

**THE UNIVERSITY OF SHEFFIELD
FACULTY OF MEDICINE
SCHOOL OF NURSING AND MIDWIFERY**



**Guidelines For The Supervision And
Assessment Of Student Midwives
During Clinical Practice**

**The Pre-Registration Advanced Diploma in Midwifery Studies (ADMS) –
September 2001 Curriculum**

&

**The Bachelor of Medical Science (Honours) Degree in Midwifery Studies:
Pre Registration Short - September 2002 Curriculum**

1st edition 2003

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Dear Midwifery Colleagues/Mentors

The guidelines in this booklet are to assist those midwives who mentor and assess student midwives on the Pre-Registration Advanced Diploma in Midwifery Studies (ADMS) - September 2001 Curriculum and the Bachelor of Medical Science (Honours) Degree in Midwifery Studies: Pre Registration Short - September 2002 Curriculum. The aim is to provide an outline of the two curricula and detailed guidelines on how to manage the assessment process and the completion of the 'assessment of practice documentation' booklets of these students. Details of these programmes are available in the respective curriculum documents in your own clinical area.

This booklet is divided into three parts and several sections as shown on the index page. We hope you find the guidelines useful in clarifying your roles and responsibilities as mentor and assessor to all student midwives as the educational principles guiding these roles underpin the supervision and assessment of all students. Please see your clinical link lecturer if you require further information.

We hope you continue to enjoy the challenges and the rewards of mentoring students. We are interested in receiving your feedback on your personal experiences of mentorship. Please also let us have your views about this booklet.

Finally, do not feel alone - remember that we are here to support you in your mentoring role, so please get in touch.

Midwifery Lecturers

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PART A

THE PRE-REGISTRATION ADVANCED DIPLOMA IN MIDWIFERY STUDIES (ADMS) - SEPTEMBER 2001 CURRICULUM

This 3-year programme commenced with the first intake of students in September 2001. The curriculum is structured around the problem-based learning approach for a variety of reasons. Midwifery today has woman-centred care at its heart. Woman-centred care is based on the principles of informed choice, continuity of care and carer, responsiveness and accessibility, involvement of women in planning care and services and clinical effectiveness. Individuals are participants in decision-making about their own health and health care needs. Midwives are in a unique position to influence this process. Educational programmes for midwives need to reflect this prevailing philosophy. Furthermore, midwives need to be able to meet the continuing challenges imposed by the changing health care needs of women and their families in a society that is dynamic. The curriculum development team felt that the best way to meet these challenges is through the use of problem-based learning for pre-registration midwifery education.

Problem Based Learning

The principle learning strategy for the curriculum is problem based learning (PBL) which is seen to lay the foundations for a lifetime of continuing education. It is also seen as a means of learning for capability as opposed to learning for the sake of acquiring knowledge. The educational philosophy underpinning the PBL approach is that it is a way of learning using a structured process. It is **not** just a method of learning. Students are confronted with problems from practice that provide the stimulus for learning. These real practice-based problems are the 'triggers' for learning. If midwives are to function effectively their education must be grounded in and derived from practice.

The use of the word 'problem' does not imply that something has gone wrong and needs fixing. Rather, it relates to the processes that students use in a group. These processes define how students:

- apply their existing knowledge and experience in order to deal with an unfamiliar situation
- identify what they need to learn by formulating questions
- follow up these questions by actively seeking answers and solutions to them
- share and apply new learning

PBL not only provides the educational conditions that support effective adult learning in the cognitive and affective domain but also assists students towards mastery in applying general principles to a range of competencies. Students learn in an environment that values prior experience, activates prior learning, promotes reflection, and allows them to learn from experiences in an active, integrated and cumulative manner. The learning is in context and is for understanding, rather than the recall of isolated facts - hence deep learning is facilitated and surface learning reduced. In this respect PBL assists students to manage unfamiliar situations, make reasoned decisions, reason critically, adapt to and participate in change, seek evidence and manage their own life-long learning.

The 'Triggers' for Learning

The triggers or situations for learning within the curriculum will be realistic and developed in partnership with clinical colleagues as an ongoing activity. The role of the teacher will be directed towards that of facilitator, supporter and resource person. The expository mode of teaching will be replaced wholly by methods such as small group work, tutorials, teacher and student led seminars, clinical skills practice in the clinical skills laboratory and fixed resource sessions, where students have access to an expert in the subject they are investigating. The expert provides any further information and clarification that students may require.

Course Details

The full-time option comprises six units of learning over 3 years. Units 1 to 5 consist of 9-study block weeks and 12 weeks clinical practice. Unit 6 consists of 5 study blocks and 16 weeks clinical practice. During clinical placements there are no study days in school.

Instead, the students are allocated private study days to be taken throughout the clinical placement – no accumulation is allowed. These private study days are to be taken through negotiation with their mentors. The number allocated in each Unit is shown in the course plans in Figure 1 and in the assessment of practice booklets.

In each year there are 3 weeks of flexi-time to be used for private study and/or making up sickness/absence. There are 7 weeks of annual leave (inclusive of all bank and public holidays) – 2 weeks at Easter, 2 weeks at Christmas and 3 weeks in the summer.

A part-time option has been planned and validated. At the time of this booklet going to press, there are no contracted places to allow access to this route. If the part-time option becomes available, the course will be delivered in 8 units over 4 years.

THE FULL-TIME OPTION

Year 1 - Women's Experience With Health During Normal Pregnancy and Childbirth

Unit 1 - consists of three 10-credit modules and one practice module of 30 credits.

The student will gain experience and understanding of normal pregnancy and childbirth. The meaning of health and areas of health promotion in midwifery will be explored, supported by a knowledge base of aspects of fetal growth, physiology and care during pregnancy, labour and the puerperium. Students will focus on developing all the necessary clinical and practical skills required to reflect the activities of a midwife undertaking normal care. The key learning strategy for learning about women's experience with health during normal pregnancy and childbirth is reflection.

Figure 1: Course Plan for the ADMS Programme

Pre-Registration Advanced Diploma in Midwifery Studies – Full Time Plan

UNIT ONE				UNIT TWO										
8 Weeks Study Block (B)		6 Weeks community, 4 Weeks Ante/Postnatal, 2 Weeks Labour Ward, 10 Study Days, 2 Weeks Annual Leave		B	F	3 Weeks Study Block (B)		6 Weeks Labour Ward, 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	6 Weeks Ante/Postnatal, 4 Study Days	3 Weeks Study Block (B)	3 Weeks Annual Leave	2 Weeks Flexitime (F)
Weeks 1 – 8		9 – 22		23	24	Weeks 25-27		28 – 35		36 – 38	39 – 44	45 – 47	48 – 50	51 – 52

UNIT THREE				UNIT FOUR												
3 Weeks Study Block (B)	6 Weeks Ante/Postnatal (scbu), 4 Study Days		3 Weeks Study Block (B)	6 Weeks Labour Ward (scbu), 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	F	3 Weeks Study Block (B)	4 Weeks Gynaecology, 1 Week ITU, 1 Week Theatre Recovery, 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	6 Weeks Labour Ward (scbu), 4 Study Days		3 Weeks Study Block (B)	3 Weeks Annual Leave	2 Weeks Flexitime (F)
Weeks 53 – 55	56 – 61		62 – 64	65 – 72		73 – 75	76	Weeks 77 – 79	80 – 87		88 – 90	91 – 96		97 – 99	100 – 102	103 – 104

UNIT FIVE				UNIT SIX														
3 Weeks Study Block (B)	6 Weeks Community, 4 Study Days		3 Weeks Study Block (B)	6 Weeks Labour Ward, 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	F	4 Weeks Study Block (B)		16 Weeks Caseload Management, 2 Weeks Annual Leave						B	3 Weeks Annual Leave	2 Weeks Flexitime (F)
Weeks 105 – 107	108 – 113		114 – 116	117 – 124		125 – 127	128	Weeks 129 – 132		133 – 150						151	152 – 154	155 – 156

Pre-Registration Advanced Diploma in Midwifery Studies – Part Time Plan

UNIT ONE				UNIT TWO										
8 Weeks Study Block (B)		6 Weeks community, 4 Weeks Ante/Postnatal, 2 Weeks Labour Ward, 8 Study Days, 2 Weeks Annual Leave		B	F	3 Weeks Study Block (B)		6 Weeks Labour Ward, 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	6 Weeks Ante/Postnatal, 4 Study Days	3 Weeks Study Block (B)	3 Weeks Annual Leave	2 Weeks Flexitime (F)
Weeks 1 – 8		9 – 22		23	24	Weeks 25-27		28 – 35		36 – 38	39 – 44	45 – 47	48 – 50	51 – 52

UNIT THREE				UNIT FOUR												
3 Weeks Study Block (B)	6 Weeks Ante/Postnatal (scbu), 4 Study Days		3 Weeks Study Block (B)	6 Weeks Labour Ward (scbu), 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	F	3 Weeks Study Block (B)	6 Weeks Ante/Postnatal (scbu), 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	6 Weeks Labour Ward (scbu), 4 Study Days		3 Weeks Study Block (B)	3 Weeks Annual Leave	2 Weeks Flexitime (F)
Weeks 53 – 55	56 – 61		62 – 64	65 – 72		73 – 75	76	Weeks 77 – 79	80 – 87		88 – 90	91 – 96		97 – 99	100 – 102	103 – 104

UNIT FIVE				UNIT SIX													
3 Weeks Study Block (B)	6 Weeks Gynaecology, 4 Study Days		3 Weeks Study Block (B)	6 Weeks Labour Ward (scbu), 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	F	3 Weeks Study Block (B)	4 Weeks Gynaecology, 1 Week ITU, 1 Week Theatre Recovery, 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	6 Weeks Labour Ward (scbu), 4 Study Days		3 Weeks Study Block (B)	3 Weeks Annual Leave	2 Weeks Flexitime (F)	
Weeks 105 – 107	108 – 113		114 – 116	117 – 124		125 – 127	128	Weeks 129 – 131		132 – 139		140 – 142	143 – 148		149 – 151	152 – 154	155 – 156

UNIT SEVEN				UNIT EIGHT														
3 Weeks Study Block (B)	6 Weeks Ante/Postnatal (scbu), 4 Study Days		3 Weeks Study Block (B)	6 Weeks Labour Ward, 4 Study Days, 2 Weeks Annual Leave		3 Weeks Study Block (B)	F	4 Weeks Study Block (B)		16 Weeks Caseload Management, 8 Study Days, 2 Weeks Annual Leave						B	3 Weeks Annual Leave	2 Weeks Flexitime (F)
Weeks 157 – 159	160 – 165		166 – 168	169 – 176		177 – 179	180	Weeks 181 – 184		185 – 202						203	204 – 206	207 – 208

The aims and integrated learning outcomes of each module in Unit 1 are as follows:

Module 1 Foundations of normality in childbirth

Aims

- To introduce the student to the role of the midwife and promote understanding of normal pregnancy and childbirth.
- To gain knowledge about aspects of fetal growth, physiology and care during pregnancy, labour and the puerperium.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Describe the role of the midwife and the statutory regulatory framework affecting midwifery practice
- 2) Describe the theoretical principles underpinning the provision of care for women experiencing normal pregnancy and childbirth
- 3) Describe the skills necessary to provide care to mothers and babies
- 4) Demonstrate at an elementary level the underpinning evidence base for care

Module 2 Study skills and information technology

Aims

- To develop or enhance the student's skills in studying effectively, producing academic work and utilising resources that support learning.
- To develop or enhance the student's computer and keyboard skills and information processing, storage and retrieval in the NHS.
- To introduce the student to the use of reflective skills which will form a fundamental element of personal and professional development.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Demonstrate the ability to search for and retrieve information from libraries, electronic databases, CD-ROMs and internet resources
- 2) Develop computer and word processing skills
- 3) Gain an insight into data protection and handling of information
- 4) Develop an insight into the process of reflection and personal learning skills

Module 3 Foundations of health & social sciences

Aims

- To introduce the student to the meaning of health and areas of health promotion in midwifery.
- To examine women's experience with health during normal pregnancy and childbirth.
- To introduce the student to sociology and its relevance to midwifery practice.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Specify factors influencing health, lifestyles and health choices.
- 2) Detail and relate the skills required to promote health and well being for women and their families.
- 3) Demonstrate an awareness of the social and demographic variations within a community.

Module 4 is the practice module. Please see the 'Assessment of Practice Documentation' which contains a copy of the practice experience profile/placement guidelines for this module

Module 4 Assessment of practice and portfolio

Aims

- To develop all the necessary clinical skills required reflecting the activities of a midwife undertaking normal care.
- To develop the portfolio of learning using reflection to demonstrate the integration of theory and practice.

Unit Two - consists of one 20-credit module, one 10-credit module and one practice module of 30 credits.

The knowledge of normal pregnancy and care will be deepened. The student will be introduced to the determinants of health and health inequalities. Emphasis will be on raising the student's awareness about the realities of midwifery and the maternity services. The development of practical skills will continue along with the central use of reflection to explore care, its management and women's experiences.

The aims and integrated learning outcomes of each module in Unit 2 are as follows:

Module 5 Normal pregnancy and childbirth

Aims

- To deepen the knowledge of physiology and evidence based-care during normal pregnancy and childbirth

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Demonstrate a systematic approach within normal midwifery practice
- 2) Demonstrate the ability to link the theoretical elements of antenatal, intranatal and postnatal care of mother and baby to practice
- 3) Identify the influences regarding the implementation and maintenance of successful infant nutrition
- 4) Demonstrate the use of effective communication skills

Module 6 Applied health & social sciences

Aims

- To introduce the student to social and health inequalities
- To introduce the student to the effects of culture and its relationship to maternity care

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Demonstrate an awareness of anti-discriminatory and anti-oppressive practices
- 2) Demonstrate an awareness of factors contributing to health inequalities and how these factors impinge on the midwife's health promotion role
- 3) Utilise appropriate communication and presentation skills

Module 7 is the practice module. Please see the 'Assessment of Practice Documentation' which contains a copy of the practice experience profile/placement guidelines for this module.

Module 7 Assessment of practice and portfolio

Aims

- To further develop all the necessary clinical skills required reflecting the activities of a midwife undertaking normal care.
- To further develop the portfolio of learning using reflection to demonstrate the integration of theory and practice.

Year Two - Midwifery and Multidisciplinary Practice To Support Women With Health Issues During Pregnancy and Childbirth

Unit Three - consists of one 20-credit module, one 10-credit module and one practice module of 30 credits. The student will continue to care for normal healthy women and babies, but will gain knowledge and understanding of issues that can have detrimental effects on the health of mother and baby. Midwifery and multi-disciplinary practice to support women, their newborn babies and the family with adverse health issues will be examined. Reflection on care will continue to be a key learning strategy.

The aims and learning outcomes of each module in Unit 3 are as follows:

Module 8 Health issues in pregnancy and birth

Aims

- To develop a deeper understanding of normal pregnancy by continuing to care for healthy women and babies.
- To gain knowledge and understanding of issues detrimentally affecting the health of the mother and baby.
- To gain knowledge and understanding of the evidence based care and management of deviations from the normal.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Discuss the health factors influencing deviations from normal.
- 2) Discuss the care and management of deviations from the normal occurring during pregnancy, labour and the postnatal period
- 3) Discuss neonatal complications and the care and management of the neonate requiring extra support
- 4) Discuss the influences affecting the implementation and maintenance of successful infant nutrition in the neonate requiring extra support
- 5) Discuss preventative health promotion and health education planning in adverse health situations

Module 9 The supportive environment

Aims

- To explore the role and contribution of the midwife in supporting women, neonates and families with health issues.
- To examine and learn from care to develop personal and professional care strategies underpinned by reflection and application of psychological, social and ethical concepts.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Explore psychosocial issues arising from care
- 2) Explore ethical and moral issues arising from care
- 3) Demonstrate suitable communication skills
- 4) Explore and analyse the role of the midwife in supporting women with health issues
- 5) Explore personal and professional development as a result of supporting women with health issues

Module 10 is the practice module. Please see the ‘Assessment of Practice Documentation’ which contains a copy of the practice experience profile/placement guidelines for this module.

Module 10 Assessment of practice and portfolio

Aims

- To become familiar with the clinical skills necessary to support, manage and care for women during pregnancy, labour and the postnatal period when deviations from the normal occur.
- To become familiar with the clinical skills necessary to support, manage and care for the birth and life of neonates during the first 28 days when deviations from the normal occur and extra support is needed.
- To develop professional care strategies to support women and their families and work with midwifery colleagues and other members of the multi-disciplinary team.

Unit Four - consists of one 20-credit module, one 10-credit module and one practice module of 30 credits. The student will be involved in the care and management of women experiencing complications of pregnancy. A particular focus will be on high dependency care and care of the obstetrically ill patient. Reflection on the management of support for women and families will be essential in exploring the coping strategies they require to help them overcome these health challenges.

The aims and learning outcomes of each module in Unit 4 are as follows:

Module 11 Multidisciplinary management of care

Aims

- To gain knowledge and understanding of multidisciplinary management of care whilst providing support for women experiencing health risks/ complications during pregnancy, labour and the postnatal period
- To gain knowledge and understanding of multidisciplinary management of care whilst providing support for neonates experiencing health risks/complications.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Discuss the use of a risk management system within the multidisciplinary approach to care
- 2) Work as a member of the multidisciplinary team to manage and deliver care to women experiencing deviations from normal
- 3) Discern the need for advocacy and empowerment to support women
- 4) Analyse available evidence supporting practice

Module 12 Care of the dependant client

Aims

- To educate the student to contribute to the care of the woman and/or baby who becomes critically ill during the childbearing process
- To reflect on the management of support for women and families during the childbearing process

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Implement systematic approaches to care for women with pathological conditions and complications of pregnancy and childbirth
- 2) Work as a member of the multidisciplinary team to manage and deliver care to women experiencing operative interventions
- 3) Demonstrate competence in adult and neonatal resuscitation techniques
- 4) Discuss the principles of care for a dependent client
- 5) Discuss ethical issues arising from care
- 6) Discuss the role and responsibilities of the midwife in multidisciplinary care

Module 13 is the practice module. Please see the ‘Assessment of Practice Documentation’ which contains a copy of the practice experience profile/placement guidelines for this module.

Module 13 Assessment of practice and portfolio

Aims

- To develop the skills required for the care and management of women experiencing complications of pregnancy.
- To gain an insight into high dependency care and care of the obstetrically ill patient.
- To reflect on the management and support of women with health issues and issues arising from care.

Year Three - Professional Growth to Support Women’s Health

Unit Five - consists of one 20-credit module, and one practice module of 10 credits.

The student will consolidate midwifery skills developed by making a significant contribution to the provision of client care by increasing the level of responsibility given to them. Health behaviours, health promotion strategies and health prevention will be critically reviewed within a local community midwifery setting. Critical reflection on professional midwifery practice will support the student’s professional growth. A small caseload of clients will be identified that the student will follow through into the final unit.

The aims and learning outcomes of each module in Unit 5 are as follows:

Module 14 Evidence based practice

Aims

- To critically review health behaviours/promotion strategies and health prevention within a local community midwifery setting.
- To support professional growth by critically reflecting on professional midwifery practice.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Critically examine the multi disciplinary approach to the care of women from vulnerable groups/special needs
- 2) Critically examine skills required for effective and efficient management of a caseload of normal women and women experiencing health issues
- 3) Critically examine the supervisory relationship and issues related to practice
- 4) Critically reflect and evaluate the skills involved in teaching and learning for personal and professional practice
- 5) Critically discuss the role of the midwife in health promotion strategies within a local community setting
- 6) Critique and utilise best available evidence to improve care delivery

Module 15 is the practice module. Please see the ‘Assessment of Practice Documentation’ which contains a copy of the practice experience profile/placement guidelines for this module.

Module 15 Assessment of practice and portfolio

Aims

- To consolidate midwifery skills by making a significant contribution to the provision of client care by increasing the level of responsibility.
- To identify a personal caseload

Unit Six - consists of one 10-credit module and one practice module of 20 credits.

The student will be prepared for professional practice by focusing on the professional and managerial issues surrounding care provision supporting women’s health. Emphasis will be on the wider perspectives of care on a personal, professional and socio-political level. Critical reflection on ways of working with women within the maternity services and community settings will occur. The caseload of clients identified previously will be followed through to intrapartum and postpartum care.

The aims and learning outcomes of each module in Unit 6 are as follows:

Module 16 Professionalism and accountability

Aims

- To prepare for professional midwifery practice by appraising the outcomes within Rule 33 of the UKCC Midwives rules and the Code of Practice
- To evaluate the wider perspectives of care on a personal, professional and socio-political level.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Critically examine skills required for effective and efficient management of a caseload of normal women, and women experiencing health issues
- 2) Investigate the partnership between women and midwives when developing healthcare policy and maternity services
- 3) Critically examine professional issues arising from practice

Module 17 is the practice module. Please see the ‘Assessment of Practice Documentation’ which contains a copy of the practice experience profile/placement guidelines for this module.

Module 17 Assessment of practice and portfolio

Aims

- To prepare for professional practice by focusing on the professional and managerial issues surrounding care provision supporting women’s health.
- To critically reflect on ways of working with women within the maternity services and community settings.

Assessment of Theory

A wide range of assessment methods has been identified for this programme that are all consistent with the problem based learning philosophy. These methods encourage students to raise critical questions, the active seeking and retrieving of information and evidence, appraisal and interpretations of the information and evidence, adaptation of the information and evidence to local practice, implementation of change and monitoring and evaluation of practice. A summary of the assessment methods is shown in Table 1. The academic levels assessed are at levels 1, 2 and 3.

	Type of Assessment	Description of Assessment
Unit 1 Academic Level 1	PBL trigger examination Workbook and timed worksheet Locality study	Questions derived from the triggers used within the module Completion of prescribed computer-based activities over a period of time to encourage IT skill competency A compilation of information about a community that should include demography, lifestyles and health issues
Unit 2 Academic Level 1	OSCE Poster presentation	An interactive assessment that focuses on clinical scenarios The design of a poster on an aspect of health and social science
Unit 3 Academic Level 2	Written modified essay question Case study presentation	Scenario based questions that assess diagnostic and decision making skills Opportunity to discuss care provision and management
Unit 4 Academic Level 2	Risk management exercise Case study written assignment	Involves analysis of risks associated with a client's situation and best available evidence Care provision and management integrating theory with practice
Unit 5 Academic Level 3	Viva voce	Oral examination that will include problem solving
Unit 6 Academic Level 3	PBL triple jump examination	A staged assessment involving the primary analysis of a clinical scenario followed by evidence collection and the final presentation of a verbal and written report that justifies the course of action taken

Table 1: Methods For The Assessment Of Theory (ADMS programme)

PART B

BACHELOR OF MEDICAL SCIENCE (HONOURS) DEGREE IN MIDWIFERY STUDIES: PRE REGISTRATION SHORT - SEPTEMBER 2002 CURRICULUM

This 18-month midwifery programme for registered nurses on Part 1 or Part 12 of the Nursing and Midwifery Council professional Register commenced in September 2002. As in the ADMS programme, the curriculum is structured around the problem-based learning approach.

Course Details

The full-time option comprises 3 units of learning over 18 months. See Figure 2 for a breakdown of the allocation of time for study blocks, clinical placements, flexi-time, reading time and annual leave. As in the ADMS programme, during clinical placements there are no study days in school. Instead, the students are allocated private study days to be taken throughout the clinical placement – no accumulation is allowed. These private study days are to be taken through negotiation with their mentors. The number allocated in each Unit is shown in the course plans in Figure 2. Please also note that annual leave entitlements are inclusive of all bank and public holidays.

A part-time option has been planned and validated. At the time of this booklet going to press, there are no contracted places to allow access to this route. If the part-time option becomes available, the course will be delivered in 4 units over 2 years.

THE FULL-TIME OPTION

Unit 1: Women's Experience With Health During Normal Pregnancy and Childbirth

This unit consists of one 10-credit module, one 20-credit module and one practice module of 30 credits. The student will gain experience and understanding of the role of the midwife in contemporary society, explore the sociological, psychological and cultural perspectives of

health and childbearing, and gain knowledge and experience of normal pregnancy and childbirth. The midwife's contribution to public health and health promotion will be explored, along with the examination of health and social inequalities. Knowledge and understanding about the anatomy and normal physiological processes relevant to aspects of fetal growth, physiology and care during pregnancy, labour and the postnatal period, and exploration of evidence based care and of ethical considerations, will provide the necessary foundation knowledge for practice. The student will focus on developing all the necessary clinical and practical skills required to reflect the activities of a midwife undertaking normal care. The use of reflection will form a key learning strategy in the examination of women's experiences during normal pregnancy and childbirth. Timetabled, structured clinical focus seminars on reflective practice will commence in this Unit and remain a feature throughout the programme.

The aims and learning outcomes of each module in Unit 1 are as follows:

Module 1 The Midwife in Society

Aims

- To introduce the student to the role of the midwife in contemporary society
- To explore the sociological, psychological and cultural perspectives of women's experiences of health during normal pregnancy, birth and postnatal period
- To examine the midwife's contribution to health promotion and public health
- To examine social and health inequalities

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Analyse the role of the midwife within contemporary society
- 2) Discuss sociological, psychological, cultural and ethical perspectives that impact on women's experience of normal pregnancy and childbirth
- 3) Discuss the midwife's role in health promotion during normal pregnancy and childbirth
- 4) Analyse the factors contributing to health inequalities and the way in which these factors impinge on the midwife's health promotion role
- 5) Communicate effectively with colleagues, women and their families
- 6) Demonstrate an awareness of anti-discriminatory and anti-oppressive practices

Module 2 Normal Pregnancy and Childbirth

Aim

- To deepen the knowledge of physiology and evidence based care during normal pregnancy and childbirth

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Demonstrate a systematic approach within normal midwifery practice
- 2) Analyse the linkage of theory and practice within antenatal, intranatal and postnatal care of mother and baby.
- 3) Analyse the influencing factors in the implementation and maintenance of successful infant nutrition
- 4) Demonstrate and analyse the factors involved in effective communication skills.

Module 3 is the practice module. Please see the ‘Assessment of Practice Documentation’ which contains a copy of the aims and the practice experience profile/placement guidelines for this module.

Module 3 Assessment of Practice and Portfolio

Aims

- To develop all the necessary skills required, reflecting the activities of a midwife undertaking normal care
- To develop the Portfolio of Learning, using reflection to demonstrate the integration of theory and practice

Unit Two: Midwifery and Multidisciplinary Practice To Support Women With Health Issues During Pregnancy and Childbirth

This unit consists of one 20-credit module, one 10-credit module and one practice module of 30 credits. The knowledge of normal physiology and care will be deepened, by continuing to care for healthy women and babies. The focus of this unit will be on deviations from the normal in pregnancy, labour, postnatal and neonatal periods, and the midwife’s role in contributing to the care of the mother and / or baby who require a greater level of multidisciplinary care. Supporting this will be aspects of health promotion relevant to the care of women with health issues. Developing practical skills in normal midwifery care will continue, along with gaining an insight into high dependency care and care of the obstetrically ill mother. The student will become familiar with the care necessary to support, manage and

care for the birth and life of newborn babies, when deviations from normal occur and extra support is needed. Provision of a supportive environment, in meeting the mother's psychosocial needs, and the role of the midwife in discerning the need for advocacy and empowering women, will be a key theme of this unit. Central to student learning will be a deepening understanding of the reflective process to explore care, its management and women's experiences.

The aims and learning outcomes of each module in Unit 2 are as follows:

Module 4 Health Issues in Pregnancy and Birth

<p>Aims</p> <ul style="list-style-type: none"> ▪ To develop a deeper understanding of normal pregnancy, labour and the postnatal period, by continuing to care for healthy women and babies ▪ To explore the evidence base in the management and care of mother, fetus and baby when deviations from normal occur. ▪ To examine the issues detrimentally affecting the health of the mother and baby.
<p>Integrated learning outcomes</p> <p>On completion of this module the expected learning outcomes are that the student will be able to:</p> <ol style="list-style-type: none"> 1) Critically analyse the health factors influencing deviations from normal 2) Critically analyse the care and management of deviations from the normal occurring during pregnancy, labour and the postnatal period. 3) Examine the role and responsibility of the midwife in neonatal complications and the care and management of the neonate requiring extra support 4) Critically analyse the influences affecting the implementation and maintenance of successful infant nutrition in the neonate requiring extra support 5) Critically analyse preventative health promotion and health education planning in adverse health conditions

Module 5 The Supportive Environment

<p>Aims</p> <ul style="list-style-type: none"> • To explore the role and contribution of the midwife in supporting women, neonates and families with health issues • To examine and learn from care to develop personal and professional care strategies, underpinned by reflection and application of psychological, social and ethical concepts
<p>Integrated learning outcomes</p> <p>On completion of this module the expected learning outcomes are that the student will be able to:</p> <ol style="list-style-type: none"> 1) Critically analyse the psychosocial issues arising from care 2) Critically explore ethical and moral issues arising from care 3) Demonstrate appropriate communication skills 4) Explore and critically analyse the role of the midwife in supporting women with health issues 5) Critically analyse personal and professional development, as a result of supporting women with health issues

Module 6 is the practice module. Please see the 'Assessment of Practice Documentation' which contains a copy of the practice experience profile/placement guidelines for this module.

Module 6 Assessment of Practice and Portfolio

Aims

- To develop the clinical skills necessary to support, manage and care for women during pregnancy, labour and the postnatal period when deviations from normal occur.
- To gain insight into high dependency care and care of the obstetrically ill mother.
- To become familiar with the care necessary to support, manage and care for the birth and life of newborn babies during the first 28 days of life, when deviations from the normal occur and extra support is needed
- To develop professional care strategies to support women and their families and work with midwifery colleagues and other members of the multidisciplinary team.
- To reflect on the management and support of women with health issues arising from care.

Unit Three: Professional Growth to Support Women's Health

This unit consists of two 15-credit modules and one practice module of 30 credits.

The student will consolidate midwifery skills by making a significant contribution to the provision of client care by increasing the level of responsibility given to them. Within this Unit the student midwife will be expected to attain competence to practise by the achievement of level 3 practice in the assessment of clinical competencies.

The student will be prepared for professional practice by focusing on the professional and managerial issues surrounding care provision supporting women's health. Emphasis will be on the wider perspectives of care on a personal, professional and socio-political level. Critical reflection on ways of working with women within the maternity services and community settings will occur. The caseload of clients will be followed through to intrapartum and postpartum care.

The aims and learning outcomes of each module in Unit 3 are as follows:

Module 7 Evidence Based Practice

Aims

- To critically review health behaviours, health promotion strategies and health prevention within a local community midwifery setting.
- To support professional growth, by critical reflection on professional midwifery practice.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Critically examine the multi disciplinary approach to the care of women from vulnerable groups
- 2) /special needs
- 3) Critically examine skills required for effective and efficient management of a caseload of normal women and women experiencing health issues
- 4) Critically examine the supervisory relationship and issues related to practice
- 5) Critically reflect and evaluate the skills involved in teaching and learning for personal and professional practice
- 6) Critically discuss the role of the midwife in health promotion strategies within a local community setting
- 7) Critique and utilise best available evidence to improve care delivery

Module 8 Professionalism and Accountability

Aims

- To prepare for professional midwifery practice by appraising the outcomes within Rule 33 of the UKCC Midwives rules and the Code of Practice
- To evaluate the wider perspectives of care on a personal, professional and socio-political level.

Integrated learning outcomes

On completion of this module the expected learning outcomes are that the student will be able to:

- 1) Critically examine the skills required for effective and efficient management of a caseload of normal women, and women experiencing health issues
- 2) Investigate the partnership between women and midwives when developing healthcare policy and maternity services
- 3) Critically examine professional issues arising from practice

Module 9 is the practice module. Please see the ‘Assessment of Practice Documentation’ which contains a copy of the practice experience profile/placement guidelines for this module.

Module 9 Assessment of Practice and Portfolio

Aims

- To prepare for professional practice, by focusing on the professional, managerial and health issues surrounding care provision supporting women's health.
- To critically reflect on ways of working with women within the maternity services and community settings.

Assessment of Theory

A wide range of assessment methods has been identified for this programme that are all consistent with the problem based learning philosophy. A summary of the assessment methods is shown in Table 2. The academic levels assessed are at levels 2 and 3 only.

	Type of Assessment	Description of Assessment
Unit 1 Academic Level 2	PBL trigger examination Poster presentation	Questions derived from the triggers used within the module The design of a poster on an aspect of the midwife's role in health promotion
Unit 2 Academic Level 3	Written modified question paper Case study presentation	Scenario based questions that assesses diagnostic and decision making skills Opportunity to discuss care provision and management
Unit 3 Academic Level 3	Oral presentation (formative) CTG interpretation (formative) Dissertation	Oral examination that will include problem solving K2 package To explore and investigate an issue or problem pertinent to the role of the midwife in the light of relevant literature and research data

Table 2: Methods For The Assessment Of Theory (BMedSci programme)

PART C

ASSESSMENT OF PRACTICE

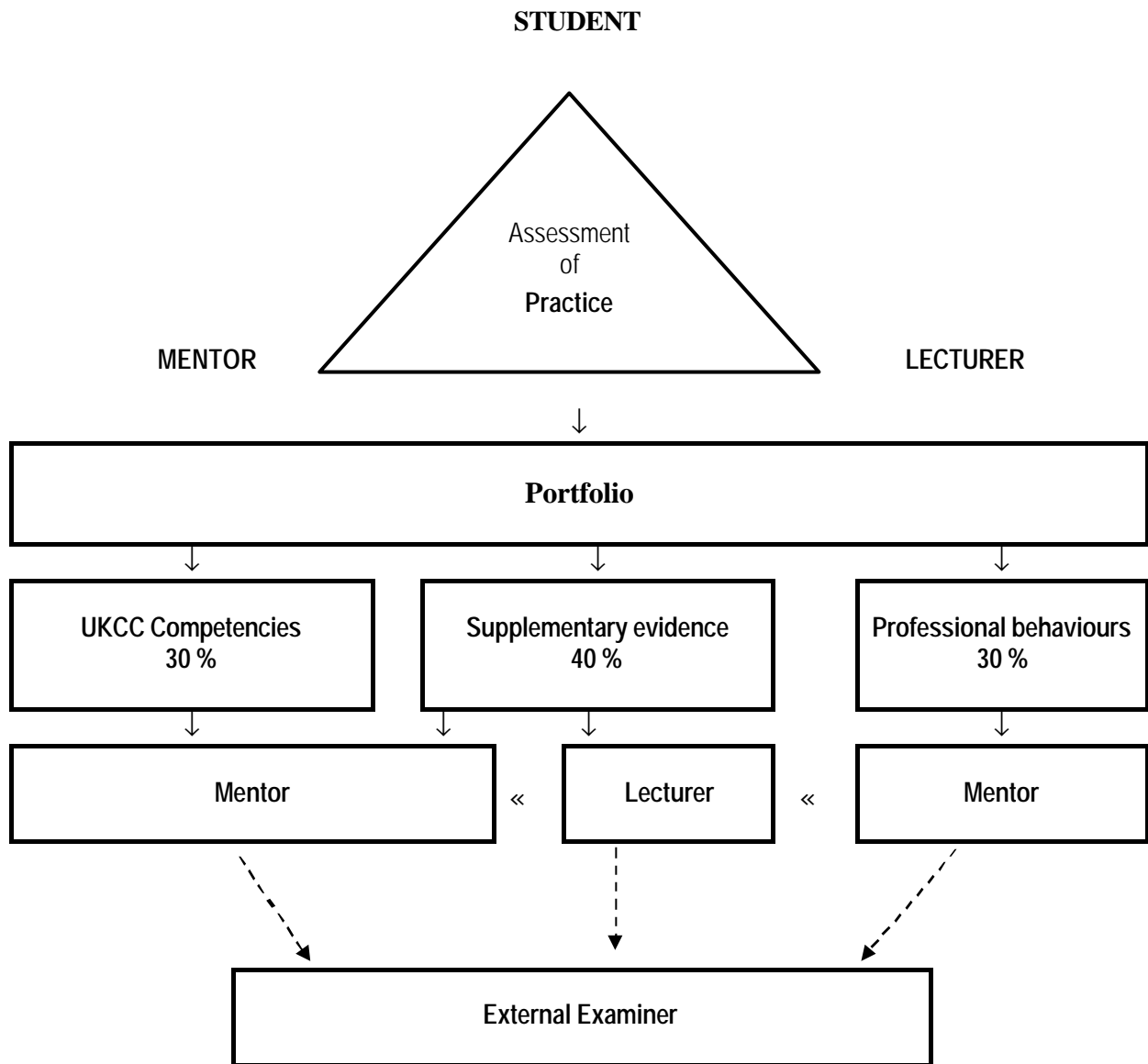
INTRODUCTION

The assessment process is designed to allow the student to demonstrate professional competence and fitness for practice. Competence in this assessment strategy is defined as ‘...the skills and ability to practise safely and effectively without the need for direct supervision...’ (UKCC 1999). Clinical placements will provide opportunities for the student to achieve the midwifery competencies necessary to meet the statutory outcomes of the UKCC Midwives Rule 33 (UKCC 1998) and the UKCC requirements for pre-registration midwifery programmes (UKCC 2000).

Teaching and learning strategies designed for use in this curriculum aim to strengthen the relationship between the theoretical and practical components of the course. There is an emphasis on assessing the student's ability to integrate theory with practice. In the assessment of practice, the student needs to demonstrate the possession of the underpinning knowledge, skills and the development of the appropriate professional behaviours.

The approach to the assessment and grading of clinical practice is shown in Figure 3 on the next page. **Clinical practice is graded.**

Figure 3: The Tripartite Approach to the Assessment and Grading of Practice



SECTION ONE

This section discusses the grading of clinical practice and how this is done.

Summative Assessment and the Grading of Clinical Practice

The clinical practice of the student will be assessed summatively and graded in each Unit of the programme. This is done through the generation and collection of a range of evidence to claim competence. This evidence is used to grade clinical practice. **The assessment and grading of practice will account for half of the overall credits for the programme.** The following three aspects of practice (see Figure 3) are used for the grading:

1. Achievement of the UKCC competencies
2. Development of specified 'professional behaviours'
3. Supplementary evidence to demonstrate the integration of theory to practice, reflective practice, critical awareness of care and evidence-based practice

In collaboration with the mentor and personal/link teacher, the student will compile the range of evidence to fulfil the requirements of the three aspects outlined above in a **portfolio**.

Students are required to present evidence in their portfolios using the following elements:

1. Curriculum Vitae (CV) and Personal Profile
2. 'Assessment of Practice Documentation' Booklet (inclusive of learning contracts)
3. 'Professional Behaviours' Inventory
4. 'Record of Clinical Midwifery Experience' Folder
5. Clinical Skills Inventory
6. Supplementary Evidence
 - 6.1 Reflective accounts of care
 - 6.2 Review of research to support care delivery (not in Units 1 and 2)
 - 6.3 Other written learning accounts
 - 6.4 Reflection on resources such as leaflets, pamphlets, guidelines/protocols, workbooks used during placements
 - 6.5 Other evidence, for example, case studies
7. Self Assessment at the end of each placement

- Element 1 is to enable the mentor or another professional working with the student to obtain some background information about the student.
- Elements 2, 4, and 5 are in the form of separate booklets for you and the student to fill in. The contents of element 3 are contained at the back of the 'assessment of practice documentation' booklet.
- Elements 6 and 7 are pieces of written work that the student is required to develop.
- Elements 2 to 6 contain the evidence to demonstrate the development/achievement of competence. These are the elements that will be assessed summatively and used for the grading of clinical practice.
- Elements 4, 5 and 6 can provide the third piece of evidence/additional evidence to confer competence
- Elements 1 and 7 are not assessed.

Students must make their portfolios available to the mentors and personal teachers whenever they are required. It is also their responsibility to keep their portfolios up-to-date.

Achievement of the UKCC competencies

The 'Assessment of Practice Documentation' booklet contains the statutory competencies laid down by the UKCC. There is one booklet for each Unit of the course. The midwifery competencies published by the UKCC (2000) have been developed into progressive placement specific performance outcomes that reflect the stage of training. Some competencies that are deemed to reflect similar learning outcomes have been grouped and performance outcomes developed to reflect that group of competencies.

In order to prepare the student to practise safely and effectively so that, on registration, the student can assume the responsibilities and accountability for her practice as a midwife **all** competencies must be achieved during each Unit in order to pass this aspect. Every performance outcome for the competency/competencies must be achieved in order to pass the competency/competencies.

This is seen to be crucial and central to the assessment and grading of clinical practice. Therefore, the assessment and grading of the other two elements will not proceed unless the student has passed this element.

IMPORTANT NOTES:

- **ALL competencies MUST be achieved in order to pass this aspect and the clinical practice component of the Unit. To pass a competency, all performance outcomes associated with that competency must be achieved.**
- **This element is assessed on a PASS or FAIL basis only. A pass will give the full 30% assigned for this element.**
- **This element must be passed before the grading of the ‘Professional Behaviours’ and the Supplementary Evidence can proceed.**

Development of specified professional behaviours

The ‘professional behaviours’ inventory contains the ‘essential’ behaviours that a midwife should demonstrate. This inventory can be found at the back of the ‘assessment of practice documentation’. The ‘Professional Behaviours Inventory’ is to enable the assessment of 12 pre-specified behaviours expected of a professional exhibiting the accepted conduct of a midwife. Each professional behaviour consists of highly specified descriptors to assist the student in working towards attaining the behaviours expected of a midwife. The descriptors

are observable and can be used readily by anyone who mentors your student. The student's behaviour is assessed against these descriptors. Each descriptor is graded along a continuum – the continuum follows the banding consistent with the University's 100-point marking grid.

During each Unit of the programme, this inventory is to be completed on two occasions. Firstly, at the intermediate interview when it is used as a formative tool to guide the student in making progress towards those behaviours that require further development. Secondly, at the final interview when the student is assessed summatively. Prior to this summative assessment, it is suggested that you obtain the views of any other midwives and professionals who have worked with the student. This process of using witness testimonies will enable you to take into account several perspectives. The triangulation of views will draw out both commonalities and points of disagreement, so that individual bias can be reduced and validity and reliability are increased.

IMPORTANT NOTES:

- **The student will be assessed summatively in each professional behaviour at the end of the Unit.**
- **ALL the descriptor/s in each professional behaviour must be passed in order to pass this element.**
- **Each professional behaviour is graded. The total marks will be used to calculate the proportion of the 30% allocated for this element.**
- **This element must be passed before the assessment of the supplementary evidence¹ can proceed.**

¹ See next page.

*Supplementary Evidence*²

There is much criticism that assessment strategies in nursing and midwifery education tend to be reductionist and not test the student's capacity to transfer knowledge and skills or provide holistic care. The learning, which can ensue by the requirements contained in this aspect, will help achieve greater congruence between what is learned in the classroom and on practice placements. Additionally, critical awareness of care, evidence-based practice and reflective practice can be demonstrated.

The student is required to submit written work of up to 5,000 words that reflects on midwifery care and/or aspects of clinical practice that **they have participated in fairly substantively**. The criteria for assessing this element will examine the student's overall ability to integrate theory with practice, evidence of critical awareness of care, evidence-based practice and reflective practice. Grading will follow the continuum consistent with the University's 100-point marking grid.

IMPORTANT NOTES:

- **The supplementary evidence section must be passed in order to pass the clinical practice component of the Unit.**
- **The total marks will be used to calculate the proportion of the percentage of 40% allocated for this element.**

² For details of what this aspect entails, please see the student booklet titled 'Guidelines For Compiling Your Portfolio'.

SECTION TWO

This section discusses the ‘Assessment of Practice Documentation’ booklet and how to use and complete this booklet.

The ‘Assessment Of Practice Documentation’ Booklet

This booklet contains the Statutory UKCC Competencies, which must be achieved during clinical placements in order to pass the Unit. There is one booklet for each Unit of the course.

1. The competencies to be achieved for the overall Unit of the programme and the placements reflecting the various aspects of midwifery care are coded as follows:
 - CREAM COLOURED PAPER – contain competencies to be achieved throughout the Unit of the programme. These may be signed when achieved at any point during the Unit of the programme but must be achieved by the end of that Unit.
 - PINK COLOURED PAPER – contain competencies to be achieved during antenatal experience.
 - BLUE COLOURED PAPER – contain competencies to be achieved during postnatal experience.
 - MAUVE COLOURED PAPER – contain competencies to be achieved during intrapartum experience.
2. The page headed INITIAL INTERVIEW AND LEARNING CONTRACT is to be completed at this interview. It has to be signed by the student, mentor and the midwifery lecturer present. This page needs to be completed on each occasion that the student changes placement area and is allocated a new mentor.
3. The page headed PROGRESS REVIEW is to be completed whenever a progress review is carried out with the student. Progress reviews may be between the student

and mentor or link teacher or another member of the health care team. It is suggested that progress reviews between the student and mentor take place approximately every two weeks, or more frequently if necessary. There should be at least one progress review in each placement.

4. The page headed PLACEMENT ASSESSMENT SUMMARY is to be completed at the end of a period of allocation, for example, after 4 weeks on the ante/post natal ward or 2 weeks on the labour ward or 6 weeks on community. It has to be signed by the student, mentor and the midwifery lecturer present.
5. The page headed UNIT ASSESSMENT SUMMARY is to be completed at the end of that period of allocation that coincides with the end of the Unit of the programme. The Unit Assessment Summary has to be signed by the student, mentor and midwifery lecturer present.
6. An accurate record of sickness or absence must be kept on the page headed UNIT SICKNESS/ABSENCE RECORD. Do remember that training regulations require that each day of sickness or absence from the programme must be made up.
7. A 'RECORD OF NEGOTIATED PRIVATE STUDY DAYS' during clinical placements is to be maintained by the student and verified by the mentor. These study days are to be taken regularly throughout the placement - no accumulation is allowed to enable 'blocks' of time to be taken.
8. To enable us to verify your initials and signature, please sign your initials and signature against your name on the last page.

In those interviews where the midwifery lecturer is expected to be present, but it has not been possible to make this tripartite arrangement, please go ahead with the interview with the student as you have planned.

SECTION THREE

This section discusses:

- **Your role and responsibilities to the student at the beginning of the placement, during the initial interview, when conducting progress reviews and during the final interview**
- **How to complete the assessment documentation**

The Process Of Assessment

During each clinical placement the student will be enabled to achieve the outcomes and competencies of the programme under the direct guidance and supervision of a practising midwife, who has been appropriately prepared for the mentoring role. The assessment process is very similar to the existing one, which requires a minimum of an initial, intermediate and final interview, and progress reviews as needed. There is, however, one fundamental difference – the midwifery lecturer needs to be present during the initial, intermediate and final interviews. This assessment strategy is termed the **tripartite approach** shown in Figure 1.

For the purposes of exposition, the role of the mentor in providing guidance and supervision will be discussed in relationship to the requirements for the completion of the ‘Assessment of Practice Documentation’ booklet. Please refer to this booklet when reading this section.

Orientation To The Placement Area: Part 1

On the first day of the placement, you must ensure that the student can meet the four requirements identified on the page headed **ORIENTATION TO THE PLACEMENT AREA: PART 1**. These are statutory requirements and serve to protect the student, you, the clients and the Trust. You must make sure that you or another midwife instructs the student about

these four requirements. Although another midwife may carry out instruction on some of these, it remains the responsibility of the key mentor to ensure it has taken place. When you are confident that the student can meet the requirements of **ORIENTATION TO PLACEMENT AREA: PART 1**, both you and the student should sign this section.

On the first day, you must make it clear to the student that she must not attempt any activities, or engage in aspects of care delivery, that could be seen as beyond their scope of practice. The student will also require clarification on the level of supervision required.

Make it clear to the student that she must not participate in any procedure for which she has not been fully prepared or in which she is not adequately supervised. (Note: The NMC (2002) document: *An NMC guide for students of nursing and midwifery* gives more information on the responsibility and accountability of nursing and midwifery students during clinical practice).

At this stage, it will be useful if you ask your student to think about and make some brief notes on what she wants to learn.

IMPORTANT NOTE:

The student must be instructed in the four requirements in every new placement area.

Orientation To The Placement Area: Part 2

During the first week of the placement, you must ensure that the student has been shown the four requirements identified on the page headed **ORIENTATION TO THE PLACEMENT AREA: PART 2**. You may wish to incorporate a discussion of these as part of the initial interview. In particular, the ward/unit profile and learning opportunities will be directly relevant to the development of the learning contract during this interview.

When discussing the procedure for receiving and referring messages and enquires, you should assess that the student is able to utilise the appropriate communication skills, such as being able to communicate sensitively and in the appropriate manner. Make sure that the student understands her/his role and responsibility for receiving and referring messages and enquiries.

When discussing the policy/procedure for the administration of medicines, you should include the latest guidelines from the NMC: *Guidelines for the administration of medicines* (NMC 2002).

The Initial Interview (Note: The link teacher to be present)

This should be carried out during the first week of the placement. The aims of this meeting are to:

- Identify and discuss the learning needs of the student in relation to the learning outcomes for the relevant part of the curriculum (refer to the aims and learning outcomes of each module in this booklet, and in particular to the ‘Practical Experience Profile /Placement Guidelines’ which can be found at the front of the ‘Assessment of Practice Documentation’ booklet). Relate these learning needs to the student's prior clinical experiences so that the student can be assisted to build upon prior learning.
- Identify and plan the appropriate learning opportunities to enable the student to achieve these learning outcomes
- Plan how clinical experiences and learning may be best facilitated and assessed
- Document the plan of clinical experiences and learning in the learning contract

You should also discuss 'off duty' arrangements. One of the ENB (1997) standards for pre-registration training requires mentors to work with full-time students for a minimum period equivalent to two days per working week. Where you are unable to work with the student, please make firm arrangements for the student to work with another mentor – remember that in your absence someone else has to be able to make a decision about the student's competence.

At the conclusion of the initial interview, you, your student and the link teacher should:

- Set a date and time to carry out an intermediate progress review

NB: Within the same Unit of the programme, an initial interview is required each time the student changes placement area and works with another mentor, for example, from the Antenatal/Postnatal Ward to the Labour Ward, even if the latter placement is for two weeks only.

Progress Review/s With Your Student

It is recommended that you arrange progress review meetings with your student so that you can give feedback on progress. These review meetings can be carried out as frequently as are necessary. It is suggested that you hold a review meeting approximately every two weeks so that you can discuss the following with your student:

- What she has learnt so far
- Whether she is having any difficulties
- What further learning she wishes to participate in

During a progress review meeting, encourage the student to evaluate her own performance and learning. Be ready to give the student feedback on what her particular strengths are and

those areas that require much more development. Carry out the following activities with your student:

- Review the previous learning contract. Discuss how far the activities planned, and those the student has participated in, have helped her achieve what she wanted to learn.
- Discuss the nature and amount of clinical experiences she has had which the both of you think have contributed to the achievement of placement competencies and performance outcomes.
- Review and discuss the ‘Clinical Skills Inventory’, the ‘Record of Experience’ folder and the ‘Professional Behaviours Inventory’ for the amount of learning which has taken place.
- Review and discuss the other evidence in her portfolio.

After the review and discussion of all the evidence of learning, supplemented by asking questions about the rationale for care given, you will be in a position to decide whether the student is progressing towards the achievement of the **placement** competencies and performance outcomes, and the professional behaviours. You should then initial the ‘progressing’ column in the ‘assessment of practice documentation’ (see the page containing the example on how to complete the documentation). If the student has achieved some of the competencies and performance outcomes, initial the ‘achieved’ column.

At the conclusion of a progress review, complete the page headed ‘PROGRESS REVIEW’. You and your student may proceed to develop a list of further learning needs and draw up another learning contract – this is documented on the ‘PROGRESS REVIEW’ page.

The End of Placement Interview (Note: The link teacher to be present)

For example, during Unit 1, after spending 6 weeks doing the community placement, there should be an end of placement interview. This interview is also the intermediate interview for the Unit. The purposes of this interview are to discuss the following key aspects with your student:

- What has been learnt and achieved so far
- Whether there have had any difficulties
- What further learning the student wish to, and/or should participate in

Use these key aspects above to guide this interview. During this meeting, actively seek feedback from your student. Carry out the following activities with your student:

- Review the previous learning contract/s. Discuss how far the activities planned, and those she has participated in, have helped her achieve what she wanted to learn.
- Discuss the nature and amount of clinical experiences which both you and your student think have contributed to the achievement of both unit and placement competencies and performance outcomes.
- Review and discuss the ‘clinical skills inventory’, the ‘record of experience’ folder and the ‘professional behaviours inventory’ – for the amount of learning which has taken place.
- Review and discuss the other evidence in the portfolio
- Complete the ‘end of placement interview’ page of the ‘Assessment of Practice Documentation’ booklet.

After the review and discussion of all the evidence of learning, supplemented by asking the student questions about the rationale for care given, you will be in a position to decide whether the student is making progress towards the achievement of **both placement and unit** competencies and performance outcomes, and the professional behaviours. If she is making

progress, initial the ‘progressing’ column in the ‘assessment of practice documentation’. The student should have achieved some of the competencies and performance outcomes. In this case, initial the ‘achieved’ column. To initial the ‘achieved’ column, the additional evidence that is used as the third piece of evidence to claim competence must be presented to you, and verified by you. The student must complete the column headed ‘cross reference to portfolio evidence’ with the appropriate numerical assessment key for the third piece of evidence used (see page 2 of the ‘assessment of practice documentation’ booklet).

Figure 4 below gives a diagrammatic representation of the proposed schedule of interviews and reviews during Unit 1 of the 3-year programme.

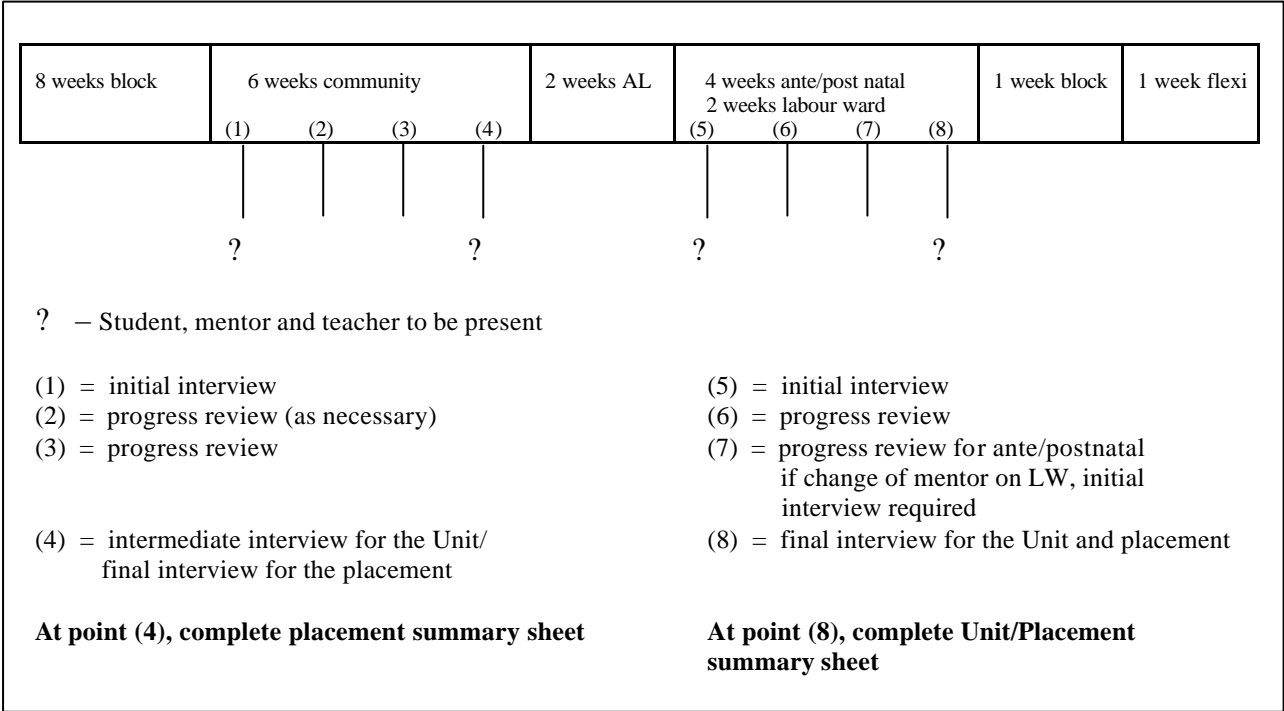


Figure 4: A diagrammatic representation of the proposed schedule of interviews/reviews during Unit 1

The Final Interview With Your Student (Note: Personal teacher/link teacher to be present)

This should take place during the final week of the Unit. The aims of this meeting are to:

- Review and discuss each performance outcome for the **placement and Unit** which have not already been achieved

- Review, discuss and make a summative assessment of professional behaviours
- The additional evidence that is used as the third piece of evidence to claim competence must be presented to you, and verified by you. We suggest that you encourage the student to use a variety of evidence methods to assist her in considering a broad range of experience to enable her to develop the skills of critical thinking
- To enable you to initial the ‘achieved’ column, the student must complete the column headed ‘cross reference to portfolio evidence’ with the appropriate numerical assessment key for the third piece of evidence used (see page 2 of the ‘assessment of practice documentation’ booklet). The midwifery lecturer will review a sample of the additional evidence at a later date, if she is unable to be present at the final interview.
- Complete the ‘end of unit interview’ page of the ‘Assessment of Practice Documentation’ booklet. This includes a summary of achievements during the placement.

Remind your student to prepare herself for the final interview by reviewing what she has learnt during the placement, and the progress and achievements she has made towards her development as a midwife, so that she can contribute to this discussion. You may wish to ask her to make some notes to bring to this meeting. At the end of the final interview, all appropriate documentation should be completed.

IMPORTANT NOTES:

- **ALL the performance outcomes must be achieved in order to pass this element.**
- **This element is assessed on a PASS or FAIL basis only. A PASS will give the full 30% assigned for this element.**
- **This element must be passed before the grading of the ‘Professional Behaviours’ Inventory and the Supplementary Evidence can proceed.**

Figure 5 on the next page shows how the assessment documentation is to be completed.

When studying this figure, please also refer to the page headed 'Information and Guidance for Mentors and Students' in the 'Assessment of Practice Documentation' booklet.

SECTION FOUR

This section discusses the levels of supervision/support required for each of the three levels of practice and the conditions of practice for the achievement of the competencies. This is followed by a discussion of the criteria to assess whether the student is 'PROGRESSING' in the competencies and performance outcomes at each level of practice, and the criteria to assess whether she has 'ACHIEVED' the competencies and performance outcomes at each level of practice.

Performance outcomes for each competency have been developed to take into account the stage of development of the student midwife within each Unit of the programme, the level of supervision/support required, the level of practice and the conditions of expected competent practice. Performance outcomes have thus been developed to demonstrate the developmental interpretation of the competencies to reflect the progression the student midwife needs to make at each of the three levels of practice. Each competency generally comprises several performance outcomes. A PASS must be achieved in each performance outcome to pass the competency. The levels of supervision/support required for each level of practice and the conditions of expected competent practice at each level are summarised in Table3.

Figure 5: What the documentation means & how to complete it

Mentor: please initial as appropriate – for example at progress review

Mentor: please note the level of supervision for the Unit

Mentor: please note care activities must be appropriate to student's level of training

Performance outcomes:
Level of supervision/support:
Level of Practice:

Antenatal experience – unit two
Direct to close supervision
Observes, participates, assists in

1Placement	DOMAIN: Effective midwifery practice			
<p>Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal stages.</p>	<p>In the achieved column enter initials following direct observation and</p>		<p>Cross reference to additional evidence</p>	<p>Mentor's initials</p>
<p>Performance outcomes</p> <p>a) Observes and participates in both oral & written means of communication</p> <p>b) Is able to establish a rapport with women and their families</p> <p>c) Listens to women and seeks appropriate information from other sources to answer their questions</p>	<p>Progressing</p>	<p>Achieved</p>	<p>Not Achieved</p>	<p>question & answer</p>
	DB	DB		1
		DB		DB
	DB	DB		
		DB		
			DB	
<p>Comments: essential if competency not achieved</p> <p>Example : Is not aware of her knowledge limitations and over confidently answers women's' questions with inappropriate information.</p> <p style="text-align: left;">Signature D Barrowclough</p>				

Student to enter reference to additional evidence method (see key on p 2)

Mentor: to initial when evidence has been presented & reviewed

Mentor: please initial here when you have observed the student in practice & you have assessed their knowledge & understanding through question & answer

Mentor: please initial here if student has not achieved the performance outcome, add comments in the box and sign.

Competence achieved	Performs with few prompts Can explain the rationale underpinning practice
Competence NOT achieved	Requires detailed and explicit instructions Cannot explain the rationale underpinning practice

Mentor: please note the conditions of practice that change in each year of the programme

			Conditions of Practice for the Achievement of Clinical Competencies	
	Level of Supervision/ Support	Level of Practice	Competence achieved	Competence NOT achieved
Level One Practice	Direct to close supervision	Observes, participates, assists in	Performs with few prompts Can explain the rationale underpinning practice	Requires detailed and explicit instructions Cannot explain the rationale underpinning practice
Level Two Practice	Close to minimal supervision	Active participation. Planning most activities and leading some	Performance is smooth and complete Does not require prompting Can explain the rationale underpinning practice and discuss pertinent research	Performance lacks completeness Requires to be prompted Cannot explain the rationale underpinning practice
Level Three Practice	Minimal to indirect supervision	Active participation. Planning all activities and leading most	Does not require prompting Is organised and efficient Critiques evidence-based practice and its implementation	Requires prompting Unable to organise care Does not consider evidence-based practice

Table 3: The levels of supervising practice and conditions of competent practice

Level One: The student requires direct to close supervision/support and is expected to observe, participate and assist in care.

What this means in practice

Initially, the student will be observing how clinical activities are carried out. As a result of this, the student should be encouraged to participate when she is ready and you are also in agreement. As the student's ability and confidence develops, she can assist but not lead the activity. Clearly, the student is still under direct to close supervision. By the end of year one, the student should be demonstrating the ability to carry out practised activities with confidence and be expected to plan and lead certain practised activities with few prompts. Some basic care activities may be carried out with close to minimal supervision once you are sure of the student's ability through direct observation. Also, it is vital that you check the

student's understanding through careful questioning. The specific performance outcomes identified for each Unit should guide you as to which activities these could be in your clinical area.

Level Two: The student requires close to minimal supervision/support and is expected to participate actively as well as to be able to plan most activities and to lead some of them.

What this means in practice

The level of supervision/support provided follows on from that which is required at the end of year one. As the student gains confidence, she should be able to carry out a wider range of care activities under minimal supervision. However, decisions concerning the degree of supervision should be based on a reasonable amount of prior direct observation of practice. You should also be confident that the student knows when to seek assistance from a midwife. Again, the student's knowledge and understanding should be assessed through question and answer as it is vital that she knows how to undertake care as well as know why that care is necessary.

Level Three: The student requires minimal to indirect supervision/support and is expected to participate actively as well as to be able to plan all activities and to lead most of them.

What this means in practice

The level of supervision provided follows on from that which is required at the end of year two. Increasingly, the student should be able to use her initiative to recognise and meet the needs of clients. Supervision is indirect which means that although you are not observing the student directly, you are still aware of the activities of the student. At this stage, you should use questioning not only to test the student's knowledge and understanding of care activities, but also to ascertain how she would recognise changes in client needs. You should also question the student on how she would plan, prioritise and manage care and the rationale

behind her decision-making. By the end of year three, the student should be able to demonstrate all the competencies to the standard of a newly qualified practitioner.

At the start of units three and five in the 3-year programme, and at the start of units two and three in the 18-month programme, students are challenged to achieve a higher level of performance than previously required. Students may therefore take a little longer to progress on to the required level and may also require more support when doing so.

Criteria to assess whether the student is ‘PROGRESSING’ in the competencies and performance outcomes

During Units 1 and 2 – ADMS, Unit 1 – BMedSci (Level 1 Practice) of the course, there is progression if the student is:

- Observing as well as participating and assisting in care, as appropriate
- Performing activities with less prompting
- Beginning to be able to explain the rationale underpinning practice

During Units 3 and 4 – ADMS, Unit 2 – BMedSci (Level 2 Practice) of the course, there is progression if the student is:

- Beginning to participate actively in care, as appropriate
- Beginning to plan most activities, and leading some
- Performing activities with few prompts
- Explaining the rationale underpinning practice
- Beginning to discuss research pertinent to practice

During Units 5 and 6 – ADMS, Unit 3 – BMedSci (Level 3 Practice) of the course, there is progression if the student is:

- Participating actively in care

- Planning most activities and leading many of them
- Performing activities without prompting
- Beginning to organise care and demonstrating a degree of efficiency
- Beginning to critique evidence-based practice
- Beginning to implement evidence-based practice

Criteria to assess whether the student has ‘ACHIEVED’ the competencies and performance outcomes

During Units 1 and 2 – ADMS, Unit 1 – BMedSci (Level 1 Practice) of the course, the student has achieved if she has:

- Participated and assisted in care, as appropriate
- Performed activities with few prompts, where appropriate
- Been able to explain the rationale underpinning practice, where appropriate
- Been able to provide the third piece of additional evidence

During Units 3 and 4 – ADMS, Unit 2 – BMedSci (Level 2 Practice) of the course, the student has achieved if she has:

- Participated actively in care, as appropriate
- Planned most activities, and led some
- Performed activities smoothly and completely, with no prompts, where appropriate
- Been able to explain the rationale underpinning practice, where appropriate
- Been able to discuss research pertinent to practice, where appropriate
- Been able to provide the third piece of additional evidence

During Units 5 and 6 – ADMS, Unit 3 – BMedSci (Level 3 Practice) of the course, the student has achieved if she has:

- Participated actively in care
- Planned all activities and led most
- Performed activities without prompting
- Been able to organise care and demonstrated efficiency when managing her workload
- Been able to critique evidence-based practice
- Been able to implement evidence-based practice
- Been able to provide the third piece of additional evidence

SECTION FIVE

This section discusses the ‘Record of Clinical Midwifery Experience’ folder and the ‘Clinical Skills’ inventory.

Midwifery training regulations require the student to have a prescribed quantity of clinical midwifery experience before registration as a midwife is allowed. The following experiences are specifically prescribed by EC regulations and the UKCC:

Antenatal History Taking: 12

This is the initial antenatal booking history interview that is conducted by the midwife. It may be undertaken in the client’s home, in the community Health Centre/ Surgery antenatal clinic or at the hospital. It does not refer to the information taken when the client is admitted antenatally or intranatally.

Antenatal Examination: 100

This is the antenatal assessment that is undertaken at the antenatal clinic either in the community or the hospital. Also assessments, which includes an abdominal examination, undertaken for an antenatal in-patient or Antenatal Assessment Unit assessments can be included in the numbers but in the case of an in-patient, consecutive daily examinations should not be included unless a significant change is noted. However, a further admission or attendance at Antenatal Assessment Unit is acceptable. It does not include the admission

examination when a client is admitted in labour on to the Central Delivery Suite as this is part of intranatal care. The assessment of an antenatal client admitted onto Labour Ward, e.g. a lady with a urinary tract infection, can be counted.

Normal Deliveries Witnessed: 10

Before undertaking personal deliveries it is imperative that the student witnesses the ENB recommendation of ten normal deliveries. However, the student may within these ten deliveries undertake several assisted deliveries. Assisted deliveries are when, at the midwife's discretion, the midwife and the student scrub up and the midwife guides the student's hands for the delivery. The student **cannot** include assisted deliveries as personal deliveries.

Personal Deliveries: 40

Students are required by the ENB to undertake 40 personal deliveries prior to qualification. A personal delivery must include the delivery of the placenta. Delivery of twins is counted as one delivery not two.

Supervision and Care in Labour: 40.

This includes clients who have been looked after by the student, for a majority of their first stage of labour, and which may or may not end as a personal delivery. This section is included because not all personal deliveries will include full intranatal care. Students should document labour only cases on the note pages for any extended period of labour only care that they undertake. This could result from a client requiring an instrumental or Caesarian delivery. It may also include instances when they have cared for a client for all or most of a shift but the client does not deliver prior to their going off duty.

Episiotomy and Suturing.

There are no prescribed numbers for the above activities. Students should devise their own method of documenting these within personal deliveries which could include highlighting the activity with a coloured pen within the analysis or placing an asterisk within the summary section.

Active Participation in Breech Deliveries

There are no prescribed numbers for active participation in breech deliveries. If possible the student should attempt to witness a vaginal breech delivery and record it in the *labour only* notes.

Care of Clients at risk: 40

This includes any care where the client has been identified as having a complication or medical condition. It includes antenatal, intranatal and postnatal clients. Examples are:

diabetes, asthma, APH, PPH, infections, anaemia, etc. The entry for the client should be marked with the code for complications {c} in red. The women included in “Care of Clients at Risk” section can also be entered in “Women with Pathological Conditions” section.

Postnatal Examination of Mother and Baby: 100

This is the daily and weekly postnatal examination of the mother and baby that is performed either in the hospital or in the community. It does not include the examination that is performed prior to transfer from the labour ward to the postnatal ward. This is an integral part of intranatal care. If a mother is staying on labour ward prior to an early transfer home then the examination performed immediately prior to transfer can be counted. If a client remains on High Dependency Unit for several hours following delivery the postnatal examinations undertaken approximately six hours or longer after delivery can be counted.

Babies Requiring Special Care.

This section refers to babies requiring special care; that is care that is over and above normal neonatal care. It refers to babies on the postnatal ward as well as in the neonatal unit. This includes babies who are hypothermic, hypoglycaemic, have an infection, small for dates, etc. There is no set number of cases required for this section.

Care of Women with Pathological Conditions.

There is no set requirement for this section. It includes woman with any pathological condition e.g. diabetes, epilepsy. It also includes clients cared for on the gynaecology placement. Clients can also be counted in the “Care of Women at Risk” section.

Care of Women at Risk.

No.	Date.	Case no.	Cross reference and reason why at risk
Example	12.12.00	12345	Antenatal – 12. P.I.H
1.			
2.			
3.			
4.			

The records made in this folder can be used as evidence to support the achievement of performance outcomes and competencies in the ‘Assessment of Practice Documentation’

booklet. It is therefore important that the records reflect learning and developing competence as a midwife - this means that the records must also demonstrate understanding of care given.

For each record the student is required to:

- describe the observation or episode of care she has participated in/undertaken
- give the rationale or evidence-base for the care given
- provide an analysis of the findings and how these will inform the future care of the woman/baby

An example of how a record may be written up is given in Figure 6 on the next page.

If the student wishes to use any of these records to claim competence, she is required to cross reference each record to the relevant performance outcomes and competencies in the ‘Assessment of Practice Documentation’ booklet, for example, by writing in the numbered performance outcome and competency alongside that particular record. This will indicate which competency/competencies and performance outcome/s that particular record is to be used against.

The **‘clinical skills’ inventory** contains a list of clinical skills that the student should develop as these skills complement the practice of the midwife. It is intended to direct her learning in relation to the development of these clinical skills and to assist her in keeping track of what has been learnt. The achievement of these skills can be used as evidence of competence towards the performance outcomes in the ‘assessment of practice documentation’ booklet. These records are cross-referenced to the relevant competencies in the ‘assessment of practice documentation’ booklet to indicate which competency/competencies that particular record can be used against.

Figure 6: How to fill in a record of a personal delivery/supervision and care of a woman in labour

Your record number and code	Date 6 November 2002	Mother's reference number 2468XY	Midwife's signature
Observations/Episode of Care	Rationale/Evidence for Care	Reflection on findings & action towards further management of care	
Abdominal examination on admission to the labour ward	<p>To assess length, strength and frequency of uterine contractions to elicit probable signs of the onset of labour</p> <p>To assess gestation of the pregnancy & compare with EDD</p> <p>To ascertain the lie, presentation and position of the fetus to determine that it is safe to allow labour to progress</p> <p>To determine engagement/level of the presentation</p> <p>To confirm fetal well-being & auscultate the fetal heart</p> <p>To establish baseline for future comparison and management of care</p>	<p>Contractions commenced three hours ago. Contractions now moderately strong every 5 minutes.</p> <p>Fundus just below the xiphisternum, longitudinal lie, cephalic presentation, ROA position</p> <p>Fetal head 3/5 palpable. FHHR 140 beats per min</p> <p>All findings within normal parameters and possibly in labour. To perform an admission CTG as per unit protocol. A vaginal examination may be required to confirm whether labour established, and prior to pain relief which might be required shortly</p>	

SECTION SIX

This section discusses, briefly, the roles, responsibilities and accountability of the mentor and the student during clinical placements³.

The roles and responsibilities of the mentor

The ENB and the DoH (2001:9) define the role and function of the mentor as follows:

Mentors assume responsibility for the student's learning in the practice setting, the quality of that learning, and the assessment of competencies to demonstrate the extent to which learning outcomes have been met.

Mentors:

- Facilitate student learning across pre and post registration programmes.
- Supervise, support and guide students in practice in institutional and non-institutional settings, and
- Implement approved assessment procedures

Mentors have a formal responsibility to complete the appropriate documentation in the assessment of practice booklet. Mentors possess a repertoire of skills in their discipline or area of practice. The mentor's contribution to student learning takes account of the experience available, the student's stage of progress within the total programme and the student's previous learning and assessment outcomes. Mentors are responsible for the formative and summative assessment of student learning in practice. They work in partnership with practice educators, lecturers, nurse and other health care consultants and other colleagues within multi-professional services to enable students to achieve identified learning outcomes.

The roles and responsibilities of the student

Throughout the placement, the student should:

- Participate actively in all interviews, development of the learning contract and progress reviews
- Ask for feedback regularly

³ See Chapter 2 in the following book for a detailed discussion of the legal and ethical issues surrounding the supervision and assessment of learners in clinical practice: **Stuart CC (2003) *Assessment, Supervision and Support in Clinical Practice*. Edinburgh, Churchill Livingstone.**

- Consistently show willingness to take up learning opportunities
- Respect the wishes of patients and clients at all times
- Accept appropriate responsibility when giving care

The accountability of the student (NMC 2000)

As a pre-registration student, the student midwife is **never** professionally accountable in the way that you are. This means that the student cannot be called to account for her actions and omissions. So far as the Nursing and Midwifery Council is concerned, it is the registered practitioners with whom the students are working who are responsible for the consequences of the student's professional actions and omissions. This is why they must always work under the supervision of a registered practitioner. The student, however, can be called to account by the University or by the law for the consequences of her actions or omissions as a pre-registration student, that is, she is responsible for her personal behaviour and is also accountable under civil and criminal law.

References

English National Board (1997) *Standards for approval of higher education institutions and programmes*. London, The English National Board for Nursing, Midwifery and Health Visiting.

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