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BSc (Hons) Midwifery

MENTOR

HANDBOOK

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

Content	Page
Contents	2
Welcome and Aims of the 'Mentor Handbook' Principles of Mentoring	3 - 5
Introducing the New Curriculum Summary of Pre-Registration Programmes	6
Midwifery Philosophy Statement	7
Information About The Programmes including Essential Skills Clusters and Progression Points	8 - 9
Programme Learning Outcomes	10 - 11
The Assessment of Practice:	12 -23
Unsafe Practice Guidance	24-25
The Portfolio	26
Guidelines for Reflection at Different Levels	27
Process For Reporting Incident / Accident / Near Miss Involving A Student Whilst On Placement	28
EEC Requirements	30
Link Lecturer Allocation	31
Roles and Contacts	32
Commonly Asked Questions	33
When Problems Occur!!	35
Roles At A Glance!	36
Programme Overviews	37-38
References and Suggested Further Reading	39
Space for Your Own Notes	40

Welcome to the 'Mentor Handbook'

This 'Mentor Handbook' is a guide aimed to provide you, the mentor, with information to support your role when mentoring pre-registration midwifery students.

The midwifery teaching team here at De Montfort University hope you find this guide informative and useful. It is an evolving and dynamic tool so please feel empowered to make any constructive comments and suggestions to any member of the team.

Principles of NMC Standards for Mentorship

Qualifications

To perform the role of Mentor you must have undertaken an approved mentorship preparation programme or equivalent, and have met the NMC (2006) defined standards. You should also attend and record an annual Mentor update. Midwives must be registered for at least one year before taking on this role.

Differences between Registrant, Mentor and Sign Off Mentor

Registrant

Nurses, midwives and specialist community public health nurses currently entered in the NMC register. Registrants will not have completed an NMC approved mentor preparation programme, or comparable preparation that has been accredited by an Approved Educational Institution (AEI) as meeting the NMC mentor requirements. Registrants can supervise and comment on students' abilities and development in formative placements, and can confirm hours attended on a daily basis, **but are not permitted to sign off any competencies.** Registrants are however expected to contribute to the overall assessment made by liaising with the NMC trained mentor.

Mentor

An NMC Mentor is a Registrant who has successfully completed an NMC approved mentor preparation programme - or comparable preparation that has been accredited as meeting the NMC mentor requirements. The mentor has achieved the knowledge, skills and competence required to meet the outcomes laid down by the NMC and facilitates learning, supervises and assesses students in the practice setting *(Standards to support learning and assessment in practice – NMC standards for mentors, practice teachers and teacher. Section 2.1.2 (NMC 2008))*
This qualification is recorded on the local register held by placement providers and mentor competence is subject to triennial review. Mentors summatively assess students' skills and attitudes that are required for module learning outcomes. Mentors' assessments are entered into the Continuous Assessment of Practice documents and the student's Ongoing Achievement Document. These will form evidence of progress which will be required for review by Sign Off Mentors.

Sign – Off Mentor

This is a mentor who has met additional criteria for this role and who must be able to make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice leading to registration or qualification that is recordable on the NMC register. This assessment takes place within the final module prior to completing the course. 'Sign-off' mentors must be registered on the same part or sub-part of the register to that of the qualifying student and working in the same field of practice.

The NMC have directed that all midwife mentors will be Sign Off Mentors

www.nmc-uk.org (Standards to support learning and assessment in practice – NMC standards for mentors, practice teachers and teacher. 2008)

Competence and outcomes for a mentor

All mentors are accountable for maintaining competence to achieve the NMC mentor requirements in the new NMC 2008 standards, mentors now have 8 domains to achieve as part of their mentorship practice.

- Establish effective working relationships
- Facilitation of learning
- Assessment and accountability
- Evaluation of Learning
- Creating an environment for learning
- Context of practice
- Evidence-based practice
- Leadership

It is important that as a mentor you reflect and record as evidence the ways you can achieve these domains. The UHL CPF's have produced a mentor workbook and evidence of practice log which mentors may wish to use to record and confirm ongoing development as a mentor. This is available on request form your CPF.

The Function of a Mentor

Mentors will:

1. Take ultimate responsibility for the supervision and assessment of their named students

2. Identify, brief and co-ordinate Mentors/supervisors to undertake the day to day supervision of their named students

3. Receive formative feedback from colleagues regarding student performance

4. In collaboration with the Personal Tutor, develop and implement an action plan that should address issues of poor performance

A Mentor is a positive role model, knowledgeable and skilled. The effective mentor:

- Helps students develop skills and confidence
- Promotes a professional relationship with students
- Provides the appropriate level of supervision
- Assists with planned learning experiences
- Offers honest and constructive feedback

Accountability

The NMC's The Code standards of conduct, performance and ethics *states* that:" You must facilitate students and others to develop their competence" and "You must be willing to share your skills and experience for the benefit of your colleagues" (NMC 2008)

"Nurses and midwives on the NMC professional register have a duty to facilitate students of nursing and midwifery and others to develop their competence."

If you delegate work to someone who is not registered with the NMC, your accountability is to ensure that the person who undertakes the work is able to do so and that they are given appropriate support and supervision. Stuart (2002) outlines the areas a mentor is accountable for with regard to supervision and assessment, which include:

- personal standards of practice

- standards of care delivery by learners

- what is taught, learned and assessed

- standards of teaching and assessing

- Professional judgements about student performance.

Mentors are accountable to the NMC for such judgements, but should inform De Montfort University (Personal Tutor) of any concerns regarding poor performance of a student or lack of progress **as soon as possible**. (See pages 19   for details of processes)

Introduction to the New Curriculum

Following the publication of a number of NMC Directives in 2007/8 a new curriculum for pre-registration midwifery was validated and commenced. In September 2008 to ensure that all NMC requirements for midwifery education programmes are fully met. .

The BSc (Hons) in Midwifery and BSc (Hons) in Midwifery (Shortened Programme) are intended to prepare students to meet the criteria for registration as a midwife with the Nursing and Midwifery Council (NMC) register and to be able to practice as effective autonomous midwifery practitioners at the point of registration. The programmes seek to ensure that all students exiting the programme with a BSc (Hons) in Midwifery are fit for practice, purpose and award.

Close working relationships between the academic staff of De Montfort University and midwife practitioners of University Hospitals of Leicester NHS Trust are essential to facilitate the effective teaching and assessing in practice.

There are several innovations that have been implemented to improve the effectiveness of the student experience. This guide aims to provide background information to support all concerned in the teaching and assessing of students in clinical practice.

Summary of Pre-Registration Midwifery Programmes at DMU:

Programme Description	Type	Award	NMC Professional Register	Professional Qualification
Pre-Registration Midwifery	Full-time	BSc (Hons) in Midwifery	RM	Registered Midwife
Pre-Registration Midwifery	Full-time	BSc (Hons) In Midwifery Shortened Programme	RM	Registered Midwife

Midwifery Programme Philosophy Statement

We recognise midwives as the experts in normal childbearing, supporting and enabling women to realise their capacity and intuitive ability to give birth. We see midwives working in partnership with women and their families and the multiprofessional care pathways to enable women to achieve choice, control, continuity and satisfaction from this life-shaping event. Midwives must have the knowledge and skills to offer excellent service to all women, including those least likely to experience excellent public services or a good obstetric outcome. The midwife must also be able to recognise and act appropriately in situations which deviate from the normal.

For these reasons the midwife must be able to work with the community, striving to promote the health of all women and their families. Midwives must be culturally and politically aware, able to provide midwifery care that is effective, evidence-based and meets women's needs. The midwife must be an accomplished communicator, demonstrating safe, skilled, accountable and reflective practice. The midwife should be able to take on the role of women's advocate whenever this is required, being sensitive to the needs of women.

We believe that midwives should recognise their potential impact on the lives of women and their families, and their accountability in this respect. Therefore, midwives should be sensitive, self-aware and provide holistic care; striving to provide a positive experience for women and their families taking into account the physical, social, psychological and spiritual dimensions of their lives. We believe that the midwife should also recognise her role in relation to complicated pregnancy and childbirth. In this situation the midwife should be able to work in collaboration with other members of the multi-disciplinary team in order to promote a woman-centred approach to care and achieve optimal outcomes for women and their families.

Our philosophy for the educational provision of midwifery programmes, both pre and post registration, is one of student-centred learning. This requires the development of self-directed approaches to the curriculum, supported by interactive, co-operative teaching and learning styles, to develop the strength and belief in the power of women's nurturance, creativity and intuition and to promote excellence in midwifery practice. Our philosophy for the educational provision of midwifery programmes also reflects the multi professional / multi agency team working required by midwives n practice and the need to develop understanding of other professions involved in care through the selective inclusion of inter professional and shared learning opportunities within the curriculum whilst ensuring that aspects of the curriculum need to be specific to the education needs of future midwives.

We strive to promote close working relationships between the University and local service providers, recognising and supporting a partnership approach to pre and post registration education. This relationship is crucial not only in relation to midwifery education and the continuing education of midwives, but also in relation to service evaluation, audit and future service developments.

We believe that the midwifery lecturers can contribute to the relationship in a variety of ways, all of which will inform the fundamental relationship between theory and practice. Therefore we consider midwives, service users and local health care providers should be involved with curriculum development and delivery; ensuring students at the end of their preparation are proficient, kind, woman centred and fit for practice, purpose and award.

Information about the New Programmes

The total programme length is 156 weeks over three years, equally divided between theory and practice, with more periods of practice as the programme progresses. The year is subdivided into three semesters of equal length.

For the shorter programme the length is 78 weeks commencing in March. The first part is 8 months and the second part is 12 months (3 semesters).

Interprofessional Education (IPE)

Throughout the programme students will be given the opportunity to learn with students from other professional groups' e.g. nursing, social work, pharmacy, medicine and others. Team working is recognised as central to many aspects of clinical practice and it is important that this attitude to healthcare provision begins within pre-registration midwifery education programmes.

Through interprofessional education learning events we aim to encourage student interaction and collaboration with undergraduate students from other disciplines to improve team working in clinical practice and achieve the key skill of 'working with others'.

Caseloading Practice

The NMC require all midwifery students to experience case holding practice from early in the woman's pregnancy through to the end of the care episode.
Preparation for case holding will now begin at the end of the second year (semester 6 of the programme.)For the 18m students this will occur at the end of the first six months. The students provide holistic individualised care to a small caseload of essentially low-risk women, under minimal supervision from a midwife mentor.

This unique placement develops the students' clinical decision-making skills, improves their confidence to practice autonomously and facilitates the integration of theory with practice.

Elective Placements

During semester 9 all midwifery students have the opportunity to undertake an elective placement of 1 – 2 weeks of their choice. This placement is usually within UHL NHS Trust and is related to midwifery or women's health and aims to facilitate their experience and understanding of an area of care/interest that will be beneficial to their future career as a midwife. It is negotiated with the personal tutor and the student is required to reflect on the experience within their portfolio.

Essential Skills Clusters (ESCs)

- The ESC's are a set of broad, women focussed, midwifery skill statements introduced by the NMC which support the achievement of existing outcomes and proficiencies required for admission to the register.

- The NMC have confirmed that ESCs "will be required to be in place for new midwifery students commencing programmes in September 2008" (NMC 2007)

- ESCs compliment and do not replace the existing NMC pre-registration proficiencies as set out within the Standards of Proficiency for Pre-registration Midwifery Education (NMC 2004). The

two now sit beside one another in a more recent publication, Standards for Pre-registration midwifery education (NMC 2009)

- ESC outcomes are assessed at 2 levels; progression point 1 (please see next section) ; and just before entry to the register

NMC Essential Skills Clusters for Midwifery are;

- Communication
- Initial consultation between the woman and the midwife
- Normal labour and birth
- Initiation and continuance of breastfeeding
- Medicines management

Within the 2008 revalidated curriculum, the essential skills clusters have been mapped across and incorporated into the practice placement documents and theory and assessment requirements alongside existing competency outcomes.

Progression Points

Along with the ESC's, the NMC have also introduced the requirement for "progression points" to be set within pre-registration midwifery programmes. The progression point is defined as "a point established for the purpose of making summative judgements about safe and effective practice in a programme. These are to be passed before the student midwife is allowed to progress" (NMC 2007, NMC 2009)

- Progression points are to be determined when students pass form one academic level to the next.
- The assessment is made using the NMC essential skills clusters outcomes.
- They are designed to confirm that outcomes and competencies have been achieved in a consistently applied way and that the student can demonstrate progress relative to their stage of training
- There will be two progression points within the revalidated curriculum one at the end of the first year as the students enter academic level 2 and the other at the end of the programme
- Students must meet the required standard within 12 calendar weeks of entering the next academic level. No extension to the 12 week period can be given.

Programme Learning Outcomes

The NMC's Standards for Pre-registration midwifery (NMC 2009) state that the education of student midwives will:

- Demonstrate a woman-centred approach to care based on partnership, which respects the individuality of the woman and her family
- Promote ethical and non-discriminatory practices
- Reflect the quality dimension of care through the setting and maintenance of appropriate standards
- Develop the concept of lifelong learning in students, encompassing key skills including communications and teamwork
- Take account of the changing nature and context of midwifery practice
- Base practice on the best available evidence

The degree programme aims to:

- Enable students to acquire the knowledge and skills to practice confidently and competently at the point of registration
- Produce midwives who are able to critically analyse, synthesise and apply knowledge from various sources to the practice and development of midwifery
- Promote the ability to work collaboratively within the multiprofessional care agenda to achieve a level of women-centred care which actively supports the woman's right to choose
- Develop midwives who are able to practice within the NMC's standards of proficiency
- Produce effective midwife practitioners who are equipped to meet the changing needs of the maternity services
- Produce effective midwife practitioners who are skilled in e-learning and information technology, who are able to critique and analyse the evidence-base for midwifery practice
- Facilitate the opportunity for students to utilise midwifery theory and research in professional practice

What A Student Should Know and Be Able To Do Upon Completion Of The Degree Programme:

Generic Outcome Headings	What A Student Should Know And Be Able To Do Upon Completion Of The Degree Programme
• **Knowledge & Understanding**	1) Demonstrate knowledge and skills to practice confidently and competently at the point of registration 2) Critically analyse, synthesise and apply knowledge from various sources to the practice and development of midwifery 3) Critically evaluate the impact of health and social policy on midwifery practice and the organisation of maternity services
• **Cognitive Skills**	1) Critically analyse theory related to midwifery and midwifery practice 2) Critique, analyse and apply midwifery theory to the practice and development of midwifery

• **Subject Specific Skills**	1) Co-ordinate and collaborate with others to achieve a level of woman centred practice which actively supports the woman's right of choice 2) Be effective and analytical practitioners who are equipped to meet the changing needs of women within the maternity services and health care 3) Plan and deliver holistic, woman centred midwifery care that is evidence based 4) Make suggestions, based on evidence, on how outcomes of care can be improved
• **Key Skills**	1) Evaluate communication skills and adapt strategies when required 2) Present information effectively, from a variety of sources, using a format and style to suit purpose, subject and audience and evaluate overall effectiveness of strategies utilised 3) Develop, monitor and evaluate strategies for using skills in improving own learning and performance 4) Critically examine the basis of evidence used within the planning and delivery of health care in general and midwifery care in particular

The Assessment of Practice

The pre-registration midwifery programmes have been designed to meet the requirements of the statutory bodies for midwifery as described in:

- European Community Midwifery Directives 80/154/EEC
- Second European Community Midwifery Directives 80/155/EEC (as amended by 89/594/EEC)
- NMC (2002) Requirements for Pre-Registration Midwifery Programmes
- NMC (2009) Standards for Pre-Registration Midwifery Education
- NMC (2004) Midwives Rules and Standards
- NMC (2004) Fitness to Practice Rules
- NMC(2007a)Circular 23/2007 London , NMC
- NMC(2007b)Circular 14/2007 London , NMC
- NMC(2007c)Good Health and good Character Guidance for educational institutions London , NMC

The learning outcomes for the programmes are based on the NMC standards of education to achieve the NMC standards of proficiency and the philosophy for midwifery education.

Other Key Documents include:

- NMC (2008) Standards to Support Learning and Assessment in Practice
- QAA (2001) Benchmarks for Midwifery
- QAA (2005) UK-wide Quality Assurance and Enhancement Standards
- School of Nursing and Midwifery Strategy for Nursing and Midwifery Education (2005-2010)
- DH (1999) Making a Difference
- UKCC (1999) Fitness for Practice
- DH (2001) Working Together - Learning Together
- NMC (2008) Code of Professional Conduct: standards for conduct, performance and ethics
- ICM (2005) Definition of a Midwife
- ICM (1993) International Code of Ethics for Midwives

The outcomes for the programmes are influenced by the NMC standards of education to achieve the NMC standards of proficiency, the philosophy for midwifery education and the **'Definition of a Midwife'** (International Confederation of Midwives (ICM) 2005), which states that:

"A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in the mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and childcare.

A midwife may practice in any setting, including the home, community, hospitals, clinics or health units". (ICM 2005).

The Standards of Proficiency for Pre-registration Midwifery Education (NMC, 2009) detail the required standards including those needed for general entry for admission to and the structure and nature of pre-registration midwifery programmes, plus the standards of education to achieve the NMC standards of proficiency for pre-registration midwifery programmes.

The learning outcomes for the curriculum are based on the standards of education, to ensure students are fit for practice, purpose, and award and the learning outcomes for each module have been mapped against the NMC's four domains and this is evidenced in each module template (NMC 2002):

1. **Effective Midwifery Practice**
2. **Professional and Ethical Practice**
3. **Developing the Individual Midwife and Others**
4. **Achieving Quality Care through Evaluation and Research**

Each module has a set of learning outcomes for the student to achieve during that module. Not all the learning outcomes will be assessed in practice; some will be assessed in theory.

The student, the clinical mentor and the personal tutor will meet and assess the learning needs of the student. The student and the clinical mentor will, together with support from the personal tutor, identify the learning experiences needed based on the identified learning outcomes for the module.

All plans for learning experiences should be documented in the 'Clinical Assessment Document'.

The Tripartite Assessment

This describes the procedures and interactions that occur between the mentor, the personal tutor (see below) and the student midwife.

The assessment process aims to facilitate the effective appraisal of your students' practice placement. It is meant to represent the inter-relationship between the student, the clinical area and the university - a bridge between theory and practice, if you like!

The assessment of practice is a tripartite arrangement with your student, yourself and the student's personal tutor. We will all meet to discuss the learning needs, aims and objectives and the time frame of the relevant clinical allocation for your student. This will form the basis of your students learning experience.

The personal tutor will be available, if needed, throughout your students' placement to answer questions. Should you have any concerns about your student your first contact should be the personal tutor allocated to your student.

Towards the end of the allocation again your student, yourself and the personal tutor will meet again to consider the summative assessment for your student's allocation – to discuss progress and ensure all the relevant learning outcomes have been met and award the student a grade for their practice.

Personal Tutor:
The personal tutor is a lecturer who is allocated to a particular student. She will be allocated to the student and follow that student throughout their academic programme. Their role is to support you in an educational capacity in order to facilitate a positive and rewarding clinical allocation for your student. The personal tutor will also provide continuity from one placement to another.

The personal tutor will be involved in the assessment of practice (see above) and is there to support your valued contribution in promoting a positive learning experience for your student. The personal tutor will meet with yourself and your student at most stages of the assessment process.

If you are experiencing difficulties or have concerns about your student, your first contact should be with the personal tutor. The personal tutor will then involve others e.g. the programme leader, module leader or link lecturer, as appropriate.

Remember too that the link lecturer for your clinical area is there for you to help with your own professional learning needs. If you want advice on programmes of study, study days, research etc., etc., etc., the link lecturer is the person to ask!

Steinaker and Bell's Taxonomy

The criteria by which practice is assessed are based on those defined by **Steinaker and Bell (1979):**

❑ *Exposure*

❑ *Participation*

❑ *Identification*

❑ *Internalisation*

❑ *Dissemination*

By the end of their programme, BSc students are expected to achieve at academic level 3. The ways in which the categories described above are included are discussed below.

Exposure
To achieve this level the student must have had the opportunity to be exposed to a situation that reflects the identified learning outcomes.

This is not a passive state and the student must be able to actively show how participation in a given situation could be achieved and apply their mentors practice to his or her own understanding.

For example, when observing the immediate care of the newborn at birth, the student would be expected to observe the mentor and understand the rationale behind it.

Participation

The student moves from being an observer to actively participating in the experience. The mentor will decide when the student is ready and will choose appropriate opportunities through discussion with the student.

For example, the student will begin to develop the skills of assessing the newborn infant and participate in undertaking aspects of care with support from their mentor.

Exposure and Participation would be expected from students at academic level one during their first year.

Identification

At this level the student becomes able to take more responsibility for their participation by initiating appropriate action.

The student will be able to provide a rationale for their action and begin to evaluate consequences.

For example, the students will be able to undertake assessment of the newborn on their own initiative.

Internalisation

The student will act as an autonomous practitioner within the context of safe practice. The student must be able to make informed decisions based on a range of information available.

For example, the student will be able to initiate the necessary care for babies immediately following birth.

Identification and Internalisation would be expected from students at academic level two during their second and third years.

Dissemination

The student will be expected to share her knowledge with others and to critically analyse their own performance.

For example, the student will be able to care for babies immediately following birth.

Dissemination would be expected from students at academic level three during their third year.

It is important when assessing a student that the clinical mentor clearly identifies the particular programme that the student is taking, the position within the programme and the learning outcomes specifically for the module during each clinical placement.

Behavioural Criteria at Each Level of Experiential Taxonomy

EXPOSURE (LEVEL1)	PARTICIPATION (LEVEL 1)	IDENTIFICATION (LEVEL2)	INTERNALISATION (LEVEL 2)	DISSEMINATION (LEVEL 3)
Mentors Actions				
Demonstrating Explaining Providing a role model Providing learning opportunities Motivating the student Selecting learning opportunities	Giving instructions correcting Reinforcing Identifying links with theory Questioning the student Guiding and Prompting	Observing Providing feedback Supporting	Supervising from a distance	Supervising from a distance
Students Actions				
Watching Listening Observing Asking questions	Taking part in activities Following instructions Helping carry out midwifery actions Practising skills under supervision Identifying care needs when prompted Answering questions	Applying theory to practice Carrying out work under supervision Promoting own learning Selecting learning opportunities Selection of appropriate methods of negotiation with supervisor	Acting on own initiative Working semi autonomously Choosing approaches based on knowledge of client need and midwifery related theory Giving rational for own work Evaluating own work Reporting back to mentor Adopting approaches to individual client need and circumstances Independent identification of needs and issues Independent problem solving	Acting on own initiative Working autonomously Choosing approaches based on knowledge of client need and midwifery related theory Giving rational for own work Critical evaluation Reporting back to mentor Creatively Adopting approaches to individual client needs/circumstances Independent identification of needs and issues Independent problem solving

THE PROCESS FOR THE ASSESSMENT OF CLINICAL PRACTICE

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

FIRST WEEK OF PLACEMENT- TRIPARTITE ASSESSMENT

Clinical mentor, personal tutor and student midwife meet to carry out a **learning needs assessment**. (The student will have an **Ongoing Achievement Record** which she will present to you. Unless this is the student's very first placement this will contain some recommendations for future practice learning which can be used as a starting point.) This should be documented and a personal development plan to meet learning needs is discussed and also documented in the practice assessment document.

MIDPOINT OF PLACEMENT

The clinical mentor and student midwife meet to review progress. The student should provide evidence from their professional portfolio to support development in practice.

NB. It is imperative that this meeting is documented and any learning needs or areas for improvement are clearly documented and articulated to the student. It may be necessary to revise the initial personal development plan to meet new learning needs and involve the student's personal tutor.

Student should be reminded of their responsibility to hand in reflective work the Friday of the penultimate week in practice. Assessment cannot take place prior to this date These are required to be signed by mentor

LAST WEEK OF PLACEMENT OR WEEK OF SUMMATIVE ASSESSMENT- TRIPARTITE ASSESSMENT AND GRADING OF PRACTICE.

• Clinical mentor and personal tutor meet with the student to discuss the summative assessment of practice.

• The purpose of the meeting is to review progress to date and to confirm achievement of the learning outcomes and essential skills clusters for this stage of the programme.

• To award the student a mark for her clinical practice assessment.

• To confirm the requirements for professional behaviour and conduct.

• To review the student's professional portfolio and progress in relation to:
    - EEC numbers
    - Skills development via skills log
    - Ability to reflect on practice
    - Progress towards achievement of NMC proficiencies.
    - Sickness and absence time
    - Verification of attendance hours achieved

- Complete the **Ongoing Achievement Record** in order to take forward learning needs to the next placement.

PROCESS FOR CLINICAL GRADING OF PRACTICE

In the final week of the practice placement, a mutually agreed appointment for the student, mentor and the personal tutor to meet is arranged. 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 mentor and personal tutor can discuss progress; formulate feedback to give to the student and grade clinical practice using the grading criteria matrix appropriate to the student's stage of training which can be found within the student's assessment document. Documentation is completed in both 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 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. The student retains the OAR ready to present to their next clinical mentor.

CRITERIA FOR PASSING THE CLINICAL ASSESSMENT OF PRACTICE

1. All learning outcomes and Essential skills within the continuous assessment document must be achieved. They must be signed by the mentor to signify that the student has demonstrated the required proficiency for this stage of the programme.
2. The requirements of professional behaviour and conduct must have been demonstrated.
3. The student must demonstrate the ability to reflect on their skills development and how learning from the placement will inform their future practice.
4. All necessary records are maintained.

On completion of the tripartite assessment and discussion of the student's progress the Ongoing Achievement Record for the module will be completed by the clinical mentor, personal tutor and student and returned to the student in readiness for their next clinical placement.

What to do if worried or unsure

If a clinical mentor is at all worried by the student's standard of performance or concerned about their professional behaviour they should contact either the student's Personal Tutor or the Clinical Placement Facilitator (Karen Mee).

A student who is concerned about their progress or any aspect regarding their placement should try to discuss the matter with their mentor in the first instance and then contact their personal tutor.

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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.

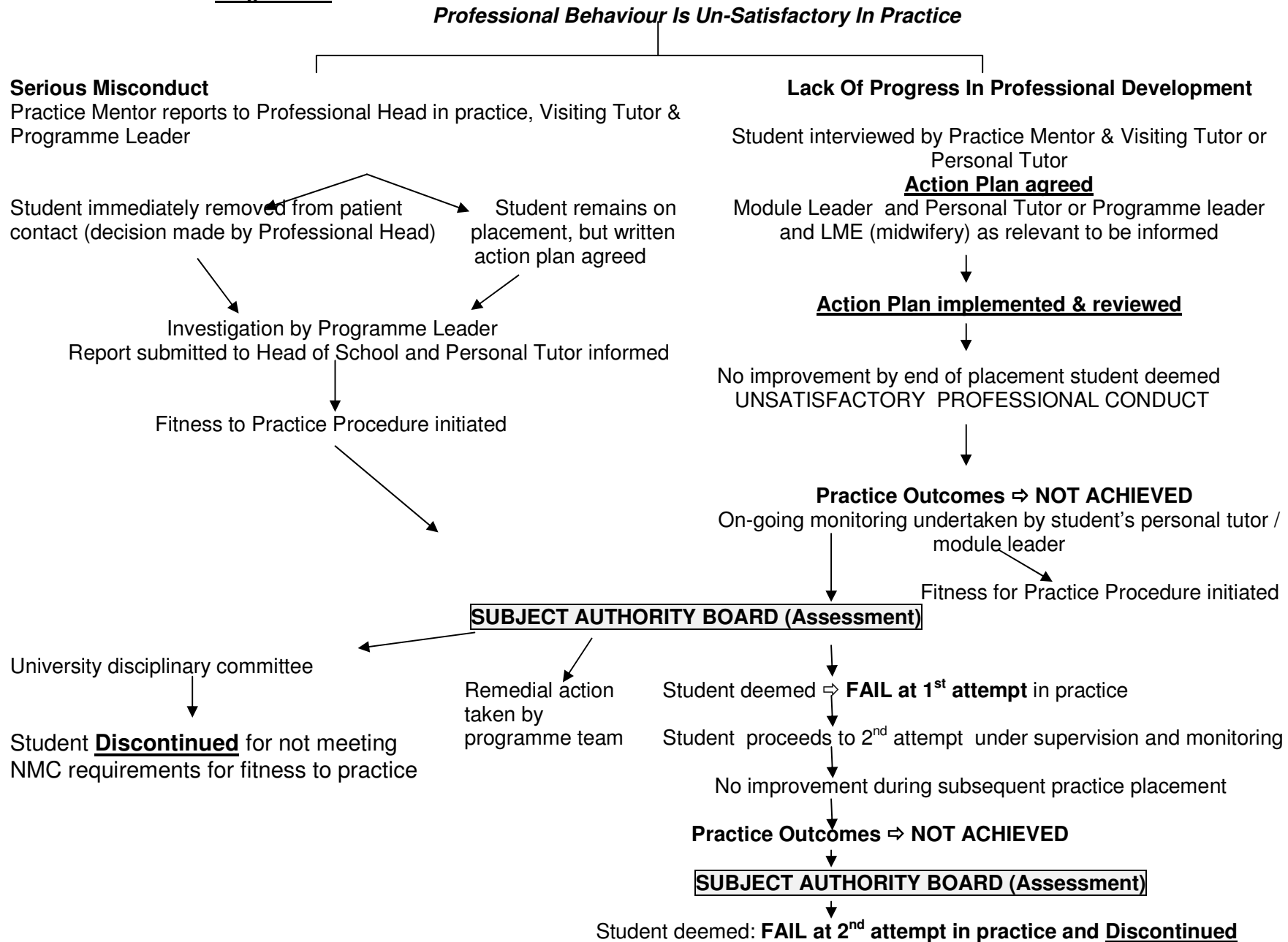**Key points relating to the assessment of professional conduct**
1   Professional behaviour is an integral part of all practice assessments and is a considered component of a student's performance. This should be reflected appropriately, in comments related to the achievement of specific learning outcomes 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)

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

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.

Flow Chart: Process For Dealing With Unsatisfactory Professional Behaviour In Students Undertaking Pre-Registration Nursing and Midwifery Programmes

Professional Behaviour Is Un-Satisfactory In Practice

Serious Misconduct
Practice Mentor reports to Professional Head in practice, Visiting Tutor & Programme Leader

Lack Of Progress In Professional Development

Student interviewed by Practice Mentor & Visiting Tutor or Personal Tutor

Action Plan agreed
Module Leader and Personal Tutor or Programme leader and LME (midwifery) as relevant to be informed

Student immediately removed from patient contact (decision made by Professional Head)

Student remains on placement, but written action plan agreed

Action Plan implemented & reviewed

Investigation by Programme Leader
Report submitted to Head of School and Personal Tutor informed

No improvement by end of placement student deemed UNSATISFACTORY PROFESSIONAL CONDUCT

Fitness to Practice Procedure initiated

Practice Outcomes ⇨ NOT ACHIEVED
On-going monitoring undertaken by student's personal tutor / module leader

Fitness for Practice Procedure initiated

SUBJECT AUTHORITY BOARD (Assessment)

University disciplinary committee

Remedial action taken by programme team

Student deemed ⇨ **FAIL at 1st attempt** in practice

Student **Discontinued** for not meeting NMC requirements for fitness to practice

Student proceeds to 2nd attempt under supervision and monitoring

No improvement during subsequent practice placement

Practice Outcomes ⇨ NOT ACHIEVED

SUBJECT AUTHORITY BOARD (Assessment)

Student deemed: **FAIL at 2nd attempt in practice and Discontinued**

GUIDANCE FOR PROFESSIONAL PRACTICE

Student performance - as set out in the practice assessment document	Behaviours reflecting satisfactory professional conduct	Behaviours reflecting unsatisfactory professional conduct	Guidelines for un-satisfactory evaluations
Work in accordance with the Code of Professional Conduct (NMC 2008): a) Demonstrates appropriate individual professional behaviour b) Professional behaviour is appropriate when working with clients/patients c) Professional behaviour is appropriate when working within the care team	Student demonstrates awareness of the Code of Professional Conduct (NMC 2008) and **for example,** through practice: • Behaves in a responsible, positive and co-operative manner • Adheres to all relevant policies and 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 patient/client confidentiality • Respects patients/clients, their property and the environment • Safeguards clients' well-being • Is considerate, sensitive and responsive to patients'/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	Student lacks awareness of the Code of Professional Conduct (NMC 2008) and **for example**, in practice student: • Is irresponsible, uncooperative and displays negative attitudes • Disregards relevant policies and procedures • Lacks insight into own limitations and does not accept constructive criticism • Time keeping, related action and information is poor • Dresses inappropriately for the place of work • Breaches patient/client confidentiality • Is disrespectful to patients/clients, their property and the environment • Places patients'/clients' well-being at risk • Is inconsiderate, insensitive and unresponsive to clients' needs • Is disrespectful, uncooperative and reluctant to contribute to the team effort • Is unreliable, fails to communicate appropriately and does not work well in the team • Lacks insight into appropriate health & safety measures	1. All assessments will be decided by Subject Authority (Assessment) Board 2. Failure due to gross professional misconduct (which for example places clients at risk) will result in immediate dismissal 3. If student Fails at the 1st attempt, due to lack of professional development, they may proceed under close supervision for a 2nd attempt 4. If student Fails a 2nd attempt for inappropriate professional behaviour - this will result in dismissal

PROFESSIONAL PRACTICE FORM

Student's Name:…………………………**Practice Mentor's Name:**……………………………

Professional Conduct Satisfactory ☐ **Practice 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
Work in accordance with the Code of Professional Conduct (NMC 2008): d) Demonstrates appropriate individual professional behaviour e) Professional behaviour is appropriate when working with clients/patients f) Professional behaviour is appropriate when working within the care team	Student demonstrates awareness of the Code of Professional Conduct (NMC 2008) and **for example**, through practice: • 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		

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 placement 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.

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

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	Deliberately covers up errors	Does not admit mistakes, deliberately 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. identifies a patient/ client/woman/staff member, and/or names the placement or place of work ACTION PLAN REQUIRED	Breaks confidentiality i.e. identifies a patient/ client/woman/staff member, and/or names the placement or place of work	Breaks confidentiality i.e. identifies a patient/ client/woman/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

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

The Portfolio

The Portfolio Will Contain Several Elements:
1. Continuous assessment of practice using the learning outcomes and Essential skills

2. Evidence of reflective accounts

3. Record of the achievement of EEC requirements and clinical skills

4. IPE reflection and evaluation

5. Evidence of skills development

6. Personal information

The portfolio will also provide a tool for ongoing assessment of student and for recording agreed action plans and outcomes, as part of the tripartite assessment. The personal tutor will support and guide the student in the development of the portfolio and by the end of the programme the portfolio will also be an account of the students' total learning and achievements.

Key Skills within the Portfolio:
Within the skills demanded of students of midwifery, key/transferable skills are increasingly recognised as indicators of high-level performance. Skills, such as communication, numeracy and IT are central to providing high quality women/family-centred care as well as a capable workforce. Alongside this, individuals are now expected to manage and direct their own learning and professional development which brings with it another set of skills including planning, self-assessment, and critical reflection and evaluation.

As a method for teaching and learning, a portfolio captures skills development from different contexts and experiences, offers opportunities for self assessment to evaluate learning and development, acts as a tool for reflective thinking and evidence of self-directed learning and provides a collection of detailed evidence of an individual's capabilities.

GUIDANCE FOR LEVELS OF REFLECTIONS using GIBB'S REFLECTIVE CYCLE

Elements of Reflection	LEVELS OF REFLECTION			
	Unsatisfactory	Level 1	Level 2	Level 3
1. Context • 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 • 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 won thoughts and ability to view the situation from others' perspectives	Clear evidence that own and others' thoughts has influences practice
3. Feelings • 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 • 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 • 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 • 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 • 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

EEC Requirements

The following table will provide a rough guide to enable you to plan your students' experience:

	Year 1	Year 2	Year 3
Antenatal Examinations	15 - 20	60	100 *
Witness births	5	8	10 *
Breech births	0	1	2
Complicated births	0	5 – 15	40 *
Episiotomy	0	1-2 (observe)	1-2 (simulated, observe or participate)
Perineal Repair	1 – 3 (observe)	3 – 6 (observe)	6 – 10 (simulated, observe or participate)
Births	5 - 10	25	40 *
Postnatal examinations	15 - 20	60	100 *
Neonatal examinations	15 - 20	60	100 *
Pathological Obs and Gynae experiences	0	5 - 10	10 - 20
Pathological – neonatal	0	5 - 10	10 – 20
Mental Health	0	1 - 3	3 - 5

* denotes essential EEC numbers.

De Montfort University
Faculty of Health and Life Sciences
School of Nursing and Midwifery
MIDWIFERY LINK LECTURER ALLOCATION

LRI			
Lecturer	**Ward /Area**	**Assoc. Ward/Area**	**Community Team**
Moira McLean 2577801	**KBC**	Delivery Suite	**Beaumanor**
Tina Harris 2577804		KBC	**Shires**
Caroline Farrar 2577847	**Delivery Suite**		**Bradgate**
Fran Mills 2578768	**Ward 6**	KBC	**Wistow**
Bernie Gregory 2577847	**Antenatal Clinic**		**Watling**
Sue Nyombi 2577807	**Ward 5**	Delivery Suite	**Thornton**
Liz Robson 2078701			**Charnwood**
Rosie Garratt 2078707			**Fosse**
LGH			
Lecturer	**Ward /Area**	**Assoc. Ward/Area**	**Community**
Abena Addo 2577817	**Antenatal Clinic**		**Highfields**
Liz Robson 2078701	Ward 30		
Jacqui Williams 2577888	**Delivery Suite**		**Watermead**
Rosie Garratt/Barbara Howard 2078707	**Neonatal Unit**		
SMBC, Melton			
Lecturer	**Ward /Area**	**Assoc. Ward/Area**	**Community**
Rowena Doughty 207875	**St. Mary's Birth Centre**		**Melton and Oakham** **Mkt. Harborough**

Those highlighted in **bold** indicates audit/profile responsibility

Roles and Contacts

Head of the Division (Midwifery):
Lead Midwife for Education:

      Dr Tina Harris, Academic Lead / Division Head
      0116 2577804   tiharris@dmu.ac.uk

Programme Leaders Pre registration

      Moira McLean, Programme Leader – BSc (Hons) Midwifery (2008 Revalidated Curriculum) , Supervisor of Midwives 0116 2577801   mmclean@dmu.ac.uk

      Caroline Farrar, 0116 2077841   Programme Leader – Dip HE in Midwifery (2006 curriculum)   cfarrar@dmu.ac.uk

The Midwifery Team:

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      Bernadette Gregory, 0116 2577847   bbryant@dmu.ac.uk Programme Leader BSc (Hons) Clinical Midwifery

      Fran Mills, 0116 2078768   fmills@dmu.ac.uk Programme Leader MSc Midwifery

      Elizabeth Robson, School Admissions Lead
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      Jacqui Williams, School IPE Lead
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      Rosemary Garratt, Principal Lecturer Midwifery
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      Rowena Doughty, Senior Lecturer Midwifery, Supervisor of Midwives
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      Sue Nyombi 0116 2577807 Senior Lecturer Midwifery, Supervisor of Midwives
      snyombi@dmu.ac.uk

      Molly Patterson 0116 2577888 mpatterson@dmu.ac.uk Seconded one day week from UHL

Clinical Placement Facilitator (Midwifery):
Karen Mee: Tel: 0116 258-6336   karen.mee@uhl-tr.nhs.uk
                Pager: 07699 782069 or 07699 667762

Commonly Asked Questions About Clinical Placements

This information has been produced to clarify issues regarding shifts and shift patterns and other placement issues that are commonly of concern to both student midwives and mentors.

How many hours should the student be working each week?
Pre and Post Registration midwifery students are required to work 37.5 hours per week in clinical practice in order to fulfil the requirements set down by the NMC; this comprises of 35hrs clinical contact time and 2.5hrs study time to complete the portfolio evidence.

With regard to the 2.5 hrs study time, it is important to remember that they cannot work these hours as 'time-made-up' or collect these hours and carry them over into the next allocation/module.

It is recognised that there are various patterns to attaining these hours over a period of 4 weeks and students should work flexibly, following the shift pattern of their mentors' i.e. traditional, rolling, community hours, long days.

Any extra hours worked in any placement must be taken back before the end of the placement or counted towards 'making-up time' and submitted on the specific timesheet.

How much should the student work with their mentor?
During year one all students need close and continuous supervision in practice.

In years two and three, as the programme progresses, the mentor and student should work together for at least 3 shifts per week; this is the minimum level of contact required to ensure that clinical assessment outcomes can be met.

When the mentor is not available the student should work alongside another allocated mentor - it is the responsibility of the student's mentor to arrange this.

What happens if the student works in several areas during one allocation?
The student's mentor from the area the student was allocated for their main allocation will take overall responsibility for assessing the students practice. Any allocated mentors in the other areas could contribute to the OAR and along with the portfolio evidence from those areas, will be used to inform the student's mentor and personal tutor during the summative assessment.

What shifts should the student be working?
Student midwives are required to have experience of 24-hour care during their education. To achieve this and ensure continuity of mentorship all students are required to work shifts.

Students should participate in the whole range of shift patterns including early shifts, late shifts, night shifts, weekends and bank holidays in line with the normal working patterns of the clinical area and Nursing and Midwifery Council (NMC) requirements.

What if the student cannot work shifts?

Occasionally students experience personal circumstances that impact on their ability to work unsocial hours.

When genuine difficulties arise the student must be advised to contact their programme leader, who will see the student and, if appropriate, provide a letter to be given to their clinical placement area requesting that shifts/hours be organised to suit the individual's personal circumstances. However, this is on a temporary basis and will be subject to frequent review by the student's personal tutor/programme leader.

It is preferable that this is done in advance of the placement to ensure that appropriate arrangements can be organised in good time.

Can students change their off duty?

Student midwives can *occasionally* request specific shifts or ask to have their off duty changed. Any requests or changes to off duty are at the discretion of the ward team and need to be agreed by the CPF/ward manager/deputy.

However, any changes may be disruptive and hinder effective mentorship, so students should be advised that any requests should be minimal and exceptional.

How does the student record the number of hours they have worked?

The student should record the *actual* number of hours worked each shift on their attendance register and have them signed by your mentor at the end of each shift.

If the student works through their breaks this should be added to the hours worked for that day or taken as time back before the end of the placement.

It is important that the actual number of hours is recorded rather than "early", "rolling shift" etc.

Any hours worked over and above 35hrs per week must be either counted towards 'making up time' (if appropriate) or taken as time owing before the end of the placement – they cannot be carried over until a future placement.

Any absences should also be recorded on the attendance register.

What should the mentor do if the student does not attend practice or is sick during the placement?

If a student fails to turn up for whatever reason, please inform the Clinical Placement Facilitator (CPF) for Midwifery.

If a student is ill and cannot attend placement they are advised that they should contact the clinical area or leave a message for the Clinical Placement Facilitator (CPF) for Midwifery.

The CPF will inform the relevant programme leader/personal tutor at DMU directly.

When there are Problems!!

Scenario 1

The Clinical Mentor is concerned about the placement or student i.e. the student doesn't arrive as planned

↓

The Clinical Mentor should contact the CPF

↓

The CPF will investigate and liaise with the student's Personal Tutor or Programme Leader

Scenario 2

Clinical mentor is concerned about her students practice

↓

Clinical mentor contacts the CPF or Personal Tutor for support and guidance

↓

The CPF or Personal Tutor informs the Module Leader and/or Programme Leader and guides students to appropriate support

↓

The Personal Tutor and Clinical Mentor meet with the student to identify learning needs and review the personal development plan

↓

The CPF and Personal Tutor continues to support the Clinical Mentor and keep the Module Leader and/or Programme Leader informed

Roles at a Glance!

Programme Leader:
- Is responsible for a programme of study
- Has an overview of the programme and the programme requirements – 'manages' the programme
- Is responsible for ensuring a cohesive programme of study
- Liaises with others within the midwifery team, wider university and placement areas
- Co-ordinates assessments
- Liaises with the Head of Division and Subject Leader
- Develops the curriculum

Module Leader:
- Is responsible for a unit of study – a module
- Organises the module and produces a module guide outlining the learning outcomes and content
- Is responsible for the assessment of both theory and practice components of the module
- Provides, along with the module team, individual tutorial support

Personal Tutor:
- Supports a student throughout their academic programme
- Monitors a students progress throughout the programme
- Maintains a record of the progress
- Makes referrals to appropriate agencies, as necessary
- Reports any issues to the programme leader
- Clarifies the learning outcomes according to the module guidelines
- Liases with the clinical mentor, the module leader and programme leader
- Supports the clinical mentor and is present when the clinical mentor undertakes the students' summative assessments
- Provides a reference for each student at the end of the programme

Link Lecturer:
- Monitors the learning environment
- Profiles the clinical area
- Provides midwives with information and support for their personal/professional development

Clinical Mentor:
- Provides opportunities for learning and teaching
- Maintains an appropriate learning environment
- Supervises and supports the student in practice
- Supervises and supports the student with the development of the students' portfolio
- Liases with the personal tutor
- Performs the students formative and summative assessments
- Ensures that arrangements are made to support the student in her absence
- Ensures her mentoring skills are kept up-to-date

Clinical Placement Facilitator (CPF):
- Liaises with the Clinical Areas to provide an effective learning environment for students
- Provides support for Clinical Mentors
- Provides the link between DMU and Clinical Areas
- Is involved with the preparation of mentors and keeps an up-to-date midwifery mentor database and "live" register of mentors

Programme Overview

BSc (Hons) Midwifery

Year 1/Level 1:

Semester 1 (level 1)	Semester 2 (level 1)	Semester 3 (level 1)
Core Skills for Health Professionals (NRMW 1000) (30 credits / Integrated Theory – Practice) Module Leader – **J Williams** Assessments: H&S booklet and Assignment (100%)		
Foundations of woman centered care (NRMW 1111) (45 credits / Theory-Practice) Module Leader – **F Mills** Practice – Delivery suite Assessments: Unseen Examination (50%) Physiology phase tests (20%) Practice assessment (30%)		
Promoting Healthy Outcomes (NRMW 1112) (30 credits / Theory-Practice) Module Leader – **B Gregory** Practice - Community Assessment: Presentation with Supporting Paper (70%) Practice assessment (30%)		

Year 2/Level 2:

Semester 4 (level 2)	Semester 5 (level 2)	Semester 6 (level 2)
Critical Review of Midwifery Evidence (NRMW 2111) (30 credits/Integrated Theory –Practice) Module Leader – **A Addo** Assessment: Literature Review (100%)		
Diverse Childbearing 1 (NRMW 2113) (30 credits/ Theory-Practice) Module leader – **L Robson** Practice- Antenatal/Postnatal Ward; Gynaecology Ward Assessment: Reflective Case Study Assignment (50%) Practice Assessment (50%)		**Holistic Midwifery Care and Practice (NRMW 2112)** (30 credits/ Theory-Practice) Module Leader- **R Doughty** Practice – Community Assessment: Presentation with Supporting Handout (50%), Practice Assessment (50%)
Diverse Childbearing 2 (NRMW 2114) (30 credits / Theory Practice) Module Leader – **R Garratt** Practice – Delivery Suite and Neonatal Unit Assessment: Unseen Examination (50%) Practice Assessment (50%)		

Year 3/Level 3:

Semester 7 (level 3)	Semester 8 (level 3)	Semester 9 (level 3)
Professional Enquiry (NRMW 3010) (60 Credits/Integrated Theory-Practice) Module Leaders – **P Norrie/T Harris** Assessment: Dissertation and Presentation (100%)		
Woman and Midwives: Partners in Care (NRMW 3113) (45 credits/Theory practice) Module Leader **M McLean** Practice – Delivery Suite,Community,Case Holding Placement Assessment: OSCE (10%) 3000 Word Reflective Case Study (40%), Practice Assessment (50%)		**The Proficient Midwife (NRMW 3114)** (15 credits / Theory Practice) Module Leader **C Farrar** Practice – Wards, Delivery Suite, Elective. Assessment: Viva Voce (20%) Practice Assessment (80%)

BSc (Hons) Midwifery (Shortened)

Year 1/Level 2

Semester 2 (1)(level 2)	Semester 3(2) (level 2)
Orientation to Midwifery care and practice (NRMW 2115) (45 credits Theory-Practice) Module Leader **S.Nyombi** Practice: Community Assessment: Practice assessment (50%), Unseen Examination (30%), Seminar presentation and supporting handout (20%)	
Challenges for midwifery care and practice (NRMW 2116) (15 credits Theory-Practice) Module Leader **A. Addo** Practice: Delivery Suite and Neonatal Unit Assessment: Practice assessment (50%), Assignment (50%)	

Year 2/Level 3

Semester 1(3) (level 3)	Semester 2(4) (level 3)	Semester 3(5) (level 3)
Professional Enquiry (NRMW 3010) (60 credits Integrated Theory/Practice) Module Leaders: **P Norrie/T Harris** Assessment: Dissertation and Presentation (100%)		
Woman and midwives: partners in care (NRMW 3113) (45 credits Theory-Practice) Module Leader **M McLean** Placement - Delivery Suite, Community, Case Holding Practice Assessment: OSCE (10%), 3000 Word Reflective Case Study (40%), Practice assessment (50%)		**The Proficient Midwife (NRMW 3114)** (15 credits Theory-Practice) Module Leader **C Farrar** Placements Ward, Delivery Suite Elective Assessments: Viva Voce (20%), Practice Assessment (80%)

References and Suggested Further Reading

Department of Health (2001) **Working Together – Learning Together: a framework for lifelong learning for the NHS** London: NMC

NMC (2008) **Standards to Support Learning and Assessment in Practice: NMC Standards for Mentors, Practice Teachers and Teachers** London: NMC

NMC (2008) **The Code: Standards for Conduct, Performance and Ethics"**: London . NMC

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

NMC Recent Circulars of Direct Relevance to Midwifery Mentors NMC Website
13/07 Preparation of Midwife mentors to meet the NMC Standards to Support Learning and Assessment in Practice

14/07 Review of Pre-Registration midwifery Education – Decisions made by Midwifery Committee
23/07 Introduction of Essential Skills clusters for Pre-Registration Midwifery Education
24/07 Pre registration Midwifery Education Programmes Progression from one academic level to another.
25/07 Grading of Clinical Practice for Pre-Registration Nursing and Midwifery Education programmes
33/07 Ensuring continuous practice assessment through the Ongoing Achievement Record
37/07 Removal of Minimum Age of Entry Requirements for Pre-Registration Nursing and Midwifery Programmes

Book – Stuart Ci Ci (2007) **Assessment, Supervision & Support in Clinical Practice: A Guide for Nurses, Midwives and Other Health Professionals.** Churchill Livingstone Elsevier

Space for Your Own Notes