



BSc (Hons) Midwifery

Module NRMW 3113

Women and Midwives Partners in Care Assessment of Clinical Practice

Student Name.....

Cohort.....

Personal Tutor.....

Clinical Mentors

1.....

2.....

**School of Nursing & Midwifery
Faculty of Health and Life Sciences**

Student Details

Student Midwife:	
Programme:	
Cohort:	
Module Completion Date:	
Portfolio Submission Date:	
Module Leader:	Moira McLean
Placement: 1. 2.	
Personal Tutor:	
Clinical Mentor: 1. 2.	
Supervisor of Midwives:	
Programme Leader:	

Mentor Signatures

Anyone who contributes to this document <u>must</u> indicate their details below:				
Name (Please Print)	Specimen Signature	Place of Work	Position / Title	Date of Signature

Student Orientation to the Placement Delivery Unit

The clinical mentor should discuss the following with the student early in the allocation:

ISSUES	COMMENTS date and sign
<p>Placement's contact telephone numbers:</p> <p>(please specify)</p>	
<p>Action in the event of:</p> <ul style="list-style-type: none"> • FIRE • EMERGENCY • SICKNESS/ABSENCE 	
<p>The geographical area:</p> <ul style="list-style-type: none"> • Layout • Storage of equipment 	
Duty Rotas:	

Student Orientation to the Placement Community

The clinical mentor should discuss the following with the student early in the allocation:

ISSUES	COMMENTS date and sign
<p>Placement's contact telephone numbers:</p> <p>(please specify)</p>	
<p>Action in the event of:</p> <ul style="list-style-type: none"> • FIRE • EMERGENCY • SICKNESS/ABSENCE 	
<p>The geographical area:</p> <ul style="list-style-type: none"> • Layout • Storage of equipment 	
Duty Rotas:	

Module specific information

Minimum number of hours for this practice placement :xxxxx hours (**37.5 hours per week which includes 2.5 hours of reflection**)

Clinical teaching sessions during practice placements are recorded and signed for on the clinical practice attendance sheet by the lecturer doing the session.

SUBMISSION DATE:

(DATE BY WHICH THE ASSESSMENT MUST BE COMPLETED)

Portfolio evidence for this module must be submitted to personal tutors via Student advice centre at City Campus by: xxxxxxxxxx

Failure to submit portfolio evidence including EU numbers and reflections by the date specified will lead to the award of a fail grade in practice (unless prior to that date an extension request has been received).

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

The focus for the clinical assessment of this module is community and delivery unit .

The time on community will be spent , once assessed as suitable , in following the care of specified group of low risk women

The delivery unit placement will enable further consolidation in this area and assist with your preparation to care for low risk women from your caseload with less direct supervision See module guide for detailed guidelines

PORTFOLIO EVIDENCE

During this placement you will have the opportunity to continue to gather experiences that work towards meeting EC requirements to register as a midwife and these experiences should be recorded in your portfolio. The minimum number of experiences that need to be documented by the end of the placements are detailed below:-

- Examine at least 90 pregnant women
- **Examine at least 90 post natal women**
- Examine at least 90 neonates
- Record 35 high risk cases
- Participate in 35 normal births
- Have witnessed 8 normal births
- Record perineal repair as either observed or undertaken
- Continue to record any other experiences as they arise that are required as part of EU requirements for example breech birth

In addition to documenting EC numbers, you are expected to completed the following learning experiences and reflect upon them in your portfolio:-

- 1 Skills development (individual choice)
- 1 skills development maintainace breast feeding

- 1 Skills development Intrapartum experience

In addition to recording these you are expected as a **minimum** standard to complete:-
1 significant event reflections for each placement (minimum of 2)

- Continue to complete Skills schedule as appropriate
- As part of caseholding you are also asked to maintain records related to care of caseholding women on templates supplied (these women are also recorded as part of EC examinations as appropriate) The templates will need to be available as part of your summative community assessment.
- You are required to maintain confidentiality in all the above submissions (NMC 2008)

You may carry out more than this if you wish

PROCESS FOR THE GRADING OF CLINICAL PRACTICE

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

FIRST WEEK OF PLACEMENT

Sign off mentor, personal tutor and student midwife meet to carry out a learning needs assessment (if this is a second or subsequent module the student should have an **Ongoing Achievement Record (OAR) and Personal Development Plan** from her last placement that provide a useful starting point). The initial assessment of learning needs is documented in the clinical assessment booklet as is an action plan to meet learning needs. The personal tutor should clarify the date for submission of reflections. This is usually one week before the end of the placement. The student should be warned that non-submission of evidence will result in a failed clinical assessment. If possible, arrangements for the final summative assessment of practice are made at this meeting. In exceptional circumstances only it may be appropriate to invoke the formal extension process (2 week extension as for theoretical work), but the relevant documentation must be completed and the module and programme leader informed.

MIDPOINT INTO PLACEMENT

Sign off mentor and student midwife meet to review progress against learning needs and outcomes for the placement. This meeting provides an opportunity to provide feedback to the student which is documented in the clinical assessment booklet. Discussion of any reflections or evidence can also be included. Signatures for all EU numbers should be checked by sign off mentors and personal tutors.

**IT IS IMPERATIVE THAT THE STUDENT IS INFORMED OF THEIR PROGRESS
ESPECIALLY IF THERE ARE CONCERNS ABOUT THEIR PERFORMANCE.**

When there are concerns about student performance in clinical practice:

It is recommended that the sign off mentor contacts the student's personal tutor in these circumstances, and arrangements made so that they can also be present for the mid point assessment. An action plan to address any additional learning needs should be agreed and documented in the clinical assessment document and clearly articulated to the student and a copy in the **Ongoing Achievement Record (OAR)**. The clinical placement facilitator should also be informed.

ONE WEEK PRIOR TO THE END OF THE CLINICAL PLACEMENT

Student submits reflections to their personal tutor. These are usually submitted to the student advice centre.

LAST WEEK OF PLACEMENT OR WEEK OF ASSESSMENT

Sign off mentor and personal tutor meet with the student to undertake the summative assessment of clinical practice.

Grading of clinical practice **CAN** take place if:

- All learning outcomes have been achieved
- All required evidence (reflections, skills developments, and any additional EU numbers etc) have been submitted on time.

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

- Learning outcomes not achieved
- All required evidence (reflections, skills developments, EU numbers etc) have not been submitted on time.

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

IF STUDENT HAS ACHIEVED ALL THE LEARNING OUTCOMES FOR THIS PLACEMENT

Initially there is a discussion with the student about practice issues raised in their reflections and how these have influenced the student's thinking and future practice. The student is asked to evaluate their own progress during the placement.

The student submits EU numbers for perusal and logging by the personal tutor.

The student then removes themselves from the room in order that the sign off mentor and personal tutor can discuss progress, formulate feedback to give to the student and grade clinical practice. Documentation is completed in the clinical assessment booklet and **Ongoing Achievement Record (OAR)**.

Once grading is completed the student returns to the room and feedback and grade are given. **The Personal Development Plan** is commenced which the student takes forward to their next placement.

The personal tutor takes the clinical assessment document away with them in order that the booklet can be scrutinised by External Examiners and to provide evidence to support the grade awarded at the Assessment Board and in order that the grade can be ratified.

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

The lecturer and personal tutor will **NOT** continue with the grading process.

The student will be awarded a fail.

Evidence to support this fail will be provided by sign off mentor and personal tutor and documented in the clinical assessment document.

The **Ongoing Achievement Record** will be completed by the sign off mentor and personal tutor and returned to the student.

WHAT TO DO WHEN:

1. SIGN OFF MENTOR AND PERSONAL TUTOR CANNOT REACH AN AGREED DECISION

- Contact the module leader/ Link lecturer to moderate.
- Clearly document actions taken and decisions made on the back of the grading form.
- Module leader/ link lecturer will facilitate discussion and assist with awarding a mark
- All documentation and a report will be forwarded to the External Examiner

2. STUDENT DISAGREES WITH THE MARK GIVEN

- The student will be directed to the De Montfort University appeals system.
- All documents will be forwarded to the External Examiner.

IMPORTANT:

- **The student is responsible for submitting the completed evidence before the final assessment.**
- **Failure to submit will result in module failure**

INITIAL ASSESSMENT OF LEARNING NEEDS (TRIPARTITE ASSESSMENT)

Personal Development Plan *Identify how you are going to meet the outcomes including resources – people / places, areas of practice, formal & informal teaching, supervision. Include a realistic review date. (Note: to include written agreed goals for further development and learning from previous placement)*

Student Assessment of Learning Needs

Personal development plan :

Mentors plan to facilitate learning :

Student's signature:.....Date:.....

Sign off Mentor's signature:..... Date:.....

Personal Tutor's signature:.....Date:.....

Mid Module Review

Student's Comments *reflecting progress in achieving outcomes and personal development plan. Identify any areas that still need to be achieved. Has the personal development plan been achieved?*

Signature of Student:.....Date:.....

Mentor's Comments *identifying any areas that you feel that the student may have difficulty in achieving by the end of the module. Consider if you need to contact the Personal Tutor or Clinical Placement facilitator for any advice.*

Signature of Student:.....Date:.....

Signature of MentorDate

INITIAL ASSESSMENT OF LEARNING NEEDS (TRIPARTITE ASSESSMENT)

Community placement

Personal Development Plan *Identify how you are going to meet the outcomes including resources – people / places, areas of practice, formal & informal teaching, supervision. Include a realistic review date. (Note: to include written agreed goals for further development and learning from previous placement)*

Student Assessment of Learning Needs

Personal development plan :

Mentors plan to facilitate learning :

Student's signature:.....Date:.....

Sign off Mentor's signature:..... Date:.....

Personal Tutor's signature:.....Date:.....

Mid Module Review (community placement)

Student's Comments *reflecting progress in achieving outcomes and personal development plan. Identify any areas that still need to be achieved. Has the personal development plan been achieved?*

Signature of Student:.....Date:.....

Mentor's Comments *identifying any areas that you feel that the student may have difficulty in achieving by the end of the module. Consider if you need to contact the Personal Tutor or Clinical Placement facilitator for any advice.*

Signature of Student:.....Date:.....

Signature of MentorDate

FORMATIVE ASSESSMENT

This must be completed prior to student undertaking minimal supervised visits

Date to be completed by:

Student's identified learning needs:

Signature of student and date

Mentors comments and assessment

personal tutors comments

Agreement to student undertaking minimal supervised visits

Mentor signature

Personal tutor signature

Agreed Mechanism for student and mentor contact during minimal supervised practice

**If Student Assessed as not yet Able To undertake minimal supervised visits
action plan and agreed date for reassessment**

**Mentor Signature
Personal Tutor Signature
Student Signature**

**date
date
date**

INITIAL ASSESSMENT OF LEARNING NEEDS (TRIPARTITE ASSESSMENT)

Delivery Unit Placement

Personal Development Plan *Identify how you are going to meet the outcomes including resources – people / places, areas of practice, formal & informal teaching, supervision. Include a realistic review date. (Note: to include written agreed goals for further development and learning from previous placement)*

Student Assessment of Learning Needs

Personal development plan

Mentors plan to facilitate learning :

Student's signature:.....Date:.....

Sign off Mentor's signature:..... Date:.....

Mid Module Review (Delivery Unit Placement)

Student's Comments *reflecting progress in achieving outcomes and personal development plan. Identify any areas that still need to be achieved. Has the personal development plan been achieved?*

Signature of Student:.....Date:.....

Mentor's Comments *identifying any areas that you feel that the student may have difficulty in achieving by the end of the module. Consider if you need to contact the Personal Tutor or Clinical Placement facilitator for any advice.*

Signature of Student:.....Date:.....

Signature of MentorDate

Mid Module Review(at end of Delivery unit placement)
Suitability for caring for Low risk women in normal labour with less direct supervision

This section needs to be completed prior to students following care through to delivery unit when on community placement

Student's Comments *reflecting progress in achieving outcomes and personal development plan. Identify any areas that still need to be achieved. Has the personal development plan been achieved?*

Signature of Student:.....Date:.....

Mentor's Comments Regarding capability of student to participate in caring for low risk women with less direct supervision

Signature of Student:.....Date:.....


Signature of sign off mentor.....Date

Signature personal tutor

date

Assessment of NMC Standards of Proficiency (NMC 2004) **and** **Essential Skills Clusters** (NMC 2007)

Level 3 delivery unit community and caseholding

Prof	ESC	Key Skill	Self Assess  Student to initial when achieved to own satisfaction	Learning Outcome: On completion of this module the student is able to:	Mentor Assessment of the Student's Proficiency	
					Achieved	Mentor's Signature & date
					Yes ✓	
				Domain: Effective Midwifery Practice		
1.1				1.Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal stages		
1.1			both	Apply the necessary skills to help women identify their feelings and anxieties about pregnancy, birth and related changes to themselves and their lives		
1.2			both	Enable women to think for themselves		
1.3			both	Enable women to make informed choices about their health and health related care using: A) knowledge of the factors that influence decision making		
1.5			both	B) relevant theories in making choices about their health and their babies health		
1.6			both	Evaluate own skills in communicating with women in labour childbearing		
	1.1		both	Respect the role of women as partners in their care and contributions they can make to it		
	1.1		both	Communicates effectively and sensitively in different settings, using a range of methods and styles in individual and group settings		
	1.1		both	Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances in individual and group scenarios		
	1.2		both	Respect women's autonomy when making a decision, even where a particular choice may result in harm to themselves or their unborn child, unless a court of law orders the contrary		
	1.3		both	Uses appropriate strategies to encourage and promote choice for all women		

	1.3		both	Provide accurate, truthful and balanced information that is presented in such a way as to make it easily understood		
	1.3		both	Discuss with women local / national information to assist with making choices, including local and national voluntary agencies and websites		
		Subject Benchmark A1 B2 C1 C2		2. Diagnose pregnancy, assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal stages through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions		
2.1			comm	Assess and monitor the health and well-being of the woman throughout the childbearing cycle and relate to the physical and emotional changes that normally occur		
2.2			both	Diagnose normal and deviations from normal, evaluate findings and prescribe appropriate care that is valid, reliable and comprehensive		
2.3			both	Evaluate the outcomes of care and make appropriate adjustments to ensure the health and wellbeing of the woman and her baby.		
2.4			both	Critically examine the validity and reliability of policies and procedures related to care of the childbearing woman		
2.5			comm	Evaluate the range and availability of preconception care		
	2.1		comm	Can conduct general information sharing (eg optimum times for testing) as appropriate through a variety of multi-media channels, such as texting		
	2.1		comm	Can effectively share information in challenging circumstances, such as a previous bereavement, or affected / high risk screening result		
	2.1		comm	Discuss with women local / national information to assist with making choices, including local and national voluntary agencies and websites		
	2.1		comm	Is able to seek out required information about less common / specialised antenatal screening tests		

		Subject Benchmark A1 B2 C1 C2		3. Determine and provide programmes of care and support for women		
4.3			both	Use appropriate clinical skills to identify normal and abnormal pregnancies and refer to others appropriately		
3.1			comm	Prescribe appropriate programmes of care based on the needs and wishes of women		
3.2			comm	Evaluate these programmes using appropriate evidence		
3.3			comm	Adapt plans of care in the light of evaluation and wishes of women		
3.4			comm	Compare plans of care with outcomes		
3.5			del	Discuss the principles of ethical decision making and how these can be applied to the care of women		
3.6			del	Examine how principles of partnership are applied in the context and content of care for women		
3.7			both	Evaluate the use of clinical judgement within the parameters of informed choices for women		
3.8			comm	Critically examine methods of preparation for pregnancy, birthing the parenting		
	1.7		both	Delivers care that recognises need and provides both practical and emotional support		
	2.2		comm	Empowers women to recognise normal pregnancy development and when to seek advice		
	2.2		comm	Skilled in providing the opportunity to women to disclose domestic abuse and is able to respond appropriately		
				4. Provide seamless care and interventions in partnership with women and other care providers during the antenatal period		
	2.4		comm	Where available, to be actively involved in being accessible for women in environments other than traditional NHS settings		
	2.4		comm	Be confident in working in a variety of models of service delivery which encourage early access to care		

4.1			com	Provide care that acknowledges the influence of context of care on the health of women		
4.2			comm	Provide care that is sensitive to the cultural and individual needs of women		
4.3			comm	Use appropriate clinical skills to identify normal and abnormal pregnancies and refer to others appropriately		
4.4			comm	Provide continued support to women whose pregnancies deviate from normal and require care from other professionals		
4.5			comm	Critically examine how care is based on evidence available		
4.6			comm	Examine how the concept of risk influences the care of women during pregnancy		
4.7			comm	Demonstrate ability to work as a lead carer in normal pregnancies		
4.8			comm	Demonstrate ability to work as a member of the multi-professional team to ensure care that is appropriate to the needs and wishes of the woman		
				5. Refer women that would benefit from the skills and knowledge of other individuals		
5.1			comm	Assess the physical, emotional and social needs of the childbearing women and the role of individuals and agencies in the care of childbearing women		
5.2			comm	Choose the appropriate agency to provide care and support for the childbearing woman		
	2.3		comm	Works collaboratively with other practitioners and external agencies		
	2.3		comm	Is competent to refer women who would benefit from more specialist services, such as a local substance misuse support unit		
				6. Assist women to give birth safely in a variety of environments		
	3.1		Comm./del	Able to support women in a variety of birth settings, other than the acute hospital environment, taking into account the health, safety and wellbeing of women		
	3.1		del	Inspires confidence and bases decisions on evidence and uses experience to guide decision making		
	3.2		del	Applies in-depth knowledge of the physiology of labour and birth		

	3.3		del	Identify the onset of labour and discuss the findings accurately and share this information with women, including the ability to discuss any further action / consequences as necessary		
	3.4		del	Assess maternal wellbeing and interpret the findings accurately and share this information with women, including the ability to discuss any further action / consequences as necessary		
	3.4		del	Refer women who would benefit from the skills and knowledge of other individuals		
	3.4		del	Assess and implement measures to manage, reduce or remove risk that could be detrimental to women, self and others		
	3.5		del	Critically appraise and justify the use of any intervention, such as artificial rupture of membranes, continuous electronic fetal monitoring, urinary catheterisation, in order to facilitate a spontaneous vaginal birth		
	3.5		del	Seek informed consent prior to undertaking any procedure		
	3.5		del	Recognise any deviation from the normal progress of labour or wellbeing of the woman or fetus		
	3.5		del	Timely referral of women who would benefit from the skills and knowledge of others		
6.1			del	Evaluate the methods used to monitor the condition of the fetus and woman during labour.		
6.2			del	Provide a rationale for the methods used to monitor the condition of the woman and fetus during labour.		
6.3			del	Provide for women appropriate information on the methods of pain relief so that the woman can choose a method that is appropriate for her		
6.4			del	Give care that is safe, satisfying and respecting of individuality and culture of the woman during labour		
	3.6		del	Support women and their partners in the birth of their baby		
	3.6		del	Accurately assess progress and shares this information with women, including the ability to discuss any further action / consequences as necessary		
	3.6		del	Prepares the environment ready for the birth		
	3.6		del	Sensitively care for women and be attentive to the 'moment of birth', creating an environment that is responsive to the woman's needs		


	3.6		del	Timely referral of women who would benefit from the skills and knowledge of others		
	3.6		del	Continue to provide care to women undergoing complications as part of a multidisciplinary team		
	3.6		del	Assess and monitor the woman's condition throughout the third stage of labour facilitating safe delivery of the placenta and membranes by physiological or active management		
	3.7		del	Facilitate the mother and baby to remain together		
	3.7		del	Accurately assess the health and wellbeing of the newborn baby		
	3.7		del	Initiate emergency measures if required		
6.5			del	Give care that is safe, satisfying and respecting the individuality and culture of the woman following the birth		
	3.7		del	In a culturally sensitive manner, create an environment that is protective of the maternal infant attachment process, such as minimal handling of the baby, discovering gender, fostering maternal infant eye contact, skin-to-skin contact		
				7. Undertake appropriate emergency procedures to meet the health needs of women and babies		
8.2	3.8		both	Can initiate emergency measures in both primary and secondary care settings		
8.1			del	Demonstrate skills of resuscitation of the woman and baby		
8.2			del	Demonstrate skills to manage emergency procedures that may occur during childbearing		
	3.8		del	Can sustain emergency measures until help arrives		
			del	Provide continued support to women whose pregnancies deviate from normal and require care from other professionals		
7.1			comm	Examine how the concept of risk influences the care of women during pregnancy		
	5.10		del	Recognise and correctly respond to obstetric emergencies in the context of medicines management		
8.4			comm	Evaluate the role of the midwife in examination of the baby and assessment of development		

		Subject Benchmark A1 B2 C1 C2		9. Work in partnership with women and other care providers to provide seamless care and intervention		
	3.6		del	Continue to provide care to women undergoing complications as part of a multidisciplinary team		
		Subject Benchmark A1 B2 C1 C2		10. Examine and care for babies with specific health or social needs and refer to other professional or agencies as appropriate		
10.1			comm	Examine the causes of fetal and neonatal health problems		
10.2			both	Identify potential problems in the antenatal period that may cause complications in the fetus or neonate		
10.3			both	Seek the advice and support of appropriate professionals or agencies in the care of the fetus with specific health problems		
				11. Care and monitor women during the puerperium offering necessary evidence-based advice and support on baby and self care		
	4		comm	Understand and share information about breastfeeding that is clear, accurate and meaningful at a level which women, their partners and family can understand		
	4.1		comm	Critically appraises the nature and strength of breastfeeding promotional and support interventions		
	4.2		comm	Demonstrate a working knowledge of the local demographic area and explore strategies to support breastfeeding initiatives within the locality		
	4.2		comm	Skilfully explores attitudes to breastfeeding		
	4.3		comm	Applies in-depth knowledge of the physiology of lactation to practical situations (BFI)		
	4.3		comm	Uses skills of observation, active listening and on-going critical appraisal in order to analyse the effectiveness of breastfeeding practices		

	4.3		comm	Confident at exploring with women the potential impact of delivery room practices, such as the effect of different pain relief methods and the importance of skin-to-skin contact, on the well being of their baby and themselves, and on the establishment of breastfeeding in particular (BFI)		
	4.3		comm	Explore with women the evidence-base underpinning information, which may have an impact on breastfeeding such as bed-sharing and the use of dummies (BFI)		
	4.6		comm	Acts upon the need to refer to appropriate health professionals where deviation from appropriate infant feeding and growth patterns are apparent		
				12. Select, acquire and safely administer a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at the time		
12.1			del	Evaluate the use of drugs within midwifery practice		
12.2			del	Select appropriate drug for use within a variety of situations		
12.3			del	Compare the legal and professional requirements for the safe administration of drugs		
	5		del	Within the parameters of normal childbirth, ensure safe and effective practice through comprehensive knowledge of medicinal products, their actions, risks and benefits including the ability to recognise and respond safely to adverse drug reactions and adverse drug events		
	5.1		del	Apply an understanding of basic pharmacology, how medicinal products act and interact in the systems of the body as well as their therapeutic action in all aspects related to midwifery practice		
	5.2		del	Uses knowledge and understanding of commonly supplied or administered medicinal products to the woman or baby in order to act promptly in cases where side effects and adverse reactions occur		
	5.3		del	Safely and effectively select, acquire and administer medicinal products via routes and methods commonly used within normal midwifery practice and maintains accurate records		

	5.7		comm	Work in partnership with women to share information about alternative approaches to using medication, where appropriate		
	5.7		comm	Appropriate referral to a registered complementary therapist		
	5.7		comm	Awareness of the dangers of giving complementary therapy advice when not qualified e.g. raspberry leaf, over the counter herbal products		
		Subject Benchmark C2		13. Complete, store and retain records of practice, which are accurate legible, detail the reasoning behind actions, contain the information necessary for the record's purpose		
13	3.10		both	Evaluate own standard of record keeping		
13.1	3.10		both	Keep detailed records of all discussions and care given in antenatal , intra partum and postnatal period and outcomes of such care.		
13.1			both	Provides accurate and comprehensive written reports based on best available evidence		
	3.10		both	Detail reasoning behind any actions or interventions taken		
	5.4		del	Keep and maintain accurate records, which includes when working within a multi-disciplinary framework and as part of a team.		
	5.4		both	Effectively keep records of information sharing with women about the benefits and risks of relevant medication		
	5.4		del	Effectively keep records of medication supplied and/or administered and omitted, including controlled drugs		
		Subject Benchmark A1 B2 C1 C2		14. Actively monitor and evaluate effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families		
14.1			both	Critically examine how programmes of care are planned		
14.2			both	Evaluate methods of identifying and monitoring outcomes of care		
14.3			both	Examine the concept of effectiveness of care		
14.4			both	Appraise the methods of monitoring effectiveness of care		


14.5			both	Examine how programmes of care can be modified to meet the individual needs of the woman		
	5.1		del	Within the parameters of normal childbirth, ensure safe and effective practice through comprehensive knowledge of medicinal products, their actions, risks and benefits including the ability to recognise and respond safely to adverse drug reactions and adverse drug events		
		Subject Benchmark A2		15. Contribute to enhancing the health and social wellbeing of individuals and their communities		
15.1			comm	Evaluate public health policies in the improvement of the health of women		
15.2			comm	Examine the role of the midwife in the improvement of the health of women and their families		
15.3			comm	Critically examine how midwifery care is planned and delivered to women and babies with specific health needs		
15.4			comm	Discuss how communication with users, local communities and agencies relevant to the improvement of maternity care can be established and maintained		
	2.2		comm	Effectively explores social, religious and cultural factors that inform an individualised antenatal care pathway for women that is diversity sensitive		
	4.5		comm	Understand the importance of community support for breastfeeding and actively refers women to community based support networks, both in supporting women to breastfeed and as a resource for health professionals (BFI)		
	4.5		comm	Actively works with other health professionals and external agencies to promote breastfeeding and support women in their choice to breastfeed		

Prof	ESC	Key Skill	Self Assess  Student to initial when achieved to own satisfaction	Learning Outcome: On completion of this module the student is able to:	Mentor Assessment of the Student's Proficiency	
					Achieved	Mentor's Signature
					Yes ✓	
				Domain: Professional and Ethical Practice		
				16. Practice in accordance with the NMC's documents, within the limitations of one's own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice		
16.5			both	Identifies when needs of the woman falls outside the scope of midwifery practice		
16.6			both	Consults with appropriate health care professionals when the needs of the women fall outside the scope of midwifery practice		
			comm	Demonstrate ability to work as a lead carer in normal pregnancies		
			both	Demonstrate ability to work as a member of the multi-professional team to ensure care that is appropriate to the needs and wishes of the woman		
	1.8 3.9		both	Works within the NMC Midwives rules and standards		
	3.1		both	Practises in accordance with relevant legislation		
	5.5		del	Work within the legal and ethical framework that underpins safe and effective medicinal products management, as well as in conjunction with national guidelines, and local policies		
	5.5		both	Is conversant with legislation related to midwives exemptions, Pharmacy only and General Sales Lists medicinal products, Midwives Supply Orders, destruction of controlled drugs and Patient Group Directions		
	5.6		del	Order, receive, store, transport and dispose of medicinal products safely and in accordance with relevant legislation, in any midwifery setting (including controlled drugs).		
18.2			both	Apply knowledge of contemporary ethical issues to midwifery practice.		


		Subject Bench mark A1 B2 C1 C2		17. Practise in a way that respects and promotes individual's right, interests, preferences, beliefs and cultures		
17.1			both	Ensures that women's individual preferences, beliefs and values are respected		
17.2			both	Promotes care that acknowledges and respects the right of the woman to make decisions regarding her care		
17.3			both	Evaluate how the maternity and neonatal services are organised to meet the needs of women's interests, preferences, beliefs, culture and religion		
17.4			both	Involves those of significance and importance to the women in decisions regarding care		
17.5			both	Protects women from harm		
		Subject Bench mark A1 C1		18. Practise in accordance with relevant legislation		
18	1.6		both	Takes into account UK legal frameworks and professional ethics when planning care		
18	4.5		both	Practices within the limitations of the their own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice		
	5.9		both	Work within national and local policies		
18.1			both	Debate the issues of human rights and equal opportunities in relation to midwifery care		
18.2			both	Apply knowledge of contemporary ethical issues to midwifery practice.		
18.3			both	Makes decisions that demonstrate knowledge of the complexities arising from ethical and legal dilemmas.		
18.4			both	Identify how moral, ethical and legal obligations influences care given		
18.5			both	Demonstrates respect of the individual and community		
				19. Maintains confidentiality of information		
	1.2		both	Acts professionally and appropriately in situations where there may be limits to confidentiality (eg child protection, protection from harm)		

	1.2		both	Recognises the significance of information and who does / does not need to know		
	1.2		both	Distinguishes between information that is relevant to care planning and that which is not		
	1.2		both	Acts appropriately in sharing information to enable and enhance care (multidisciplinary team, across agency boundaries)		
	1.2		both	Works within the legal framework for data protection (eg access to and storage of records)		
	1.2		both	Acts within the law when confidence has been broken		
19.1			both	Maintains confidentiality of written and verbal information at all times		
19.2				Maintains security of all information		
		Subject Bench mark A2 B4		20. Interact with other practitioners and agencies		
20.1			both	Evaluate the role of professionals and other agencies in the care of the woman and her family		
20.2			comm	Contact and maintain communication with professionals and agencies that can be of benefit to the health and wellbeing of the woman and her family		
20.3			both	Offer support to other professionals and agencies that are involved in the care of the woman and her family		
20.4			both	Ensure that individuals or agencies that are relevant to the care of women, babies and their families have the necessary information to give optimum care		
	1.8		both	Works inter-professionally as a means of achieving optimum outcomes for women		
	1.8		del	Confident to call appropriate professional regardless of hierarchy, when care requires expertise beyond the midwife's current practice, or the needs of the women or baby fall outside the scope of midwifery practice		
	1.8		del	Works confidently, collaboratively and in partnership with women and others to ensure the needs of women are met		
		Subject Bench mark C1		21. Manage and prioritise competing demands		
	1.6		both	Manages challenging situations effectively		
21.1			both	Identify the priorities necessary to ensure optimum care for the woman and her baby		

21.2			both	Implement care that demonstrates ability to manage competing demands on the role of the midwife		
21.3			both	Identify when difficulties are likely to arise in the delivery of care and communicates these difficulties to the appropriate person		
21.4			both	Acknowledges own limitations with the total care of the woman and her baby		
		Subject Benchmark A1 B2 C1 C2		22. Support the creation and maintenance of environments which promote the health, safety and wellbeing of women, babies and others		
22.4			comm	Critically evaluate the issues around 'where to be born'		
22.5			del	Evaluate the issues around midwifery versus obstetric led care environments		
		Subject Benchmark A1		23. Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interest of women, babies and their families		
23.5			del	Identify the contribution of the individual midwife in the making of local policies and guidelines		

prof	ESC	Key Skill	Self Assess  Student to initial when achieved to own satisfaction	Learning Outcome: On completion of this module the student is able to:	Mentor Assessment of the Student's Proficiency	
					Achieved	Mentor's Signature
					Yes ✓	
				Domain: Developing the Individual Midwife and Others		
		Subject Benchmark A1		24. Review, develop and enhance one's own knowledge, skills and fitness to practice		
		IT	Both	Demonstrates through submission of specified written reflections, the ability to reflect on practice to a level three standard		
24.2			both	Critically examine the concept of fitness to practice		
24.4			both	Evaluate the use of reflection on practice as a vehicle for change in practice		

				Meet with Supervisor of midwives to discuss issues I practice audit notes		
24.3			Both	Critically examine own practice, and identify how improvements could be made		
		Subject Bench mark A1 B4 C2		25. Demonstrate effective working across boundaries and develop professional networks		
25.1			comm	Evaluate how multi-professional working enhances and improves the standard of care for women and their babies		

Prof	ESC	Key Skill	Self Assess  Student to initial when achieved to own satisfaction	Learning Outcome: On completion of this module the student is able to:	Mentor Assessment of the Student's Proficiency	
					Achieved	Mentor's Signature
					Yes ✓	
				Domain: Achieving Quality Care Through Evaluation And Research		
				26. Apply relevant knowledge to one's own practice in structured ways which are capable of evaluation		
26.2		IT	both	Identifies sources of professional knowledge		
27.1		LP	both	Utilise a model of reflection in assessing the care of women and their babies		
27.2		IT	both	Identify the various sources of evidence in midwifery care		
26.2			both	Evaluate methods of research used to inform midwifery practice		
26.3			both	Evaluate the factors that influence the implementation of research		
26.5			both	Examine the philosophies underpinning the various approaches to research in midwifery practice		
		Subject Benchmark A1 B4 C2		27. Inform and develop practice and the practice of others through best practice using available evidence and reflecting on one's own practice		
27.1		PE	both	Critically appraise own practice based upon best available evidence		
27.2		PE	both	Demonstrate ability to disseminate research findings		

27.3			both	Evaluate the use of reflection on and in practice in the development of evidence based care		
				28. Manage and develop care utilising the most appropriate information technology systems		
28.1		IT	del	Evaluate the use of IT in informing practice		
28.2		IT	comm	Critically examine how information is collected and recorded within IT systems within community settings		
				29 Contribute to the audit of practice to review and optimise the care of women, babies and their families		
29.1			both	Evaluate own practice through the process of audit		

Key skills

C COMMUNICATION
 N NUMERACY
 IT INFORMATION TECHNOLOGY
 PE PERSONAL EFFECTIVENESS
 PS PROBLEM SOLVING
 TW TEAM WORKING

Evaluation of Professional Conduct

Introduction

There is an expectation that students undertaking programmes of study in nursing or midwifery demonstrate standards of behaviour compatible with the principles of the NMC's 'Code of Professional Conduct: standards for conduct, performance and ethics'¹. This is an essential criterion for achieving 'fitness for practice' and therefore becoming eligible to be recommended for entry to the NMC's professional register.

To manage this process of evaluation, a standard approach, which utilises a standard set of criteria, has been introduced to all pre-registration nursing and midwifery programmes. This facilitates equity for all students and provides a 'transparent process' to monitor, assess and summatively evaluate professional development and professional conduct.

Key Points Relating to the Assessment of Professional Conduct

- 1 Professional behaviour is an integral part of all practice assessments and is a considered component of a student's performance. This should be reflected appropriately, in comments related to the achievement of specific learning outcomes or competencies, both verbally and within the student's Continuous Assessment of Practice document.
- 2 Throughout a practice placement, practice mentors monitor students' professional development and conduct, providing feedback to the student at appropriate intervals. Where a student demonstrates inappropriate professional behaviour, the practice mentor should discuss this with the student and personal tutor and together they should devise an action plan to support professional development. This should also be discussed with the programme leader and module leader as appropriate.
- 3 Assessments of the stated learning outcomes throughout the placement, aggregate to form a focused, summative evaluation of professional conduct, which should be recorded on the dedicated Professional Conduct Evaluation page of the Continuous Assessment of Practice document. This should be completed by the student's practice mentor
- 4 The outcome of the summative, professional conduct evaluation will be reported to the Subject Authority Assessment Board, as a component of the practice assessment for the module undertaken, and subsequently, will be entered on each student's assessment record.
- 5 Where a student fails to meet a satisfactory standard of professional conduct the Subject Authority Assessment Board will decide the appropriate action, for example, that the student:
 - Fails the module – due to lack of progress in professional development (e.g. – is uncooperative; unreliable in time keeping)
 - Is dismissed from the programme - in cases of serious professional misconduct (e.g. – abuse of clients/patients; theft; fraud)
- 6 Professional conduct evaluations throughout the programme will contribute to an objective recommendation to the NMC for students to be admitted to the professional register, as well as references to prospective employers.

NMC (2008) Code of Professional Conduct: standards for conduct, performance and ethics

GUIDELINES INDICATING AN AUTOMATIC FAILURE FOR UNSAFE PRACTICE IN BOTH PRACTICE AND ACADEMIC ASSESSMENT

Rationale for the Guideline

All students (pre and post-registration) are expected to be familiar with the principles of safe practice and are expected to perform in accordance with these requirements. Whilst it is usually the case that students recognise safe practice issues in placements experiences this is not always reflected in academic work. Feedback from external examiners indicates that there are variations in the application of judgements regarding the demonstration of unsafe practice in assessments. It is important to ensure, as far as is possible, equity of decision making in respect of assessments. Thus this guideline will apply to assessments in practice as well as for academic assessments.

This guideline is intended as a supplement to and not a replacement for the University's marking criteria. It is not possible to construct strict rules regarding what constitutes unsafe practice in all circumstances and professional judgement still has a role to play. The guideline is aimed at assisting in making judgements and providing a basis for resolving cases where a difference of opinion might occur.

Definition of Unsafe Practice

Unsafe practice is described as a "... behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behaviour involving unacceptable risk" (Scanlan et al 2001 p1).

Unsafe practice includes:

- An act or behaviour of the type which violates the Nursing and Midwifery Council's Code of Professional Conduct (NMC 2008) or the Health Professions Council's Standards of Conduct, Performance and Ethics (2003);
- An act or behaviour which threatens or has the potential to threaten the physical, emotional, mental or environmental safety of the client, a family member, or substitute familial person, another student, a university member or other health care provider;
- An act or behaviour (commission or omission) which constitutes practice for which a student is not authorised or educated at the time of the incident.

In addition in respect of academic assessments unsafe practice includes:

- Expressing practice that if acted on would constitute unsafe practice as identified above.
- Omission of an essential element of care in an academic piece of work that if the omission occurred in practice would constitute unsafe practice as identified above.
- Failure to recognise or acknowledge an act or behaviour that has been recounted in an academic assessment constitutes unsafe practice.

Consequences of the Demonstration of Unsafe Practice in Assessments

Any student judged to have demonstrated unsafe practice in an assessment will be judged to have failed that complete assessment. Thus where, for example, an unseen written examination has a requirement for several questions to be answered the **demonstration of unsafe practice in a single question will result in a fail for the whole examination**. Where a student is judged to have demonstrated unsafe practice for a single outcome in a practice assessment a fail is recorded for the practice element of the module. The student will consequently be required to retrieve the failed outcome in a subsequent placement.

References

Health Professions Council (2003) **Standard of conduct, performance and ethics: Your duties as a registrant**. HPC, London.

Nursing and Midwifery Council (2008) **The NMC Code of professional conduct: standards for conduct, performance and ethics**. NMC, London.

Scanlan J, Care WD and Gessler S (2001) Dealing with the unsafe student in clinical practice. **Nurse Educator** 26(1):23-27

GUIDELINES INDICATING AN AUTOMATIC FAILURE FOR UNSAFE PRACTICE IN BOTH PRACTICE AND ACADEMIC ASSESSMENT

(April 2008 version)

KEY	Action Plan Required	This is not considered unsafe practice for students at this level and so does not constitute an automatic fail of the assessment, but an action plan is required to be contracted by the module leader and/or mentor with the student
		Shaded boxes indicate that the unsafe practice behaviour is covered elsewhere e.g. within the CAP booklet for pre-registration

UNSAFE BEHAVIOURS	PRE-REGISTRATION YEAR 1	PRE-REGISTRATION YEAR 2 & 3	POST-REGISTRATION
LACK OF ACCOUNTABILITY, UNPROFESSIONAL PRACTICE	Deliberating covers up errors	Does not admit mistakes, deliberating covers up errors	Does not accept responsibility for own actions, does not admit mistakes, covers up errors
	Is dishonest	Is dishonest	Is dishonest
	Does not recognise potential for doing harm, lack of insight ACTION PLAN REQUIRED	Does not recognise potential for doing harm, lack of insight.	Does not recognise potential for doing harm, lack of insight.
	Breaks confidentiality i.e. <u>identifies a patient/client/woman</u> either directly or indirectly through a staff member, and/or names the placement or place of work ACTION PLAN REQUIRED	Breaks confidentiality i.e. <u>identifies a patient/client/woman</u> either directly or indirectly through a staff member, and/or names the placement or place of work	Breaks confidentiality i.e. <u>identifies a patient/client/woman</u> either directly or indirectly through a staff member, and/or names the placement or place of work
INCONSISTENT COMMUNICATION AND LACK OF RESPECT	Aggressive with clients and/or staff	Aggressive with clients and/or staff	Aggressive with clients and/or staff
LACK OF JUDGEMENT	Evidence of misuse of drugs and/or alcohol	Evidence of misuse of drugs and/or alcohol	Evidence of misuse of drugs and/or alcohol
PROFESSIONAL MISCONDUCT			Evidence of breaking the Code of Professional Conduct e.g. NMC or HPC

PROFESSIONAL PRACTICE FORM

Student's Name: **Sign of Mentor's Name:**

Professional Conduct Satisfactory ☐ **Sign off Mentor's Signature:**

Professional Conduct Unsatisfactory ☐ **Date:**

Student Performance	Guidance for Practice Mentors	Student's comments on professional behaviour	Practice Mentor's comments on professional behaviour
<p>Work in accordance with the Code Standards of conduct , performance and ethics for nurses and Midwives (NMC 2008):</p> <p>a) Demonstrates appropriate individual professional behaviour</p> <p>b) Professional behaviour is appropriate when working with clients/patients</p> <p>c) Professional behaviour is appropriate when working within the care team</p>	<p>Student demonstrates awareness of the Code of Standards of conduct , performance and ethics for nurses and Midwives (NMC 2008) and for example, through practice:</p> <ul style="list-style-type: none"> Behaves in a responsible, positive and co-operative manner Adheres to relevant policies & procedures Acknowledges own limitations and accepts constructive criticism Time keeping and related action are appropriate and fulfils on-duty requirements on placement Dresses appropriately for the place of work Maintains client confidentiality Respects clients, their property and the environment Safeguards clients' well-being Is considerate, sensitive and responsive to clients' needs Treats all patients/clients with dignity at all times Is respectful, co-operative and makes positive contributions within the team Is reliable, communicates and works collaboratively in the team Takes appropriate due regard to health & safety measures 		

GUIDANCE FOR LEVELS OF REFLECTIONS using GIBB'S REFLECTIVE CYCLE

Elements of Reflection	LEVELS OF REFLECTION			
	<i>Unsatisfactory</i>	Level 1	Level 2	Level 3
1. Context <ul style="list-style-type: none"> When, where, who was involved? 	Does not give the context of the situation	Gives a description of the immediate context	Shows awareness of past, present and future elements of the situation	A clear understanding of the relationships between past, present and future in this context
2. Thoughts <ul style="list-style-type: none"> What was I thinking at the time and afterwards 	No awareness of own or other's thoughts	Some awareness of own and other's thoughts and perspectives	Awareness of own thoughts and ability to view the situation from others' perspectives	Clear evidence that own and others' thoughts has influences practice
3. Feelings <ul style="list-style-type: none"> What did I feel at the time and afterwards 	No awareness of own or other's feelings	Some awareness of own feelings and some ability to empathise with others	Awareness of own feelings, ability to empathise with others and implications for practice	Clear evidence that awareness of own and others feelings has influenced practice
4. Evaluation <ul style="list-style-type: none"> Did things go well or badly? 	Does not evaluate own or others actions or care outcomes	Evaluation based on subjective or anecdotal perspective on own or others' midwifery care	Evaluation based on a mixture of subjective and objective perspectives	Clear ability to objectively evaluate the process or effectiveness or own midwifery care
5. Analyse <ul style="list-style-type: none"> Can I explain why things happened as they did? What were the influences? 	Does not explain what has happened	Limited ability to explain what has happened, based on a mostly subjective understanding of issues and with reference to a piece of key literature	Able to explain the main elements of what has happened, based on a mixture of subjectivity and objective use of more than one piece of key literature	Clear ability to explain in detail what has happened based on objective and extensive understanding, informed by a wide up-to-date range of appropriate literature
6. Reframe <ul style="list-style-type: none"> What could we do instead? What alternatives were there? 	Does not identify alternative approaches	Ability to identify one alternative approach, based on safe practice and subjective opinion	Able to identify at least one alternative approach, based on safe practice and current procedures	Clearly able to take a creative approach to devising a range of alternatives, based on safe practice, appropriate theory and up-to-date evidence
7. Future action <ul style="list-style-type: none"> What have I learned from this? What do I need to do in the future? How might I do this? 	Does not identify future actions to improve care or evidence of personal learning	Able to identify own personal learning and one future action	Good account of personal learning, identifies future action and a plan of implementation	Evaluates personal learning and clearly applies this to own future practice. Evidence of have already applied this learning to own practice

Summative Assessment of Practice (Tripartite)

This should normally be completed during last week of practice

Student's Comments:

1) *Reflecting Progress in Achieving Outcomes and Personal Development Plan.*

2) Evidence submitted in support of achievement learning outcomes including progress with EU requirements

Signature of Student:.....Date:.....

Summative Assessment

AGREED MARK	%
Sign off Mentor Justification for Mark : <i>reflecting student's progress in achieving outcomes and personal development plan:</i>	
Signature and date	
Lecturers Comments: <i>with particular reference to evidence submitted in support of achievement personal development plan:</i>	
Lecturer signature and date:	

SUMMARY

Student Midwife's Name _____

Standards of Proficiency	Achieved / Not Achieved*
Professional Conduct	Achieved / Not Achieved*
Portfolio Evidence	Achieved / Not Achieved*
*delete as appropriate	

Attendance in Practice (days missed-sickness absence)	Days:	Comments:

Clinical Mentor's signature:

Date:

Student Comments - *following the summative assessment:*

Signature and Date:.....

Any additional comments by module or programme teams:

Signature and Date:.....

GRADING CRITERIA (PRACTICE) – Level 3 Version 3 14.3.08

	FAIL	PASS 40-49 SAFE PRACTICE	SOUND PASS 50-59	GOOD PASS 60 – 69	VERY GOOD PASS 70-79	EXCEPTIONALLY GOOD PASS 80+
Knowledge and meeting needs	Unsafe practice demonstrated. Limited application of theory in practice.	Safe practice demonstrated. Uses appropriate knowledge base to plan care for the woman and her family.	Safe woman centred practice demonstrated. Can plan and evaluate care using midwifery theory and knowledge.	Consistently good care which is safe and woman centred. Can critically evaluate delivery of care using appropriate knowledge and evidence.	Very good ability to select appropriate and safe care relating the needs of women to midwifery knowledge and theory.	Exceptional ability to adapt care to the individual woman's needs and circumstances and provide a coherent evidence based rationale for the plan of care.
Knowledge and Understanding	Fails to recognise when midwifery intervention is required or to take action appropriate to the situation.	Recognises when midwifery and/or medical intervention is required and takes action appropriate to the situation. Can identify significance of deviation from normal.	Identifies and understands the significance of deviations from the normal. Takes action appropriate to the situation and can give explanation for action.	Good ability to distinguish and report any deviations from the normal and take action appropriate to the circumstances. Can explain rationale for actions. Can summarise the significance of the deviation from normal.	Very good ability to identify and report deviations from the normal. Takes appropriate action in all circumstances. Very good ability to explain significance of deviation and rationale for action taken.	Exceptional ability to distinguish, report and explain the significance of deviations from the normal. Takes appropriate action in all circumstances and justifies a rationale for actions.
Communication & Attitudes	Insensitive to the needs of women and their families. Judgmental attitude, Verbal and written communication skills are limited, requires prompting.	Places the woman at the centre of caring. Able to build rapport with women and their families. Kind and caring. Understands right of women to determine their care. Written and verbal communication is accurate and reliable.	Respects the right of women to determine their care. Kind and caring. Achieves rapport. Facilitates informed choice. Written and verbal communication is consistently accurate and reliable.	Encourages women to take an active role in determining their care. Good ability to facilitate informed choice. Good ability to achieve rapport. Kind, caring and empathetic. Written and verbal communication is consistently accurate and reliable.	Very good ability to facilitate informed choices and women taking an active role in their care. Kind and caring and very empathetic. Very good rapport building skills. Very good record keeping and verbal reporting skills efficient and accurate	Exceptional ability to anticipate the needs of women and their families, encourages women to express those needs and ensures that needs are met. Facilitates informed choices. Exceptionally kind, caring and empathetic. Excellent record keeping and verbal reporting skills- efficient and accurate.
Co-operation & Teamworking	Does not contribute to the work of the multi-disciplinary team. Does not understand the importance of this. Unco-operative.	Communicates with all team members. Works as a co-operative member of the multi-disciplinary team.	Communicates clearly and effectively with all team members. Consistently reliable team member, contributes to the multi-disciplinary team in an active manner.	Is a valued member of the team able to contribute in a way that includes all members of the team. Works effectively as a team member. Communicates clearly and effectively with all team members. Good ability to work with the wider multidisciplinary team demonstrated.	Evaluates own performance as a team member. Very good, consistent and reliable team member. Contributes in a sensitive, open and cooperative manner to all members of the team including the wider multidisciplinary team.	Chooses approaches to work within the multi-disciplinary team that demonstrate leadership qualities. Exceptional teamworking skills. Demonstrates sensitivity and co-operation. Is a valued member of the team. Critically evaluates the work of the multidisciplinary team and own role within the team.
Self Development Reflection	Lacks insight into own limitations and unable to identify where improvements can be made	Can reflect on own practice, describes limitations and develops a plan to enhance own skills. Seeks help and guidance as appropriate	Can reflect on practice, points out limitations in practice delivery and describes where and how improvements can be made. Seeks help as necessary.	Good reflection on practice. Explains where improvements can be made and devises a plan to implement improvements.	Very good reflection on own practice, clearly demonstrates learning from experience. Very good ability to devise a plan to implement improvements in own practice and service delivery.	Exceptionally good reflection skills demonstrated. Critically evaluates service provision and own role within the service. Provides a rationale for service improvement. Exceptional ability to demonstrate learning from practice.

Submission of Evidence	No evidence submitted. Evidence submitted fails to identify issues related to practice.	Required evidence submitted, demonstrates ability to explain issues in practice.	Required evidence submitted, demonstrates ability to qualify issues in practice.	Required evidence submitted. Demonstrates good ability to qualify issues in practice and propose alternative strategies.	Required evidence submitted. Demonstrates an ability to critically discuss provision of care and propose alternative strategies.	Required evidence submitted. Demonstrates outstanding ability to critically evaluate care provision and to propose and evaluate alternative strategies.
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