



**Faculty of Health**

**School of Nursing and Midwifery  
Department of Midwifery**

**PROFESSIONAL PRACTICE PROFILE  
RETURN TO PRACTICE  
MIDWIFERY  
2014/15**

**Return to Midwifery Practice 1  
Return to Midwifery Practice 2**

**Student:**

**Name:** \_\_\_\_\_

**Date commenced** \_\_\_\_\_

**Submission date**  
\_\_\_\_\_

**Hub sign off  
Mentor:** \_\_\_\_\_

**Supervisor of  
Midwives** \_\_\_\_\_

**Professional  
Navigator/  
Programme  
Director** \_\_\_\_\_

**Tel. 0121 331  
No.**

**Clinical areas.**

**Dates:                      From                      To**

Antenatal \_\_\_\_\_

Delivery Suite \_\_\_\_\_

Birth Centre \_\_\_\_\_

Post Natal \_\_\_\_\_

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

## Introduction

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

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

## Professional Practice Profile

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

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

## Evidence

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

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

## **Record of Attendance**

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

## **Unsafe Practice**

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

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

## **Sign off mentors**

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

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

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

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

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

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

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

## Record Keeping

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

## Structure of the Professional Practice Profile

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

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

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

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

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

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

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

**SEP Safe, Effective and Proficient**

The student must meet the criteria for **safe, effective and proficient** practice.

**U Unsafe**

The returning midwife has had an adequate opportunity to practice but has not reached an acceptable level of safety in executing some or all of the required elements of the proficiency/skill

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

<p><b>Safe</b> Demonstration of Practice</p> <p>Demonstration of Knowledge</p>	<p>The returning midwife consistently performs the proficiency in the following way:</p> <ul style="list-style-type: none"> <li>• with awareness of limitations</li> <li>• without undue risk</li> <li>• carefully</li> <li>• honestly</li> <li>• in compliance with NMC requirements</li> </ul> <p>The student is able to: cite appropriate midwifery knowledge, interpret it and apply it to the proficiency being assessed.</p>
<p><b>Effective</b> Demonstration of Practice</p> <p>Demonstration of Knowledge</p>	<p>Perform the proficiency correctly, precisely, accurately, decisively convincingly, reasonably, skillfully and dexterously.</p> <p>Reach logical conclusions from given information and act accordingly, consider the suitability of applying midwifery knowledge in given situations.</p>
<p><b>Proficient</b> Demonstration of Practice</p> <p>Demonstration of Knowledge</p>	<p>Perform the proficiency promptly, punctually, rapidly, immediately, resourcefully, fairly, equitably in a timely manner, using appropriate equipment and support staff.</p> <p>Justify decisions made in a variety of situations; questions, monitoring and updating own practice.</p>

### Progression through the placement.

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

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

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

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

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

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

### **Initial Assessment**

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

### **Midway Assessment**

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

### **Final Assessment**

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

### **Good Health and Good Character**

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

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

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

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



## **What does Good Health mean?**

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

## **What does Good Character mean?**

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

## **Supervisor of Midwives Involvement in Clinical Practice Assessment Process**

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

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

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

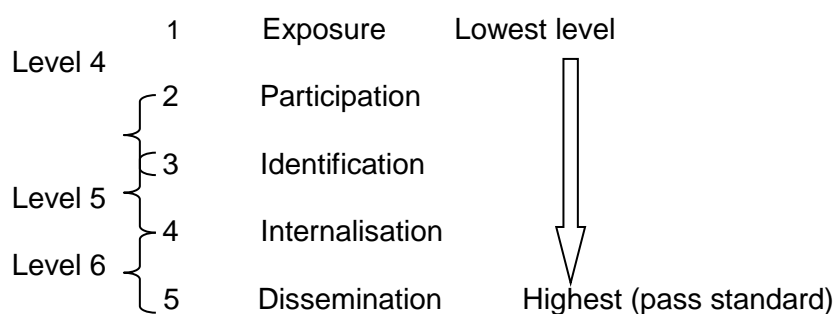
## **Using the Experiential Taxonomy and demonstrating the evidence.**

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

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

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

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



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

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

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

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

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

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

### Attendance record

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

## **Personal Midwifery Case/Evidence Log**

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

## **Midwifery Skills Inventory**

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

## **Indicative Quantitative Practice Outcomes (QPOs)**

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

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

## **Portfolio of Evidence**

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

## **Quality of Assurance processes.**

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

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

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

### References:

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

NMC (2011): The PREP Handbook  
[http://www.nmc-uk.org/Documents/Standards/NMC\\_Prep-handbook\\_2011.pdf](http://www.nmc-uk.org/Documents/Standards/NMC_Prep-handbook_2011.pdf)

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

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

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

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

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

UNICEF UK (2012): Guide to the Baby Friendly Initiative Standards  
[http://www.unicef.org.uk/Documents/Baby\\_Friendly/Guidance/Baby\\_Friendly\\_guidance\\_2012.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/Baby_Friendly_guidance_2012.pdf)

## EXPECTATIONS OF STANDARD OF PROFICIENCY THROUGHOUT THE PROGRAMME

### Level 4

	<b>Expectation of Returning Midwife.</b>	<b>Expectation of mentor</b>
<b>1. Exposure</b>	<ul style="list-style-type: none"> <li>• Is exposed to the experience of midwifery care.</li> <li>• Shows awareness but lacks knowledge and skills.</li> <li>• Listens, observes, asks relevant questions</li> <li>• Reacts to the experience and recognizes own limitations.</li> <li>• The student is willing to engage in the learning experience</li> </ul>	<ul style="list-style-type: none"> <li>• Motivator</li> <li>• Role model</li> <li>• Facilitates students learning opportunities</li> </ul>
<b>2. Participation</b>	<p>Participates in maternity care in the following way:</p> <ul style="list-style-type: none"> <li>• with awareness of limitations</li> <li>• without undue risk</li> <li>• carefully</li> <li>• sensitively</li> <li>• honestly</li> <li>• in compliance with NMC requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Catalyst</li> <li>• Questions knowledge</li> <li>• Encourages problem solving</li> <li>• Facilitates skill development</li> </ul>

### Level 5

	<b>Expectation of student</b>	<b>Expectation of mentor</b>
<b>3. Identification</b>	<ul style="list-style-type: none"> <li>• Is able to carry out the activities of midwifery practice on more sustained basis with more confidence and with less prompting.</li> <li>• Is able to explain plan and action of care.</li> <li>• Able to assess own strengths and limitations</li> <li>• Utilizes theory and evidence in relation to carrying out the activity</li> <li>• Beginning to show initiative, recognizes standards, values and qualities required</li> </ul>	<ul style="list-style-type: none"> <li>• Moderator</li> <li>• Resource leader</li> <li>• Encourages students to pursue for themselves optional problem solutions</li> <li>• Probing, deep questioning</li> <li>• Facilitate analytical discussion</li> </ul>
<b>4. Internalisation</b>	<ul style="list-style-type: none"> <li>• Able to reflect on experiences in an objective manner</li> <li>• Able to apply new knowledge to new situations.</li> <li>• Utilizes evidence in relation to the activity</li> <li>• Student compares with role model</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainer</li> <li>• Encourages students to analyze situation and draw a rational logical conclusion</li> </ul>

#### Level 6 (PASS Standard)

	Expectation of Returning Midwife	Expectation of mentor
<b>4. Internalisation</b>	<ul style="list-style-type: none"><li>• Identifies with the activities of the midwife so that it becomes second nature.</li><li>• Shows confidence in own activity, adapts to unforeseen and complex situations</li><li>• Demonstrate wide and deep probing into evidence for practice</li></ul>	<ul style="list-style-type: none"><li>• Sustainer</li><li>• Encourage students consolidation of decision making skills</li><li>• Ensure that the students are able to demonstrate underpinning knowledge and process for effective appropriate midwifery care.</li></ul>
<b>5. Dissemination</b>	<p>Acts as a role model, informing others and promoting the experience to others.</p> <ul style="list-style-type: none"><li>• Competent and demonstrates the ability to teach others</li><li>• Illustrates motivational abilities in relation to others</li><li>• Is able to carry out the activity in complex unfamiliar surroundings</li><li>• Is able to discuss the wider influences political, social and economic and how these impact on practice</li></ul>	<ul style="list-style-type: none"><li>• Constructive critic</li><li>• Evaluator</li><li>• Uses strategies to expose the student to application of knowledge and skills in various situations.</li></ul>

Steinaker and Bell 1979 p 73

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

# CLINICAL PRACTICE REPORT

## INITIAL ASSESSMENT FORM

### Return to Practice Midwife Self-assessment

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

**1) Reflect on knowledge and skills you already possess.**

a) My particular strengths are:

b) My areas for development:

c) My areas identified by others which require attention:

d) My identified action for the programme which I have discussed with my Sign off Mentor/Supervisor of Midwives.

- 2) a) I have read and understood the following:
- Guidelines/protocols/ manuals
  - Manual Handling policy within this area
  - Health and Safety at Work folder
  - Action to be taken in the event of an emergency
  - Recognised policy for telephone enquiries within the ward/department/unit
- b) I have discussed with my mentor the following:
- Standard to be achieved in this practical assessment
  - Available learning opportunities
  - Menu of Learning Experience
  - Philosophy of care
  - Procedure for reporting in sick
- 3) a) My midway interview is due by .....
- b) My final interview is due by .....

**Advice given by the mentor towards achieving proficiencies for assessment:**

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Signature of Return to Practice Midwife	Signature of Mentor	Date



## NMC Midwifery Proficiencies (2009b)

### Midwifery Domains

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

### Mapped to:

#### The 5 Essential skills clusters

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

(NMC 2009b)

#### The UNICEF UK Baby Friendly Initiative Standards (2012)

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

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

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Communicate effectively with women and their families throughout the pre conception, antenatal, intrapartum and postnatal periods: (PREP LO 6.7)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

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

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Diagnose pregnancy and assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal period using a range of assessment methods and reaching valid, reliable and comprehensive conclusions: (PREP LO 6.6 and 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC- Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management.</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Determine and provide programmes of care and support for women: (PREP LO 6.2, 6.6, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>		
Sign off mentor signature		Date
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>		
Sign off mentor signature		Date
<b>Postnatal care - evidence of achievement</b>		
Sign off mentor signature		Date
<b>NMC (2009b) ESC - Communication; Initial consultation between the woman and the midwife; Normal labour and birth; Initiation and continuance of breastfeeding; Medical products management. . UNICEF(2012) BFI Standards</b>		
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>
		<b>Sign off mentor signature</b>

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Provide seamless care and, where appropriate, interventions, in partnership with women and other care providers during the antenatal period: (PREP LO 6.6, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**



**Antenatal Care – evidence of achievement (Portfolio entry)**

SAMPLE

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Medicines management. UNICEF (2012) BFI Standards**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Refer women who would benefit from the skills and knowledge of other individuals: (PREP LO 6.6, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC - Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding. UNICEF(2012) BFI Standards</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Care for, monitor and support women during labour and monitor the condition of the fetus, supporting spontaneous births.  
(PREP LO 6.6, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Intra partum care – evidence of achievement (Portfolio entry)**

SAMPLE

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Normal labour and birth, Medicines management.**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Undertake appropriate emergency procedures to meet the health needs of women and babies. (PREP LO 6.5, 6.6, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

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

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Examine and care for babies immediately following birth (PREP LO 6.6, 6.7, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**



**Intra partum care – evidence of achievement (Portfolio entry)**

SAMPLE

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Normal labour and birth, Medicines management**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions.  
(PREP LO 6.4, 6.5, 6.6, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Postnatal care - evidence of achievement**

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management.  
UNICEF(2012) BFI Standards.**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate.  
(PREP LO 6.1, 6.2, 6.3, 6.4, 6.6, 6.7, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Postnatal care - evidence of achievement**

Sign off mentor signature

Date

**ESC – Communication, Normal labour and birth, Initiation and continuance of breastfeeding. UNICEF(2012) BFI Standards.**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Care for and monitor women during the puerperium, offering the necessary evidence-based advice and support regarding the baby and self-care (PREP LO 6.1, 6.2, 6.3, 6.4, 6.6, 6.7, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Postnatal care - evidence of achievement**

SAMPLE

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Select, acquire and administer safely a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation which pertains at the time (PREP LO 6.2, 6.3, 6.4, 6.6, 6.7, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**



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

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Complete, store and retain records of practice. (PREP LO 6.2, 6.3, 6.4,6.6, 6.7, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Contribute to enhancing the health and social wellbeing of individuals and their communities. (PREP LO 6.1, 6.2, 6.3,6.5, 6.6, 6.7, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Antenatal Care – evidence of achievement (Portfolio entry)**

Sign off mentor signature

Date

**Postnatal care - evidence of achievement (Community)**

Sign off mentor signature

Date

**NMC (2009b) ESC –Communication, Initial consultation between the woman and the midwife, initiation and continuance of breastfeeding. UNICEF(2012) BFI Standards.**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Effective Midwifery Practice (NMC 2009b)**

**Monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families. (PREP LO 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

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

**Domain: Professional and Ethical Practice (NMC 2009b)**

**Practice in a way which respects, promotes and supports individuals' rights, interests, preferences, beliefs and cultures.  
(PREP LO 6.1, 6.2, 6.3, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**



<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Professional and Ethical Practice (NMC 2009b)**

**Practice in accordance with relevant legislation (PREP LO 6.1, 6.2, 6.3, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>		
Sign off mentor signature		Date
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>		
Sign off mentor signature		Date
<b>Postnatal care - evidence of achievement</b>		
Sign off mentor signature		Date
<b>NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.</b>		
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>
		<b>Sign off mentor signature</b>

**Domain: Professional and Ethical Practice (NMC 2009)**

**Maintain confidentiality of information (PREP LO 6.1, 6.2, 6.3, 6.8)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Professional and Ethical Practice (NMC 2009b)**

**Work collaboratively with the wider healthcare team and agencies. (PREP LO 6.1, 6.2, 6.3, 6.8)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Antenatal Care – evidence of achievement (Portfolio entry)**

Sign off mentor signature

Date

**Postnatal care - evidence of achievement (Community)**

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Professional and Ethical Practice (NMC 2009b)**

**Manage and prioritise competing demands. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**



<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Developing the individual midwife and others (NMC 2009b)**

**Review, develop and enhance the midwife's own knowledge, skills and fitness to practice. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>ESC – Communication</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Developing the individual midwife and others (NMC 2009b)**

**Demonstrate effective working across professional boundaries and develop professional networks. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Antenatal Care – evidence of achievement (Portfolio entry)**

Sign off mentor signature

Date

**Postnatal care - evidence of achievement**

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Developing the individual midwife and others (NMC 2009b)**

**Support the creation and maintenance of environments that promote the health, safety and wellbeing of women, babies and others.  
(PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding, Medicines management. UNICEF(2012) BFI Standards.</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Developing the individual midwife and others (NMC 2009b)**

**Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interests of women, babies and their families. (PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**



<b>Antenatal Care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Intra partum care – evidence of achievement (Portfolio entry)</b>			
Sign off mentor signature		Date	
<b>Postnatal care - evidence of achievement</b>			
Sign off mentor signature		Date	
<b>NMC (2009b) ESC – Communication</b>			
<b>Safe, efficient and proficient</b>	<b>Yes/No</b>	<b>Date</b>	<b>Sign off mentor signature</b>

**Domain: Achieving quality care through evaluation and research (NMC 2009b)**

**Apply relevant knowledge to the midwife's own practice in structured ways which are capable of evaluation. (PREP LO 6.4, 6.5, 6.9)**

**Agreed negotiated learning activities**

SAMPLE

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Review of portfolio evidence and essay**

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Achieving quality care through evaluation and research (NMC 2009b)**

**Inform and develop the midwife's own practice and the practice of others through using the best available evidence and reflecting on practice. (PREP LO 6.1, 6.3, 6.5, 6.9)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Review of portfolio evidence and essay**

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Achieving quality care through evaluation and research (NMC 2009b)**

**Manage and develop care utilising the most appropriate information technology (IT) systems. (PREP LO 6.1, 6.2, 6.5, 6.9)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**

**Review of portfolio evidence and essay**

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication, Initial consultation between the woman and the midwife, Normal labour and birth, Initiation and continuance of breastfeeding. UNICEF(2012) BFI Standards.**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

**Domain: Achieving quality care through evaluation and research (NMC 2009b)**

**Contribute to the audit of practice in order to optimise the care of women, babies and their families. This will include:  
(PREP LO 6.1, 6.2, 6.3, 6.8, 6.9)**

**Agreed negotiated learning activities**

**Sign off mentor signature**

**Supervisor of Midwives signature**

**Date**



**Review of portfolio and evidence**

Sign off mentor signature

Date

**NMC (2009b) ESC – Communication**

**Safe, efficient and proficient**

**Yes/No**

**Date**

**Sign off mentor signature**

## MEDICINES MANAGEMENT

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

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

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

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

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

This must include:-

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

Neonate – vitamin K  
**and any 5 other drugs**

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

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

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

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

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

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

<b>Woman's unit number:</b>		
<b>5. Drug Name</b>		
Indications		
Action (how does this drug work)		
Dosage and frequency		
Route of administration		
Drug Calculation (this section must be completed in the presence of the mentor)		
Correct calculation demonstrated	Yes / No	Mentor's signature:
Contraindications and special precautions		
Is this drug administered under (please tick)	Midwives exemptions	
	Prescription only	
	General sales list	
	Other (please specify)	
Any issues/controversies		
Drug administered by RtP Midwife under supervision	Yes	Not Appropriate
Sign Off Mentor Assessment : Achieved or Unsafe		
Sign Off Mentor Signature:		
Date:		

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



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

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

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

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

## MIDWAY ASSESSMENT – STUDENT SELF ASSESSMENT

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

Name of Sign off mentor

Name of Supervisor of Midwives

Date:

- a) Progress to date in achieving the proficiencies.
- b) Action plan to ensure outstanding proficiencies are achieved by the end of the placement.
- c) Other issues which require attention.

## MIDWAY ASSESSMENT – SIGN OFF MENTOR TO COMPLETE ALL SECTIONS

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

Name of SIGN OFF MENTOR

Name of SUPERVISOR OF MIDWIVES

Date:

- a) Overall progress on placement:
- b) Progress to date in achieving the proficiencies:
- c) **Identify by number and produce a specific measurable action plan for each outstanding proficiency/ies to help and encourage the student to achieve all the requirements of the placement.** Please use additional sheets if necessary.
- d) Other areas for development to improve overall performance. Include a **specific measurable action plan** to address the issue. Please use additional sheets if necessary.

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

## END ASSESSMENT

Number of Hours of placement: ..... Number of Hours of attendance: .....

Have all the proficiencies been achieved to the required standard? If no please identify:	Yes / No
Is the student functioning at an appropriate standard relevant to their stage of training? If no please comment in boxes below.	Yes / No
Is the student of good health and character? (See definition earlier in profile document). If no please notify the personal tutor and record below including date of contact.	Yes / No

	Example to demonstrate grade awarded / area for development or comment if student has not achieved proficiencies.		
Application of Theory to practice (care delivery)			
Attitude			
Communication			
Leadership, multi-professional Working			
Self-awareness in context of practice.			
Punctuality			
<b>Signature of Returning Midwife</b>	<b>Signature of Supervisor of Midwives</b>	<b>Signature of Sign Off Mentor</b>	<b>Date</b>

### Record of attendance

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

Sign Off Mentor Signature: .....

(continue on separate sheet as necessary)



**Record of attendance**

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

Sign Off Mentor Signature: .....

(continue on separate sheet as necessary)

# Midwifery Case Log and Evidence Log

## Aim of the Logs

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

## Suggested approach

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

### 1. Midwifery Case Log

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

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

### 2. Evidence Log

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

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

## What to focus on

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

Suggested formats are offered below

**Date/ Shift hours**

**Midwifery Case:**

**Description of events:**

**Positive aspects of the day:**

**Challenges of the day:**

**Mentor's comments:**

**RtP student midwife's signature**

**Mentor's signature**

**Evidence source** (article/book/guideline/leaflet etc) with full reference and date of access:

**Brief review** (to include your reason for selection in relation and which proficiency you are claiming as evidence)

**Positive reflections on the evidence:**

**Concerns/challenges highlighted within the evidence:**

**Key implications for your practice are:**

**Discussion points:**

**Mentor's comments:**

**RtP student midwife's signature**

**Mentor's signature**

## Skills Inventory RtP Midwifery

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

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

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

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



Venepuncture		
Taking and labelling samples		
Calculate BMI		
Discuss plan and place of birth		
Alternative positions for birth		
Pelvic Floor exercises		
Water birth		
Preparation for instrumental birth		
Episiotomy		
Preparation for epidural analgesia		
Perineal repair		
Speculum examination		
Family planning advice		
<b>Record Keeping</b>		
Utilise IT systems in place		
Utilise Trust documentation in place		
Audit		
Reflection on care		
<b>GENERAL CARE</b>		
Be the lead carer in normal pregnancies		
Referral to multi professional team e.g. <ul style="list-style-type: none"> <li>• health issues</li> <li>• social issues</li> <li>• financial issues</li> <li>• psychological issues</li> <li>• child protection matters</li> <li>• perinatal mental health</li> </ul>		
Utilise the Supervisor of Midwives		

Maintain confidentiality		
Manage ethical and legal dilemmas		
Specialist Midwives awareness/referral e.g. <ul style="list-style-type: none"> <li>• Infant feeding Coordination</li> <li>• Smoking Cessation</li> <li>• Diabetes in pregnancy</li> <li>• Substance Misuse</li> <li>• Domestic Violence</li> <li>• Teenage Pregnancy</li> <li>• Migrant women</li> <li>• Female Genital Mutilation</li> <li>• Bereavement support</li> <li>• Counselling for mental health</li> <li>•</li> </ul>		
<b>TRUST TRAINING</b>		
Manual Handling		
Adult CPR		
Neonatal Resuscitation		
Trust Fire Safety		
Infection Control		
Obstetric skills drills		
Comply with Trust guidelines and policies		
Common Assessment Framework		
Blood transfusion		
K2 fetal monitoring training		
Safeguarding training		

## Advising of Pregnant Women: Pre Natal Examinations

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

## Supervision and Care in Labour

No 1	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 2	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 3	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 4	Date	Mothers Reg. No	Initiated skin to skin: YES/NO

No 5	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 6	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 7	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 8	Date	Mothers Reg. No	Initiated skin to skin: YES/NO

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

No 1	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 2	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 3	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 4	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 5	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 6	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 7	Date	Mothers Reg. No	Initiated skin to skin: YES/NO
No 8	Date	Mothers Reg. No	Initiated skin to skin: YES/NO

**Supervision and Care of Post Natal Women**

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

<b>No 3</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 4</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 5</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 6</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 7</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 8</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 9</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 10</b>	<b>Date</b>	<b>Mothers Reg. No</b>

### Supervision and Care of Healthy Newborn Infants

<b>No 1</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 2</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 3</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 4</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 5</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 6</b>	<b>Date</b>	<b>Mothers Reg. No</b>

<b>No 7</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 8</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 9</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 10</b>	<b>Date</b>	<b>Mothers Reg. No</b>

### Supervision and Care of Women at Risk

<b>No 1</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 2</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 3</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 4</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 5</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 6</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 7</b>	<b>Date</b>	<b>Mothers Reg. No</b>
<b>No 8</b>	<b>Date</b>	<b>Mothers Reg. No</b>

### Supervision and Care of Newborns requiring Special Care

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

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

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

