

NATIONAL STUDENT MIDWIFE COMPETENCY ASSESSMENT TOOL YEAR 4 (DISTANT SUPERVISION)

**UCD SCHOOL OF NURSING, MIDWIFERY
& HEALTH SYSTEMS**

Full Student Name (as per Candidate Register):

Student College ID number:

Date/Year Commenced Programme:

Personal Tutor:

In partnership with the
National Maternity Hospital and the Maternity Services within
the Ireland East Hospital Group (IEHG)
At Midland Regional Hospital Mullingar
St Luke's General Hospital Carlow/Kilkenny
Wexford General Hospital



SIGNATURE BANK

All Preceptors/Co-Preceptors/Registered Nurses/Midwives signing this document must insert their details below, as indicated.

Print Name	Signature	Designation	NMBI Pin

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Table of Contents	Page No.
INSTRUCTIONS FOR USE	7
Introduction to the Midwifery Competence Assessment Tool (MCAT)	10
Guidance on the Midwifery Competence Assessment Tool (MCAT) for Year 4	10
Competence for Entry to the Midwives Division of the Register of Nurses and Midwives maintained by the NMBI	11
Assessment of Competence in the Midwife Registration Programme	11
Guidance on the Assessment of Competence Process	13
Procedure where there are Concerns in Relation to a Student's Progress	16
Procedure when a student is unsuccessful in attaining competence	16
The Role and Responsibilities of the Midwifery Student	17
The Role and Responsibilities of the Preceptor/Co-preceptor	18
Reflective Practice	19
Assessment of Competence in ANTENATAL	31
Assessment of Competence in INTRANATAL	69
Assessment of Competence in POSTNATAL	110
MCAT Summary Sheet – Progress Review	156
References	157
Appendices & Protocols	158
<ul style="list-style-type: none"> When an internship student is having significant difficulties in meeting Performance Indicators in NCAD or Principles/Assessment Criteria in MCAT during a practice placement. When a supernumerary student is unsuccessful in their clinical assessment. 	
Final Learning Plans	165

This is a confidential document. This document remains the property of the Higher Education Institute (HEI) and its care is the responsibility of the undergraduate midwifery student. This document may not be altered. The student is responsible for its security and for maintaining it in good condition. The document should be available to authorised personnel on request.

INSTRUCTIONS FOR USE – PLEASE READ AND SIGN

It is my responsibility to ensure that I have the correct documentation prior to going on clinical placements i.e. MCAT document, medication management workbook, clinical experience record book.

I will carry this document with me at all times while on clinical placements.

It is my responsibility to ensure that the preceptor/co-preceptor signs the Signature Bank before signing the document.

It is my responsibility to ensure that I have arranged a date for an initial interview.

It is my responsibility to ensure that I have arranged a date for an intermediate interview, and I know my attendance will also be reviewed at this interview.

It is my responsibility to ensure that I have arranged a date for a final interview.

It is my responsibility to seek feedback on my progress throughout the placement.

It is my responsibility to act in accordance with local policies and guidelines (e.g. uniform policy).

It is my responsibility to have all documentation signed off within two weeks of completing clinical time.

It is my responsibility to have the daily record of attendance sheet signed.

I understand that **100% attendance** is required on all clinical placements.

I have read and understand the above instructions.

Signature of Student: _____

Date: _____

YOUR CLINICAL PLACEMENT

WHAT TO EXPECT:

As you approach your clinical placement you will have mixed feelings. Before you begin your placement have a think about whom and what you are likely to encounter.

- How will you get there on time?
 - Check out the bus times, are they reliable, where can you park your car and what are the daily charges etc. Refer to ARC for additional details.
- What first impression do you want to give?
 - Introduce yourself to the Clinical Midwife Manager for that clinical area when you arrive on your first day of clinical placement.
 - Introduce yourself to your preceptor/co-preceptor. Identify your learning needs for the clinical placement.
 - Uniforms neat and clean. Hair up with understated makeup, nails short, clean and no nail polish. No jewellery, fob watch. Wear your student identification badge at all times.
- What first impressions will you get?
 - Wards are busy places and you may feel in the way. Remember you are a student and are there to learn. Be open to asking questions and demonstrate enthusiasm.
- Who will you meet?
 - Other students, Registered Nurses/Midwives, Clinical Placement Coordinators, Clinical Nurse/Midwife Specialists, Health Care Assistants, Porters, Physiotherapists, medical personal to name but a few, but most importantly you will meet women and their families.
- What will be expected of you?
 - Your preceptor will have specific expectations of you make sure you know what they are. If you are in any doubt seek clarification.
 - You will be given individual clinical learning outcomes for each placement to use as a guide for your learning.
 - Try not to take things personally and accept constructive feedback.
 - Women/clients/families will look to you for support/information. Ensure that all information is given within your scope of practice and demonstrate a caring, listening and empathetic attitude.

SUPPORT WHILST ON CLINICAL PLACEMENT

You are never alone when on clinical placement and there are clinical and university supports available to you. These supports are ineffective unless you fully engage with your learning outcomes. What are you there to learn, you must be able to explain your learning outcomes to your designated preceptor who will then guide and support you in achieving these outcomes.

Clinical Supports:

- Preceptor – Support, supervise and guide your performance. Your preceptor will liaise with the CPC.

Clinical Placement Co-Ordinator (CPC):

- Supports and facilitates your learning. Monitors the quality of the clinical learning environment. Liaises with the University and your Personal Tutor.

UCD SNMHS Supports:

Personal Tutor

- Offers assistance to you on matters, academic/clinical and personal. Your personal tutor will not routinely visit you when you are on placement, but if you are encountering any difficulties they are available to support you. Your personal tutor liaises with the clinical site, CPC and preceptor.

Clinical Midwifery Tutor

- Supports the integration of theory and clinical practice. Offers one-on-one learning support whilst on clinical placements and also arranges regular group tutorials in the clinical practice area to facilitate learning.

Student Advisor

- Independent support who offers guidance on all matters, financial/personal/academic and clinical. Liaises with personal tutor.

Please insert the following details:

Name of Personal Tutor:	Name of Clinical Tutor:	Name of Student Advisor: Ms Anna Scully
E-mail address of Personal Tutor:	E-mail address of Clinical Tutor:	E-mail address of Student Advisor: anna.scully@ucd.ie
Phone number of Personal Tutor:	Phone number of Clinical Tutor:	Phone number of Student Advisor: 01 7166497

Introduction

This document contains the Midwifery Competence Assessment Tool (MCAT) for Year 4 of the BSc (Hons) Midwife Registration programme and guidance for its use. The MCAT and guidance document has been developed by the Nursing and Midwifery Board of Ireland (NMBI) in consultation with the relevant Higher Education Institutes (HEIs) and associated Health Service Providers (HSPs).

Clinical practice is an integral part of the Midwife Registration programme, reflecting the practice-based nature of the midwifery profession. The development of skills, knowledge and professional behaviours represent a key component in the students' attainment of competence to practise as a Registered Midwife. In keeping with the Midwife Registration Programme Standards and Requirements (NMBI 2022) the MCAT acts as a record of ongoing achievements in clinical practice over the four-year Midwifery Registration programme, which is a requirement of the NMBI to register as a midwife in the Midwives Division of the Register of Nurses and Midwives Register.

This guide has been developed to help the student and their Preceptor/Co-preceptor to complete the MCAT. Each year, the student will be assessed in core midwifery practice area/s at incremental levels by Preceptors/Co-preceptor and Registered Midwives, who support, supervise and assess the student throughout her/his practice/clinical placement. It is recommended that this document be read in conjunction with the following:

- Academic Regulations and Procedures of the relevant HEI

and

- Any specific guidance provided by the Midwifery team within the HEI and/or the Midwifery Practice Development team responsible for the programme.

The student and the Preceptor/Co-preceptor must be familiar with their individual roles and responsibilities, as outlined below, and with the processes and procedures associated with the assessment of competence and the documenting of these in the MCAT.

Competence for Entry to the Midwives Division of the Register of Nurses and Midwives maintained by the NMBI

Competence is defined as 'the ability of the registered midwife to practise safely and effectively' (NMBI 2022), fulfilling their professional responsibility within their scope of practice, the knowledge, skills and professional behaviours required of the midwife for safe practice in any setting and indicates what a midwife is expected to know and what a midwife does (ICM 2013).

The competencies for entry to the Midwives Division of the Nurses and Midwives Register maintained by the NMBI are clearly aligned with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2021) and are based on the Practice Standards for Midwives (NMBI 2021)

Assessment of Competence in the Midwife Registration Programme

The aim of the MCAT is to ensure that, on completion of the Midwife Registration programme, students provide safe, effective, evidence-based and compassionate midwifery care in partnership with women during pregnancy, labour, birth and the postnatal period and provide care for the newborn and the infant, as reflected in the definition of the midwife endorsed by the NMBI.

The five competencies represent a broad enabling framework to facilitate the assessment of students' clinical practice, with the emphasis on a holistic assessment of knowledge, skills and professional behaviours expected of a midwife. Each competence has a series of assessment criteria that are specific to each year of the Midwife Registration programme, and outline what is expected of the student in core clinical midwifery placements. This facilitates incremental progression of the student under a spectrum of supervision, beginning with **Direct Supervision in Year 1** of the programme and culminating in **Distant Supervision in Year 4**. The level of supervision expected for each year is stipulated by the NMBI 2022 and is defined in the MCAT specific to the year of the Midwife Registration programme.

Year	Level and Description of Supervision	Scope of Practice
Four	Distant Supervision: Defined as the student safely and effectively performing the skill and providing care and accepting responsibility for the provision of this care. The student is expected at all times to recognise when they need assistance from the Preceptor/Associate Preceptor (Co-preceptor) and seek assistance in a timely manner.	The student will be expected to apply a systematic approach to the provision of midwifery care under distant supervision . The student must demonstrate evidence-based practice and critical thinking. The student is capable of supporting and monitoring women, their families and junior students within the clinical environment. The student possesses many attributes including practical and technical skills, communication and inter-personal skills, organisational and managerial skills and the ability to practise as part of the healthcare team, demonstrating a professional attitude and accepting responsibility for their own practice. The student at all times is expected to recognise when they need assistance from the Preceptor/Co-preceptor and seek assistance in a timely manner.

In each year of the Midwife Registration programme, all competencies and their associated assessment criteria must be assessed and successfully achieved when in a core clinical placement before the student progresses to the next year of the programme. On completion of assessment, the student is deemed to have either passed or failed the competence/competencies.

Where competence/competencies have not been achieved, the student will be given an opportunity to repeat the practice/clinical placement and assessment. Following an opportunity to repeat, if the student fails the assessment, the student may be asked to exit the Midwife Registration programme. Regulations in relation to repeat attempts will be agreed and managed as per the Academic Regulations and Procedures of the relevant HEI.

Guidance on the Assessment of Competence Process

Successful completion of the MCAT facilitates student's progression from one year to the next and to culminate in competence in midwifery practice on completion of the four-year Midwife Registration programme.

It is the responsibility of the student to ensure that the MCAT document is:

- (i) available on practice/clinical placement,
- (ii) completed accurately and
- (iii) submitted as per HEI guidelines on the prescribed submission date.

This document must be presented on request to the Preceptor/Co-preceptor, members of the Midwifery Practice Development team and to the relevant HEI personnel. While the MCAT was developed and published by the NMBI, in conjunction with relevant stakeholders, the governance of the process involved in assessment of student competence remains with the respective HEI.

Prior to the start of the practice/clinical placement the student should review their learning needs incorporating any earlier experience of the practice/clinical settings and identify specific learning outcomes for the practice/clinical placement. In addition, the student should review the learning opportunities specific to the practice/clinical placement. If it is the student's first practice/clinical placement the student is advised to discuss learning outcomes with the Clinical Placement Coordinator (CPC), clinical placement module leader or link Lecturer.

The student is orientated to the placement on **day one** of the practice/clinical placement, ideally by their allocated Preceptor/Co-preceptor. Where this is not possible, a named midwife should be allocated to work with the student and details of Preceptor/Co-preceptor provided to the student and recorded on the duty roster.

Initial interview

An initial interview takes place, as early as possible, during **week one** and is facilitated by the Preceptor/Co-preceptor. The degree of supervision expected, as prescribed by the Midwife Registration Programme Standards and Requirements (NMBI 2022) is discussed.

- The student and Preceptor/Co-preceptor discuss the competencies, assessment criteria and associated skills, which the student is expected to achieve on completion of the clinical placement.
- The importance of feedback is discussed and encouraged throughout the placement.
- Dates for the intermediate and final interviews are agreed and recorded at the initial interview.

Intermediate interview

At the intermediate interview, the student's progress to date is reviewed and recorded. Guidance and feedback are provided and documented for future learning and competence attainment. The follow up/feedback page should be used throughout the clinical placement to:

- Support the student to achieve the level of competence required for the year of the Midwife Registration programme.
- Facilitate communication between the Preceptor/Co-preceptor and any other supervising midwives where continuity of Preceptor/Co-preceptor is not possible.
- Identify and document renegotiated learning outcomes.

Final interview

At the final interview, the student and Preceptor/Co-preceptor review the competencies, the assessment criteria and associated skills that the student is expected to achieve on completion of the clinical placement.

- The student is deemed to have passed or failed in the assessment of competence.
- Feedback is provided by the Preceptor/Co-preceptor and student, and documentation is completed.
- This should be accompanied by written comments by the student and the Preceptor/Co-preceptor on the overall process and result of the assessment of competence to guide future learning needs.

Assessment of the student includes:

- Observation of relevant knowledge, skills and professional behaviours in the provision of care
- Demonstration by the student through active participation in the provision of care
- Exploration of rationale for care with the student
- Discussion with other midwives who have supervised and supported the student in practice
- Demonstration by the student in a simulated situation, where demonstration in practice is not possible
- Reference to comments on follow up/feedback sheet and to learning plans if used during the placement
- Review of student's attendance during clinical placement

Procedure where there are Concerns in Relation to a Student's Progress

Where there are concerns in relation to the student's progress, the Preceptor/Co-preceptor, in consultation with the student, should liaise with the Clinical Placement Coordinator (CPC), and a **learning plan** must be put in place to support the student to successfully complete the relevant competence/competencies over the remaining time of the clinical placement. The student's personal tutor also needs to be informed and may provide advice and support regarding the learning plan.

The **learning plan** must be:

- Recorded in the Intermediate Learning Plan section and referred to over the course of the remaining practice/clinical placement.
- Explicit in detailing what the student must do to successfully complete the assessment of competence.
- The Personal Tutor/Link Lecturer supporting the practice/clinical placement area may also be consulted for advice and support.

Procedure when a student is unsuccessful in attaining competence

The Preceptor/Co-preceptor documents the reason(s) for a failed assessment of competence and completes a **final learning plan** in consultation with the student, the CPC and the Personal Tutor.

The written **final learning plan** must:

- Provide specific guidance to both the student and Preceptor/Co-preceptor on what is required to successfully complete the assessment of competence on the second attempt.
- The written final learning plan must reinforce the student's understanding of the reason for failing and be explicit in the event of a new Preceptor/Co-preceptor completing the repeat assessment.

If a student is unsuccessful in any element of the assessment of competence, the student will have a **duration of seven weeks** practice/clinical placement to repeat the complete assessment. Procedures specific to each HEI in relation to a failed assessment of competence such as informing the relevant personnel in the HEI and arrangement of practice/clinical placement to facilitate reassessment will be provided locally by the HEI and must be adhered to (see appendix).

The Role and Responsibilities of the Midwifery Student

- The student is responsible for completion and submission of the completed MCAT to the HEI on the pre-arranged submission dates and at the end of the Midwife Registration programme.
- The student must be familiar with their individual role and responsibilities and with the processes and procedures associated with the assessment of competence and the documenting of these in the MCAT.
- If there are any operational difficulties in arranging working with a named Preceptor/Co-preceptor or organising clinical placement assessment, the student must consult with the Clinical Midwifery Manager (CMM2) or deputy. If the difficulty cannot be resolved, the student should then contact the CPC.

The Role and Responsibilities of the Preceptor/Co-preceptor

- The Preceptor/Co-preceptor must be a Registered Midwife on the Register of Midwives maintained by the NMBI and have completed a teaching and assessment programme.
- The Preceptor/Co-preceptor acts as a gatekeeper to the profession, ensuring professional standards within midwifery are maintained.
- The Preceptor/Co-preceptor acts as a role model demonstrating evidence-based midwifery care and assists the student to develop the inter-personal, technical, reflective and analytical skills that underpin midwifery care.
- The Preceptor/Co-preceptor actively involves and supervises the student in the assessment, planning, implementation and evaluation of midwifery care.
- The Preceptor/Co-preceptor must be familiar with their individual role and responsibilities, and with the processes and procedures associated with the assessment of student competence and the completion of competence assessment documentation in the MCAT.
- The Preceptor/Co-preceptor will facilitate the student in arranging the initial, intermediate and final interviews and use these interviews to:
 - Review and discuss learning outcomes specific to the clinical area.
 - Identify and mutually agree the learning opportunities and learning resources that will facilitate the achievements of learning outcomes.
 - Assess learning needs in consultation with the student.
 - Identify competencies to be achieved, including assessment criteria and associated skills.
 - Provide ongoing constructive feedback identifying student strengths and weaknesses.
 - Complete the competence assessment documentation.
- If a student has been absent in a placement where he/she is being assessed, the Preceptor/Co-preceptor may decide not to allow the assessment to proceed. Consultation in relation to this decision will take place with the CPC and the Personal Tutor.
- If at any stage, the Preceptor/Co-preceptor, in consultation with the CPC, has concerns about a student achieving their learning outcomes and competencies, the Preceptor/Co-preceptor may contact the Personal Tutor to discuss the issues. The student must be informed that this communication is being arranged. The Personal Tutor will provide guidance and support as appropriate.

Reflective Practice on Practice Placement¹

Reflection is a process of knowledge acquisition originating in practice and best suited to solving complex practice-based problems (Schön, 1987). Reflection is about reviewing experience from practice so that it may be described, analysed, evaluated, and consequently used to inform and change future practice in a positive way (Bulman, 2013). It involves opening one's practice for others to examine, and consequently requires courage and open-mindedness, as well as a willingness to take on board, and act on, criticism. Ultimately and importantly, reflection in nursing is connected with professional motivation to move on and do better within the practice in order to learn from experience and critically examine 'Self' (Bulman, Lathlean, & Gobbi, 2012).

Reflection must relate to situations encountered by midwifery students in their practice placement whereby learning is of value to the enhancement of professional midwifery practice. Particular situations to reflect upon may include a positive experience where something went well or a negative experience where the midwifery student needs to think and reflect about what has happened and how to deal with the situation effectively and professionally, should it occur again in the future. Following each part of the Gibbs reflective cycle, the midwifery student must integrate learning from their practice experience with theory in order to further inform and enhance the development of their professional practice. Reflection provides the opportunity to enhance clinical reasoning while having a positive impact on patient care (Caldwell & Grobbel, 2013).

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives encourages the use of reflective practice in the development of understanding for professional responsibilities in caring for a patient in a safe, ethical, and effective way Nursing Midwifery Board of Ireland (NMBI, 2021). Being safe, ethical and effective is being mindful of doing what is right and good. It is being aware of the consequences of one's decisions and actions on the other. To realise effective healthcare practice the practitioner must necessarily develop ethical competence (Johns, 2017).

¹ Guidelines for the Completion of the National Competence Assessment Document for Undergraduate Nursing Programmes 2019

Ethical practice requires ethical or moral courage. It demands constant reflection and awareness of one's own practice and the effect it can have on others and the importance of advocating for what is needed to make the moral community strong (Canadian Nurses Association, 2010).

The midwifery student who engages in reflection as part of their learning can create an objective view of their progress and see what is going well and what needs to be developed further. Regular or daily reflection helps after an event such as carrying out a clinical procedure, engaging with patients/staff, critical incidents or just a difficult day. Clinical learning is also enhanced when Midwifery students are empowered to reflect on their experiences of the practice placement setting.

As a midwifery student, it is not enough to only engage in reflection after the experience has occurred, known as reflection-on-action. Reflective practitioners must also develop the ability to reflect-in-action which will allow them to solve problems more effectively when facing uncertainty and novel situations (Stoner & Cennamo, 2018).

Reflection-on-action is the retrospective analysis and interpretation of practice in order to uncover the knowledge used and accompanying feelings within a particular situation. It occurs after the event and therefore contributes to the continuing development of skills, knowledge, and practice.

Reflection-in-action is the process whereby the midwifery student recognises a new situation or problem and thinks about it while still acting. The midwifery student is able to select and remix responses from previous experience when deciding how to solve a problem in professional practice.

Unstructured Reflection - Internship

Undergraduate midwifery students are also expected to engage with unstructured reflection while on practice placement (NMBI Requirement and Standards 2023). Unstructured reflection is where you have an opportunity to reflect when it suits you, but you need/required to document your reflective learning under the domains of competence by analysing a performance indicator of your choice or other activities that you have engaged with while on placement, for example - shadowing a clinical midwife specialist, journal clubs

Month 1	Identify Theme / Focus of your Reflection	Student signature
<i>Date & duration of reflection</i>	<i>Document an analysis of your Reflective Learning and Action Plan</i>	

Month 2	Identify Theme / Focus of your Reflection	Student signature
Date & duration of reflection	Document an analysis of your Reflective Learning and Action Plan	

Month 3	Identify Theme / Focus of your Reflection	Student signature
Date & duration of reflection	Document an analysis of your Reflective Learning and Action Plan	

Month 4	Identify Theme / Focus of your Reflection	Student signature
Date & duration of reflection	Document an analysis of your Reflective Learning and Action Plan	

Month 5	Identify Theme / Focus of your Reflection	Student signature
Date & duration of reflection	Document an analysis of your Reflective Learning and Action Plan	

Month 6	Identify Theme / Focus of your Reflection	Student signature
Date & duration of reflection	Document an analysis of your Reflective Learning and Action Plan	

Month 7	Identify Theme / Focus of your Reflection	Student signature
Date & duration of reflection	<i>Document an analysis of your Reflective Learning and Action Plan</i>	

Month 8	Identify Theme / Focus of your Reflection	Student signature
Date & duration of reflection	Document an analysis of your Reflective Learning and Action Plan	

Other		Student signature
<i>Date & duration of reflection</i>	<i>Document an analysis of your Reflective Learning and Action Plan</i>	

References

- Bulman, C (2013) An Introduction to Reflection, in Bulman, C. & Schutz, S. (Eds.), *Reflective Practice in Nursing*, 4th ed. Blackwell Scientific Publications, Oxford
- Bulman, C., Lathlean, J., & Gobbi, M. (2012). 'The Concept of Reflection in Nursing: Qualitative Findings on Student and Teacher Perspectives', *Nurse Education today*, 32(5), 8-13.
- Caldwell, L., & Grobbel, C. (2013). 'The Importance of Reflective Practice in Nursing. *International Journal of Caring Science*', 6(3), 319-326. Canadian Nurses Association. (2010). 'Ethics, Relationships and Practice in Quality Environments', *Ethics in Practice for Registered Nurses*, 1-16. Johns, C. (2017) *Becoming a reflective practitioner*, 5th Ed, John Wiley & Sons, Inc, Hoboken, NJ.
- Nursing and Midwifery Board of Ireland (2021). *The Code of Professional Conduct for Registered Nurses and Registered Midwives*, Nursing & Midwifery Board of Ireland, Dublin.
- Schön, D. (1987). *Educating the Reflective Practitioner*. San Francisco: Jossey-Bass.
- Stoner, A., & Cennamo, K. (2018). *Enhancing Reflection within Situated Learning Incorporating Mindfulness as an Instructional Strategy*. Switzerland: Springer Nature.

ANTENATAL

Name of Practice Placement - Unit/Ward:
Number of weeks in this Practice Placement:
Placement Dates:
Name of Preceptor:
Name of Co-Preceptor:
Name of Clinical Placement Co-ordinator (CPC):

NMBI National Competence Assessment Document – Practice Placement Details, Attendance and Reflection Record

Name of practice placement	
Number of weeks in this practice placement	
Type of practice placement	
Name of the health service provider	
Phone number of placement	
Name of CMM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

****NMBI require 4 hours of reflective practice per week**

Week 1 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 1 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 2 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 2 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 3 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 3 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 4 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 4 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 5 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					
Week 5 - Reflection Record					
Date	Unstructured Reflection	Theme			Hours
Reflection completed	Midwifery student signature				

Week 6 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					
Week 6 - Reflection Record					
Date	Unstructured Reflection	Theme			Hours
Reflection completed	Midwifery student signature				

Week 7 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 7 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 8 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 8 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 9 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 9 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 10 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 10 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 11 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 11 - Reflection Record

Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

In each distant supervision level clinical placement all competencies and their associated assessment criteria must be assessed and passed successfully before the student can complete the BSc Midwifery programme. On completion of the clinical placement, the student is deemed to have either passed or failed the competence/competencies.

Principle 1: Respect for the Dignity of the Person			
Competency 1: The midwife's practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
1.1 Promotes and protects pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.	<ul style="list-style-type: none"> Utilises health promotion opportunities to promote pregnancy as a healthy and normal physiological event. 		
1.2 Advocates on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.	<ul style="list-style-type: none"> Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. Promotes options and choices of maternity care for women based on current evidence. 		
1.3 Respects the diversity beliefs, values and choices and priorities of the woman and her family.	<ul style="list-style-type: none"> Assesses, plans, implements and evaluates culturally sensitive care on an individual basis. 		
1.4 Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby.	<ul style="list-style-type: none"> Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby. 		
1.5 Respects the woman's right to choose not to avail of a recommendation about her care and take appropriate action.	<ul style="list-style-type: none"> Demonstrates support for women's choices and aims to respect their rights while informing them of best practice. Accurately documents all information and care provided. 		
1.6 Support every woman to engage with maternity care.	<ul style="list-style-type: none"> Educates women on the importance of engaging in their own maternity care based on their individual needs. 		
1.7 Ensures that the woman is the primary decision maker in all matters regarding her own healthcare and that of her baby.	<ul style="list-style-type: none"> Involves the woman in all decisions regarding her own healthcare and that of her baby. 		

Principle 2: Professional Responsibility and Accountability			
Competency 2: The midwife practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by Midwifery Board of Ireland (NMBI)			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
2.1 Acts at all times within the law and follows the rules and regulations of the Nursing and Midwifery Board of Ireland (NMBI) and other applicable bodies.	<ul style="list-style-type: none"> Practise in accordance with current legislation and NMBI guidance. 		
2.2 Is willing to be accountable for their practice to the woman, to the midwifery profession, the Nursing and Midwifery Board of Ireland (NMBI), and the wider community.	<ul style="list-style-type: none"> Demonstrates a clear understanding of their professional accountability. 		
2.3 Works within the scope of practice for a fourth-year midwifery student and recognises their own level of knowledge, skills and professional behaviours.	<ul style="list-style-type: none"> Practises within a student midwife's scope of practice and identifies own limitations Demonstrates skills of self-awareness and self-assessment. 		
2.4 Ensures that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk.	<ul style="list-style-type: none"> Ensures that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk. 		
2.5 Provides care in an emergency situation, or any situation where something occurs that is outside their scope of practice, and refers to the most appropriate health care professional.	<ul style="list-style-type: none"> Recognises situations that are outside their scope of practice and refers appropriately. 		
2.6 Demonstrates the ability to give and record the reasons for their decision to take necessary emergency measures in the absence of the most appropriate healthcare professional.	<ul style="list-style-type: none"> Describe and record the reasons for their decision to take emergency measures in the absence of the most appropriate healthcare professional. 		

Principle 2: Professional Responsibility and Accountability			
Competency 2: The midwife practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by Midwifery Board of Ireland (NMBI)			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
2.7 If the student has a conscientious objection, based on religious or moral beliefs, to participating in the care of a woman or her baby, they continue to provide care to the woman and her baby until they are relieved of their duties.	<ul style="list-style-type: none"> The student has made known to the manager any conscientious objection they may have to participating in the care of a woman or her baby. In the absence of another caregiver, the student provides care until they are relieved of their duties, regardless of conscientious objection. 		
2.8 Provide the rationale for having adequate clinical indemnity insurance in place for their area of practice.	<ul style="list-style-type: none"> Provide the rationale for having adequate clinical indemnity insurance in place for practice. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.1 Provides safe, competent, kind, compassionate professional care which is informed by best available evidence, knowledge and the experiences preferences and values of woman.	<ul style="list-style-type: none"> Provides safe, competent, kind, compassionate professional care which is informed by best available evidence, knowledge and the experiences preferences and values of woman. 		
3.2 Assesses the health and wellbeing of the woman throughout pregnancy, labour and birth and the post-natal period and provides midwifery care appropriate to that assessment.	<ul style="list-style-type: none"> Assesses, plans, implements and evaluates care for women based on their individual needs. 		
3.3 Recognises and responds appropriately in a timely manner to any condition (pre-existing or otherwise) and/ or event that necessitates consultation with or referral to another midwife and /or other healthcare professional during a woman's pregnancy labour birth or post-natal period.	<ul style="list-style-type: none"> Recognises and responds to any condition (pre-existing or otherwise) and/ or event that necessitates consultation with or referral to another midwife and /or other healthcare professional during a woman's pregnancy, labour, birth or post-natal period. 		
3.4 Recognises factors during pregnancy, labour, birth or in the post-natal period that indicate deterioration of the woman and/or baby and acts appropriately to escalate the level of care.	<ul style="list-style-type: none"> Recognise deterioration of woman and/or baby and takes appropriate action. 		
3.5 Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/ or her baby.	<ul style="list-style-type: none"> Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/ or her baby. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.6 Acts effectively as a member of a multidisciplinary team in an emergency (real or simulated).	<ul style="list-style-type: none"> Participates in the management of an emergency within the multidisciplinary healthcare team. 		
3.7 Supports and educates women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	<ul style="list-style-type: none"> Supports the woman in her choice of infant feeding Provides advice and information with regard to breastfeeding Assists in establishing and maintaining breastfeeding 		
3.8 Complies with standard universal infection prevention and control measures.	<ul style="list-style-type: none"> Complies with standard universal infection prevention and control measures. 		
3.9 Safely manages drug administration, monitors effects and documents appropriately in accordance with the Nursing and Midwifery Board of Ireland (NMBI) medication management guidance.	<ul style="list-style-type: none"> Safely manages drug administration, monitors effects and documents appropriately in accordance with the Nursing and Midwifery Board of Ireland (NMBI) and local medication management guidance. 		
3.10 Reflects on their own practice and can demonstrate learning from previous experience in midwifery and can identify future learning needs.	<ul style="list-style-type: none"> Reflects on the effectiveness of own practice. Identifies future learning needs. 		
3.11 Integrates appropriate national and local guidelines and policies in the provision of evidence-based care.	<ul style="list-style-type: none"> Provides care based on national and local guidelines and policies. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.12 Manages and organises effectively the provision of safe and evidence-based care for a caseload of women and their babies.	<ul style="list-style-type: none"> Demonstrates the ability to prioritise, organise, co-ordinate and evaluate care for women. 		
3.13 Applies clinical risk management processes into their own practice.	<ul style="list-style-type: none"> Identifies and responds to clinical risks in practice. 		
3.14 Participates in audits of clinical care in practice.	<ul style="list-style-type: none"> Describes the relevance of clinical audit. 		
3.15 Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	<ul style="list-style-type: none"> Participates in teaching and learning opportunities in the clinical area. 		

Principle 4: Trust and Confidentiality			
Competency 4: The midwife works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality.			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
4.1 Ensures that the woman and her baby are the primary focus of practice.	<ul style="list-style-type: none"> Plans all care with the woman. 		
4.2 Provides care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family.	<ul style="list-style-type: none"> Provides care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family. 		
4.3 Respects the woman's right to privacy and confidentiality.	<ul style="list-style-type: none"> Maintains privacy and confidentiality. Facilitates the disclosure of sensitive information in a safe setting. 		
4.4 Recognises and articulates the exceptional circumstances where it may be legally and ethically acceptable to share confidential information gained from a woman.	<ul style="list-style-type: none"> Describe the circumstances where confidential information can be breached in accordance with legislation and woman's safety. 		

Principle 5: Collaboration with others			
Competency 5: The midwife communicates and collaborates effectively with women, women's families and with the multidisciplinary healthcare team			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
5.1 Provides information in a format that is understandable and accessible to all women and their families.	<ul style="list-style-type: none"> Provides information that is clear and accurate, at a level that women and their families can understand. 		
5.2 Communicates appropriately and effectively with women, their families and with the multidisciplinary healthcare team.	<ul style="list-style-type: none"> Communicates clearly and consistently with women, their families and members of the multidisciplinary healthcare team using professional language. Provides clinical handover, which is accurate and relevant. 		
5.3 Recognises and takes appropriate actions to challenge and reduce barriers to effective communication with women, their families and with the multidisciplinary team (MDT).	<ul style="list-style-type: none"> Identifies facilitators and barriers to effective communication and respond appropriately. Identifies the need for a professional interpreter where appropriate and can describe the process to access an interpreter. 		
5.4 Collaborates with women, the women's families and the multidisciplinary healthcare team using appropriate communication tools as determined by the needs of the women and/or her baby to ensure timely referral to the appropriate healthcare professional.	<ul style="list-style-type: none"> Uses appropriate communication tools to facilitate effective communication and timely referral. 		
5.5 Records clinical practice in a manner which is clear, objective, accurate, and timely.	<ul style="list-style-type: none"> Documents clinical practice in a clear, concise, accurate and timely manner. 		
5.6 Addresses differences of professional opinion with colleagues by discussion and informed debate in a professional and timely manner and prevents conflict through effective collaboration and teamwork.	<ul style="list-style-type: none"> Respects the views of others and their right to hold and express their views through informed discussion and debate of the evidence. Collaborate with the multidisciplinary team 		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF ANTENATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Assess women's history on admission to the antenatal ward, identifying, reporting and documenting important elements that may impact on her plan of care		
Admit women to the antenatal ward, attending to the women's comfort, wellbeing and information needs: <ul style="list-style-type: none"> • Conduct full physical examinations of pregnant women • Assess, document and report baseline vital signs (iMEWS) on admission and during each subsequent care episode, when necessary and if appropriate, including intake and output • Review and interpret laboratory reports • Discreetly screen for domestic abuse as part of women antenatal, social history 		
Assess fetal well-being on admission and throughout subsequent care: <ul style="list-style-type: none"> • Performs abdominal palpation, monitoring for fetal growth and wellbeing • Auscultate the fetal heartbeat using a pinard stethoscope and doptone, recognising reassuring and abnormal fetal heart rate patterns • If the membranes have ruptured, make appropriate assessment of the liquor • Assess fetal movement pattern appropriately • Identify indications for antenatal cardiotocography (CTG) 		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF ANTENATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Correctly apply CTG machine and interprets the CTG using a systematic approach. Can recognise and report suspicious or pathological fetal heart rate patterns, and initiate appropriate midwifery and obstetric referral and an appropriate management plan where the findings are abnormal		
Interprets obstetric ultrasounds and initiates appropriate midwifery and obstetric referral and an appropriate management plan where the findings are abnormal		
Provides care to women with complex pregnancies, and initiates appropriate midwifery and obstetric referral and an appropriate management plan where there are any significant changes in maternal and/or fetal condition		
Recognises and reports and escalates maternal antenatal complications, emergencies and/or deterioration, utilising appropriate tools for assessment (e.g. IMEWS, ISBAR) and initiates appropriate midwifery and obstetric referral and an appropriate management plan		
Provides midwifery care to women having induction of labour		
Provides care to women who require an elective/emergency caesarean section and provides a comprehensive handover to theatre staff		
Provides care to women and their families who are experiencing pregnancy loss and or bereavement		
Can prepare, calculate and safely administer oral medications under supervision		
Can prepare, calculate and safely administer subcutaneous injection medications under supervision		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF ANTENATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Can prepare, calculate and safely administer intramuscular injection medications under supervision		
Participates in the preparation of an intravenous fluid infusions under supervision		
Participates in the preparation and calculation of additives for an intravenous infusion under supervision		
Performs venepuncture safely and effectively		
Performs adult peripheral intravenous cannulation safely and effectively		
Can identify indications for Anti-D administration and participates in the checking, monitoring and recording of Anti-D (and other blood products) <i>Note: midwifery students are not permitted to administer blood products</i>		

INITIAL INTERVIEW

Orientated to the clinical area		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Review and discussion of Principles, Assessment Criteria and Essential Skills:		Student:	<input type="checkbox"/>	Preceptor:	<input type="checkbox"/>
Learning needs identified by the midwifery student (refer to practice placement learning outcomes):					
Specific opportunities identified by the Preceptor/Co-preceptor that are available during this clinical placement:					
Signature of Preceptor/Co-preceptor:		Signature of Student Midwife:		Date:	
Date set for intermediate interview:		CPC Present if applicable: Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		Signature of CPC:		Date:	
Comments (where appropriate):				Date:	
Designation:		Signature:			

INTERMEDIATE INTERVIEW

The Preceptor/Co-preceptor and student midwife review all Principles, Assessment Criteria and Essential Skills

Student self-assessment of progress to date and identify own learning needs for the remainder of the practice placement:

Preceptor/Co-preceptor review of students' progress to date:

Signature of Preceptor/Co-preceptor:

Signature of Student Midwife:

Date:

Student progressing satisfactorily: Yes ☐ No ☐

CPC Present if applicable: Yes ☐ No ☐

*If **No**, please complete Intermediate Learning Plan*

Date of Final interview:

Signature of CPC:

Date:

Comments (where appropriate):

Date:

Designation:

Signature:

INTERMEDIATE LEARNING PLAN

- The student is required to reflect on his/her own learning to date
- The Preceptor/Co-Preceptor should review the students' progress in relation to the learning needs and learning opportunities identified at the initial interview and relate this progress in their MCAT
- The Preceptor/Co-Preceptor should if appropriate enact Step 1 of the protocol 'When an internship student is having significant difficulties in meeting Performance Indicators in NCAD or Principles/Assessment Criteria in MCAT during a practice placement'.

Date:	Placement Area:	Unit:
<i>Please document the individual Principles, associated Assessment Criteria and any Essential Skills that the student is having difficulty achieving</i>		
Principles	Associated Assessment Criteria	Essential Skills
Action/Supports Needed		
Signature of Preceptor/Co-Preceptor:	Signature of Student Midwife:	Date/Time:
Signature of CPC (where appropriate):	Signature of Personal Tutor (where appropriate):	

FINAL INTERVIEW

The Preceptor/Co-preceptor and student midwife review all Principles, Assessment Criteria and Essential Skills

Student self-assessment of progress to date:

Preceptor/Co-preceptor review:

All Principles and Assessment Criteria achieved:

Pass

☐

Fail

☐

All Essential Skills List completed:

Yes

☐

No

☐

Date:

Signature of Preceptor/Co-Preceptor:

Signature of Student Midwife:

Signature of CPC (where appropriate):

Signature of Personal Tutor (where appropriate):

If the student has **not** attained the required Principles, Assessment Criteria and Essential Skills for this placement, the Preceptor/Co-Preceptor will document in detail each Principle, Assessment Criteria and Essential Skills **not** attained. The Preceptor/Co-Preceptor should enact Step 2 of the protocol 'When an internship student is unsuccessful in their clinical Assessment'.

INTERMEDIATE LEARNING PLAN - CONTINUED

The student must document below which learning need(s) are outstanding and with the Preceptor/ Co-Preceptor specify new learning need(s) and the supports and actions required to address these

INTERMEDIATE LEARNING PLAN - CONTINUED

The student must document below which learning need(s) are outstanding and with the Preceptor/ Co-Preceptor specify new learning need(s) and the supports and actions required to address these

FOLLOW UP/FEEDBACK PAGE

Feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

FOLLOW UP/FEEDBACK PAGE

Ongoing feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

FOLLOW UP/FEEDBACK PAGE

Ongoing feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

FOLLOW UP/FEEDBACK PAGE

Ongoing feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORD OF ADDITIONAL CLINICAL SKILLS

This is an opportunity for the student midwife to record additional clinical skills that they have practised under the supervision of their Preceptor/Co-Preceptor/Registered Midwife

Date	Clinical Skill	Signature of Preceptor/Midwife

RECORD OF ADDITIONAL CLINICAL SKILLS

This is an opportunity for the student midwife to record additional clinical skills that they have practised under the supervision of their Preceptor/Co-Preceptor/Registered Midwife

Date	Clinical Skill	Signature of Preceptor/Midwife

RECORD OF TEACHING/DISCUSSION SESSIONS ATTENDED

Please give details of any teaching or discussion sessions attended whilst on clinical placement

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

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Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

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Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

RECORD OF TEACHING/DISCUSSION SESSIONS ATTENDED

Please give details of any teaching or discussion sessions attended whilst on clinical placement

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

FINAL INTERVIEW CONTINUED

The Preceptor/Co-Preceptor must document in detail each Principle, Assessment Criteria and Essential Skills that were ***not*** attained.

FINAL INTERVIEW CONTINUED

The Preceptor/Co-Preceptor must document in detail each Principle, Assessment Criteria and Essential Skills that were ***not*** attained.

LABOUR AND BIRTH

(INTRANATAL)

Name of Practice Placement - Unit/Ward:
Number of weeks in this Practice Placement:
Placement Dates:
Name of Preceptor:
Name of Co-Preceptor:
Name of Clinical Placement Co-ordinator (CPC):

NMBI National Competence Assessment Document – Practice Placement Details, Attendance and Reflection Record

Name of practice placement	
Number of weeks in this practice placement	
Type of practice placement	
Name of the health service provider	
Phone number of placement	
Name of CMM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

****NMBI require 4 hours of reflective practice per week**

Week 1 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 1 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 2 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 2 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 3 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 3 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 4 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 4 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 5 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 5 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 6 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 6 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 7 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 7 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 8 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 8 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 9 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 9 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 10 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					
Week 10 - Reflection Record					
Date	Structured Reflection	Theme		Hours	
	Midwifery student signature				
Date	Unstructured Reflection	Theme		Hours	
Reflection completed	Midwifery student signature				
Week 11 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					
Week 11 - Reflection Record					
Date	Structured Reflection	Theme		Hours	
	Midwifery student signature				
Date	Unstructured Reflection	Theme		Hours	
Reflection completed	Midwifery student signature				

In each distant supervision level clinical placement all competencies and their associated assessment criteria must be assessed and passed successfully before the student can complete the BSc Midwifery programme. On completion of the clinical placement, the student is deemed to have either passed or failed the competence/competencies.

Principle 1: Respect for the Dignity of the Person			
Competency 1: The midwife's practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
1.1 Promotes and protects pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.	<ul style="list-style-type: none"> Utilises health promotion opportunities to promote pregnancy as a healthy and normal physiological event. 		
1.2 Advocates on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.	<ul style="list-style-type: none"> Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. Promotes options and choices of maternity care for women based on current evidence. 		
1.3 Respects the diversity beliefs, values and choices and priorities of the woman and her family.	<ul style="list-style-type: none"> Assesses, plans, implements and evaluates culturally sensitive care on an individual basis. 		
1.4 Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby.	<ul style="list-style-type: none"> Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby. 		
1.5 Respects the woman's right to choose not to avail of a recommendation about her care and take appropriate action.	<ul style="list-style-type: none"> Demonstrates support for women's choices and aims to respect their rights while informing them of best practice. Accurately documents all information and care provided. 		
1.6 Support every woman to engage with maternity care.	<ul style="list-style-type: none"> Educates women on the importance of engaging in their own maternity care based on their individual needs. 		
1.7 Ensures that the woman is the primary decision maker in all matters regarding her own healthcare and that of her baby.	<ul style="list-style-type: none"> Involves the woman in all decisions regarding her own healthcare and that of her baby. 		

Principle 2: Professional Responsibility and Accountability			
Competency 2: The midwife practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by Midwifery Board of Ireland (NMBI)			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
2.1 Acts at all times within the law and follows the rules and regulations of the Nursing and Midwifery Board of Ireland (NMBI) and other applicable bodies.	<ul style="list-style-type: none"> Practise in accordance with current legislation and NMBI guidance. 		
2.2 Is willing to be accountable for their practice to the woman, to the midwifery profession, the Nursing and Midwifery Board of Ireland (NMBI), and the wider community.	<ul style="list-style-type: none"> Demonstrates a clear understanding of their professional accountability. 		
2.3 Works within the scope of practice for a fourth-year midwifery student and recognises their own level of knowledge, skills and professional behaviours.	<ul style="list-style-type: none"> Practises within a student midwife's scope of practice and identifies own limitations Demonstrates skills of self-awareness and self-assessment. 		
2.4 Ensures that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk.	<ul style="list-style-type: none"> Ensures that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk. 		
2.5 Provides care in an emergency situation, or any situation where something occurs that is outside their scope of practice, and refers to the most appropriate health care professional.	<ul style="list-style-type: none"> Recognises situations that are outside their scope of practice and refers appropriately. 		

Principle 2: Professional Responsibility and Accountability			
Competency 2: The midwife practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by Midwifery Board of Ireland (NMBI)			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
2.6 Demonstrates the ability to give and record the reasons for their decision to take necessary emergency measures in the absence of the most appropriate healthcare professional.	<ul style="list-style-type: none"> Describe and record the reasons for their decision to take emergency measures in the absence of the most appropriate healthcare professional. 		
2.7 If the student has a conscientious objection, based on religious or moral beliefs, to participating in the care of a woman or her baby, they continue to provide care to the woman and her baby until they are relieved of their duties.	<ul style="list-style-type: none"> The student has made known to the manager any conscientious objection they may have to participating in the care of a woman or her baby. In the absence of another caregiver, the student provides care until they are relieved of their duties, regardless of conscientious objection. 		
2.8 Provide the rationale for having adequate clinical indemnity insurance in place for their area of practice.	<ul style="list-style-type: none"> Provide the rationale for having adequate clinical indemnity insurance in place for practice. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.1 Provides safe, competent, kind, compassionate professional care which is informed by best available evidence, knowledge and the experiences preferences and values of woman.	<ul style="list-style-type: none"> Provides safe, competent, kind, compassionate professional care which is informed by best available evidence, knowledge and the experiences preferences and values of woman. 		
3.2 Assesses the health and wellbeing of the woman throughout pregnancy, labour and birth and the post-natal period and provides midwifery care appropriate to that assessment.	<ul style="list-style-type: none"> Assesses, plans, implements and evaluates care for women based on their individual needs. 		
3.3 Recognises and responds appropriately in a timely manner to any condition (pre-existing or otherwise) and/ or event that necessitates consultation with or referral to another midwife and /or other healthcare professional during a woman's pregnancy labour birth or post-natal period.	<ul style="list-style-type: none"> Recognises and respond to any condition (pre-existing or otherwise) and/ or event that necessitates consultation with or referral to another midwife and /or other healthcare professional during a woman's pregnancy, labour, birth or post-natal period. 		
3.4 Recognises factors during pregnancy, labour, birth or in the post-natal period that indicate deterioration of the woman and/or baby and acts appropriately to escalate the level of care.	<ul style="list-style-type: none"> Recognises deterioration of the woman and/or baby and takes appropriate action. 		
3.5 Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/ or her baby.	<ul style="list-style-type: none"> Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/ or her baby. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.6 Acts effectively as a member of a multidisciplinary team in an emergency (real or simulated).	<ul style="list-style-type: none"> Participates in the management of an emergency within the multidisciplinary healthcare team 		
3.7 Supports and educates women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	<ul style="list-style-type: none"> Supports the woman in her choice of infant feeding Provides advice and information with regard to breastfeeding Assists in establishing and maintaining breastfeeding 		
3.8 Complies with standard universal infection prevention and control measures.	<ul style="list-style-type: none"> Complies with standard universal infection prevention and control measures. 		
3.9 Safely manages drug administration, monitors effects and documents appropriately in accordance with the Nursing and Midwifery Board of Ireland (NMBI) medication management guidance.	<ul style="list-style-type: none"> Safely manages drug administration, monitors effects and documents appropriately in accordance with the Nursing and Midwifery Board of Ireland (NMBI) and local medication management guidance. 		
3.10 Reflects on their own practice and can demonstrate learning from previous experience in midwifery and can identify future learning needs.	<ul style="list-style-type: none"> Reflects on the effectiveness of own practice. Identifies future learning needs. 		
3.11 Integrates appropriate national and local guidelines and policies in the provision of evidence-based care.	<ul style="list-style-type: none"> Provides care based on national and local guidelines and policies. 		
3.12 Manages and organises effectively the provision of safe and evidence-based care for a caseload of women and their babies.	<ul style="list-style-type: none"> Demonstrates the ability to prioritise, organise, co-ordinate and evaluate care for women. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.13 Applies clinical risk management processes into their own practice.	<ul style="list-style-type: none"> Identifies and responds to clinical risks in practice. 		
3.14 Participates in audits of clinical care in practice.	<ul style="list-style-type: none"> Describes the relevance of clinical audit. 		
3.15 Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	<ul style="list-style-type: none"> Participates in teaching and learning opportunities in the clinical area. 		

Principle 4: Trust and Confidentiality			
Competency 4: The midwife works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality.			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
4.1 Ensures that the woman and her baby are the primary focus of practice.	<ul style="list-style-type: none"> Plans all care with the woman. 		
4.2 Provides care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family.	<ul style="list-style-type: none"> Provides care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family. 		
4.3 Respects the woman's right to privacy and confidentiality.	<ul style="list-style-type: none"> Maintains privacy and confidentiality. Facilitates the disclosure of sensitive information in a safe setting. 		
4.4 Recognises and articulates the exceptional circumstances where it may be legally and ethically acceptable to share confidential information gained from a woman.	<ul style="list-style-type: none"> Describe the circumstances where confidential information can be breached in accordance with legislation and woman's safety. 		

Principle 5: Collaboration with others			
Competency 5: The midwife communicates and collaborates effectively with women, women's families and with the multidisciplinary healthcare team			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
5.1 Provides information in a format that is understandable and accessible to all women and their families.	<ul style="list-style-type: none"> Provides information that is clear and accurate, at a level that women and their families can understand. 		
5.2 Communicates appropriately and effectively with women, their families and with the multidisciplinary healthcare team.	<ul style="list-style-type: none"> Communicates clearly and consistently with women, their families and members of the multidisciplinary healthcare team using professional language. Provides clinical handover, which is accurate and relevant. 		
5.3 Recognises and takes appropriate actions to challenge and reduce barriers to effective communication with women, their families and with the multidisciplinary team (MDT).	<ul style="list-style-type: none"> Identifies facilitators and barriers to effective communication and respond appropriately. Identifies the need for a professional interpreter where appropriate and can describe the process to access an interpreter. 		
5.4 Collaborates with women, the women's families and the multidisciplinary healthcare team using appropriate communication tools as determined by the needs of the women and/or her baby to ensure timely referral to the appropriate healthcare professional.	<ul style="list-style-type: none"> Uses appropriate communication tools to facilitate effective communication and timely referral. 		
5.5 Records clinical practice in a manner which is clear, objective, accurate, and timely.	<ul style="list-style-type: none"> Documents clinical practice in a clear, concise, accurate and timely manner. 		
5.6 Addresses differences of professional opinion with colleagues by discussion and informed debate in a professional and timely manner and prevents conflict through effective collaboration and teamwork.	<ul style="list-style-type: none"> Respects the views of others and their right to hold and express their views through informed discussion and debate of the evidence. Collaborate with the multidisciplinary team 		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF INTRANATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
<p>Assess women on admission to the labour and birth unit, identifying, reporting and documenting important elements that may impact on the plan of care:</p> <ul style="list-style-type: none"> • Takes an accurate history • Conducts full physical examinations on women on admission and throughout labour • Performs and records maternal vital signs and urinalysis and can interpret findings • Review and interpret laboratory reports • Review and interpret obstetric ultrasound reports 		
<p>Identifies signs and symptoms associated with labour and confirms the onset of labour</p>		
<p>Assess fetal well-being on admission to the labour and birth unit, identifying, reporting and documenting important elements that may impact on the plan of care:</p> <ul style="list-style-type: none"> • Performs abdominal palpation to determine symphysis-fundal height measurement, fetal lie, attitude, presentation, degree of engagement and position • Assess uterine contractions in terms of frequency, strength and duration • Auscultate the fetal heartbeat using a pinard stethoscope and doptone immediately after a contraction, recognising reassuring and abnormal heart rate patterns • If the membranes have ruptured, make appropriate assessment of the liquor • Assess fetal movement pattern appropriately • Identify indications for intrapartum cardiotocography (CTG) 		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF INTRAPARTUM ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Correctly apply CTG machine and interpret CTG using a systematic approach. Can recognise normal, suspicious and pathological fetal heart rate patterns, and initiates appropriate midwifery and obstetric referral and an appropriate management plan where the findings are abnormal		
Identify indications and contraindications for use of fetal scalp electrode (FSE) and applies an FSE where indicated		
Identify indications and rationales for fetal blood sampling in labour: <ul style="list-style-type: none"> • Prepares for and assists with fetal blood sampling • Can interpret the results and plan subsequent management 		
Identify indications and contraindications for vaginal examination: <ul style="list-style-type: none"> • Performs vaginal examinations with informed consent and can interpret, report and document the findings 		
Identify indications and contraindications for artificial rupture of membranes: <ul style="list-style-type: none"> • Can perform an amniotomy where indicated 		
Assesses liquor volume, colour and odour throughout labour, and initiates appropriate midwifery and obstetric referral and an appropriate management plan where the findings are abnormal		
Encourages women to empty the bladder regularly throughout labour and can perform urinary catheterisation where appropriate. Monitors and documents intake and output during labour and birth		
Provides care and advice to women who choose non-pharmacological comfort measures in labour: Hydrotherapy, upright positions etc.		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF INTRAPARTUM ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Provide care for women who choose inhalation, intramuscular and/or epidural analgesia pain relief in labour adhering to: <ul style="list-style-type: none"> • NMBI and HIQA Guidance on Medication Management and Administration • Student midwives' <i>Scope of Practice</i> • Local policies and guidelines 		
Assess progress during the first and second stage of labour using: <ul style="list-style-type: none"> • Observation, such as maternal behaviour, expulsive uterine contractions • Abdominal examination to assess descent of the presenting part • Vaginal examination as appropriate, determining station and position 		
Identify the indications and contraindications for the administration of oxytocin to induce and/or accelerate labour: <ul style="list-style-type: none"> • Provides care to women requiring an oxytocin infusion, adhering to protocols regarding the dose and titration, assessing uterine contractions, resting tone and assessment of fetal well-being 		
Prepares an appropriate environment ready for birth: <ul style="list-style-type: none"> • Birthing room • Birthing Trolley • Emergency equipment (including Neonatal Resuscitaire) 		
Assists women to birth the baby by providing emotional and physical support as appropriate and uses appropriate techniques to minimise perineal trauma		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF INTRAPARTUM ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Identify the indications and contraindications for selective use of episiotomy: <ul style="list-style-type: none"> • Infiltrates the perineum with local anaesthetic • Performs episiotomy where indicated 		
Identify indications and contraindications for instrumental birth (ventouse/forceps): <ul style="list-style-type: none"> • Provides midwifery care for women requiring instrumental birth 		
Prepares women for transfer to theatre for emergency caesarean section where indicated and provides comprehensive handover to theatre staff.		
Provides care to women with complex pregnancies, and initiates appropriate midwifery and obstetric referral and an appropriate management plan where the assessment findings are abnormal		
Facilitate safe expulsion of the placenta and membranes in the third stage of labour: <ul style="list-style-type: none"> • Can facilitate physiological management of the third stage of labour (if not seen can discuss) • Can facilitate active management of the third stage of labour • Examines the placenta and membranes and dispose of the placenta appropriately • Reserves umbilical cord blood to assess blood group and rhesus status where indicated • Reserves paired cord pH samples where indicated and can interpret the results 		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF INTRAPARTUM ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Provides care to women who have sustained perineal trauma during birth: <ul style="list-style-type: none"> • Classifies the degree of perineal trauma, identifying the anatomical structures affected • Identify indications for repair of perineal trauma and appropriate technique that should be used • Participates in perineal repair 		
Provides sensitive and compassionate physical and emotional care of a woman and her family who are experiencing pregnancy loss and or bereavement		
Provide immediate care to the newborn following birth: <ul style="list-style-type: none"> • Assesses transition to extrauterine life by assessing respiratory effort, colour, tone, response to stimuli and can auscultation the neonatal heart rate using stethoscope • Assesses and records APGAR score • Initiate initial steps of neonatal resuscitation if indicated • Promotes thermoregulation of the infant • Supports women/partners to have skin to skin contact with the baby in a safe and unhurried environment • Promotes breastfeeding and assists the mother to breastfeed the newborn as soon as possible following birth • Applies infant identification bands and electronic security tag 		
Performs the initial midwife examination of the newborn		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF INTRAPARTUM ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Can prepare and administer vitamin K to the newborn following the woman's informed consent, under supervision		
Assess maternal and neonatal well-being prior to transfer to the postnatal ward/or home		
Can prepare, and safely administer inhalation analgesia under supervision		
Can prepare, calculate and safely administer oral medication under supervision		
Can prepare, calculate and safely administer PR medication under supervision		
Can prepare, calculate and safely administer intramuscular medication under supervision		
Participates in the preparation of an intravenous fluid infusion under supervision		
Participates under supervision in the preparation and calculation of additives for an intravenous infusion		
Performs venepuncture safely and effectively		
Performs peripheral intravenous cannulation safely and effectively		

INITIAL INTERVIEW

Orientated to the clinical area		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Review and discussion of Principles, Assessment Criteria and Essential Skills:		Student:	<input type="checkbox"/>	Preceptor:	<input type="checkbox"/>
Learning needs identified by the midwifery student (refer to practice placement learning outcomes)					
Specific opportunities identified by the Preceptor/Co-preceptor that are available during this clinical placement:					
Signature of Preceptor/Co-preceptor:		Signature of Student Midwife:		Date:	
Date set for intermediate interview:		CPC Present if applicable: Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		Signature of CPC:		Date:	
Comments (where appropriate):				Date:	
Designation:		Signature:			

INTERMEDIATE INTERVIEW

The Preceptor/Co-preceptor and student midwife review all Principles, Assessment Criteria and Essential Skills

Student self-assessment of progress to date and identify own learning needs for the remainder of the practice placement:

Preceptor/Co-preceptor review of students' progress to date:

Signature of Preceptor/Co-preceptor:

Signature of Student Midwife:

Date:

Student progressing satisfactorily: Yes ☐ No ☐

CPC Present if applicable: Yes ☐ No ☐

*If **No**, please complete Intermediate Learning Plan*

Date of Final interview:

Signature of CPC:

Date:

Comments (where appropriate):

Date:

Designation:

Signature:

INTERMEDIATE LEARNING PLAN

- The student is required to reflect on his/her own learning to date
- The Preceptor/Co-Preceptor should review the students' progress in relation to the learning needs and learning opportunities identified at the initial interview and relate this progress in their MCAT
- The Preceptor/Co-Preceptor should if appropriate enact Step 1 of the protocol 'When an internship student is having significant difficulties in meeting Performance Indicators in NCAD or Principles/Assessment Criteria in MCAT during a practice placement'

Date:	Placement Area:	Unit:
<i>Please document the individual Principles, associated Assessment Criteria and any Essential Skills that the student is having difficulty achieving</i>		
Principles	Associated Assessment Criteria	Essential Skills
Action/Supports Needed		
Signature of Preceptor/Co-Preceptor:	Signature of Student Midwife:	Date/Time:
Signature of CPC (where appropriate):	Signature of Personal Tutor (where appropriate):	

FINAL INTERVIEW

The Preceptor/Co-preceptor and student midwife review all Principles, Assessment Criteria and Essential Skills

Student self-assessment of progress to date:

Preceptor/Co-preceptor review:

All Principles and Assessment Criteria achieved:

Pass

☐

Fail

☐

All Essential Skills List completed:

Yes

☐

No

☐

Date:

Signature of Preceptor/Co-Preceptor:

Signature of Student Midwife:

Signature of CPC (where appropriate):

Signature of Personal Tutor (where appropriate):

If the student has **not** attained the required Principles, Assessment Criteria and Essential Skills for this placement, the Preceptor/Co-Preceptor will document in detail each Principle, Assessment Criteria and Essential Skills **not** attained. The Preceptor/Co-Preceptor should enact Step 2 of the protocol 'When an internship student is unsuccessful in their clinical Assessment'.

INTERMEDIATE LEARNING PLAN - CONTINUED

The student must document below which learning need(s) are outstanding and with the Preceptor/ Co-Preceptor specify new learning need(s) and the supports and actions required to address these

INTERMEDIATE LEARNING PLAN - CONTINUED

The student must document below which learning need(s) are outstanding and with the Preceptor/ Co-Preceptor specify new learning need(s) and the supports and actions required to address these

FOLLOW UP/FEEDBACK PAGE

Ongoing feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

FOLLOW UP/FEEDBACK PAGE

Ongoing feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

FOLLOW UP/FEEDBACK PAGE

Feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

FOLLOW UP/FEEDBACK PAGE

Ongoing feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

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RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORD OF ADDITIONAL CLINICAL SKILLS

This is an opportunity for the student midwife to record additional clinical skills that they have practised under the supervision of their Preceptor/Co-Preceptor/Registered Midwife

Date	Clinical Skill	Signature of Preceptor/Midwife

RECORD OF ADDITIONAL CLINICAL SKILLS

This is an opportunity for the student midwife to record additional clinical skills that they have practised under the supervision of their Preceptor/Co-Preceptor/Registered Midwife

Date	Clinical Skill	Signature of Preceptor/Midwife

RECORD OF TEACHING/DISCUSSION SESSIONS ATTENDED

Please give details of any teaching or discussion sessions attended whilst on clinical placement

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
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Teaching/Discussion Session Title/Topic:	Given By:
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Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

FINAL INTERVIEW CONTINUED

The Preceptor/Co-Preceptor must document in detail each Principle, Assessment Criteria and Essential Skills that were ***not*** attained.

FINAL INTERVIEW CONTINUED

The Preceptor/Co-Preceptor must document in detail each Principle, Assessment Criteria and Essential Skills that were ***not*** attained.

POSTNATAL

Name of Practice Placement - Unit/Ward:
Number of weeks in this Practice Placement:
Placement Dates:
Name of Preceptor:
Name of Co-Preceptor:
Name of Clinical Placement Co-ordinator (CPC):

NMBI National Competence Assessment Document – Practice Placement Details, Attendance and Reflection Record

Name of practice placement	
Number of weeks in this practice placement	
Type of practice placement	
Name of the health service provider	
Phone number of placement	
Name of CMM	
Name of Preceptor	
Name of Associate Preceptor	
Name of CPC	

****NMBI require 4 hours of reflective practice per week**

Week 1 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 1 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 2 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 2 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 3 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 3 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 4 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 4 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 5 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 5 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 6 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 6 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 7 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 7 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 8 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 8 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 9 - Attendance Record					
Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 9 - Reflection Record			
Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 10 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 10 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

Week 11 - Attendance Record

Date					
Hours of duty:					
Midwifery student signature					
Preceptor signature					

Week 11 - Reflection Record

Date	Structured Reflection	Theme	Hours
	Midwifery student signature		
Date	Unstructured Reflection	Theme	Hours
Reflection completed	Midwifery student signature		

In each distant supervision level clinical placement all competencies and their associated assessment criteria must be assessed and passed successfully before the student can complete the BSc Midwifery programme. On completion of the clinical placement, the student is deemed to have either passed or failed the competence/competencies.

Principle 1: Respect for the Dignity of the Person			
Competency 1: The midwife's practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
1.1 Promotes and protects pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.	<ul style="list-style-type: none"> Utilises health promotion opportunities to promote pregnancy as a healthy and normal physiological event. 		
1.2 Advocates on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.	<ul style="list-style-type: none"> Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. Promotes options and choices of maternity care for women based on current evidence. 		
1.3 Respects the diversity beliefs, values and choices and priorities of the woman and her family.	<ul style="list-style-type: none"> Assesses, plans, implements and evaluates culturally sensitive care on an individual basis. 		
1.4 Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby.	<ul style="list-style-type: none"> Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby. 		
1.5 Respects the woman's right to choose not to avail of a recommendation about her care and take appropriate action.	<ul style="list-style-type: none"> Demonstrates support for women's choices and aims to respect their rights while informing them of best practice. Accurately documents all information and care provided. 		
1.6 Support every woman to engage with maternity care.	<ul style="list-style-type: none"> Educates women on the importance of engaging in their own maternity care based on their individual needs. 		
1.7 Ensures that the woman is the primary decision maker in all matters regarding her own healthcare and that of her baby.	<ul style="list-style-type: none"> Involves the woman in all decisions regarding her own healthcare and that of her baby. 		

Principle 2: Professional Responsibility and Accountability			
Competency 2: The midwife practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by Midwifery Board of Ireland (NMBI)			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
2.1 Acts at all times within the law and follows the rules and regulations of the Nursing and Midwifery Board of Ireland (NMBI) and other applicable bodies.	<ul style="list-style-type: none"> Practise in accordance with current legislation and NMBI guidance. 		
2.2 Is willing to be accountable for their practice to the woman, to the midwifery profession, the Nursing and Midwifery Board of Ireland (NMBI), and the wider community.	<ul style="list-style-type: none"> Demonstrates a clear understanding of their professional accountability. 		
2.3 Works within the scope of practice for a fourth-year midwifery student and recognises their own level of knowledge, skills and professional behaviours.	<ul style="list-style-type: none"> Practises within a student midwife's scope of practice and identifies own limitations Demonstrates skills of self-awareness and self-assessment. 		
2.4 Ensures that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk.	<ul style="list-style-type: none"> Ensures that no act or omission by the student places the woman, her baby, her family, their colleagues, or themselves at unnecessary risk. 		
2.5 Provides care in an emergency situation, or any situation where something occurs that is outside their scope of practice, and refers to the most appropriate health care professional.	<ul style="list-style-type: none"> Recognises situations that are outside their scope of practice and refers appropriately. 		

Principle 2: Professional Responsibility and Accountability			
Competency 2: The midwife practises in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by Midwifery Board of Ireland (NMBI)			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
2.6 Demonstrates the ability to give and record the reasons for their decision to take necessary emergency measures in the absence of the most appropriate healthcare professional.	<ul style="list-style-type: none"> Describe and record the reasons for their decision to take emergency measures in the absence of the most appropriate healthcare professional. 		
2.7 If the student has a conscientious objection, based on religious or moral beliefs, to participating in the care of a woman or her baby, they continue to provide care to the woman and her baby until they are relieved of their duties.	<ul style="list-style-type: none"> The student has made known to the manager any conscientious objection they may have to participating in the care of a woman or her baby. In the absence of another caregiver, the student provides care until they are relieved of their duties, regardless of conscientious objection. 		
2.8 Provide the rationale for having adequate clinical indemnity insurance in place for their area of practice.	<ul style="list-style-type: none"> Provide the rationale for having adequate clinical indemnity insurance in place for practice. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.1 Provides safe, competent, kind, compassionate professional care which is informed by best available evidence, knowledge and the experiences preferences and values of woman.	<ul style="list-style-type: none"> Provides safe, competent, kind, compassionate professional care which is informed by best available evidence, knowledge and the experiences preferences and values of woman. 		
3.2 Assesses the health and wellbeing of the woman throughout pregnancy, labour and birth and the post-natal period and provides midwifery care appropriate to that assessment.	<ul style="list-style-type: none"> Assesses, plans, implements and evaluates care for women based on their individual needs. 		
3.3 Recognises and responds appropriately in a timely manner to any condition (pre-existing or otherwise) and/ or event that necessitates consultation with or referral to another midwife and /or other healthcare professional during a woman's pregnancy labour birth or post-natal period.	<ul style="list-style-type: none"> Recognises and respond to any condition (pre-existing or otherwise) and/ or event that necessitates consultation with or referral to another midwife and /or other healthcare professional during a woman's pregnancy, labour, birth or post-natal period. 		
3.4 Recognises factors during pregnancy, labour, birth or in the post-natal period that indicate deterioration of the woman and/or baby and acts appropriately to escalate the level of care.	<ul style="list-style-type: none"> Recognise deterioration of woman and/or baby and takes appropriate action. 		
3.5 Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/ or her baby.	<ul style="list-style-type: none"> Recognises and responds in a timely and appropriate manner to emergencies affecting the health and/or safety of the woman and/ or her baby. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.6 Acts effectively as a member of a multidisciplinary team in an emergency (real or simulated).	<ul style="list-style-type: none"> Participates in the management of an emergency within the multidisciplinary healthcare team. 		
3.7 Supports and educates women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	<ul style="list-style-type: none"> Supports the woman in her choice of infant feeding Provides advice and information with regard to breastfeeding Assists in establishing and maintaining breastfeeding 		
3.8 Complies with standard universal infection prevention and control measures.	<ul style="list-style-type: none"> Complies with standard universal infection prevention and control measures. 		
3.9 Safely manages drug administration, monitors effects and documents appropriately in accordance with the Nursing and Midwifery Board of Ireland (NMBI) medication management guidance.	<ul style="list-style-type: none"> Safely manages drug administration, monitors effects and documents appropriately in accordance with the Nursing and Midwifery Board of Ireland (NMBI) and local medication management guidance. 		
3.10 Reflects on their own practice and can demonstrate learning from previous experience in midwifery and can identify future learning needs.	<ul style="list-style-type: none"> Reflects on the effectiveness of own practice. Identifies future learning needs. 		
3.11 Integrates appropriate national and local guidelines and policies in the provision of evidence-based care.	<ul style="list-style-type: none"> Provides care based on national and local guidelines and policies. 		

Principle 3: Quality of Practice			
Competency 3: The midwife uses comprehensive knowledge skills and professional behaviours to provide safe, competent, kind, compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development			
LEVEL: DISTANT SUPERVISION	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
3.12 Manages and organises effectively the provision of safe and evidence-based care for a caseload of women and their babies.	<ul style="list-style-type: none"> Demonstrates the ability to prioritise, organise, co-ordinate and evaluate care for women. 		
3.13 Applies clinical risk management processes into their own practice.	<ul style="list-style-type: none"> Identifies and responds to clinical risks in practice. 		
3.14 Participates in audits of clinical care in practice.	<ul style="list-style-type: none"> Describes the relevance of clinical audit. 		
3.15 Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	<ul style="list-style-type: none"> Participates in teaching and learning opportunities in the clinical area. 		

Principle 4: Trust and Confidentiality			
Competency 4: The midwife works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality.			
	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
4.1 Ensures that the woman and her baby are the primary focus of practice.	<ul style="list-style-type: none"> Plans all care with the woman. 		
4.2 Provides care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family.	<ul style="list-style-type: none"> Provides care that is safe, evidence-based, supportive, responsive and compassionate taking into account the needs of the woman, her baby and her family. 		
4.3 Respects the woman's right to privacy and confidentiality.	<ul style="list-style-type: none"> Maintains privacy and confidentiality. Facilitates the disclosure of sensitive information in a safe setting. 		
4.4 Recognises and articulates the exceptional circumstances where it may be legally and ethically acceptable to share confidential information gained from a woman.	<ul style="list-style-type: none"> Describe the circumstances where confidential information can be breached in accordance with legislation and woman's safety. 		

Principle 5: Collaboration with others			
Competency 5: The midwife communicates and collaborates effectively with women, women's families and with the multidisciplinary healthcare team			
	Assessment Criteria	Preceptor Date & Sign	
		Pass	Fail
5.1 Provides information in a format that is understandable and accessible to all women and their families.	<ul style="list-style-type: none"> Provides information that is clear and accurate, at a level that women and their families can understand. 		
5.2 Communicates appropriately and effectively with women, their families and with the multidisciplinary healthcare team.	<ul style="list-style-type: none"> Communicates clearly and consistently with women, their families and members of the multidisciplinary healthcare team using professional language. Provides clinical handover, which is accurate and relevant. 		
5.3 Recognises and takes appropriate actions to challenge and reduce barriers to effective communication with women, their families and with the multidisciplinary team (MDT).	<ul style="list-style-type: none"> Identifies facilitators and barriers to effective communication and respond appropriately. Identifies the need for a professional interpreter where appropriate and can describe the process to access an interpreter. 		
5.4 Collaborates with women, the women's families and the multidisciplinary healthcare team using appropriate communication tools as determined by the needs of the women and/or her baby to ensure timely referral to the appropriate healthcare professional.	<ul style="list-style-type: none"> Uses appropriate communication tools to facilitate effective communication and timely referral. 		
5.5 Records clinical practice in a manner which is clear, objective, accurate, and timely.	<ul style="list-style-type: none"> Documents clinical practice in a clear, concise, accurate and timely manner. 		
5.6 Addresses differences of professional opinion with colleagues by discussion and informed debate in a professional and timely manner and prevents conflict through effective collaboration and teamwork.	<ul style="list-style-type: none"> Respects the views of others and their right to hold and express their views through informed discussion and debate of the evidence. Collaborate with the multidisciplinary team 		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF POSTNATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
<p>Assess women on admission to the postnatal unit, identifying, reporting and documenting important elements that may impact on the plan of care:</p> <ul style="list-style-type: none"> • Takes an accurate history • Performs full postnatal physical examinations • Perform and records maternal vital signs • Review and interpret laboratory reports 		
<p>Performs maternal postnatal assessment and can recognise signs and symptoms that may require discussion, intervention or referral and acts accordingly</p>		
<p>Assess maternal mental well-being, identifying normal patterns of emotional changes in the postnatal period:</p> <ul style="list-style-type: none"> • Provide women with the opportunity to talk about their birth experiences and to ask questions about the care they received during pregnancy and labour 		
<p>Identify the indications for Anti-D administration and participate in the collection, checking, monitoring and recording of Anti-D (and other blood products) safely and effectively (<i>note that students are not permitted to administer Anti-D or any other blood products</i>)</p>		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF POSTNATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
<p>Provides evidence-based information to women and their partners on:</p> <ul style="list-style-type: none"> • Transition to parenthood and parenting skills • The National Healthy Childhood Programme • Maternal physical and emotional wellbeing • Sexual health • Family planning and contraception • Breastfeeding supports in the community • Community supports 		
Provides midwifery care to women who have had a complex pregnancy, labour and/or birth and initiates appropriate midwifery and obstetric referral and an appropriate management plan where assessment findings are abnormal		
Provides care to women who develop complex postnatal complications e.g. postpartum haemorrhage, thromboembolic complications, sepsis. Initiates appropriate midwifery and obstetric referral and an appropriate management plan in these circumstances		
Identify indications for blood transfusion and participate in the collection, checking, monitoring and recording of blood products safely and effectively under supervision (<i>note that midwifery students are not permitted to administer blood products</i>)		
Performs the daily examination of the newborn and evaluate the baby's adaptation to extrauterine life, health and wellbeing. Initiates appropriate midwifery and neonatal referral and an appropriate management plan where the findings are abnormal		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF POSTNATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Advise parents on thermoregulation, bathing, clothing, sleeping positions, skin care, immunisations, normal infant development and social needs		
Support women to establish breastfeeding. Describes safe and effective techniques and treatments for the common challenges to breastfeeding i.e. flat nipple, sore nipple, engorged breast and mastitis, Support women to express breastmilk, identifying when hand expression and pump expression may be appropriate		
Provide evidence-based information to women who are taking medications in relation to breastfeeding		
Explain and discuss with women how to sterilise equipment and make up a formula feed safely		
Identifies indications for newborn screening and can perform: <ul style="list-style-type: none"> • Post-ductal oxygen saturations • Newborn bloodspot screening 		
Identifies indications for newborn testing and can perform: <ul style="list-style-type: none"> • Transcutaneous bilirubinometer • Haemocue for blood glucose assessment 		
Recognises signs of newborn ill health requiring the immediate attention of a medical professional and can educate parents to recognise signs of ill health in the newborn		
Educates parents to recognise signs of ill health in the newborn		
Identifies risk factors for neonatal complications, and monitors appropriately to identify signs and symptoms of illness that may require discussion, intervention or referral and acts accordingly		

YEAR FOUR (DISTANT SUPERVISION)
ASSESSMENT OF POSTNATAL ESSENTIAL SKILLS & KNOWLEDGE
(ALL SKILLS MUST BE COMPLETED/SIGNED BY END OF THE CLINICAL PLACEMENT)

ESSENTIAL SKILLS	Student Self -Assessment Date & Sign	Midwife Date & Sign
Provide compassionate and sensitive care to parents when newborn requires transfer to NICU/SCBU		
Can prepare, calculate and safely administer oral medication under supervision		
Can prepare, calculate and safely administer PR medication under supervision		
Can prepare, calculate and safely administer subcutaneous medication under supervision		
Participate in the preparation of an intravenous fluid infusion under supervision		
Participate in the preparation and calculation of additives for an intravenous infusion under supervision		
Performs venepuncture safely and effectively		

INITIAL INTERVIEW

Orientated to the clinical area		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Review and discussion of Principles, Assessment Criteria and Essential Skills:		Student:	<input type="checkbox"/>	Preceptor:	<input type="checkbox"/>
Learning needs identified by the midwifery student (refer to practice placement learning outcomes):					
Specific opportunities identified by the Preceptor/Co-preceptor that are available during this clinical placement:					
Signature of Preceptor/Co-preceptor:		Signature of Student Midwife:		Date:	
Date set for intermediate interview:		CPC Present if applicable: Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Signature of CPC:		Date:	
Comments (where appropriate):				Date:	
Designation:		Signature:			

INTERMEDIATE INTERVIEW

The Preceptor/Co-preceptor and student midwife review all Principles, Assessment Criteria and Essential Skills

Student self-assessment of progress to date and identify own learning needs for the remainder of the practice placement:

Preceptor/Co-preceptor review of students' progress to date:

Signature of Preceptor/Co-preceptor:

Signature of Student Midwife:

Date:

Student progressing satisfactorily: Yes ☐ No ☐

CPC Present if applicable: Yes ☐ No ☐

*If **No**, please complete Intermediate Learning Plan*

Date of Final interview:

Signature of CPC:

Date:

Comments (where appropriate):

Date:

Designation:

Signature:

INTERMEDIATE LEARNING PLAN

- The student is required to reflect on his/her own learning to date
- The Preceptor/Co-Preceptor should review the students' progress in relation to the learning needs and learning opportunities identified at the initial interview and relate this progress in their MCAT
- The Preceptor/Co-Preceptor should if appropriate enact Step 1 of the protocol 'When an internship student is having significant difficulties in meeting Performance Indicators in NCAD or Principles/Assessment Criteria in MCAT during a practice placement'

Date:	Placement Area:	Unit:
<i>Please document the individual Principles, associated Assessment Criteria and any Essential Skills that the student is having difficulty achieving</i>		
Principles	Associated Assessment Criteria	Essential Skills
Action/Supports Needed		
Signature of Preceptor/Co-Preceptor:	Signature of Student Midwife:	Date/Time:
Signature of CPC (where appropriate):	Signature of Personal Tutor (where appropriate):	

FINAL INTERVIEW

The Preceptor/Co-preceptor and student midwife review all Principles, Assessment Criteria and Essential Skills

Student self-assessment of progress to date:

Preceptor/Co-preceptor review:

All Principles and Assessment Criteria achieved:

Pass

☐

Fail

☐

All Essential Skills List completed:

Yes

☐

No

☐

Date:

Signature of Preceptor/Co-Preceptor:

Signature of Student Midwife:

Signature of CPC (where appropriate):

Signature of Personal Tutor (where appropriate):

If the student has **not** attained the required Principles, Assessment Criteria and Essential Skills for this placement, the Preceptor/Co-Preceptor will document in detail each Principle, Assessment Criteria and Essential Skills **not** attained. The Preceptor/Co-Preceptor should enact Step 2 of the protocol 'When an internship student is unsuccessful in their clinical Assessment'.

INTERMEDIATE LEARNING PLAN - CONTINUED

The student must document below which learning need(s) are outstanding and with the Preceptor/ Co-Preceptor specify new learning need(s) and the supports and actions required to address these

INTERMEDIATE LEARNING PLAN - CONTINUED

The student must document below which learning need(s) are outstanding and with the Preceptor/ Co-Preceptor specify new learning need(s) and the supports and actions required to address these

FOLLOW UP/FEEDBACK PAGE

Feedback from Preceptor/Co-Preceptor and other *midwives*, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

FOLLOW UP/FEEDBACK PAGE

Ongoing feedback from Preceptor/Co-Preceptor and other **midwives**, comment on key areas of progress and identify areas for development from the Principles, Assessment Criteria and Essential Skills. Please date, sign and print name for each entry

Signature:	Print Name:	Date:
Signature:	Print Name:	Date:
Signature:	Print Name:	Date:

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORDS OF MEETINGS/ADDITIONAL FEEDBACK

This page may be completed by any Midwife/CPC or Academic Representative

Date/Time	Signature/Designation	Comments

RECORD OF ADDITIONAL CLINICAL SKILLS

This is an opportunity for the student midwife to record additional clinical skills that they have practised under the supervision of their Preceptor/Co-Preceptor/Registered Midwife

Date	Clinical Skill	Signature of Preceptor/Midwife

RECORD OF TEACHING/DISCUSSION SESSIONS ATTENDED

Please give details of any teaching or discussion sessions attended whilst on clinical placement

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

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Please give details of any teaching or discussion sessions attended whilst on clinical placement

Teaching/Discussion Session Title/Topic:	Given By:
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Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

Teaching/Discussion Session Title/Topic:	Given By:
I confirm that I have attended the above teaching/discussion session: Signature of Student Midwife:	Date:

FINAL INTERVIEW CONTINUED

The Preceptor/Co-Preceptor must document in detail each Principle, Assessment Criteria and Essential Skills that were ***not*** attained.

FINAL INTERVIEW CONTINUED

The Preceptor/Co-Preceptor must document in detail each Principle, Assessment Criteria and Essential Skills that were ***not*** attained.

Antenatal/Parent Education

Name of Practice Placement - Unit/Ward:
Name of Preceptor:
Name of Co-Preceptor:
Name of Clinical Placement Co-ordinator (CPC):

SIGNATURE BANK

Each registered midwife who acts as a preceptor for this student must sign this bank.

Preceptors Name (Print)	Signature	Initials	Preceptorship Course Date	Ward

RECORD OF ATTENDANCE

Week	Date	Date	Date	Date	Date
Hours of Duty					
Student Signature					
Preceptor Signature					

Antenatal/Parent Education Placement

BSc student midwives are allocated to Antenatal Education Department during their BSc Midwifery programme. The midwifery student will be expected to plan and provide antenatal and/or parenthood preparation/support class to a group of women and/or partners on **at least two occasions** in accordance with EU regulations Clinical Practice Experience (NMBI, 2022).

During this clinical placement the student midwife should:

1. Maximise exposure to educational opportunities during this placement by attending all antenatal/parent craft classes scheduled during their rostered working hours.
2. Become familiar with the schedule of antenatal and parent craft classes
3. Use any time between scheduled classes to prepare lesson plans for two antenatal/parent craft sessions that she/he is required to provide.
4. Discuss their written lesson plans with the Antenatal Educator prior to presenting to parents.
5. Ensure completion of antenatal education/parent craft documentation within Clinical Practice Experience Book and MCAT.

At the end of this placement, under supervision of the RM/preceptor, the student midwife should be able to:

Utilise a philosophy of midwifery care that promotes pregnancy and childbirth as a normal physiological event, where the safety and autonomy of women is promoted and women's experiences, choices, priorities, beliefs and values are respected.

Promote pre-conception care and preparation for pregnancy as beneficial for all women but of particular importance for women with pre-existing conditions or on particular medications.

Adopt a health and wellbeing approach in the provision of evidence-based advice and information to women and their partners in order to enable them to make healthy choices on nutrition, exercise, optimal weight gain in pregnancy, and abstention from alcohol, smoking and drug use during pregnancy.

Work in equal partnership with women and their partners, to assess and address their individual needs for evidence-based information and strategies which enhance and support their preparation for labour, birth and the postnatal period.

Inform women of potential complications which may occur during pregnancy, labour and birth, and the postnatal period, to promote resilience and empower women and their partners when problems arise.

Advise women and their partners on strategies to promote positive mental health and wellbeing, providing evidence-based information and advice to enable recognition of the development of depression antenatally and postnatally, and the services which are available.

Promote and support breastfeeding as the optimal method of infant feeding, while respecting and supporting women who make alternative choices.

Encourage, support, and enable active partner involvement during pregnancy, labour and birth and the transition to parenthood, through the provision of supportive strategies, educational offerings and reputable on-line material.

Adopt a facilitative approach to parent education, promoting and respecting the views, experiences and choices of women and their partners.

Promote accessible, inclusive and tailored approaches to antenatal education, which respects diversity, is culturally appropriate and addresses the needs of women and their partners with specific needs or are reluctant to avail of antenatal education.

Provide access to clear, concise and comprehensible information in a range of formats and languages to address the information needs of women and their partners.

Communicate with all service users and colleagues courteously and respectfully, and utilising all opportunities to develop midwifery knowledge, skills and competencies.

ANTENATAL / PARENT EDUCATION Assessment form

Student Name: _____ Placement Date: _____

Topic: _____

Criteria	Assessors' comments and feedback
Attendance / Punctuality	
Adheres to code of professional conduct and professional guidelines pertaining to midwifery practice, and within scope of practice	
Preparation / Lesson Plan	
Preparation of room for session	
Introduces self to class	
Incorporates adult learning principles	
Teaching tools / strategies	
Verbal / nonverbal communication	
Student midwife / Parent interaction	
Accurate / up to date information within hospital policies	
Demonstration where appropriate	
Content of session delivered in timely manner	
Follow up resources provided	
Summary/ conclusion of session	
Answers questions within scope of practice or directs to supervising midwife	

Satisfactory: Yes/No (please circle)

Assessor Signature: _____ Date: _____

Student Signature: _____ Date: _____

ANTENATAL / PARENT EDUCATION Assessment form

Student Name: _____ Placement Date: _____

Topic: _____

Criteria	Assessors' comments and feedback
Attendance / Punctuality	
Adheres to code of professional conduct and professional guidelines pertaining to midwifery practice, and within scope of practice	
Preparation / Lesson Plan	
Preparation of room for session	
Introduces self to class	
Incorporates adult learning principles	
Teaching tools / strategies	
Verbal / nonverbal communication	
Student midwife / Parent interaction	
Accurate / up to date information within hospital policies	
Demonstration where appropriate	
Content of session delivered in timely manner	
Follow up resources provided	
Summary/ conclusion of session	
Answers questions within scope of practice or directs to supervising midwife	

Satisfactory: Yes/No (please circle)

Assessor Signature: _____ Date: _____

Student Signature: _____ Date: _____

INTERNSHIP CLINICAL MANAGEMENT AND LEADERSHIP EXPERIENCE

Management and Leadership Experience Date:
Name of Clinical Manager:
Name of Clinical Placement Co-ordinator (CPC):

Internship Clinical Management and Leadership Experience Guidelines

"During the internship, the student has an opportunity to develop and consolidate the requisite knowledge, skills and professional behaviours required to fulfil the role and responsibilities of the registered midwife, specifically in the care of women and their babies during pregnancy, labour and birth and in the postnatal period. As the internship progresses, the student is expected to take increasing responsibility for the care of women and babies with a concomitant reduction in the degree of supervision required, culminating in the student becoming a safe and competent practitioner at the point of qualification and registration" (NMBI, 2022).

'The latter weeks of the student's clinical placement internship should be conducive to the student making the transition to the role of registered midwife and should include opportunities to utilise their management and clinical decision-making skills culminating in the achievement of the learning outcomes of the midwifery programme" (NMBI, 2022).

To facilitate development of clinical management and leadership skills outlined in the Midwife Registration Programme Standards and Requirements (Nursing and Midwifery Board of Ireland, 2022), the student will have an opportunity to manage and lead a clinical area with the support of a midwife, clinical midwife manager/shift co-ordinator and to explore an issue that they found challenging during the clinical management and leadership experience. As part of this clinical management and leadership experience, it is envisaged that the student may have the opportunity to delegate workload, attend morning clinical handover, arrange staff breaks, ensure appropriate staff skill mix, liaise with senior midwifery management and assist the manager in the smooth running of the ward.

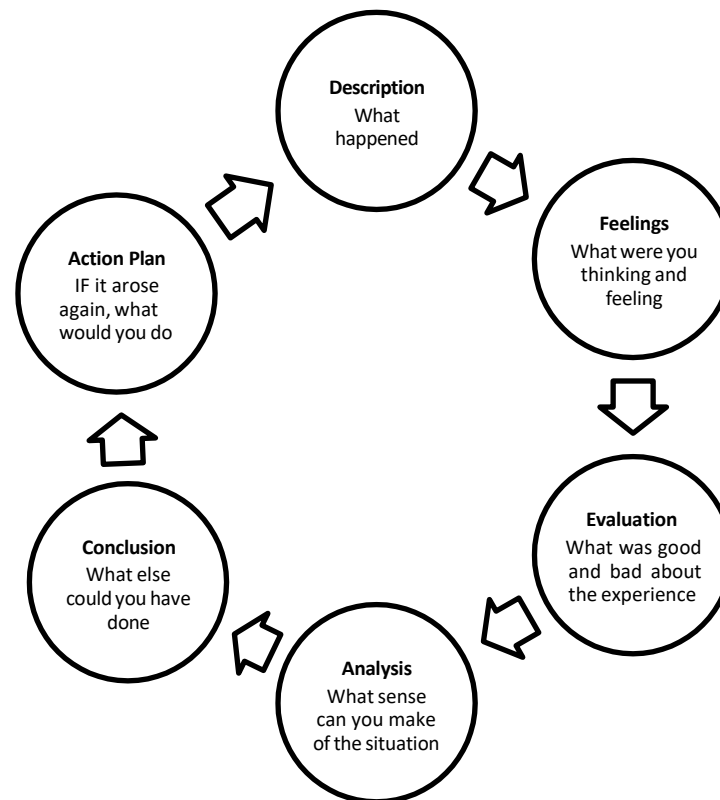
During the clinical management and leadership experience, decision-making and critical thinking skills will be strongly encouraged, and all decisions will be made in conjunction with the clinical midwife manager/shift co-ordinator. The preceptor and/or clinical midwife manager/shift co-ordinator will assess the performance of the student during the clinical management and leadership experience in relation to the standards contained in the Midwifery Competency Assessment Tool (MCAT). Please note that the assessment of the student's clinical competence on this placement will be in relation to the achievement of all standards contained in this document over the duration of the practice placement.

The transition from student to registered midwife can be challenging. The aim of this placement is to not only to enhance the knowledge and skills necessary for competent midwifery practice but also to provide the student with clinical management/leadership experience. With this experience the transition from student to registered midwife may be less challenging.

* If possible, the preceptor should have management experience.

Student Reflection on Management and Leadership Experience

As part of internship practice placement, the midwifery student is required to complete ONE piece of reflective writing. The purpose of this reflection is to provide a structure around which the student and clinical midwife manager/Shift co- Ordinator/Preceptor can discuss the management/leadership issue identified during the clinical management and leadership experience. The experience can be a positive or negative experience The reflective piece should be discussed with the Clinical Midwife Manager/Shift co-ordinator/Preceptor prior to completion of the student's practice placement. The Clinical Midwife Manager/Shift Co-ordinator/Preceptor should sign and date the report following this discussion. The report should be submitted with this MCAT on completion of the practice placement. The Student Midwife, Preceptor/ CPC/ Link Academic Staff must ensure that Patient, Person, Service User, or Staff are not identifiable in the reflective writing piece.



REFLECTIVE PRACTICE: STUDENT MIDWIFE REFLECTION USING GIBBS MODEL OF REFLECTION (1988)		
Description What happened		
Feelings What were you thinking and feeling		
Evaluation What was good and bad about the experience		
Analysis What sense can you make of the situation		
Conclusion What else could you have done		
Action Plan If it arose again, what would you do		
Signature of Preceptor/Clinical Manager/Shift coordinator: <hr/>	Signature of Student Midwife: <hr/>	Date: <hr/>

MCAT SUMMARY SHEET – PROGRESS REVIEW

To be completed by the Personal Tutor in the University

Full Student Name:		Student College ID Number:	
Antenatal Module Code: _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/> Clinical Time complete: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If ' No ' hours outstanding:	Intranatal Module Code: _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/> Clinical Time complete: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If ' No ' hours outstanding:	Postnatal Module Code: _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/> Clinical Time complete: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If ' No ' hours outstanding:	
Intravenous Cannulation Complete Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Antenatal/Parent Education Complete Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Continuity of Care Placement Complete Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Clinical Record Book Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	Medication Management Workbook Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	Management and Leadership Experience Complete Yes <input type="checkbox"/> No <input type="checkbox"/>	
Personal Tutor Print Name:		Personal Tutor Signature and Date:	

REFERENCES

Nursing and Midwifery Board of Ireland (2021) Code of Professional Conduct and Ethics for Registered Nurses and Midwives
Nursing and Midwifery Board of Ireland, Dublin

Nursing and Midwifery Board of Ireland (2022) Practice Standards for Midwives Nursing and Midwifery Board of Ireland, Dublin

Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Framework. Nursing and Midwifery Board of Ireland, Dublin

Nursing and Midwifery Board of Ireland (2022) Midwife Registration Programme Standards and Requirements Nursing and Midwifery Board of Ireland, Dublin

APPENDICES

CLINICAL ASSESSMENT PROTOCOL

Each student is required to complete an internship period of thirty-six weeks which commences usually in January. There are three clinical placements during the internship period in Stage 4. Students are assessed on all clinical placements. **Full attendance is required on all clinical placements** thus ensuring compliance with the Nursing and Midwifery Board of Ireland (NMBI) registration requirements.

Regulations for Meeting Standards and Progression In Internship:

A student will not be eligible for the award of a degree of BSc Midwifery without having

- Attained a pass in all the internship clinical modules in stage 4 and
- Met the requirement for attendance for internship clinical placements.

Regulations for Meeting Standards:

- The final outcome of clinical assessment is recorded as either 'pass' or 'fail' and is grade point neutral. The student must attain a 'pass' grade in all practice placements in order to attain an overall 'pass' for the stage.
- A 'pass' in clinical assessment is determined on the basis of a student attaining the required standards of assessment for a practice placement/module as outlined in the Midwifery Competency Assessment Tool (MCAT).
- The relevant sections of the assessment must be completed at the appropriate time, in consultation with the student's clinical preceptor and presented to the personal tutor.
- The three clinical placements of the internship period will be assessed at distant supervision level. In order to progress through the internship period. The student must successfully 'pass' Practice Placement 4A before undertaking Practice placement 4B. The student must successfully 'pass' Practice placement 4B before undertaking Practice placement 4C.
- Therefore, in order to successfully complete the internship period of stage 4 of the BSc Midwifery programme the student must attain a 'pass' grade at distant supervision levels in antenatal care, labour and birth, and postnatal care.
- All students are responsible to be familiar with the documents listed below.
- Students should obtain comprehensive feedback from their preceptor during their practice placements and at the intermediate meeting, to ensure they are aware of the areas of competence they may need to focus on for the remainder of a clinical placement.
- Students should be very familiar with protocol 'When an Internship Student Is Having Significant Difficulties In Meeting Standards During A Clinical Placement And When An Internship Student Is Unsuccessful In Their Clinical Assessment'.
- In the case of a student failing to obtain a pass standard in a single placement, a final learning plan will be set in place for the student. The final learning plan will be prepared by the student's personal tutor, in consultation with the student and the relevant person(s) in the student's hospital, that is, Clinical Placement Co-ordinator, Midwife Practice Development Co-ordinator, Director of Midwifery and Nursing. In the case of a student not attaining the standards in a particular module, a repeat placement will be required. The duration of the repeat placement for Midwifery students is seven weeks.
- A student who fails an internship clinical placement in Stage four having had two attempts will be ineligible to continue in that nursing or midwifery programme. No subsequent attempt can be considered except with written agreement of Director of Nursing/Midwifery of the clinical partner site and through application to the School of Nursing, Midwifery and Health Systems' Governing Board.

Regulations Regarding Attendance

- Full attendance is required on all practice placements. This is necessary in order to ensure that each student meets the Nursing and Midwifery Board of Ireland (NMBI) minimum registration requirements in respect of clinical instruction and the academic requirements of the programme.
- All absences from practice placements in Stage 4 will be recorded and **all** absences must be made up at the end of Stage 4.
- You cannot pay back time within a module that you are repeating. If you fail a practice placement you must repeat seven weeks duration of the failed placement. For example, if the failed placement was 12 weeks in duration you must repeat 7 weeks of this clinical placement. Any time owing is in addition to this.

Protocol for Recording Student Attendance

- As an employee of the health service employer, you are bound by the rules, policies and procedures of the employer. Under normal custom and practice, you are required to provide a service (under supervision) for the salary received. As a salaried employee you must abide by local and statutory attendance regulations. This means that when absent you must follow local

reporting policies and procedures. While on the internship period, you are also required to meet the Nursing and Midwifery Board of Ireland (NMBI) minimum registration requirements in respect of clinical instruction. As a registered student with UCD, you will continue to be bound by the rules and regulations of the College, as set out in the Student Handbook.

- During the internship period the health service provider will forward a summary of your absences to the Allocations Office at the UCD School of Nursing, Midwifery and Health Systems. Where appropriate, the Allocations Office will plan supplementary placements to commence at the end of the internship period. Please note that students will not be considered for the award of Degree or registration with The Nursing and Midwifery Board of Ireland (NMBI) until the registration requirements in respect of clinical instruction and attendance have been met.

All students should be familiar with the following documents:

- *UCD Information Handbook for Students with particular reference to the section on Student Conduct on Work Placements.*
- *Midwife Registration Programme Standards and Recommendations (2022) (Fifth Edition) Nursing Midwifery of Ireland.*
- *Protocol on the presentation of undergraduate clinical modules*
- *Protocol in the event of the following: When an Internship Student Is Having Significant Difficulties In Meeting Standards During A Clinical Placement And When An Internship Student Is Unsuccessful In Their Clinical Assessment*
- *Protocol for nursing/midwifery students wishing to avail of compassionate leave*

STEPS TO BE FOLLOWED IN THE CLINICAL ASSESSMENT PROTOCOL

- Meet with the Clinical Placement Co-ordinator (CPC) to review learning opportunities for the placement.
- Report to the Clinical Nurse/Midwife Manager and the clinical preceptor and ***provide the clinical preceptor with the relevant NCAD/MCAT***. It is the student's responsibility to make all relevant documentation available for the assessment process. Read the NCAD/MCAT prior to your placement and think about your learning needs and objectives.
- **All absences must be reported to relevant personnel as per local policy.**
- Undertake an **initial interview** with the clinical preceptor to discuss learning needs, opportunities and standards to be attained during the placement and co-sign the record of the meeting.
- Undertake an **intermediate interview** (where appropriate) with the clinical preceptor to review progress, with particular reference to the learning needs and standards to be attained. Review standards attained at this stage and co-sign the record of the meeting. The student's attendance is also reviewed at this meeting.
- Undertake a **final interview** with the clinical preceptor to review the learning needs and standards attained and where appropriate, the record of skills.
- Co-sign the record of the final meeting which may include a Record of Attendance in the presence of the preceptor.
- At the end of each trimester, submit updated NCAD/MCAT to personal tutor for inspection and review.
- Any requirement to meet outstanding clinical time should be documented on the Clinical Outcome Form and should be submitted to the Clinical Allocations Team. Students are required to have all documentation completed **within two weeks** of the last day of their clinical placement.
- A Final Learning Plan, following Unsuccessful Clinical Placement, and a form should be completed in consultation with the student, preceptor, clinical placement coordinator and personal tutor. A copy of the Final Learning Plan should be retained by the student for their own records.



PROTOCOL ON THE PRESENTATION OF UNDERGRADUATE CLINICAL MODULES FOR PERSONAL TUTORS

BSc General Nursing Stages 1, 2, 3 and 4

BSc Mental Health Nursing Stages 1, 2, 3 and 4

BSc Midwifery Stages 1, 2, 3 and 4

BSc Children's and General Nursing Stages 1, 2, 3, and 4

All students undertaking undergraduate nursing or midwifery programmes are required to present NCAD or MCAT documentation to personal tutors in UCD School of Nursing, Midwifery & Health Systems following completion of practice placements. It is the students' responsibility to ensure that they have their standards signed within 2 weeks of completing their clinical placement. Students will be given the specific date to present their documentation to their personal tutor at the beginning of each trimester in which a practice placement takes place.

The results of clinical modules will then be entered for either Autumn, Spring or Summer trimester, at the programme examination boards in UCD, with one of the following outcomes:

Outcome	Description
Pass (P)	Domains / Performance Indicators in NCAD or Principles / Assessment Criteria in MCAT have been achieved.
Incomplete (IM)	<p>Incomplete (IM) Must Pass (temporary)- the student has not satisfactorily completed a 'must pass' component of a practice assessment and on in module repeat for that component was not available.</p> <p>Domains /Performance Indicators in NCAD or Principles /Assessment Criteria in MCAT have not been achieved, as the student cannot be assessed due to insufficient time in the clinical area, and the student has no extenuating circumstances.</p> <p>The incomplete assessment will only become a Pass (P) once overall domains/ performance indicators in NACD or principles/assessment criteria in MCAT have been achieved. The student is required to complete outstanding clinical time before completion of the stage.</p>
Fail (F)	Domains /Performance Indicators in NCAD or Principles /Assessment Criteria in MCAT have not been achieved during the practice placement.

Extenuating Circumstances (IX)	Domains/ Performance Indicators in the NCAD or Principles/ Assessment Criteria in MCAT have not been achieved due to extenuating circumstances. An 'Incomplete with Extenuating' (IX) grade is awarded based on a recommendation from the Extenuating Circumstances Committee.
Absent (ABS)	Failure to attend and/or present a completed NCAD / MCAT assessment document to the UCD personal tutor, with no evidence of extenuating circumstances. NCAD or MCAT submitted did not merit a grade (e.g. performance indicators or assessment criteria are not signed appropriately or missing signatures in signature bank)
No Grade (NM)	ABS and NM is treated as a fail grade and a clinical attempt. The student will need to undertake a repeat placement which is a second and final attempt and will incur a repeat fee.

Presentation of the NCAD/MCAT to the personal tutor is **compulsory** and failure to attend during the designated timeframe will normally result in an NM outcome. It is worth noting that this will have implications for student progression and may incur a repeat fee. If the student is unable to attend due to extenuating circumstances, they should adhere to the current extenuating circumstances policy. Completed application forms should be submitted online, with evidence of these extenuating circumstances, either before, or normally no later than 3 days after the designated day.

Programme Requirements for Progression

All students must complete their outstanding clinical time and **immediately** present their time sheets, confirming completion of this time, to the clinical allocations officer. The student should keep a copy of the time sheet as proof of submission. Failure to submit the completed time sheet may result in the student being unable to progress into the next stage of or complete their programme.



**THIS PROTOCOL PERTAINS TO THE FOLLOWING EVENTS:
WHEN AN INTERNSHIP STUDENT IS HAVING SIGNIFICANT
DIFFICULTIES IN MEETING STANDARDS DURING A CLINICAL
PLACEMENT
WHEN AN INTERNSHIP STUDENT IS UNSUCCESSFUL IN THEIR
CLINICAL ASSESSMENT**

**BSc General Nursing
BSc Mental Health Nursing
BSc Children's and General Nursing
BSc Midwifery**

The School of Nursing, Midwifery and Health Systems, and our clinical partners, are committed to supporting students as they progress through their internship clinical placements to prepare them to become registered nurses or midwives.

This protocol will be enacted when a student has significant difficulties in meeting standards during a practice placement and outlines the events that should follow when a student fails to meet the required standards and competencies in the final assessment (NCAD/MCAT) on an internship placement. This protocol is implemented in the context of the programme derogation on progression which all students, preceptors, CPCs and personal tutors should be familiar with²

The following actions should occur to assist the student in meeting the required standards in any (NCAD/MCAT) assessment while on any individual internship placement. They are sub- divided into sections reflecting the series of events commencing at the intermediate meeting and follows a series up until the repeat and final opportunity for the student.

Note: If students finalise the completion of their NCAD/ MCAT documents before their practice placement period is completed and if subsequently, a serious performance or professional issue is identified during the remainder of the placement period, then the original successful NCAD/MCAT module outcome will be rescinded i.e. the pass grade will become a Fail Grade and a repeat placement with a new NCAD/MCAT will be required.

Step 1- Intermediate Interview and 'Intermediate Learning Plan'.

- If the student is having significant difficulties in achieving the NCAD/MCAT standards it is vital that these difficulties are identified as early as is possible in order to allow time for improvement within that clinical placement period.
- If significant difficulties in meeting standards are identified they should be formally addressed in the intermediate meeting where the preceptor will prepare a plan to support the student to address the competencies that require improvement during the remaining weeks of that placement.
- An 'intermediate learning plan' is developed for the student. In this plan detailed notes of the students learning needs and the proposed actions to address these needs are made. This learning plan should be written in the NCAD/MCAT.
- The CPC will support this student throughout the placement and focus on their learning needs. They will also contact and inform the personal tutor of the specific issues raised. The personal tutor/UCD nominee may meet with the student at this or any time. At the same time, the student is advised to contact their personal tutor themselves also for additional support.
- It is advisable that the preceptor document any further meetings/observations with this student in the period between the intermediate and final meeting. This can be documented briefly giving dates and a brief description of the support offered and this too should be documented at the end of the 'intermediate learning plan'.

Step 2- Final Interview.

- Subsequent to the final interview, if the student has not met the required standards in the NCAD/MCAT for that placement, the preceptor will inform the CPC who will in turn inform the personal tutor by e-mail.
- The CPC can be present for the final meeting if requested by the student or preceptor.
- A record of the ways in which the student has not met the standards will be documented in detail

² All programme derogations are outlined at the end of this document. See 'Programme Requirements for Progression'.

This protocol can be relevant for anyone who is involved in supporting students in their clinical practice i.e. CNMs/CMMs, ALOs.

by the preceptor in the final meeting outcome sheet in the NCAD/MCAT.

- Students can prepare for step 3. A copy of the 'Final Learning Plan' is included in the appendix of the NCAD/MCAT. Students should consider doing some preparatory work on their learning needs prior to the 'Final Learning Plan' meeting.

Step 3- Implementing a 'Final Learning Plan' after an 'unsuccessful' Clinical Placement³.

- The student, CPC, personal tutor (or UCD nominee) and preceptor⁴ will arrange to meet (if possible by the end of the placement but normally within one week⁵ of the end of the placement).
- The purpose of this meeting is to discuss with the student their learning needs and draw up a 'Final Learning Plan' that will guide and support them in their subsequent clinical learning. (These documents are available from the UCD school office).
- This 'final Learning Plan' will identify the student's learning needs and guide them in areas that require further development during both their subsequent and repeat practice placements.
- The duration of the repeat clinical practice placement will be of seven weeks duration and a new NCAD/MCAT will be required. The assessment will be the same level as the original NCAD/MCAT (see related programme derogation at the end of this document).
- During the final learning plan meeting the personal tutor should advise the student of the following important considerations which should be documented as actions in the final learning plan.
- In the case of the 'repeat' practice placement, The subsequent practice placement is always the 'repeat practice placement'.
- In order for the student to maximise the benefits of their learning plan and improve their clinical learning outcomes, It is mandatory that the student presents their 'final learning plan' to their new preceptor. They are expected to discuss their learning needs (as outlined in the Learning Plan) with their preceptor. The personal tutor should emphasise that the domains of competence are pertinent across all practice placements/assessments. It should also be emphasised that the opportunity to receive early support from a preceptor is in the best interest of the student.
- The Learning Plan will be agreed and duplicated so that the Student, CPC & Personal tutor retain a copy.

Step 4 - NCAD/MCAT Presentation to the UCD Personal Tutor.

- The student presents this NCAD/MCAT to their personal tutor at the designated date for presentation of the clinical assessment documentation. The student then proceeds to SNM&HS Allocations Office to submit the details of subsequent practice placement requirements.
- The 'Fail grade' is recorded at the next available examination board.
- The student is offered a repeat practice placement, which will be the second and final opportunity to repeat the clinical module.
- The repeat clinical module will incur a repeat fee.

³ The 'Final Learning Plan' replaces the original 'Action plan'. The wording was changed to reflect the emphasis on supporting the student's clinical learning in both subsequent and repeat clinical placements.

⁴ In some cases the preceptor may not be available to be present. In which case, another representative from the clinical placement can be present. The learning plan can be devised drawing on the documentation supplied by the preceptor in the final meeting

⁵ There may be exceptions to one week in cases where a student is off duty/annual leave.

Step 5- Repeat (and final) Practice Placement.

- The student is offered a 2nd attempt at the practice placement /clinical module with a new NCAD / MCAT. The student is offered a second and final opportunity to repeat the practice placement/ module. A new NCAD/MCAT is provided⁶ for the same clinical placement area⁷. This repeat clinical placement will be of seven weeks duration. The assessment will be the same level as the original NCAD/MCAT (see related programme derogation at the end of this document).
- As early as is convenient on the repeat practice placement the preceptor will hold a preliminary/initial interview with the student. The CPC⁸ may be in attendance if necessary. During this meeting the student must present the 'Final Learning Plan' to their new preceptor, outlining their documented learning needs and the areas in which the student requires additional support.
- The intermediate meeting initiates the same protocol as step 1 if the student is having significant difficulties.
- Given that this is the final opportunity for this student in this clinical placement/ module, the personal tutor/UCD nominee in their supportive role shall meet the student at a convenient time soon after the intermediate meeting.
- The final interview follows the same protocol as outlined in step 2 if the student fails to attain their required standards.
- Presentation of this NCAD/MCAT to the personal tutor is mandatory.
- In the event of the student being unsuccessful in this repeat attempt the student will be considered ineligible to continue in the nursing/midwifery programme. No subsequent attempt can be considered except with written agreement of the Director of Nursing/Midwifery of the clinical partner site and through application to the School of Nursing, Midwifery and Health Systems' Governing Board.

⁶ Students can contact the UCD SNMHS programme office to organise the collection of a new NCAD/MCAT

⁷ In the Midwifery programme, students return to the original clinical placement area for their repeat opportunity. In the Children's and General programme, students usually return to the original clinical placement area for their repeat opportunity

⁸ In an exceptional circumstance that a CPC cannot attend the preliminary meeting of a clinical placement that is the internship student's final opportunity, the personal tutor/UCD nominee will be informed of this and will attend



Programme Requirements for Progression and Description of Outcomes for Internship Clinical modules

BSc General Nursing
BSc Mental Health Nursing
BSc Children's and General Nursing
BSc Midwifery

Programme Derogations

Derogations are implemented to ensure that the standards of progression within clinical internship modules are met. Derogation describes where a module or programme is granted formal exemption from the University Academic Regulations. Approval of derogations is granted by the University Undergraduate Programme Board.

Derogation 1

All clinical modules in each stage of the three nursing programmes and midwifery programme must be passed before the student can complete the programme.

A student who fails an internship clinical placement in stage four having had two attempts will be ineligible to continue in that nursing or midwifery programme. No subsequent attempt can be considered except with written agreement of the Director of Nursing/Midwifery of the clinical partner site and through application to the School of Nursing, Midwifery and Health Systems' Governing Board.

Derogation 2

- **General and Mental Health:** students must pass 4A and 4B NCADs) before they can progress to 4C and 4D NCADs). Similarly, within the NCADs, students must achieve NCAD 4C before progressing to NCAD 4D.
- **Midwifery:** Students must successfully pass Clinical Practice 4A before proceeding to Clinical practice 4B. Students must successfully pass Clinical Practice 4B before proceeding to Clinical Practice 4C. If the student is unsuccessful in a Clinical placement, the duration of the repeat placement is seven weeks.
- **Children's and General:** students must successfully complete the Level 1 NCAD before undertaking the level 2 NCAD. Students must successfully complete the 2 clinical modules in each registration strand before they can move into the next registration strand.

Derogation 3

In addition to passing all the clinical modules, all students must complete their outstanding clinical time before or at the end of internship and their programme.

Note: Upon completing any outstanding clinical time for a module, students must immediately present their time sheets, confirming completion of this time, to the SNM&HS clinical allocations officer. The student should keep a copy of the time sheet as proof of submission. Failure to submit the completed time sheet will result in the student being unable to complete their programme.

Note: As students on internship are "employees"; the student should refer to the HSE HR policies

Description of Outcomes for Internship Clinical modules

Outcome	Description
PASS (P)	<p>NCAD/MCAT standards have been achieved. A Pass (P) grade is awarded.</p> <p>Derogation requirement: Students are required to complete all of the clinical time before or at the end of internship and their programme.</p>
Incomplete (IM)	<p>NCAD/MCAT standards have not been achieved, as the student cannot be assessed due to insufficient time in the clinical area, and the student has no extenuating circumstances. An 'Incomplete' (IM) grade is awarded.</p> <p>Remediation strategy:</p> <ul style="list-style-type: none"> • Students will be given only one opportunity to attend a clinical placement to achieve outstanding standards in the NCAD/MCAT. This re-scheduled time is considered part of the first attempt. • Normally the time required to complete the clinical assessment will be equivalent to the outstanding time for that clinical placement. • If the standards are not completed during this one opportunity, due to absenteeism, the CPC will contact the personal tutor. The case will be reviewed and a plan of action will be put in place with the involvement of the Clinical Allocations Office. • The Incomplete (IM) will only become a Pass (P) when all standards have been achieved. <p>Derogation requirement: Students are required to complete all of the clinical time before or at the end of internship and their programme.</p>
Incomplete Extenuating Circumstance (IX)	<p>NCAD/MCAT standards have not been achieved due to extenuating circumstances. An 'Incomplete with Extenuating' (IX) grade is awarded based on a recommendation from the Extenuating Circumstances Approval Committee.</p> <p>Remediation strategy:</p> <ul style="list-style-type: none"> • The student is required to undertake a supplemental placement which is considered as part of the first attempt. This provides an opportunity to complete the unattained/incomplete standards in the NCAD/MCAT. • The supplemental placement duration may vary to meet the needs of individual students. • The IX grade will only become a Pass (P) when all standards have been achieved. <p>Derogation requirement: Students are required to complete all of the clinical time before or at the end of internship and their programme.</p>

Fail (F) on 1st attempt	<p>NCAD/MCAT standards have not been achieved. A Fail grade is awarded.</p> <p>Remediation strategy for second attempt</p> <ul style="list-style-type: none"> • The student is required to undertake a repeat practice placement. • The duration of the repeat practice placement is 7 weeks duration. • The assessment will be the same level as the original NCAD/MCAT. • The student is required to complete a new NCAD/MCAT and must achieve all standards of that assessment. • The outcome grade for the 2nd attempt will be presented at the next available examination board. <p>Derogation requirement: Students are required to complete all of the clinical time before or at the end of internship and their programme.</p>
Fail (F) on 2nd attempt	<p>NCAD/MCAT standards have not been achieved. A Fail grade is awarded. As per the progression derogation, a student who fails an internship practice placement in stage four having had two attempts will be ineligible to continue in that nursing or midwifery programme.</p> <ul style="list-style-type: none"> • No subsequent attempt can be considered except with written agreement of the Director of Nursing/Midwifery of the clinical partner site and through application to the School of Nursing, Midwifery and Health Systems' Governing Board.
No Grade (NM)	<p>Failure to attend and/or present a completed NCAD/MCAT assessment to the personal tutor, with no evidence of extenuating circumstances.</p> <p>Remediation strategy:</p> <ul style="list-style-type: none"> • No Grade (NM) is treated the same as a fail grade and considered as a clinical attempt • The student is required to repeat the clinical module.



PROTOCOL FOR BSc NURSING & MIDWIFERY STUDENTS WISHING TO AVAIL OF COMPASSIONATE LEAVE WHILST ON SUPERNUMERARY CLINICAL PLACEMENT AND INTERNSHIP PLACEMENT

BSc General Nursing
BSc Mental Health Nursing
BSc Children's and General Nursing
BSc Midwifery

UCD School of Nursing, Midwifery and Health Systems, and the clinical partner sites, aim to support nursing and midwifery students who need to avail of compassionate leave while on clinical placement. Compassionate leave is granted at the discretion of the UCD School of Nursing, Midwifery and Health Systems and the healthcare institution. Students can also contact their personal tutor and/or student advisor, chaplain, programme and/or stage coordinators to avail of additional UCD support.

Supernumerary

- Students on supernumerary clinical placement must request Compassionate Leave from their Clinical Placement Co-ordinator and/or Personal Tutor.
- Students on supernumerary clinical placement may be granted:
 - Up to a maximum of three working days on the death of an immediate relative (for example, father, mother, brother, sister, mother-in-law, father-in-law, grandparent, aunt, uncle, niece or nephew).
 - on the death of a spouse/partner or child, the maximum number of days may be increased to five consecutive days.
- If the period of compassionate leave impacts on the student's ability to successfully complete his/her clinical placement, then the student must complete any outstanding clinical time as per UCD School of Nursing, Midwifery and Health Systems Guidelines.
- Students are advised to read this policy in conjunction with section 7 of the UCD Parental Leave policy which addresses compassionate leave as force majeure leave (see policy document <http://www.ucd.ie/hr/leave/parentalleave/>)

Internship

- The local hospital policy/guideline on compassionate leave must be followed by students on internship placement, which may differ from this protocol.

Students may need to refer to other relevant UCD policies i.e.: policy on extenuating circumstances, late submission of course work and/or leave of absence/withdrawal policy.

Staff guidelines for responding to clinical or academic issues raised by UCD BSc or HDip Nursing and Midwifery Student(s)

These guidelines outline the principles and procedures agreed by UCD School of Nursing, Midwifery and Health Systems (SNMHS) and partner hospitals to direct how issues raised in one service or institution and which pertain more properly to the other, should be addressed. From time to time, students may raise concerns, or make allegations, the nature of which dictates that the primary responsibility for addressing the issues raised, more properly resides with either the academic institution or the clinical service. These may be students' concerns and issues related but not limited to healthcare recipient safety, allegations against clinical or UCD school staff, allegations of poor clinical practice or general allegations against the partner hospital or UCD SNMHS.

Principles of Communication

- Safety of the healthcare recipient and student welfare are the primary considerations at all times.
- Upon notification of a concern, it is the responsibility of either the UCD SNMHS or the clinical service to ensure that the concern is communicated in a timely manner to the appropriate personnel at the appropriate managerial level.
- Formal complaints against another person will require adherence to the relevant university or hospital protocol.
- A feedback loop will ensure that the person who raises a concern or issue is informed as appropriate of the outcome in relation to the raised issues.

Issues raised with UCD SNMHS personnel but primarily residing with clinical service

When a member of UCD school staff receives information from a student or group of students who raise concerns, s/he will:

draw the student(s) attention to these guidelines and

follow appropriate communication lines within UCD SNMHS

The Clinical Placement Coordinator (CPC), Clinical Nurse or Midwife Manager (CNM/CMM), Practice Development Coordinator, CNM 3 or the Director of the Centre for Nurse Education (CNE), the Acting Director/Director of Nursing or Midwifery (ADON, ADOM), as appropriate, will be notified by telephone at the earliest opportunity with details of the nature and full extent of the issues or concerns raised by the student(s).

The Director of Nursing or Director of Midwifery and the Practice Development Coordinator/CNM 3 or the Director of the CNE will agree procedures as to how major concerns will be investigated and addressed.

The Practice Development Coordinator/CNM 3 or the Director of CNE will dialogue and agree a course of action with the Associate Dean for Undergraduate Programmes and with the Programme Director of the UCD SNMHS with information about the steps being taken, including the policies, guidelines or protocols governing the response. The relevant policy, guideline or protocol will inform next steps.

At intervals, and at the conclusion of all processes, the Director of Nursing or Midwifery and the Dean of Nursing and Head of the UCD SNMHS will be kept informed of progress and outcomes.

Issues raised with clinical service personnel but primarily residing with UCD SNMHS

- When a member of Clinical Service staff receives information from a student or group of students that raises concerns, s/he will:
 - draw the student(s) attention to these guidelines and
 - follow appropriate communication lines within the Clinical Service
- The UCD Programme Director, Personal Tutor, Associate Dean or Dean of Nursing and Programme Director, as appropriate, will be notified by telephone at the earliest opportunity with details of the nature and full extent of the issues or concerns raised by the student(s).
- The Dean of Nursing and Head of the UCD SNMHS and Associate Dean for Undergraduate Programmes will agree procedures as to how major concerns will be investigated and addressed.
- The appropriate in-service policies and procedures for addressing the issue or concern will then be initiated. The relevant policy will inform next steps
- At intervals, and at the conclusion of all processes, the Dean of Nursing and Head of the UCD School of Nursing, Midwifery and Health Systems and the Director of Nursing or Director of Midwifery will be kept informed of progress and outcomes.



UCD School of Nursing, Midwifery and Health Systems

Undergraduate students: overview of supports and policies for managing student health and wellbeing.

The purpose of this document is to provide an overview of the management of undergraduate student health and wellbeing related topics and concerns.

The term undergraduate student health and wellbeing is a broad term that encompasses a broad range of topics and issues. Management of these are dealt with through a range of policies and supports and or on an individual case by case basis. Concerns about the health of a student may be raised by students themselves, staff of Associated Health Care Providers, staff of UCD or others.

Protecting the health and wellbeing of undergraduate students Vaccinations Programmes

Each of the principle hospital's, to whom the students are randomly allocated to for the duration of their programmes, own Occupational Health Department offer the students the HSE recommended vaccinations programmes in order to protect the students and the patients they come into contact with during practice placements.

The Practice Placement Allocations Office (PPAO) liaise with each hospitals Occupational Health Department to administer the appointments for these vaccination programmes.

PPAO also administer the HSE nationally recommended Covid-19 processes, the aim of which is to reduce the risk of emergence/re-emergence of, and to support the management of Covid-19 in Associated Health Care Provider sites.

Health and wellbeing concerns

In general, students are advised to seek medical help if they have a concern about their personal health and wellbeing. When a student's health and wellbeing concern is raised in most cases it can be addressed and resolved by reaching agreement with the student on recommended actions. This may include a recommendation to access and or a referral to any of the following services and supports. This list is indicative only, and not an exhaustive list of potential supports.

- The students GP or other existing supports that the student already engages with.
- UCD Health and Safety. Information available [here](#)
- The UCD Student Health Service. Information available [here](#)
- UCD Student Counselling Service. Information available [here](#)
- Associated Health Care Provider's Occupational Health Service.
- Associated Health Care Provider's Employee Assistance Programme.
- Emergency Services (999 or 112).
- Emergency Department or Rapid Injury Unit.
- Student Advisors. Information available [here](#)
- UCD Access and Lifelong Learning. Information available [here](#)
- UCD Equality, Diversity and Inclusion Dignity & Respect Support Service. Information available [here](#)
- UCD Students' Union Sabbatical Officers. Information available [here](#)
- UCD Student Mental Health and Wellbeing Policy. Information available [here](#)
- UCD Chaplaincy. Information available [here](#)
- Healthy UCD. Information available [here](#)
- UCD James Joyce Library Life Skills Collection. Information available [here](#)
- Extenuating Circumstances Policy. Information available [here](#)
- Leave of Absence Policy. Information available [here](#)
- Exit Award Policy. Information available from the SNMHS School Office.

Concerns about a student fitness to continue to study on their Programme

In some situations, a concern may arise about a student's behaviour, capacity, welfare or wellbeing to the extent that their fitness to continue in study is a cause for concern. Concerns of this nature are managed through UCD Fitness to Continue in Study Policy and Procedures available [here](#). It is supported by the SNMHS Programme Fitness to Practise Statement available [here](#). The UCD Fitness to Continue in Study Process Map is available [here](#). It provided an overview of the process and personal responsible

FINAL LEARNING PLAN - FOLLOWING AN UNSUCCESSFUL CLINICAL ASSESSMENT

Purpose: To discuss with the student their learning needs and draw up a Final Learning Plan that will guide and support them in their subsequent clinical learning.

The Personal Tutor is responsible to bring the 'Final Learning Plan' document to the meeting and ensure all parts are completed

Date:	Placement Area:	Unit:
Please document the individual principles, associated assessment criteria and any essential skills that were not attained		
Principles	Associated Assessment Criteria	Essential Skills
Action/Supports Needed		
Signature of Preceptor/Co- Preceptor:	Signature of Student Midwife:	Date/Time:
Signature of CPC:	Signature of Personal Tutor:	

FINAL LEARNING PLAN – CONTINUED

Please document the individual principles, associated assessment criteria and any essential skills that were ***not*** attained

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Acknowledgements: This National Midwifery Competency Assessment Tool (MCAT) has been developed by the Midwifery Competency Assessment Tool Working Group in the Nursing and Midwifery Board of Ireland (NMBI) and Barbara Lloyd Assistant Professor/Lecturer in Midwifery in University College Dublin, in collaboration with clinical partners, preceptors/midwives, academic staff and students across Ireland.

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