake skill in practice placement</p> <p>Please date and sign</p>
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 2/YEAR 2</u> only if unable to undertake skill in practice placement Please date and sign
6.88	reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour		
6.89	demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including:		
6.89.1	participatory and self-directed learning		
6.89.2	reflection on learning that informs professional development and practice		
6.90	know how to:		
6.90.1	keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills		
6.90.2	debate the implications for practice where no research or conflicting research evidence exists		
6.90.3	find information about possible paths for career development including opportunities for postgraduate courses and scholarships		

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Glossary

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.

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UNIVERSITY



SECTION 3

NEWBORN INFANT PHYSICAL EXAMINATION (NIPE) DOCUMENTATION

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Newborn Infant Physical Examination (NIPE) Documentation

Information for Students.

Following completion of the appropriate Care and Examination of the Newborn Infant theory module 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 25 (optimum being 30) supervised examinations. 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 supervisor may be someone other than your allocated supervisor during the placement.

A 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. You will have a formative OSCE during the theory module and 3 further Assessments which may only be undertaken by an ASSESSOR, who may not be your regular supervisor.

An ASSESSOR can be:

- any midwife who is an experienced newborn examiner.
- 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 all assessments are completed you must notify the Project Lead (**Kathryn Hardie: k.hardie@napier.ac.uk**).

Information for Supervisors & Assessors.

The role and actions of the Supervisor and 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 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 2.

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 SUPERVISOR or ASSESSOR.

The ASSESSOR will determine the developing proficiency of the student during the periodic assessments with the final assessment used to determine the clinical competence of the student for future independent/autonomous practice as a registered midwife.

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 Not Achieved

Additional comments from Assessor:

Name & Signature of Assessor	
Date of Assessment	

Clinical Log (0-10 Supervised NIPE)

Please use the following table to record details of the **supervised** NIPes performed and ask your supervisor to countersign each entry.

REMEMBER no identifiable patient information should be recorded.

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
Example	15/9/20	26hrs	38+6, M	Uneventful pregnancy but EmLUSCS for no progress. Apgar's 6/1 & 9/5	None noted	Not required	Nil.	K. Hardie Midwife K. Hardie
1.								
2.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
3.								
4.								
5.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
6.								
7.								
8.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
9.								
THE 10TH EXAMINATION MUST BE CARRIED OUT WITH AN ASSESSOR AND ASSESSMENT PAPERWORK COMPLETED								
10.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
11.								
12..								
13..								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
14.								
15.								
16.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
17.								
18.								
19.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
THE 20TH EXAMINATION MUST BE CARRIED OUT WITH AN ASSESSOR AND ASSESSMENT PAPERWORK COMPLETED								
20.								
21.								
22.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
23.								
24.								
25. Minimum requirement								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
26.								
27.								
28.								

Examination Number	Date of supervised examination.	Age of baby at time of examination.	Gestational Age and Sex (M/F).	Relevant perinatal history.	Variations from normal during examination.	Reason for referral (if required).	Outcome of referral/follow-up (if required).	Supervisor Name, Profession and Signature.
29.								
THE 25TH OR 30TH EXAMINATION MUST BE CARRIED OUT WITH AN ASSESSOR AND ASSESSMENT PAPERWORK COMPLETED								
30.								

Assessment Point (10 NIPE completed)

Please use the form below to record the assessment undertaken during the 10th supervised NIPE by the **ASSESSOR**.

The assessor should '✓' the appropriate box and provide constructive and detailed feedback to the student.

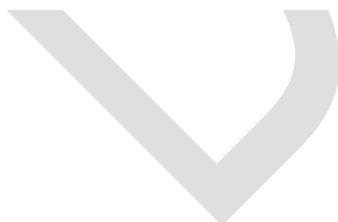
The assessment comprises 3 components: cognitive, psychomotor & affective competencies.

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		Does not meet the best practice standard	
Adapts the environment during examination to ensure: <ul style="list-style-type: none"> • 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 SUMMATIVE ASSESSMENT.				
ASSESSOR SIGNATURE:				
STUDENT SIGNATURE:				
DATE OF COMPLETION:				



Assessment Point (20 NIPE completed)

Please use the form below to record the assessment undertaken during the 20th supervised NIPE by the **ASSESSOR**.

The assessor should '✓' 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		Does not meet the best practice standard	
Adapts the environment during examination to ensure: <ul style="list-style-type: none"> • 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 2ND SUMMATIVE ASSESSMENT.				
ASSESSOR SIGNATURE:				
STUDENT SIGNATURE:				
DATE OF COMPLETION:				

Final Assessment Point (25 or 30 NIPE completed)

Please use the form below to record the assessment undertaken during the 25th or 30th supervised NIPE by the **ASSESSOR**.

The assessor should '✓' 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		Does not meet the best practice standard	
Adapts the environment during examination to ensure: <ul style="list-style-type: none"> • 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 FINAL SUMMATIVE ASSESSMENT and ACHIEVEMENT OF 'SIGN-OFF'.				
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	
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	
Supervision and care of pregnant women	40	
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	

Antenatal Examination

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 <i>KMcL 02/06/20</i>
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Antenatal Examination

8.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

17.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

26.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

35.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

44.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

53.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

62.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

71.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

80.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

89.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Antenatal Examination

98.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Supervision and Care of Pregnant Women

Example S&CPW	Parity 1+0	Gestation 41+0	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 normal, abdominal examination no abnormalities detected and CTG commenced. Vaginal examination carried out with consent, Bishops Score: 9, no further action required, for ARM in the morning.	PS or PA Initial & Date <i>KMcL 02/06/20</i>
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Supervision and Care of Pregnant Women

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Supervision and Care of Pregnant Women

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Supervision and Care of Pregnant Women

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Supervision and Care of Pregnant Women

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Normal Births

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 <i>KMcL 02/06/20</i>
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Normal Births

8.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Normal Births

16.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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19.				
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Normal Births

24.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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Normal Births

32.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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34.				
35.				
36.				
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39.				

Normal Births

40.	Parity	Gestation	Case summary:	PS / PA Initial & Date
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42.				
43.				
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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 <i>KMcL 02/06/20</i>
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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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Care Episodes of 'Women at Risk' in Pregnancy or Labour or Postnatal Period

Example CEWaR	Parity 0+0	<u>Antenatal</u> <u>Intrapartum</u> <u>Postnatal</u>	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 <i>KMcL 02/06/20</i>
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Care Episodes of 'Women at Risk' in Pregnancy or Labour or Postnatal Period

8.	Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
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Care Episodes of 'Women at Risk' in Pregnancy or Labour or Postnatal Period

16.	Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
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Care Episodes of 'Women at Risk' in Pregnancy or Labour or Postnatal Period

24.	Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
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Care Episodes of 'Women at Risk' in Pregnancy or Labour or Postnatal Period

32.	Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
33.				
34.				
35.				
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37.				
38.				
39.				

Care Episodes of 'Women at Risk' in Pregnancy or Labour or Postnatal Period

40.	Parity	A/N / I/N / P/N	Case summary:	PS / PA Initial & Date
41.				
42.				
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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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Postnatal Examination

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 <i>KMcL 02/06/20</i>
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Postnatal Examination

8.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

16.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
17.				
18.				
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Postnatal Examination

24.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

32.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

40.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

48.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

56.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

64.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

72.	Type of Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Postnatal Examination

80.	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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Neonatal Examination

Example NE	Gestation at Birth 39+0	P/N Day 5	Case summary including type of birth: At home. Post elective C/S. Full neonatal examination carried out – NAD. Continues to breastfeed 2-3hrly, weighed today, has lost less than 10% birth weight. 3 dirty and 6 wet nappies in last 24hrs. Newborn blood spot test carried out following parental consent, good quality sample obtained.	PS / PA Initial & Date <i>KMcL</i> 02/06/20
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Neonatal Examination

8.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

16.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

24.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

32.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

40.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

48.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

56.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

64.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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71.				

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Neonatal Examination

72.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
73.				
74.				
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Neonatal Examination

80.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

88.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
89.				
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Neonatal Examination

96.	Gestation at Birth	P/N Day	Case summary:	PS / PA Initial & Date
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Neonatal Examination

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:	PS / PA Initial & Date
1.	√		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.	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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23.				

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 <i>KMcL</i> 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 <i>KMcL</i> 02/06/20
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7.					

Breastfeeding Assistance – Teaching Positioning and Attachment

8.	Gestation at Birth	P/N Day	Setting	Case summary:	PS / PA Initial & Date
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Observation of a Breastfeed using the UNICEF Breastfeeding Assessment Tool

Example OOAB	Gestation at Birth 40+2	P/N Day 1	Setting P/N Ward	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 pattern observed and is effective. End of feed, baby ended feed herself, seems settled, mum reports that nipples are comfortable	PS / PA Initial & Date <i>KMcL</i> 02/06/20
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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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15.					

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.	PS / PA Initial & Date <i>KMcL</i> 02/06/20
1.				
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3.				
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6.				
7.				

Teach Hand Expression and appropriate Breastmilk Storage

8.	Gestation / Delivery P/N Day	Setting	Case summary:	PS / PA Initial & Date
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14.				
15.				

Demonstrate/Explain Safe Preparation of Formula Milk and Sterilisation of Equipment

Example DESPFM	Gestation / P/N Day 2 nd	Setting P/N Ward	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.	PS / PA Initial & Date <i>KMcL</i> 02/06/20
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6.				
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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

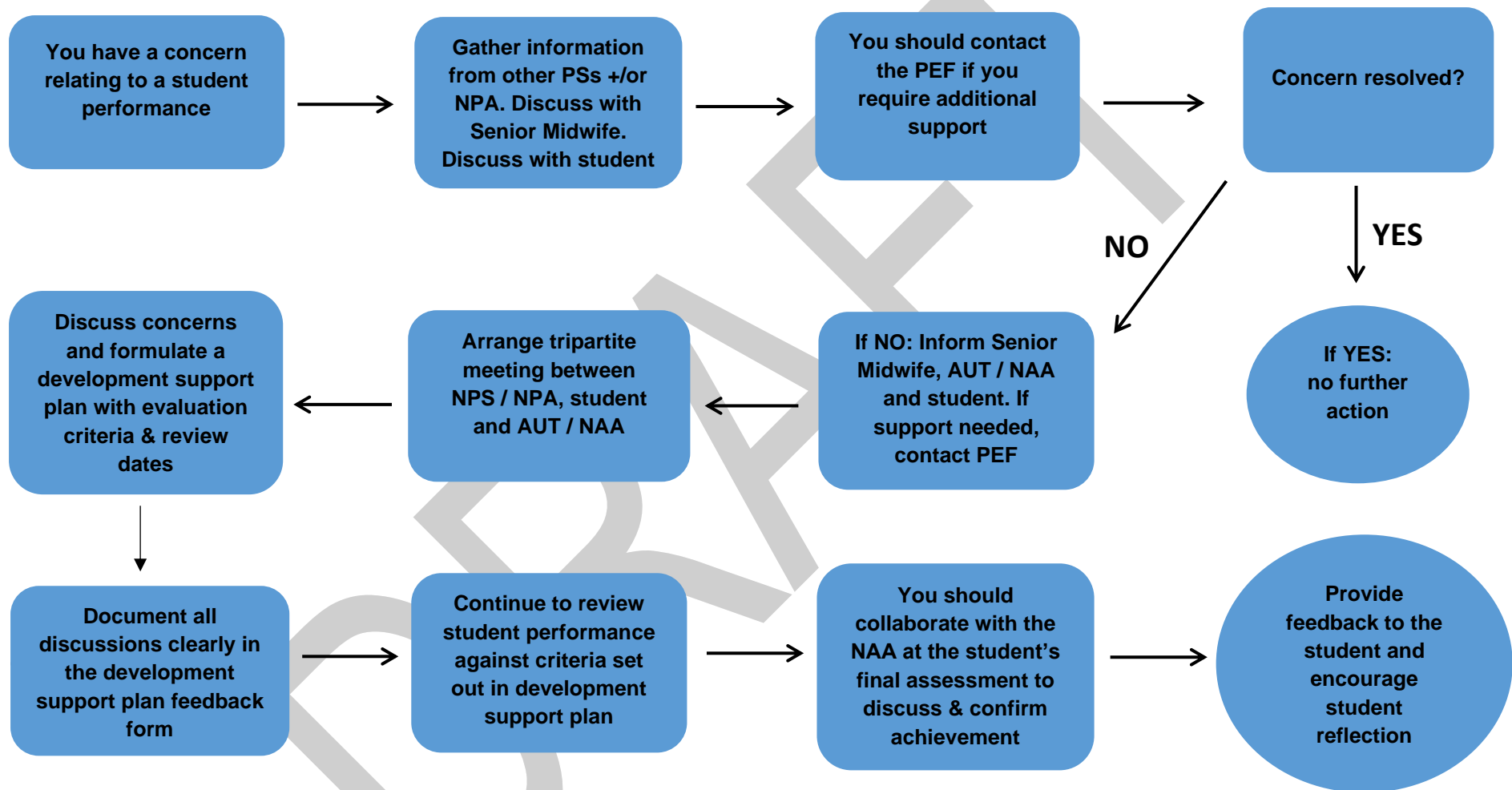
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5.1 Development Support Plan

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.

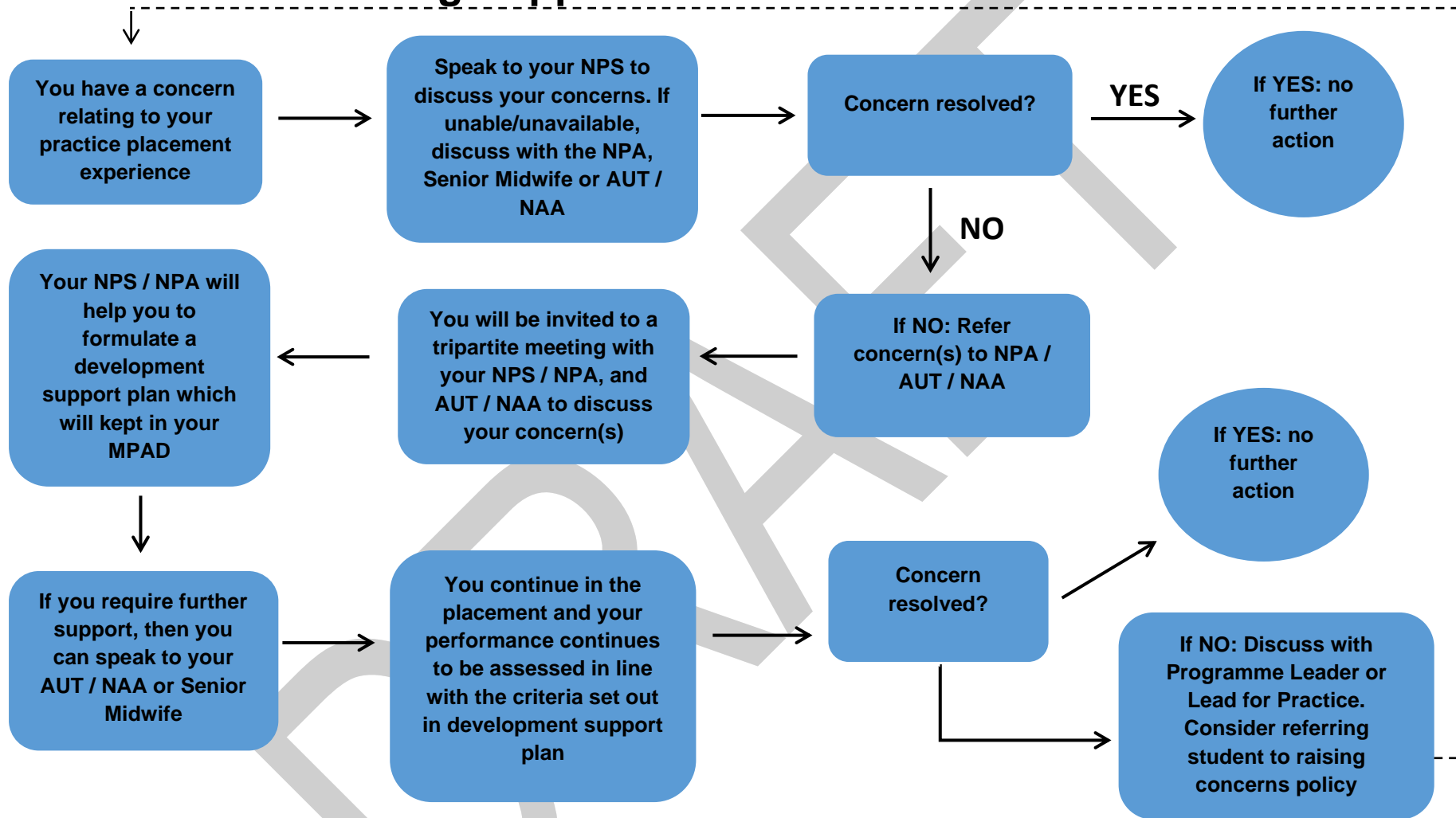
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Practice Learning Support Protocol: Nominated PS/PA Flowchart



NPS = Nominated Practice Supervisor; NPA = Nominated Practice Assessor; NAA = Nominated Academic Assessor, AUT=Associate University Tutor; PEF = Practice Education Facilitator

Learning Support Protocol: Student Flowchart



NPS = Nominated Practice Supervisor; NPA = Nominated Practice Assessor; NAA = Nominated Academic Assessor, AUT=Associate University Tutor; 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 observe 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:			<input checked="" type="checkbox"/> Achieved / Not Achieved (please circle)		Date: 09/06/20
Practice Supervisor / Assessor Signature: <i>K Macleod</i>	Student Signature: <i>A Student</i>		Academic Assessor Signature: J Morrison		Date: 09.06.20

Example Development Support Plan Feedback

DATE	PROGRESS	SIGNATURE: Student / Practice Supervisor / Practice Assessor
09.02.20	<p>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 understanding of the need to adhere to this policy and has successfully completed and revisited her SIPCEP module.</p> <p>The student has been observed by myself 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.</p> <p>I have observed student each shift and noted that she is complying with this therefore, no further action will be required.</p>	<p><i>K MacLeod</i></p> <p><i>A Student</i></p>

Development Support Plan 1

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 Signature:	Student Signature:		Academic Assessor Signature:		Date:

Development Support Plan 1 Feedback

DATE	PROGRESS	SIGNATURE: Student/supervisor/assessor

DRAFT

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 Signature:	Student Signature:		Academic Assessor Signature:		Date:

Development Support Plan 2 Feedback

DATE	PROGRESS	SIGNATURE: Student/supervisor/assessor

DRAFT

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 Achieved (please circle)		Date:
Practice Supervisor / Assessor Signature:	Student Signature:		Academic Assessor Signature:		Date:

Development Support Plan 3 Feedback

DATE	PROGRESS	SIGNATURE: Student/supervisor/assessor

DRAFT



SECTION 6

Student Midwife Case Loading

Guidelines for Students, Supervisors and Assessors

2021

294

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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 caseloading?

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, aqua 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 CASELOADING: 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 caseloading student have agreed to have any student participation?

FALSE

Women specifically consent to having a caseloading 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 student's 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 caseloading practice?

TRUE and FALSE

Students, whilst on caseloading 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.

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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, Larbert, 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

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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 issues Please indicate any potential issues the student may be exposed to in the clients' home	Identifying Measures to Reduce Potential Issues Please indicate action taken for minimizing potential issues identified	Additional Information Please indicate any additional information, such as prohibited activities or other issues that 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:

The student is counselled as to why the decision was reached and full documentation is recorded in their MPAD



An individualised learning plan is devised and agreed by the midwife supervisor, link lecturer and student, which is then documented in the MPAD.
The student should **NOT** undertake **any** minimally supervised visits or intrapartum care until these learning needs have been achieved.



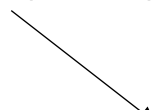
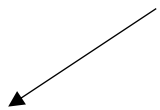
The student's module leader is informed.



A further date for reassessment is arranged.



The re-assessment will take place as possible



If Unsuccessful
The student does not continue with the project and is referred to the module leader and link lecturer

If Successful
The student continues with the project as planned and is able to undertake minimally supervised visits

Appendix Three

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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

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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 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

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Student Caseload Sheets

Student Caseload Contacts and Visits Sheet

Date:

Time From:

Venue:

Time To:

Aim of Contact/ Visit: Please state the form of contact e.g. face to face, email, or on line discussion
Outline of Discussion/Findings:
Plans for future contact:
Next contact:
Discussion with community midwife supervisor/ PDT:
Date: _____ Time: _____

Student's signature:

Community midwife/supervisor's signature:

Appendix Six

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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:

<http://www.legislation.gov.uk/ukpga/2010/15/contents>. [Accessed 3 December 2019].

Health and Safety Executive (1998) The Working Time (Amendment) Regulations 2003.

[Online] Available: <http://www.legislation.gov.uk/ukxi/2003/1684/contents/made>.

[Accessed: 02 December 2019].

Keighley, T. (2009) European Union Standards for Nursing and Midwifery: Information for Accession Countries. (2nd ed). Europe: World Health Organisation.

NHS Education for Scotland (NES) (2019) A National Framework for Practice Supervisors, Practice Assessors and Academic Assessors In Scotland. [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). Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) 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) (2008) Quality Standards for Practice Placements. Edinburgh: NHS Education for Scotland.

Nursing and Midwifery Council (NMC) General Medical Council (GMC) (2015) Openness and honesty when things go wrong: the professional duty of candour. [Online] Available:

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf> . [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019d) Practising as a midwife in the UK. [Online] Available: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/practising-as-a-midwife-in-the-uk.pdf> . [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019e) Raising concerns. Guidance for nurses, midwives and nursing associates. [Online] Available:

<https://www.nmc.org.uk/globalassets/blocks/media-block/raising-concerns-v2.pdf> . [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019b) Realising professionalism: Standards for education and training. Part 3: Standards for pre-registration midwifery programmes. [Online] Available:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-for-pre-registration-midwifery-programmes.pdf> . [Assessed: 02 December 2019].

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

[Online] Available: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>. [Accessed 3 December 2019].

Useful References for Staff and Students (cont.)

Nursing and Midwifery Council (2018c) Realising professionalism: Standards for education and training. Part 1: Standards framework for nursing and midwifery education. [Online] Available: <https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/> . [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019a) Standards of proficiency for midwives. [Online] Available: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf> . [Accessed: 02 December 2019].

Nursing and Midwifery Council (2018a) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. [Online] Available: <https://www.nmc.org.uk/standards/code/> [Accessed: 02 December 2019].

Nursing and Midwifery Council (NMC) (2019c) What it means to have a nominated assessor for 'each part'. Reference AC1-B. [Online] Available: <https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/academic-assessment/who-are-academic-assessors-and-how-are-they-prepared/what-it-means-to-have-a-nominated-assessor-for-each-part/> . [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. The Lancet, Vol. 384(9948), pp1129-1145. [Online] Available: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60789-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60789-3/fulltext) . [Accessed: 02 December 2019].

Royal Pharmaceutical Society (2019) Professional Guidance on the Administration of Medicines in Healthcare Settings. [Online] Available: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567> . [Accessed: 3 December 2019].

Scottish Government (2017) The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland. Edinburgh: Scottish Government. [Online] Available: <https://scotgov.publishingthefuture.info/publication/the-best-start-a-five-year-forward-plan-for-maternity-and-neonatal-care-in-scotland>. [Accessed 3 December 2019].

Strachan, E., Ion, R. and Roxburgh, M. (2019) on behalf of the National Strategic Group for Practice Learning. Raising Concerns in Practice: Student Guidance. A National Approach for Students, Practice Learning Experience Providers and Higher Education Institutions in Scotland. [Online] Available: https://www.nes.scot.nhs.uk/media/4387539/final_nov_2019_version_national_rc_with_1_eaflet.pdf . [Accessed: 13 December 2019].

Useful References for Staff and Students (cont.)

The Human Medicines Regulations (2012) [Online] Available:
<http://www.legislation.gov.uk/uksi/2012/1916/contents/made> . [Accessed 3 December 2019].

The Management of Health and Safety at Work Regulations (1999) [Online] Available:
<http://www.legislation.gov.uk/uksi/1999/3242/regulation/3/made> . [Accessed 3 December 2019].

United Nations Children's Emergency Fund (UNICEF) (2019) Implementing the Baby Friendly Standards in Universities. [Online] Available:
<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/university-guide-to-the-standards/>. [Accessed: 3 December 2019].