   

**Health & Life Sciences**



**Contents Page**

**School of Nursing and Midwifery**

 **BSc (Hons) Midwifery Programme**

**ASSESSMENT OF CLINICAL PRACTICE DOCUMENT**

**Level 5**

**MIDW 2001: Complexity in Childbearing**

**Ward and Delivery Suite**

**Student Name…………………….. Programme Leader Rachel Wells**

**Cohort …………………………….. Module Leader: A Addo**

**Academic Assessor…………………………**

 2013/14

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Acknowledgments; this document has been written by Karen Mee Practice Learning Lead University Hospitals of Leicester NHS Trust, in collaboration with the Practice Learning Subgroup of the Midwifery Curriculum Development Group

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 | 44-4748-5051-5354-5657-5859-62101-105 | 8485-8788-8990-9293-9596-100101-105 |

**Practice Assessor and Practice Supervisor(s) Signatures**

**Further information for supporting students in placement is available at: placementhub.our.dmu.ac.uk**

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| --- |
| Anyone who contributes to this document must indicate their details below: |
| **Name** (Please Print) | **Specimen Signature** | **Place** of **Work** | **Position / Title****(Practice Assessor or Practice Supervisor)** | **Date** of **Signature** |
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**NMC PRACTICE REQUIREMENTS WHEN ON PLACEMENT**

The NMC Standards for Student Supervision and Assessment (NMC 2018) set out our expectations for the learning, support and supervision of students in the practice environment. The standards state:

**Effective Practice Learning:** All students are provided with safe, effective and inclusive learning experiences. Each learning environment has the governance and resources needed to deliver education and training. Students actively participate in their own education, learning from a range of people across a variety of settings.

**1. Organisation of Practice Learning:** Approved education institutions, together with practice learning partners, must ensure that:

1.1 Practice learning complies with the NMC Standards framework for nursing and midwifery education

1.2 Practice learning complies with specific programme standards

1.3 Practice learning is designed to meet proficiencies and outcomes relevant to the programme

1.4 There are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments

1.5 There is a nominated person for each practice setting to actively support students and address student concerns

1.6 Students are made aware of the support and opportunities available to them within all learning environments

1.7 Students are empowered to be proactive and to take responsibility for their learning

1.8 Students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non- registered individuals, and other students as appropriate

1.9 Learning experiences are inclusive and support the diverse needs of individual students

1.10 Learning experiences are tailored to the student’s stage of learning, proficiencies and programme outcomes, and

1.11 All nurses, midwives and nursing associates contribute to practice learning in accordance with The Code (NMC 2018).

**Supervision of Students:** Practice supervision enables students to learn and safely achieve proficiency and autonomy in their professional role. All NMC registered nurses, midwives and nursing associates are capable of supervising students, serving as role models for safe and effective practice. Students may be supervised by other registered health and social care professionals.

**2. Expectations of Practice Supervision:** approved education institutions, together with practice learning partners, must ensure that:

2.1 All students on an NMC approved programme are supervised while learning in practice

2.2 There is support and oversight of practice supervision to ensure safe and effective learning

2.3 The level of supervision provided to students reflects their learning needs and stage of learning

2.4 Practice supervision ensures safe and effective learning experiences that uphold public protection and the safety of people

2.5 There is sufficient coordination and continuity of support and supervision of students to ensure safe and effective learning experiences

2.6 Practice supervision facilitates independent learning, and

2.7 All students on an NMC approved programme are supervised in practice by NMC registered nurses, midwives, nursing associates, and other registered health and social care professionals.

**3. Practice Supervisors: Role and Responsibilities:** approved education institutions, together with practice learning partners, must ensure that practice supervisors:

3.1 Serve as role models for safe and effective practice in line with their code of conduct

3.2 Support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes

3.3 Support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

3.4 have current knowledge and experience of the area in which they are providing support, supervision and feedback, and

3.5 receive ongoing support to participate in the practice learning of students

**4. Practice Supervisors: Contribution to Assessment and Progression:** Approved education institutions, together with practice learning partners, must ensure that practice supervisors:

4.1 Contribute to the student’s record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising

4.2 Contribute to student assessments to inform decisions for progression

4.3 Have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising, and

4.4 Are expected to appropriately raise and respond to student conduct and competence concerns and are supported in doing so.

**Assessment of Students and Confirmation of Proficiency:** Student assessments are evidence based, robust and objective. Assessments and confirmation of proficiency are based on an understanding of student achievements across theory and practice. Assessments and confirmation of proficiency are timely, providing assurance of student achievements and competence.

**6. Assessor Roles:**  Approved education institutions, together with practice learning partners, must ensure that:

6.1 All students on an NMC approved programme are assigned to a different nominated academic assessor for each part of the education programme

6.2 All students on an NMC approved programme are assigned to a nominated practice assessor for a practice placement or a series of practice placements, in line with local and national policies

6.4 Midwifery students are assigned to practice and academic assessors who are registered midwives

6.8 Practice and academic assessors receive ongoing support to fulfil their roles, and

6.9 Practice and academic assessors are expected to appropriately raise and respond to concerns regarding student conduct, competence and achievement, and are supported in doing so.

**7. Practice Assessors: Responsibilities:** Approved education institutions, together with practice learning partners, must ensure that:

7. 1 Practice assessors conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning

7. 2 Assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors

7. 3 Practice assessors make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources

7.4 Practice assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing

7.5 A nominated practice assessor works in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies

7. 6There are sufficient opportunities for the practice assessor to periodically observe the student across environments in order to inform decisions for assessment and progression

7. 7There are sufficient opportunities for the practice assessor to gather and coordinate feedback from practice supervisors, any other practice assessors, and relevant people, in order to be assured about their decisions for assessment and progression

7. 8 Practice assessors have an understanding of the student’s learning and achievement in theory

7.9 Communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

7. 10 Practice assessors are not simultaneously the practice supervisor and academic assessor for the same student.

**STUDENT PLACEMENT INFORMATION-Ward**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Midwife Name:** |  | **Cohort:****1809** | **Student Midwife Contact Number:** |  |
| **Module Leader Name:** | Abena Addo | **Module Leader Contact Number/ email:** | **0116 257 7817****aaddo@dmu.ac.uk** |
| **Academic Assessor Name:** |  | **Personal Tutor Contact Number** |  |
| **Module Completion Date:** |  | **Portfolio Submission Date:** |  |
| **Location of Placement:** |  | **Placement Contact Number:** |  |
| **Practice Assessor Name: Practice Assessor Contact Number:**I confirm that I am currently recorded as a Practice Assessor in my NHS Trust.**Practice Assessor Confirmation Signature: Date:** |
| **Practice Supervisor Name: Practice Supervisor Contact Number:**I confirm that I am currently recorded as a Practice Supervisor in my NHS Trust.**Practice Supervisor Confirmation Signature: Date:** |
| **Practice Supervisor Name: Practice Supervisor Contact Number:**I confirm that I am currently recorded as a Practice Supervisor in my NHS Trust.**Practice Supervisor Confirmation Signature: Date:** |
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| **Practice Supervisor Name: Practice Supervisor Contact Number:**I confirm that I am currently recorded as a Practice Supervisor in my NHS Trust.**Practice Supervisor Confirmation Signature: Date:** |

* Practice Assessors are responsible for ensuring that they meet the Nursing Midwifery Council (NMC) **Standards for Student Supervision and Assessment** (2018).

Students are responsible for ensuring that **this page is completed during the first working shift**. In case of emergency students are advised to leave a contact number with their **Practice Assessor**.

Student Orientation to the Placement: A Practice Supervisor should discuss the following with the student early in the allocation:

|  |
| --- |
| **Each placement area has a welcome pack for students, which is available on Blackboard. Your Practice Supervisor will answer any additional queries you may have.****I confirm I have read the welcome pack for this practice area Student Signature: Date:** |
| ISSUES | COMMENTS  | DATE AND SIGNATURE |
| **Action in the event of:*** **FIRE**
* **EMERGENCY**
* **SICKNESS/ABSENCE**
 |  |  |
| * **The geographical area:**
* **Layout**
* **Storage of equipment**
* **Moving and Handling Procedures**
* **Infection control procedures**
 |  |  |
| **Professional conduct requirements related to area:*** **Confidentiality**
* **Record Storage**
* **Access to IT Systems**
* **Uniform requirements**
* **Security**
* **Personal Safety/Lone Working**
* **Mobile phone use**
* **Social Networking Media**
 |  |  |
| **ISSUES** | **COMMENTS**  | **DATE AND SIGNATURE** |
| **Please identify any specific learning /health needs you have related to placement. Include any aids or adjustments you require.** |  |  |
|  **Additional information:*** **Student Link Name and Contact**
* **Personal Belongings Storage/locker availability**
* **Catering arrangements**
 |  |  |

**PROCESS FOR CLINICAL ASSESSMENT**

This document is designed to help students work towards achievement of standards of competency for pre-registration midwifery education (NMC 2009). The learning outcomes in this book will reflect the learning outcomes for this module at this part of the midwifery programme.The scope of practice experience is unaffected by the change to the SSSA standards (2018).

**GUIDANCE FOR STUDENT SELF ASSESSMENT**

* You should regularly review your learning outcomes and indicate by date and initial when you feel you have had the opportunity to achieve each competency. The levels of practice indicator matrix which you will find in your OAR can be used as a decision-making tool for this assessment.
* At the mid-point of placement, you should arrange a meeting with your practice assessor - complete the student self-assessment of grading framework, bring your clinical assessment document and evidence e.g. service user evaluation questionnaire. At this meeting your practice assessor will determine your progress and provide feedback as to how you can improve on the predicted grade given. Following these meeting any points made can be fed forward into your revised learning plan and reviewed by your practice supervisor(s) as appropriate.

**GUIDANCE FOR PRACTICE SUPERVISOR(S)**

* Practice supervisors contribute to the student’s achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising.
* This process should be progressive as learning opportunities arise. If you are concerned about a student’s progress by the mid placement review you should contact the academic assessor and placement learning lead for advice.

**SERVICE USER QUESTIONNAIRES**

During each placement experience the practice supervisor will facilitate service users to provide direct feedback for the student on their performance through the use of a service user questionnaire. The student has a supply of questionnaires for use by the supporting practice supervisor. Early in the placement the practice supervisor should ask a service user who has been cared for by the student to complete the questionnaire which relates to caring, compassion and communication skills.

The service users should be selected by the practice supervisorto assure confidentiality and encourage free comment and the student should not be made aware of their identity or be present at the time the questionnaires are undertaken. The questions can be asked in person, over the telephone, or a hard copy can be given to the service user for them to self-complete. The practice supervisor will need to decide on the most appropriate method and timing, depending on the care setting. Following the completion of the first questionnaire the results can be shared with the student and feedback used as a basis for further development.

A further service user questionnaire should be completed towards the end of the placement and reviewed as part of the tripartite assessment. Any recommendations for future practice should be included in the appropriate section of the document and the OAR. The completed questionnaires must be given back to the student for retention in their portfolio to be used as evidence towards meeting the learning outcomes during the placement, for progression points and for the final signing off in practice at the end of the programme. The practice assessor should also comment on the overall feedback on the tripartite assessment sheet at the end of the placement.

The practice assessor and academic assessor should be made aware as soon as possible if any service user expresses serious concerns regarding a student’s performance.

**PROCESS FOR THE GRADING OF CLINICAL PRACTICE**

Prior to the placement starting the student and the practice assessor should normally be aware of the week in which the summative assessment of practice will be carried out.

**PRIOR TO THE PLACEMENT – MEETING WITH ACADEMIC ASSESSOR**

* Prior to the commencement of the placement the student and academic assessor will meet to review the placement objectives and the personal development plan for the next placement. This meeting will be a timetabled session for the student.

**FIRST WEEK OF PLACEMENT**

* The practice assessor and the student will meet to carry out a **learning needs assessment.** If this is a second or subsequent module the student should have both a **Continuing Clinical Personal Development Plan and Recommendations from the OAR** that may be useful starting points. These should be documented on the initial meeting sheet, and a personal development plan to meet learning needs will also be discussed and documented. This will follow on from the discussions that have been documented with the academic assessor.
* The student should then discuss their personal development plan with their practice supervisors; the student should contact their academic assessor to let them know if the initial assessment has not taken place within two weeks of commencing on the placement by email.
* As part of this plan there should be arrangements in place where the practice assessor can periodically observe the student in the clinical environments in order to inform decisions for assessment and progression.

**MIDPOINT OF PLACEMENT**

* Prior to the meeting between the practice assessor and the student, the student should undertake a self-assessment reviewing their progress towards achieving the module outcomes. The practice supervisor should ensure that a service user questionnaire has been completed and is available.
* The practice assessor and the student, with their practice supervisor(s) if possible, meet to review progress. The student should provide evidence from the professional portfolio to support development in practice. The practice supervisor(s) should have contributed to the student’s mid-point review by periodically recording relevant observations on the conduct, proficiency and progress of the students they are supervising and have documented this within the clinical document
* This meeting provides an opportunity to provide feedback to the student which should be recorded in the assessment document. The practice assessor should use the grading criteria to identify to the student the level of their current performance and suggest how this might be improved on during the remainder of the placement.

**NB. It is imperative that at the midpoint review any learning needs or areas for improvement are clearly documented and articulated to the student. It may be necessary to revise the initial personal development plan to meet new learning needs and involve the student’s academic assessor. It is imperative that the student is informed about their progress especially if there are concerns about their performance. An action plan to address any additional learning needs should be agreed and documented in the clinical assessment document and the OAR. The practice learning lead should also be informed.**

**THROUGHOUT THE PLACEMENT**

The practice supervisors should regularly contribute (weekly) to the student’s clinical documentation by periodically recording relevant observations on the conduct, proficiency and progress of the students they are supervising. They should make opportunities to communicate with and to discuss their students with the relevant practice assessor to share relevant observations on the conduct, proficiency and achievement of the students at regular intervals during the placements. They are expected to appropriately raise and respond to student conduct and competence concerns.

The practice assessor should periodically observe the student in the clinical environments in order to inform decisions for assessment and progression. This should be at least twice during 6-8-week placement; once before the mid-module review meeting and once during the remainder of the placement.

**FINAL WEEK OF THE PLACEMENT**

Student submits her reflection by uploading to TURNITIN & e - portfolio on Blackboard. The practice supervisor should sign the declaration in the clinical assessment document which verifies the reflection is based on an actual situation arising from practice.

**OVERALL POINTS TO CONSIDER RE: FINAL WEEK OF THE SUMMATIVE ASSESSMENT**

* The practice assessor should contact the academic assessor (via phone, Skype or email) before the summative assessment to discuss the students’ progress.
* The practice assessor works in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies
* The academic assessor may therefore decide to attend the summative meeting – if an action plan was required at the mid-point assessment, face-to-face attendance is expected – if the academic assessor is not present she should ensure communication and collaboration occurs during the assessment or as soon as possible afterwards (via phone, Skype or email).
* The summative assessment should normally be undertaken during the last week of the practice placement, but this should be no later than four weeks after the last week in practice. **If there is difficulty in arranging the summative assessment of practice the academic assessor and practice learning leads must be informed.**
* The purpose of the meeting is to review progress to date, confirm achievement of the learning outcomes for this stage of the programme, review the reflective accounts and skills development, review achievement of EU numbers, and then provide a summative grade for practice.
* The practice assessor should complete their comments in the assessment document, and in the OAR booklet and use the grading page to give the student a mark for each of the first five criteria on the grading grid and confirm the requirements for professional behaviour and conduct.
* If the assessment has not been completed the academic assessor and practice learning lead **MUST BE** alerted.

Grading of clinical practice **CAN** **ONLY** take place if-

* All learning outcomes have been achieved
* All required evidence has been available (reflections, skills developments and any additional EU numbers)

Grading of clinical practice **CANNOT** take place if-

* **ANY** learning outcomes have **NOT** been achieved
* Professional Conduct has **NOT** been achieved
* All required evidence has **NOT** been made available (reflections, skills developments and any additional EU numbers)

In this situation the student is deemed to have failed their assessment of clinical practice and given a notional mark of 35%.

If the practice assessor is anticipating this situation should gain support from the academic assessor and practice learning lead

**PRACTICE ASSESSOR’S RESPONSIBILITY WHEN COMPLETING THE SUMMATIVE ASSESSMENT**

* The practice assessor should have contacted the academic assessor (with phone, Skype or email) prior to the summative assessment to discuss the students’ progress.
* As the practice assessor works in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies, the academic assessor may decide to attend the summative meeting – if an action plan was required at the mid-point assessment, face-to-face attendance is expected
* If the academic assessor is not present the practice assessor should ensure communication and collaboration occurs during the assessment or as soon as possible afterwards (via phone, Skype or email).
* At the summative meeting, initially there should be a discussion with the student about practice issues raised in their reflections and how these have influenced the student’s thinking and future practice.
* The student is asked to evaluate their own progress during the placement.
* The practice assessor will review the student’s progress and review comments from the practice supervisor(s) within the clinical documentation.
* All learning outcomes within the clinical assessment of practice document must be achieved and signed off by the practice assessor before grading of practice can occur.
* The requirements of professional behaviour and conduct must have been demonstrated and the relevant page completed. The student must demonstrate the ability to reflect on learning from placement and how this will inform the future practice.
* The student has submitted her EC numbers for perusal, and these will have been signed by the practice supervisor.
* A further service user feedback should have been completed (minimum of 2).
* The practice assessor will then conduct the grading of clinical practice.

The **practice assessor** will discuss the student’s progress, formulate feedback to give to the student and grade clinical practice, utilising all evidence, including service user feedback. Documentation is completed in the clinical assessment booklet and **Ongoing Achievement Record (OAR)**. Once grading is completed, feedback and interim grade are given. The feedback is used by the student to develop **The Personal Development Plan** which the student takes forward to their next placement. The levels of practice indicator matrix can be used to support decision made and provide student with feedback.

**The academic assessor** will separately review and grade the reflective evidence that has been submitted via the e-portfolio and meet with the student at the end of the placement. The academic assessor and student agree a date by which the clinical assessment document will be submitted to be scrutinised by External Examiners and to provide evidence to support the grade awarded at the Assessment Board and in order that the grade can be ratified.

**What to do if unsure**

* If the practice assessor is worried by the student’s standard of performance or has concerns about the professional behaviour they should contact the student’s academic assessor and practice learning lead.
* If the student is concerned about the progress or any aspect regarding the placement should try to discuss the matter with the practice assessor initially and then contact their academic assessor and the practice learning lead.

**IF THE STUDENT HAS *NOT* ACHIEVED ALL THE LEARNING OUTCOMES FOR THIS PLACEMENT**

The practice assessor will **NOT** continue with the grading process.

* The student will be awarded a fail.
* Evidence to support this fail will be provided by practice assessor and academic assessor, and documented in the clinical assessment document and the OAR
* An initial action plan should be formulated.
* The module leader, programme leader and practice learning lead should be informed by the academic assessor as soon as possible.

**WHAT TO DO WHEN:**

1. **PRACTICE ASSESSOR CANNOT REACH A DECISION**

Contact Student’s Academic Assessor and Practice Placement Lead

1. **STUDENT DISAGREES WITH THE PROCESS**

Student will be guided to meet with Module Leader or Programme Leader to discuss the Process and the student will be directed to the De Montfort University appeals system if appropriate. All documents will be forwarded to the External Examiner.

Please use these numbers as a guide to help you and your practice supervisor(s) as a target to achieve BY THE END OF YEAR TWO to how to complete EU directives:

A TARGET BUT MAY NOT BE REACHED DEPENDING ON CLINICAL EXPERIENCES

* Examine at least 20 pregnant women
* Examine at least 20 postnatal women
* Examine at least 20 neonates
* Complete and record 35 Care in labour
* Complete and record 25 risk cases
* Observe repair of perineal trauma/ episiotomy – if appropriate
* Pathological & Gynae as appropriate

These are all to be recorded in EU directives. **All records must be legible and must not breach confidentiality.** These are all to be recorded in EU directives booklet – distributed separately.

All clinical assessment documents to be submitted to academic assessor prior to a timetabled one-to-one meeting on return to campus following clinical practice.

**Skill Developments within the Clinical Skills Schedule:**

Delivery suite: No 3. Vaginal examination/ No 5. Assessment of fetal wellbeing (CTG)/ No7. Neonatal examination at birth

Ward: Breastfeeding continuation

**To be completed and discussed at 1:1 meeting with academic assessor as soon as is feasible after placement ends as part of your professional development.**

Extensions can be granted due to **extenuating** circumstances but must be negotiated in advance with your academic assessor.

Continue to complete **Clinical Skills schedule** as appropriate and utilise this to negotiate experiences.

**Failure to submit portfolio evidence and reflections by the date specified will lead to the award of a fail grade for this element of the practice assessment (unless prior to that date an extension or deferral request has been received).**

The clinical assessment of practice document provides 50 **%** of the marks for this module. This reflects the placement being crucial to your development into the role of the midwife.

**A summative assessment of progress will be carried out during the final week of the placement:** alllearning outcomes need to be achieved in order to pass the module clinical assessment.

**EEC Requirements – 3-yr Programme**

**The following table will provide a rough guide to enable you to plan your students’ experience:** \* denotes essential EEC numbers on completion.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| **Antenatal Examinations**  | 15 - 20 | 60 | 100 \* |
| **Witness births** | 5 | 8 | 10 \* |
| **Breech births** | 0 | 1 | 2 |
| **Care in labour-complicated births** | 0 | 5 – 15 | 40 \* |
| **Episiotomy** | 0 | 1-2 (observe) | 1-2 (simulated, observe or participate) |
| **Perineal Repair** | 1 – 3 (observe) | 3 – 6 (observe) | 6 – 10 (simulated, observe or participate) |
| **Births- normal** | 5 - 10 | 25 | 40 \* |
| **Postnatal examinations**  | 15 - 20 | 60 | 100 \* |
| **Neonatal examinations**  | 15 - 20 | 60 | 100 \* |
| **Pathological Obs and Gynae experiences**  | 0 | 5 - 10 | 10 - 20 |
| **Pathological – neonatal**  | 0 |  5 - 10 | 10 – 20 |
| **Mental Health** | 0 | 1 - 3 | 3 - 5 |
| **High Risk cases** | 0 | 25 | 40\* |

**KEY DATES AND ACTIONS THAT REQUIRE COMPLETION**

**Module MIDW 2001**

Minimum number of hours for this practice placement: 675hrs (37.5 hours x 18 weeks)

**SUBMISSION DATES**: Portfolio evidence for this module must be submitted to electronically to Blackboard Module Turnitin and to e-portfolio by the last Friday of your placement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Placement allocation**  | **Portfolio Evidence required for submission via Turnitin and/ E-Portfolio**  | **Allocation date** | **Submission date** |
| Ward |  Ward significant event -with mental health focus**Skills development**- breastfeeding continuation | 21/10/2019 to 29/11/2019 | **29/11/2019 by 12 noon** |
| 13/01/2020 to 21/02/2020 | **21/02/2020 by 12 noon** |
| 30/03/2020 to 08/05/2020 | **08/05/2020 by 12 noon** |
| D/Suite  |  **Significant event** -with complicated birth focus **Skills development**- Vaginal examination | 21/10/2019 to 29/11/2019 | **29/11/2019 by 12 noon** |
| 13/01/2020 to 21/02/2020 | **21/02/2020 by 12 noon** |
| 30/03/2020 to 08/05/2020 | **08/05/2020 by 12 noon** |

**EU REQUIREMENTS:** all signed EU numbers and time sheets should be available for the post-assessment academic assessor meeting which should ideally take place within 20 working days from submission.

In preparation for the post assessment meeting, you are required to submit **all clinical assessment documents** for the attention of your academic assessor to Student Advice Centre by Friday in the first week of return to theory.

**KEY DATES ON TRAINING PLAN 1809**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 23/09/2019 | 30/09/2019 | 07/10/2019 | 14/10/2019 | 21/10/2019 | 28/10/2019 | 04/11/2019 | 11/11/2019 | 08/11/2019 | 25/11/2019 | 02/12/2019 | 09/12/2019 | 16/12/2019 | 23/12/2019 | 30/12/2019 | 06/01/2020 | 13/01/2020 | 20/01/2020 |
| theory |  |  |  | gynae | ellscs |  | gynae | ellscs | MIDW | theory |  |  | A/L | AL | theory | gynae |  |
|  |  |  |  | delivery |  |  |  |  | 2001 |  |  |  |  |  |  | delivery |  |
|  |  |  |  | ward | ward | ward | ward | ward | ward |  |  |  |  |  |  | ward | ward |
| **SEMESTER 2** |
| 27/01/2020 | 03/02/2020 | 10/02/2020 | 17/02/2020 | 24/02/2020 | 02/03/2020 | 09/03/2020 | 16/03/2020 | 23/03/2020 | 30/03/2020 | 06/04/2020 | 13/04/2020 | 20/04/2020 | 27/04/2020 | 04/05/2020 | 11/05/2020 | 18/05/2020 | 25/05/2020 |
| ward | ward | ward | ward | Reading week | theory | MIDW | A/L | A/L | gynae | ellscs |  | gynae | ellscs | MIDW | theory | bh | theory |
| gynae | ellscs |  | gynae |  |  | 2000 |  |  | delivery |  |  |  |  | 2001 |  | MIDW 2002 |  |
| delivery | delivery |  |  |  |  | Critique |  |  | ward | ward | ward | ward | ward | ward |  | Clinical Exam |  |
| **SEMESTER 3** |
| 01/06/2020 | 08/06/2020 | 15/06/2020 | 22/06/2020 | 29/06/2020 | 06/07/2020 | 13/07/2020 | 20/07/2020 | 27/07/2020 | 03/08/2020 | 10/08/2020 | 17/08/2020 | 24/08/2020 | 31/08/2020 | 07/09/2020 | 14/09/2020 | 21/09/20202020 | 28/09/20202020 |
| theory |  | MIDW2001 | theory | Alternative | Alternative | A/L | A/L | A/L | MIDW2000 | MIDW2000 | MIDW2000 | MIDW2000 | MIDW2000 | MIDW2000 | individualised | Individ. learning |  |
|  |  | EXAM |  | learning | learning |  |  |  | Commu-nity |  |  |  |  |  | learning | Exam resit |  |

**Key Dates and Actions will vary due to individual rotational placements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date (week of)** | **Action** | **Student Signature** | **Practice Assessor Signature** | **Practice supervisor(s) Signature** | **Academic Assessors Signature** |
| **W/C**21/10/2019 or 13/01/2020 or30/03/2020 | Initial Meeting with practice assessor  |  |  |  |  |
| **W/C**  | Midpoint self-assessment form to be completed prior Midpoint/progress meeting with practice assessor |  |  |  |  |
| **W/C**25/11/2019 or 17/02/2020 or 04/05/2020 | Summative significant event reflection to be submitted via Turnitin© last Friday of the placement. |  |  |  |  |
| **W/C** 25/11/2019 or 17/02/2020 or 04/05/2020 | Summative/final meeting with practice assessor and academic assessor |  |  |  |  |
| **W/C**09/12/2019 and 02/03/2020 And 11/05/2020 | Meeting with Academic Assessor:* clinical assessment document, OAR, EC, clinical skills schedule to be available
* service user questionnaires - signed by practice supervisors
* skills developments available for review via e-portfolio
* copy of timesheets to be submitted to SAC after placement ends
 |  |  |  |  |

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| **INITIAL ASSESSMENT OF LEARNING NEEDS –Ward Placement****Personal Development Plan** *Identify how you are going to meet the outcomes including resources – people / places, areas of practice, formal & informal teaching, supervision. Include a realistic review date. (Note: to include written agreed goals for further development and learning from previous placement)****IF YOU DECIDE TO USE A SEPARATE PERSONAL DEVELOPMENT PLAN PLEASE ATTACH SECURELY TO THIS DOCUMENT AS IT FORMS PART OF THE ASSESSMENT PROCESS.*** |

|  |
| --- |
| **Student Self- Assessment of Learning Needs related to achieving the module outcomes following discussion with academic assessor prior to placement:** |
| **Personal Development Plan**  |
| **Discussion with Practice Assessor:**  |
| **Practice Supervisor(s) plan to facilitate learning:** |
| Academic Assessors Signature: Date: Practice Assessors Signature: Date: I confirm that I am currently recorded on the register within my Trust as a Practice Assessor Practice Supervisor(s) Signature: Date: |

Module Outcomes: Complexity in Childbearing – Ward Placement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NMC****competencies** | **ESC** | **Self Assess:****Student to initial when achieved to own satisfaction**  | **Learning Outcome:** **On completion of this module the student is able to:** | **Practice Supervisors Contribution to the Student’s Progress** | **Practice Assessors Assessment of the Student’s Competency** |
| **Practice Supervisors Contribution to the Student’s Progress** | **Practice Assessors Assessment of the Student’s Competency** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  |  |  | **Domain: Effective Midwifery Practice** |  |  |  |  |
|  |  |  | **1. Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal stages** |  |  |  |  |
| 1.1 | 1.1 |  | Demonstrates appropriate use of communication skills to ensure clear and open communication between self and woman |  |  |  |  |
| 1.1 | 1.1 |  | Encourages women to think through issues of concern and anxiety |  |  |  |  |
| 1.1 | 1.6 |  | Demonstrates awareness and sensitivity to the needs of women and their families |  |  |  |  |
| 1.1 | 1.1 |  | Acts to reduce and challenge barriers to effective communication and understanding |  |  |  |  |
| 1.1 | 1.1 |  | Is proactive and creative in enhancing communication and understanding |  |  |  |  |
| 1.1 | 1.7 |  | Where appropriate uses the skills of active listening, questioning, paraphrasing, and reflection to assist in effective communication |  |  |  |  |
| 1.1 | 1.3 |  | Respect the role of women as partners in their care and contributions they can make to it |  |  |  |  |
| 1.1 | 1.3 |  | Uses appropriate strategies to encourage and promote choice for all women  |  |  |  |  |
| 1.1 | 1.3 |  | Provide accurate, truthful and balanced information that is presented in such a way as to make it easily understood  |  |  |  |  |
| 1.1 | 1.3 |  | Provide care that is delivered in a warm sensitive and compassionate way |  |  |  |  |
| 1.1 |  | 1.5 | Anticipates how a woman might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort |  |  |  |  |
| 1.1 |  | 1.7 | Makes appropriate use of touch Listens to, watches for, and responds to verbal and non verbal cues |  |  |  |  |
|  |  |  | **2.Diagnose pregnancy, assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal stages through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.2 |  | 2.2 | Can discuss the assessment of maternal and fetal wellbeing related to the physical, emotional and social changes that occur during the period of childbearing |  |  |  |  |
| 1.2 |  | 3.7 | Can discuss the assessment of the newborn in relation to the physical, emotional and social changes that occur following birth |  |  |  |  |
| 1.2 |  | 3.4 | Can identify the range of tests utilised to assess the health and wellbeing of the woman and fetus/baby |  |  |  |  |
|  |  |  | **3. Determine and provide programmes of care and support for women** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.3 |  | 1.6 | Examine the culture of childbearing, including role and relationship with families, and how this influences care and outcomes of care  |  |  |  |  |
| 1.3 |  | 1.5 | Discuss how the context in which birth takes place influence the care provided for women  |  |  |  |  |
| 4.2 |  | 2.2 | Discuss the evidence base for care and how this evidence is applied to the care of women |  |  |  |  |
| 1.4 |  | 1.7,3.1 | Consistently shows the ability to:* Share information with women
* Assess maternal and fetal wellbeing
* Relevant to gestation, and acts upon the need to refer to appropriate individuals
1. Plan, in partnership with women, a care pathway to ensure individual needs are met.
 |  |  |  |  |
|  |  |  | **4. Provide seamless care and interventions in partnership with women and other care providers during the antenatal period which:** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.5 | 1.8 |  | Identify the role of a range of practitioners that can be involved in the care of women  |  |  |  |  |
| 1.2,1.4 | 2.2 |  | Identify the parameters of normal pregnancy and the pathways for referral when deviations occur |  |  |  |  |
|  |  |  | **5. Undertake appropriate emergency procedures to meet the health needs of women and babies** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.5 | 2.2 |  | Discuss the factors that increases the risk of complications during childbearing |  |  |  |  |
| 1.7 | 3.8 |  |  Demonstrate the knowledge and skills to carry out the emergency resuscitation of an adult |  |  |  |  |
| 1.7 | 3.8 |  |  Compare resuscitation of the adult with resuscitation of the woman during the childbearing cycle |  |  |  |  |
| 1.8 | 3.8 |  | Identify the procedures involved when resuscitation of the baby is required |  |  |  |  |
| 1.7 | 3.8 |  | Can initiate emergency measures in the hospital setting  |  |  |  |  |
| 1.7 | 3.8 |  | Can sustain emergency measures until help arrives |  |  |  |  |
|  |  |  | **6. Work in partnership with women and other care providers to provide seamless care and intervention** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.11 | 3.6 |  | Identify the principles of postnatal care for women who have experienced complications during birth |  |  |  |  |
| 1.11 | 3.6,3.7 |  | Assess the wellbeing of the woman during the postnatal period and identify how health can be maintained and/or improved |  |  |  |  |
| 1.4,1.9 |  |  | Identify the principles of care of women who have suffered pregnancy loss, still birth or neonatal death |  |  |  |  |
|  |  |  | **7. Examine and care for babies with specific health or social needs and refer to other professional or agencies as appropriate** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.10 | 3.7 |  | Carry out examinations of the neonate, identify deviations from normal and seek appropriate support and advice |  |  |  |  |
| 1.10 | 3.9 |  | Identify professionals essential in the care of the neonate with specific health and social needs |  |  |  |  |
| 1.10 | 4.5 |  | Identify the care and support for parents when the baby requires care for a specific health problem |  |  |  |  |
| 1.10 | 4.6 |  | Gives apt advice and support to parents when their baby requires “special” or “transitional” care |  |  |  |  |
|  |  |  | **8. Care and monitor women during the puerperium offering necessary evidence-based advice and support on baby and self-care** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.11 | 3.7 |  | Identify how the physical, emotional, and social changes in the puerperium can influence the health, wellbeing and recuperation of women |  |  |  |  |
| 1.9,1.11 | 3.7 |  | Give advice and support necessary to assist women recuperate following birth |  |  |  |  |
| 1.11 | 5.7 |  | Applies knowledge of infection, especially bacterial infection, when giving postnatal and neonatal care, and advising on hygiene |  |  |  |  |
| 1.9 |  |  | Providing any particular support which is needed to women who have disabilities |  |  |  |  |
| 1.9 | 5.3 |  | Providing post-operative care for women who have had caesarian or operative deliveries  |  |  |  |  |
| 1.9 | 5.3 |  | Providing pain relief to women |  |  |  |  |
| 1.11 | 3.7 |  | Facilitate discussion around future reproductive choices |  |  |  |  |
|  |  |  | **9. Infant Feeding** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.9 | 4.1 |  | Understand and share information about breastfeeding that is clear, accurate and meaningful at a level which women, their partners and families can understand |  |  |  |  |
| 1.1 | 1.1 |  | Listens to, watches for, and responds to verbal and non-verbal cues |  |  |  |  |
| 1.1 | 1.1 |  | Uses skills of being attentive, open ended questioning and paraphrasing to support information sharing with women |  |  |  |  |
| 1.8 | 4.3 |  | Understands the importance of exclusive breastfeeding, and the consequences of offering artificial milk to breastfed babies, any problems encountered or referrals made  |  |  |  |  |
| 1.9 | 4.1 |  | Understands the nature of evidence and related to infant feeding how to evaluate the strength of research evidence used as a basis for information |  |  |  |  |
| 1.13 | 3.10 |  | Keep accurate records of the woman and her baby relating to breastfeeding including plans of care |  |  |  |  |
| 1.11 | 4.3 |  | Provide support and advice for women to help them successfully breastfeed their babies |  |  |  |  |
| 1.11 | 4.3 |  | Effectively support women to breastfeed |  |  |  |  |
| 1.11 | 4.3 |  | Can recognise effective positioning, attachment, suckling and milk transfer  |  |  |  |  |
| 1.1 | 1.3 |  | Empowers women to recognise effective positioning, attachment, suckling and milk transfer for themselves (BFI) |  |  |  |  |
| 1.9 | 4.6 |  | Support women who are separated from their babies (on admission to SCBU, women receiving high dependency care in a separate environment) to initiate and maintain their lactation and feed their babies optimally (BFI)  |  |  |  |  |
| 1.11 | 4.6,4.4 |  | Feed expressed breast milk to a baby, using a cup and/or syringe as appropriate (BFI)  |  |  |  |  |
| 1.11 | 4.6 |  | Teach women how to use mechanical breast pumps where appropriate |  |  |  |  |
| 1.11 | 4.6 |  | Discuss the services available to provide appropriate care to women with special needs |  |  |  |  |
|  |  |  | **10. Select, acquire and safely administer a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at the time** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.12 | 5.1 |  | Within the parameters of normal childbirth, ensure safe and effective practice through comprehensive knowledge of medicinal products, their actions, risks and benefits including the ability to recognise and respond safely to adverse drug reactions and adverse drug events |  |  |  |  |
| 1.12 | 5.2 |  | Correctly and safely undertake drug calculations |  |  |  |  |
| 1.12 | 5.3 |  | Give clear instruction and explanation and check understanding relating to use of medicinal products and treatment options |  |  |  |  |
| 1.12 | 5.6 |  | Assess the woman’s ability to safely self-administer their medicinal products |  |  |  |  |
|  |  |  | **11. Complete, store and retain records of practice, which are accurate legible, detail the reasoning behind actions, contain the information necessary for the record’s purpose** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.13 | 3.10 |  | Can record details of examinations carried out accurately and legibly |  |  |  |  |
| 1.13 | 3.10 |  | Discuss the importance of record keeping in midwifery practice |  |  |  |  |
| 1.13 |  |  | Detail reasoning behind any actions or interventions taken |  |  |  |  |
| 1.13 | 3.10 |  | Effectively keep records of information sharing with women about the benefits and risks of relevant medication |  |  |  |  |
|  |  |  | **12. Actively monitor and evaluate effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.14 | 1.1 |  | Demonstrate the skills necessary to negotiate care outcomes with the woman and her family |  |  |  |  |
|  |  |  | **13. Contribute to enhancing the health and social wellbeing of individuals and their communities** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 2.7 | 1.8 |  | Identify how the midwife contributes to the public heath agenda |  |  |  |  |
| 1.1 |  |  |  Demonstrate ability to communicate to women with particular communication problems |  |  |  |  |
|  |  |  | **Domain: Professional and Ethical Practice** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  |  |  | **14. Practice in accordance with the NMC’s documents, within the limitations of one’s own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice** |  |  |  |  |
| 3.1 | 1.2,1.4 |  | Identify the role of professional regulation, legislation and local policies and procedures in professional midwifery practice. Works with the NMC Code |  |  |  |  |
| 1.5 | 1.8 |  | Can identify situations when support and assistance from midwifery colleagues is required |  |  |  |  |
| 1.5 | 1.8 |  | Timely referral of women who would benefit from the skills and knowledge of others |  |  |  |  |
| 1.12 | 5.5 |  | Is conversant with legislation related to midwives exemptions, Pharmacy only and General Sales Lists medicinal products, Midwives Supply Orders, destruction of controlled drugs and Patient Group Directions |  |  |  |  |
|  |  |  | **15. Practise in a way that respects and promotes individual’s right, interests, preferences, beliefs and cultures** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.3 | 1.1 |  | Respects individual women’s preferences, beliefs and values |  |  |  |  |
| 1.3 | 1.3 |  | Acknowledges the right of the individual women to make decisions regarding her care |  |  |  |  |
| 1.3 | 1.3 |  | Acknowledges the role and influence of others that are significant in the life of the women |  |  |  |  |
| 1.1 | 1.1 |  | Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise the care provided by working in partnership with women and families |  |  |  |  |
| 1.4 |  |  | Is proactive in maintaining dignity |  |  |  |  |
| 1.1 | 1.1 |  | Confidently shares information with women who have physical, cognitive or sensory disabilities and those who do not speak or read English |  |  |  |  |
|  |  |  | **16. Practise in accordance with relevant legislation** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.3 | 1.5 |  | Demonstrate awareness of how decisions are made when complexities arise from ethical and legal dilemmas |  |  |  |  |
| 1.4 | 1.4 |  | Uses appropriate strategies to enable women to understand treatments and interventions in order to give informed consent |  |  |  |  |
| 1.4 | 1.4 |  | Ensure that consent will be sought from the woman prior to care being given and that the rights of women are respected |  |  |  |  |
| 1.1 | 1.4 |  | Works within legal frameworks when seeking consent |  |  |  |  |
| 1.1 | 1.4 |  | Seeks consent prior to sharing confidential information outside of the professional care team (subject to agreed safeguarding / protection procedures) |  |  |  |  |
|  |  |  | **17. Maintains confidentiality of information** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.13 | 3.10 |  | Protect and treat as confidential all information relating to themselves and their care. |  |  |  |  |
| 3.2 | 3.10 |  | Understand Information Governance  |  |  |  |  |
| 3.2 | 3.10 |  | Aware of the issues involved in “the need to know” |  |  |  |  |
|  |  |  | **18. Interact with other practitioners and agencies**  | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 2.5 | 1.3 |  | Be confident in their own role within a multi-disciplinary / multi-agency team |  |  |  |  |
| 1.8 | 1.3 |  | Can articulate professional limitations and boundaries  |  |  |  |  |
| 1.7 | 1.8 |  | Confident to call appropriate professional regardless of hierarchy, when care requires expertise beyond the midwife’s current practice, or the needs of the women or baby fall outside the scope of midwifery practice |  |  |  |  |
| 1.4 | 1.8 |  | Identify the professionals and other agencies that can be of benefit to the health and wellbeing of the woman and her family |  |  |  |  |
| 2.5 | 1.8 |  | Identify the role of the midwife in supporting other professionals and agencies that are involved in the care of the woman and her family |  |  |  |  |
| 1.12 | 1.8 |  | Demonstrate an understanding of roles and responsibilities within the multi-disciplinary team for medicinal products management, including how and in what ways information is shared |  |  |  |  |
|  |  |  | **19. Manage and prioritise competing demands** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 4.4 | 1.8 |  | Identify steps to be taken when difficulties arise in service delivery |  |  |  |  |
| 2.6 |  |  | Negotiates with others in relation to balancing competing / conflicting priorities |  |  |  |  |
| 2.6 |  |  | Manages challenging situations appropriately |  |  |  |  |
|  |  |  | **20. Support the creation and maintenance of environments which promote the health, safety and wellbeing of women, babies and others** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 1.3 | 3.1 |  | Identify how the environment in which care is given is safe and secure for the woman, her family and professionals involved in care |  |  |  |  |
| 1.3 | 3.1 |  | Is proactive in promoting care environments that are diversity sensitive and free from exploitation, discrimination and harassment |  |  |  |  |
| 1.4 |  |  | Identify the factors relevant to the control of infection |  |  |  |  |
|  |  |  | **21. Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interest of women, babies and their families** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 2.1 |  |  | Identify the role of guidelines in ensuring optimum care for the individual woman and her family |  |  |  |  |
|  |  |  | **Domain: Developing the Individual Midwife and Others** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  |  |  | **22. Review, develop and enhance one’s own knowledge, skills and fitness to practice** |  |  |  |  |
| 2.1 | 1.6 |  | Identify the relevance of practice standards within professional practice |  |  |  |  |
| 4.1 | 1.8 |  | Uses reflection in practice to assess own requirement to develop skills |  |  |  |  |
| 4.1 | 1.8 |  | Demonstrates, through submission of specified written reflections, the ability to reflect on practice to a level five standard. (*These reflections to be seen and signed by the* Practice Supervisor *prior to submission*) |  |  |  |  |
|  |  |  | **Domain: Achieving Quality Care Through Evaluation And Research** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  |  |  | **23. Apply relevant knowledge to one’s own practice in structured ways which are capable of evaluation** |  |  |  |  |
| 4.2 |  |  | Identify how research is implemented in practice |  |  |  |  |
| 4.2 | 5.5 |  | Use and evaluate up-to-date information on medicinal products management and work within national and local policies and guidelines using appropriate reference. |  |  |  |  |
|  |  |  | **24. Inform and develop practice and the practice of others through best practice using available evidence and reflecting on one’s own practice** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 4.4 |  |  | Identify the various ways in which care is evaluated |  |  |  |  |
|  |  |  | **25.Manage and develop care utilising the most appropriate information technology systems** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
| 4.3 |  |  | Demonstrate IT skills in utilising IT systems for the recording of practice data |  |  |  |  |
| 4.3 |  |  | Use IT to review data analysis relevant to clinical practice |  |  |  |  |

**I verify that these outcomes have been achieved,** Practice assessor **Signature: Date:**

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| **MID ASSESSMENT OF LEARNING NEEDS****Personal Development Plan** *Identify how you are going to meet the outcomes including resources – people / places, areas of practice, formal & informal teaching, supervision. Include a realistic review date. (Note: to include written agreed goals for further development and learning from previous placement)****IF YOU DECIDE TO USE A SEPARATE PERSONAL DEVELOPMENT PLAN PLEASE ATTACH SECURELY TO THIS DOCUMENT AS IT FORMS PART OF THE ASSESSMENT PROCESS.*** |

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| --- |
| **Student Self-Assessment of Learning Needs related to achieving the learning outcomes**  |
| **Personal Development Plan** |
| **Practice Assessor Review of Progress:** |
| **Practice Supervisor(s) plan to facilitate learning following the mid-point review:** |
| Student’s Signature: Date: Practice Assessors Signature: Date:Practice Assessors Signature: Date:**I confirm that I am currently recorded on the register of Practice supervisors within my Trust as a Practice Assessor** |

**Recommended to be used at mid-point- The practice supervisor will select 5 attributes that most reflect students’ professional attributes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fixed StandardPass/Fail | Professional Attributes - Year 2 |  |  |
| 1 | P | Has become a valued and respected team member |  |  |
| 2 | P | Considerate , demonstrates awareness of the needs of others |  |  |
| 3 | P | Demonstrates an empathetic and compassionate approach to midwifery care |  |  |
| 4 | P | Demonstrates self-awareness |  |  |
| 5 | P | Displays a non-judgmental approach towards others |  |  |
| 6 | P | Able to accept and use constructive criticism to improve performance  |  |  |
| 7 | P | Demonstrates a professional approach to work  |  |  |
| 8 | P | Motivated committed and adaptable and able to use initiative  |  |  |
| 9 | P | Has a pleasant and approachable manner and displays a mature attitude |  |  |
| 10 | P | Has developed in confidence during this placement |  |  |
| 11 | P | Will to try; works towards skills development  |  |  |
| 12 | P | Needs to be more assertive |  |  |
| 13 | F | Appears to be overconfident for stage of training |  |  |
| 14 | F | Lacks compassion |  |  |
| 15 | F | Lacks self-awareness and the effect of behaviour on others/lacks maturity |  |  |
| 16 | F | Lack of confidence adversely inhibits performance |  |  |
| 17 | F | Reacts adversely to constructive criticism  |  |  |
| 18 | F | Blames circumstances for difficulties encountered |  |  |
| 19 | F | Displays a negative attitude /lacks motivation /disengaged |  |  |
| 20 | F | Behaves in an unprofessional manner i.e dress code, time keeping, use of negative body language |  |  |

The left hand column “ Fixed Standard” cannot be altered and sets the standard for that year or level. Professional attributes will attract a pass/fail grade and is used to inform the practice assessor’s assessment of professional conduct.

Reference: Adapted from Knight (1998) A Fieldwork award: rewarding Excellence in Practice. British Journal of Occupational Therapy 61(7):306-320

 NHS commissioning Board (2012) Compassion in Practice: *Nursing, Midwifery and Care Staff - Our Vision and Strategy* (Department of Health and NHS Commissioning Board, December 2012)

NHS Commissioning Board (2013) Compassion In Practice: A Summary of the Implementation Plans **www.commissioningboard.nhs.uk**

**Mid-Point Self-Assessment Tool**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Knowledge and meeting needs** | FAIL | PASS40-49SAFE PRACTICE | SOUND PASS50-59 | GOOD PASS60 – 69 | VERY GOOD PASS 70-79 | EXCEPTIONALLY GOOD PASS80+ |
| Unsafe practice. Unable to demonstrate the application of theory to practice. |  Demonstrates the ability to provide safe care that is knowledge based. Beginning to anticipate the needs of women. | Demonstrates sound ability to use knowledge to anticipate and meet the needs of women and to provide care that is safe. | Demonstrates a good understanding of the knowledge underpinning care and good ability to provide appropriate and safe women centred care. | Very good knowledge of the needs of women. Selects related theory to deliver safe and appropriate women centred care. | Exceptional ability to select appropriate and safe women centred care based on the needs of women whilst demonstrating an exceptional ability to relate midwifery knowledge to practice. |
| **Knowledge and Understanding** |  |  |  |  |  |  |
| Does not recognise when deviations from normal are occurring. Fails to seek appropriate help | Recognises deviations from normal and seeks appropriate help and referral | Recognises deviations from normal and takes appropriate action. Can articulate rationale for action taken. | A good ability to recognise when deviations from the normal occur. Takes appropriate action and rationale for actions taken given. | Very good ability to identify, report and articulate the significance of deviations from the normal. Takes appropriate action. Very good rationale for action taken given. | Exceptional ability to recognise, report and take appropriate action when deviations from the normal occur. Evaluates actions using appropriate knowledge and evidence. |
|  |  |  |  |  |  |  |
| **Communication****&****Attitudes** | Insensitive to and unaware of the needs of women and their families.Poor verbal and/or written communication skills, lacks insight | Is kind and courteous to women and their familiesWritten communication satisfactory. Verbal communication is accurate and clear. |  Is kind and courteous to women and their families and in a way that involves them in the process. Recognises need for informed choice. Attempts to build rapport. Written and verbal communication is accurate and reliable. | Is consistently kind and caring to women in a way that encourages the woman and her family to be at the centre of care. Good understanding of informed choice. Demonstrates good communication skills, good rapport building skills. Written and verbal communication is consistently accurate and reliable and appropriate. | Very kind and courteous. Consistently places the woman and her family at the centre of care. Very good understanding of informed choice. Very good communication skills, very good rapport building skills. Written and verbal communication is consistently accurate and reliable. | Exceptionally kind and courteous. Exceptional ability to ensure women and their families have the knowledge that helps them to make informed choices. Excellent rapport building skills. Excellent record keeping skills and verbal reporting skills, efficient and accurate whatever the circumstances. |
|  |  |  |  |  |  |  |
| **Co-operation****&****Teamworking** | Unreliable, judgmental attitude.Unwilling to listen to others within the team.Abrasive and unco-operative. | Aware of role within the team, acknowledges others within the team, Acknowledges the wider multidisciplinary team.  | Communicates with all team members.Is a reliable team member. Works co-operatively with the wider multidisciplinary team. | Works effectively as a team member. Communicates clearly and effectively with all team members. Good ability to work with the wider multidisciplinary team. | Very good, consistent and reliable team member.Contributes in a sensitive, open and cooperative manner to all members of the team including the wider multidisciplinary team | Exceptional team working skills. Can evaluate own performance as a team member and demonstrates sensitivity and co-operation.Is a valued member of the team able to contribute in a way that includes all members of the team including multidisciplinary team. |
|  |  |  |  |  |  |  |
| **Self Development****Reflection** | Unable to reflect on practice lacks insight into own limitations | Can use reflection in practice. Can identify limitations in own practice and develop a basic plan. Knows how to and will seek help. | Reflects on own practice, identifies limitations, and can plan to develop own practice; seeks help and guidance as appropriate | Good ability to reflect on own practice, to identify own limitations and to develop a plan to improve skills; seeks help and guidance as appropriate. Good insight. | Very good ability to reflect on practice, very good awareness of own limitations, can identify where improvements can be made very well and will develop a plan to enhance skills. Will seek help and guidance as appropriate. | Exceptional ability to identify limitations to practice. Excellent reflection skills. Evaluates own practice, identifies where improvements can be made and develops plan to enhance skills. Will seek help and guidance as appropriate |

**ACTION PLAN IF REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Areas for Improvement** | **Proposed actions To Be Taken** | **Signature and Date** | **Target Date** | **Outcomes** | **Signature****and Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Summative Assessment of Practice: WARD**

This should normally be completed during last week of practice

**Student’s Comments:**

|  |
| --- |
| 1) Reflecting Progress in Achieving Outcomes and Personal Development Plan (please complete before the summative meeting with your practice assessor): |

|  |
| --- |
| 2) List of evidence submitted in support of achievement learning outcomes including progress with EU requirements. **Please write down what you handed in as part of your summative written work as will help you cross reference your portfolio submission as the course progresses.****EEC requirements****Attendance records****Reflective accounts****Module specific requirements (please list):** |

**Signature of Student: Date:**

**Recommended to be used at mid-point- The practice supervisor will select 5 attributes that most reflect students’ professional attributes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fixed StandardPass/Fail | Professional Attributes - Year 2 |  |  |
| 1 | P | Has become a valued and respected team member |  |  |
| 2 | P | Considerate , demonstrates awareness of the needs of others |  |  |
| 3 | P | Demonstrates an empathetic and compassionate approach to midwifery care |  |  |
| 4 | P | Demonstrates self-awareness |  |  |
| 5 | P | Displays a non-judgmental approach towards others |  |  |
| 6 | P | Able to accept and use constructive criticism to improve performance  |  |  |
| 7 | P | Demonstrates a professional approach to work  |  |  |
| 8 | P | Motivated committed and adaptable and able to use initiative  |  |  |
| 9 | P | Has a pleasant and approachable manner and displays a mature attitude |  |  |
| 10 | P | Has developed in confidence during this placement |  |  |
| 11 | P | Will to try; works towards skills development  |  |  |
| 12 | P | Needs to be more assertive |  |  |
| 13 | F | Appears to be overconfident for stage of training |  |  |
| 14 | F | Lacks compassion |  |  |
| 15 | F | Lacks self-awareness and the effect of behaviour on others/lacks maturity |  |  |
| 16 | F | Lack of confidence adversely inhibits performance |  |  |
| 17 | F | Reacts adversely to constructive criticism  |  |  |
| 18 | F | Blames circumstances for difficulties encountered |  |  |
| 19 | F | Displays a negative attitude /lacks motivation /disengaged |  |  |
| 20 | F | Behaves in an unprofessional manner i.e dress code, time keeping, use of negative body language |  |  |

The left hand column “ Fixed Standard” cannot be altered and sets the standard for that year or level. Professional attributes will attract a pass/fail grade and is used to inform the practice assessor’s assessment of professional conduct.

Reference: Adapted from Knight (1998) A Fieldwork award: rewarding Excellence in Practice. British Journal of Occupational Therapy 61(7):306-320

 NHS commissioning Board (2012) Compassion in Practice: *Nursing, Midwifery and Care Staff - Our Vision and Strategy* (Department of Health and NHS Commissioning Board, December 2012)

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**PROFESSIONAL CONDUCT: WARD PLACEMENT** (please circle/delete as appropriate)

Professional Conduct Satisfactory: Professional Conduct Unsatisfactory:

Practice Assessor Name: Practice Assessor Signature: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Performance** | **Guidance for Practice Assessor** | **Student’s comments on professional behaviour** | **Practice Assessor comments on professional behaviour** |
| Work in accordance with The Code (NMC 2018):a)Prioritise people b)Practise effectivelyc)Preserve safetyd)Promote professionalism and trust | Student demonstrates awareness of the Code (NMC 2018) and **for example**, through practice: * Treat people as individuals and uphold their dignity
* Listen to people and respond to their preferences and concerns
* Make sure that people’s physical, social and psychological needs are assessed and responded to
* Act in the best interests of people at all times
* Respect people’s right to privacy and confidentiality

 * Always practise in line with the best available evidence
* Communicate clearly
* Work cooperatively
* Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues
* Keep clear and accurate records relevant to your practice
* Be accountable for your decisions to delegate tasks and duties to other people
* Recognise and work within the limits of your competence
* Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place
* Always offer help if an emergency arises in your practice setting or anywhere else
* Act without delay if you believe that there is a risk to patient safety or public protection
* Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection
* Advise on, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations
* Be aware of, and reduce as far as possible, any potential for harm associated with your practice
* Uphold the reputation of your profession at all times
* Behaves in a responsible, positive and co-operative manner
* Adheres to relevant policies & procedures
* Acknowledges own limitations and accepts constructive criticism
* Time keeping and related action are appropriate and fulfils on-duty requirements on placement
* Dresses appropriately for the place of work
* Uphold your position as a Student midwife
* Cooperate with all investigations and audits
* Respond to any complaints made against you professionally
* Make sure people’s wellbeing is protected and to improve their experiences of the healthcare system
* Submits all work to support practice learning in a timely way to practice supervisor/ practice assessor and to academic assessor
 |  |  |

**PRACTICE SUPERVISORS ASSESSMENT OF PROGRESS – WEEKLY REPORTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  | **Experience, Progress and Achievement**  | **Strengths** | **Areas of Focus** | **Date** | **Signature**  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |

**OTHER TESTIMONIALS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Context and Description** | **Comments on Student’s Performance: e.g. strengths, areas to develop…** | **Date** | **Signature** **(Role, Area of Work)**  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**PRACTICE ASSESSORS – OBSERVATIONS OF STUDENT IN PRACTICE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week and Date**  | **Description of Environment**  | **Strengths** | **Areas to develop** | **Comments** | **Signature**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SUMMATIVE GRADING CRITERIA (PRACTICE) – Level 5 (For Practice assessor to complete at summative assessment) Please use whole range of marks and record the mark given in each box. The academic assessor will mark submission of evidence and calculate the overall mark.**

**Practice assessor’s mark**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Knowledge and meeting needs** | FAIL | PASS40-49SAFE PRACTICE | SOUND PASS50-59 | GOOD PASS60 – 69 | VERY GOOD PASS 70-79 | EXCEPTIONALLY GOOD PASS80+ |
| Unsafe practice. Unable to demonstrate the application of theory to practice. |  Demonstrates the ability to provide safe care that is knowledge based. Beginning to anticipate the needs of women. | Demonstrates sound ability to use knowledge to anticipate and meet the needs of women and to provide care that is safe. | Demonstrates a good understanding of the knowledge underpinning care and good ability to provide appropriate and safe women centred care. | Very good knowledge of the needs of women. Selects related theory to deliver safe and appropriate women centred care. | Exceptional ability to select appropriate and safe women centred care based on the needs of women whilst demonstrating an exceptional ability to relate midwifery knowledge to practice. |
| **Knowledge and Understanding** |  |  |  |  |  |  |
| Does not recognise when deviations from normal are occurring. Fails to seek appropriate help | Recognises deviations from normal and seeks appropriate help and referral | Recognises deviations from normal and takes appropriate action. Can articulate rationale for action taken. | A good ability to recognise when deviations from the normal occur. Takes appropriate action and rationale for actions taken given. | Very good ability to identify, report and articulate the significance of deviations from the normal. Takes appropriate action. Very good rationale for action taken given. | Exceptional ability to recognise, report and take appropriate action when deviations from the normal occur. Evaluates actions using appropriate knowledge and evidence. |
|  |  |  |  |  |  |  |
| **Communication****&****Attitudes** | Insensitive to and unaware of the needs of women and their families.Poor verbal and/or written communication skills, lacks insight | Is kind and courteous to women and their familiesWritten communication satisfactory. Verbal communication is accurate and clear. |  Is kind and courteous to women and their families and in a way that involves them in the process. Recognises need for informed choice. Attempts to build rapport. Written and verbal communication is accurate and reliable. | Is consistently kind and caring to women in a way that encourages the woman and her family to be at the centre of care. Good understanding of informed choice. Demonstrates good communication skills, good rapport building skills. Written and verbal communication is consistently accurate and reliable and appropriate. | Very kind and courteous. Consistently places the woman and her family at the centre of care. Very good understanding of informed choice. Very good communication skills, very good rapport building skills. Written and verbal communication is consistently accurate and reliable. | Exceptionally kind and courteous. Exceptional ability to ensure women and their families have the knowledge that helps them to make informed choices. Excellent rapport building skills. Excellent record keeping skills and verbal reporting skills, efficient and accurate whatever the circumstances. |
|  |  |  |  |  |  |  |
| **Co-operation****&****Team-working** | Unreliable, judgmental attitude.Unwilling to listen to others within the team.Abrasive and unco-operative. | Aware of role within the team, acknowledges others within the team, Acknowledges the wider multidisciplinary team.  | Communicates with all team members.Is a reliable team member. Works co-operatively with the wider multidisciplinary team. | Works effectively as a team member. Communicates clearly and effectively with all team members. Good ability to work with the wider multidisciplinary team. | Very good, consistent and reliable team member.Contributes in a sensitive, open and cooperative manner to all members of the team including the wider multidisciplinary team | Exceptional team working skills. Can evaluate own performance as a team member and demonstrates sensitivity and co-operation.Is a valued member of the team able to contribute in a way that includes all members of the team including multidisciplinary team. |
|  |  |  |  |  |  |  |
| **Self Development****Reflection** | Unable to reflect on practice lacks insight into own limitations | Can use reflection in practice. Can identify limitations in own practice and develop a basic plan. Knows how to and will seek help. | Reflects on own practice, identifies limitations, and can plan to develop own practice; seeks help and guidance as appropriate | Good ability to reflect on own practice, to identify own limitations and to develop a plan to improve skills; seeks help and guidance as appropriate. Good insight. | Very good ability to reflect on practice, very good awareness of own limitations, can identify where improvements can be made very well and will develop a plan to enhance skills. Will seek help and guidance as appropriate. | Exceptional ability to identify limitations to practice. Excellent reflection skills. Evaluates own practice, identifies where improvements can be made and develops plan to enhance skills. Will seek help and guidance as appropriate |
|  |  |  |  |  |  |  |

**DO NOT COMPLETE THE GRADING PROCESS IF PROFESSIONAL CONDUCT IS UNSATISFACTORY**

|  |
| --- |
| **Academic Assessor mark:** |

**Academic Assessor**

**Review of reflective work**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Submission of** **Evidence** | No evidence submitted. Evidence submitted fails to identify issues related to practice. | Required evidence submitted, demonstrates ability to identify issues in practice. | Required evidence submitted, demonstrates sound ability to identify and discuss issues in practice. | Required evidence submitted. Demonstrates good ability to identify and discuss issues in practice. | Required evidence submitted. Demonstrates a very good ability to discuss provision of care. | Required evidence submitted. Demonstrates exceptional ability to evaluate care provision and suggest alternative strategies.  |

|  |
| --- |
| **Practice Supervisor(s) Contribution relating to the student’s performance in practice;** |
| **Knowledge and understanding:****Communication, and attitudes:****Co-operation and team working:****Self-development and reflection:****User feedback****Other comments** |

**Reflections verified as true scenarios by practice supervisor prior to submission: YES/NO**

**Signature of practice supervisor: Date:**

**Signature of practice supervisor: Date:**

|  |
| --- |
| **Practice Assessor’s Comments relating to the student’s summative assessment;** |
| **Knowledge and understanding:****Communication, and attitudes:****Co-operation and team working:****Self-development and reflection:****User feedback****Other comments** |

I confirm that …………………………………………………………………………………………. (insert student’s name) has achieved the expected standard and has achieved the learning outcomes, proficiencies, professional conduct for this module and recommend the student for progression.

**Signature of practice assessor: Date:**

**Signature of academic assessor: Date:**

**PLEASE NOW COMPLETE THE OAR**

|  |
| --- |
| **Academic Assessor’s Comments relating to the student’s summative assessment;** |
| **Knowledge and understanding:****Communication, and attitudes:****Co-operation and team working:****Self-development and reflection:****User feedback****Other comments** |

**Signature of academic assessor: Date:**

**Mark Awarded**

**Mark from practice awarded by practice assessor %**

**Submission of evidence - mark awarded by academic assessor %**

**Overall mark (un-ratified grade) = %**

**Academic Assessor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The overall mark is calculated by dividing the total sum of the practice assessor and academic assessor’s grade and dividing by 6, providing an overall un-ratified mark for clinical practice***

**All Clinical documents to be submitted to Academic Assessor via SAC by 12 noon on first timetabled day following return to campus from clinical practice**

**Have you completed your placement evaluation? Your feedback is important to us. Thank you.**

**Academic Assessor Review of Practice - Meeting with Student following Assessment of Practice**

* The purpose of the meeting is to review progress to date and to confirm achievement of the learning outcomes for this stage of the programme.
* To confirm the requirements for professional behaviour and conduct.
* To review the student’s professional portfolio and progress in relation to:
	+ EC numbers
	+ Skills development via skills log
	+ Ability to reflect on practice
	+ Progress towards achievement of NMC proficiencies
	+ Sickness and absence time
	+ Service User Questionnaires
	+ Ensure the OAR is completed and returned to the student to take to the next placement.

**Discussion with student (use check list as a basis)**

**1.**

 **2.**

 **3.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist: WARD Additional Tasks**  | **Completed**  | **Not Completed**  | **Comment**  |
| EC REQUIREMENTS |  |  |  |
| Reflections/Skills Development  |  |  |  |
| Hours |  |  |  |
| OAR Completed  |  |  |  |
| Additional learning outcomes – eg, NNU /Gynae  |  |  |  |
| Skills schedule reviewed |  |  |  |
| IPE  |  |  |  |
| PDP  |  |  |  |

**Signature of academic assessor: Date:**

**STUDENT PLACEMENT INFORMATION-Delivery Suite**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Midwife Name:** |  | **Cohort:****1809** | **Student Midwife Contact Number:** |  |
| **Module Leader Name:** | Abena Addo | **Module Leader Contact Number/ email:** | **0116 257 7817****aaddo@dmu.ac.uk** |
| **Academic Assessor Name:** |  | **Personal Tutor Contact Number** |  |
| **Module Completion Date:** |  | **Portfolio Submission Date:** |  |
| **Location of Placement:** |  | **Placement Contact Number:** |  |
| **Practice Assessor Name: Practice Assessor Contact Number:**I confirm that I am currently recorded as a Practice Assessor in my NHS Trust.**Practice Assessor Confirmation Signature: Date:** |
| **Practice Supervisor Name: Practice Supervisor Contact Number:**I confirm that I am currently recorded as a Practice Supervisor in my NHS Trust.**Practice Supervisor Confirmation Signature: Date:** |
| **Practice Supervisor Name: Practice Supervisor Contact Number:**I confirm that I am currently recorded as a Practice Supervisor in my NHS Trust.**Practice Supervisor Confirmation Signature: Date:** |
| **Practice Supervisor Name: Practice Supervisor Contact Number:**I confirm that I am currently recorded as a Practice Supervisor in my NHS Trust.**Practice Supervisor Confirmation Signature: Date:** |
| **Practice Supervisor Name: Practice Supervisor Contact Number:**I confirm that I am currently recorded as a Practice Supervisor in my NHS Trust.**Practice Supervisor Confirmation Signature: Date:** |

* Practice Assessors are responsible for ensuring that they meet the Nursing Midwifery Council (NMC) **Standards for Student Supervision and Assessment** (2018).

Students are responsible for ensuring that **this page is completed during the first working shift**. In case of emergency students are advised to leave a contact number with their **Practice Assessor**.

**Student Orientation to the Placement (Delivery Suite)**

**The Practice assessor should discuss the following with the student early in the allocation:**

|  |
| --- |
| **Each placement area has a welcome pack for students which is available on Blackboard. Your mentor will answer any additional queries you may have.****I confirm I have read the welcome pack for this practice area; Student Signature: Date:** |
| **ISSUES** | **COMMENTS**  | **DATE AND SIGNATURE** |
| **Action in the event of:*** **FIRE**
* **EMERGENCY**
* **SICKNESS/ABSENCE**
 |  |  |
| * **The geographical area:**
* **Layout**
* **Storage of equipment**
* **Moving and Handling Procedures**
* **Infection control Procedures**
 |  |  |
| **Professional conduct requirements related to area:*** **Confidentiality**
* **Record Storage**
* **Access to IT Systems**
* **Uniform requirements**
* **Security**
* **Personal Safety/Lone Working**
* **Mobile phone use**
* **Social Networking Media**
 |  |  |
| **ISSUES** | **COMMENTS**  | **DATE AND SIGNATURE** |
| **Please identify any specific learning /health needs you have related to placement. Include any aids or adjustments you require.** |  |  |
|  **Additional information:*** **Student Link Name and Contact**
* **Personal Belongings Storage/locker availability**
* **Catering arrangements**
 |  |  |

|  |
| --- |
| **INITIAL ASSESSMENT OF LEARNING NEEDS –Ward Placement****Personal Development Plan** *Identify how you are going to meet the outcomes including resources – people / places, areas of practice, formal & informal teaching, supervision. Include a realistic review date. (Note: to include written agreed goals for further development and learning from previous placement)****IF YOU DECIDE TO USE A SEPARATE PERSONAL DEVELOPMENT PLAN PLEASE ATTACH SECURELY TO THIS DOCUMENT AS IT FORMS PART OF THE ASSESSMENT PROCESS.*** |

|  |
| --- |
| **Student Self- Assessment of Learning Needs related to achieving the module outcomes following discussion with academic assessor prior to placement:** |
| **Personal Development Plan**  |
| **Discussion with Practice Assessor:**  |
| **Practice Supervisor(s) plan to facilitate learning:** |
| Academic Assessors Signature: Date: Practice Assessors Signature: Date: I confirm that I am currently recorded on the register within my Trust as a Practice Assessor Practice Supervisor(s) Signature: Date: |

Module Outcomes: Complexity in Childbearing – Delivery Suite Placement

|  |  |  |  |
| --- | --- | --- | --- |
| **Self Assess:****Student to initial when achieved to own satisfaction**  | **Learning Outcome:** **On completion of this module the student is able to:** | **Practice Supervisors Contribution to the Student’s Progress** | **Practice Assessors Assessment of the Student’s Competency** |
| **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | **Domain: Effective Midwifery Practice** |  |  |  |  |
|  | **1. Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal stages** |  |  |  |  |
|  | Shows consistency between oral and written reporting |  |  |  |  |
|  | Uses appropriate terminology and appropriate vocabulary |  |  |  |  |
|  | Comprehends oral instructions and acts accordingly  |  |  |  |  |
|  | Demonstrates appropriate use of communication skills to ensure clear and open communication between self and woman |  |  |  |  |
|  | Acts to reduce and challenge barriers to effective communication and understanding |  |  |  |  |
|  | Is proactive and creative in enhancing communication and understanding |  |  |  |  |
|  | Respect the role of women as partners in their care and contributions they can make to it |  |  |  |  |
|  | Uses appropriate strategies to encourage and promote choice for all women |  |  |  |  |
|  | Provide accurate, truthful and balanced information that is presented in such a way as to make it easily understood |  |  |  |  |
|  | Provide care that is delivered in a warm sensitive and compassionate way |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Anticipates how a woman might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort |  |  |  |  |
|  | Makes appropriate use of touch Listens to, watches for, and responds to verbal and non verbal cues |  |  |  |  |
|  | Can discuss with the woman the issues related to informed decision making |  |  |  |  |
|  | Communicates effectively during critical situations |  |  |  |  |
|  | **2. Determine and provide programmes of care and support for women** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Examine the culture of childbearing, including role and relationship with families, and how this influences care and outcomes of care |  |  |  |  |
|  | Discuss how the context in which birth takes place influence the care provided for women |  |  |  |  |
|  | **3. Undertake appropriate emergency procedures to meet the health needs of women and babies** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Demonstrate the knowledge and skills to carry out the emergency resuscitation of an adult |  |  |  |  |
|  | Compare resuscitation of the adult with resuscitation of the woman during the childbearing cycle |  |  |  |  |
|  | Identify the procedures involved when resuscitation of the baby is required |  |  |  |  |
|  | Can initiate emergency measures in the hospital setting  |  |  |  |  |
|  | Can sustain emergency measures until help arrives |  |  |  |  |
|  | **4.Assist women to give birth safely in a variety of environments** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Work in partnership with women to facilitate a birth environment that supports their needs |  |  |  |  |
|  | Ensures that women’s labour and birth is diversity sensitive meeting the individual needs and preferences |  |  |  |  |
|  | Can anticipate and provide for the needs of women |  |  |  |  |
|  | Be attentive to the comfort needs of women before, during and after the birth |  |  |  |  |
|  | Listens to, watches for, and responds to verbal and non verbal cues |  |  |  |  |
|  | Uses skills of observation and active listening in order to analyse the effectiveness of care being provided |  |  |  |  |
|  | Determine the wellbeing of women and their unborn baby |  |  |  |  |
|  | Assess maternal wellbeing and interpret the findings accurately and share this information with women, including the ability to discuss any further action / consequences as necessary |  |  |  |  |
|  | Identify and safely manage risk |  |  |  |  |
|  | Assess and implement measures to manage, reduce or remove risk that could be detrimental to women, self and others |  |  |  |  |
|  | Refer women who would benefit from the skills and knowledge of other individuals |  |  |  |  |
|  | Measure, assess and facilitate the progress of normal labour |  |  |  |  |
|  | Accurately assess progress of labour and share this information with women, including the ability to discuss any further action / consequences as necessary |  |  |  |  |
|  | Able to discuss with women the progress of labour in relation to the birth plan / written wishes and modify in partnership with women, as need dictates |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Seek informed consent prior to undertaking any procedure |  |  |  |  |
|  | Support women and their partners in the birth of their baby |  |  |  |  |
|  | Accurately assess progress and shares this information with women, including the ability to discuss any further action / consequences as necessary |  |  |  |  |
|  | Prepares the environment ready for the birth |  |  |  |  |
|  | Sensitively care for women and be attentive to the ‘moment of birth’, creating an environment that is responsive to the woman’s needs |  |  |  |  |
|  | Timely referral of women who would benefit from the skills and knowledge of others |  |  |  |  |
|  | Continue to provide care to women undergoing complications as part of a multidisciplinary team |  |  |  |  |
|  | Assess and monitor the woman’s condition throughout the third stage of labour facilitating safe delivery of the placenta and membranes by physiological or active management |  |  |  |  |
|  | Facilitate the mother and baby to remain together |  |  |  |  |
|  | **5. Examine and care for babies immediately following birth** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | In a culturally sensitive manner, create an environment that is protective of the maternal infant attachment process, such as minimal handling of the baby, discovering gender, fostering maternal infant eye contact, skin-to-skin contact |  |  |  |  |
|  | Can carry out simple assessment of the condition of the baby at birth |  |  |  |  |
|  | Accurately assess the health and wellbeing of the newborn baby |  |  |  |  |
|  | Explain to the mother the principles of care of her baby |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Identify when and how assistance with resuscitation of the baby is summoned |  |  |  |  |
|  | Initiate emergency measures if required |  |  |  |  |
|  | **6.Work in partnership with women and other care providers to provide seamless care and intervention** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Identify the principles of care of women who have suffered pregnancy loss, still birth or neonatal death |  |  |  |  |
|  | **7. Select, acquire and safely administer a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at the time** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Correctly and safely undertake drug calculations of products frequently encountered within field of practice  |  |  |  |  |
|  | Work in partnership with women to share information in assisting them to make safe and informed choices about medicinal products related to herself, her unborn child or her baby and keep records of this |  |  |  |  |
|  | Assess the woman’s ability to safely self-administer their medicinal products |  |  |  |  |
|  | **Domain: Professional and Ethical Practice** |  |  |  |  |
|  | **8. Practice in accordance with the NMC’s documents, within the limitations of one’s own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Works within the NMC Code |  |  |  |  |
|  | Identify the role of professional regulation, legislation and local policies and procedures in professional midwifery practice including medicines management |  |  |  |  |
|  | **9. Practise in a way that respects and promotes individual’s right, interests, preferences, beliefs and cultures** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Respects individual women’s preferences, beliefs and values. Gives care that is sensitive to the cultural, religious and spiritual needs of the woman |  |  |  |  |
|  | Acknowledges the right of the individual women to make decisions regarding her care |  |  |  |  |
|  | Acknowledges the role and influence of others that are significant in the life of the women |  |  |  |  |
|  | Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise the care provided by working in partnership with women and family |  |  |  |  |
|  | Is proactive in maintaining dignity |  |  |  |  |
|  | Confidently shares information with women who have physical, cognitive or sensory disabilities and those who do not speak or read English |  |  |  |  |
|  | **10. Practise in accordance with relevant legislation** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Demonstrate awareness of how decisions are made when complexities arise from ethical and legal dilemmas |  |  |  |  |
|  | Uses appropriate strategies to enable women to understand treatments and interventions in order to give informed consent |  |  |  |  |
|  | Works within legal frameworks when seeking consent |  |  |  |  |
|  | Seeks consent prior to sharing confidential information outside of the professional care team (subject to agreed safeguarding / protection procedures) |  |  |  |  |
|  | **11. Maintains confidentiality of information** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Protect and treat as confidential all information relating to women and their care. |  |  |  |  |
|  | Understands Information Governance within the NHS |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Aware of the issues involved in “the need to know” |  |  |  |  |
|  | **12. Interact with other practitioners and agencies** |  |  |  | **Practice Assessors Signature** |
|  | Confident to call appropriate professional regardless of hierarchy, when care requires expertise beyond the midwife’s current practice, or the needs of the women or baby fall outside the scope of midwifery practice |  |  |  |  |
|  | **13. Manage and prioritise competing demands** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Identify steps to be taken when difficulties arise in service delivery |  |  |  |  |
|  | Concentrates on current activity despite distractions |  |  |  |  |
|  | **14. Support the creation and maintenance of environments which promote the health, safety and wellbeing of women, babies and others** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Is proactive in promoting care environments that are diversity sensitive and free from exploitation, discrimination and harassment |  |  |  |  |
|  | Identify the factors relevant to the control of infection |  |  |  |  |
|  | **15. Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interest of women, babies and their families** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Identify the contribution that women can make to the development of policies and guidelines |  |  |  |  |
|  | **Domain: Developing the Individual Midwife and Others** |  |  |  |  |
|  | **16. Review, develop and enhance one’s own knowledge, skills and fitness to practice** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Date**  |
|  | Identify the relevance of practice standards within professional practice |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Identifies how the NMC requires the individual to take responsibility for the development of knowledge, skills and fitness to practice |  |  |  |  |
|  | Uses reflection in practice to assess own requirement to develop skills |  |  |  |  |
|  | Demonstrates, through submission of specified written reflections, the ability to reflect on practice to a level five standard. (*These reflections to be seen and discussed by the practice supervisor prior to submission*). |  |  |  |  |
|  | **Domain: Achieving Quality Care Through Evaluation And Research** |  |  |  |  |
|  | **17 Apply relevant knowledge to one’s own practice in structured ways which are capable of evaluation** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Identify how research is implemented in practice |  |  |  |  |
|  | Use and evaluate up-to-date information on medicinal products management and work within national and local policies and guidelines using appropriate reference. |  |  |  |  |
|  | **18. form and develop practice and the practice of others through best practice using available evidence and reflecting on one’s own practice** | **Date**  | **Practice Supervisors Signature** | **Date**  | **Practice Assessors Signature** |
|  | Identify the various ways in which care is evaluated |  |  |  |  |
|  | Identify and explore ways in which audit can be used to assess own practice |  |  |  |  |

I Verify that these outcomes have been achieved, Practice assessors Signature: Date:

|  |
| --- |
| **MID ASSESSMENT OF LEARNING NEEDS****Personal Development Plan** *Identify how you are going to meet the outcomes including resources – people / places, areas of practice, formal & informal teaching, supervision. Include a realistic review date. (Note: to include written agreed goals for further development and learning from previous placement)****IF YOU DECIDE TO USE A SEPARATE PERSONAL DEVELOPMENT PLAN PLEASE ATTACH SECURELY TO THIS DOCUMENT AS IT FORMS PART OF THE ASSESSMENT PROCESS.*** |

|  |
| --- |
| **Student Self-Assessment of Learning Needs related to achieving the learning outcomes**  |
| **Personal Development Plan** |
| **Practice Assessor Review of Progress:** |
| **Practice Supervisor(s) plan to facilitate learning following the mid-point review:** |
| Student’s Signature: Date: Practice Assessors Signature: Date:Practice Assessors Signature: Date:**I confirm that I am currently recorded on the register of Practice supervisors within my Trust as a Practice Assessor** |

**Recommended to be used at mid-point- The practice supervisor will select 5 attributes that most reflect students’ professional attributes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fixed StandardPass/Fail | Professional Attributes - Year 2 |  |  |
| 1 | P | Has become a valued and respected team member |  |  |
| 2 | P | Considerate , demonstrates awareness of the needs of others |  |  |
| 3 | P | Demonstrates an empathetic and compassionate approach to midwifery care |  |  |
| 4 | P | Demonstrates self-awareness |  |  |
| 5 | P | Displays a non-judgmental approach towards others |  |  |
| 6 | P | Able to accept and use constructive criticism to improve performance  |  |  |
| 7 | P | Demonstrates a professional approach to work  |  |  |
| 8 | P | Motivated committed and adaptable and able to use initiative  |  |  |
| 9 | P | Has a pleasant and approachable manner and displays a mature attitude |  |  |
| 10 | P | Has developed in confidence during this placement |  |  |
| 11 | P | Will to try; works towards skills development  |  |  |
| 12 | P | Needs to be more assertive |  |  |
| 13 | F | Appears to be overconfident for stage of training |  |  |
| 14 | F | Lacks compassion |  |  |
| 15 | F | Lacks self-awareness and the effect of behaviour on others/lacks maturity |  |  |
| 16 | F | Lack of confidence adversely inhibits performance |  |  |
| 17 | F | Reacts adversely to constructive criticism  |  |  |
| 18 | F | Blames circumstances for difficulties encountered |  |  |
| 19 | F | Displays a negative attitude /lacks motivation /disengaged |  |  |
| 20 | F | Behaves in an unprofessional manner i.e dress code, time keeping, use of negative body language |  |  |

The left hand column “ Fixed Standard” cannot be altered and sets the standard for that year or level. Professional attributes will attract a pass/fail grade.

Reference: Adapted from Knight (1998) A Fieldwork award: rewarding Excellence in Practice. British Journal of Occupational Therapy 61(7):306-320

 NHS commissioning Board (2012) Compassion in Practice: *Nursing, Midwifery and Care Staff - Our Vision and Strategy* (Department of Health and NHS Commissioning Board, December 2012)

NHS Commissioning Board (2013) Compassion In Practice: A Summary of the Implementation Plans **www.commissioningboard.nhs.uk**

**Mid-Point Self-Assessment Tool**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Knowledge and meeting needs** | FAIL | PASS40-49SAFE PRACTICE | SOUND PASS50-59 | GOOD PASS60 – 69 | VERY GOOD PASS 70-79 | EXCEPTIONALLY GOOD PASS80+ |
| Unsafe practice. Unable to demonstrate the application of theory to practice. |  Demonstrates the ability to provide safe care that is knowledge based. Beginning to anticipate the needs of women. | Demonstrates sound ability to use knowledge to anticipate and meet the needs of women and to provide care that is safe. | Demonstrates a good understanding of the knowledge underpinning care and good ability to provide appropriate and safe women centred care. | Very good knowledge of the needs of women. Selects related theory to deliver safe and appropriate women centred care. | Exceptional ability to select appropriate and safe women centred care based on the needs of women whilst demonstrating an exceptional ability to relate midwifery knowledge to practice. |
| **Knowledge and Understanding** |  |  |  |  |  |  |
| Does not recognise when deviations from normal are occurring. Fails to seek appropriate help | Recognises deviations from normal and seeks appropriate help and referral | Recognises deviations from normal and takes appropriate action. Can articulate rationale for action taken. | A good ability to recognise when deviations from the normal occur. Takes appropriate action and rationale for actions taken given. | Very good ability to identify, report and articulate the significance of deviations from the normal. Takes appropriate action. Very good rationale for action taken given. | Exceptional ability to recognise, report and take appropriate action when deviations from the normal occur. Evaluates actions using appropriate knowledge and evidence. |
|  |  |  |  |  |  |  |
| **Communication****&****Attitudes** | Insensitive to and unaware of the needs of women and their families.Poor verbal and/or written communication skills, lacks insight | Is kind and courteous to women and their familiesWritten communication satisfactory. Verbal communication is accurate and clear. |  Is kind and courteous to women and their families and in a way that involves them in the process. Recognises need for informed choice. Attempts to build rapport. Written and verbal communication is accurate and reliable. | Is consistently kind and caring to women in a way that encourages the woman and her family to be at the centre of care. Good understanding of informed choice. Demonstrates good communication skills, good rapport building skills. Written and verbal communication is consistently accurate and reliable and appropriate. | Very kind and courteous. Consistently places the woman and her family at the centre of care. Very good understanding of informed choice. Very good communication skills, very good rapport building skills. Written and verbal communication is consistently accurate and reliable. | Exceptionally kind and courteous. Exceptional ability to ensure women and their families have the knowledge that helps them to make informed choices. Excellent rapport building skills. Excellent record keeping skills and verbal reporting skills, efficient and accurate whatever the circumstances. |
|  |  |  |  |  |  |  |
| **Co-operation****&****Teamworking** | Unreliable, judgmental attitude.Unwilling to listen to others within the team.Abrasive and unco-operative. | Aware of role within the team, acknowledges others within the team, Acknowledges the wider multidisciplinary team.  | Communicates with all team members.Is a reliable team member. Works co-operatively with the wider multidisciplinary team. | Works effectively as a team member. Communicates clearly and effectively with all team members. Good ability to work with the wider multidisciplinary team. | Very good, consistent and reliable team member.Contributes in a sensitive, open and cooperative manner to all members of the team including the wider multidisciplinary team | Exceptional team working skills. Can evaluate own performance as a team member and demonstrates sensitivity and co-operation.Is a valued member of the team able to contribute in a way that includes all members of the team including multidisciplinary team. |
|  |  |  |  |  |  |  |
| **Self Development****Reflection** | Unable to reflect on practice lacks insight into own limitations | Can use reflection in practice. Can identify limitations in own practice and develop a basic plan. Knows how to and will seek help. | Reflects on own practice, identifies limitations, and can plan to develop own practice; seeks help and guidance as appropriate | Good ability to reflect on own practice, to identify own limitations and to develop a plan to improve skills; seeks help and guidance as appropriate. Good insight. | Very good ability to reflect on practice, very good awareness of own limitations, can identify where improvements can be made very well and will develop a plan to enhance skills. Will seek help and guidance as appropriate. | Exceptional ability to identify limitations to practice. Excellent reflection skills. Evaluates own practice, identifies where improvements can be made and develops plan to enhance skills. Will seek help and guidance as appropriate |

**ACTION PLAN IF REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Areas for Improvement** | **Proposed actions To Be Taken** | **Signature and Date** | **Target Date** | **Outcomes** | **Signature****and Date** |
|  |  |  |  |  |  |
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**Summative Assessment of Practice: Delivery suite**

This should normally be completed during last week of practice

**Student’s Comments:**

|  |
| --- |
| 1) Reflecting Progress in Achieving Outcomes and Personal Development Plan (please complete before the summative meeting with your practice assessor): |

|  |
| --- |
| 2) List of evidence submitted in support of achievement learning outcomes including progress with EU requirements. **Please write down what you handed in as part of your summative written work as will help you cross reference your portfolio submission as the course progresses.****EEC requirements****Attendance records****Reflective accounts****Module specific requirements (please list):** |

**Signature of Student: Date:**

**Recommended to be used at mid-point- The practice supervisor will select 5 attributes that most reflect students’ professional attributes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Fixed StandardPass/Fail | Professional Attributes - Year 2 |  |  |
| 1 | P | Has become a valued and respected team member |  |  |
| 2 | P | Considerate , demonstrates awareness of the needs of others |  |  |
| 3 | P | Demonstrates an empathetic and compassionate approach to midwifery care |  |  |
| 4 | P | Demonstrates self-awareness |  |  |
| 5 | P | Displays a non-judgmental approach towards others |  |  |
| 6 | P | Able to accept and use constructive criticism to improve performance  |  |  |
| 7 | P | Demonstrates a professional approach to work  |  |  |
| 8 | P | Motivated committed and adaptable and able to use initiative  |  |  |
| 9 | P | Has a pleasant and approachable manner and displays a mature attitude |  |  |
| 10 | P | Has developed in confidence during this placement |  |  |
| 11 | P | Will to try; works towards skills development  |  |  |
| 12 | P | Needs to be more assertive |  |  |
| 13 | F | Appears to be overconfident for stage of training |  |  |
| 14 | F | Lacks compassion |  |  |
| 15 | F | Lacks self-awareness and the effect of behaviour on others/lacks maturity |  |  |
| 16 | F | Lack of confidence adversely inhibits performance |  |  |
| 17 | F | Reacts adversely to constructive criticism  |  |  |
| 18 | F | Blames circumstances for difficulties encountered |  |  |
| 19 | F | Displays a negative attitude /lacks motivation /disengaged |  |  |
| 20 | F | Behaves in an unprofessional manner i.e dress code, time keeping, use of negative body language |  |  |

The left hand column “ Fixed Standard” cannot be altered and sets the standard for that year or level. Professional attributes will attract a pass/fail grade and is used to inform the practice assessor’s assessment of professional conduct.

Reference: Adapted from Knight (1998) A Fieldwork award: rewarding Excellence in Practice. British Journal of Occupational Therapy 61(7):306-320

 NHS commissioning Board (2012) Compassion in Practice: *Nursing, Midwifery and Care Staff - Our Vision and Strategy* (Department of Health and NHS Commissioning Board, December 2012)

NHS Commissioning Board (2013) Compassion In Practice: A Summary of the Implementation Plans **www.commissioningboard.nhs.uk**

**PROFESSIONAL CONDUCT: Delivery Suite** (please circle/delete as appropriate)

Professional Conduct Satisfactory: Professional Conduct Unsatisfactory:

Practice Assessor Name: Practice Assessor Signature: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Performance** | **Guidance for Practice Assessor** | **Student’s comments on professional behaviour** | **Practice Assessor comments on professional behaviour** |
| Work in accordance with The Code (NMC 2018):a)Prioritise people b)Practise effectivelyc)Preserve safetyd)Promote professionalism and trust | Student demonstrates awareness of the Code (NMC 2018) and **for example**, through practice: * Treat people as individuals and uphold their dignity
* Listen to people and respond to their preferences and concerns
* Make sure that people’s physical, social and psychological needs are assessed and responded to
* Act in the best interests of people at all times
* Respect people’s right to privacy and confidentiality

 * Always practise in line with the best available evidence
* Communicate clearly
* Work cooperatively
* Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues
* Keep clear and accurate records relevant to your practice
* Be accountable for your decisions to delegate tasks and duties to other people
* Recognise and work within the limits of your competence
* Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place
* Always offer help if an emergency arises in your practice setting or anywhere else
* Act without delay if you believe that there is a risk to patient safety or public protection
* Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection
* Advise on, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations
* Be aware of, and reduce as far as possible, any potential for harm associated with your practice
* Uphold the reputation of your profession at all times
* Behaves in a responsible, positive and co-operative manner
* Adheres to relevant policies & procedures
* Acknowledges own limitations and accepts constructive criticism
* Time keeping and related action are appropriate and fulfils on-duty requirements on placement
* Dresses appropriately for the place of work
* Uphold your position as a Student midwife
* Cooperate with all investigations and audits
* Respond to any complaints made against you professionally
* Make sure people’s wellbeing is protected and to improve their experiences of the healthcare system
* Submits all work to support practice learning in a timely way to practice supervisor/ practice assessor and to academic assessor
 |  |  |

**PRACTICE SUPERVISORS ASSESSMENT OF PROGRESS – WEEKLY REPORTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week**  | **Experience, Progress and Achievement**  | **Strengths** | **Areas of Focus** | **Date** | **Signature**  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

**OTHER TESTIMONIALS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Context and Description** | **Comments on Student’s Performance: e.g. strengths, areas to develop…** | **Date** | **Signature** **(Role, Area of Work)**  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**PRACTICE ASSESSORS – OBSERVATIONS OF STUDENT IN PRACTICE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week and Date**  | **Description of Environment**  | **Strengths** | **Areas to develop** | **Comments** | **Signature**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SUMMATIVE GRADING CRITERIA (PRACTICE) – Level 5 (For Practice assessor to complete at summative assessment) Please use whole range of marks and record the mark given in each box. The academic assessor will mark submission of evidence and calculate the overall mark.**

**Practice assessor’s mark**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Knowledge and meeting needs** | FAIL | PASS40-49SAFE PRACTICE | SOUND PASS50-59 | GOOD PASS60 – 69 | VERY GOOD PASS 70-79 | EXCEPTIONALLY GOOD PASS80+ |
| Unsafe practice. Unable to demonstrate the application of theory to practice. |  Demonstrates the ability to provide safe care that is knowledge based. Beginning to anticipate the needs of women. | Demonstrates sound ability to use knowledge to anticipate and meet the needs of women and to provide care that is safe. | Demonstrates a good understanding of the knowledge underpinning care and good ability to provide appropriate and safe women centred care. | Very good knowledge of the needs of women. Selects related theory to deliver safe and appropriate women centred care. | Exceptional ability to select appropriate and safe women centred care based on the needs of women whilst demonstrating an exceptional ability to relate midwifery knowledge to practice. |
| **Knowledge and Understanding** |  |  |  |  |  |  |
| Does not recognise when deviations from normal are occurring. Fails to seek appropriate help | Recognises deviations from normal and seeks appropriate help and referral | Recognises deviations from normal and takes appropriate action. Can articulate rationale for action taken. | A good ability to recognise when deviations from the normal occur. Takes appropriate action and rationale for actions taken given. | Very good ability to identify, report and articulate the significance of deviations from the normal. Takes appropriate action. Very good rationale for action taken given. | Exceptional ability to recognise, report and take appropriate action when deviations from the normal occur. Evaluates actions using appropriate knowledge and evidence. |
|  |  |  |  |  |  |  |
| **Communication****&****Attitudes** | Insensitive to and unaware of the needs of women and their families.Poor verbal and/or written communication skills, lacks insight | Is kind and courteous to women and their familiesWritten communication satisfactory. Verbal communication is accurate and clear. |  Is kind and courteous to women and their families and in a way that involves them in the process. Recognises need for informed choice. Attempts to build rapport. Written and verbal communication is accurate and reliable. | Is consistently kind and caring to women in a way that encourages the woman and her family to be at the centre of care. Good understanding of informed choice. Demonstrates good communication skills, good rapport building skills. Written and verbal communication is consistently accurate and reliable and appropriate. | Very kind and courteous. Consistently places the woman and her family at the centre of care. Very good understanding of informed choice. Very good communication skills, very good rapport building skills. Written and verbal communication is consistently accurate and reliable. | Exceptionally kind and courteous. Exceptional ability to ensure women and their families have the knowledge that helps them to make informed choices. Excellent rapport building skills. Excellent record keeping skills and verbal reporting skills, efficient and accurate whatever the circumstances. |
|  |  |  |  |  |  |  |
| **Co-operation****&****Team-working** | Unreliable, judgmental attitude.Unwilling to listen to others within the team.Abrasive and unco-operative. | Aware of role within the team, acknowledges others within the team, Acknowledges the wider multidisciplinary team.  | Communicates with all team members.Is a reliable team member. Works co-operatively with the wider multidisciplinary team. | Works effectively as a team member. Communicates clearly and effectively with all team members. Good ability to work with the wider multidisciplinary team. | Very good, consistent and reliable team member.Contributes in a sensitive, open and cooperative manner to all members of the team including the wider multidisciplinary team | Exceptional team working skills. Can evaluate own performance as a team member and demonstrates sensitivity and co-operation.Is a valued member of the team able to contribute in a way that includes all members of the team including multidisciplinary team. |
|  |  |  |  |  |  |  |
| **Self Development****Reflection** | Unable to reflect on practice lacks insight into own limitations | Can use reflection in practice. Can identify limitations in own practice and develop a basic plan. Knows how to and will seek help. | Reflects on own practice, identifies limitations, and can plan to develop own practice; seeks help and guidance as appropriate | Good ability to reflect on own practice, to identify own limitations and to develop a plan to improve skills; seeks help and guidance as appropriate. Good insight. | Very good ability to reflect on practice, very good awareness of own limitations, can identify where improvements can be made very well and will develop a plan to enhance skills. Will seek help and guidance as appropriate. | Exceptional ability to identify limitations to practice. Excellent reflection skills. Evaluates own practice, identifies where improvements can be made and develops plan to enhance skills. Will seek help and guidance as appropriate |

**DO NOT COMPLETE THE GRADING PROCESS IF PROFESSIONAL CONDUCT IS UNSATISFACTORY**

|  |
| --- |
| **Academic Assessor mark:** |

**Academic Assessor**

**Review of reflective work**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Submission of** **Evidence** | No evidence submitted. Evidence submitted fails to identify issues related to practice. | Required evidence submitted, demonstrates ability to identify issues in practice. | Required evidence submitted, demonstrates sound ability to identify and discuss issues in practice. | Required evidence submitted. Demonstrates good ability to identify and discuss issues in practice. | Required evidence submitted. Demonstrates a very good ability to discuss provision of care. | Required evidence submitted. Demonstrates exceptional ability to evaluate care provision and suggest alternative strategies.  |

|  |
| --- |
| **Practice Supervisor(s) Contribution relating to the student’s performance in practice;** |
| **Knowledge and understanding:****Communication, and attitudes:****Co-operation and team working:****Self-development and reflection:****User feedback****Other comments** |

**Reflections verified as true scenarios by practice supervisor prior to submission: YES/NO**

**Signature of practice supervisor: Date:**

**Signature of practice supervisor: Date:**

|  |
| --- |
| **Practice Assessor’s Comments relating to the student’s summative assessment;** |
| **Knowledge and understanding:****Communication, and attitudes:****Co-operation and team working:****Self-development and reflection:****User feedback****Other comments** |

I confirm that …………………………………………………………………………………………. (insert student’s name) has achieved the expected standard and has achieved the learning outcomes, proficiencies, professional conduct for this module and recommend the student for progression.

**Signature of practice assessor: Date:**

**Signature of academic assessor: Date:**

**PLEASE NOW COMPLETE THE OAR**

|  |
| --- |
| **Academic Assessor’s Comments relating to the student’s summative assessment;** |
| **Knowledge and understanding:****Communication, and attitudes:****Co-operation and team working:****Self-development and reflection:****User feedback****Other comments** |

**Signature of academic assessor: Date:**

**Mark Awarded**

**Mark from practice awarded by practice assessor %**

**Submission of evidence - mark awarded by academic assessor %**

**Overall mark (un-ratified grade) = %**

**Academic Assessor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The overall mark is calculated by dividing the total sum of the practice assessor and academic assessor’s grade and dividing by 6, providing an overall un-ratified mark for clinical practice***

**All Clinical documents to be submitted to Academic Assessor via SAC by 12 noon on first timetabled day following return to campus from clinical practice**

**Have you completed your placement evaluation? Your feedback is important to us. Thank you.**

**Academic Assessor Review of Practice - Meeting with Student following Assessment of Practice**

* The purpose of the meeting is to review progress to date and to confirm achievement of the learning outcomes for this stage of the programme.
* To confirm the requirements for professional behaviour and conduct.
* To review the student’s professional portfolio and progress in relation to:
	+ EC numbers
	+ Skills development via skills log
	+ Ability to reflect on practice
	+ Progress towards achievement of NMC proficiencies
	+ Sickness and absence time
	+ Service User Questionnaires
	+ Ensure the OAR is completed and returned to the student to take to the next placement.

**Discussion with student (use check list as a basis)**

**1.**

 **2.**

 **3.**

**Checklist: Delivery Suite**

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Tasks**  | **Completed**  | **Not Completed**  | **Comment**  |
| EC REQUIREMENTS |  |  |  |
| Reflections/Skills Development  |  |  |  |
| Hours |  |  |  |
| OAR Completed  |  |  |  |
| Additional learning outcomes – eg, NNU /Gynae  |  |  |  |
| Skills schedule reviewed |  |  |  |
| IPE  |  |  |  |
| PDP  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Overall Practice mark for Delivery suite(DS)** **%**  | **Overall Practice mark for Ward (W)** **%** | **Overall Practice mark for this module****(DS+W ÷ 2)** **%** |

# Practice Assessment Framework

Levels of Practice Indicator Matrix (Adapted from Steinaker and Bell 1979)

|  |
| --- |
| **Assessors Actions**  |
| **EXPOSURE****(LEVEL 4 )** | **PARTICIPATION****(LEVEL 5/6)** | **IDENTIFICATION****(LEVEL6)** | **INTERNALISATION****(LEVEL 6)** | **DISSEMINATION****(LEVEL 6/7)** |
| DemonstratingExplainingProviding a role modelProviding learning opportunitiesMotivating the studentSelecting learning opportunities | Giving instructions correctingReinforcingIdentifying links with theoryQuestioning the studentGuidingprompting | ObservingProviding feedbackSupporting | Supervising from a distance | Supervising from a distance |
| **Students Actions** |
| WatchingListeningObservingAsking questions | Taking part in activitiesFollowing instructionsHelping carry out midwifery actionsPractising skills under supervisionIdentifying care needs when promptedAnswering questions | Applying theory to practiceCarrying out work under supervisionPromoting own learningSelecting learning opportunitiesSelection of appropriate methods of negotiation with supervisor | Acting on own initiativeWorking semi autonomouslyChoosing approaches based on knowledge of client need and midwifery related theoryGiving rational for own workEvaluating own workReporting back to mentorAdopting approaches to individual client need and circumstancesIndependent identification of needs and issuesIndependent problem solving | Acting on own initiativeWorking autonomouslyChoosing approaches based on knowledge of client need and midwifery related theoryGiving rational for own workCritically Evaluates own workReporting back to mentorCreatively Adopting approaches to individual client need and circumstancesIndependent identification of needs and issuesIndependent problem solving |

GUIDANCE FOR LEVELS OF REFLECTIONS

|  |  |
| --- | --- |
| **Elements of Reflection** | LEVELS OF REFLECTION |
| Unsatisfactory | **Level 4** | **Level 5** | **Level 6** |
| 1. **Context**

When, where, who was involved? | Does not give the context of the situation | Gives a description of the immediate context | Shows awareness of past, present and future elements of the situation | A clear understanding of the relationships between past, present and future in this context |
| 1. **Thoughts**

What was I thinking at the time and afterwards | No awareness of own or other’s thoughts | Some awareness of own and other’s thoughts and perspectives | Awareness of own thoughts and ability to view the situation from others’ perspectives | Clear evidence that own and others’ thoughts has influences practice |
| 1. **Feelings**

What did I feel at the time and afterwards | No awareness of own or other’s feelings | Some awareness of own feelings and some ability to empathise with others | Awareness of own feelings, ability to empathise with others and implications for practice | Clear evidence that awareness of own and others feelings has influenced practice |
| 1. **Evaluation**

Did things go well or badly? | Does not evaluate own or others actions or care outcomes | Evaluation based on subjective or anecdotal perspective on own or others'’ midwifery care | Evaluation based on a mixture of subjective and objective perspectives | Clear ability to objectively evaluate the process or effectiveness or own midwifery care |
| 1. **Analyse**

Can I explain why things happened as they did?What were the influences? | Does not explain what has happened | Limited ability to explain what has happened, based on a mostly subjective understanding of issues and with reference to a piece of key literatureAble to apply aspects to the NMC code | Able to explain the main elements of what has happened, based on a mixture of subjectivity and objective use of more than one piece of key literatureAble to apply concepts to the NMC code | Clear ability to explain in detail what has happened based on objective and extensive understanding, informed by a wide up-to-date range of appropriate literatureAble to evaluate own practice to the NMC code |
| 1. **Reframe**

What could we do instead?What alternatives were there? | Does not identify alternative approaches | Ability to identify one alternative approach, based on safe practice and subjective opinion | Able to identify at least one alternative approach, based on safe practice and current procedures | Clearly able to take a creative approach to devising a range of alternatives, based on safe practice, appropriate theory and up-to-date evidence |
| 1. **Future action**

What have I learned from this?What do I need to do in the future?How might I do this? | Does not identify future actions to improve care or evidence of personal learning | Able to identify own personal learning and one future action | Good account of personal learning, identifies future action and a plan of implementation | Evaluates personal learning and clearly applies this to own future practice. Evidence of have already applied this learning to own practice  |

De Montfort University

Leicester School of Nursing and Midwifery

Division of Maternal and Child Health

**Midwifery – Tripartite Practice Assessment Process - Flowchart**

**First Week of Placement**

* The student is allocated a PA and two PS at the start of the placement. An initial meeting between the PA and the student is undertaken within the first week of the placement. The student informs her AA of the name(s) of her PA and PS(s).
* The student works alongside her PS(s), who teach, monitor and contribute to the student’s progress. An opportunity is facilitated where the PA observes the student in practice. Weekly progress reports are documented in the clinical document by the PS(s). Any concerns are escalated to the PA and AA.

**Placement Weeks**

* A meeting between the student and the PA, with the PS(s) if possible, occurs to review the student’s progress and achievement and plan for the rest of the placement. The PA informs the AA of progress (by phone, Skype or email etc); if an action plan is required the AA will attend this mid-point meeting.

**Mid-Point Meeting**

* The student continues to work alongside her PS(s), who will continue to teach, monitor and provide verbal and written contributions to the student’s progress. A second opportunity is facilitated where the PA observes the student in practice. Weekly progress reports are documented in the clinical document by the PS. Any concerns are escalated to the PA and AA.

**Placement Weeks**

* A meeting is arranged between the PA and the student to undertake the summative assessment of practice. The PA will review the written reports by the PS(s) in the clinical document, read the student’s reflections and will have spoken with the AA (by phone, email, Skype or face-to-face) before the assessment. The PA in collaboration with the AA (by phone, email, Skype or face-to-face) will confirm achievement of the learning outcomes and conduct the grading of practice. If a formal action plan was required, the AA will attend the summative assessment.

**Final Week of Placement**

**First Week of Theory Block**

* The student then attends a review with her AA during her first week back in theory block to complete the tripartite assessment process.

**Glossary:**

AA – academic assessor

PS – practice supervisor

PA – practice assessor