



School of Health Sciences
Division of Midwifery

Annual Mentor Update
April 2016-March 2017



BSc (Hons) Midwifery Curriculum: Key Outcomes

- New curriculum (2015) based on the six C's (existing students 2010 curriculum)
- Blended learning (Flipped learning)
- New values based recruitment and selection
- Grading in practice
- E-Practice Document

(E)-Practice Documents

- Y1 E-Practice Document (PebblePad): 1509 – 1603
Two summative assessments
- Y2 New Practice Document: (paper version of E-Practice Document with grading in practice): 1409 – 1503
Two summative assessments
- Y2 Old Practice Document (paper): 1403
- Y3 Old Practice Document (paper): 1501s - 1309 – 1309X



Practice assessments

PLACEMENTS	ORIENTATION	TWO SUMMATIVE ASSESSMENTS	
INTRAPARTUM CARE (labour ward / midwifery-led units)	Initial interview to set learning outcomes	Mid-point formative review (1)	Summative assessment and tripartite meeting (1)
ANTENATAL/POSTNATAL CARE) Community	Initial interview to set learning outcomes	Mid-point formative review (2)	Summative assessment and tripartite meeting (2) – can take place in either areas dependent on where student is placed
Hospital Ward	Initial interview to set learning outcomes	Mid-point formative review (3)	

Early identification and communication with student and lecturer regarding competency

Year 1

Programme weeks

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
F	T	T	T	T	IS	T	C	C	C	C	C	C	AL	AL	T	T	T	T	IS	T	Midwife Led care/Labour wd				
27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
MLC	T	T	T	T	AL	IS	T	Midwife Led care/Labour ward						WD*	WD	WD	WD	C	C	AL	AL	AL	AL	VA	VA

Year 2

Programme weeks

53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78				
T	T	T	T	T	IS	T	C	C	LW	LW	LW	LW	AL	AL	NN U	NN U	GW	GT	AN C	T	T	T	T	IS	T				
79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94*	95	96	97	98	99	100	101	102	103	104				
C	C	C	C	AL	T	T	T	T	IS	T	ERASMUS														AL	AL	AL	AL	VA
											LW	LW	LW	LW	MAU	WARD													

Year 3

Programme weeks

105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130		
T	T	T	T	IS	T	Midwife Led Care/ Labour Ward							AL	AL	C	C	C	C	IS	IS	T	T	T	T	T	T	T
131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156		
IS	T	AL	AL	EL	EL	IS	IS	Midwife ledcare/Labour wd				C	C	C	C	ANC	WD*	WD	WD	WD	WD	WD	AL	AL	AL	VA	

Key:

WD = Ward EL- Elective VA= Value Added IS= Independent study
 AL = Annual Leave ANC - antenatal clinic MAU = Maternity Assessment Unit
 T= Theory C= Community GW= Gynae ward GT= Gynae Theatre
 F= Freshers MLC = Maternity Led Care
 NNU = Neonatal Unit
 *Reassessment

Example of Grading Grid demonstrating Sign-Off Mentor's Appraisal of Level 1 Practice Criteria

Grade & %	Unsafe practice Below 30 35 38	Safe practice 40 45 48	Average practice 50 55 58	Good practice 60 65 68	Excellent practice 70 75 78 80+
Care	<ul style="list-style-type: none"> - Care tends to be task orientated with frequent omissions. - Struggles to Assess, Plan, Implement and Evaluate [APIE] care. - Is not self-aware and does not reflect on care provided. 	<ul style="list-style-type: none"> - Able to safely perform routine care. - Able to APIE care with guidance from mentor. - Some self-awareness and ability to reflect upon care. 	<ul style="list-style-type: none"> - Satisfactory ability to perform routine care and consider individual needs of woman. - Sound ability to APIE care with occasional guidance from mentor. - Self-aware of own limitations and able to reflect on practice. 55 	<ul style="list-style-type: none"> - Good ability to adapt care to suit the individual needs of women. - Good ability to APIE care with guidance only when care deviates from the normal. - Good self-awareness and able to put learning from reflection into practice. 	<ul style="list-style-type: none"> - Provides, excellent autonomous care that considers individual needs of women. - Ability to APIE care with excellent appraisal and reflective skills. - Excellent self-awareness of own limitations.
Compassion	<ul style="list-style-type: none"> - Does not act in accordance with the NMC Code (2015). - Insensitive to womens' needs observed - a judgemental attitude observed 	<ul style="list-style-type: none"> - Acts in accordance with the NMC Code(2008). - Shows potential to be caring and compassionate. - Understands the rights of women with particular regard to ethical and cultural needs. 	<ul style="list-style-type: none"> - Acknowledges importance of NMC Code (2015) acts accordingly. - Caring and compassionate. - Acknowledges the rights of women and able to start implementing care in line with ethical and cultural needs. 	<ul style="list-style-type: none"> - Able to analyse the NMC Code (2015) and apply to practice. - Very caring, compassionate and empathetic. - Facilitates the care of women and families in line with their ethical and cultural needs. 60 	<ul style="list-style-type: none"> - Critically evaluates the NMC Code (2015) and applies to practice. - Exceptionally kind, caring and empathetic. - Able to lead care of women and families considering their ethical and cultural needs.
Competence	<ul style="list-style-type: none"> - Unable to perform clinical skills safely or effectively. - Insufficient knowledge base to underpin practice 	<ul style="list-style-type: none"> - Adequate ability to perform clinical skills safely and effectively. - Adequate knowledge base and aware of available resources. 	<ul style="list-style-type: none"> - Satisfactorily performs clinical skills safely and effectively. - Satisfactory knowledge base and some appropriate utilisation of resources. 58 	<ul style="list-style-type: none"> - Good ability to perform clinical skills safely and effectively. - A good knowledge base with ability to utilise and assess resources. 	<ul style="list-style-type: none"> - Excellent ability to perform clinical skills safely and effectively. - Excellent knowledge base with ability to discuss and explain care given. - Able to utilise and critically analyse resources.
Communication	<p>Poor verbal and non-verbal communication with women, families and the interdisciplinary team. Does not facilitate informed choice. Poor record keeping.</p>	<p>Adequate use of verbal and non-verbal communication skills with women, families and the interprofessional team. Able to communicate informed choice with underpinning knowledge. Record keeping generally accurate.</p>	<p>Satisfactory use of verbal and non-verbal communication skills with women, families and the interprofessional team. Able to communicate and facilitate informed choice. Record keeping is consistently accurate.</p>	<p>Good use of verbal and non-verbal communication skills with women, families and the interprofessional team. Collaborates with women, families and the interprofessional team to facilitate informed choice. Record keeping is concise, factual, clear and accurate. 65</p>	<p>Excellent use of verbal and non-verbal communication skills with women, families and the interprofessional team. Excellent underpinning knowledge to collaborate with the wider team and facilitate informed choice. Excellent record keeping demonstrating clear evidence and rationale for decision making.</p>
Courage	<ul style="list-style-type: none"> - Unable to critically appraise own practice. - Unaware of the need for evidence-based practice. - Little insight into the role of the midwife as an advocate for women 	<ul style="list-style-type: none"> - Able to appraise and reflect on own practice. - Some awareness of current evidence-based practice. - Has insight into the role of the midwife as an advocate for women 40 	<ul style="list-style-type: none"> - Able to appraise and reflect on own practice and apply this to future care. - Able to recognise the need for evidence-based practice. - is developing advocacy skills to promote women's choices 	<ul style="list-style-type: none"> - Analyses and reflects on own practice and that of others. - Able to implement and evaluate evidence-based practice and evaluate. - is a good advocate for women and their choices 	<ul style="list-style-type: none"> - Critically analyses and reflects on own practice and that of others. - Able to challenge non-evidence based practice in an appropriate manner with colleagues. - is an excellent advocate for women and their choices
Commitment	<p>Does not act in a professional manner in accordance with the NMC Code (2015).</p> <p>Does not demonstrate that midwifery is the right profession for them</p>	<p>Acts in a professional manner in accordance with the NMC Code. (2008).</p> <p>Is working towards the attributes of a registered midwife 45</p>	<ul style="list-style-type: none"> - Consistently acts in a professional manner in accordance with the NMC Code (2015) and acknowledges its importance. - Demonstrates sound attributes required of a midwife 	<ul style="list-style-type: none"> - Consistently acts in a highly professional manner in accordance with the NMC Code (2015) and acknowledges its relevance in midwifery practice. - Demonstrates good attributes required of a midwife 	<ul style="list-style-type: none"> - Consistently acts in a very high professional manner in accordance with the NMC Code (2015) and able to analyse its relevance in midwifery practice. - Demonstrates excellent attributes required of a midwife



Worked Example of Calculation of Grade

Six C's (DH, 2013)	Mark awarded
Care	55
Compassion	60
Competence	58
Communication	65
Courage	40
Commitment	45
Total	323
Divide total by six	$323 \div 6 = 53.8$
Round number up or down to the nearest whole number	54
Final Mark	54%



Pass

NMC competencies achieved

Satisfactory professional
conduct

Medicine management passed

Pass (>40%) all the 6 C's

Appropriate portfolio evidence
submitted

Fail

Any NMC competencies NOT
achieved

Unsatisfactory professional
conduct

Medicine management failed

Fail (<40%) one or more 6 C's

Insufficient portfolio evidence
submitted



Portfolio Evidence

- One reflection on antenatal care (max 1000 words)
- One reflection on postnatal care (max 1000 words)
(these can be focused on your caseholding women)
- Two reflections on intrapartum care (max 1000 words)
- Two interprofessional learning reflections (max 1000 words)
- Three breastfeeding observations
- Four (2+2) women's feedback



Supervision of student midwives

- “Direct supervision is where the practising midwife would normally be in close proximity to the student, either by working directly with them or close enough to directly monitor their activities. Whereas indirect supervision enables students to develop confidence and independence, this approach should only be taken to support students who are **more senior** and where there is evidence that complex activities can be safely and responsibly delegated. Even so, indirect supervision requires that the midwife is easily contactable and can provide the level of support needed to ensure public protection and maintain the safety of both the women and the student”.

Nursing Midwifery Council (2009) **The standards for pre-registration midwifery education**. London. NMC.



Supervision of student midwives Medicines Administration

- **ALL** medicines administration must take place under the direct (visual) supervision of a sign-off mentor who is annotated on the Live Register of mentors with an up-to-date Annual Mentor Update and Triennial Review.
- Medicines administration **cannot** take place with a non sign-off mentor and be countersigned.
- Students **cannot** ever **administer medicines alone.**



Caseholding update

- Students continue to casehold two women in each year of the programme.
- Students on their away placement may not be on community initially, but need to recruit women as soon as they are able.
- Mentors to review caseholding plan each year.
- Consent women without the student present.
- Contact student when woman is labouring – even in the middle of the night.
- Caseholding student to take priority over other students on duty.



Introduction to E-Practice Document

- Unique username and password for sign-off mentors (Trust email)
- Quick guide on how to access
 - **tinyurl.com/nottmentor**
 - Click '**I have a guest account for PebblePad**'
 - **Login** with Trust email and password
 - Click '**Go straight to Atlas**' and click '**Open PebblePad**'
 - Click '**MID 1509 E-practice documentation**'
 - **Select your student** to view their E-practice document

Email for help (Mon-Fri, 9 to 5): HS-mid-epracticedoc@nottingham.ac.uk



PebblePad - Login x ATLAS x +

https://v3.pebblepad.co.uk/login/nottingham/Login

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PebblePad

Maria Pearson
The University of Nottingham

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See things I need to know

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School of Health Sciences
Division of Midwifery



Student Forename:
Louise

Student Family Name:
Walker

Personal Tutor



Competency 1:

Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal stages.

1.1. Understands the necessary skills required to be able to listen to women which helps them to identify their feelings and anxieties about their pregnancies, birth and the related changes to themselves and their lives

Student Self Assessment

I have met this competency

ASSESSOR FIELD

Sign-Off Mentor's Assessment

The Student has met this competency






Browser tabs: Pebble - Home, Midwifery training site, Midwifery Practice E-Port...

Address bar: <https://atlas.pebblepad.co.uk/atlas/nottingham/Viewer/Submission/ViewVS/6753/295094/0/GzcMrr97wqd5h8s5cth7m4Wk3z/GzcMrr97wqd5h4wdd78pwf37h/GzcMrr97wqd5hq8GHR9Z3Z/WZ/GzcMrr97wqd5hHt5p7Wf93Gk3r>

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School of Health Sciences
Division of Midwifery

Orientation of Placement
Labour Ward

Date (DD/MM/YYYY)
25/12/14

Placement's Contact Telephone Number (1)
0115 123456

Placement's Contact Telephone Number (2)



Hot Topics for 2016/17

- Home and away model for placements
- Baby Friendly Initiative reaccreditation (April 2015)
- The Duty Teacher role
- Shortened programme
- Electives and ERASMUS



Scenario one

- You are working with Betty a student Midwife on her final placement in the Pre-Labour Assessment Unit (a ten minute walk from Labour Ward). The Labour Ward ring as they are full to capacity and need a midwife to care for some of the women. Betty is an excellent student.

- What do you do?



Scenario two

- You are on duty on labour ward, working with a student midwife and are allocated to care for a labouring woman. The woman has a caseholding student who arrives shortly after admission.
- What do you do?