

ASSESSMENT IN PRACTICE

MIDWIFERY

Mentor Information Handbook

Common Assessment Document

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Introduction

Practice placement areas in the North West provide students with a diverse and varied experience of midwifery practice. Six universities providing pre-registration midwifery programmes within the region are working in partnership to provide the best practice experience and to utilise all practice placement areas. To fully utilise the practice areas students could be allocated to practice placements throughout the region. This will mean that a sign-off mentor could be supporting the learning and assessment of students from any of the six universities. To support and assist students and sign-off mentors with the assessment process the Strategic Health Authority funded the development of a common practice assessment document.

The common practice assessment document provides information related to sign-off mentors supporting learning and assessment of students in practice. Within the document are sections for the whole of the students practice experience, learning and assessment to be comprehensively documented, to ensure an **ongoing achievement record** and an **auditable trail**.

Standards to support learning and assessment in practice (NMC 2008a)

Students on a Nursing and Midwifery Council (NMC) approved midwifery education programme leading to registration on the midwives part of the register are required to spend **50%** of the programme time learning in a practice-based environment and this requires **100%** attendance. Whilst students are in a practice-based environment they must be supported and assessed by sign-off mentors. The purpose is to assure that those who make judgements certify that students achieve the relevant standards and are confirming to the NMC that the student has met the defined NMC Standards of Proficiency and Essential Skills Clusters for their profession and are capable of safe and effective practice. Mentors who sign-off all or part of a programme leading to a registration are **accountable** to the NMC for their decisions that students are fit for practice and that they have the knowledge, skills and competence to undertake the role as a registered midwife.

The NMC set standards for education programmes, for pre-registration midwifery. These are set out within the *Standards for pre-registration Midwifery Education* (NMC 2009) and Essential Skills Clusters (NMC 2009). This document contains 4 key elements in assessing a student's eligibility for registration within practice.

Midwifery Competencies (MC)

The midwifery competencies are specific standards necessary for a student to be entered onto the NMC register as a midwife. They relate to professional competence and fitness for practice to ensure that on registration a student can assume responsibility and accountability for their practice as a midwife.

Essential Skills Clusters (ESC)

The ESCs were developed to clarify the expectations of the public and ensure pre-registration student midwives on registration are fit for practice; capable of safe and effective practice. It should be noted that the NMC continue to review the existing ESC and future additions may be made. The ESC is not a definitive syllabus and they do not encompass all the skills a student may be exposed to in practice. However, they do provide the public with assurance that specific areas of skills are assessed prior to registration. To support the student's learning and achievement of clinical skills, a **Practice Skills Record** has been developed to provide a record of their progress.

Professional Behaviour and Conduct: Standards of Conduct, Performance and Ethics (CPE)

The Nursing and Midwifery Council (NMC) require that midwives ensure the highest standards of professional behaviour and conduct (*The Code: Standards of conduct performance and ethics for Nurses and Midwives* (NMC 2008b)). Although these standards are for qualified midwives it is good practice for the student and sign-off mentor to review and consider a student's professional behaviour and conduct during the placement. The sign-off mentor will assess and sign-off the professional behaviour and conduct standards within the common assessment document along side the MC and ESC.

Any concerns related to a student's professional behaviour and conduct, midwifery competencies or essential skills clusters should be highlighted to the link lecturer as soon as possible.

The standards of conduct (NMC 2008b) are: -

- Make care of people your first concern, treating them as individuals and respecting their dignity
- Treat people as individuals
- Respect people's confidentiality
- Collaborate with those in your care
- Ensure you gain consent

- Maintain clear professional boundaries
- Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community
- Share information with your colleagues
- Work effectively as part of a team
- Delegate effectively
- Manage risk
- Provide a high standard of practice and care at all times
- Use best available evidence
- Keep your skills and knowledge up to date
- Keep clear and accurate records
- Be open and honest, act with integrity and uphold the reputation of your profession
- Act with integrity
- Deal with problems
- Be impartial
- Uphold the reputation of your profession

Support and Supervision of Students

Within pre-registration programmes there are levels of performance to be achieved. Occasionally sign-off mentors have expressed difficulty ensuring that students are supported, supervised and assessed at the appropriate level. To assist with this, the level of practice support and supervision that could be expected from a student is specified below.

Year 1 – The student requires direct, to close supervision/support and is expected to observe, participate and assist in care.

What this means in practice

Initially, a student will be observing how clinical activities are undertaken and performed. Once the student and sign-off mentor are in agreement that the student is appropriately prepared, participation should be encouraged. As the student's ability and confidence develops, they could assist but not practise activities. The student will remain under direct to close supervision. However, by the end of year one, the student should be demonstrating the ability to carry out some practised activities with confidence. Once the sign-off mentor is sure of the student's ability through direct observation and careful questioning they may be able to plan and lead certain basic practised activities with few prompts and close to minimal supervision. The sign-off mentor should utilize the practice learning outcomes, MC, ESC, professional behaviours/conduct and student's learning needs to guide them.

Year 2 - The student requires close to minimal supervision/support and is expected to participate actively as well as to be able to plan most complex but predictable activities and to lead some of them.

What this means in practice

The level of supervision/support provided follows on from that which is required at the end of year one. As the student gains confidence, they should be able to carry out a wider range of care activities under minimal supervision. However, decisions concerning the degree of supervision should be based on a reasonable amount of prior direct observation and questioning of the student's knowledge and understanding of practice. It is vital that the student knows the relevance of evidence based practice (i.e. knows how to undertake care as well as know why that care is necessary), begins to recognise deviation from the norm and knows when to seek assistance.

Year 3 - The student requires minimal to indirect supervision/support and is expected to participate actively as well as to be able to plan all activities and to lead most of them.

What this means in practice

The level of supervision provided follows on from that which is required at the end of year two. Increasingly, the student should be able to use their initiative to recognise and meet the needs of women and their families. Supervision is indirect which means the sign-off mentor should be discreetly observing the student undertake agreed practice activities. If the sign-off mentor is not directly observing the student, they will be aware of the student's activities. At this stage, the sign-off mentor should use questioning not only to test the student's knowledge and understanding of midwifery care activities, but also to ascertain how they would recognise deviation from the norm and change midwifery care to meet the needs of the women. Also, the sign-off mentor should ask the student how they would plan, prioritise and manage women's care, providing a rationale for their decisions. By the end of the programme, the student should be able to demonstrate all the competencies to the standard of a newly qualified practitioner.

(Stuart 2007)

Assessment of Practice

Assessment in practice by sign-off mentors is a central part of midwifery education to ensure those who become registered midwives are safe and competent practitioners. The purpose of assessment is not just about giving a student a mark or grade but undertaking an

appraisal and evaluation of performances, identifying strengths/weaknesses and making a judgement (Rust 2002). All assessment of the student's performance should be fair, balanced, reliable, valid and must balance rigour (**validity, reliability and discriminating power**) against feasibility. However, the principle of practice assessment is to ensure that professional standards are maintained and only those students who meet the standards can be admitted to the Register i.e. fit for practice, fit for purpose and fit for award (NMC 2009).

Assessment can be categorized as formative or summative. **Formative assessment** takes place throughout the practice placement and involves feedback aimed at prompting development and is continuous and usually involves verbal feedback. **Summative assessment** focuses on the placement as a whole, takes place at the end of the placement with the assessor providing feedback related to performance and achievements and includes the awarding of a mark. (Table 1 provides examples of levels of assessment criteria)

Table 1 Level of Assessment Criteria (Stuart 2007)

	Student Year One	Student Year Two	Student Year Three
Practice	<p>Requires very detailed and explicit instructions</p> <p>Performs some activities with few prompts</p> <p>Performs activities in a fully integrated way</p> <p>Leads activities with few prompts</p> <p>Beginning to assess, plan and implement care within level of practice, responds appropriately in situations requiring urgency.</p>	<p>Performs activities with few prompts</p> <p>Performs activities in a fully integrated way</p> <p>Leads activities with few prompts</p> <p>Beginning to prioritize care</p> <p>Able to assess, plan and implement care</p> <p>Beginning to evaluate effectiveness of care</p> <p>Beginning to involve clients in their care</p> <p>Within level of practice, responds appropriately in situations requiring urgency</p>	<p>Performs activities in a fully integrated way, without or minimal prompting</p> <p>Planned all activities and led most of them</p> <p>Able to assess, plan and implement care</p> <p>Able to prioritize care</p> <p>Able to evaluate effectiveness of care and make changes in care plans</p> <p>Able to plan, prioritize and manage care for a group of clients within a time span</p> <p>Actively involves clients in their care</p> <p>Is organized and efficient: able to organise care and demonstrate efficiency when managing her workload</p> <p>Within level of practice, responds appropriately in situations requiring urgency.</p>
Knowledge	<p>Has a grasp of theory underpinning most practices</p> <p>Beginning to make connections with theory</p> <p>Can explain rationale underpinning some practices</p> <p>Can discuss pertinent research underpinning some practices.</p>	<p>Can explain rationale underpinning practice</p> <p>Able to make connections between more complex amounts of theory</p> <p>Can discuss pertinent research underpinning practice</p> <p>Beginning to implement evidence-based practice.</p>	<p>Critiques evidence-based research and its implementation</p> <p>Able to make connections between complex chunks of theory</p>
Competence Achieved	<p>Close supervision required</p> <p>Participates and assists in care</p> <p>Performs with few prompts</p> <p>Can explain the rationale underpinning practice</p>	<p>Minimal supervision required</p> <p>Active participation in care</p> <p>Planning most activities and leading some</p> <p>Performance is smooth and complete</p> <p>Does not require prompting</p> <p>Can explain rationale underpinning practice and discuss pertinent research</p>	<p>Indirect supervision required</p> <p>Active participation in care</p> <p>Planning all activities and leading most</p> <p>Does not require prompting</p> <p>Is organised and efficient</p> <p>Critiques evidence-based practice and its implementation</p>
Competence NOT Achieved	<p>Direct supervision required</p> <p>Has difficulty participating and assisting in care</p> <p>Requires detailed and explicit instructions</p> <p>Cannot explain the rationale underpinning practice</p>	<p>Close supervision required</p> <p>Participates and assists in care</p> <p>Performance lacks completeness</p> <p>Needs to be prompted</p> <p>Cannot explain rationale underpinning practice</p>	<p>Close supervision required</p> <p>Participates and assists in care only</p> <p>Requires prompting</p> <p>Unable to organise care</p> <p>Does not consider evidence-based practice</p>

Assessment provides students with an opportunity to demonstrate their knowledge; it often encourages learning and can define their philosophy to work. By assessing the student, the sign-off mentor ensures that knowledge is gained and the student knows how to use the knowledge to inform practice and therefore provide evidence-based midwifery care safely.

To assess a student's competence a **sign-off mentor** should utilise a **triangulation** assessment strategy to obtain a range of evidence to build up a complete picture of the student's achievements (Stuart 2007). There are many assessment methods a sign-off mentor can utilise and it is good practice to use a variety of methods to assess students in practice. For example; working with students, direct or indirect observation, reflecting on practice, discussing care, testimony from others, discussion and knowledge of skills e.g. questions and answers, formal or opportunistic teaching, simulation and evidence of written work e.g. portfolio. However, the relevant assessment method needs to be selected for the competency being assessed, for example; psychomotor skills (e.g. giving an injection) could not be assessed by verbal assessment methods.

There are generally three components to assessment and to be proficient all three need to be demonstrated within the practice environment:

- **Affective Skills** – The way in which the student does something, their manner and communication, for example the way the student explains to someone how and why they are giving them medication, the way in which the student makes the person feel safe and comfortable, treats them with respect and dignity and the way in which the student gains their consent.
- **Psychomotor Skills** – This is how the student demonstrates their ability to complete a physical task. It involves things like hand and eye co-ordination, dexterity and technical accuracy. For example, filling a syringe safely, cleanly and correctly injecting the medication.
- **Cognitive Skills** – This is the student's ability to show understanding, the reasons why they are doing something and the implications of doing it. For example, being able to say what a drug they are using is, how it works and the problems/side effects that could occur.

Student self-assessment - Students are encouraged to self-assess their own practice performances, as this enables them to reflect on practice experiences, and assess their own learning and achievements. By self-assessing the student is able to identify their learning needs and consider ways in which they can be achieved. By monitoring their own learning

the student can recognise personal strengths, areas where further development is required, be motivated to learn and encouraged to take greater responsibility for their learning.

Feedback – this is an important part in learning and assessment as it provides students with information about what has been achieved and what can be achieved. Feedback should be factually detailed which tells the student what to do to improve. To ensure relevant meaningful feedback a sign-off mentor should consider a running commentary approach i.e. give feedback as the learner is performing or soon after the event. This approach enables the student and sign-off mentor to quickly act upon the feedback and where necessary make changes to improve their performance. The sign-off mentor should record any feedback at any time in the common assessment document to ensure the continuum of practice assessment.

An integral part of assessment is feedback for both the student and the sign-off mentor as it identifies the strengths/weaknesses of the student's learning and the teaching by the practitioner.

Sign-off mentor Role and Responsibility

A Sign-Off Mentor is defined as a registered midwife who meets the NMC (2008a) *Standards to Support Learning and Assessment in Practice*.

The sign-off mentor's role is to facilitate learning, assess the achievement of competencies and mark the student in practice. The sign-off mentor acts as a role model who by example guides, assists and supports the student to learn new skills, behaviour and attitudes, ensuring all learning opportunities available are maximised. Pre-registration students are **supernumerary** and it is expected that a student will work with the allocated sign-off mentor and be supervised at all times, either directly or indirectly. Whilst providing midwifery care in practice at **least 40%** of a student's time must be spent being supervised by a sign-off mentor. However, a sign-off mentor should work in close partnership with the student in order to facilitate learning and assessment in practice. A sign-off mentor is a role model for the student and should demonstrate up to date evidence-based practice. This will enable the student to link practice and theory, develop skills of reflection and develop an ability to critically analyse evidence and practice, therefore supporting the philosophy of evidence-based practice and 'life long' learning (NMC 2009).

The sign-off mentor takes a lead role in the triangulation assessment process and assesses the student's level of competencies, knowledge, skills and attitudes, taking into account the students' theoretical understanding. The sign-off mentor is required to offer the student

constructive feedback based upon their performance at the intermediate and the final stage of the assessment process, drawing upon practice based examples. The feedback information must be recorded in detail in the common assessment document in an accurate, legible format. This provides a continuous record of the students practice achievements to ensure an **auditable trail**.

In brief, a mentor is responsible and accountable for the following: -

- Organising and co-ordinating student learning activities in practice.
- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives.
- Assessing total performances including: skills, attitudes and behaviour.
- Providing evidence as required by programme providers of a student's achievement(s) or lack of achievement(s).
- Liaising with others such as other sign-off mentors, mentors, liaison/link lecturers to provide feedback, identifying any concerns about student's performance and agreement of an action as appropriate.
- Providing evidence with regard to making decisions about achievement of competency at the end of the placement.
- Informing the student's University of any sickness/absence
- Ensuring the student works with the sign off mentor or an allocated mentor as part of the team in a supernumerary capacity.
- Maintaining comprehensive, accurate and legible records. Ensuring there is an auditable trail to meet NMC standards.
- Demonstrating continuing professional development and having current knowledge of NMC approved programmes (NMC 2008b).

Students on NMC approved pre-registration midwifery education programmes, leading to registration on the midwives' part of the register, can only be supported and assessed by mentors who have met the additional criteria for sign off status (NMC 2008a:12). The sign-off mentor, who has met the NMC additional criteria for assessing proficiency, is responsible and accountable for making the final sign-off in practice – confirming that a student has successfully completed all practice requirements. This confirmation will contribute to the evidence considered by the University's examination and assessment board. The NMC requires mentors who have not yet met the additional criteria to be supported by a sign-off mentor (NMC 2008a:33).

Annual Update and Triennial Review

The nature of the triennial review of sign off mentors is for the placement providers to determine but may form part of an employer-led personal development appraisal.

To be maintained on the local mentor register the individual must have evidence of having:

- Mentored at least two students (extenuating circumstances permitting) within the three year period.
- Participated in annual updating – to include an opportunity to meet and explore assessment and supervision issues with other mentors/practice teachers.
- Explored as a group activity the validity and reliability of judgments made when assessing practice in challenging circumstances.
- Mapped ongoing development in their role against the current NMC mentor/practice teacher standards.
- Been deemed to have met all requirements needed to be maintained on the local mentor register as a mentor, sign-off mentor or practice teacher.

(NMC 2008a)

Role and Responsibility of Link Lecturer

The **liaison/link lecturer** is a member of the midwifery education team who has a role to support the sign-off mentors in the practice environment, to ensure there are opportunities for learning in which learning outcomes, proficiencies, essential skills and students learning needs can be achieved. They have a role within the tripartite assessment process to ensure University processes are adhered to and the assessment of the student is valid and reliable.

Should a student or sign-off mentor have any concerns related to learning, teaching and assessment within practice that cannot be resolved between the student and sign-off mentor, a liaison/link lecturer can be contacted to assist. Also, the sign-off mentor can contact the liaison/link lecturer if there are any concerns regarding a student to formulate an action plan.

Student Responsibility

A student will be exposed to a variety of practice placements throughout the pre-registration programme. They are encouraged to access all learning opportunities to achieve their practice learning outcomes/needs, competencies, proficiencies and essential skills. At all times a student is expected to behave in a professional manner, demonstrate good communication and time management skills, adhere to dress codes/uniform policies and follow the placement provider's policies and procedures.

Other student responsibilities include:

- Prior to meeting with the sign-off mentor the student should be familiar with the practice learning outcomes, assessment requirements and identify any personal learning needs. To get an overview of the practice area the student may wish to visit the online Practice Placement Profile (if appropriate).
- Working in partnership with the sign-off mentor to identify the optimum learning opportunities and completing practice documentation.
- Completion of self-assessment and reflection sections of the practice assessment document.
- Completion of self assessment for the grading of clinical practice.
- A willingness and commitment to participate in a range of learning opportunities.
- Maintaining comprehensive records of attendance, EU requirements, learning needs, and feedback/evaluation.
- Bringing to the attention of the sign-off mentor and liaison/link lecturer any issues that may impinge on them achieving their learning outcomes.
- Contributing to practice evaluation to assist in the development of practice learning.
- **Acting in a professional manner** by being honest, trustworthy and demonstrate good conduct, behaviour and attitude (NMC 2008a).

Self-Assessment

A fundamental aim of assessment is to enhance the student's learning, with student **self-assessment** being an integral part of the assessment process. Self-assessment is a valuable skill, which is utilised to develop effective learning and facilitate continuing professional development. The objective of self-assessment is for students to improve their capacity to understand what and how they are learning and to review, plan and take responsibility for their learning (Race 2001). By reviewing and identifying their own learning skills in a constructive way the student becomes a more effective, confident independent learner above and beyond the attainment of the subject being studied and develops skills for life long learning (QAA 2000). Self-assessment is not without its critics and some fear that students are too lenient on themselves; however, this is not necessarily the case (Race 2001).

Self-assessment improves the student's learning by: -

- Increasing their ownership of learning
- Promoting "deep" learning based on understanding and reflection
- Developing independent learning skills
- Enhancing their motivation and enthusiasm by encouraging active participation in the learning process.

- Actively engaging with the process of giving and receiving feedback with the aim of strengthening future performance (Race 2001).

Within the common assessment document there are self-assessment sections for the student to complete. Within these sections the student should be encouraged to reflect on practice experiences, identify any learning requirements and consider an action plan on how they can be achieved.

Students are also required to complete self assessment during the process of grading their practice.

Sickness and Absences

The NMC (2008b) require that students and midwives are in good health and capable of safe, effective practice. Within the common assessment tool there is a section to record any sickness or absences. If a student is sick or absent from practice, individual university processes should be adhered too and **BOTH** practice and university should be informed. It is the responsibility of the student to inform the appropriate people of their sickness or absence. However, a sign-off mentor can inform the individual university if they wish to ensure a student's sickness or absence is accurately recorded. Practice hours lost through sickness and absence must be made up and ***any unauthorised absence is not acceptable.***

Assessment Process

The assessment of students in practice is undertaken through **tripartite interviews** i.e. meetings with a student, sign-off mentor and link lecturer and should be undertaken in accordance with the student's individual university processes. Where there is more than one practice placement during a module the student's individual University will outline the assessment process, clarifying when the preliminary, intermediate and final interviews should occur. However, if there is a short placement, it is good practice to meet with the student at the beginning to discuss learning needs, half way through to provide formative assessment and a final meeting at the end of the placement to provide feedback.

Preliminary Interview

The preliminary interview should be undertaken in accordance with the student's individual University processes. The purpose of the meeting is to identify the student's learning needs and to formulate a learning agreement. The first meeting provides the sign-off mentor with an opportunity to start forming a facilitator relationship and introduce the student to the practice area. The interview should be undertaken preferably within the first 2 days of

commencing the practice placement and the link lecturer may be present. Remember the preliminary interview is an important meeting for the student as they may be feeling apprehensive and vulnerable being in a new practice area.

Points a sign-off mentor may consider with the student:

- Confirm student's stage of pre-registration programme
- Review programme and practice learning outcomes, MC, ESC
- Review the grading criteria
- Discuss personal learning needs or ascertain any concerns
- Explore the student's learning styles
- Plan learning experiences and practice assessments
- Identify roles and responsibilities
- Identify resources and learning opportunities
- Planning provisional dates for review of student's progress

Should the sign-off mentor, student or any healthcare professional have any concerns regarding the placement or achieving the midwifery competencies, essential skills cluster, learning outcomes, standards of professional behaviour and conduct, the concerns should be noted in the record of experience & feedback section and the liaison/link lecturer informed and made aware of the concerns.

If there are concerns regarding a student a sign-off mentor or any healthcare professional should consider: -

- Arranging a meeting with the student and liaison/link lecturer as soon as possible, explaining the reason for the meeting to the student.
- Discussing the evidence which has led to concern. Give honest unambiguous feedback.
- Discussing the student's understanding of the nature of the concerns, to ensure that the student understands the sign-off mentor's concerns.
- Providing the student with an opportunity to give their perception. Assisting them to identify their strengths and to focus on the learning required to overcome their weaknesses.
- Helping students identify resources they can utilize to improve knowledge and skills.
- Drawing up a targeted detailed action plan. Good, honest, clear formative assessment can motivate the student.
- Provide a clear and unambiguous assessment plan to retrieve the situation
- Setting deadlines and make sure the student understands these

- Making arrangements to work closely with the student
- Arrange for the student to work with other assessors if appropriate, so that other testimonies can be provided: this will increase the validity and reliability of the assessment. Furthermore, students have the right to be protected from unfair or biased assessment and should not be failed until they are judged by another assessor (Gomez et al 1998).
- Making arrangements to conduct a progress review. If, despite remedial action, there is little or no improvement, make arrangements for the liaison/link lecturer to be present at the meeting to discuss the situation and develop another action plan.
- A weekly progress review is advisable for as long as the student's difficulties persist.
- Ensuring the concern is documented in the assessment document at an early stage, the nature of the problem should be carefully, clearly and explicitly documented. The written word will give a visual record of problems and actions taken.
- Gaining support from the liaison/link lecturer and individual university, which is essential in these situations. It is important to establish clear and open communication between the student, sign-off mentor, liaison/link lecturer and the university.

The sign-off mentor or student should make sure all discussions are carefully recorded and documented within the common assessment document. There may come a time when this information is used to highlight reoccurring themes, for example a student may have repeatedly failed to meet set goals (Stuart 2007).

If the student does not achieve the practice learning outcomes, midwifery competencies, essential skills and professional standards of behaviour and conduct after procedures and action plans have been implemented and evaluated, the sign-off mentor will provide evidence and feedback to the student and liaison/link lecturer. This would lead to the student failing the practice assessment at the final interview and lead to the introduction of individual University procedures.

Intermediate Interview

The intermediate interview should be undertaken in accordance with the student's individual university processes. The intermediate interview(s) offers an opportunity for the student and sign-off mentor to review the learning agreement. Depending on each university process a liaison/link lecturer may be present or available by telephone or other forms of information technology may be used. Prior to the meeting the student will have explored, assessed and documented their personal strengths or weaknesses, reflected on the practice experience and considered the learning outcomes achieved and future learning needs.

The sign-off mentor will provide the student with feedback, evaluation, reflected on the practice experience(s), assess the student's general performance and progress towards achieving the MC, ESC, professional behaviour and learning performances. Depending on the length of each placement the student and sign-off mentor may have several formative assessment meetings but all evaluation/feedback and interviews with the student and sign-off mentor should be comprehensively recorded in the common assessment document.

Points a sign-off mentor may consider during the intermediate interview:

- The student's development, learning and underpinning knowledge
- The learning opportunities to achieve the learning outcomes
- Future learning
- The student's performance
- The student's attitudes and values to practice
- The student's ability to engage in evidence-based practice and reflection
- A provisional date for final interview

Any concerns should be communicated to the liaison/link lecturer and an action plan formulated.

Final Interview

The final interview should be undertaken in accordance with the student's individual University processes, and the liaison/link lecturer will normally be present. The final interview normally takes place at the end of the placement, during the last week. Prior to the meeting the student will have completed the self-assessment section. The sign-off mentor may need to allocate additional time to this meeting to allow them to review all the learning performances, MC, ESC and professional behaviour, practice evidence, provide student feedback/evaluation, consider future learning and grade practice (See Appendices 1-3 for the grading criteria and marking grids for years 1, 2 and 3). If there is more than one sign-off mentor involved in the final assessment they may wish to meet prior to the final interview. If the sign-off mentors fail to agree they should consider the assessment evidence objectively. Normally, the liaison/link lecturer will be present to discuss the situation and moderate the grading process. However, the named sign-off mentor is responsible and accountable for making the final assessment decision.

Remember if any of the practice learning outcomes, midwifery competencies or essential skills clusters or professional behaviour and conduct have not been

achieved and the final summative assessment meeting takes place the student must fail the practice assessment.

All discussions and evidence related to the summative assessment should be documented and signed by the sign-off mentor.

Points a sign-off mentor may consider with the student:

- Has the student met the criteria to pass (there should be no surprises for the student)
- The student's attitudes and values appropriate for professional practice
- The student's underpinning knowledge for practice
- The student's standards of professional behaviour and conduct
- The student's development
- Triangulation assessment strategy, reliability, validity, balanced and fair
- The awarding of a mark/grade for practice

Failing Students

There may come a time when a sign-off mentor has to fail a student. The student has consistently not achieved, in spite of the use of ongoing formative assessment and individual University processes which have been implemented. In such a situation, the liaison/link lecturer will be closely involved, it will be handled sensitively and objectively, and there should be no surprises by the student failing. To fail, the student requires the sign-off mentor to be confident and have evidence to support their professional judgement. It may appear easier not to fail the student or give them the benefit of the doubt. **However, remember your legal, ethical and professional accountability.**

Ensuring continuity of practice assessment

The NMC (2009) require a method for sharing information regarding the student's progress in practice settings and this is normally through the practice assessment documents and is referred to as the '**Ongoing achievement record**'.

This includes:

- Obtaining consent from the student to share confidential, fit for practice information between mentors and any relevant education providers. Should a student not consent to sharing data then this would be incompatible with ensuring fit for practice and would not meet programme requirements.
- Practice assessment documentation, including all comments, discussions, development plans, feedback and evaluation from mentors is passed from one placement to the next.

- The student's concerns are addressed and if relevant shared with others such as midwifery lecturers,
- Sign-off mentors can access records of achievement to inform signing-off of midwifery competencies, essential skills, and any concerns have been addressed since the previous progression point.
- All action must be taken in the full knowledge of the student.
- The student is responsible for carrying the assessment documentation from one practice area to the next.
- Regular meetings are scheduled to evaluate progress by the student and sign-off mentor, involving liaison/link lecturer when appropriate.
- Record keeping should be comprehensive, legible, and accurate with clear dates, signatures and names printed. Sign-off mentors should document the student's placement, as they would record midwifery care in a woman's pregnancy records.

Record Keeping

Record keeping is an important part of midwifery education and should be viewed as integral process to supporting learning and assessment in practice. Good record keeping helps to protect the sign-off mentor and student by promoting:

- High standards and continuity of assessment processes;
- Better communication and dissemination of information between healthcare professionals, university and students
- An accurate account of the student's experience and assessment processes

The quality of sign-off record keeping can be perceived as a reflection of the standard of supporting learning and assessment in practice. Good record keeping is a skill and careless or incomplete record keeping may highlight other problems in practice. The best records are ones that are a product of consultation and discussion between all healthcare professionals, lecturers and midwives supporting students in practice.

The NMC (2008b) highlight a number of key principles that underpin good practice for record keeping by mentors: -

- Records should not include abbreviations, jargon, meaningless phrases, irrelevant speculation, offensive or subjective statements.
- Recognizable terminology.
- An auditable trial records
- The sign-off mentor must ensure that any entry made in the student assessment documentation is easily identified.

- Each sign-off mentor's contribution to the records should be seen as of equal importance.
- There is a duty to protect confidentiality and the principles of confidentiality apply equally to computer and manually held records.
- Sign-off mentors must use their professional judgment to decide what is relevant and what should be recorded.
- Assessment records should be factual, consistent and accurate, written in a way that the meaning is clear.
- Records should be recorded clearly and in such a manner that the text cannot be erased or deleted without a record of change.
- Professionals involved in midwifery education can scrutinize entries within the assessment documentation.
- Good record keeping helps to protect the student and sign-off mentor.

Glossary

Annual Update	Once a year an opportunity to meet and explore assessment and supervision issues with other mentors. Discuss changes to midwifery programmes.
Assessment	Measurement of achievement and progress of student.
Auditable trial	A continuous record of the students practice placement, including any planning, teaching, evaluation and feedback.
Discriminating power	To treat people differently, ability to control people.
Due Regard	Differentiates between the nurses', midwives' and specialist community public health nurses' parts of the NMC register as well as the specific fields of practice within nursing, e.g. adult, children, mental health and learning disabilities. Mentors and practice teachers normally assess others only with due regard to the parts on which they themselves are registered.
Feedback	Oral or written development advice on performance so that the student has better understanding of standards and criteria.
Fitness for Practice	Student demonstrates they are practising safely and effectively, having met the Standards of Proficiency, Essential Skills Clusters and all other requirements to be registered.
Formative Assessment	Assessment used to gauge the strengths and weaknesses of the learner's performance while there is time to take action for improvement.
Liaison Lecturer	A member of the midwifery education team who has a role to support the sign-off mentors in the practice environment.
Link Lecturer	Same as liaison lecturer - a member of the midwifery education team who has a role to support the sign-off mentors in the practice environment.
Mentor	A registrant who has met the outcomes of stage 2 and who facilitates learning supervises and assesses students in a practice setting.
Ongoing Achievement Record	The vehicle for sharing information regarding a student's progress in practice.
Outcomes	Outcomes identify the skills required at each stage of the framework to meet the defined final competencies.
Practice Proficiency	A student is deemed proficient when they have successfully met all of the NMC standards of proficiency for midwifery at the end of the approved programme. A mentor who has met the NMC additional criteria may only sign off practice Proficiency.
Proficiencies	Contained within the Standards of Proficiencies and must be met by the end of a NMC approved pre-registration programme.
Reliability	Consistent and precise. The assessment process would generate the same result if repeated on another occasion with the same group or similar group of students.
Self-Assessment	A judgment, sometimes for official purposes, which you make about your abilities, principles or decisions.
Sign-Off Mentor	Mentors are required to meet specified criteria in order to be able to sign-off a student's practice proficiency at the end of an NMC approved programme. Midwife mentors will normally have met the requirements through their preparation programme.
Simulation	A learning activity that simulates real life scenario requiring participants to make choices which demonstrates cause and effect.
Summative Assessment	Assessment comes at the end of a section of learning and awards the student with a final grade/mark.

Supernumerary	Extra to normal i.e. not part of the staffing levels
Triangulation approach	The assessment interview involving the student, sign-off mentor and liaison lecturer.
Triennial Review	A review every 3 years where sign-off mentors have evidence of having mentored at least 2 students with due regard. Participated in annual updating, mapped ongoing development and explored the validity and reliability when assessing.
Tripartite interviews	Divided into three sections and involving three people i.e. three interviews (preliminary, intermediate & final with three people being student, sign-off mentor and liaison lecturer).
Validity	Adequacy and appropriateness of the task in relation to outcomes/objectives being assessed i.e. it measures what it is supposed to measure.

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APPENDICES

APPENDIX 1

Process for grading and assessing practice

To guide a sign-off mentor with the process of grading a student the following marking grid should be considered and completed. The marking grid consists of **five sections**, with a maximum mark for each section of **20**. Each section is further divided into 3 sub-sections. When the sign-off mentor is grading the student each sub-section should be considered and a mark awarded out of 20. Three marks (out of 20) will be awarded for each sub-section – this is then divided by 3, to give an overall mark for the whole section out of 20. Once marks have been awarded to all sections an overall grade will be calculated.

For example: If a sign-off mentor awards marks of 9, 12 and 12 for 1 section the mark would be 11 out of 20 (33 divided by 3). To calculate the final overall grade, all 5 sections should be considered and measured for example 11, 15, 14, 13 and 12 – overall grade 65/100.

****Please note if any of the marks awarded are in the 0-7 (Fail/unsafe) category on the marking grid the student fails the placement assessment***

CRITERIA FOR YEAR 1

14-20	A student who is judged to have reached an outstanding exceptional standard: has demonstrated consistent ability to describe theoretical principles and apply these to practice; exhibits appropriate confidence, mastery of clinical skills and reflexivity in all familiar and unfamiliar situations; works as a dependable team member. Creates comprehensive and succinct records.	Excellent pass
12-13	A student who is judged to have reached a very high standard: has demonstrated the ability to describe some theoretical principles and apply these to practice; exhibits appropriate confidence, competency in clinical skills and reflexivity in most familiar and unfamiliar situations; works as a reliable team member. Creates comprehensive and detailed records.	Very Good pass
10-11	A student who is judged to have reached a capable standard: has demonstrated application of underpinning knowledge; some discussion and reflexivity; appropriate confidence and clinical dexterity in familiar and unfamiliar situations; able to provide care under instruction; works a team member. A good standard of record keeping.	Good pass
8-9	A student who is judged to have reached a reasonable standard: is considered safe under close supervision; has been observed to perform with hesitation when applying underpinning knowledge; limited questioning, mechanistic actions, indecisive in familiar situations; adequate record keeping; works within the team; requires detailed instruction. Meets the minimal required standard.	Pass
0-7	A student who is judged not to have met the required standard : has achieved one or more of the competencies, essential skills, learning outcomes, professional behaviour or conduct associated with the placement/module; weak underpinning knowledge demonstrated; disorganised planning and implementation of care; unable to provide care under detailed instruction; does not work as part of a team; inadequate record keeping. Even where all the learning outcomes have been met, a student who demonstrates unsafe practice may result in a fail overall.	Fail unsafe practice

Yorkshire and Humber Common Assessment Marking Grid

Practice Marking Grid: Year 1								
Please note: If a student demonstrates unsafe practice they will fail the module even where competencies/essential skills clusters/professional behaviour and conduct/learning outcomes have been achieved								
Student's name:	Student identification number:	Practice area:				Date & time of assessment		
Module details: (Code, title)		1st attempt/2nd attempt (Please circle)			Outcome of practice assessment: Overall indicative mark awarded _____ Pass / Fail / Refer / Resubmission (Please circle)			
<u>Grading practice</u>								
<i>*Please note if any of the marks awarded are in the 0-7 (fail/unsafe practice) category the student will fail the placement assessment</i>								
		Excellent	Very Good	Good	Pass	*Fail unsafe practice	Sign-off mentor Assessment	<i>Student self- assessment</i>
Section 1: Team working and communication	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Demonstrates communication skills and ability to build a rapport with women and their family								
Demonstrates skills in working with the multi-professional team and an awareness of the importance of effective communication across professional networks and boundaries.								
Demonstrates a professional approach to working as a healthcare student including punctuality and time keeping								
Mark awarded (Total divided by 3)								
Section 2: Knowledge & application to practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Demonstrates ability to identify sources of information and begins to explore and discuss evidence relevant to current practice								
Demonstrates underpinning knowledge and can begin to apply this theory to practice								
Begins to explore practice and professional issues with colleagues								

Mark awarded (Total divided by 3)								
Section 3: Clinical skills & practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Appropriate to the level of practice demonstrates ability to perform clinical skills and procedures whilst maintaining environments that promote the health, safety and well-being of women and others								
Demonstrates knowledge and understanding of the meaning of informed consent and begins to gain informed consent with supervision								
With supervision demonstrates the ability to complete records that are accurate, legible and continuous, containing the necessary information and adheres to records and record keeping guidelines								
Mark awarded (Total divided by 3)								
Section 4: Professional & ethical practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Identifies and begins to relate professional codes, standards, conduct, behaviour, policies and guidelines to practice and protects the confidentiality of written and verbal information								
Demonstrates awareness of individual's preferences, rights, interests, beliefs and culture								
Demonstrates the importance of ensuring and maintaining, safety, privacy, dignity, and respect								
Mark awarded (Total divided by 3)								
Section 5: Self development & reflection	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Reflects on practice and is beginning to recognise own strengths and limitations and seeks to improve skills and knowledge as a result								
Begins to recognise the needs of others and begins to analyse the effectiveness of care, suggesting realistic alternatives where appropriate								
Seeks help and guidance as appropriate and responds constructively to feedback from the multi-professional team, women and their families								
Mark awarded (Total divided by 3)								

Student and Sign off mentor each to provide rationale for mark awarded

Comments

Signature of student

Print name

Date

I authorise that the student has met / not met (please circle) all of the performance outcomes (including competencies, essential skills clusters, professional behaviour and conduct) associated with this placement/module and that in my judgement has performed to the quality indicated.

Signature of sign-off mentor

Print name

Date

I confirm that in my judgement assessment processes have been conducted appropriately

Signature of liaison/link lecturer (If appropriate)

Print name

Date

I confirm that the assessment process is comparable to that of other institutions

Signature of External Examiner (If appropriate)

Print name

Date

Process for grading and assessing practice

To guide a sign-off mentor with the process of grading a student the following marking grid should be considered and completed. The marking grid consists of **five sections**, with a maximum mark for each section of **20**. Each section is further divided into 3 sub-sections. When the sign-off mentor is grading the student each sub-section should be considered and a mark awarded out of 20. Three marks (out of 20) will be awarded for each sub-section – this is then divided by 3, to give an overall mark for the whole section out of 20. Once marks have been awarded to all sections an overall grade will be calculated.

For example: If a sign-off mentor awards marks of , 9, 12 and 12 for **1** section the mark would be 11 out of 20 (33 divided by 3). To calculate the final overall grade, all **5** sections should be considered and measured for example 11, 15, 14, 13, & 12 – overall grade 65/100.

****Please note if any of the marks awarded are in the 0-7 (Fail/unsafe) category on the marking grid the student fails the placement assessment***

CRITERIA FOR YEAR 2

14 - 20	A student who is judged to have reached an outstanding exceptional standard: is able to consistently explain rationale underpinning practice and make connections between more complex theory; can discuss pertinent research underpinning practice and is beginning to implement evidence-based practice. The student actively participates in midwifery care with minimal supervision, planning most activities and leading on some with minimal prompts; responds appropriately and confidently in situations requiring urgency. The student involves women and their families in their care and are able to evaluate the effectiveness of the care; works as a dependable team member. Creates comprehensive and succinct records.	Excellent pass
12 - 13	A student who is judged to have reached a very high standard: is able on most occasions to explain rationale underpinning practice and are beginning to make connections between more complex theory; can discuss some pertinent research underpinning practice and are beginning to apply evidence-based practice. The student participates in midwifery care with minimal supervision, planning some activities and leading on some with few prompts; responds appropriately in situations requiring urgency. The student often involves women and their families in their care and often evaluates the effectiveness of the care; works as a reliable member of the team and has achieved a very good standard of record keeping.	Very good pass
10 - 11	A student who is judged to have reached a capable standard: is able on some occasions to explain rationale underpinning practice and can make some connections between more complex theory with help; can discuss with support some pertinent research underpinning practice and recognises evidence-based practice. The student participates in midwifery care with minimal supervision; planning some activities under instruction and leading on some with support and prompts. The student responds suitably in situations requiring urgency. The student is able to involve women and their families in their care and beginning to evaluate the effectiveness of the care; works as a team member. A good standard of record keeping is demonstrated.	Good pass
8 - 9	A student who is judged to have reached a reasonable standard of performance: is considered safe and meets the minimal standard. The student has been observed to perform with hesitation; vaguely explains rationale underpinning practice, makes limited connections between more complex theory. Some degree of questioning and evidence based practice. With detailed instruction the student participates in midwifery care with minimal supervision; sometimes indecisive in familiar situations, requiring detailed instruction when planning and leading on activities. The student responds cautiously in situations requiring urgency; with detailed instruction begins to involve women and their families in their care and with prompts begins to evaluate the effectiveness of the care; works within the team. Adequate record keeping.	Pass
0 - 7	A student who is judged not to have met the required standard : has not achieved one or more of the competencies, essential skills, learning outcomes, professional behaviour and conduct associated with the placement/module. The student has weak underpinning knowledge, cannot explain rationale underpinning practice; has disorganised planning and implementation of care, unable to provide care under detailed instruction; close supervision required. The student does not work as part of a team and/or has inadequate record keeping. Even where all the learning outcomes have been met, a student who demonstrates unsafe practice may result in a fail overall.	Fail unsafe practice

Yorkshire and Humber Common Assessment Marking Grid

Practice Marking Grid: Year 2								
Please note: If a student demonstrates unsafe practice they will fail the module even where Midwifery competencies/essential skills clusters/professional behaviour and conduct/learning outcomes have been achieved								
Student's name	Student identification number	Practice area:				Date & time of assessment		
Module details: (Code, title)		1st attempt/2nd attempt (Please circle)			Outcome of practice assessment: Overall indicative mark awarded _____ Pass / Fail / Refer / Resubmission (Please circle)			
Grading practice								
<i>*Please note if any of the marks awarded are in the 0-7 (fail/unsafe practice) category the student will fail the placement assessment</i>								
		Excellent	Very good	Good	Pass	*Fail unsafe practice	Sign-off mentor Assessment	<i>Student self- assessment</i>
Section 1: Team working and communication	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Demonstrates communication skills and ability to build a rapport with women and their family								
Demonstrates skills and an ability to communicate effectively when working within the multi-professional team and across professional networks and boundaries								
Demonstrates a professional approach to working as a healthcare student including punctuality and time keeping								
		Mark awarded (Total divided by 3)						
Section 2: Knowledge & application to practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Demonstrates the ability to identify, critically appraise and discuss sources of information and evidence relevant to current practice								
Demonstrates underpinning knowledge and can apply this theory to practice								
Explores practice and professional issues with colleagues								
		Mark awarded (Total divided by 3)						

Section 3: Clinical skills & practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Demonstrates ability to perform clinical skills and procedures whilst maintaining environments that promote health, safety and well-being of women and others								
Demonstrates knowledge and understanding of the meaning of informed consent and gains informed consent with minimal supervision								
With minimal supervision demonstrates the ability to complete records that are accurate, legible and continuous, containing the necessary information and adheres to records and record keeping guidelines								
Mark awarded (Total divided by 3)								
Section 4: Professional & ethical practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Identifies and relates professional codes, standards, conduct, behaviour, policies and guidelines to practice and protects the confidentiality of written and verbal information								
Recognises individual's preferences, right's, interests, beliefs and culture								
Recognises the importance of ensuring and maintaining, safety, privacy, dignity, and respect								
Mark awarded (Total divided by 3)								
Section 5: Self development & reflection	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>*0-7</u>		
Reflects on practice recognising own strengths and limitations and seeks to improve skills and knowledge as a result.								
Recognises the needs of others and can analyse the effectiveness of care, suggesting realistic alternatives where appropriate								
Seeks help and guidance as appropriate and responds constructively to feedback from the multi-professional team, women and their families								
Mark awarded (Total divided by 3)								

Student and Sign off mentor each to provide rationale for mark awarded

Comments

Signature of student

Print name

Date

I authorise that the student has met / not met (please circle) all of the performance outcomes (including Midwifery competencies, essential skills clusters, professional behaviour and conduct) associated with this placement/module and that in my judgement has performed to the quality indicated.

Signature of sign-off mentor

Print name

Date

I confirm that in my judgement assessment processes have been conducted appropriately

Signature of liaison/link lecturer (If appropriate)

Print name

Date

I confirm that the assessment process is comparable to that of other institutions

Signature of External Examiner (If appropriate)

Print name

Date

Process for grading and assessing practice

To guide a sign-off mentor with the process of grading a student the following marking grid should be considered and completed. The marking grid consists of **five sections**, with a maximum mark for each section of **20**. Each section is further divided into 3 sub-sections. When the sign-off mentor is grading the student each sub-section should be considered and a mark awarded out of 20. Three marks (out of 20) will be awarded for each sub-section – this is then divided by 3, to give an overall mark for the whole section out of 20. Once marks have been awarded to all sections an overall grade will be calculated.

For example: If a sign-off mentor awards marks of 9, 12 and 12 for 1 section the mark would be 11 out of 20 (33 divided by 3). To calculate the final overall grade, all 5 sections should be considered and measured for example 11, 15, 14, 13 and 12 – overall grade 65/100.

****Please note if any of the marks awarded are in the 0-7 (Fail/unsafe) category on the marking grid the student fails the placement assessment***

CRITERIA FOR YEAR 3

14 - 20	A student who is judged to have reached an outstanding exceptional standard: is able to consistently critique evidence based research and its implementation. Is able to make connections between complex theory. Actively participates in midwifery care with indirect supervision in an organised and efficient manner, planning all activities and leading on most. Is able to prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Does not require prompting, is organised and efficient. Responds appropriately and confidently in situations requiring urgency. Actively involves women and their families in their care. Works as a dependable team member. Comprehensive and succinct record keeping.	Excellent pass
12 - 13	A student who is judged to have reached a very high standard: is able on most occasions to critique evidence based research and its implementation. Is able on most occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, mostly in an organised and efficient manner, planning most activities and leading on some. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate with minimal prompting, is organised and efficient. Responds appropriately in situations requiring urgency. Actively involves women and their families in their care. Works as a reliable member of the team. Very good standard of record keeping.	Very good pass
10 - 11	A student who is judged to have reached a capable standard: is able on some occasions to critique evidence based research and its implementation. Is able on some occasions to make connections between complex theory. Actively participates in midwifery care with indirect supervision, in an organised manner, planning some activities and leading on some with support and prompts. Can prioritize care, evaluate the effectiveness of the care and make changes in care plans if appropriate. Responds suitably in situations requiring urgency. Actively involves women and their families in their care. Works as a team member. A good standard of record keeping.	Good pass
8 - 9	A student who is judged to have reached a reasonable standard of performance: is considered safe and meets the minimum standard. The student has been observed to perform with some hesitation. Vaguely explains rationale underpinning practice, makes limited connections between more complex theory. Some degree of questioning and critiquing of evidence based practice and research. With instruction participates in midwifery care with minimal supervision. Sometimes indecisive in familiar situations, requires some instruction when planning and leading on activities. Responds cautiously in situations requiring urgency. With instruction actively involves women and their families in their care and with prompts evaluates the effectiveness of the care. Works within the team. Adequate record keeping.	Pass
0 7	A student who does not meet one or more of the competencies, essential skills, learning outcomes, professional behaviour and conduct associated with the placement/module. Weak underpinning knowledge demonstrated and cannot explain rationale underpinning practice; does not consider evidence based practice. Disorganised planning and implementation of care, participates and assists in care only with close supervision, requires prompting. Does not work as part of a team. Inadequate record keeping. Even where all the learning outcomes have been met, a student who demonstrates unsafe practice may result in a fail overall.	Fail unsafe practice

Yorkshire and Humber Common Assessment Marking Grid

Practice Marking Grid: Year 3								
Please note: If a student demonstrates unsafe practice they will fail the module even where standards of competencies/essential skills clusters/professional behaviour and conduct/learning outcomes have been achieved								
Student's name	Student identification number	Practice area:			Date & time of assessment			
Module details: (Code, title)		1st attempt/2nd attempt (Please circle)			Outcome of practice assessment: Overall indicative mark awarded _____ Pass / Fail / Refer / Resubmission (Please circle)			
<u>Grading practice</u>								
<i>*Please note if any of the marks awarded are in the 0-7 (Fail/unsafe practice) category the student will fail the placement assessment</i>								
		Excellent	Very good	Good	Pass	*Fail unsafe practice	Sign-off mentor Assessment	<u>Student self-assessment</u>
Section 1: Team working and communication	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>		
Demonstrates communication skills and ability to build a rapport with women and their family								
Demonstrates communication skills within the multidisciplinary team and contributes to working across professional boundaries.								
Demonstrates a professional approach to working as a healthcare student including punctuality and time keeping								
<u>Mark awarded</u> <u>(Total divided by 3)</u>								
Section 2: Knowledge & application to practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>		
Demonstrates the ability to critically appraise sources of information and to discuss evidence relevant to current practice								
Demonstrates underpinning knowledge and applies this theory to practice								
Explores practice and professional issues with colleagues								
<u>Mark awarded</u> <u>(Total divided by 3)</u>								

Section 3: Clinical skills & practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>		
Demonstrates ability to perform clinical skills and procedures whilst maintaining an environment that promotes the health, safety and well being of women and others.								
Demonstrates knowledge and understanding of the meaning of informed consent and gains informed consent with indirect supervision								
With indirect supervision demonstrates the ability to complete records that are accurate, legible and continuous, containing the necessary information, and adheres to records and record keeping guidelines								
Mark awarded (Total divided by 3)								
Section 4: Professional & ethical practice	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>		
Identifies and relates professional codes, standards, conduct, behaviour, policies and guidelines to practice.								
Recognises individual's preferences, right's, interests, beliefs and culture								
Recognises the importance of ensuring and maintaining, safety, privacy, dignity, and respect								
Mark awarded (Total divided by 3)								
Section 5: Self development & reflection	20	<u>14-20</u>	<u>12-13</u>	<u>10-11</u>	<u>8-9</u>	<u>0-7</u>		
Reflects on practice recognising own strengths and limitations, recognises the needs of others and seeks to improve skills and knowledge as a result of insight.								
Is able to critically analyse the effectiveness of care, suggesting realistic alternatives where appropriate								
Seeks help and guidance as appropriate and responds constructively to feedback from the multi-professional team, women and their families								
Mark awarded (Total divided by 3)								

Student and Sign off mentor each to provide rationale for mark awarded

Comments

Signature of student

Print name

Date

I authorise that the student has met / not met (please circle) all of the performance outcomes (including midwifery competencies, essential skills clusters, professional behaviour and conduct) associated with this placement/module and that in my judgement has performed to the quality indicated.

Signature of sign-off mentor

Print name

Date.

I confirm that in my judgement assessment processes have been conducted appropriately

Signature of liaison/link lecturer (If appropriate)

Print name

Date

I confirm that the assessment process is comparable to that of other institutions

Signature of External Examiner (If appropriate)

Print name

Date

Guidelines for Caseloading by Student Midwives (Year 3)

These guidelines are made available to student midwives, clinical midwife mentors, managers and Heads of Midwifery.

- The student must maintain client and Trust anonymity and confidentiality
- Trust protocols and guidelines to be followed by the student at all times
- The student will work with his/her mentor to plan care for a defined caseload of women. The main supervising/sign off mentor will be the community midwife, but hospital midwives will need to be involved if the woman is admitted antenatally, gives birth on consultant unit or needs postnatal care in hospital.
- Students will need to demonstrate flexibility in order to carry out care within their clinical practice hours, as some of the care carried out may not be within their community placement.
- A full explanation of caseloading will be given to the client and the client's consent is required before the student undertakes any care.
- Students must be aware that some women may not wish to participate or continue to be part of the student's caseload and can withdraw at any time.
- A note should be made on the woman's handheld notes and on the hospital notes that she is a student caseload client although it should be made clear that responsibility for her care will **always** remain with the named midwife mentor.
- It is suggested 4-5 women are chosen out of whom 2 are followed through in order to gain experience of providing continuity of care within a caseload model.
- The mentor will support the student to choose appropriate women early on in pregnancy, before 20 weeks, but preferably from booking at 12 weeks.
- Women chosen should initially be at low risk of obstetric complications, but if complications arise, the student may follow the woman's care in conjunction with other midwives (including antenatal clinic midwives).
- Antenatal care is to be planned and visits organised with the supervising mentor.
- Students will carry out a birth plan visit if the mentor agrees that this is appropriate.

- Students must gain the woman's permission to attend her birth (even if she has already given permission to be part of their caseload).
- Students will organise with their mentor how they will be contacted if they plan to attend the woman's birth. **Students must not give out their personal contact details to the woman.** As with any other birth, the woman should be advised to contact community midwives/labour ward/MLU or Birth Centre when she thinks she is in labour. Students may leave their contact details with labour ward around the time of birth so that staff can contact them.
- The first postnatal visit will be carried out with the mentor. Subsequent postnatal care must be planned and organised with mentor.
- Prior to undertaking visits on her/his own, the student must have achieved competency in the performance criteria that directly relates to the activity to be undertaken (see Guidelines for Indirectly Supervised Practice for Student Midwives below)
- It is the responsibility of the mentor to ensure that the student is familiar with the relevant protocols, guidelines and referral mechanisms to enable the student to act appropriately if complications should arise.
- Any visits carried out by students on their own must be reported back to and discussed with their mentor on the same day.
- On the next visit to the client, the mentor should ensure that the care given and the records made by the student have been executed to the expected level and all documentation must be countersigned.

UNIVERSITY OF HUDDERSFIELD
SCHOOL OF HEALTH SCIENCES
DIVISION OF MATERNAL AND CHILD HEALTH

Guidelines for Indirectly Supervised Practice for Student Midwives

1. You may undertake indirectly supervised practice from Year 3 of the course, if your mentor deems that you are competent to provide appropriate midwifery care.

2. You must have achieved competency in the performance criteria that directly relates to the activity you are undertaking in clinical practice.

3. It is expected that your named mentor has **signed** that you are competent in your clinical assessment document.

4. It is the responsibility of your mentor to ensure that you are familiar with the relevant protocols, guidelines and referral mechanisms to enable you to act appropriately if complications should arise.

5. The client's consent is required before you can undertake the indirectly supervised care with the midwife retaining the responsibility for the client.

6. *Examples:*

In the hospital setting you may undertake to assist at a birth in accordance with the above. Your mentor must ensure that you have a clear plan of care, are aware of when and how to seek further advice and guidance from your mentor, and must ensure that s/he is immediately available in the delivery suite during the episode of care.

In the community you may undertake the postnatal care of a mother and her baby at home. After each visit you must report your findings to your mentor. On the next visit to the client by your mentor, s/he should ensure that the care given and the records made by you have been executed to the expected level and then the midwife must countersign the documentation.

7. In the community setting there is no expectation for you to use your own transport. However, it is your responsibility to ensure that, if you do use a car, it is appropriately insured for you to use for business purposes. Mileage expenses may be claimed in accordance with the appropriate guidelines. Visits should be organised for the student, by the mentor, in areas where public transport is easily available or not required.