



BMIDWIFERY

PRE-REGISTRATION MIDWIFERY

Practice Assessment Document (PAD) Part 3

Student's Name	
Intake	September 2018
Academic Assessor's Name	

School of Nursing, Midwifery and Paramedic Practice

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Introduction

Practice Assessment Document for the BMidwifery

1.0 Overview

This course has been designed to prepare students to practise safely and effectively so that, on registration, they can assume full responsibility and accountability for their practice as midwives. To achieve this, students must demonstrate competence in:

- Sound, evidence-based knowledge of facilitating the physiology of childbirth and the newborn, and be competent in applying this in practice.
- A knowledge of psychological, social, emotional and spiritual factors that may positively or adversely influence normal physiology, and be competent in applying this in practice.
- Appropriate interpersonal skills (as identified in the Essential Skills Clusters (ESC) to support women and their families.
- Skills in managing obstetric and neonatal emergencies, underpinned by appropriate knowledge.
- Being autonomous practitioners and lead carers to women experiencing normal childbirth and being able to support women throughout their pregnancy, labour, birth and postnatal period, in all settings including midwife-led units, birthing centres and the home.
- Being able to undertake critical decision-making to support appropriate referral of either the woman or baby to other health professionals or agencies when there is recognition of normal processes being adversely affected and compromised (NMC 2009).

The Practice Assessment Document (PAD) has been produced to support and evidence the student's learning and clinical experience within a spiral curriculum. The curriculum aims to embed and enhance relevant knowledge, skills, attitudes and behaviours throughout the three progressive Parts of the BMidwifery course. Clinical experience is included in every semester of the course to promote the integration of theory and practice. In keeping with the spiral curriculum, the key clinical areas are revisited each year. The clinical areas will support the student in gaining the experience required for registration with the NMC on the midwifery part of the register (EU Articles 40 and 42 of Directive 2005/36/EU).

The PAD for the BMidwifery course includes the following parts:

1. Ongoing Record of Achievement (ORA)
2. Competencies
3. Essential Skills Clusters (ESCs)
4. Midwifery Log (see separate document).

The ORA, Competencies and Midwifery Log have been developed in consultation with representatives from service, education, student midwives and service users. The PAD integrates the Standards for pre-registration midwifery education (NMC 2009) and the Scottish subject benchmark statement – Midwifery (QAA Scotland 2009). The ESCs to be achieved are set by the NMC (NMC 2009). The PAD provides a written record of the student's achievement of the NMC and EU directive Skill requirements for registration as a midwife.

1.1 The roles of Nominated Person, Practice Supervisors, Practice Assessors and Academic Assessors

You will have a number of practice placements throughout your programme. During your placements responsibility for supervision and assessment will lie with a practice supervisor, practice assessor and an academic assessor (NMC 2018, p8).

Nominated Person

There is a nominated person for each practice setting to actively support you and address student concerns. In Scotland this nominated person in each placement is normally a practice supervisor.

Practice Supervisor

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

Practice supervision will enable you to learn and safely achieve proficiency and autonomy in your professional role. Your supervision will reflect your learning needs and stage of learning.

Your practice supervisor will act as a role model and in line with their scope of practice. They will provide you with support and feedback, liaising with colleagues and your practice assessor to document your progress and summative assessments as part of this practice assessment document.

Practice Assessor

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

Your practice assessor works in partnership with your academic assessor to evaluate and recommend your progression for each part of the programme. This will be in line with programme standards and local and national policies. They will maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing. Your practice assessors will have an understanding of your learning and achievement in theory and will collaborate with your academic assessors to reach a decision as part of the assessment process. The same person cannot be your practice assessor and practice supervisor simultaneously.

Academic Assessor

Your academic assessors make and record objective, evidence based decisions on your conduct, proficiency and achievement. They will also make recommendations for progression based on your assessments, practice assessment document and other resources. They will collate and confirm your achievement of competencies,

Essential Skills Clusters and course outcomes in the academic environment for each part of the programme

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

Your nominated academic assessor will work in partnership with your nominated practice assessor to evaluate your learning and make recommendations for progression for each part of the programme. This will be in line with programme standards and local and national policies.

Your academic assessor will collaborate with your practice assessors at scheduled points in the programme.

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

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

1.2 Ongoing Record of Achievement (ORA)

This document provides a written record of the student's performance in each practice placement area. It includes:

- The health and safety checklist to be discussed and completed at the orientation and induction within 24 hours of the student commencing the placement.
- An agreed contract of learning to facilitate achievement of the competencies, ESCs and Midwifery Log.
- Record of the initial, mid-placement, and final assessment discussions held between the student and Practice supervisor/assessor.
- For placements that last four weeks or longer, a record of the overall performance grade.

Student's Responsibilities:

- Bring PAD to placement on the first day.
- Prepare for the placement and document learning opportunities required.
- Ensure the orientation, initial, mid and final assessment discussions are arranged and undertaken as agreed.
- Raise any issues or concerns with the Practice supervisor/assessor as soon as is practical. If following discussion with the Practice supervisor/assessor concerns remain, the student should bring their concerns to the attention of the clinical manager.
- Complete assessment documentation including self-assessment statement and grade prior to the final assessment discussion.

Practice Supervisor/Assessor Responsibilities:

- Orientate the student to the placement.
- Arrange, facilitate and document an initial placement discussion and learning contract, taking the following into account:
 - Part of the course the student is at.
 - Range of placement experiences the student already has.
 - Expressed needs of the student.
 - Previous practice learning and performance achieved (previous ORAs).
 - Range of learning experiences available in the placement.
 - Arrange, facilitate and document a mid-placement discussion to:
 - Provide the student with feedback and identify achievements in performance.
 - Provide the student with feedback and identify and document any areas for improvement.
 - Assess the student's overall performance and give a projected grade. If the overall grade at the mid-placement point is **anything less than an A**, then this must be documented and the student given clear areas for improvement (also to be documented). If the student's overall mid-placement grade in **E or below**, the 'practice learning support protocol' should be implemented in consultation with the Practice Education Team. Further information on this process can be found on School's Practice Education Web pages at: <https://www.rgu.ac.uk/practice-learning>

- Arrange, facilitate and document the final interview and assessment of performance by:
 - Judging the student's overall performance by using the 'Performance and support expectations' as well as the 'Grading scheme guidelines'. The 'Performance and support expectations' table outlines the elements of performance and support and supervision expected in Parts 1, 2 and 3. The elements of performance to be considered are:
 - Knowledge and understanding
 - Problem solving
 - Professional attitude
 - Skills
 - Assistance required
 - Quality of performance.

The student is awarded a grade for all practice placements of four weeks or longer. If the placement lasts less than four weeks, the student's performance should be documented; even though an actual grade is not awarded.

Reasonable Adjustments

If a student requires additional support in the form of reasonable adjustments for practice, prior to each placement these will be communicated via the practice team to relevant staff within the placement area.

In addition, following discussion with the students concerned, Academic Assessors will ensure that details of the adjustments are recorded within the PAD. This can be done by attaching a copy of the reasonable adjustments within the PAD or by detailing them within the development plan box for that placement.

1.3 Competencies

Pre-conception, antenatal, intrapartum, postnatal and neonatal

Clinical midwives aim to effectively support students on placements to achieve their competencies and placement objectives, thereby achieving a satisfactory assessment. All clinical placements are supported by the Standards to support learning and assessment in practice (NMC 2008).

Assessment of the competencies can be undertaken in each practice setting. The lead Practice supervisor/assessor (following discussion with other members of Practice supervisor/assessorship team) is required to judge whether a student has achieved or not achieved the competencies relevant to the learning opportunities available in the placement area. Assessing achievement is undertaken by the lead Practice supervisor/assessor through discussion with, and observation of, the student. Within the competency documentation, each competency includes a suggested end of Part, which is the point at which it is expected that the student has achieved the competency. The Practice supervisor/assessor is required to indicate, by a signature in the competency documents, the student's achievement status as follows:

Supervised, Supported or Independent (students would be assessed according to the level of training, e.g. a Part 3 student midwife would be assessed at Level One.)

Student's Responsibilities

- Ensure familiarity with the documentation prior to and during the placement allocation.
- Initiate and encourage Practice supervisor/assessors or supervisors to discuss and assess achievement of outcomes.
- Towards the end of each Part be aware of outcomes still to be achieved.

Practice Supervisor/Assessor Responsibilities

- To assess the student against the competency documents that the student brings with them to the placement. In assessing the student, consideration should be given to:
 - The Part of the course the student is at.
 - The amount of supervision the student requires in order to achieve the outcome.
 - Assess student's ongoing achievement by utilising the midwifery specific performance expectations table and give a grade (only on placements lasting **four weeks or longer**) according to Practice supervisor/assessor guidelines for grading.
- The various methods the student can use to demonstrate achievement of the outcomes:
 - Observations
 - Discussion
 - Demonstration
 - Evidence of Learning: Reflections which should be read and signed by Practice supervisor/assessor to confirm competence.

1.4 Essential Skills Clusters

The ESCs must be assessed for Parts 1 and 3. The student must complete a summative assessment for each ESC and it must be completed in **one single placement**.

Student's Responsibilities

- Bring PAD containing the ESCs documentation to the clinical placement on the first day.
- Discuss with the Practice supervisor/assessor which ESC the student would like to achieve in that clinical placement.
- Raise any areas of concern with the Practice supervisor/assessor as soon as possible.

Practice Supervisor/Assessor Responsibilities

- Discuss the ESCs with the student to decide which clusters the student can achieve during the clinical placement.
- Provide the opportunity for appropriate summative assessments to be undertaken.
- Complete appropriate documentation.

1.5 Midwifery Log

The Midwifery Log enables the student to document achievement of the EU Articles 40 of the Directive 2005/36/EU (NMC 2009). This requires the student to:

- Undertake at least 100 antenatal examinations, to include antenatal advice.
- Care for at least 40 women during labour.
- Undertake at least 40 births **OR** 30 births and 20 assisted births.
- Participate with breech birth, real or via simulation.
- Perform episiotomies.
- Initiate suturing for episiotomies or lacerations, real or via simulation.
- Care for at least 100 postnatal women, to include examination.
- Care for at least 100 healthy babies, to include examination.
- Observe and care for babies requiring special care; pre-term, post-term, underweight and ill.
- Care of women with pathological conditions in gynaecology or obstetrics.

The Midwifery Log is contained in a separate document, with instructions for completion.

1.6 Clinical Skills Guidance

The guidance below provides explicit direction for student midwives and midwives on the clinical skills that may be undertaken by student midwives within any practice area. The direction relates to:

- The **named** clinical skill
- The **Part** of the course the student is at
- The Practice supervisor/assessor **assessment of competence** of the student to undertake the skill
- The Practice supervisor/assessor assessment of the **woman or baby's condition** prior to the student undertaking the skill
- The nature of **supervision** required by the Practice supervisor/assessor during the skill, e.g. direct or indirect.

Whilst every opportunity should be provided for students to experience the range and breadth of clinical skills and to practice them to gain proficiency, the degree of supervision that students are provided with will vary. This document aims to provide clarity around this, so that the students' learning complies with NMC Standards and Codes of Practice, to ensure the safety and wellbeing of women and babies.

It must be remembered that a midwife supervising a student remains professionally accountable for what the student does, including the consequences of their actions and omissions (NMC 2015).

Whilst students are on the course they are to be supernumerary whilst in clinical practice (NMC 2009). The supervision they require is either direct or indirect.

- **'Direct supervision is where the practising midwife would normally be in close proximity to the student, either by working directly with them or close enough to directly monitor their activities' (NMC 2009:16).**

- **Indirect supervision should only be provided when students are more senior and are assessed as able to undertake care safely. With indirect supervision 'the midwife must be easily contactable' (NMC 2009:16). With indirect supervision, the midwife must regularly oversee the care provided and ensure that appropriate countersigning of the students' record keeping takes place.**

In situations where a student is requested by a midwife to undertake a skill without the correct degree of supervision, the student must point this out to the midwife. If, following this, the midwife does not provide the appropriate degree of supervision, the student must seek the guidance of a Practice Educator or Practice Education Lecturer.

NURSING AND MIDWIFERY COUNCIL (NMC), 2009. *Standards for pre-registration midwifery education*. London: NMC.

A STUDENT MIDWIFE MUST ONLY PERFORM THE FOLLOWING SKILLS UNDER DIRECT AND CLOSE SUPERVISION OF THE MIDWIFE



Vaginal examination	
Membrane sweep	
Obtain a high vaginal swab	
Amniotomy	
Apply a fetal scalp electrode	
Delivery of a baby	
Delivery of placenta and membranes	
Examination of placenta and membrane	
Participate in the administration of an intravenous infusion (provided there are no added drugs)	
Participate in the administration of a blood transfusion only after completion of level one Better Blood Transfusion	
Perineal repair	
Initial examination of newborn	
Insert a nasogastric tube in a neonate	
Administer any medication by any route	

A midwife supervising a student remains professionally accountable for what the student does, including the consequences of their actions and omissions (NMC 2015).

N.b. Student midwives can from 1/7/11 administer medicines on the midwives' exemptions list, except controlled drugs, under the direct supervision of a sign off midwife (NMC 2011).

N.B. A student must not administer (even under supervision) any medications that are covered by the Patient Group Directions unless they are prescribed by a doctor.

The NMC have further information on medicines administration on their website. See the document 'Practising as a Midwife in the UK'. Found at:
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/practising-as-a-midwife-in-the-uk.pdf>

1.7 General guidance for support for, and assessment of, learning and performance

Supporting and assessing students will be ongoing throughout the course. At the end of each Part there is an opportunity for the student to progress to the next Part or exit the course. It is vital that if at any time it appears that the student will not achieve an expected level of competency, then the Practice supervisor/assessor and the practice education lecturer (PEL) should be contacted. Student midwives are supported during their experience in clinical areas by clinical staff working in collaboration with the Practice Education Team and midwifery lecturers, as appropriate. "All students are Supernumerary during clinical placements, all clinical experience should be education led" (NMC 2009).

This means that students must remain under the support of a midwife at all times; they may not be moved from one area to another, or left in charge of any area of care.

Support

Supervised – mainly Part 1

'Supervision' means that the student midwife is practising many skills (both psychomotor and social) and behaviours under **constant direct supervision**. That is, the student should not be left alone to give direct care. The student should always be working with either their Practice supervisor/assessor or another midwife. The student will require frequent verbal and occasional physical cues from the Practice supervisor/assessor. Towards the end of a placement, if the Practice supervisor/assessor is confident in the student's competencies for this Part, they can allow the student to work with less direct supervision. This should be negotiated between the Practice supervisor/assessor and the student, and both should be comfortable with the arrangement.

The student's knowledge of the physiological processes and the implications for care may be sketchy; however, this will develop during Part 1 as the student is exposed to different contexts and situations and receives theoretical instruction. The student will display some skill, confidence, co-ordination and efficiency. Part 1 clinical experience is mainly for the development of core midwifery skills.

Supported – mainly Part 2

'Supported' means that the student midwife is practising with occasional supportive cues and should only require **indirect supervision**. However, in the first week or possibly for longer, direct supervision may be required to allow the student to settle in. Practice supervisor/assessors will give support, depending on the individual situation. The student will be expected to give care to a woman/group of women with some degree of independence.

- Decision on level of supervision should consider:
- Whether this is the first time in a placement area, e.g. Ward, Neonatal Unit
- Length of time since last in this placement
- Student's level of confidence
- Complexity of the activities being undertaken
- Student's competence
- How far into Part 2 the student has progressed.

The student is gaining greater understanding of the physiological processes and will be developing the ability to apply this in clinical situations with increasing confidence, co-ordination and efficiency. The student will be expected to update their knowledge prior to returning to a clinical area.

Independent – mainly Part 3

'Independent' means that the student midwife will practise **largely independently**; however, in the first week or so, indirect supervision may be required to allow the student to settle in. Practice supervisor/assessors will provide indirect supervision although this will alter, depending on the complexity of the activity or situation. The student will be expected to support more junior students.

Decision on level of supervision should consider:

- Whether this is the first time in a placement area, e.g. Neonatal Unit
- Length of time since last in this placement
- Student's level of confidence
- Complexity of the activities being undertaken
- Student's competence
- Where student is on the course.

It is important to remember that, although the student may be working independently, help and advice from a midwife should be immediately available at all times.

1.8 General Guidance on the Role and Responsibility of the Student

Provision is made for students to undertake clinical practice to enable them to integrate theory to, and with, practice and develop the skills, knowledge, attitudes and abilities commensurate with a competent practitioner at the point of registration.

To achieve this through practice experience, the student is expected to:

- Reflect upon own learning needs and consider how they may be met, prior to attending the placement area.
- Continually review own learning needs and negotiate learning opportunities with their Practice supervisor/assessor.
- Orientate themselves to the practice placement environment with the assistance of their Practice supervisor/assessor.
- Demonstrate personal and professional development.
- Provide evidence of learning in practice to demonstrate achievement of outcomes/ competencies.
- Actively participate in the assessment process with their Practice supervisor/assessor by completing final assessment statement and grade prior to finishing placement discussion.

1.9 Assessment of the Student's Performance

Guidelines for assessing and grading the student's competence are contained in Tables 1 and 2 overleaf. The documents that require to be completed are:

- The Ongoing Record of Achievement (including a **grade** if placement length **four weeks or more**)
- Competencies
- Essential Skills Clusters.

Table 1: Guidelines for Assessing Student's Performance

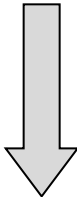
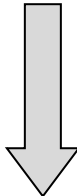
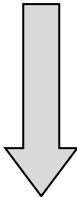
Scale	Knowledge and Understanding	Problem Solving	Professional Attitude	Skills	Assistance	Quality of Performance
Part 1 - Supervised 	Demonstrates familiarity and a working understanding of the practice of midwifery evidenced through discussion and reflection with supervising midwife.	Applies basic problem solving methods to standard simple situations with detailed guidance from the supervising midwife.	Demonstrates professional behaviours and communicates effectively with women and colleagues in clearly defined situations and with detailed guidance.	Demonstrates the ability to apply core principles to perform basic skills with detailed guidance from the supervising midwife.	Requires frequent verbal and physical directive cues in addition to supportive ones.	Gaining confidence in undertaking core midwifery skills. Can be inefficient and uncoordinated. Takes excess time to undertake the skill.
Part 2 - Supported 	Demonstrates a greater appreciation of the breadth and depth of the practice of midwifery, evidenced through discussion and reflection with the supervising midwife	Applies problem solving methods accurately and carefully, to more demanding problems, with clear guidance from supervising midwife.	The student demonstrates professional behaviours and communicates effectively with women and colleagues in a range of contexts and with some guidance.	Demonstrates the ability to apply standard principles to perform more demanding skills, with clear guidance from the supervising midwife.	Requires occasional verbal and physical directive cues depending on complexity of situation. Continues to require some supportive cues.	Complete confidence in undertaking core midwifery skills and gaining confidence in more complex skills. Undertakes the skill within a reasonable time scale.
Part 3 - Independent 	Demonstrates a confident and working understanding of the complexity of the practice of midwifery, evidenced through discussion and reflection with the supervising midwife.	Begins to self-direct, identifying key elements or problems and chooses appropriate methods to solve problems with only general guidance from the supervising midwife.	The student demonstrates professional behaviours and the ability to confidently communicate with colleagues and women and their families in all situations contexts without the need for detailed guidance.	Demonstrates the ability to select and use detailed principles to perform more complex skills, without the need for direct guidance from the supervising midwife.	Rarely requires verbal and physical directive cues. Can perform without supportive cues.	Is confident in the majority of skills except new, complex skills. Undertakes skills within an expedient time scale.

Table 2: Practice Assessor Guidelines for Grading

Grading the student's overall performance in placements of four weeks duration or longer.	
GRADE	DESCRIPTION OF OVERALL PERFORMANCE
A: Excellent	The student's overall performance has been outstanding and safe in relation to attitude, knowledge base and application of theory to practice, and level of skill.
B: Commendable	The student's overall performance has been of a high and safe standard in relation to attitude, knowledge-base and application of theory to practice, and level of skill.
C: Good	The student's overall performance has been of a good, safe standard in relation to attitude, knowledge base and application of theory to practice, and level of skill.
D: Satisfactory	The student's overall performance has been a safe and satisfactory standard in relation to attitude, knowledge base and application of theory to practice, and level of skill.
E: Not yet satisfactory	The student's overall performance is below the satisfactory and/or safe standard in relation to attitude, knowledge and application of theory to practice, and level of skill. Additional support and guidance was required and is recommended in any future placement.
F: Inadequate	The student's overall performance has been poor, and/or unsafe in relation to attitude, knowledge based, application of theory to practice and/or level of skill. A high level of supervision, guidance and support was required and is essential in any future placement.
NS: Non-attendance	The student has not attended the placement for the minimum period specified within the Progression Criteria: Minimum of four weeks.

References

NURSING and MIDWIFERY COUNCIL (NMC), 2009. *Standards for pre-registration midwifery education*. London: NMC.

NURSING and MIDWIFERY COUNCIL (NMC), 2011. *NMC Circular: Changes to midwives' exemptions*. London: NMC.

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NURSING and MIDWIFERY COUNCIL (NMC), 2020. *Practising as a midwife in the UK*. London: NMC.

THE QUALITY ASSURANCE AGENCY (QAA), 2018. UK Quality Code for Higher Education. [online]. Gloucester: QAA. Available from: <https://www.qaa.ac.uk/quality-code> [Accessed 11 August 2020].

THE QUALITY ASSURANCE AGENCY (QAA), 2009. *Scottish subject benchmark statement: midwifery*. [online]. Gloucester: QAA. Available from: <https://dera.ioe.ac.uk/440/> [Accessed 11 August 2020].

Practice Learning Support Protocol

During your practice learning experience, you may require more support to achieve particular learning outcomes or professional standards. In order to ensure a supportive framework for this, we provide you and your Practice supervisor/ practice assessor with a development plan and feedback document below. This will be used to record any areas of concern and your development progress in relation to this.

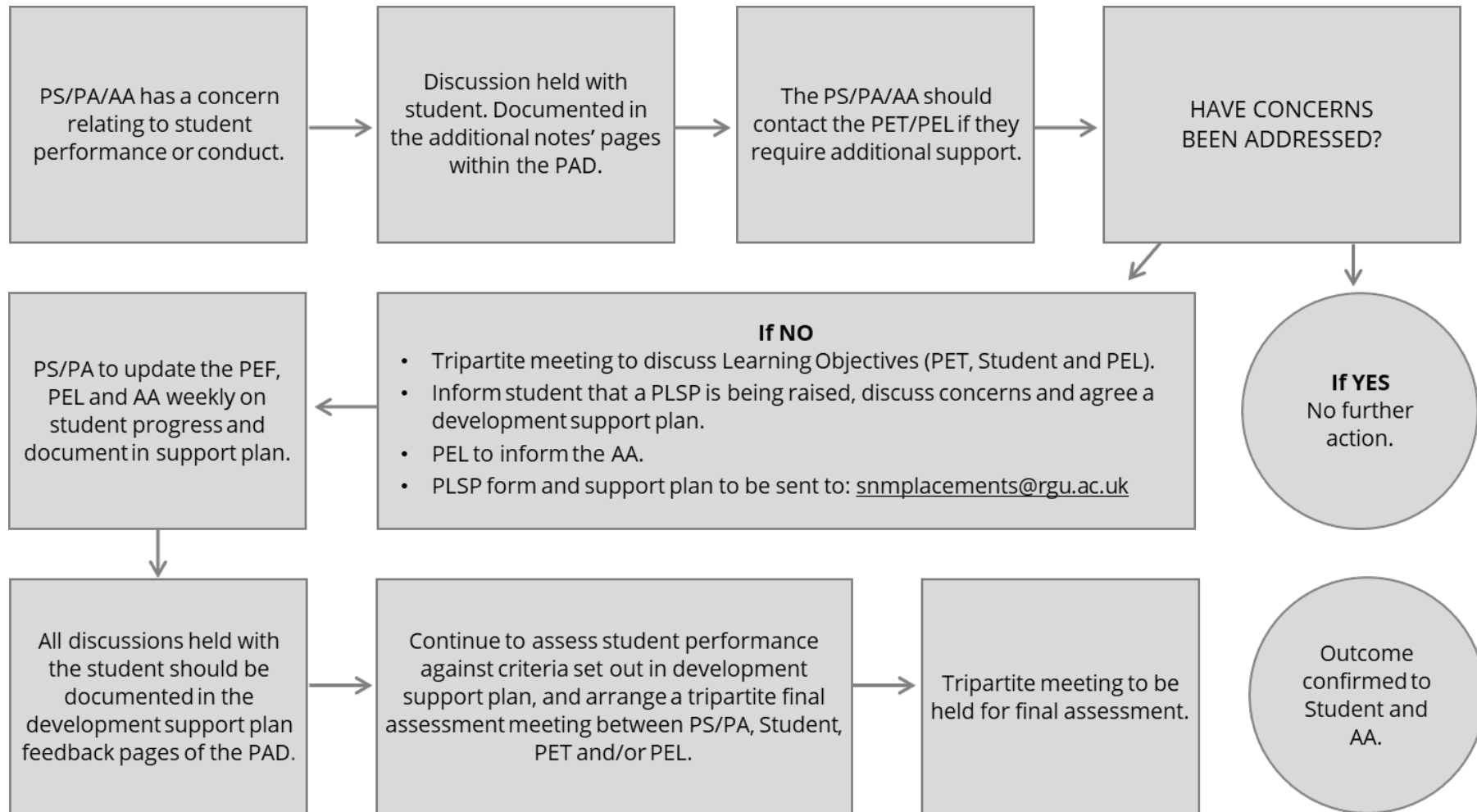
To access the full version of the Practice Learning Support Protocol (PDF document):

http://campusmoodle.rgu.ac.uk/public/Nursing_and_Midwifery/documents/policies/Practice%20Learning%20Support%20Protocol.pdf

OR

<https://tinyurl.com/ss2p3bl>

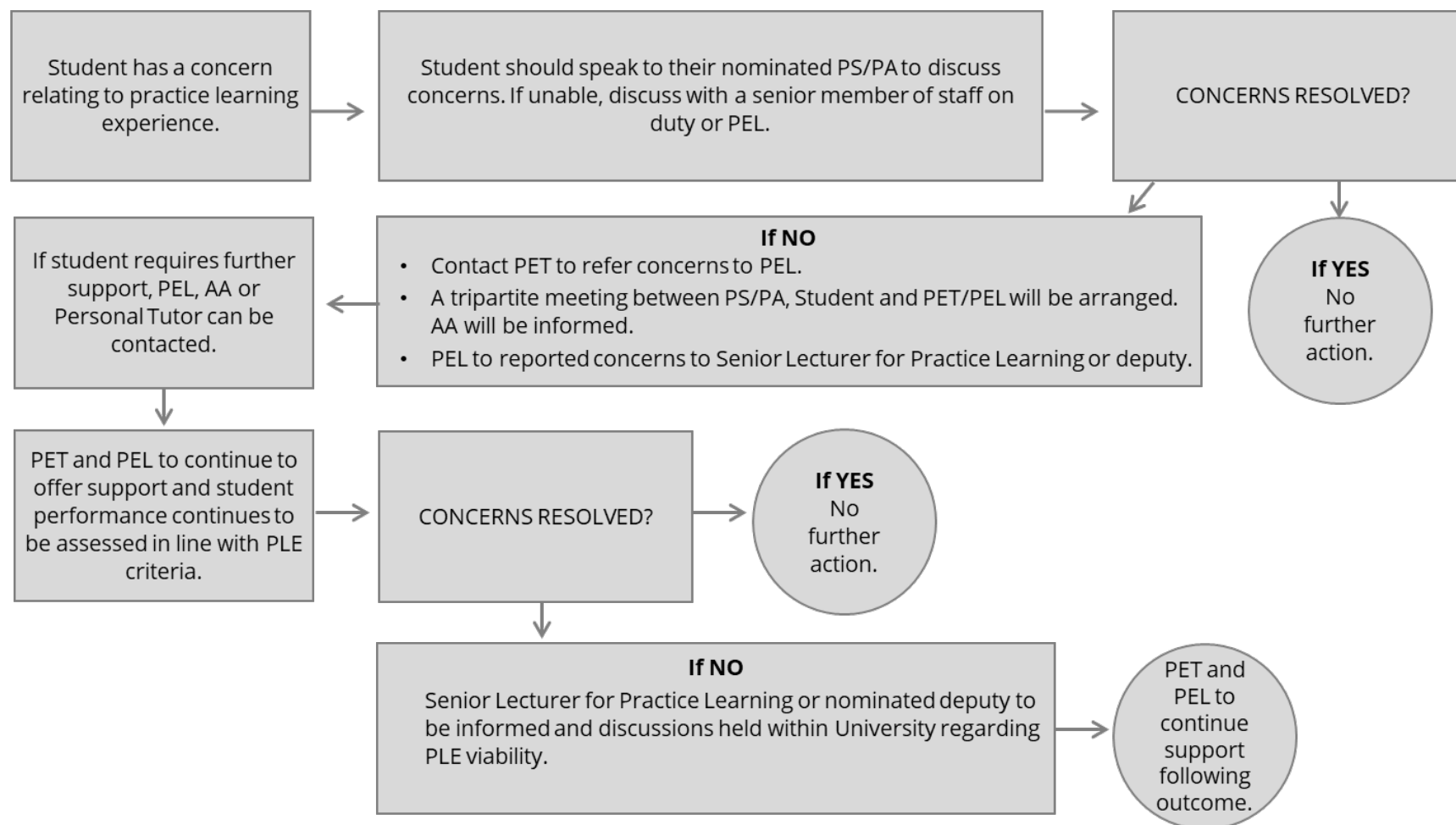
Raising Concerns Flowchart for Practice Supervisor / Practice Assessor / Academic Assessor



PET = Practice Education Team PEL = Practice Education Lecturer PS = Practice Supervisor PA = Practice Assessor AA = Academic Assessor

Raising Concerns Flowchart for Students

If students have significant concerns around patient safety/care, they should refer to the NES Raising Concerns, Student Guidance document and raise their concern immediately or at the earliest opportunity with the PET/PEL. Students should refer to their Practice Learning Handbook for PET and PEL contact details.



PET = Practice Education Team PEL = Practice Education Lecturer PS = Practice Supervisor PA = Practice Assessor AA = Academic Assessor

Learning Development Support Plan

Development Need Identified:					
Specific areas to be addressed	Related Platform number / proficiency	Participation in Care level	Learning Resources/actions	Evidence of achievement	Achievement/ Review date
Practice Assessor & Supervisor Signature:		Student Signature:		Academic Assessor Signature:	
Development support plan outcome:		Achieved / Not Achieved (please circle)			Date
					___/___/___

Development Support Plan Feedback

DATE	PROGRESS	SIGNATURE: Student & P. Supervisor & P. Assessor

BMIDWIFERY

PRE-REGISTRATION MIDWIFERY

Ongoing Record of Achievement

School of Nursing, Midwifery and Paramedic Practice

Summary of Achievement for Part 2

As part of your ongoing record of achievement it is important for your practice supervisor/s (**PS**) and your practice assessor (**PA**) and academic assessor/s (**AA**) to be aware of your progress to date (MENTOR was the supervisor and assessor of students in practice previous to September 2020).

Placement	Grade	MENTOR/PS/PA comments summary/areas for improvement identified
Academic Assessor Part 1 summary		
Academic assessor name Signature Date		

Record of Signatories

Record of all Signatories involved in supporting (practice supervisors **(PS)**/assessors) and / or assessing (Practice assessors **(PA)** only) the student during their learning experiences.:

Print Name Full Name	Signature	Designation / Capacity PS/PA	Practice Learning Experience Location	Date

Print Name Full Name	Signature	Designation / Capacity PS/PA	Practice Learning Experience Location	Date

School of Nursing, Midwifery and Paramedic Practice**'Make-up Time' Policy****Scope:**

This policy applies to nursing, midwifery and paramedic students undertaking the Bachelor of Science Nursing (BSc & BSc Hons), Bachelor of Midwifery and Bachelor of Science Paramedic Practice courses.

Purpose:

Within their programme students must undertake a pre-determined number of practice hours as per the relevant professional body standards/course requirements. This can result in students having to retrieve hours lost during the programme at the end of their course.

The aim of this policy is to provide students with the opportunity to reduce the amount of time they have to make up at the end of the course by arranging additional hours in practice during their allocated practice learning experiences throughout their programme.

This policy normally only applies to periods of absence from practice, which are either due to sickness or authorised absence. During the 2020/21 and 2021/22 academic years, the amount of make-up time students can undertake has been increased to allow students the opportunity to make up hours lost due to the Covid-19 pandemic and will be reviewed thereafter. Further information relating to absence management is available on the practice education webpages.

Procedure:

If carrying out additional hours in practice the following must apply:

- It is the student's responsibility to know how much sickness or authorised absence they have had in practice.
- It is the student's responsibility to negotiate additional hours with the Team Leader/Charge Nurse/Midwife/PEF in the practice area.
- The EU working time directive must be adhered to – no more than 48 hours worked per week (*a maximum of 48 hours will be credited per week*).
- The additional hours must be agreed with the placement area in advance and the student must be added to the duty rota, supported by an identified Practice supervisor/Practice Assessor.
- It is recommended that no more than 150 hours (*4 weeks*) of 'make-up' time is carried out within an academic year in order to ensure the additional hours being undertaken do not affect the student's performance.

**the only exception to this is when the placement area's normal working pattern exceeds this e.g. ICU, midwifery students called in to provide continuity of care*

Orientation and Induction to Placement Areas Part 3

Within 24 hours of commencing the placements the student must have had the opportunity to:

	Practice experience				
	1	2	3	4	5
Topics to be covered (Practice supervisor/assessor initials and date when complete)					
Personal issues Discuss any adjustments re health or learning needs e.g. dyslexia					
Orientation to practice area Include: <ul style="list-style-type: none"> • Safety Boards • Staff toilets • Staff rest room/canteen • Where to keep personal belongings • Meal breaks • Relevant link areas and who to contact for visits • Inform of university link – e.g. PEF/PE/PEL/MEF 					
Professional Conduct Discuss: <ul style="list-style-type: none"> • Dress code • Professional conduct specific to the practice e.g. working guidelines, etiquette in patients' homes, use of mobile phones 					
ID Badge Explain policy for ID badges					
Confidentiality Discuss importance of maintaining confidentiality and data protection e.g. appropriate use of social media					
Fire Policy / Procedure Discuss: <ul style="list-style-type: none"> • Local policy & emergency numbers • Location of fire points, exits, fire extinguishers, fire blankets & Fire Policy • Explain procedure for evacuation & alarm tones • Awareness of risks associated with practice areas 					
Moving & Handling Discuss: <ul style="list-style-type: none"> • Local policy and relation to practice area • Location of local moving & handling equipment 					

	Practice experience				
	1	2	3	4	5
Topics to be covered (Practice supervisor/assessor initials and date when complete)					
Organisational Policy Student should be aware of the following policies / procedures: <ul style="list-style-type: none"> • Health & Safety • Infection Control • Professional Behaviour • Human Resources e.g. Harassment, equal opportunities, Complaints etc. • Occupational Health • Smoking • Other policies specific to practice area 					
Accident & Clinical incidents Explain: <ul style="list-style-type: none"> • Procedure for reporting accident / near misses • Procedure for reporting adverse incidents / near misses • Policy for not being able to gain access to a home in a community area 					
Resuscitation Explain: <ul style="list-style-type: none"> • Procedure in event of an emergency e.g. cardiac arrest • Emergency contact numbers 					
Duty Rota Discuss: <ul style="list-style-type: none"> • Location, distance and if/when lone working, any travel issues • Requests • Practice supervisor/assessors • Number of students on shifts • Finishing at the end of the day • Nights/weekends/evenings (unsocial hours) Following current RGU guidance on shift patterns					
Sickness & Absence Explain policy for reporting in the event of sickness or absence i.e. the School of Nursing, Midwifery and Paramedic Practice and placement area.					
Transport Issues Discuss issues related to car parking, hospital transport across sites, public transport					

	Practice experience				
	1	2	3	4	5
Topics to be covered (Practice supervisor/assessor initials and date when complete)					
Telephone Discuss: <ul style="list-style-type: none"> • Contact details for Charge Midwife/ Midwifery Team Leader on duty, team members' mobiles • Student contact details • Bleep / pager system 					
Equipment Explain: <ul style="list-style-type: none"> • Basic function of appropriate equipment and where and how to access 					
Infection Control The student should be made aware of policies with specific reference to: <ul style="list-style-type: none"> • Needle stick injury • MRSA • Hand washing 					

Reasonable Adjustments

If a student requires additional support in the form of reasonable adjustments for practice, prior to each placement these will be communicated via the practice team to relevant staff within the placement area.

In addition, following discussion with the students concerned, Academic Assessors will ensure that details of the adjustments are recorded within the PAD. This can be done by attaching a copy of the reasonable adjustments within the PAD or by detailing them within the development plan box for that placement.

Feedback on how the reasonable adjustments are working can be made on this page by students, Practice supervisor/ assessors and others members of practice education staff. If during a placement following discussion between the student and their Practice supervisor/assessor it is felt the reasonable adjustments require revision contact should be made with a member of the Practice Education Team.

COMMENTS ON REASONABLE ADJUSTMENTS

Record of Accidents / Incidents

If a student is directly involved in an accident or incident where a DATIX form has been completed, briefly record the details on the form below.

Placements must inform the school within 24 hours by email: snmpplacements@rgu.ac.uk

Date of accident / incident	Details of accident / incident	Actions (if any)	Absence incurred (if any)	School informed (please tick)	DATIX completed (please tick)	Follow-up by School (if required)

For your Records:

Following each clinical block, you are required to submit a copy of your "Final Interview and Assessment of Performance" sheet for each placement, you can submit these in one of the following ways;

Emailing a scanned copy to snmpprereg@rgu.ac.uk

or

Hard copy to the Midwifery Clinical Documents box, Level 2, Ishbel Gordon Building, RGU.

PERFORMANCE EXPECTATIONS: PART 3

In making a judgement about the student's performance in each of the proficiencies the following table outlines the level at which a student is expected to perform during Part 3

Element of performance	PART 3
Knowledge and understanding	The student demonstrates a confident and working understanding of the limits of the subject area, evidenced through discussion and reflection with Practice supervisor/assessor.
Problem solving	The student begins to self-direct him/herself, identify key elements or problems and choose appropriate methods to solve problems with only general guidance from the Practice supervisor/assessor.
Professional attitude	The student demonstrates the ability to confidently interact with colleagues, client groups and significant others in all situations without the need for detailed guidance and demonstrates awareness of professional development needs.
Skills	The student demonstrates the ability to select and use detailed principles to perform more complex skills, without the need for direct guidance from the Practice supervisor/assessor.
Assistance	Rarely requires verbal and physical directive cues. Can perform without supportive cues.
Quality of Performance	Is confident in the majority of skills except new, complex skills. Undertakes skills within an expedient time scale.

PART 3 - PLACEMENT 1:

MID-PLACEMENT INTERVIEW AND REVIEW OF PROGRESS. STUDENT SELF-ASSESSMENT of own performance and progress to date (complete prior to midway interview)		
Practice Supervisor/Assessor to confirm the student's level of achievement mid-placement. The feedback documented below should reflect the level of achievement identified here.		
Predicted grade at the midway point <i>*circle as appropriate</i>	A	B C
Overall the student's projected grade is E or below at the mid-placement point.	E	F
For E/F Please confirm that the cause for concern process <i>*has / will be</i> implemented in consultation with the Practice Education Team members. <i>*delete as appropriate</i>	Practice Supervisor/Assessor Signature -----	
PRACTICE SUPERVISOR/ASSESSOR ASSESSMENT OF STUDENT PERFORMANCE		
Practice supervisor/assessor, name & signature	Student name & signature	Date of mid-placement review

PART 3 – PLACEMENT 1:

FINAL INTERVIEW AND ASSESSMENT OF PERFORMANCE

STUDENT NAME:

STUDENT SELF-ASSESSMENT of own performance and progress in the placement (complete prior to final interview)		
Final grade awarded by the Practice Assessor for the student’s overall performance. Assessment feedback should be congruent with the grade awarded and examples of the student’s practice should be used to illustrate the reason for the grade awarded.		
Practice assessor name & signature	Student name & signature	Date of Final Interview

Academic Assessor Signature:

Date:

ADDITIONAL INTERVIEW / SHORT PLACEMENT REVIEW

Record of any discussions held in addition to mid-placement or final interview. This sheet should be inserted into the main record.

Copy additional sheets as required.

Student's comments on their performance and progress to date:	Date(s) for review

Practice supervisor/assessor comments on student's performance and progress to date:	

Practice Supervisor/Assessor signature:

Date

Student's signature:

Date

Service User Review

Consent must be gained by the Practice supervisor/assessor from those involved prior to this review being undertaken. Please reassure the service user taking part that their participation is optional but we would like to hear their views about the way midwifery students have contributed to the care received by them or their relative. This is to help students learn and develop their skills in caring and communicating with service users so that they develop good practice.

Please state what you feel the student has done well.					
Please state what the student could do to enhance their midwifery care.					
Please add any other information you think would be helpful.					
Practice supervisor/assessor Signature		Student Signature <i>Comments discussed with student</i>		Date	

PART 3 - PLACEMENT 2:

NAMED PRACTICE

SUPERVISOR/ASSESSOR:

INITIAL DISCUSSION AND CONTRACT OF LEARNING

Should be completed within 48 hours of student commencing placement

The initial discussion and contract of learning should set out specific learning opportunities that the student will be provided with to achieve the NMC learning outcomes/NMC proficiencies. The student’s role in engaging with the learning opportunities should be documented and essential midwifery skills, **relevant to the student’s Part** and available for the student to practise, should be identified and recorded as part of the contract of learning.

Practice Supervisor / Assessor Name and Signature	Student Name & Signature	Date of initial interview:
		Date of mid-placement review:
		Date of final interview:

Each interview should take place on the date agreed and should consider learning contract, student engagement and performance and achievements. Areas for action should be identified.

PART 3 - PLACEMENT 2:

MID-PLACEMENT INTERVIEW AND REVIEW OF PROGRESS

STUDENT SELF-ASSESSMENT of own performance and progress to date (complete prior to midway interview)		
Practice Supervisor/Assessor to confirm the student's level of achievement mid-placement. The feedback documented below should reflect the level of achievement identified here.		
Predicted Grade at the midway point <i>*circle as appropriate</i>	A	B
	C	D
Overall the student's projected grade is E or below at the mid-placement point.	E	F
For E/F Please confirm that the cause for concern process <i>*has / will be</i> implemented in consultation with the Practice Education Team members. <i>*delete as appropriate</i>	Practice Supervisor/Assessor Signature -----	
PRACTICE SUPERVISOR/ASSESSOR ASSESSMENT OF STUDENT PERFORMANCE		
Practice Supervisor/Assessor name & signature	Student name & signature	Date of mid-placement review

PART 3 - PLACEMENT 2:

FINAL INTERVIEW AND ASSESSMENT OF PERFORMANCE

STUDENT NAME:

STUDENT SELF-ASSESSMENT of own performance and progress in the placement (complete prior to final interview)		
Final grade awarded by the Practice Assessor for the student's overall performance. Assessment feedback should be congruent with the grade awarded and examples of the student's practice should be used to illustrate the reason for the grade awarded.		
Practice assessor name & signature	Student name & signature	Date of Final Interview

Academic Assessor Signature:

Date:

ADDITIONAL INTERVIEW / SHORT PLACEMENT REVIEW

Record of any discussions held in addition to mid-placement or final interview. This sheet should be inserted into the main record. Copy additional sheets as required.

Student's comments on their performance and progress to date:	Date(s) for review

Practice Supervisor/Assessor comments on student's performance and progress to date:	

Practice supervisor/assessor signature:

Date

Student's signature:

Date

Service User Review

Consent must be gained by the Practice supervisor/assessor from those involved prior to this review being undertaken. Please reassure the service user taking part that their participation is optional but we would like to hear their views about the way midwifery students have contributed to the care received by them or their relative. This is to help students learn and develop their skills in caring and communicating with service users so that they develop good practice.

Please state what you feel the student has done well.					
Please state what the student could do to enhance their midwifery care.					
Please add any other information you think would be helpful.					
Practice supervisor/assessor Signature		Student Signature <i>Comments discussed with student</i>		Date	

PART 3 - PLACEMENT 3:

NAMED PRACTICE

SUPERVISOR/ASSESSOR:

INITIAL DISCUSSION AND CONTRACT OF LEARNING

Should be completed within 48 hours of student commencing placement.

The initial discussion and contract of learning should set out specific learning opportunities that the student will be provided with to achieve the NMC learning outcomes/NMC proficiencies. The student’s role in engaging with the learning opportunities should be documented and essential midwifery skills, relevant to the student’s Part and available for the student to practise, should be identified and recorded as part of the contract of learning.		
Practice Supervisor / Assessor Name and Signature	Student Name & Signature	Date of initial interview:
		Date of mid-placement review:
		Date of final interview:

Each interview should take place on the date agreed and should consider learning contract, student engagement and performance and achievements. Areas for action should be identified.

PART 3 - PLACEMENT 3:

MID-PLACEMENT INTERVIEW AND REVIEW OF PROGRESS

STUDENT SELF-ASSESSMENT of own performance and progress to date (complete prior to midway interview)		
Practice Supervisor/Assessor to confirm the student's level of achievement mid-placement. The feedback documented below should reflect the level of achievement identified here.		
Predicted Grade at the midway point <i>*circle as appropriate</i>	A B C D	
Overall the student's projected grade is E or below at the mid-placement point.	E F	
For E/F Please confirm that the cause for concern process <i>*has / will be</i> implemented in consultation with the Practice Education Team members. <i>*delete as appropriate</i>	Practice supervisor/assessor Signature -----	
PRACTICE SUPERVISOR/ASSESSOR ASSESSMENT OF STUDENT PERFORMANCE		
Practice supervisor/assessor name & signature	Student name & signature	Date of mid-placement review

PART 3 - PLACEMENT 3:

FINAL INTERVIEW AND ASSESSMENT OF PERFORMANCE

STUDENT NAME:

STUDENT SELF-ASSESSMENT of own performance and progress in the placement (complete prior to final interview)		
Final grade awarded by the Practice Assessor for the student's overall performance. Assessment feedback should be congruent with the grade awarded and examples of the student's practice should be used to illustrate the reason for the grade awarded.		
Practice Assessor name & signature	Student name & signature	Date of Final Interview

Academic Assessor Signature:
Date:

ADDITIONAL INTERVIEW / SHORT PLACEMENT REVIEW

Record of any discussions held in addition to mid-placement or final interview.

This sheet should be inserted into the main record. Copy additional sheets as required.

Student's comments on their performance and progress to date:	Date(s) for review

Practice Supervisor/Assessor comments on student's performance and progress to date:	

Practice supervisor/assessor signature:

Date

Student's signature:

Date

Service User Review

Consent must be gained by the Practice supervisor/assessor from those involved prior to this review being undertaken. Please reassure the service user taking part that their participation is optional but we would like to hear their views about the way midwifery students have contributed to the care received by them or their relative. This is to help students learn and develop their skills in caring and communicating with service users so that they develop good practice.

Please state what you feel the student has done well.					
Please state what the student could do to enhance their midwifery care.					
Please add any other information you think would be helpful.					
Practice supervisor/assessor Signature		Student Signature <i>Comments discussed with student</i>		Date	

PART 3 - PLACEMENT 4:

MID-PLACEMENT INTERVIEW AND REVIEW OF PROGRESS

STUDENT SELF-ASSESSMENT of own performance and progress to date (complete prior to midway interview)		
Practice supervisor/assessor to confirm the student's level of achievement mid-placement. The feedback documented below should reflect the level of achievement identified here.		
Predicted Grade at the midway point <i>*circle as appropriate</i>	A	B
	C	D
Overall the student's projected grade is E or below at the mid-placement point.	E	F
For E/F Please confirm that the cause for concern process <i>*has / will be</i> implemented in consultation with the Practice Education Team members. <i>*delete as appropriate</i>	Practice supervisor/assessor Signature -----	
PRACTICE SUPERVISOR/ASSESSOR ASSESSMENT OF STUDENT PERFORMANCE		
Practice supervisor/assessor name & signature	Student name & signature	Date of mid-placement review

Service User Review

Consent must be gained by the Practice supervisor/assessor from those involved prior to this review being undertaken. Please reassure the service user taking part that their participation is optional but we would like to hear their views about the way midwifery students have contributed to the care received by them or their relative. This is to help students learn and develop their skills in caring and communicating with service users so that they develop good practice.

Please state what you feel the student has done well.				
Please state what the student could do to enhance their midwifery care.				
Please add any other information you think would be helpful.				
Practice supervisor/assessor Signature		Student Signature <i>Comments discussed with student</i>		Date

PART 3 – PLACEMENT 5:

MID-PLACEMENT INTERVIEW AND REVIEW OF PROGRESS

DATE OF REVIEW:

STUDENT SELF-ASSESSMENT of own performance and progress to date (complete prior to midway interview)		
Practice supervisor/assessor to confirm the student’s level of achievement mid-placement. The feedback documented below should reflect the level of achievement identified here.		
Predicted Grade at the midway point <i>*circle as appropriate</i>	A	B
	C	D
Overall the student’s projected grade is E or below at the mid-placement point.	E	F
For E/F Please confirm that the cause for concern process <i>*has / will be</i> implemented in consultation with the Practice Education Team members. <i>*delete as appropriate</i>	Practice supervisor/assessor Signature -----	
PRACTICE SUPERVISOR/ASSESSOR ASSESSMENT OF STUDENT PERFORMANCE		
Practice supervisor/assessor name & signature	Student name & signature	Date of mid-placement review

ADDITIONAL INTERVIEW / SHORT PLACEMENT REVIEW

Record of any discussions held in addition to mid-placement or final interview.

This sheet should be inserted into the main record. Copy additional sheets as required.

Student's comments on their performance and progress to date:	Date(s) for review

Practice Supervisor/Assessor comments on student's performance and progress to date:	

Practice supervisor/assessor signature:

Date

Student's signature:

Date

Service User Review

Consent must be gained by the Practice supervisor/assessor from those involved prior to this review being undertaken. Please reassure the service user taking part that their participation is optional but we would like to hear their views about the way midwifery students have contributed to the care received by them or their relative. This is to help students learn and develop their skills in caring and communicating with service users so that they develop good practice.

Please state what you feel the student has done well.					
Please state what the student could do to enhance their midwifery care.					
Please add any other information you think would be helpful.					
Practice supervisor/assessor Signature		Student Signature <i>Comments discussed with student</i>		Date	

CONFIRMATION OF COMPLETION - PART 3

Practice Assessor Confirmation of Proficiency

This should be informed by the feedback sought from practice supervisors and any other relevant people in order to be assured about your decision. Review each placement review, competencies and skills clusters sections for the part to ensure all appropriate documentation has been signed as achieved.

Practice Assessor Confirmatory Statement – END OF PART 3
I confirm that in partnership with the Practice Supervisor and nominated Academic Assessor, student midwife (print name) _____ has ACHIEVED / NOT ACHIEVED (please delete as appropriate) all competencies and skills clusters at the INDEPENDENT level for Part 3 of the programme and, RECOMMEND / DO NOT RECOMMEND (please delete as appropriate) progression to THE REGISTER .
Signature of Practice Assessor
Date:

Academic Assessor Confirmatory Statement (AEI use only)
I confirm that in partnership with the Practice Supervisor and nominated Practice Assessor, student midwife (print name) _____ has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all competencies and skills clusters at the INDEPENDENT level for Part 3 of the programme and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression to THE REGISTER .
Comments:
Signature of Academic Assessor:
Date:

PERFORMANCE EXPECTATIONS: PART 3

In making a judgement about the student's performance in each of the proficiencies the following table outlines the level at which a student is expected to perform during Part 3

Element of performance	PART 3
Knowledge and understanding	The student demonstrates a confident and working understanding of the limits of the subject area, evidenced through discussion and reflection with Practice supervisor/assessor.
Problem solving	The student begins to self-direct him/herself, identify key elements or problems and choose appropriate methods to solve problems with only general guidance from the Practice supervisor/assessor.
Professional attitude	The student demonstrates the ability to confidently interact with colleagues, client groups and significant others in all situations without the need for detailed guidance and demonstrates awareness of professional development needs.
Skills	The student demonstrates the ability to select and use detailed principles to perform more complex skills, without the need for direct guidance from the Practice supervisor/assessor.
Assistance	Rarely requires verbal and physical directive cues. Can perform without supportive cues.
Quality of Performance	Is confident in the majority of skills except new, complex skills. Undertakes skills within an expedient time scale.

Competencies

This section contains the competencies required to achieve the NMC standards. The competencies are grouped into:

- Pre-conception and antenatal.
- Intrapartum.
- Postnatal.
- Neonatal (Part 2/3).

Guidelines for Assessment

Assessment of achievement of the competencies can be undertaken in each practice setting. The Practice supervisor/assessor assesses whether the student has achieved or not achieved the competency relevant to the learning opportunities available in the placement area. Assessing achievement of the competency is undertaken **either through discussion with the student or observing the student's behaviour.**

The Practice supervisor/assessor is required to indicate, by a signature in the competency document, the student's achievement for their Part of the course. The level of support required (Supervised, Supported or Independent) in the Part of the course for achievement of the competency is also included. For example, there is an expectation that most of the competencies would be achieved in Part 3 with **Supervision** from the Practice supervisor/assessor. Please see Section 1.4 for guidance on levels of supervision.

The competencies are mapped to the ESCs within this document.

The competencies are mapped against Standard 17 (NMC 2009) (see Appendix 1).

Each competency has 3 Levels with a Part of the course by which it should be achieved. Competency boxes must not be signed off before the indicated Part.

Please see example on the following page:

Competency	Related ESC	Independent	Part
1. Administer drugs accurately and safely during pregnancy.	5	<i>A Brown</i> 18/11/2020	3
2. Provide antenatal care for women who present with special needs e.g. learning disability, non-English speaker, visually impaired.	1	<i>A Brown</i> 18/10/2020	3
3. Recognise when a woman requires additional support and referral to other agencies.	1	<i>A Brown</i> 18/11/2020	3
4. Discharge a woman from hospital in the antenatal period ensuring any on-going care is organised and understood.	1	<i>A Brown</i> 18/11/2020	3
5. Demonstrate the ability to discuss the reasons for induction of labour and provide midwifery care for women undergoing induction of labour.	1	<i>A Brown</i> 18/10/2020	3
6. Recognise the indications for caesarean section and the ability to provide midwifery care for women requiring a caesarean section.	1	<i>A Brown</i> 18/11/2020	3
7. Recognise the needs of a woman and her family during bereavement and support where appropriate.	1	<i>A Brown</i> 18/11/2020	
8. Assess the need for and take appropriate action in the event of an emergency situation.		<i>A Brown</i> 18/11/2020	3
9. Demonstrate the ability to integrate the NMC professional standards with daily practice.		<i>A Brown</i> 18/11/2020	3
10. Interact effectively with members of the maternity care team and acknowledge the nature of their work and the context in which it is placed.	1	<i>A Brown</i> 18/10/2020	3
11. Maintain the confidentiality of information and accurately and appropriately disclose information.	1, 2	<i>A Brown</i> 18/11/2020	3

Example Page

Evidence to demonstrate learning

During your three year midwifery training, you are required to provide evidence that you have achieved skills and experiences that contribute to your eligibility to become a registered midwife. In order to provide this evidence, we require you use a technique called reflection to explore the care that you are providing during the course. Please complete the relevant pages which appear following each section of the competencies. **You are required to complete one reflective piece for every assessed placement. Your reflection must be read and signed your Practice supervisor/assessor.**

Reflection Guidelines

Evidence to demonstrate learning - Reflective piece

Reflection is a method where you can learn from your own practice. You will have been introduced to reflection at the outset of your course but it is a good idea to learn more about it through your own private study. Reflection can have many aspects and definitions and the term is often used very loosely.

In recent years, the process of reflection has been increasingly recognised in midwifery literature, as a learning tool for both students and qualified practitioners to enhance their practice.

Here is one reflective model that you may wish to use to guide your reflection, however if you prefer another model then you may use that:

Process for Providing Evidence of Learning

Step one - description of the situation

- Write a description of what happened, who was involved and the context in which it occurred. Bear in mind the need for confidentiality.
- Identify the key issues within the situation that you need to pay attention to.

Step two - reflection on the situation

Jot down notes in response to the following questions about the situation:

- How did you feel about this experience when it happened?
- What was good and bad about the experience?
- What were the consequences of the situation for those involved?
- How did the others who were involved feel about the situation?
- How do you know how others felt?

Step three - influencing factors

- What do you think influenced the decisions that were made and the actions taken during the situation?
- Provide theoretical evidence that explains the decisions and actions that were taken during the situation. You should support your evidence with appropriate citations and references.
This section is designed to help you to demonstrate your understanding of what happened.

Step four - conclusion

- In your view was the situation handled well and if not, what do you think should have happened and why?
- How do you feel now about the experience?

What have I learned from the situation?

Now look at the outcomes and competencies in each of the four domains that reflect the clinical module learning outcomes.

- Identify those areas where your learning has been enhanced from reflecting on the situation.
- Identify those areas where you feel your learning requires further development.
- State what you intend to do to develop your learning further in the identified areas.
- Identify the specific experience or help you require to achieve this.
 - State how and when you intend to review your learning in the specified areas.

Adapted from John's (2004)

JOHN'S, C., 2004. *Becoming a reflective practitioner*. 2nd ed. Oxford: Blackwell.

Preconception and Antenatal Part 3

Competency	Related ESC	Independent Signature and date	Part
1. Communicate effectively with women and their families throughout the preconception and antenatal periods.	1		3
2. Promote and respect the rights, privacy, dignity and comfort for all women and their families throughout the antenatal period.	1		3
3. Be responsible for providing care within a midwife-led model of care.	1		3
4. Conduct a full booking interview.	1, 2		3
5. Demonstrate a knowledge and understanding of clinical risk assessment throughout the antenatal period.			3
6. Assess the social, cultural and environmental issues that can influence the health of the woman and her family e.g. domestic abuse, child protection, deprivation.	2		3
7. Promote the health of women and their families through accurate information, advice, guidance and support.	1, 2		3
8. Provide women and partners with current and accurate information that enables them to make informed choices regarding their options for care throughout the antenatal period e.g. parenthood classes, during antenatal appointments.	1, 2, 3, 4		3
9. Assess, plan and evaluate antenatal care in partnership with the woman and her partner.	1, 2		3
10. Undertake a full antenatal assessment of a woman in a holistic manner.	1, 2		3

Competency	Related ESC	Independent Signature and date	Part
11. Demonstrate knowledge of mental wellbeing and the positive or negative impact this can have on a woman during the antenatal period.	2		3
12. Assess fetal wellbeing during clinical assessment.	2		3
13. Demonstrate knowledge and understanding of all antenatal screening and diagnostic tests available and the ability to fully discuss these with the woman and her partner.	1, 2		3
14. Demonstrate ability to interpret the results of antenatal screening and diagnostic tests i.e. biochemical, haematological.			3
15. Demonstrate ability to identify when deviations from the normal pregnancy are occurring.			3
16. Throughout the antenatal period support the woman and her partner to formulate a plan for her pregnancy and birth.	1		3
17. Provide evidence-based information regarding infant feeding practices to facilitate informed choice.	1,4		3
18. Refer women to the appropriate member of the maternity care team when a deviation from the normal pregnancy has been identified.	1		3
19. Be responsible for providing midwifery care in the community setting for women with an identified obstetric or medical problem.	1		3
20. Be responsible for providing midwifery care within the hospital setting as part of the maternity care team.	1		3
21. Demonstrate knowledge and understanding of cardiotocography (CTG) and the ability to recognise deviations from the normal.			3

Competency	Related ESC	Independent Signature and date	Part
22. Administer drugs accurately and safely during pregnancy.	5		3
23. Provide antenatal care for women who present with special needs e.g. learning disability, non-English speaker, visually impaired.	1		3
24. Recognise when a woman requires additional support and referral to other agencies.	1		3
25. Discharge a woman from hospital in the antenatal period ensuring any on-going care is organised and understood.	1		3
26. Demonstrate the ability to discuss the reasons for induction of labour and provide midwifery care for women undergoing induction of labour.	1		3
27. Recognise the indications for caesarean section and the ability to provide midwifery care for women requiring a caesarean section.	1		3
28. Recognise the needs of a woman and her family during bereavement and support where appropriate.	1		
29. Assess the need for and take appropriate action in the event of an emergency situation.			3
30. Demonstrate the ability to integrate the NMC professional standards with daily practice.			3
31. Interact effectively with members of the maternity care team and acknowledge the nature of their work and the context in which it is placed.	1		3
32. Maintain the confidentiality of information and accurately and appropriately disclose information.	1, 2		3

Competency	Related ESC	Independent Signature and date	Part
33. Conform to the legal and statutory framework that governs completion, storage and retention of records of practice.	1		3
34. Appropriately manage and prioritise work commitments within the demands of the service.			3
35. Promote and maintain a safe and healthy environment for women, their families and others.	1		3
36. Demonstrate knowledge of how midwives can contribute to the development and evaluation of guidelines and policies to promote quality in ante natal midwifery care.			3
37. Review and develop own practice through reflection, feedback and evaluation of best available evidence.			3
38. Demonstrate knowledge of how midwives can contribute to the review of practice to optimise midwifery care i.e. audit, clinical risk assessment and management.			3
39. Demonstrate proficiency in the use of relevant IT systems (e-health) and develop practice through the use of IT e.g. electronic portfolios, analysis of databases.	1		3

Preconception and Antenatal Reflection Part 3

Evidence to demonstrate learning - Reflective piece

Type of experience:

Reflective Account (No less than 750 words)



Intrapartum Competencies Part 3

Competency	Related ESC	Independent Signature and date	Part
1. Communicate effectively with women and their families throughout the intrapartum period.	1, 2, 3		3
2. Safeguard the rights, privacy, dignity and comfort for all women and their families during the intrapartum period.	1, 3		3
3. Provide women and their partners with up to date and accurate information to enable them to make informed choices regarding options for care during labour.	1, 3		3
4. Demonstrate an ability to promote and facilitate normality throughout the intrapartum period.	1, 2		3
5. Provide holistic care to meet the individual needs of the woman and partner within their chosen place of birth.	1, 3		3
6. Demonstrate an awareness and understanding of the midwifery and obstetric protocols which guide practice within the chosen place of delivery.			3
7. Demonstrate skills in written documentation i.e. necessary, relevant and accurate with specific reference to the partogram.	1, 3		3
8. Demonstrate the ability to assess social/cultural/environmental issues that influence health and health care of women and their family during labour.	1		3
9. Assess the woman's health, obtain an accurate history and recognise established labour when a woman contacts the maternity services e.g. telephone contact, admission.	1, 3		3

Competency	Related ESC	Independent Signature and date	Part
10. Provide appropriate emotional support for the woman and partner during labour.	1		3
11. Provide appropriate care to attend to basic physiological needs during labour.	3		3
12. Demonstrate the ability to recognise the need for pain relief and the giving of information to enable the woman to make an informed choice: <ul style="list-style-type: none"> • Non-pharmacological pain relief • Pharmacological pain relief. 	1, 3		3
13. Administer drugs accurately and safely during labour.	5		3
14. Monitor and assess progress in the 1st Part of labour by means of <ul style="list-style-type: none"> • General examination • Woman's behaviour • Abdominal examination • Monitoring contractions • Vaginal examination and document findings appropriately. 	3		3
15. Recognise onset and manage 2nd Part of labour.			3
16. Create a safe, comfortable environment prior to birth.	3		3
17. Conduct a normal birth.	1,3		3
18. Recognise the need for carrying out episiotomy.			3
19. Manage the 3rd Part of labour.	1,3		3
20. Utilise Infection Control Policies and protocols in order to dispose of contaminated material in a safe manner.			3

Competency	Related ESC	Independent Signature and date	Part
21. Assess baby's condition at birth utilising Apgar scoring system.	3		3
22. Promote skin to skin contact at birth.	3, 4		2
23. Understand the need for identification of the baby and the woman's need to be aware of Hospital Security Policies/Abduction policy.			2
24. Perform initial examination of the newborn and identify any abnormalities informing the mother/partner and seeking medical review, if required.	3		3
25. Recognise any deviation from normal during labour and birth, taking appropriate action according to protocols.	3		3
26. Participate in the care of a woman having induction of labour demonstrating knowledge of the underlying principles.			3
27. Participate in the care of a woman with a high risk labour within the framework of the maternity care team.			3
28. Participate in the care of a woman with a pre-existing medical condition and understand the effects this may have on labour and birth.			3
29. Demonstrate knowledge and understanding of cardiotocography (CTG), the ability to recognise deviations from the normal, and appropriate actions to take.			3
30. Prepare, assist and care for a woman requesting epidural analgesia during labour.			3
31. Prepare and assist with an instrumental birth.			3

Competency	Related ESC	Independent Signature and date	Part
32. Provide pre-operative care for a woman requiring emergency intervention.			3
33. Provide post-operative care to the woman following the completion of the intervention.			3
34. Assess the need for and take appropriate action in the event of an emergency situation.	1		3
35. Participate in care for a woman with high dependency needs.	1		3
36. Assess the woman's and baby's condition prior to transfer to postnatal area or being left following a home birth.	1, 3		3
37. Demonstrate ability to apply all NMC documentation when practising under supervision and support.			3
38. Provide care which respects and promotes individual's rights, interests, preferences, beliefs and cultures.	1		3
39. Demonstrate the ability to interact with other members of the maternity care team and recognise their role and input.	1		3
40. Appropriately manage and prioritise work commitments within the demands of the service.			3
41. Promote and maintain a safe and healthy environment for women, their families and others.			3
42. Demonstrate knowledge of how midwives can contribute to the development and evaluation of guidelines and policies to promote quality in intrapartum midwifery care.			3
43. Develop and enhance knowledge, skills and fitness to practise through self-evaluation and reflection.			3

Competency	Related ESC	Independent Signature and date	Part
44. Inform and develop one's own practice and the practice of others through reflection, feedback and evaluation of best available evidence.			3
45. Demonstrate knowledge of how midwives can contribute to the review of practice to optimise midwifery care i.e. audit, clinical risk assessment and management.			3
46. Demonstrate proficiency in the use of relevant IT systems (e-health) and develop practice through the use of IT e.g. electronic portfolios, analysis of databases.	1		3
47. Conform to the legal and statutory framework that governs completion, storage and retention of records of practice.	1		3

Intrapartum Care Reflection Part 3

Evidence to demonstrate learning - Reflective piece

Type of experience.....

Reflective Account (No less than 750 words)



Postnatal Care Competencies Part 3

Competency	Related ESC	Independent Signature and date	Part
1. Communication effectively with women and their families throughout the postnatal period.	1		3
2. Safeguard the rights, privacy, dignity and comfort for all women and their families during the postnatal period.			3
3. Provide women and their partners with up to date and accurate information to enable them to make informed choices regarding options in postnatal care.	1		3
4. Provide holistic care to meet the individual needs of the woman and partner within the postnatal period.	1		3
5. Demonstrate an awareness and understanding of the protocols which guide practice within the postnatal period.	1		3
6. Demonstrate skills in written documentation i.e. necessary, relevant and accurate with specific reference to the use of the care plan and legal requirements of birth registration.	1		3
7. Demonstrate the ability to assess social/cultural/environmental issues that influence health and health care of women and their family.	1		3
8. Demonstrate knowledge of and implement care in accordance with Infection Control Policy and procedures.			3
9. Provide postnatal care for the woman and baby, completing all relevant documentation i.e. hospital setting, home setting.	1		3

Competency	Related ESC	Independent	Part
10. Carry out a full postnatal examination recognising normal physiological events and identifying deviations from normal.			3
11. Perform daily examination of the newborn infant in a systematic manner, identifying any deviations from normal and referral for paediatric review as required.			3
12. Assess, plan, implement and evaluate care to meet the needs of the individual baby taking account of the wishes of the parents.			3
13. Demonstrate knowledge of and be able to discuss security arrangements for mother and babies in accordance with policies and procedures.			3
14. Advise and support women to successfully breastfeed their babies in accordance with the Baby Friendly Initiative (10 Steps)	1, 4		3
15. Educate woman/partner, who have made an informed choice to formula feed regarding sterilisation of feeding equipment and preparation of artificial feeds including feeding techniques and management of minor problems.	1		3
16. Demonstrate and educate women about infant care and hygiene.	1		3
17. Competently undertake and demonstrate an understanding of neonatal screening tests e.g. blood spot test.			3
18. Promote the integration of the baby into the family unit taking account of individual social backgrounds.	1		3

Competency	Related ESC	Independent Signature and date	Part
19. Promote health and wellbeing of mother and her family by providing health education according to individual needs.	1		3
20. Identify individual needs including socio-economic problems and make appropriate referral to other members of the maternity care team.	1		3
21. Demonstrate knowledge and understanding of clinical risk assessment for the woman and baby throughout the postnatal period.			3
22. Assess the need for and take appropriate action in the event of an emergency situation.	1		3
23. Demonstrate knowledge, discuss and be able to provide advice on family planning methods to mother/partner.	1		3
24. Demonstrate knowledge of post-operative care requirements and be able to provide care for women post operatively.	1		3
25. Discharge woman and baby into the community ensuring follow-on care is understood and documentation is completed accurately.			3
26. Demonstrate ability to apply all NMC documentation when practising under supervision and support.			3
27. Provide care which respects and promotes individual's rights, interests, preferences, beliefs and cultures.			3
28. Demonstrate the ability to interact with other members of the maternity care team and recognise their role and input.	1		3

Competency	Related ESC	Independent Signature and date	Part
29. Appropriately manage and prioritise work commitments within the demands of the service.			3
30. Demonstrate knowledge of how midwives can contribute to the development and evaluation of guidelines and policies to promote quality in midwifery care.			3
31. Develop and enhance knowledge, skills and fitness to practise through self-evaluation and reflection.			3
32. Demonstrate effective working across professional boundaries and develop professional networks.			3
33. Inform and develop one's own practice and the practice of others through reflection, feedback and evaluation of best available evidence.			3
34. Demonstrate knowledge of how midwives can contribute to the review of practice to optimise midwifery care i.e. audit, clinical risk assessment and management.			3
35. Demonstrate proficiency in the use of relevant IT systems (e-health) and develop practice through the use of IT e.g. electronic portfolios, analysis of databases.	1		3
36. Conform to the legal and statutory framework that governs completion, storage and retention of records of practice.	1		3

Postnatal Care Reflection Part 3

Evidence to demonstrate learning -Reflective piece

Type of experience.....

Reflective Account (No less than 750 words)



Neonatal Care Competencies – NNU/Transitional Care/Enhanced Care

There are circumstances where it is appropriate for a student midwife to gain experience by being placed with someone from a different profession and the short placement that student midwives have on the neonatal unit is one of those circumstances.

A student midwife may work with an appropriately qualified nurse on the neonatal unit, who can sign the required competencies throughout the placement.

Competency	Related ESC	Practice supervisor/assessor signature - Supported	Part
1. Understand the relevance of obstetric, family history to the condition and subsequent care of an infant.			
2. Promote good hygiene and recognise the importance of infection control within the neonatal unit (NNU).	1		
3. Prepare and maintain a safe, thermo neutral environment for the admission of a baby to the NNU.			
4. Admit the baby to the NNU following protocol and complete appropriate documentation accurately.			
5. Assess the condition of a baby and identify any needs, problems or abnormalities.			
6. Assist with planning the care for a baby with special needs, giving consideration to parents' wishes.			
7. Implement planned care for a baby according to needs and encourage parental participation.			
8. Evaluate implemented care and review care plan appropriately.			
9. Recognise changes in baby's condition and record and report appropriately to the maternity care team.			
10. Recognise the importance of prompt precise action in the event of an emergency.			
11. Facilitate the bonding process between mother and baby.			
12. Understand and apply the principles of infant nutrition.			
13. Support mothers who are separated from their babies to initiate and/or maintain lactation.			
14. Demonstrate knowledge of alternative methods of infant feeding where breastfeeding is not possible.			
15. Understand the principles of care for an infected baby following protocol and Infection Control Policies.			

Competency	Related ESC	Practice supervisor/assessor signature - Supported	Part
16. Participate in the administration of prescribed medication and recording of same: - Oral - Topical - Intramuscular			
17. Demonstrate an awareness of the importance of developmentally supportive care.			
18. Gain an insight into the care of a baby requiring intensive care therapy.			
19. Identify the need for other members of the maternity care team to provide care and assist where required.			
20. Discharge a baby from the NNU following protocol notifying all appropriate members of the maternity care team and completing documentation accurately.			
21. Appreciate the role of the neonatal liaison and community care team.			
22. Demonstrate the ability to apply all NMC documentation when practising under supervision and support.			
23. Provide care which respects and promotes the baby's rights, interests, preferences, beliefs and cultures.	1		
24. Demonstrate the ability to interact with other members of the maternity care team, recognising their role and input.	1		
25. Appropriately manage and prioritise work commitments within the demands of the service.			
26. Promote and maintain a safe and healthy environment for babies and their families.			

Neonatal Care Reflection Part 3

Evidence to demonstrate learning -Reflective piece

Type of experience.....

Reflective Account (No less than 750 words)

A large empty rectangular box intended for writing the reflective account.



Part 3 Summative Assessment Information

Summative Assessments for the Midwifery Essential Skills Clusters (ESC)

Module NU3204 – Consolidating Midwifery Practice for Registration

ESC1 COMMUNICATION

The student must perform a skill with the emphasis being on safe and effective communication, demonstrating achievement of the ESC requirements.

ESC2 INITIAL CONSULTATION BETWEEN WOMAN AND THE MIDWIFE

The student must perform a booking consultation demonstrating achievement of the ESC requirements.

ESC3 NORMAL LABOUR AND BIRTH

The student must participate in the care of a woman during normal labour and birth demonstrating achievement of the ESC requirements.

ESC4 INITIATION AND CONTINUANCE OF BREAST FEEDING

The student must assist a woman with initiation and continuation of breastfeeding demonstrating achievement of the ESC requirements.

ESC5 MEDICINES MANAGEMENT

The student must undertake drug administration and participate in the safe storage of medicines demonstrating achievement of the ESC requirements and undertake the medicines calculations test.

BMIDWIFERY

PRE-REGISTRATION MIDWIFERY

NMC Essential Skills Clusters (Part 3)

Module NU3204 – Consolidating Midwifery Practice for Registration (Part 3)

Name (please print) **Intake**

Academic Assessor (please print)

The NMC Essential Skills Clusters are a key component of the summative assessment documentation for 3.

- **Practice supervisor/assessors are required to assess students in each of the Essential skills Clusters (ESCs).**
- **Practice supervisor/assessors must sign and date each of the competencies for the 5 ESC at the point they are achieved by the student.**
- **Each ESC only needs to be achieved once and therefore if it has been achieved in a previous placement, the student does not have to repeat the assessment.**
- **Each ESC must be completed in its entirety in one placement area.**
- **All ESCs in this document must be achieved by the end of Part 3.**

Communication

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education		
1. Communication		
Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
1. Be attentive and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand	Consistently shows ability to communicate safely and effectively with women, providing guidance for juniors	
	Articulates a clear plan of care, that has been developed in partnership with the woman	
	Communicates effectively and sensitively in different settings, using a range of methods and styles in individual and group settings	
	Provides accurate and comprehensive written reports based on best available evidence	
	Is familiar with accessing and recording information other than in handwritten form, such as texting	
	Acts to reduce and challenge barriers to effective communication and understanding	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

1. Communication

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Is proactive and creative in enhancing communication and understanding	
	Where appropriate uses the skills of active listening, questioning, paraphrasing, and reflection to assist in effective communication	
	Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances in individual and group scenarios	
2. Protect and treat as confidential all information relating to themselves and their care	Acts professionally and appropriately in situations where there may be limits to confidentiality, e.g. child protection, protection from harm	
	Recognises the significance of information and who does/does not need to know	
	Distinguishes between information that is relevant to care planning and that which is not	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

1. Communication

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Acts appropriately in sharing information to enable and enhance care (multi-disciplinary team, across agency boundaries)	
	Works within the legal framework for data protection, e.g. access to and storage of records	
	Acts within the law when disclosing information without consent	
3. Enable women to make choices about their care by informing women of the choices available to them and providing evidence-based information about benefits and risks of options so that women can make a fully informed decision	Respects 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	
	Provides accurate, truthful and balanced information that is presented in such a way as to make it easily understood	
	Respects women's autonomy when making a decision, even where a particular choice may result in harm to themselves or their unborn child, unless a court of law orders the contrary	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

1. Communication

Women can trust/expect a student midwife for entry to the register to:

Achievement status in each outcome; Practice supervisor/assessor signature and date.

Independent

	Discusses with women local/national information to assist with making choices, including local and national voluntary agencies and websites	
<p>4. Ensure that consent will be sought from the woman prior to care being given and that the rights of women are respected.</p>	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)	
	Uses appropriate strategies to enable women to understand treatments and interventions in order to give informed consent	
	Demonstrates respect for client autonomy and the rights of women to withhold consent in relation to care and treatment within legal frameworks	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

1. Communication

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
5. Treat women with dignity and respect them as individuals	Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise the care provided	
	Is proactive in maintaining dignity	
	Challenges situations/others where the dignity of the woman may be compromised	
	Shares information confidently with women who have physical, cognitive or sensory disabilities and those who do not speak or read English	
6. Work in partnership with women in a manner that is diversity sensitive and is free from discrimination harassment and exploitation	Upholds the rights of women and speaks out when these are at risk of being compromised	
	Takes into account UK legal frameworks and professional ethics when planning care	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

1. Communication

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Is proactive in promoting care environments that are diversity sensitive and free from exploitation, discrimination and harassment	
	Manages challenging situations effectively	
7. 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.	
	Delivers care that recognises need and provides both practical and emotional support	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

1. Communication

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Has insight into own values and how these may impact on interactions with women	
	Does not allow personal feelings towards a client or others to compromise care	
	Recognises and responds to emotional discomfort/distress of self and others	
	Through reflection and evaluation demonstrates commitment to personal and professional development	
8. Be confident in their own role within a multi-disciplinary/multi-agency team.	Works within the NMC Midwives rules and standards	
	Consults and explores solutions and ideas appropriately with others to enhance care	
	Challenges the practice of self and others across the multi-professional team	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

1. Communication

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Acts as an effective role model in decision making, taking action and supporting more junior staff	
	Works inter-professionally as a means of achieving optimum outcomes for women	

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School of Nursing, Midwifery and Paramedic Practice

COMMUNICATION

Summative Assessment for Communication		
Summative Assessment	Please initial & date when achieved	Comments
<p>(ESC 1) Women can trust/expect a student midwife for entry to the register to communicate effectively</p> <p>❖ Demonstrate competence in communication</p>		Supervised practice with the student

Note: Prior to the formal assessment the Practice supervisor/assessor may use the following to inform the assessment process: Discussions with the student, discussions with woman whom the student has interacted, or other members of staff who have worked with the student.

This ESC has been achieved to the standard required

Practice supervisor/assessor Name _____ PS/PA Signature _____ Date _____

Student's Name _____ Student's Signature _____ Date _____

Academic Assessor's Name _____ Signature _____ Date _____

Following completion of this ESC please photocopy the whole communications section and submit to the Midwifery Clinical Documents Coursework Box, Level 2, Ishbel Gordon Building.

Initial Consultation between the Woman and the Midwife

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education		
2. Initial Consultation between the Woman and the Midwife		
Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
1. Be confident in sharing information about common antenatal screening tests	Acts professionally to ensure that personal judgments, prejudices, values, attitudes and beliefs do not compromise the provision of care	
	Facilitates informed choices regarding antenatal screening tests ensuring women fully understand the purpose of all tests before they are taken	
	Interprets data/results accurately and shares this information sensitively with women, including the ability to discuss any further action/consequences as necessary	
	Conducts general information sharing, e.g. optimum times for testing, as appropriate through a variety of multi-media channels, such as texting	
	Shares information effectively in challenging circumstances, such as a previous bereavement, or affected/high risk screening result	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

2. Initial consultation between the Woman and the Midwife

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Discusses with women local/national information to assist with making choices, including local and national voluntary agencies and websites	
	Is able to seek out required information about less common/specialised antenatal screening tests	
2. Accurately complete an initial consultation ensuring women are at the centre of care	Shows the ability consistently to: Share information with women Assess maternal and fetal wellbeing relevant to gestation, and acts upon the need to refer to appropriate individuals where necessary Plan, in partnership with women, a care pathway to ensure individual needs are met	
	Explore effectively the social, religious and cultural factors that inform and individualised antenatal care pathway for women that is diversity sensitive	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

2. Initial consultation between the Woman and the Midwife

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Is competent in recognising and advising women who would benefit from more specialist services	
	Empowers women to recognise normal pregnancy development and when to seek advice	
	Is skilled in providing the opportunity to women to disclose domestic abuse and is able to respond appropriately	
	Is competent in sharing information about the pregnancy care services and options available, lifestyle considerations, including dietary information, and screening tests	
3. Work collaboratively with other practitioners and external agencies	Is competent to refer women who would benefit from more specialist services, such as a local substance misuse support unit	
	Is able to collaborate effectively with the wider healthcare team and agencies as required	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

2. Initial consultation between the Woman and the Midwife

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
<p>4. Be the first point of contact when seeking advice and/or information about being pregnant</p>	<p>Where available, is actively involved in being accessible for women in environments other than traditional NHS settings, such as shops, supermarkets, leisure centres</p>	
	<p>Is confident in working in a variety of models of service delivery which encourage early access to care</p>	

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INITIAL CONSULTATION BETWEEN THE WOMAN AND THE MIDWIFE

Summative Assessment for initial consultation between the woman and the midwife		
Summative Assessment	Please initial & date when achieved	Comments
<p>(ESC 2) Woman can trust/expect a student midwife for entry to the register to perform an initial consultation between the woman and the midwife</p> <p>❖ Demonstrate competence in initial consultation between the woman and the midwife</p>		Supervised practice with the student

Note: Prior to the formal assessment the Practice supervisor/assessor may use the following to inform the assessment process: Discussions with the student, discussions with woman whom the student has interacted, or other members of staff who have worked with the student.

This ESC has been achieved to the standard required

Practice supervisor/assessor Name _____ PS/PA Signature _____ Date _____

Student's Name _____ Student's Signature _____ Date _____

Academic Assessor's Name _____ Signature _____ Date _____

Following completion of this ESC please photocopy the whole communications section and submit to the Midwifery Clinical Documents Coursework Box, Level 2, Ishbel Gordon Building.

Normal Labour and Birth

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education		
3. Normal Labour and Birth		
Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
1. Work in partnership with women to facilitate a birth environment that supports their needs	Supports the health, safety and wellbeing of women in a variety of birth settings other than the acute hospital environment	
	Ensures that women's labour and birth is diversity sensitive, meeting their individual needs and preferences	
	Anticipates and provide for the needs of women	
	Inspires confidence, bases decisions on evidence and uses experience to guide decision making	
	Acknowledges the roles and relationships in families, dependent upon religious and cultural beliefs, preferences and experiences	
	Practices in accordance with relevant legislation	

NMC Essential Skills Cluster (ESCs) for Pre-Registration Midwifery Education

3. Normal Labour and Birth

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
2. 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	
	Applies in-depth knowledge of the physiology of labour and birth	
	Uses skills of observation and active listening in order to analyse the effectiveness of care being provided	
3. Determine the onset of labour	Identifies the onset of labour, discusses the findings accurately and shares this information with women, including the ability to discuss any further action/consequences as necessary	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

3. Normal Labour and Birth

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
4. Determine the wellbeing of women and their unborn baby	Assesses maternal wellbeing, interprets the findings accurately and shares this information with women, and has the ability to discuss any further action/consequences as necessary	
	Identifies and manages risk safely	
	Refers women who would benefit from the skills and knowledge of other individuals	
	Assesses and implements measures to manage, reduce or remove risk that could be detrimental to women, self and others	
5. Measure assess and facilitate the progress of normal labour	Identifies and appropriately manages latent and active phase of labour	
	Makes and accurate assessment of the progress of labour, shares this information with women, and has the ability to discuss any further action/consequences as necessary	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

3. Normal Labour and Birth		
Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Is able to discuss with women the progress of labour in relation to their birth plan/written wishes and modify in partnership with women, as need dictates	
	Critically appraises and justifies the use of any intervention, such as artificial rupture of membranes, continuous electronic fetal monitoring, urinary catheterisation, in order to facilitate a spontaneous vaginal birth	
	Seeks informed consent prior to undertaking any procedure	
	Recognises any deviation from the normal progress of labour or wellbeing of the woman or fetus	
	Initiates timely referral of women who would benefit from the skills and knowledge of others	
	As part of a multi-disciplinary team continues to provide care to women undergoing complications	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

3. Normal Labour and Birth

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
6. Support women and their partners in the birth of their babies	Assesses accurately the progress of labour and shares this information with women, and has the ability to discuss any further action/consequences as necessary	
	Prepares the environment ready for the birth	
	Cares for women sensitively and is attentive to the 'moment of birth', creating an environment that is responsive to the woman's needs	
	Supports women safely in the birth of their baby	
	Initiates emergency measures if required, such as episiotomy	
	Initiates timely referral of women who would benefit from the skills and knowledge of others	
	As part of a multi-disciplinary team continues to provide care to women undergoing complications	
	Assess and monitor the woman's condition throughout the third Part of labour facilitating safe delivery of the placenta and membranes by physiological or active management	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

3. Normal Labour and Birth

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
7. Facilitate the mother and baby to remain together	Assesses accurately the health and wellbeing of the newborn baby	
	Initiates emergency measures if required	
	In a culturally sensitive manner, creates 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	
8. Identify and safely manage appropriate emergency procedures	Initiates emergency measures in both primary and secondary care settings	
	Sustains emergency measures until help arrives	
9. Works collaboratively with other practitioners	Is an advocate for women	
	Negotiates with others in relation to balancing competing/conflicting priorities	
	Articulates professional limitations and boundaries	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

3. Normal Labour and Birth

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Is 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	
	Practices in accordance with the NMC Midwives rules and standards	
10. Keep accurate records	Details reasoning behind any actions or interventions taken	

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NORMAL LABOUR AND BIRTH

Summative Assessment for Normal Labour and Birth		
Summative Assessment	Please initial & date when achieved	Comments
<p>(ESC 3)</p> <p>Women can trust/expect a student midwife for entry to the register to care for woman and unborn baby during normal labour and birth</p> <p>❖ Demonstrate competence in normal labour and birth</p>		Supervised practice with the student

Note: Prior to the formal assessment the Practice supervisor/assessor may use the following to inform the assessment process: Discussions with the student, discussions with woman whom the student has interacted, or other members of staff who have worked with the student.

This ESC has been achieved to the standard required

Practice supervisor/assessor Name _____ PS/PA Signature _____ Date _____

Student's Name _____ Student's Signature _____ Date _____

Academic Assessor's Name _____ Signature _____ Date _____

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Initiation and Continuance of Breastfeeding

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education		
4. Initiation and continuance of breastfeeding		
Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
1. Understand and share information that is clear, accurate and meaningful at a level which women, their partners and family can understand	Listens to, watches for, and responds to verbal and non-verbal cues	
	Uses skills of being attentive, open ended questioning and paraphrasing to support information sharing with women	
	Is able to lead a variety of forums where information is shared with women about the advantages and disadvantages of different infant feeding methods, without regarding breastfeeding and artificial feeding as 'equal' choices	
	Understands the importance of exclusive breastfeeding and the consequences of offering artificial milk to breastfeed babies	
	Critically appraises the nature and strength of breastfeeding promotional and support interventions	
	Understands the nature of evidence and how to evaluate the strength of research evidence used to back information	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

4. Initiation and continuance of breastfeeding

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Keep accurate records of the woman and her baby relating to breastfeeding, including plans of care and any problems encountered or referrals made	
2. Respects social and cultural factors that may influence the decision to breastfeed	Demonstrate a working knowledge of the local demographic area and explores strategies to support breastfeeding initiatives within the locality	
	Explore skilfully attitudes to breastfeeding	
	Takes into account differing cultural traditions, beliefs and professional ethics when communicating with women	
3. Support women to breastfeed	Applies in-depth knowledge of the physiology of lactation to practical situations (BFI)	
	Recognises effective positioning, attachment, suckling and milk transfer	
	Uses skills of observations, active listening and ongoing critical appraisal in order to analyse the effectiveness of breastfeeding practices	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

4. Initiation and continuance of breastfeeding

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Is confident at exploring with women the potential impact of delivery room practices, such as the effect of different pain relief methods and the importance of skin-to-skin contact, on the wellbeing of their baby and themselves, and on the establishment of breastfeeding in particular (BFI)	
	Uses appropriate skills to support women to be successful at breastfeeding for the first six months of life (BFI)	
	Empowers women to recognise effective positioning, attachment, suckling and mil transfer for themselves (BFI)	
	Explores with women the evidence base underpinning information, which may have an impact on breastfeeding such as bed-sharing and the use of dummies (BFI)	
	Is skilled at advising women over the telephone when contacted for advice on breastfeeding issues	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

4. Initiation and continuance of breastfeeding

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
4. Recognise appropriate infant growth and development, including where referral for further advice/action is required	Acts upon the need to refer when there is a deviation from appropriate infant growth	
	Demonstrates skills to empower women to recognise appropriate infant growth and development and to seek advice when they have concerns	
5. Work collaboratively with other practitioners and external agencies	Practices within the limitations of their own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice	
	Works confidently, collaboratively and in partnership with women and others to ensure the needs of women are met	
	Understands the importance of community support for breastfeeding and refers women to community-based support networks, both in supporting women to breastfeed and as a resource for health professionals (BFI)	
	Works actively with other health professionals and external agencies to promote breastfeeding and support women in their choice to breastfeed	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

4. Initiation and continuance of breastfeeding

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Is able to discuss with women the importance of exclusive breastfeeding for six months and timely introduction of complementary foods and continuing breastfeeding during the weaning period, into the second year of life and beyond	
6. Support women to breastfeed in challenging circumstances	Involves appropriate help, such as a lactation consultant, where specialised skills are required, in order to support women to successfully breastfeed	
	Acts upon the need to refer to appropriate health professionals where deviation from appropriate infant feeding and growth patterns are apparent	
	Supports women who are separated from their babies (on admission to SCBU) – a special care baby unit, women receiving high dependency care in a separate environment) to initiate and maintain their lactation and feed their babies optimally (BFI)	
	Feeds expressed breast milk to a baby, using a cup and/or syringe as appropriate (BFI)	
	Teaches women how to express their breast milk by hand	

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INITIATION AND CONTINUANCE OF BREASTFEEDING

Summative Assessment for Initiation and Continuance of Breastfeeding		
Summative Assessment	Please initial & date when achieved	Comments
<p>(ESC 4) Woman can trust/expect a student midwife for entry to the register to support woman in initiation and continuance of breastfeeding</p> <p>❖ Demonstrate competence in initiation and continuance of breastfeeding.</p>		Supervised practice with the student

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This ESC has been achieved to the standard required

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Medicines Management

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education		
5. Medicines management		
Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
1. Within the parameters of normal childbirth, ensure safe and effective practice through comprehensive knowledge of medicinal products, their actions, risk and benefits including the ability to recognise and respond safely to adverse drug reactions and adverse drug events.	Applies an understanding of basic pharmacology, how medicinal products act and interact in the systems of the body as well as their therapeutic action in all aspects related to midwifery practice	
	Uses knowledge and understanding of commonly supplied or administered medicinal products to the woman or baby in order to act promptly in cases where side effects and adverse reactions occur	
	Manages drug administration and safely monitors its effect	
	Reports adverse incidents and near misses and adverse drug reactions	
	Manages anaphylaxis safely	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

5. Medicines management

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
<p>2. Undertake medicinal product calculations correctly and safely</p>	<p>Calculates accurately the medicinal products frequently encountered within field of practice.</p>	
<p>3. In the course of their professional midwifery practice, supply and administer medicinal products safely in a timely manner.</p>	<p>Selects, acquires and administers medicinal products safely and efficiently via routes and methods commonly used within midwifery practice, and maintains accurate records</p>	
	<p>Uses prescription charts correctly and maintains accurate records</p>	
	<p>Utilises and interprets medicine legislation related to midwives exemptions accurately</p>	
<p>4. Keep and maintain accurate records which includes when working within a multi-disciplinary framework and as part of a team</p>	<p>Demonstrates an understanding of roles and responsibilities within the multi-disciplinary team for medicinal products management, including how and in what ways information is shared</p>	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

5. Medicines management

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Keeps effective records of information sharing with women about the benefits and risk of relevant medication	
	Keeps effective records of medication supplied and/or administered and omitted including controlled drugs	
5. Work within the legal and ethical framework that underpins safe and effective medicinal products management as well as in conjunction with national guidelines, and local policies	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	
	Is aware of personal accountability in respect of supplying and administering unlicensed products	
	Demonstrates the ability to use relevant medicines legislation to support midwifery practice within the NHS in both the primary and secondary care settings, as well as during self-employed practice	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

5. Medicines management

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
	Applies legislation in practice to safe and effective ordering, receiving, storing, administering and disposal of medicinal products and drugs, including controlled drugs in both primary and secondary care settings.	
6. Work in partnership with women to share information in assisting them to make safe and informed choices about medicinal products related to themselves, their unborn children or their babies	Ensures information sharing is woman-centred and provides clear and accurate information	
	Assists women to make safe and informed choices about their medicinal products	
	Assesses the woman's ability to self-administer their medicinal products safely	
	Gives clear instruction and explanation and checks understanding relating to use of medicinal products and treatment options	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

5. Medicines management

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
<p>7. Work in partnership with women to share information about alternative approaches to using medication where appropriate</p>	<p>Questions, critically appraises and uses evidence to support an argument in determining when medicinal products may or may not be an appropriate choice</p>	
	<p>Appropriately refers to a registered complementary therapist</p>	
	<p>Is aware of the dangers of giving complementary therapy advice when not qualified, e.g. raspberry leaf, over-the-counter herbal products</p>	
<p>8. Order, receive, store, transport and dispose of medicinal products safely and in accordance with relevant legislation, in any midwifery setting (including storage of controlled drugs.)</p>	<p>Orders, receives, stores and disposes of medicinal products safely, including controlled drugs</p>	

NMC Essential Skills Cluster (ESCs) for Pre-registration Midwifery Education

5. Medicines management

Women can trust/expect a student midwife for entry to the register to:		Achievement status in each outcome; Practice supervisor/assessor signature and date.
		Independent
9. Use and evaluate up-to-date information on medicinal products management and work within national and local policies and guidelines using appropriate reference.	Is confident in accessing commonly used evidence-based sources of information relating to the safe and effective management of medicinal products	
	Works within national and local policies	
10. Recognise and correctly respond to obstetric emergencies in the context of medicines management	Recognises and acts accordingly when confronted with obstetric emergencies, in both primary and secondary care settings	

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MEDICINES MANAGEMENT

Summative Assessment for Medicines Management		
Summative Assessment	Please initial & date when achieved	Comments
<p>(ESC 5) Women can trust/expect a student midwife for entry to the register to correctly and safely undertake medicines calculations</p> <ul style="list-style-type: none"> ❖ Demonstrates the ability to safely manage drug administration and monitor its effect ❖ Demonstrates the ability to perform accurate calculation of medicinal products frequently encountered within the field of practice 		Supervised practice with the student

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Medicines Management Test

Guidance

- 100% pass mark
- 30 minutes to complete
- Supervised by Practice supervisor/assessor
- Marked by Practice supervisor/assessor
- To be completed by the end of each academic year
- To be submitted with practice documents for checking

Medicines management – year 3

		Answer	Practice supervisor/assessor sign
1	Convert 0.08 litres to mls		
	Convert 0.25g to mcg		
3	Convert 0.25g to mg		
4	Calculate the following - $54.86 \div 100$		
5	A woman is prescribed Naloxone 80 mcg IM for a post spinal anaesthetic itch. The strength in stock is 400 mcg/ml, what volume is administered to the woman?		
6	Can Ibuprofen be given along with diclofenac?		
7	If 8mls of 50% Magnesium sulphate solution was given to a woman and the strength was 0.5g/ml how many grams would the woman receive?		
8	If a baby weighs 3000g and IV gentamicin 20mg/2ml is prescribed at 5mg/kg, what would be the volume of the injection?		
9	Ibuprofen can be given during the ante and post natal period	True/False	
10	What is the maximum dose of Ibuprofen in a 24 hr period?		

Moving and Handling

Moving and Handling training is a mandatory requirement before attending any placement area to keep you, your colleagues and women safe. NHS Grampian are our usual providers of moving and handling training and adhere to the Scottish Manual Handling framework. As a student you have some core responsibilities.

Student responsibilities:

1. Complete the online theory modules and quiz BEFORE attending a practical session. The theory must be completed annually.
2. Attend your designated moving and handling practical session, information will be provided to you by email.
3. Please wear your normal clinical skills centre uniform and adhere to the RGU clinical skills centre dress code.
4. After the training session you will receive a moving and handling passport which has competencies that you can work with key handlers to complete annually.

School responsibilities:

1. We will check you have completed and passed the moving and handling online quiz before you can attend the practical session. You will need to complete the online theory annually.
2. We will provide the following practical sessions: 1½ days in Part one; no practical in Part two; ½ day in Part three.
Part one practical MUST be attended prior to placement.

Contacts for Moving and Handling Advice

In the first instance contact the key handler in your placement area. If you have any issues that cannot be resolved locally then please contact:

Kate Goodhand (01224 262965) Moving and Handling Advisor, School of Nursing, Midwifery and Paramedic Practice.