Midwifery Practice Assessment Document (MPAD) Scotland
• A unique opportunity for all 3 NMC midwifery accredited Approved Educational Institutions (AEIs) in Scotland to collaborate

• Inclusive and participative

• Aim to reduce duplication of effort

• Aim to improve understanding of supervision and assessment across the country, between roles and stakeholders
Evolution not revolution

- Aligned to the Scottish PAD and the MPAD was formed in collaboration with the PAD group

- Individual University approaches have evolved to become the MPAD Scotland group

- Triggered or participated in the review and development of other national approaches – raising concerns, National memorandum of agreement etc.
Why bother?

• All Midwifery Approved Education Institutions (AEIs) have to be approved and have validated new programmes in 2021 – 2022

• All AEIs have to submit evidence to the NMC for 4 Gateways

• All evidence will be triangulated by Mott MacDonald and the NMC
Nursing and Midwifery Council (NMC) Standards of proficiency for midwives (NMC, 2019)

• Level of qualification
• Physiology
• Healthy and sick women and newborn infants
• Ethics
Standards for midwives
## Proficiencies for Pre-registration Programmes

<table>
<thead>
<tr>
<th>Unchanged</th>
<th>Changed</th>
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<tbody>
<tr>
<td>Student midwives are still required to undertake 2,300 hours of practice-based learning and 2,300 hours of theory before they can be registered</td>
<td>The way in which the proficiencies are presented is different as they now sit within six Domains</td>
</tr>
<tr>
<td>Student midwives will remain supernumerary in their practice placements</td>
<td>The supervision and assessment of students has changed considerably. This change affects all nurses, midwives and nursing associates</td>
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</tbody>
</table>
Standards of Proficiency – 6 Domains

1. Being an accountable, autonomous professional midwife
2. Safe and effective midwifery care: promoting and providing continuity of care and carer
3. Universal care for all women and newborn infants
4. Additional care for women and newborn infants with complications and/or further care needs
5. Promoting excellence: the midwife as colleague, scholar and leader
6. The midwife as skilled practitioner
Participation in Care

- Participation in care is a visual representation of student development as they progress in practice learning.
- The Practice Assessor will ultimately be responsible for determining the outcome in practice.
- This decision will be made with feedback shared by others who have supported the student, for example the Practice Supervisor, other health and social care colleagues.
Participation in Care

Minimum standard of participation in care to be achieved by the end of Part 1 of your programme. You will be working closely with your practice supervisor who will direct and guide you. Through this guided participation in care, you will be able to demonstrate safe, effective women-centred care in a professional manner using appropriate midwifery skills. You will also demonstrate a professionalism in your attitude and values as well a positive attitude to your own learning.

Dependant

Developing Independence

Minimum standard of participation in care to be achieved by the end of Part 2 of your programme. You will be developing independence and your practice supervisor will offer guidance and support when required. You will actively participate in care with this guidance and will demonstrate increasing confidence and competence. You will also demonstrate an understanding of professional roles and responsibilities and will maximise opportunities to extend your own knowledge.

Independent

Minimum standard of participation in care to be achieved by the end of Part you’re your programme. You will be working independently and your practice supervisor will offer a more indirect form of supervision. You will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable and responsive practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice. You will also assume responsibility for your own learning, as well as the learning of others.
Midwifery Practice Assessment Document (MPAD) Scotland
Table of Contents

- Where to find each section in your MPAD is clearly detailed in the table of content page

- University specific content is at the beginning of Section 2
Record of Signatories

There are pages to record all signatures of everyone who contributes to the student MPAD throughout the duration of their midwifery programme.
Section 2: Practice Placement Experiences

Section 2 comprises University specific Programme information, assessment criteria and documentation for each practice placement experience.
Section 2: Programme Outline

- Each University will include specific information about their midwifery programme and year planner/flow chart
- Detail is provided about the assessment criteria
  - the Domains
- Record of Mandatory Training (for example manual handling)
- Record of compulsory practice skills
- +/- additional University specific training
Section 2: Practice Placement Documentation

• PART ONE: pink pages
• PART TWO: yellow pages
• PART THREE: green pages
• The DOMAINS: blue pages
Section 2: Practice Placement Documentation

- Outline of each practice placement in each Part
- Each University may have a different number of placements in each Part
- Checklist for students

2.4 PART 1 Practice Placement Experience

Module Title: BSc: Essential Midwifery Practice / MSc: Reflecting on Essential Midwifery Practice

Module Code: BSc: MIDW MSc: MIDW

Placement 1 – Antenatal / Postnatal

<table>
<thead>
<tr>
<th>Information for Students</th>
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</table>
| 1. There is disc preparation for practice workshop session in each year of your programme, prior to your first practice placement. These workshops are collaboratively delivered by the midwifery team and practice learning partners to ensure you are fully prepared including:
  - Using and completing your MPAD appropriately
  - Uniform policy and shift patterns
  - Raising concerns / duty of candour / professionalism
  - Reporting absence

| 2. Access the School of HLS Practice Learning Moodle site for information on:
  - Practice learning experience – general information
  - Practice learning experience profiles
  - Practice support and policies
  - Student placement expenses and accommodation information
  - Placement sickness absence form

| 3. Please contact your practice placement prior to your start date to confirm who your nominated Practice Supervisor is and to confirm your shift pattern

| 4. Please note that it is expected that your working hours reflects the range of hours expected of registered midwives (NMC 2019b). This includes working weekends and night shifts.

| 5. Please ensure that you liaise with your Practice Supervisor to secure dates for your interim reviews of progress and your final assessment. This should take place during your initial discussions with your Practice Supervisor.

| 6. Please note the expected clinical hours to be achieved whilst within this practice placement and ensure that your shift pattern will enable you to achieve these hours

| 7. Please refer to and discuss the skills and procedures with your Practice Supervisor to identify any skills that can be safely demonstrated within the practice placement
Section 2: Practice Placement Documentation

Pre placement learning activities
Need to document
Named PS
Named PA
Named AA (student will complete)
Practice Supervisor or Practice Assessor can sign off completion

| Practice Supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student |
|---|---|---|
| Date: | Student Signature: | Practice Supervisor and/or Practice Assessor Signature: |

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Intake:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID:</td>
<td>Year:</td>
</tr>
<tr>
<td>Practice Placement Environment:</td>
<td>Start date:</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Finish date:</td>
</tr>
<tr>
<td>Placement Type:</td>
<td></td>
</tr>
<tr>
<td>Nominated Practice Supervisor Name</td>
<td></td>
</tr>
<tr>
<td>Nominated Practice Assessor Name</td>
<td></td>
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<tr>
<td>Nominated Academic Assessor Name</td>
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</tbody>
</table>

Prior to the commencement of each practice learning environment, you should:

1. Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated Practice Supervisor/Assessor and if appropriate, arrange a pre-practice experience visit.
2. Read the appropriate practice placement profile, which can be accessed on the student portal via InPlace / QMPE
3. Briefly summarise what the practice placement environment does:
Section 2: Practice Placement Documentation

- Orientation and initial meeting should take place within 48 hours of starting placement area (PS or PA)
- Discussion and documentation of the student’s learning development plan
- Identification of interim and final assessment dates

### Orientation and Initial Meeting

**Practice Placement Documentation**

- Date of Initial Meeting
- Topics to be Discussed:
  - Orientation to the practice placement environment & equipment
  - Shift patterns and meal breaks / facilities
  - Sickness/absence reporting procedure
  - Accident reporting procedures and systems
  - Emergency and fire procedure
  - Health and Safety Policy including lone working
  - Introduction to Health and Social Care Professionals
  - Introduction to placement demographics
  - Confidentiality and data protection
  - Professional behaviour / duty of candour
  - Policy on corporate and personal use of social media
  - Raising concern guidance
  - Access to Scottish Midwifery Practice Assessment Document (MPAD)
  - Student’s individual requirements, e.g. reasonable adjustments
  - Available practice learning experiences
  - Student’s practice learning expectations
  - Student’s strengths and areas for improvement
  - Uniform policy for the clinical practice area
  - Student’s previous practice assessments, previous written comments and learning development plan
  - Development support plan
  - Student’s mandatory training record
  - Consider if a risk assessment is required (see Section 1.6)
  - Consider appropriate dates for interim feedback meeting(s) and final assessment

**Date of Initial Meeting**

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Signature</th>
<th>Date of interim review:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Practice Supervisor’s Signature</td>
<td>Date of final assessment:</td>
</tr>
</tbody>
</table>

**Date: Please initial when complete**
Section 2: Practice Placement Documentation

- Interim review meeting midway through practice placement
- PS (or PA) to complete
- Feedback structured around each of the 6 Domains
- Asked to note if any issues referred to PA and/or AA and if development support plan completed
Section 2: Practice Placement Documentation

- Service User/Carer Feedback
- New form
- Ideally one per placement, minimum one per Part
- Inclusion of recording other types of feedback (cards/emails etc.)
- PS or PA can sign
Section 2: Practice Placement Documentation

- Pages included to encourage students to seek out additional learning experiences
- Pages included to enable additional notes to be recorded e.g. students can record practice of skills and procedures, AA can make notes
Final Assessment Documentation

- **Practice Assessor** to complete
- Assessment structured around each of the 6 Domains.
- Assessment judged against the minimal level of performance for the part of the programme*
- Comment on achievement of the module intended learning outcomes
Completion of the final assessment documentation includes:

- Confirmation of achievement of module learning outcomes
- PA overall comments
- PA confirmatory statement
- Student comments

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<table>
<thead>
<tr>
<th>Practice Assessor Overall Assessment Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall result for this Practice Placement</td>
</tr>
<tr>
<td>Name of Practice Assessor (print full name)</td>
</tr>
<tr>
<td>Signature of Practice Assessor:</td>
</tr>
<tr>
<td>Designation:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Assessor Confirmatory Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I confirm that student midwife (print full name) has achieved module learning outcomes following a period of ______ hours of attendance at placement (please refer to attendance record), and through objective evidence-based assessments, has: ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of DEPENDANT</td>
</tr>
<tr>
<td>Signature of Practice Assessor:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Statement</th>
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</thead>
<tbody>
<tr>
<td>I, [write name in capital letters] have received feedback on my performance and have had the opportunity to reflect and discuss this with the Practice Assessor. Please write comments below:</td>
</tr>
<tr>
<td>Student Signature:</td>
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</tbody>
</table>

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1. Practice Assessor Overall Assessment Comments
2. Practice Assessor Confirmatory Statement
3. Student Statement
Section 2: Practice Placement Documentation

Record of attendance requires to have your name and Banner ID, and you will also be required to calculate your total hours worked and total hours absence.
Section 2: Practice Placement Documentation

At the end of the Part there are additional pages where the PA and AA will;

- Confirm achievement of all proficiency statements ①
- PA confirms overall achievement and recommendation to progress to next Part ②
- AA confirms overall achievement and recommendation to progress to next Part ③
# Section 2: The Domains

## Domain 1: Being an accountable, autonomous and professional midwife

Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion.

<table>
<thead>
<tr>
<th></th>
<th>Outcomes: At the point of registration the midwife will be able to;</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Proficiencies to be signed and dated in relevant PART when achieved</td>
</tr>
</tbody>
</table>

### Part One: Dependent

- **1.1** understand and act in accordance with the Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements.

### Part Two: Developing Independence

- **1.2** understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom.

### Part Three: Independent

- **1.3** understand and act to promote and enable the human rights of women and newborn infants at all times, including women’s sexual and reproductive rights.

- **1.4** demonstrate the knowledge, skills, and ability to identify, critically analyse, and interpret research evidence and local, national, and international data and reports.

- **1.5** use, share and apply research findings and lessons from data and reports to promote and inform best midwifery policy and practice, and to support women’s evidence-informed decision-making.

- **1.6** be accountable and autonomous as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care.

- **1.7** demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century.

- **1.8** demonstrate an understanding of and the ability to challenge discriminatory behaviour.
## Section 2: Domain 6

**Domain 6: The midwife as skilled practitioner**

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>6.0</th>
<th>6.1</th>
<th>6.1.1</th>
<th>6.1.2</th>
<th>6.1.3</th>
<th>6.1.4</th>
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<tbody>
<tr>
<td></td>
<td>safely demonstrate evidence-based best practice in all core and domain specific skills and procedures listed below:</td>
<td>Demonstrated safely in practice whilst acknowledging own limitations</td>
<td>Please date and sign</td>
<td>Demonstrated safely through simulation at the end of Part 3 only if unable to undertake skill in practice placement</td>
<td>Please date and sign</td>
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<tr>
<td>Communication, sharing information and relationship management:</td>
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<tr>
<td>shared skills for Domains 1, 2, 3, 4 and 5</td>
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<td>Skills when communicating with women, their partners and families and colleagues that take account of women’s needs, views, preferences, and decisions</td>
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<tr>
<td>6.1</td>
<td>demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman’s needs, views, preferences, and decisions, and the needs of the newborn infant</td>
<td></td>
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<tr>
<td>6.1.1</td>
<td>actively listen, recognise and respond to verbal and non-verbal cues</td>
<td></td>
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<tr>
<td>6.1.2</td>
<td>use prompts and positive verbal and non-verbal reinforcement</td>
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<tr>
<td>6.1.3</td>
<td>use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space</td>
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<td>6.1.4</td>
<td>make appropriate use of respectful, caring, and kind open and closed questioning</td>
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</tbody>
</table>
All midwives who support, supervise and assess student midwives should ensure that they are familiar with the law in relation to the supply of medicines, including the midwives’ exemptions, in order to safely support and supervise student midwives who may administer medicines to women in their care.
# Section 3: Newborn Infant Physical Examination (NIPE) Documentation

## Clinical Log (0-10 Supervised NIPE)

Please use the following table to record details of the supervised NIPEs performed and ask your supervisor to countersign each entry. **REMEMBER** no identifiable patient information should be recorded.

<table>
<thead>
<tr>
<th>Examination Number</th>
<th>Date of supervised examination</th>
<th>Age of baby at time of examination</th>
<th>Gestational Age and Sex (M/F)</th>
<th>Relevant perinatal history</th>
<th>Variations from normal during examination</th>
<th>Reason for referral (if required)</th>
<th>Outcome of referral/follow-up (if required)</th>
<th>Supervisor Name, Profession and Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>15/9/20</td>
<td>26hrs</td>
<td>38+6, M</td>
<td>Uneventful pregnancy but Em LUSCS for no progress. Apgar's 6/1 &amp; 9/5</td>
<td>None noted</td>
<td>Not required</td>
<td>Nil.</td>
<td>H Patrick Midwife H Patrick</td>
</tr>
</tbody>
</table>

1. 

2. 

335
### SECTION 4: Record of European Union (EU) and Baby Friendly Initiative (BFI) Competencies

#### Antenatal Examination

<table>
<thead>
<tr>
<th>Example A/N</th>
<th>Parity 0+0</th>
<th>Gestation 14+3</th>
<th>Case Summary: M/W antenatal clinic. No past medical, social or surgical history of note. Feels well, urine clear, BP 124/74mmHg, P80, digital oedema only, abdominal exam: long lie, cephalic, 3/5 palpable. FH 136bpm and variable. FM: active no concerns. Discussed and agreed to membrane sweep: cervix mid position, soft admits a fingertip, station -2, membranes intact and sweep carried out. Show noted. FH 140bpm following VE. Information given for Planned IOL.</th>
<th>PS or PA Initial &amp; Date KMcl 02/06/20</th>
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<tbody>
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<td>1.</td>
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<td>5.</td>
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<td>6.</td>
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<tr>
<td>7.</td>
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</tbody>
</table>
## SECTION 4: Attendance at Breastfeeding Tutorials

### Attendance at Placement Breastfeeding Tutorials

<table>
<thead>
<tr>
<th>THEMES</th>
<th>UNICEF UNIVERSITY LEARNING OUTCOMES (UNICEF, 2019)</th>
<th>PART 1 Sign &amp; Date</th>
<th>PART 2 Sign &amp; Date</th>
<th>PART 3 Sign &amp; Date</th>
</tr>
</thead>
</table>
| 1. Understanding Breastfeeding             | 1. Have sufficient knowledge of anatomy of the breast and physiology of lactation to enable them to support mothers to successfully establish and maintain breastfeeding.  
2. Understand the importance of human milk and breastfeeding to the health and wellbeing outcomes of mothers, babies and the wider family. |                    |                    |                    |
| 2. Support Infant Feeding                  | 3. Have an understanding of infant feeding culture within the UK and the various influences and constraints which impact on women’s infant feeding decisions.  
4. Be able to apply their knowledge and understanding of the physiology of lactation to support women to get breastfeeding off to a good start.  
5. Be able to apply their knowledge of physiology and the principle of reciprocity to support mothers to keep their babies close and respond to their cues for feeding, love and comfort.  
6. Have the knowledge and skills to support mothers and babies to maximise breastmilk and breastfeeding, to continue to breastfeed for as long as they wish and to introduce solid foods at an appropriate time.  
7. Be able to support parents who formula feed to do so responsively and as safely as possible.  
8. Understand the importance of the WHO International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolutions (the Code) and how it impacts on practice. |                    |                    |                    |
| 3. Support Close and Loving Relationships   | 9. Develop an understanding of the importance of secure mother-infant attachment and the impact this has on their health and emotional wellbeing.  
10. Be able to apply their knowledge of attachment theory to promote and encourage close and loving relationships between babies, their mothers and families, irrespective of their feeding method. |                    |                    |                    |
| 4. Managing the challenges                 | 11. Be able to apply their knowledge of the physiology of lactation and infant feeding to support effective management of challenges which may arise at any time during breastfeeding.  
12. Have an understanding of the special circumstances which can affect lactation and breastfeeding, (e.g. when mother and baby are separated, including preterm and sick infants) and be able to support mothers to overcome the challenges.  
13. Draw on their knowledge and understanding of the wider social, cultural and political influences which undermine breastfeeding, to promote, support and protect breastfeeding within their sphere of practice. |                    |                    |                    |
| 5. Promote Positive Communication          | 14. Have an understanding of the principles of effective communication and current thinking around public health promotion strategies and approaches.  
15. Be able to apply their knowledge of effective communication to initiate sensitive, compassionate, mother-centred conversations with pregnant women and new mothers.  
16. Have the knowledge and skills to access the evidence-based information that underpins infant feeding practice and know how to keep up-to-date (e.g. e-alerts, research summaries). |                    |                    |                    |
SECTION 5: Caseload Holding

In **Part 3** of the midwifery programme, students will have the opportunity to experience Caseload Holding. Section 5 provides:

- information on caseload holding
- the introductory letter
- the information sheet for women
- the consent form
- the agreement for in the woman’s case notes
- the contact / visit sheets

### 5.1 Caseload Holding Information Sheet

The Nursing and Midwifery Council (NMC) recognises that within approved midwifery education programmes, there is a requirement to “provide students with learning opportunities to enable them to achieve the proficiency related to continuity of midwifery care across the whole continuum of care for all women and newborn infants (NMC, 2019b).” To fulfill this and to ensure that at the point of registration, you recognise your role and responsibilities include that “midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion (NMC, 2019a).”

Caseload Holding will be introduced during the theory block at the beginning of 3rd year of the programme as part of the Preparation for Registered Practice / Critical Skills for Registered Practice module. This will prepare you professionally for this responsibility by discussing areas such as autonomy, accountability, advocacy, decision making, problem solving, management and leadership, communication with members of the multidisciplinary team, relationship building and accurate record keeping.

Although you will be carefully supervised and supported throughout this experience by both your personal tutor and a named practice supervisor, the organisation of your caseload is up to you.

You should:

1. Reflect on the service you can offer to the women in your caseload. Having a caseload does not require you to attend on every occasion the women are in contact with the maternity services. However, for the fullest benefit this would be the ideal. Would you be able to attend at all times? Go on call for the birth? What impact would this have on your academic, social and family life?

2. Reflect on the practical issues. Do you have your own independent transport that will allow you to attend clinics and hospital visits when required? How will you ensure your personal safety when visiting the women and the maternity services out of hours?

3. What size of caseload would you like to hold (we suggest 1-2 women)? When ideally would be their date of childbirth? Should the choice of woman reflect their expected birth date to be staggered across the available months?

4. You may be on placement / in class when the women you are caseload holding are due to be seen by the maternity services. What arrangements would you put into place to ensure maximum exposure to your women’s experiences with minimum disruption to clinical and academic work?
SECTION 6: DEVELOPMENT SUPPORT PLAN & RAISING CONCERNS

Practice Learning Support Protocol: Nominated PS/PA Flowchart

- **You have a concern relating to a student performance**
  - Gather information from other PSs +/- or NPA. Discuss with Senior Midwife. Discuss with student
  - You should contact the PEF if you require additional support

- **Concern resolved?**
  - NO
    - If NO: Inform Senior Midwife, NAA and student. If support needed, contact PEF
    - Document all discussions clearly in the development support plan feedback form
    - Continue to review student performance against criteria set out in development support plan
    - If YES: no further action
    - Provide feedback to the student and encourage student reflection

NPS = Nominated Practice Supervisor; NPA = Nominated Practice Assessor; NAA = Nominated Academic Assessor; PEF = Practice Education Facilitator
SECTION 6: DEVELOPMENT SUPPORT PLAN & RAISING CONCERNS

Learning Support Protocol: Student Flowchart

- You have a concern relating to your practice placement experience
  - Speak to your NPS to discuss your concerns. If unable/unavailable, discuss with the NPA, Senior Midwife or NAA
  - If YES: no further action
  - NO
    - Your NPS / NPA will help you to formulate a development support plan which will kept in your MPAD
    - If NO: Refer concern(s) to NPA / NAA
    - If YES: no further action
    - If NO: Continue in the placement and your performance continues to be assessed in line with the criteria set out in development support plan
      - Concern resolved?
        - YES
          - If YES: no further action
        - NO
          - If NO: Discuss with Programme Leader or Lead for Practice. Consider referring student to raising concerns policy

NPS = Nominated Practice Supervisor; NPA = Nominated Practice Assessor; NAA = Nominated Academic Assessor; PEF = Practice Education Facilitator
### SECTION 6: DEVELOPMENT SUPPORT PLAN & RAISING CONCERNS

**Example of Development Support Plan:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>02.06.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development Need Identified:</td>
<td>Not adhering to hand hygiene policy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specific areas to be addressed</th>
<th>Related Domain number / proficiency</th>
<th>Participation in Care level</th>
<th>Learning Resources / actions</th>
<th>Evidence of achievement</th>
<th>Achievement / Review date(s)</th>
</tr>
</thead>
</table>
| Student not following hand hygiene policy when carrying out care within the ward setting, for example, venepuncture, catheter removal | Domain 1 Proficiency 1.2  
Domain 6 Proficiency 6.28 | Dependent | To review SIPCEP unit on hand hygiene again  
To review hospital policy / WHO 5 Moments of Hand Hygiene  
Reflect with Practice Supervisor on each shift | Practice Supervisor has observe a vast improvement and the student is now fully adhering to hand hygiene policies | To be observed on every shift  
Formal review 09.06.20 |

<table>
<thead>
<tr>
<th>Development support plan outcome:</th>
<th>Achieved / Not Achieved (please circle)</th>
<th>Date:</th>
<th>09/06/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Supervisor / Assessor Signature:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K McLeod | Student Signature: |  
K Student | Academic Assessor Signature: |  
J Morrison | Date: | 09.06.20 |
SECTION 6: DEVELOPMENT SUPPORT PLAN & RAISING CONCERNS

6.2 Raising Concerns

You have a professional responsibility to:

- Report and raise concerns about poor practice immediately to your nominated practice supervisor/practice assessor/senior midwife (if able) or liaison lecturer/academic assessor (NMC, 2019c).
- Keep a clear, written record of your concern and any steps you took to deal with the matter including to whom you raised the concern with and on what date, remembering to protect the identity of people in their care.

Where women and their babies are put at risk through the non-reporting of poor care, there may be consequences for you such as a referral to a university Fitness for Practice panel.

There is a 4 stage process for reporting concerns (Strachan, Ion and Roxburgh, 2019).

Stage 1: Reporting the Concern

While accepting that there are often reasons why you may find it difficult to report concerns about care to the staff with whom you are working, it is important to recognise that failure to do so may result in unnecessary harm to women and their babies. As such it is vital that concerns are reported as quickly as possible after they arise, but no later than 48 hours after the incident, to the relevant member of the team. This will usually be your nominated practice supervisor/practice assessor, but in cases where this is not possible it may be the senior member of staff on duty or your liaison lecturer of academic assessor.

The person to whom the incident is reported must escalate this to a senior member of staff within 4 days. If reported to the liaison lecturer/academic assessor, it is escalated to the university Practice Learning Lead (PLL). If reported to the nominated practice supervisor/practice assessor, it is escalated to the Senior Charge Midwife (SCM)/Team Leader or Practice Education Facilitator (PEF). The university PLL and Practice Education Lead (PEL) for the Practice Learning Experience Provider will then communicate regarding the incident.

In cases where you are unsure about whether your concern constitutes poor care, you should seek advice from an appropriately qualified member of staff in the practice learning environment or university.

Stage 2: Investigating the Concern

The PEL will determine what action to take following the initial reporting of the concern in line with local policies and will communicate this to the university PLL. This should include a view on whether the practice placement in question remains appropriate for students and whether it is reasonable for the reporting student (you) to remain there.

The university PLL will liaise with the liaison lecturer/academic assessor acknowledging that a concern is being investigated following the initial reporting of the event. The liaison lecturer/academic assessor will:

- Keep you informed
- Support you to write a statement
- Ensure the statement is submitted to university PLL within 2 weeks
Section 6: Useful References for Staff and Students

All references cited within your MPAD are listed on the reference list alongside other useful links to relevant material.

6.3 Useful References for Staff and Students


Edinburgh Napier University
University of the West of Scotland
Robert Gordon University