

Faculty of Health

School of Nursing and Midwifery Department of Midwifery

PROFESSIONAL PRACTICE PROFILE RETURN TO PRACTICE MIDWIFERY 2014/15

Return to Midwifery Practice 1 Return to Midwifery Practice 2

Student:				
Name:				
Date commenced				
Submission date				
Hub sign off Mentor:				
Supervisor of Midwives				
Professional Navigator/ Programme Director			Tel. No.	0121 331
Clinical areas.				
Dates:	From	То		
Antenatal		 		
Delivery Suite)	 		
Birth Centre	<i></i>	 		
Post Natal		 		

Contents	Page
Explanatory notes.	4
Return to Midwifery Practice Part 1	
Expectations of Standards of Proficiency	13-14
Initial Interview.	15
Domains/ Learning Outcomes.	18
Medicines Management.	74
Clinical review / interviews (midway and final interview)	85-87
Return to Midwifery Practice Part 2	
Record of attendance.	88-89
Midwifery Case Log and Evidence Log	90
Midwifery Skills Inventory	95
Quantitative Practice Outcomes	99

N.B. This document <u>must</u> be available in the clinical setting at all times. Be aware that it may be audited at any point during or on completion of the programme.

Introduction

The practice-based standards required of midwives are not separate and insular professional aspirations. They are directly linked to the wider goals of achieving clinical effectiveness within healthcare teams and agencies, with the ultimate aim of providing high-quality midwifery care for women and their families. Assuring the quality of midwifery care is one of the fundamental underpinnings of clinical governance. It is essential that as a returning midwife you meet the NMC Standards for PREP (2011) and Pre Registration Midwifery Education (2009b)

To facilitate learning, teaching and the assessment of theory to practice you will be allocated a Hub Sign off mentor and a Supervisor of Midwives. You need to be proficient in all standards of proficiency and essential skills by the end of the learning programme in order to practise safely and effectively as a midwife without the need for direct supervision and be fit for practise to enter the NMC register as a midwife.

Professional Practice Profile

This Professional Practice Profile is a tool designed for sign off mentors to make judgements about your clinical ability and standards of proficiency.

This Professional Practice Profile assesses the core clinical proficiencies to be completed by the end of the programme to demonstrate you are 'safe, effective and proficient'. In order to do this, you must demonstrate skills in self-development, reflection, attitude, communication, application of theory to practice, care delivery and clinical judgement leading to rational decision making.

Evidence

You must adhere to the Faculty of Health Confidentiality Policy, and the Data Protection Act (1998). The key sources of evidence that can be used to support the achievement of the proficiencies in this profile is identified below.

- Local Trust guidelines and policies, NMC Midwives Rules, Standards and Guidelines, NICE clinical guidance, public health guidance, and relevant journal articles.
- CMACE/MBRACCE Publications, Department of Health publications, National Screening Guidance, Access Birmingham Safeguarding publications.
- Domestic abuse publications, Teenage pregnancy, Female Genital Mutilation and other publications relevant to contemporary practice.
- UNICEF UK (2013): Breastfeeding and Relationship Building: a workbook.
 UNICEF London

Record of Attendance

You are required to attend placement in order for assessment of practice to be undertaken. You are expected to complete the record of attendance sheet.

Unsafe Practice

This Professional Practice Profile forms part of the assessment for a module of study, Therefore there are two elements Professional Practice Profile and an academic assessment. The description of any unsafe practice, or omission of material essential to promote confidence that the returning midwives knowledge of practice is safe, will result in automatic failure and a fail will be recorded.

The placement assessment must be repeated and achieved in order for you to progress. Only two attempts are allowed.

Sign off mentors

The NMC as the professional regulatory body requires that you successfully pass clinical placements alongside the theoretical elements of the programme in order to re-enter the register as a midwife. You can only be supported and assessed by mentors who have met the additional sign-off criteria and they must be on the same part of the register that you are intending to enter.

Your sign-off mentor will identify appropriate learning opportunities for you which are relevant to your individual needs. The sign off mentor will make sure that you remain supernumerary and have off duty which allows you to work with them across a variety of shifts.

Your Professional Navigator/Programme Director, Supervisor of Midwives and Sign off mentor will use a team approach by liaising and gathering information from colleagues to assess your progress and performance, and will complete the Professional Practice Profile within the allotted timeframe.

Your Sign off mentor will follow University and practice procedures if you are experiencing difficulties in achieving the requirements of the placement and will contact your Professional Navigator/ Programme Director.

The Sign off mentor will take into consideration the following when determining your final assessment:

- 1. Observation of your performance
- 2. Assessing your midwifery knowledge by discussion.
- 3. Reviewing evidence provided by you in relation to the identified proficiencies within the professional portfolio.

Sign off mentors and Supervisors of Midwives are accountable for the decisions they make about your fitness for practice and must make the final confirmation that the required proficiencies for re-entry to the register have been achieved. To meet the sign-off standards your mentor has to have a 'live' registration as a midwife; been qualified for at least one year, completed formal training and updating in mentorship and assessment and meet all the NMC requirements.

Record Keeping

As part of your professional development and ensuring that you are maintaining the guidance for records and record keeping it is required that all relevant sections are completed, signed and dated in black ink without the use of correction fluid. Any errors must be crossed out in accordance with the NMC guidance (2009a)

Structure of the Professional Practice Profile

The profile is divided into 2 parts, which together make up the core of your Portfolio of Evidence.

Part 1 relates to the achievement of core clinical proficiencies which incorporates the Essential Skills Clusters (NMC 2009b), the Returning to Practice PREP Standards (NMC 2011), and Baby Friendly Initiative Standards (BFI 2012). To be returned to the Midwifery Register you <u>must</u> achieve a pass in part 1 as it includes the NMC essential requirements for re-registration.

Part 2 relates to your experiences whilst on the programme. It comprises:

- Record of Attendance.
- Midwifery Case Log.
- Midwifery Skills Inventory.
- Quantitative Practice Outcomes.

Both parts of the Professional Practice profile are to be presented within an expanded Pass/fail Portfolio of Evidence, assessed by the Sign Off Mentor and submitted to the Professional Navigator/Programme Director, in order to meet the requirements of the 15 credit Return to Practice module LBR6291.

Return to Midwifery Practice Profile Part 1: Recording Achievement of Core Clinical Proficiencies

The Sign-off mentor will record one of the following outcomes for each of the proficiencies:

SEP	Safe, Effective and Proficient	The student must meet the criteria for safe , effective and proficient practice.
U	Unsafe	The returning midwife has had an adequate opportunity to practice but has not reached an acceptable level of safety in executing some or all of the required elements of the proficiency/skill

All proficiencies must be deemed as safe, effective and proficient in order to pass the Professional Practice Profile.

Safe	The returning midwife consistently performs the
Demonstration of Practice	proficiency in the following way:
	with awareness of limitations
	without undue risk
	carefully
	honestly
	 in compliance with NMC requirements
Demonstration of Knowledge	The student is able to: cite appropriate midwifery
	knowledge, interpret it and apply it to the
	proficiency being assessed.
Effective	Perform the proficiency correctly, precisely,
Demonstration of Practice	accurately, decisively convincingly, reasonably,
	skillfully and dexterously.
Demonstration of Knowledge	Reach logical conclusions from given information
	and act accordingly, consider the suitability of
D (1)	applying midwifery knowledge in given situations.
Proficient	Perform the proficiency promptly, punctually,
Demonstration of Practice	rapidly, immediately, resourcefully, fairly, equitably
	in a timely manner, using appropriate equipment
	and support staff.
Demonstration of Knowledge	Justify decisions made in a variety of situations;
2 sine near and it is in the windage	questions, monitoring and updating own practice.
	questions, monitoring and appearing own practice.

Progression through the placement.

The Professional Practice Profile will be launched by the Professional Navigator/Programme Director prior to commencing the assessed clinical placement. The completed Profile must be submitted to the Professional Navigator/Programme Director via the Student office in Seacole Building, City South Campus. The date of submission will be identified in the module study guide and assessment schedule depending on your individual programme (see the RtP Moodle site for the up to date list of possible submission dates).

The process of assessment throughout the placement requires initial, midway and final reviews with the Sign off mentor and Supervisor of Midwives. All the relevant sections of each interview are required to be completed.

Self-assessment is an important part of this process; you must complete all the relevant self-assessment sections in this document before each interview with your mentor.

You and your sign off mentor / Supervisor of Midwives must meet formally to review your progress at the following points:

- Initial interview during the first week of placement.
 All subsequent interview dates should be identified during the initial interview.
- Midway interview half way through the placement.
- Final interview during the final week of the placement.

Areas to be discussed at each interview are identified below. All the relevant sections for each interview are required to be completed.

Initial Assessment

- To identify learning needs
- To identify learning opportunities that the placement offers.
- To identify the midwifery skills available for practice and assessment.

Midway Assessment

- To review your progress
- To identify areas where you have achieved and where further development and support is needed
- Produce an action plan for the remaining placement.
- Any concerns identified regarding your progression must be notified to the Professional Navigator//Programme Director by the Sign off mentor within 24 hours or as soon as possible.
- Concerns can be related to student experiencing difficulty in achieving the required standard, or not demonstrating good health or good character so that appropriate action can be taken.
- Any concerns you have identified must be notified to the Professional Navigator/Programme Director as soon as possible to help facilitate appropriate tripartite action which will be recorded within the profile.

Final Assessment

- To discuss your overall performance, attendance and the outcome of assessment.
- The final assessment must take place in the last week of your placement. Time needs to be set-aside for you and your mentor / Supervisor of Midwives to discuss your progress and complete the final documentation.

Good Health and Good Character

The NMC state that, "Good Health and Good Character are fundamental to practice of a nurse or midwife. The NMC requires the programme providers ensure that applicant meet the defined NMC requirements for entry to and continued maintenance on approved on an approved programme leading to registration. The over-riding concern should be whether the person has the capability for safe and effective practice without supervision (NMC 2008b pg 3; NMC 2009b)

Returning midwives are expected to work towards being able to apply The Code at the point of registration. An important determinant of good character is the individual's commitment to, and compliance with, The Code (NMC 2008b pg 4)

The university has processes in place to make sure that all students declare their good character and good health annually over the course of their programme. Students including returning to practice midwives have the responsibility to inform the university and supporting trust if they have a charge, conviction or caution during their programme or if they develop a health condition or disability that may affect their ability to practice safely and effectively (NMC 2008b pg 10)

For this reason the returning midwife will declare at the end of this programme that they are of good health and good character.

What does Good Health mean?

"For the purposes of the NMC the term "good health" is a relative concept. In other words, a registrant may have a disability, such as impaired hearing, or a health condition, such as depression, epilepsy, diabetes or heart disease, and yet be perfectly capable of safe and effective practice. However, there are some conditions which would be likely to affect a practitioner's ability to practice safely and effectively without supervision. These include alcoholism or drug abuse".

What does Good Character mean?

The NMC state that an individual's commitment to comply with *the NMC'* The Code: Standards of conduct, performance and ethics for nurses and midwives, is an important determinant of good character (NMC 2008a). Good character is important as nurses and midwives must be open, honest and act with integrity and uphold the reputation of the profession (NMC 2008a) Good character is based on a person's conduct, behaviour and attitude NMC (2008b p 5).

Supervisor of Midwives Involvement in Clinical Practice Assessment Process

Your Supervisor of Midwives will participate in the review of your completion of the Professional Practice Profile on the following occasions:

- At the initial, the midway review and the final review.
- If contacted by the Sign off Mentor at any stage
- · Reassessed placements at Midway and Final Reviews

The Professional Navigator/Programme Director will be informed immediately if concerns are identified.

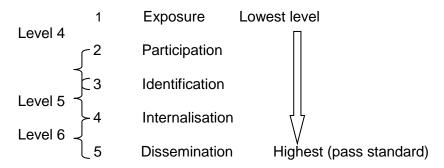
Using the Experiential Taxonomy and demonstrating the evidence.

The following sets out the assessment process for demonstrating the achievement of the knowledge, skills and values for NMC Standards of Proficiency/Essential Skills Clusters. The key areas of midwifery practice require you to consider women's health needs and those of their family, stimulate an awareness of the complex health needs of vulnerable women, and consider the influence of policies affecting health, and facilitate health enhancing activities in different midwifery care settings.

The assessment of Part 1 of the Professional Practice Profile is based on the Experiential Taxonomy (Steinaker and Bell 1979). Other taxonomies consider the cognitive, affective and psychomotor domains separately (Bloom 1956, Krathwohl 1968, Harrow 1972) and encourage the viewing of human experience in a fragmented or isolated way.

Steinaker and Bell's Taxonomy considers experience as a whole entity. It is a model, which the programme team believes affords for critical reflection and facilitation of evidenced based practice with the potential for personal and professional development in practice.

Steinaker and Bell's Experiential Taxonomy (ET) has five categories:



The five categories are a logical progression towards the learner achieving proficiency, moving from category 1. Exposure, to category 5. Dissemination. Move through the levels of Steinaker and Bell's Experiential Taxonomy and provide evidence to your Sign off mentor that you have reached the highest level 6 (categories 4. Internalisation and 5. Dissemination). Then she/he can assess the evidence that you have achieved the identified NMC midwifery proficiencies in the key areas related to the two components of the Portfolio of Evidence: Return to Practice 1 and Return to Practice 2.

The starting point for returning midwives undertaking the programme is clearly higher than level 4/category 1. Exposure, as you have had experience of midwifery practice before. It is acknowledged that learning is life-long and so you do already have transferable knowledge, skills and values, which you can transfer and use as part of that evidence of achievement.

The Sign-Off Mentor's assessment will be on a pass/fail basis against categories 4/5 (level 6) on the Steinaker and Bell's Taxonomy within the Professional Practice Profile. Pages 12/13 outline the Standards of Proficiency for this programme, which unpacks what the 5 categories and levels 4 5 and 6 mean for both students and assessing mentor.

Return to Midwifery Practice Part 2: Further strategies for evidencing your development

In addition to Part 1, assessment of professional practice comprises other strategies for you to demonstrate to the Sign off Mentor that you are developing proficiency in practice. Part 2 of this Profile incorporates other elements for the Portfolio of Evidence for achievement of NMC PREP (2011) and the learning outcomes of module LBR6291, and will be assessed by the Sign off Mentor as overall Pass/Fail. It comprises 3 elements:

- Completion of the Attendance Record.
- Completion of the Midwifery Case/Evidence Log.
- Completion of the Midwifery Skills Log.

Attendance record

This is where you record your hours worked in the clinical arena. This record must be countersigned by your Sign off Mentor. Please continue overleaf as needed.

Personal Midwifery Case/Evidence Log

Within your portfolio of evidence you will be expected to identify a range of women and babies that you have provided care for and identify what you have learnt from each experience. You are also expected to identify several sources of evidence for review and application to practice. Some NMC Midwifery Proficiencies are better suited to being achieved through supplementary portfolio evidence drawn from Case or Evidence Logs in Part 2, and these are clearly indicated. Suitable templates for both activities are provided and you can modify these as you prefer. You are required to show and discuss your Log with your Professional Navigator/Programme Director and Supervisor of Midwives each time you meet.

Midwifery Skills Inventory

You will identify specific skills which you need to practice during your time in clinical placement, and your mentors can help you plan and work towards their achievement. Specific skills have been identified within the document, including infant feeding skills mapped to the BFI Standards (2012). On completion you will be able to demonstrate your updated midwifery skills in the clinical area.

Indicative Quantitative Practice Outcomes (QPOs)

Also included in Part 2 of the Profile is some space to record your QPOs, including brief details of your key learning points, in the same manner as for your initial midwifery registration. Document the date of the clinical experience and the registration number of the woman or baby as appropriate in the space provided. Reflect on the clinical encounter and briefly outline what you have learned as a result of the clinical experience, rather than just list clinical findings. You are advised to record QPOs as soon as possible after having achieved the relevant clinical experience; preferably at the end of each shift.

However please note that you only need record sufficient of these QPOs to help you focus on your own development of confidence and competence. There is **NO** NMC requirement to achieve a particular number in order to be returned to the Midwifery register. For example, one student may feel 'ready' after just 2 personal births, while another may need/obtain more; as with the achievement of core proficiencies, negotiate your learning goals and discuss your progress with your mentors.

Portfolio of Evidence

Part 2 should be expanded beyond the pages offered within this document, and you are advised to store the Profile document (parts 1 and 2) within a larger Portfolio of evidence, which will make space for the whole Midwifery Case/evidence Log and any supplementary support materials that you may wish to include as evidence of your practice learning.

Quality of Assurance processes.

In order to ensure consistency, inter and intra reliability a sample of Practice Placements Profiles from each placement will be internally moderated and viewed by the external examiner. In addition each practice placement area will have an annual educational audit which is coordinated by the Placement Learning and Assessment Network.

The Local Midwifery Supervising Authority conducts an annual audit of Trust practice areas and recommendations for continued quality enhancement of student learning in practice are made.

Your evaluation will be incorporated with those of the midwifery students who anonymously evaluate the practice placement areas throughout their programme. Feedback will be discussed at Trust educational link meetings and the Profession Specific Group chaired by the Lead Midwife for Education where Heads of Midwifery and practice placement managers are invited to attend. The Professional Specific Group reports into the ongoing quality monitoring and enhancement meetings at the Healthcare Quality (Strategic Planning Group) with the Health Education (West Midlands).

References:

Great Britain. The Data Protection Act (1998). London, HMSO https://www.gov.uk/data-protection/the-data-protection-act

NMC (2011): The PREP Handbook http://www.nmc-uk.org/Documents/Standards/NMC Prep-handbook 2011.pdf

NMC (2009a) Guidelines for Record and Record Keeping. London: NMC

NMC (2009b) Standards for Pre-Registration Midwifery Education. London NMC

NMC (2008a) <u>The Code: Standards for Conduct, Performance and Ethics for Nurses and Midwives</u> London: NMC.

NMC (2008b) <u>Good Health and Good Character: Guidance for Educational</u> Institutions. London: NMC.

STEINAKER, N and BELL, M (1979) <u>The Experiential Taxonomy: A New Approach to Teaching and Learning</u>. New York: Academic press.

UNICEF UK (2012): Guide to the Baby Friendly Initiative Standards http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_guidance_2012.pdf

EXPECTATIONS OF STANDARD OF PROFICIENCY THROUGHOUT THE PROGRAMME

Level 4

	Expectation of Returning Midwife.	Expectation of mentor
1. Exposure	 Is exposed to the experience of midwifery care. Shows awareness but lacks knowledge and skills. Listens, observes, asks relevant questions Reacts to the experience and recognizes own limitations. The student is willing to engage in the learning experience 	 Motivator Role model Facilitates students learning opportunities
2. Participation	Participates in maternity care in the following way: • with awareness of limitations • without undue risk • carefully • sensitively • honestly • in compliance with NMC requirements	 Catalyst Questions knowledge Encourages problem solving Facilitates skill development

Level 5

	Expectation of student	Expectation of mentor
3. Identification	 Is able to carry out the activities of midwifery practice on more sustained basis with more confidence and with less prompting. Is able to explain plan and action of care. Able to assess own strengths and limitations Utilizes theory and evidence in relation to carrying out the activity Beginning to show initiative, recognizes standards, values and qualities required 	 Moderator Resource leader Encourages students to pursue for themselves optional problem solutions Probing, deep questioning Facilitate analytical discussion
4. Internalisation	 Able to reflect on experiences in an objective manner Able to apply new knowledge to new situations. Utilizes evidence in relation to the activity Student compares with role model 	 Sustainer Encourages students to analyze situation and draw a rational logical conclusion

Level 6 (PASS Standard)

		Expectation of Returning Midwife	Expectation of mentor
4.	Internalisation	 Identifies with the activities of the midwife so that it becomes second nature. Shows confidence in own activity, adapts to unforeseen and complex situations Demonstrate wide and deep probing into evidence for practice 	 Sustainer Encourage students consolidation of decision making skills Ensure that the students are able to demonstrate underpinning knowledge and process for effective appropriate midwifery care.
5.	Dissemination	 Acts as a role model, informing others and promoting the experience to others. Competent and demonstrates the ability to teach others Illustrates motivational abilities in relation to others Is able to carry out the activity in complex unfamiliar surroundings Is able to discuss the wider influences political, social and economic and how these impact on practice 	 Constructive critic Evaluator Uses strategies to expose the student to application of knowledge and skills in various situations.

Steinaker and Bell 1979 p 73

Fail: unable to meet the level of Dissemination at Return to Practice Programme completion

CLINICAL PRACTICE REPORT

INITIAL ASSESSMENT FORM

Return to Practice Midwife Self-assessment

This section is to be completed and signed by the returning midwife in week one of the programme and discussed with the sign off mentor. It will then be used as the basis for planning the placement experience.

		sis for planning the placement experience.				
1)	Reflect on knowledge and skills you already possess.					
	a)	My particular strengths are:				
	b)	My areas for development:				
	c)	My areas identified by others which require attention:				
	d)	My identified action for the programme which I have discussed with my Sign off Mentor/Supervisor of Midwives.				

Signat		f Return to Practice Signature of Mentor Date				
7101110	9	ar by the means to the transfer of the transfe				
Advice	aiven	n by the mentor towards achieving proficiencies for assessment:				
	b)	My final interview is due by				
3)	a)	My midway interview is due by				
	•	Philosophy of care Procedure for reporting in sick				
	Available learning opportunitiesMenu of Learning Experience					
	Standard to be achieved in this practical assessment					
	b)	I have discussed with my mentor the following:				
	•	Recognised policy for telephone enquiries within the ward/department/unit				
	•	Health and Safety at Work folder Action to be taken in the event of an emergency				
	•	Guidelines/protocols/ manuals Manual Handling policy within this area				

NMC Midwifery Proficiencies (2009b)

Midwifery Domains

- 1. Effective Midwifery Practice
- 2. Professional and Ethical Practice
- 3. Developing the individual midwife and others
- 4. Achieving Quality care through Evaluation and Research

Mapped to:

The 5 Essential skills clusters

- 1. Communication
- 2. Initial consultation between the woman and the midwife
- 3. Normal labour and birth
- 4. Initiation and continuance of breastfeeding
- 5. Medical products management

(NMC 2009b)

The UNICEF UK Baby Friendly Initiative Standards (2012)

The NMC PREP Learning Outcomes 6.1-6.9 for Return to Practice Programmes

(fully listed in the Module Study Guide and PREP Handbook).

Domain: Effective Midwifery Practice (NMC 2009b) Communicate effectively with women and their families throughout the pre conception, antenatal, intrapartum and postnatal periods: (PREP LO 6.7) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care – evidence of achievement	Portfolio entr	y)		
Sign off montor signature	,	Date		
Sign off mentor signature Intra partum care – evidence of achievement				
The partain care cylachics of domestines	it (i Ortiono ci	ili y)		
Sign off mentor signature		Date		
Postnatal care - evidence of achievement		Jaic		
Postilatal care - evidence of achievement				
		_		
Sign off mentor signature		Date		
NMC (2009b) ESC- Communication, Initial consultation between the woman and the midwife, normal labour and birth, initiation and continuance of breastfeeding. UNICEF(2012) BFI Standards				
Safe, efficient and proficient Yes/No		ius	Sign off mentor signature	
oale, emolent and pronoient	Date		Oign on mentor signature	

Domain: Effective Midwifery Practice (NMC 2009b				
Diagnose pregnancy and assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal period using a range of assessment methods and reaching valid, reliable and comprehensive conclusions: (PREP LO 6.6 and 6.8)				
Agreed negotiated learning activities				
Sign off mentor signature	Supervisor of Midwives signature	Date		

Antenatal Care – evidence of achievement (Po	ortfolio entry)	
Sign off mentor signature	Date	
Intra partum care – evidence of achievement	(Portfolio entry)	
Sign off mentor signature	Date	
Postnatal care - evidence of achievement		
Sign off mentor signature	Date	
		man and the midwife, Normal labour and birth, Initiation and
continuance of breastfeeding, Medicines mar		Olam off an automatama
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature

Domain: Effective Midwifery	Practice (NMC 2009b)	
Determine and provide prog	grammes of care and support for women: (PREP LO 6.2, 6.6, 6.8)	_
Agreed negotiated learning		
Sign off mentor signature	Supervisor of Midwives signature	Date

Domain: Effective Midwifery Practice (NMC 2009b) Provide seamless care and, where appropriate, interventions, in partnership with women and other care providers during the antenatal period: (PREP LO 6.6, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care – evidence of achie	Date	
Sign off mentor signature		n between the warmen and the midwife Multi
NMC (2009b) ESC – Communication BFI Standards	n, initial consultatio	n between the woman and the midwife, Medicines management. UNICEF (2012)
Safe, efficient and proficient	Yes/No Date	Sign off mentor signature

Refer women who would benefit from the ski	lls and knowledge of other individuals: (PREP LO 6.6, 6.8)	
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Antenatal Care - evidence of a	chievement (Portfolio entr	v)	
7 III. S. III. S. II. S. II. S. III. S. II. S. II. S. II. S. III. S. II.		<i>,</i>	
Sign off mentor signature		Date	
Intra partum care – evidence of	f achievement (Portfolio e	ntry)	
Sign off mentor signature		Date	
Postnatal care - evidence of ac	chievement		
Sign off mentor signature		Date	
NMC (2009b) ESC - Communication			an and the midwife, Normal labour and birth, Initiation and
continuance of breastfeeding.			
Safe, efficient and proficient	Yes/No Date		Sign off mentor signature

Domain: Effective Midwifery Practice (NMC 2009b) Care for, monitor and support women during labour and monitor the condition of the fetus, supporting spontaneous births. (PREP LO 6.6, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature Date**

Intra partum care – evidence of achievement (Portfolio entry)	
Sign off mentor signature Date	
NMC (2009b) ESC – Communication, Normal labour and birth, Medic	ines management.
Safe, efficient and proficient Yes/No Date	Sign off mentor signature

Domain: Effective Midwifery Undertake appropriate emerg	Practice (NMC 2009b) gency procedures to meet the health needs of women and babies. (PREP LC	6.5, 6.6, 6.8)	
Agreed negotiated learning a		6.5, 6.6, 6.8)	
Sign off mentor signature	Supervisor of Midwives signature	Date	

Antenatal Care – evidence of achievement (Portfolio entry)		
Sign off mentor signature	Date	
Intra partum care – evidence of achievement	(Portfolio entry)	
Sign off mentor signature	Date	
Postnatal care - evidence of achievement	Bate	
Todalida da o originado di domovement		
Sign off mentor signature	Date	
NMC (2009b) ESC - Communication, Normal		s management
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature

Domain: Effective Midwifery Practice (NMC	2009b)	
Examine and care for babies immediately for	ellowing birth (PREP LO 6.6, 6.7, 6.8)	
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Intra partum care – evidence of achievement	(Portfolio entry)		
Sign off mentor signature Date			
Sign off mentor signature Date NMC (2009b) ESC – Communication, Normal labour and birth, Medicines management			
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature	
,,			

Domain: Effective Midwifery Practice (NMC 2009b) Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions. (PREP LO 6.4, 6.5, 6.6, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Postnatal care - evidence of achi	evement		
Sign off mentor signature		Dat	te
NMC (2009b) ESC – Communicati UNICEF(2012) BFI Standards.		labour and bir	th, Initiation and continuance of breastfeeding, Medicines management.
Safe, efficient and proficient	Yes/No	Date	Sign off mentor signature

Domain: Effective Midwifery Practice (NMC 2009b) Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate. (PREP LO 6.1, 6.2, 6.3, 6.4, 6.6, 6.7, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Postnatal care - evidence of achie	evement		
Sign off mentor signature		Date	as of breakfeeding. HNICEF(2040) DELCtondonde
ESC – Communication, Normal Ial			ce of breastfeeding. UNICEF(2012) BFI Standards.
Safe, efficient and proficient	Yes/No Date		Sign off mentor signature

Domain: Effective Midwifery Practice (NMC 2009b) Care for and monitor women during the puerperium, offering the necessary evidence-based advice and support regarding the baby and self-care (PREP LO 6.1, 6.2, 6.3, 6.4, 6.6, 6.7, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Postnatal care - evidence of achievement	
Sign off mentor signature Da NMC (2009b) FSC – Communication Initiation and continua	ance of breastfeeding, Medicines management. UNICEF(2012) BFI
Standards.	ance of breastreeding, medicines management. ONICEF(2012) BFI
Safe, efficient and proficient Yes/No Date	Sign off mentor signature

Domain: Effective Midwifery Practice (NMC 2009b) Select, acquire and administer safely a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation which pertains at the time (PREP LO 6.2, 6.3, 6.4, 6.6, 6.7, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care – evidence of achievement (P	ortfolio entry)	
Sign off mentor signature	Date	
Intra partum care – evidence of achievement Sign off mentor signature	(Portfolio entry) Date	
	Bate	
Postnatal care - evidence of achievement		
Sign off mentor signature	Date	
NMC (2009b) ESC – Communication, Normal UNICEF(2012) BFI Standards.		and continuance of breastfeeding, Medicines management.
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature

Domain: Effective Midwifery Practice (NMC 2009b) Complete, store and retain records of practice. (PREP LO 6.2, 6.3, 6.4,6.6, 6.7, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care - evidence of achi	ievement (Portfolio enti	rv)	
	•		
Sign off mentor signature		Date	
Intra partum care – evidence of a			
-	·		
Sign off mentor signature		Date	
Postnatal care - evidence of achi	evement		
Sign off mentor signature		Date	
NMC (2009b) ESC - Communicati			nan and the midwife, Normal labour and birth, Initiation and
continuance of breastfeeding, Me			
Safe, efficient and proficient	Yes/No Date		Sign off mentor signature

Domain: Effective Midwifery Practice (NMC 2009b) Contribute to enhancing the health and social wellbeing of individuals and their communities. (PREP LO 6.1, 6.2, 6.3,6.5, 6.6, 6.7, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care – evidence of achievement (Portfolio		
Sign off mentor signature	Date	
Postnatal care - evidence of achievement (Communication) Sign off mentor signature	Date	
Sign on mentor signature		
NMC (2009b) ESC -Communication, Initial consultation	n between the woman and the midwife, initiation and continuance of	
breastfeeding. UNICEF(2012) BFI Standards.	·	
Safe, efficient and proficient Yes/No Date	Sign off mentor signature	
Date Date		

Domain: Effective Midwifery Practice (NMC 2009b) Monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families. (PREP LO 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care - evidence of achiev	ement (Portfolio	entry)	
	•	••	
Sign off mentor signature		Date	
Intra partum care – evidence of ach	ievement (Portfo	lio entry)	
Sign off mentor signature		Date	
Postnatal care - evidence of achiev	ement		
Sign off mentor signature		Date	
	, Normal labour	and birth, Initiation	n and continuance of breastfeeding, Medicines management.
UNICEF(2012) BFI Standards.			
Safe, efficient and proficient	Yes/No Date		Sign off mentor signature

Domain: Professional and Ethical Practice (NMC 2009b)		
Practice in a way which respects, promotes and supports individuals' rights, interests, preferences, beliefs and cultures. (PREP LO 6.1, 6.2, 6.3, 6.8)		
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Antenatal Care - evidence of achievemen	nt (Portfolio entry)	
	•	
Sign off mentor signature	Date	
Intra partum care – evidence of achievem	ent (Portfolio entry)	
Sign off mentor signature	Date	
Postnatal care - evidence of achievemen	t	
Sign off mentor signature	Date	
NMC (2009b) ESC - Communication, Initia		oman and the midwife, Normal labour and birth, Initiation and
continuance of breastfeeding, Medicines		
Safe, efficient and proficient Yes/	No Date	Sign off mentor signature

Domain: Professional and Ethical Practice (NMC 2009b)		
Practice in accordance with relevant legis	lation (PREP LO 6.1, 6.2, 6.3, 6.8)	
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Antenatal Care – evidence of achievement (Po	ortfolio entry)	
Sign off mentor signature	Date	
Intra partum care - evidence of achievement ((Portfolio entry)	
Sign off mentor signature	Date	
Postnatal care - evidence of achievement		
Sign off mentor signature	Date	
		oman and the midwife, Normal labour and birth, Initiation and
continuance of breastfeeding, Medicines man		
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature

Domain: Professional and Ethical Practice (NMC 2009)		
Maintain confidentiality of information (PRE	P LO 6.1, 6.2, 6.3, 6.8)	
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Antenatal Care – evidence of achieve	ment (Portfolio entry)	
Sign off mentor signature	Date	
Intra partum care – evidence of achie		
_		
Sign off mentor signature	Date	
Postnatal care - evidence of achiever	nent	
Sign off mentor signature	Date	
NMC (2009b) ESC – Communication, continuance of breastfeeding, Medici		en the woman and the midwife, Normal labour and birth, Initiation and EF(2012) BFI Standards.
Safe, efficient and proficient	res/No Date	Sign off mentor signature

Domain: Professional and Ethical Practice (NMC 2009b)		
Work collaboratively with the wider healthcare team and agencies. (PREP LO 6.1, 6.2, 6.3, 6.8)		
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Antenatal Care - evidence of achi	evement (Portfolio en	try)	
Sign off mentor signature		Date	
Postnatal care - evidence of achie	evement (Community)		
Postnatal care - evidence of achievement (Community)			
Sign off mentor signature	1.20.1	Date	
NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards			
_		UNICEF(2012) B	
Safe, efficient and proficient	Yes/No Date		Sign off mentor signature

Domain: Professional and Ethical Practice (NMC 2009b) Manage and prioritise competing demands. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)		
Sign off mentor signature	Supervisor of Midwives signature	Date

Domain: Developing the individual midwife and others (NMC 2009b)		
Review, develop and enhance the midwife's own knowledge, skills and fitness to practice. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)		
Agreed pegetiated learning activi	ition .	
Agreed negotiated learning activity	ities	
Sign off mentor signature	Supervisor of Midwives signature	Date

Antenatal Care – evidence of achievement (Portfolio entry)	
Sign off mentor signature	Date	
Intra partum care – evidence of achievemen		
	e (i orano orany)	
Sign off mentor signature	Date	
Postnatal care - evidence of achievement		
Sign off montor signature	Date	
Sign off mentor signature ESC – Communication	Date	
200 Communication		
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature

Domain: Developing the individual midwife and others (NMC 2009b)		
Demonstrate effective working across professional boundaries and develop professional networks. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)		
Agreed negotiated learning activities		
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Antenatal Care – evidence of achievement	ent (Portfolio entry)	
0. "	200	
Sign off mentor signature	Date	
Postnatal care - evidence of achievement	ent	
Oine off an arter sing store	Date	
Sign off mentor signature	Date	man and the midwife. Nermal labour and hirth Initiation and
continuance of breastfeeding, Medicine	s management INICEF(2012) F	man and the midwife, Normal labour and birth, Initiation and
Continuance of breastreeding, medicine	sa management. Ottioer (2012) e	i i otandards.
Safe, efficient and proficient Ye	s/No Date	Sign off mentor signature
•		

Domain: Developing the individual midwife and others (NMC 2009b) Support the creation and maintenance of environments that promote the health, safety and wellbeing of women, babies and others. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care – evidence of achievement (Portfolio	o entrv)	
·	••	
	5 .	
Sign off mentor signature	Date	
Intra partum care – evidence of achievement (Portfo	olio entry)	
Sign off mentor signature	Date	
Postnatal care - evidence of achievement		
Sign off mentor signature	Date	
NMC (2009b) ESC - Communication, Initial consulta		man and the midwife, Normal labour and birth, Initiation and
continuance of breastfeeding, Medicines managem	ent. UNICEF(2012) B	
Safe, efficient and proficient Yes/No Date		Sign off mentor signature

Domain: Developing the individual midwife and others (NMC 2009b) Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interests of women, babies and their families. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Antenatal Care – evidence of achievement (P	ortfolio entry)	
Oima eff as and an aima atoms	D-1-	
Sign off mentor signature	Date (Partfalia antru)	
Intra partum care – evidence of achievement	(Portfolio entry)	
Sign off mentor signature	Date	
Postnatal care - evidence of achievement	Date	
Postnatal care - evidence of achievement		
Sign off mentor signature	Date	
NMC (2009b) ESC – Communication	Date	
Time (2000) 200 Communication		
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature
•		

Domain: Achieving quality care through evaluation and research (NMC 2009b) Apply relevant knowledge to the midwife's own practice in structured ways which are capable of evaluation. (PREP LO 6.4, 6.5, 6.9) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Review of portfolio evidence and es	ssay			
Sign off mentor signature NMC (2009b) ESC – Communication		Date		
NMC (2009b) ESC – Communication				
Safe, efficient and proficient	Yes/No Date	Si	ign off mentor signature	

Domain: Achieving quality care through evaluation and research (NMC 2009b) Inform and develop the midwife's own practice and the practice of others through using the best available evidence and reflecting on practice. (PREP LO 6.1, 6.3, 6.5, 6.9) Agreed negotiated learning activities Sign off mentor signature **Supervisor of Midwives signature** Date

Review of portfolio evidence and	essay	
Sign off mentor signature		Date
Sign off mentor signature NMC (2009b) ESC – Communicati	ion	
Safe, efficient and proficient	Yes/No Date	Sign off mentor signature

Domain: Achieving quality care through eva	uation and research (NMC 2009b)	
Manage and develop care utilising the most	appropriate information technology (IT) systems. (PREP LO	6.1, 6.2, 6.5, 6.9)
Manage and develop care utilising the most Agreed negotiated learning activities	appropriate information technology (IT) systems. (PREP LO	6.1, 6.2, 6.5, 6.9)
Sign off mentor signature	Supervisor of Midwives signature	Date

Review of portfolio evidence and essay				
	Date			
Sign off mentor signature	Date			
NMC (2009b) ESC - Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and				
continuance of breastfeeding. UNICEF(2012)				
Safe, efficient and proficient Yes/No	Date	Sign off mentor signature		

Domain: Achieving quality care through eval	uation and research (NMC 2009b)	
Contribute to the audit of practice in order to (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)	optimise the care of women, babies and their families. Thi	s will include:
Agreed negotiated learning activities		
Sign off mentor signature	Supervisor of Midwives signature	Date

Review of portfolio and evidence			
Sign off mentor signature	Date		
Sign off mentor signature NMC (2009b) ESC – Communication	Duic		
Safe, efficient and proficient Yes/l	No Date	Sign off mentor signature	
Table to the same provided to			

MEDICINES MANAGMENT

Within the parameter of normal childbirth, ensure safe and effective practice through comprehensive knowledge of medicinal products, their actions, risks and benefits including the ability to recognise and respond safely to adverse drug reactions and adverse drug events

Medicines management in the context of midwifery practice is based on a partnership between the woman and the midwife. Its purpose is to provide therapeutic intervention when necessary throughout childbirth to facilitate a positive outcome.

Summative health related numerical assessments are required to test skills that encompass calculations associated with medicines.

A 100% pass mark is required and the assessment must take place in the practice setting NMC (2009b) <u>Standards for Pre-Registration Midwifery Education</u>, page 56.

In order to meet this requirement you must provide evidence to your sign-off mentor of your ability to demonstrate consistent proficiency in line with the NMC (2007) Standards for medicines management.

This must include:-

Mother – oral drug
IM drug
IV drug to include: drip calculations
infusion pump set up.
Controlled drug

Neonate – vitamin K and any 5 other drugs

You need to provide the evidence on the subsequent pages. The evidence must be completed in front of the mentor.

Successful achievement of this proficiency requires 100% achievement in all 10 drugs. If you fail this you will be required to complete the whole proficiency again.

Woman's unit number:		
1. Drug Name		
Indications		
Action (how does this drug work)		
Dosage and frequency		
Route of administration		
Drug Calculation (this section must be completed in the presence of the mentor)		
Correct calculation demonstrated	Yes / No	Mentor's signature:
Contraindications and special precautions		
Is this drug administered under	Midwives exe	emptions
(please tick)	Prescription of	only
	General sales	s list
	Other (please	e specify)
Any issues/ controversies		
Drug administered by RtP Midwife under supervision	Yes	Not Appropriate
Sign Off Mentor Assessmer	nt : Achieved	or Unsafe
Sign Off Mentor Signature:		
Date:		

Woman's unit number:			
2. Drug Name			
Indications			
Action (how does this drug work)			
Dosage and frequency			
Route of administration			
Drug Calculation (this section must be completed in the presence of the mentor)			
Correct calculation demonstrated	Yes / No	Mentor's signat	ure:
Contraindications and special precautions			
Is this drug administered	Midwives exe	emptions	
under (please tick)	Prescription of	only	
	General sales	s list	
	Other (please	e specify)	
Any issues/ controversies			
Drug administered by RtP Midwife under supervision	Yes		Not Appropriate
Sign Off Mentor Assessmer	nt : Achieved	or Unsafe	
Sign Off Mentor Signature:			
Date:			

Woman's unit number:			
3. Drug Name			
Indications			
Action (how does this drug work)			
Dosage and frequency			
Route of administration			
Drug Calculation (this section must be completed in the presence of the mentor)			
Correct calculation demonstrated	Yes / No	Mentor's signature:	
Contraindications and special precautions			
Is this drug administered under	Midwives exen	nptions	
(please tick)	Prescription or	nly	
	General sales	list	
	Other (please	specify)	
Any issues/ controversies			
Drug administered by RtP Midwife under supervision	Yes	Not Appropriate	
Sign Off Mentor Assessmen	t: Achieved	or Unsafe	
Sign Off Mentor Signature:			
Date:			

Woman's unit number:			
4. Drug Name			
Indications			
Action (how does this drug work)			
Dosage and frequency			
Route of administration			
Drug Calculation (this section must be completed in the presence of the mentor)			
Correct calculation demonstrated	Yes / No	Mentor's signat	ure:
Contraindications and special precautions			
Is this drug administered	Midwives exe	emptions	
under (please tick)	Prescription of	only	
	General sales	s list	
	Other (please	e specify)	
Any issues/ controversies			
Drug administered by RtP Midwife under supervision	Yes		Not Appropriate
Sign Off Mentor Assessmer	nt : Achieved	or Unsafe	
Sign Off Mentor Signature:			
Date:			

Woman's unit number:				
5. Drug Name				
Indications				
Action (how does this drug work)				
Dosage and frequency				
Route of administration			_	
Drug Calculation (this section must be completed in the presence of the mentor)				
Correct calculation demonstrated	Yes / No	Mento	or's signati	ure:
Contraindications and special precautions				
Is this drug administered under	Midwives exe	mption	S	
(please tick)	Prescription o	only		
	General sales	s list		
	Other (please	specif	y) 	
Any issues/ controversies				
Drug administered by RtP Midwife under supervision	Yes			Not Appropriate
Sign Off Mentor Assessmen	it: Achieved	or	Unsafe	
Sign Off Mentor Signature:				
Date:				

Woman's unit number:			
6. Drug Name			
Indications			
Action (how does this drug work)			
Dosage and frequency			
Route of administration			
Drug Calculation (this section must be completed in the presence of the mentor)			
Correct calculation demonstrated	Yes / No	Mentor's signature:	
Contraindications and special precautions			
Is this drug administered under	Midwives exen	mptions	
(please tick)	Prescription or	nly	
	General sales	list	
	Other (please	specify)	
Any issues/ controversies			
Drug administered by RtP Midwife under supervision	Yes	Not Appropriate	
Sign Off Mentor Assessmen	t: Achieved	or Unsafe	
Sign Off Mentor Signature:			
Date:			

Woman's unit number:				
7. Drug Name				
Indications				
Action (how does this drug work)				
Dosage and frequency				
Route of administration				
Drug Calculation (this section must be completed in the presence of the mentor)				
Correct calculation demonstrated	Yes / No	Mento	or's signati	ure:
Contraindications and special precautions				
Is this drug administered under	Midwives exe	mption	S	
(please tick)	Prescription o	only		
	General sales	s list		
	Other (please	specif	y)	
Any issues/ controversies				
Drug administered by RtP Midwife under supervision	Yes			Not Appropriate
Sign Off Mentor Assessmen	it: Achieved	or	Unsafe	
Sign Off Mentor Signature:				
Date:				

Woman's unit number:		
8. Drug Name		
Indications		
Action (how does this drug work)		
Dosage and frequency		
Route of administration		
Drug Calculation (this section must be completed in the presence of the mentor)		
Correct calculation demonstrated	Yes / No	Mentor's signature:
Contraindications and special precautions		
Is this drug administered under	Midwives exem	nptions
(please tick)	Prescription on	nly
	General sales	list
	Other (please s	specify)
Any issues/ controversies		
Drug administered by RtP Midwife under supervision	Yes	Not Appropriate
Sign Off Mentor Assessmen	nt : Achieved	or Unsafe
Sign Off Mentor Signature:		
Date:		

Woman's unit number:		
9. Drug Name		
Indications		
Action (how does this drug work)		
Dosage and frequency		
Route of administration		
Drug Calculation (this section must be completed in the presence of the mentor)		
Correct calculation demonstrated	Yes / No	Mentor's signature:
Contraindications and special precautions		
Is this drug administered under	Midwives' exer	mptions
(please tick)	Prescription on	nly
	General sales l	list
	Other (please s	specify)
Any issues/ controversies		
Drug administered by RtP Midwife under supervision	Yes	Not Appropriate
Sign Off Mentor Assessmen	it: Achieved	or Unsafe
Sign Off Mentor Signature:		
Date:		

Woman's unit number:		
10. Drug Name		
Indications		
Action (how does this drug work)		
Dosage and frequency		
Route of administration		
Drug Calculation (this section must be completed in the presence of the mentor)		
Correct calculation demonstrated	Yes / No	Mentor's signature:
Contraindications and special precautions		
Is this drug administered under	Midwives exen	mptions
(please tick)	Prescription or	nly
	General sales	s list
	Other (please	specify)
Any issues/ controversies		
Drug administered by RtP Midwife under supervision	Yes	Not Appropriate
Sign Off Mentor Assessmen	t: Achieved	or Unsafe
Sign Off Mentor Signature:		
Date:		

MIDWAY ASSESSMENT - STUDENT SELF ASSESSMENT

PLEASE CONTACT PERSONAL NAVIGATOR IF THIS INTERVIEW HAS NOT BEEN DONE WITHIN THE NEGOTIATED REVIEW DATE.

Name of	Sign off mentor	
Name of	Supervisor of Midwives	Date:
a)	Progress to date in achieving the proficiencies.	
b)	Action plan to ensure outstanding proficiencies are achieve the placement.	ed by the end of
c)	Other issues which require attention.	

MIDWAY ASSESSMENT - SIGN OFF MENTOR TO COMPLETE ALL SECTIONS

PLEASE INFORM THE PERSONAL NAVIGATOR OR ANOTHER LINK TUTOR PRIOR TO MIDWAY INTERVIEW IF STUDENT IS EXPERIENCING DIFFICULTY IN ACHIEVING THE REQUIRED STANDARD FOR WHATEVER REASON:

Name of SIGN OFF MENTOR

Name of S	UPERVISOR OF MIDWIVES	Date:
a)	Overall progress on placement:	
b)	Progress to date in achieving the proficiencies:	
c)	Identify by number and produce a specific measurable outstanding proficiency/ies to help and encourage the	
	the requirements of the placement. Please use addition	nal sheets if necessary.
d)	Other areas for development to improve overall performance measurable action plan to address the issue. Please use necessary.	

Signature of RtP Midwife:	Signature of Mentor	Signature of SoM	Date

END ASSESSMENT

Number of Hours of placement:	Number of Hours of attendance:
-------------------------------	--------------------------------

Have all the proficier If no please identify:		the required standard?		Yes / No
Is the student function	oning at an appropriate	e standard relevant to their stage of training	g? If no please comment in boxes below.	Yes / No
Is the student of goo	d health and characte		nt). If no please notify the personal tutor ar	
below including date	of contact.			
Г	Te			
A 11 d	Example to demons	trate grade awarded / area for development	nt or comment if student has not achieved	proficiencies.
Application of				
Theory to practice (care delivery)				
•				
Attitude				
Communication				
Leadership, multi-				
professional				
Working				
Self-awareness in				
context of practice.				
Dunctuality				
Punctuality				
Signature of Return	ning Midwife	Signature of Supervisor of Midwives	Signature of Sign Off Mentor	Date

Record of attendance

Date/s	Description of clinical area / clinical activity	Hours	Running Total	Student & Mentor signatures
)		

Sign Off Mentor	Signature:

(continue on separate sheet as necessary)

Record of attendance

Date/s	Description of clinical area / clinical activity	Hours	Running Total	Student & Mentor signatures
)		

Sian	Off Mentor	Signature:

(continue on separate sheet as necessary)

Midwifery Case Log and Evidence Log

Aim of the Logs

- 1. To allow you to regularly reflect on significant experiences associated with women you care for.
- 2. To help you become aware and acknowledge what you have learnt and how you have progressed.
- 3. To help identify issues and problems associated with each clinical shift, and by so doing, enable you to consider options to improve practice.
- 4. To encourage you to achieve quality care through evaluation and research into selected aspects of practice.

Suggested approach

Use the journal format provided below. Complete the first journal entries for Case and Evidence Logs in this Profile and the remainder on separate sheets within the overall Portfolio of Evidence. You are welcome to adapt subsequent entries to suit. Ensure that you have obtained Sign off Midwife and Supervisor of Midwife signatures for each entry.

1. Midwifery Case Log

Accessing a range of cases (aim for a minimum of 10-12 cases), write a short summary of a woman you have cared for during your shift, when either a learning objective has been achieved or any point of interest has been made, either positive or challenging.

- Sign off Mentors are also expected to comment on each case either positive or challenging and when available the Supervisor of Midwives should also comment.
- All entries should be signed at the point of writing.
- Do not leave writing your journal entry until the next day, write things down as they happen.
- Ensure each entry is chronological.

2. Evidence Log

Identify, log and discuss evidence that you have read and used to support your attainment of proficiencies and/or inform your reflection on a particular case. This work will facilitate discussion with your sign off mentor and provide evidence of your reading.

- Sign off Mentors are also expected to comment on each entry and when available the Supervisor of Midwives should also comment.
- Aim to log a range of at least 6-8 pieces of evidence
- Examples include professional journal articles, books/book chapter, national and local clinical guidelines, information leaflets)

What to focus on

- Activities/ situations/ experiences that went well or that were difficult.
- Unexpected problems or issues that have occurred during your day.
- How you feel about the way you are doing things e.g. items of understanding, clarity of thought, strength of actions, awareness.
- Anything else that feels of importance to you even though you may not understand the significance of it.

Suggested formats are offered below

Date/ Shift hours
Midwifery Case:
Description of events:
Positive aspects of the day:

Challenges of the day:	
Mentor's comments:	
Monto: 6 55	
	J
RtP student midwife's signature	Mentor's signature

Evidence source (article/book/guideline/leaflet etc) with full reference and date of access:
Deleteration (to include view recease for coloction in valetion and which proficionally you are
Brief review (to include your reason for selection in relation and which proficiency you are claiming as evidence)
Positive reflections on the evidence:

Concerns/challenges highlighted within the evidence:		
Key implications for your practice are:		
Discussion nainte		
Discussion points:		
Mentor's comments:		
RtP student midwife's signature	Mentor's signature	

Skills Inventory RtP Midwifery

From the point of midwifery registration onwards, you will be required to exercise autonomous clinical judgement and skills for the assessment of care needs and the development, implementation and evaluation of care for women and babies in the antenatal, intrapartum and postpartum periods. To support your transition back to professional registration your skills development will be supervised and supported by an experienced midwife.

The Skills Inventory is designed to ensure you are exposed to a wide range of key skills essential for efficient and effective midwifery care. You may have retained some of these skills in other roles that you have been involved with. You can provide evidence for this. On occasion it is acceptable to simulate skills in the absence of an appropriate clinical situation. Please highlight those skills that have been simulated. You are NOT required to obtain evidence of achievement of all the listed skills in order to pass the Profile, it is recognized each returning midwife will have their own unique combination of past experience and skills, and needs, and will make a judgment where to focus effort, in negotiation with the mentors.

	Date achieved	Signature
VITAL SIGNS		
Maternal BP manual		
Maternal pulse		
Maternal respirations		
Maternal pulse oximetry		
Baby pulse		
Baby respirations		
Baby pulse oximetry		
Use of MEWS chart		
MEDICATION		
Administer oral medication		
Administer intravenous medication		
Administer intramuscular medication		
Administer inhalation medication		
Use of a pump / syringe driver		
Midwifery Exemptions		
Drug calculations		
Use of analgesia in labour		

FETAL SURVAILLANCE	
Use of Pinnard	
Use of sonicaid	
Use of and interpretation of CTG	
BABY	
Initial examination of the newborn	
Resuscitation of the newborn	
Apgar assessment	
Cord care	
Daily examination of the newborn	
Neonatal Screening	
Assessment and care of low birth weight baby	
Assessment of neonatal jaundice	
Infant feeding – hand expressing	
Skin to skin initiation of breast feeding	
Infant feeding – breastfeeding assistance	
Infant feeding - preparation of formula feeds	
Infant feeding - sterilisation of equipment	
MOTHER	
Undertake history taking	
Undertake antenatal examination	
Undertake antenatal screening	
Undertake intrapartum examination	
Undertake assessment of progress in labour	
Undertake postnatal examination	
Undertake postoperative care	
Undertake handover of care	

Venepuncture	
Taking and labelling samples	
Calculate BMI	
Discuss plan and place of birth	
Alternative positions for birth	
Pelvic Floor exercises	
Water birth	
Preparation for instrumental birth	
Episiotomy	
Preparation for epidural analgesia	
Perineal repair	
Speculum examination	
Family planning advice	
Record Keeping	
Utilise IT systems in place	
Utilise Trust documentation in place	
Audit	
Reflection on care	
GENERAL CARE	
Be the lead carer in normal pregnancies	
Referral to multi professional team e.g.	
health issues	
 social issues 	
financial issues	
 psychological issues 	
child protection matters	
perinatal mental health	
Utilise the Supervisor of Midwives	

Maintain confidentiality	
Manage ethical and legal dilemmas	
Specialist Midwives awareness/referral e.g. • Infant feeding Coordination	
Smoking Cessation	
Diabetes in pregnancy	
Substance Misuse	
Domestic Violence	
Teenage Pregnancy	
Migrant women	
Female Genital Mutilation	
Bereavement support	
Counselling for mental health	
•	
TRUST TRAINING	
Manual Handling	
Adult CPR	
Neonatal Resuscitation	
Trust Fire Safety	
Infection Control	
Obstetric skills drills	
Comply with Trust guidelines and policies	
Common Assessment Framework	
Blood transfusion	
K2 fetal monitoring training	
Safeguarding training	

Advising of Pregnant Women: Pre Natal Examinations

No 1	Date	Mothers Reg. No	
No 2	Date	Mothers Reg. No	
No 3	Date	Mothers Reg. No	
No 4	Date	Mothers Reg. No	
No 5	Date	Mothers Reg. No	
No 6	Date	Mothers Reg. No	
No 7	Date	Mothers Reg. No	
No 8	Date	Mothers Reg. No	
No 9	Date	Mothers Reg. No	
No 10	Date	Mothers Reg. No	

Supervision and Care in Labour

Date	Mothers Reg. No	Initiated skin to skin: YES/NO
•	•	
Date	Mothers Reg. No	Initiated skin to skin: YES/NO
Date	Mothers Reg. No	Initiated skin to skin: YES/NO
Date	Mothers Reg. No	Initiated skin to skin: YES/NO
	Date	Date Mothers Reg. No

Date	Mothers Reg. No	Initiated skin to skin: YES/NO
Date	Mothers Reg. No	Initiated skin to skin: YES/NO
Date	Mothers Reg. No	Initiated skin to skin: YES/NO
Date	Mothers Reg. No	Initiated skin to skin: YES/NO
	Date Date	Date Mothers Reg. No Date Mothers Reg. No

Personal Births - include details of episiotomies, perineal repair (observed and undertaken)

Perso	nal Births - ind	clude details of episiotomies, perineal	repair (observed and undertaken)
No 1	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 2	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 3	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
	-		
No 4	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 5	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 6	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 7	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 8	Date	Mothers Reg. No	Initiated skin to skin: YES/NO

Supervision and Care of Post Natal Women

No 1	Date	Mothers Reg. No	
		Mothers Reg. No	
No 2	Date		

No 3	Date	Mothers Reg. No	
No 4	Date	Mothers Reg. No	
	•	<u> </u>	
No 5	Date	Mothers Reg. No	
No 6	Date	Mothers Reg. No	
140 0	Date	moniors reg. No	
No 7	Date	Mothers Reg. No	
NO /	Date	Mothers Reg. No	
No 0	Data	Mathana Dan, Na	
No 8	Date	Mothers Reg. No	
	T = .		
No 9	Date	Mothers Reg. No	
	_		
No 10	Date	Mothers Reg. No	

Supervision and Care of Healthy Newborn Infants

No 1	Date	Mothers Reg. No	
No 2	Date	Mothers Reg. No	
N - O	l Bata	Matters Dev No	
No 3	Date	Mothers Reg. No	
No 4	Date	Mothers Reg. No	
No 5	Date	Mothers Reg. No	
No 6	Date	Mothers Reg. No	
140 0	Date	mountre reg. No	

No 7	Date	Mothers Reg. No	
	T		
No 8	Date	Mothers Reg. No	
No 9	Date	Mothers Reg. No	
No 10	Date	Mothers Reg. No	

Supervision and Care of Women at Risk

No 1	Date	e of Women at Risk Mothers Reg. No	
NO I	Date	Wothers Reg. No	
No 2	Date	Mothers Reg. No	
110 2	Date	moulers reg. Its	
No 3	Date	Mothers Reg. No	
	T = :		
No 4	Date	Mothers Reg. No	
No 5	Date	Mothers Reg. No	
No 6	Date	Mothers Reg. No	
No 7	Date	Mothers Reg. No	
140 /	Date	Mothers Reg. No	
No 8	Date	Mothers Reg. No	

Supervision and Care of Newborns requiring Special Care

No 1	Date	Mothers Reg. No
No 2	Date	Mothers Reg. No
No 3	Date	Mothers Reg. No
No 4	Date	Mothers Reg. No
No 5	Data	Methoro Dog No
NO 5	Date	Mothers Reg. No
No 6	Date	Mothers Reg. No
110 0	Date	mound rog. no
No 7	Date	Mothers Reg. No
	1	
No 8	Date	Mothers Reg. No

Assess positioning, attachment and milk transfer during a breastfeed. Tick if taught hand expression.

No 1	Date	Mothers Reg. No	Hand expression
No 2	Date	Mothers Reg. No	
No 3	Date	Mothers Reg. No	
No 4	Date	Mothers Reg. No	
No 5	Date	Mothers Reg. No	
140 3	Date	Mothers Neg. No	