



**Ongoing Achievement Record  
(OAR)  
Midwifery Version 2008**

Student Name:

Student ID Number:

Course: Midwifery

Award: BSc

Start Date:

August 2008

If found please return to:  
Student Placement Team  
De Montfort University  
Charles Frears Campus  
London Road  
Leicester

## **Guidance on Completion:**

### **For the Student:**

The purpose of this document is to provide evidence from mentor to mentor regarding your progress, and highlight any areas for development throughout your programme. This in turn will be used in the final semester alongside other evidence for your "Sign Off" mentor of how the learning outcomes have been achieved throughout your midwifery programme. Please present this document to your mentor within the **first week** of all placements, or during your initial interviews and submit with your Continuous Assessment of Practice (CAP) book during your final interview. It is your responsibility to ensure it is completed during every Placement.

Satisfactory completion of this passport is a requirement from the Nursing and Midwifery Council to enable you to enrol on the Midwifery Register.

Please Note:

- This document must remain intact and complete, and be carried with you to all practice experiences throughout your programme as part of the assessment process.
- Any errors should be crossed out but still be legible signed and dated.

### **For the Mentor:**

The purpose of this document is to provide future Mentors and the University with information on a student's progress. This allows you, as a mentor, to specifically target any developmental areas identified in previous placements with the student. Any areas highlighted for development that can be achieved in your area should be incorporated into the practice action plan within the CAP book.

When the student has completed their placement, please indicate any areas for their development of skills and competencies for future placements. Evidence for your decisions should be signposted to the appropriate CAP book. The sign off mentor will use this document alongside other evidence to confirm proficiency in practice.

Points to consider when completing your summary:

- Professional Conduct
- Time Management.
- Interaction with patients, families and members of the Multi-Disciplinary Team
- Clinical Skill Development
- Awareness of own limitations and abilities
- Personal Development
- Professional Development

You should ensure that you complete and sign:

- Practice details on pages 6 and 7

- Placement Record Sheet with comments, ensure module title and code are correct according to the front of the students CAP book, this will direct the Sign Off mentor when they are seeking additional evidence.
- The student identification number at the top of each page.

To act as a mentor you must be identified on the live register of mentors held by your employer, and must also be enrolled on the same part of the register as the student you are mentoring.

### **For the 'Sign-Off' Mentor:**

The purpose of this document is to enable you to view a summary of the assessment of clinical practice. It is to be used alongside additional evidence from CAP booklets as requested, student portfolios, training days or any other sources deemed appropriate. It will allow you to 'sign off' the students' practice and to inform the university assessment board of the students' proficiency in practice, thereby, together with outcomes from the academic assessment, enable them to recommend registration on the appropriate part of the NMC Professional Register. As a 'sign-off' mentor you are accountable to the NMC for that decision. To help in your decision making it is made clear throughout the document which CAP book to refer to for additional evidence. Continuation sheets have been supplied at the back of this document; **if you do not use them make certain you strike through to ensure nothing extra can be added at the end.**

You should ensure that:

- The document is complete
- All outcomes have been achieved and professional conduct has been satisfactory
- Any outstanding developmental needs identified on the OAR sheets have been addressed and achieved in other placements and that evidence exists within CAP books.
- The student identification number is at the top of each page.
- You have completed the 'Final Placement Sign Off Sheet' identifying evidence within the students CAP books.
- As a sign off mentor it is expected that you will have protected time to review the evidence.

The completion and sharing of information contained in this document is made in accordance with the NMC code of professional conduct (NMC 2008)

The documentation in this OAR is confidential and is the property of the student. It may only be photocopied with their permission. This can be used as evidence of mentoring as required by the NMC in 'Standards to Support Learning and Assessment in Practice' August 2006 Revised 2008.

**Supervisor of Midwives Record Sheet**

All student midwives will be allocated a named supervisor of midwives at the commencement of their programme.

The name and telephone number of your supervisor should be documented on this sheet. Space has also been provided for you to record the dates of any supervision contact or meetings which take place during your midwifery education programme.

<b>Name of Supervisor</b>	
<b>Telephone Contact Number</b>	
<b>E-mail Contact Address</b>	

<b>Name of Supervisor (If changed during programme)</b>	
<b>Telephone Contact Number</b>	
<b>E-mail Contact Address</b>	

<b>Date of Contact</b>	<b>Comments</b>
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

**Module NRMW 1111**

**Delivery Placement**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Grade Awarded for Clinical Placement	
Completion of deferred outcomes (if applicable)	Satisfactory Unsatisfactory
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 1112**

**Community Placement 1**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 1112**

**Community Placement 2**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Grade Awarded for Clinical Assessment	
Completion of deferred outcomes (if applicable)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**PROGRESSION POINT**

**Module NRMW 2112****Community Placement**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Grade Awarded for Clinical Assessment	
Completion of deferred outcomes (if applicable)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 2113****Ward Placement**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Grade Awarded for Clinical Assessment	
Completion of deferred outcomes (if applicable)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 2113****Gynaecology Experience**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 2114****Delivery Placement**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Grade Awarded for Clinical Assessment	
Completion of deferred outcomes (if applicable)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	



**Module NRMW .....**

**NNU Experience**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 3113**

**Delivery Suite**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Caseholding: Delivery Formative Assessment Date of Completion	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 3113****Caseholding Practice**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Caseholding: Community Formative Assessment Date of Completion	
Agreed Date for Commencement of Caseholding Practice	
Grade Awarded for Clinical Assessment	
Completion of deferred outcomes (if applicable)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 3114****ANC Experience**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 3114**

**Final Delivery Placement**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**Module NRMW 3114**

**Final Ward Placement**

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

**See next page for final summative assessment for NRMW 3114**

**Module NRMW 3114****Final Summative Assessment**

**NB This assessment will be made by the identified sign off mentor in the student's final placement allocation. As placement locations will vary, this may take place in either delivery suite or ward. In making this assessment it is expected that the sign off mentor will liaise with other mentor/s that have supported the student during this module.**

Name of Area/Type of Practice Experience	
Name of Identified Sign Off Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Mark Awarded for Final Clinical Assessment	
Completion of deferred outcomes (if applicable)	
Completion of Professional Conduct	Satisfactory Unsatisfactory
Number of hours achieved on placement	
Signature of Mentor	

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : 1111    Module Title : Foundations of Women Centered  
Care  
Delivery Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

Student ID Number.....

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : 1111    Module Title : Foundations of Women Centered  
Care**

**Delivery Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : 1112    Module Title : Promoting Healthy Outcomes**  
**Community Placement 1**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : 1112    Module Title : Promoting Healthy Outcomes  
Community Placement 1**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.



Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : 1112    Module Title : Promoting Healthy Outcomes**  
**Community Placement 2**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : 1112    Module Title : Promoting Healthy Outcomes  
Community Placement 2**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

# PROGRESSION POINT

## End of Semester 3

**All essential skills clusters level 1 have to be completed by this point, or within 12 weeks of entry into level 2 (semester 4 of the programme.)**

**Essential skills clusters level 1**

**Signature of Personal  
Tutor/Mentor and Date**

**achieved**

**Not achieved**

**Proficiencies level 1**

**Signature of Personal  
Tutor/Mentor and Date**

**Achieved**

**Not achieved**

**If essential Skills Clusters or Proficiencies are outstanding please enter action plan to facilitate achievement below and inform Programme Leader**

**Action Plan to Facilitate achievement of Outstanding Proficiencies and Essential Skills**

**What is to be  
achieved**

**How is this  
going to be  
done**

**When is it  
to be  
completed  
by**

**Completed  
Yes/No**

**Mentor  
Signature  
/Personal  
Tutor  
Signature**

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):

**Module Code : NRMW 2112    Module Title : Holistic Midwifery Care and Practice  
Community Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : NRMW 2110 Module Title : Holistic Midwifery Care and Practice  
Community Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):

**Module Code : NRMW 2113 Module Title : Diverse Childbearing 1  
Ward Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

Continuation sheet overleaf to be used if required

**Continuation Sheet**

**Module Code : NRMW 2113   Module Title : Diverse Childbearing 1  
Ward Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):

**Module Code : NRMW 2113    Module Title : Diverse Childbearing 1  
Gynaecology Experience**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**



**Continuation Sheet**

**Module Code : NRMW 2113 : Diverse Childbearing 1  
Gynaecology Experience**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : NRMW 2114 : Diverse Childbearing 2**  
**Delivery Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : NRMW 2114 : Diverse Childbearing 2  
Delivery Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):

**Module Code : NRMW .....**

**Neonatal Experience**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : NRMW .....**  
**Neonatal Experience**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : NRMW 3113 : Women and Midwives : Partners in Care  
Delivery Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : NRMW 3113 : Women and Midwives : Partners in Care  
Delivery Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : NRMW 3113 : Women and Midwives: Partners in Care**  
**Caseholding Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Recommendations for further developments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**



**Continuation Sheet**

**Module Code : NRMW 3113 : Women and Midwives: Partners in Care  
Caseholding Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : NRMW 3114 : The Proficient Midwife**  
**Delivery Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

Continuation sheet overleaf to be used if required

**Continuation Sheet**

**Module Code : NRMW 3114 : The Proficient Midwife**

**Delivery Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet (to be completed at end of placement)**  
**Module Code : NRMW 3114 : The Proficient Midwife**  
**Ward Placement**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : NRMW 3114 : The Proficient Midwife  
Ward Placement**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Student ID Number.....

**Placement Record Sheet** (to be completed at end of placement):  
**Module Code : NRMW 3114 : The Proficient Midwife**  
**Antenatal Clinic Experience**

<b>Mentor Comments:</b>	
<b>Student Comments:</b>	
<b>Name Mentor (Block Capitals)</b>	
<b>Mentor Signature</b>	
<b>Student Signature</b>	<b>Date</b>

**Continuation sheet overleaf to be used if required**

**Continuation Sheet**

**Module Code : NRMW NRMW 3114 : The Proficient Midwife  
Antenatal Clinic Experience**

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.





Student ID Number.....

**Comments**

**If Student does not meet the criteria as being suitable to register with the NMC at this stage of the programme please inform**

- 1. Programme Leader**
- 2. Lead Midwife for Education**
- 3. Clinical Placement Facilitator**

Continuation sheet overleaf to be used if required

Student ID Number.....

**Continuation Sheet for Sign Off Mentor**

Use this area to make any additional comments, if you do not use it please strike through.