

National Student Midwife Competence Assessment Tool

Year 4

Full Student Name (as per Candidate Register):			
Student ID number:			
HEI:		HEI Link Lecturer:	



Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery Board
of Ireland

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STUDENT DECLARATION

I declare that I have achieved all the signed indicators, domains, skills and performance criteria through my own efforts, and that all signatures are the authentic signatures of the relevant named personnel.

Student Name (please print name): _____

Student Signature: _____

Date: _____



Complete practice placement assessment details in chronological order

Name of placement incl. core/specialist placement	Allocation dates: from - to	Name of Preceptor/CMM	No of weeks allocated	No of weeks completed

SCHOOL OF NURSING AND MIDWIFERY, UCC AND PARTICIPATING HEALTH SERVICE PROVIDERS

SAMPLE PRACTICE PLACEMENT AGREEMENT 2021/22

INTRODUCTION

As a **Nursing or Midwifery** student you are studying to obtain a University Degree that will allow you to register with the Nursing and Midwifery Board of Ireland (NMBI) and upon registration, to work as a Registered Nurse or Registered Midwife. Part of being a nurse or midwife is the ability to demonstrate professionalism. Regardless of their position, an effective nurse or midwife is someone who exhibits caring, compassion, empathy, and commitment whilst up-holding the values of accountability, respect, and integrity and the willingness to continuously deliver the highest-quality care to patients/clients/women and babies. To help students, we have listed out key areas that provide evidence of the student demonstrating professionalism in their role.

During your study you will gain practice experiences in various health care settings, interacting with individuals¹, members of staff², and other health care professionals. It is therefore essential that you agree with the conditions set out below to ensure that you can learn effectively and become a competent nurse or midwife. These conditions are based upon NMBI's *Programmes Standards and Requirements* and *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (2021) [Code-of-Professional-Conduct-and-Ethics.pdf \(nmbi.ie\)](http://www.nmbi.ie/Code-of-Professional-Conduct-and-Ethics.pdf), University College Cork's (UCC) Student Policies <http://www.ucc.ie/en/study/undergrad/orientation/policies/>, and the School of Nursing and Midwifery's Student Policies <http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>. Failure to comply with the conditions set out in this agreement, which you will be asked to sign, may result in you not being allowed to continue in your BSc Nursing or BSc Midwifery programme.

Student Name: _____ **Student ID Number:** _____

I AGREE THAT:

1. I will listen to individuals and respect their views, treat individuals politely and considerately, and respect their privacy, dignity, and their right to refuse to take part in teaching.
2. I will act according to NMBI's *Code of Professional Conduct and Ethics for Registered Nurses and Midwives* (2021).
3. My views about a person's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, disability or perceived economic worth will not prejudice my interaction with individuals, members of staff, or fellow students.
4. I will respect and uphold an individual's trust in me.
5. I will always make clear to individuals that I am a nursing or midwifery student and not a registered nurse or registered midwife.
6. I will maintain appropriate standards of dress, cleanliness and appearance.
7. I will wear a health service provider identity badge with my name clearly identified.
8. I will familiarise myself and comply with the Health Service Provider's values, policies and procedures.

¹ 'Individual' also refers to patient, client, women and babies, resident, significant other, colleague, other health care professional

² 'Member of staff' refers to both academic and health service personnel.

9. I have read and understood the guidelines as set out in the current Clinical Practice Placement Guidelines <http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>.
10. I understand and accept to be bound by the principle of confidentiality of individuals' records and data. I will therefore take all necessary precautions to ensure that any personal data concerning individuals, which I have learned by virtue of my position as a nursing student or a midwifery student, will be kept confidential. I confirm that I will not discuss individuals with any other party outside the clinical setting, except anonymously. When recording data or discussing care outside the clinical setting, I will ensure that individuals cannot be identified by others. I will respect all Health Service Providers' and individuals' records. I understand that patient/client /women's records must never be left where an unauthorised person can access them. I also understand that at the end of a clinical placement shift, any notes that I record containing patient/client/women's details, medical and/or details of patients/clients, women and babies, staff, or other confidential HSP information (e.g. handover notes) must be either shredded on site or placed in a HSP confidentiality bin for shredding at a later date. Professional or personal issues around confidentiality should be addressed with the Preceptor/CPC/CDC/Link Lecturer. I understand that in preparing for clinical practice placement I am required to complete the **Fundamentals of GDPR Learning Module** on HSEland <https://www.hseland.ie/dash/Account/Login>
11. I have read and understand the BSc Programme's Grievance and Disciplinary Procedures <http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>
12. I understand that, if I have (or if I develop) an impairment or condition, **it is my responsibility** to seek advice regarding the possibility that it may impact on my ability to learn, to perform safely in the clinical environment, or affect my personal welfare or the welfare of others. An appropriate person to seek advice from in the clinical setting may be an Allocations Liaison Officer, Clinical Placement Coordinator, Staff Nurse or Staff Midwife. I understand **it is also my responsibility** to declare the impairment or condition on the relevant health disclosure form which can be found at the following link: <https://www.ucc.ie/en/academicgov/aago-policies/fitnesstopractise/>
I accept that only through disclosure of this impairment/condition can an appropriate plan of support to reach required clinical learning outcomes/competencies be explored. In addition, in the event that a preceptor or other health care professional observes or is made aware by the student of an impairment or condition, it is their responsibility to seek advice regarding the possibility that the impairment or condition may impact on your ability to learn, to perform safely in the clinical environment, or affect your personal welfare or welfare of others. After seeking advice, the appropriate support and action/reasonable accommodations will be provided and taken. Following a discussion with you host health service provider, I also provide consent for my host health care provider to disclose my impairment or condition to external clinical sites where I may be placed so that the appropriate support, assessment and reasonable accommodations can be undertaken and implemented.
13. I understand that if I have any criminal conviction(s) during the programme that I will declare same on the relevant Fitness to Practice disclosure form that can be located at the following link: <https://www.ucc.ie/en/academicgov/aago-policies/fitnesstopractise/>
14. If I am returning from a period of illness/hospitalisation/surgery, it is expected that I report this to the Allocation Liaison Officer (attached to my Health Service Provider), as I may be required to attend the occupational health department prior to accessing my clinical placement.
15. I understand and accept that any dispute between parties in relation to this Agreement, outside of UCC's and NMBI's relevant regulations, may be referred to the BSc Nursing and Midwifery Joint Disciplinary Committee for a decision.
16. I confirm that I shall endeavour to recognise my own limitations and shall seek help/support when my level of experience is inadequate to handle a situation (whether on my own or with others), or when I or other individuals

perceive that my level of experience may be inadequate to handle a situation.

17. I shall conduct myself in a professional and responsible manner in all my actions and communications (verbal, written and electronic including text, e-mail or social communication media).
18. I will attend all scheduled teaching sessions and all scheduled clinical placements, as I understand these are requirements for satisfactory programme completion. If I am unable to attend any theoretical or Mandatory/Essential Skills element (including online requirement) of the programme, I will notify the Attendance Monitoring Executive Assistant in G.03 (prior to scheduled date) and provide a written explanation for the Module Leader as soon as possible and in accordance with the current Mandatory and Essential Skills Policy (<http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/>). I will also inform the relevant HSP Allocation Liaison Officer prior to the commencement date of my clinical placement. If I am then unable to attend my scheduled clinical placement due to the above reasons, I will act according to Local Health Service Provider Guidelines and the Practice Placement Agreement, and will inform the relevant personnel in a timely manner e.g. Clinical Placement Coordinator, Clinical Nurse Manager, Clinical Midwifery Manager as soon as possible.
19. I understand that students are **not permitted** to arrange/book holidays during clinical placement blocks.
20. I understand that when engaging in **social media** and **social networking** that I must act professionally at all times, and keep posts positive in addition to patient or person free. I will respect patient/client's /woman's privacy and confidentiality. I understand that I must protect my professionalism and reputation. I will keep my personal and professional life separate. I will check my privacy settings and respect the privacy of others. I will consider the implications of what I am posting. I will avoid posting in haste or anger. I will not respond to other posts in haste. Please read NMBI's Guidance document in relation to social media and social networking: [Guidance to Nurses and Midwives on Social Media and Social Networking](#)
21. I understand that if I have a conscientious objection based on religious or moral beliefs, which is relevant to my professional practice, I will share this with an appropriate person in the clinical setting. Even if I have a conscientious objection, I will provide care to a patient in an emergency where there is a risk to the patient's life. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2021) states that it is not a breach of any part of this code for nurses and midwives to provide services under the Health (Termination of Pregnancy) Act 2018.
22. I know that I have a personal responsibility to protect myself, my patients/clients/women and babies and the general public from the potential of Covid-19 virus transmission. I will ensure that:
 - I am aware of COVID-19 symptoms or other related pandemic symptoms. Please see: <https://www2.hse.ie/coronavirus/>
 - I understand that if I have symptoms of COVID-19 or acute infections such as symptoms of viral respiratory tract infection or gastroenteritis, that I will undertake not to present myself to clinical placement or to the University.
 - I am aware that if I have had close contact with someone with COVID-19 that I am not to present to clinical placement or to the University and should avoid public places for a period of 14 days after the last day of close contact with the COVID-19 case.
 - I will ensure that I keep myself up to date with and adhere to current Public Health Advice regarding COVID-19.
 - I will undertake the Infection Prevention and Control training recommended by the School of Nursing and Midwifery and the HSE.
 - I will ensure that I abide by the rule of 'bare below the elbows/bare above the wrist' while on clinical placement.
 - I will comply with Infection Prevention and Control directions given by HSE and other Clinical staff when I am in clinical areas.

- I undertake to cooperate with requirements for management of outbreaks or other incidents of infection including providing samples for testing where required.
- I will commit to declaring that I am free of key symptoms of COVID-19 each day before I present myself to clinical placement by completing the **UCC Clinical Students Covid App**.

Students can move from a placement in one institution to a placement in another without an interval of time as part of their programme. Thus, I undertake to:

- Adhere to recommended Infection Prevention and Control Practice at all times when interacting with all individuals during clinical placement.
- Complete the **UCC Clinical Students Covid App** and not present to the new placement area if a day pass has not been issued.
- Complete the **UCC Clinical Students Covid App** in cases when I am reassigned from one institution/service to another on completion of the placement in one institution/service. (For example, if I am moving from one hospital to a community unit or from a primary care service to a hospital).
- Similarly, I understand that if I work in a healthcare setting during the same period as attending clinical placements, I should complete this **UCC Clinical Students Covid App** on an ongoing basis.

By my signature hereunder I confirm that I have read and understood all the above conditions and that I agree to comply with ALL of these for the duration of the BSc Programme.

Student Signature: _____ **Date:** ____/____/____

Signed on behalf of the Health Service Provider:

Health Service Provider: _____
Please print name

Director of Nursing/Midwifery/Nominee/Title: _____
Please print name

Signature: _____ **Date:** ____/____/____

Signed on behalf of University College Cork:

Head, School of Nursing and Midwifery/Nominee/Title: _____
Please print name

Signature: _____ **Date:** ____/____/____

Introduction

This document contains the Competence Assessment Tool (CAT) for Year 4 of the B.Sc (Hons) Midwife Registration programme and guidance for its use.

The **CAT** and guidance document has been developed by the Nursing and Midwifery Board of Ireland (NMBI) in consultation with relevant Higher Education Institutes (HEIs) / University and associated healthcare providers.

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 2016), the CAT acts as a record of on-going achievements in clinical practice over the four-year Midwife Registration programme, which is a requirement of the NMBI to register as a midwife in the Midwives Division of the Nurses and Midwives Register.

This guide has been developed to help the student and their Preceptor/Associate Preceptor (Co-preceptor) complete the CAT. Each year the student will be assessed in core midwifery practice area/s at incremental levels by Preceptors/Associate Preceptor (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/ University and/or the Midwifery Practice Development Team responsible for the programme.

The student and the Preceptor/Associate 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 CAT.

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

Competence is defined as 'the ability of the Registered Midwife to practise safely and effectively' (NMBI 2015 p2), 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 2015).

Assessment of Competence in the Midwife Registration Programme

The aim of the CAT is to ensure that, on completion of the Midwife Registration programme, students provide safe, effective, evidence-based and compassionate midwifery care to women and their babies before and during pregnancy, in labour and at birth and postnatal, 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 and associated skills 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 (2016) and is defined in the CAT, specific to the year of the Midwife Registration programme.

Year	Level and Description of Supervision	Scope of Practice
Four	<p>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.</p>	<p>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 interpersonal 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 and seek assistance in a timely manner.</p>

In each year of the Midwife Registration programme, all competencies and their associated assessment criteria and skills must be assessed at least once and successfully achieved 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 entire 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 Higher Education Institute (HEI).

Guidance on the Assessment of Competence Process

Successful completion of the CAT facilitates student 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 CAT document (i) is available on practice/clinical placement, (ii) it is completed accurately and (iii) submitted as per HEI guidelines on the prescribed submission date. It must be presented on request by the student to the Preceptor/Associate Preceptor (Co-preceptor), members of the Midwifery Practice Development team and to the relevant HEI personnel. While the CAT was developed and published by the NMBI, the governance of the process involved in assessment of competence remains with the respective HEI. The CAT document remains the property of the HEI.

Prior to the start of practice/clinical placement the student should review their learning needs incorporating any earlier experience of the practice/clinical settings and identify specific learning objectives 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 potential learning objectives with the Clinical Placement Coordinator in Midwifery (CPC), practice/clinical placement module leader or link lecturer.

The student is orientated to the placement on **day 1** of the practice/clinical placement, ideally by their allocated Preceptor/Associate Preceptor (Co-preceptor). Where this is not possible, a named midwife should be allocated to work with the student and details of Preceptor/ Associate 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/Associate Preceptor (Co-preceptor). Preceptors/Associate preceptor (Co-preceptor) are midwives *'who have a role in supporting, supervising and assessing students, have completed a teaching and assessment course approved by NMBI that enables them to support, guide and assess students in the clinical practice environment and assist students to learn the practice of midwifery'* (NMBI 2016 p53). At this interview, the student, and Preceptor/Associate Preceptor (Co-preceptor):

- Identify learning needs, objectives, opportunities, and resources specific to this practice/clinical placement. The degree of supervision expected, as prescribed by the Midwife Registration Programme Standards and Requirements (NMBI 2016) is discussed. In Year 4, **Distant Supervision** is provided which is defined as 'the student safely and effectively performing the skill and providing care and accepting responsibility for the provision of this care'. (NMBI 2016 p 19). The student is expected to have observed and participated in practice with the Preceptor/Associate Preceptor (Co-preceptor) and be able to describe the care provided.
- The student and Preceptor/Associate Preceptor (Co-preceptor) discuss the competencies, assessment criteria and associated skills, which the student is expected to achieve on completion of the practice/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 is provided and documented for future learning and competence attainment. The follow up/feedback page should be used throughout the practice/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/Associate Preceptor (Co-preceptor) and any other supervising midwives where continuity of Preceptor is not possible.
- Identify and document renegotiated learning objectives.

Final interview

At the final interview, the student, and Preceptor/Associate Preceptor (Co-preceptor):

- Review the competencies, the assessment criteria, and associated skills that the student is expected to achieve on completion of the practice/clinical placement.
- The student is deemed to have passed or failed in the assessment of competence.
- Feedback is provided by the Preceptor/Associate Preceptor (Co-preceptor) and student, and documentation is completed.

- This should be accompanied by written comments by the student and the Preceptor/Associate 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 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 development plans if used during the placement.
- Review of student's attendance during 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/Associate Preceptor (Co-preceptor), in consultation with the student, should consult with the Clinical Placement Coordinator in Midwifery, and a **development plan** must be put in place to support the student to successfully complete the relevant competencies over the remaining time of the practice/clinical placement. Link Lecturer's also need to be informed in the development plan.

The development plan must be:

- Recorded in the follow up/feedback sheet 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 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/Associate Preceptor (Co-preceptor) documents the reason/s for a failed assessment of competence and complete an **action plan** in consultation with the student, the Clinical Placement Coordinator in Midwifery and, where appropriate, link lecturer.

The action plan must provide:

- Specific guidance to both the student and Preceptor/Associate Preceptor (Co-preceptor) on what is required to successfully complete the assessment of competence on the second attempt.

- The written action plan must reinforce the student's understanding of the reason for failing and be explicit in the event of a new Preceptor/Associate Preceptor (Co-preceptor) completing the repeat assessment.

If a student is unsuccessful in any element of the assessment of competence including skills element, the student will have a **minimum of 4 weeks** practice/clinical placement to repeat the complete assessment.

Procedures specific to each HEI in relation to a failed assessment of competence e.g., informing the relevant personnel in the HEI, arrangement of practice/clinical placement to facilitate reassessment etc. will be provided locally and must be adhered to.

The student will normally be given one opportunity to repeat the assessment of competence.

The Role and Responsibilities of the Midwifery Student

- The student is responsible for completion and submission of the completed CAT to the HEI on the prearranged 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 CAT.
- If there are any operational difficulties in arranging working with a named Preceptor/Associate Preceptor (Co-preceptor) or organising practice/clinical 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 Clinical Placement Coordinator in Midwifery.
- Procedures specific to each HEI/ University, regarding a failed assessment of competence e.g. informing the relevant personnel in the HEI, arrangement of practice/clinical placement to facilitate reassessment will be provided locally and must be adhered to.

The Role and Responsibilities of the Preceptor/Associate Preceptor (Co-preceptor)

- The Preceptor/Associate Preceptor (Co-preceptor) must be a Registered Midwife and is a gatekeeper to the Register of Midwives maintained by the NMBI and therefore plays a vital role in promoting and protecting safety for women and their babies accessing maternity services.
- The Preceptor/Associate Preceptor (Co-preceptor) 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 CAT.
- All Preceptor/Associate Preceptor (Co-preceptor) must have 'completed a teaching and assessment course approved by NMBI that enables them to support, guide and assess students in the clinical practice environment and assist students to learn the practice of midwifery' (NMBI 2016 p53).

- The Preceptor/Associate Preceptor (Co-preceptor) should facilitate the student in arranging the Initial, Intermediate and Final interviews and use these interviews to:
 - Review learning outcomes specific to the practice/clinical area.
 - Identify learning opportunities and learning resources.
 - Assess learning needs in consultation with the student.
 - Identify competencies to be achieved including assessment criteria and associated skills.
 - Provide ongoing feedback and direction to the student.
 - Complete documentation.

- The Preceptor/Associate Preceptor (Co-preceptor) and the student will complete an action plan if the student is unsuccessful in achieving competence.
- If a student has been absent, in a placement where he/she is being assessed, the Preceptor/Associate Preceptor (Co-preceptor) can decide not to allow the assessment to proceed. Consultation will take place with the Clinical Placement Coordinator in Midwifery.
- If at any stage, the Preceptor/Associate Preceptor (Co-preceptor), in consultation with the Clinical Placement Coordinator in Midwifery, has concerns about a student achieving their learning outcomes and competencies, the Preceptor/Associate Preceptor (Co-preceptor) may contact the link lecturer to discuss the situation. The link lecturer will provide guidance and support as appropriate.

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			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Advocates on behalf of the woman to ensure her privacy dignity and confidentiality are maintained at all times. Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. Actively 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"> Articulates how evidence-based information is critiqued and evaluated in clinical practice. Become role models demonstrating effective communication skills for junior students. 		
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 being actively engaged in their own maternity care. Advises women to actively seek evidence-based information tailored to 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"> Actively involves the woman in all decisions regarding her own healthcare and that of her baby. Advocates on behalf of the woman in helping to ensure that she remains the key decision maker in the multidisciplinary team. 		

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)			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Fulfil the duty of care within midwifery practice in accordance with current legislation, the Code of Professional Conduct and Ethics for Registered Nurses Registered Midwives (NMBI 2021). Critically evaluates local policies, protocols and guidelines. 		
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"> Demonstrates skills of self-awareness and self-assessment. Demonstrates an understanding of professional accountability for own actions. 		
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"> Practices in accordance with best available evidence. Responds appropriately to instances of unsafe or unprofessional practice. 		
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 of their scope of practice, initiates care and refers appropriately. 		
2.6 Demonstrates the ability to give and record the reasons for their decision to take necessary emergency measures in the	<ul style="list-style-type: none"> Provides rationale for the care provided in emergency situations in the absence of the most senior 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)			
	Assessment Criteria	Date & Sign Pass	Date & Sign Fail
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"> • If a student has expressed a conscientious objection, based on religious or moral beliefs to participating in the care of a woman or her baby, the line manager is notified as soon as possible and give details about alternative care arrangements to protect the woman and her baby. • Where there is a risk to the life of the woman or baby, they must continue to provide care to the woman and her baby until they are relieved of duties, regardless of the conscientious objection (Practice Standards for Midwives, NMBI 2015). 		
2.8 Provide the rationale for having adequate clinical indemnity insurance in place for their area of practice.	<ul style="list-style-type: none"> • Has knowledge of or knows the rationale for having adequate clinical indemnity insurance in supporting safe patient care and risk management within their area of 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			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Actively seeks feedback from the woman on her experience to inform care and advocates for her with the multi-disciplinary team. 		
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 a caseload of women, including those with complex 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"> Following recognition of abnormal findings can initiate escalation protocol. 		
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"> Initiates neonatal/paediatric referral when required. Supports mothers who are separated from their baby. Plans care and initiates appropriate referral to multi-disciplinary team. 		
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"> Responds appropriately in emergency situations. 		
3.6 Acts effectively as a member of a multi-disciplinary team in an emergency (real or simulated).	<ul style="list-style-type: none"> Responds appropriately to emergency situations and demonstrates effective planning to manage the situation as a member of the multidisciplinary team. 		
3.7 Supports and educates women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	<ul style="list-style-type: none"> Evaluates the appropriateness of the care given. 		
3.8 Complies with standard universal infection prevention and control measures.	<ul style="list-style-type: none"> Identifies opportunities to improve compliance with standard precautions in 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			
	Assessment Criteria	Date & Sign Pass	Date & Sign Fail
3.9 Safely manages drug administration, monitors effects and documents appropriately in accordance with Midwifery Board of Ireland (NMBI) medication management guidance.	<ul style="list-style-type: none"> Practices in accordance with local policy and NMBI 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"> Critically reflects on the effectiveness of their 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"> Can critically appraise the various forms of guidance and how it informs service planning and delivery. 		
3.12 Manages and organises effectively the provision of safe and evidenced based care for a caseload of women and their babies.	<ul style="list-style-type: none"> Prioritises, manages, organises, and evaluates care for a caseload of women (and babies if appropriate). 		
3.13 Applies clinical risk management processes into their own practice.	<ul style="list-style-type: none"> Identifies and responds to clinical risks and suggests opportunities for quality improvement. 		
3.14 Participates in audits of clinical care in practice.	<ul style="list-style-type: none"> Understands the relevance of clinical audit for ongoing improvements in clinical care. 		
3.15 Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	<ul style="list-style-type: none"> Facilitates group learning. 		

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	Date & Sign Pass	Date & Sign Fail
4.1 Ensures that the woman and her baby are the primary focus of practice.	<ul style="list-style-type: none"> • Includes the woman in plan of care and decision making. • Provides balanced information to support women making informed decisions. 		
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 midwifery care that is sensitive, kind, compassionate, supportive and recognises the diverse needs of the woman 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"> • Demonstrates professional judgement and responsibility when sharing the woman’s information and only discloses the minimal amount of information necessary to the appropriate person(s). • Understands circumstances where confidential information may be breached in accordance with law and 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	Date & Sign Pass	Date & Sign 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 which woman and their families can understand. Listens and communicates with women and their families in a manner that is kind, caring and compassionate. Communicates with women and their families in a manner that facilitates shared decision-making. 		
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. Interacts professionally with women, their families and with the multidisciplinary healthcare team. 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 barriers to effective communication and take appropriate action to resolve these barriers. Identifies factors that facilitate effective communication and takes action. Identifies the need for a professional interpreter where appropriate. 		
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"> Establishes professional caring relationships. Uses appropriate communication tools. 		
5.5 Records clinical practice in a manner which is clear, objective, accurate, and timely.	<ul style="list-style-type: none"> Documents care in a clear, concise, accurate and timely manner in the healthcare record. 		
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. Uses collaboration and conflict management to address differences of professional opinion. 		

First Interview		
Core Placement Area:		
Orientated to the clinical area Yes <input type="checkbox"/> No <input type="checkbox"/>		
Discussion of Assessment Criteria and Skills:		
Specific opportunities identified by the Preceptor/Associate Preceptor (Co-preceptor) that are available during this practice/clinical placement:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
Date set for mid-point interview:		
Link Lecturers Comments & Signature (where appropriate):		

Midpoint Interview		
Core Placement Area:		
Student review of progress to date:		
Preceptor/Associate Preceptor (Co-preceptor) review of students' progress to date:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
Date of final interview:		
Link Lecturers Comments & Signature (where appropriate):		

Feedback from other midwives, comment on key areas of progress and for development from the assessment criteria and skills. Please date, sign and print name for each entry.

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

Ongoing feedback from other midwives, comment on key areas of progress and identify areas for development from the assessment criteria and skills. Please date, sign and print name for each entry.

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

Final Interview: The Preceptor/Associate Preceptor (Co-preceptor) and student review all criteria and skills Core Placement Area:		
Students review:		
Preceptor/Associate Preceptor (Co-preceptor) review:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
All assessment criteria and skills achieved: Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
Link Lecturers Comments & Signature (where appropriate):		

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			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Advocates on behalf of the woman to ensure her privacy dignity and confidentiality are maintained at all times. Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. Actively 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"> Articulates how evidence-based information is critiqued and evaluated in clinical practice. Become role models demonstrating effective communication skills for junior students. 		
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 being actively engaged in their own maternity care. Advises women to actively seek evidence-based information tailored to 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"> Actively involves the woman in all decisions regarding her own healthcare and that of her baby. Advocates on behalf of the woman in helping to ensure that she remains the key decision maker in the multidisciplinary team. 		

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)			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Fulfil the duty of care within midwifery practice in accordance with current legislation, the Code of Professional Conduct and Ethics for Registered Nurses Registered Midwives (NMBI 2021). Critically evaluates local policies, protocols and guidelines. 		
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"> Demonstrates skills of self-awareness and self-assessment. Demonstrates an understanding of professional accountability for own actions. 		
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"> Practices in accordance with best available evidence. Responds appropriately to instances of unsafe or unprofessional practice. 		
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 of their scope of practice, initiates care 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"> Provides rationale for the care provided in emergency situations in the absence of the most senior 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)			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> • If a student has expressed a conscientious objection, based on religious or moral beliefs to participating in the care of a woman or her baby, the line manager is notified as soon as possible and give details about alternative care arrangements to protect the woman and her baby. • Where there is a risk to the life of the woman or baby, they must continue to provide care to the woman and her baby until they are relieved of duties, regardless of the conscientious objection (Practice Standards for Midwives, NMBI 2015). 		
2.8 Provide the rationale for having adequate clinical indemnity insurance in place for their area of practice.	<ul style="list-style-type: none"> • Has knowledge of or knows the rationale for having adequate clinical indemnity insurance in supporting safe patient care and risk management within their area of 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			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Actively seeks feedback from the woman on her experience to inform care and advocates for her with the multi-disciplinary team. 		
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 a caseload of women, including those with complex 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"> Following recognition of abnormal findings can initiate escalation protocol. 		
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"> Initiates neonatal/paediatric referral when required. Supports mothers who are separated from their baby. Plans care and initiates appropriate referral to multi-disciplinary team. 		
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"> Responds appropriately in emergency situations. 		
3.6 Acts effectively as a member of a multi-disciplinary team in an emergency (real or simulated).	<ul style="list-style-type: none"> Responds appropriately to emergency situations and demonstrates effective planning to manage the situation as a member of the multidisciplinary team. 		
3.7 Supports and educates women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	<ul style="list-style-type: none"> Evaluates the appropriateness of the care given. 		
3.8 Complies with standard universal infection prevention and control measures.	<ul style="list-style-type: none"> Identifies opportunities to improve compliance with standard precautions in 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			
	Assessment Criteria	Date & Sign Pass	Date & Sign Fail
3.9 Safely manages drug administration, monitors effects and documents appropriately in accordance with Midwifery Board of Ireland (NMBI) medication management guidance.	<ul style="list-style-type: none"> Practices in accordance with local policy and NMBI 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"> Critically reflects on the effectiveness of their 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"> Can critically appraise the various forms of guidance and how it informs service planning and delivery. 		
3.12 Manages and organises effectively the provision of safe and evidenced based care for a caseload of women and their babies.	<ul style="list-style-type: none"> Prioritises, manages, organises, and evaluates care for a caseload of women (and babies if appropriate). 		
3.13 Applies clinical risk management processes into their own practice.	<ul style="list-style-type: none"> Identifies and responds to clinical risks and suggests opportunities for quality improvement. 		
3.14 Participates in audits of clinical care in practice.	<ul style="list-style-type: none"> Understands the relevance of clinical audit for ongoing improvements in clinical care. 		
3.15 Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	<ul style="list-style-type: none"> Facilitates group learning. 		

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	Date & Sign Pass	Date & Sign Fail
4.1 Ensures that the woman and her baby are the primary focus of practice.	<ul style="list-style-type: none"> • Includes the woman in plan of care and decision making. • Provides balanced information to support women making informed decisions. 		
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 midwifery care that is sensitive, kind, compassionate, supportive and recognises the diverse needs of the woman 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"> • Demonstrates professional judgement and responsibility when sharing the woman’s information and only discloses the minimal amount of information necessary to the appropriate person(s). • Understands circumstances where confidential information may be breached in accordance with law and 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	Date & Sign Pass	Date & Sign 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 which woman and their families can understand. • Listens and communicates with women and their families in a manner that is kind, caring and compassionate. • Communicates with women and their families in a manner that facilitates shared decision-making. 		
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. • Interacts professionally with women, their families and with the multidisciplinary healthcare team. • 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 barriers to effective communication and take appropriate action to resolve these barriers. • Identifies factors that facilitate effective communication and takes action. • Identifies the need for a professional interpreter where appropriate. 		
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"> • Establishes professional caring relationships. • Uses appropriate communication tools. 		
5.5 Records clinical practice in a manner which is clear, objective, accurate, and timely.	<ul style="list-style-type: none"> • Documents care in a clear, concise, accurate and timely manner in the healthcare record. 		
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. • Uses collaboration and conflict management to address differences of professional opinion. 		

First Interview		
Core Placement Area:		
Orientated to the clinical area Yes <input type="checkbox"/> No <input type="checkbox"/>		
Discussion of Assessment Criteria and Skills:		
Specific opportunities identified by the Preceptor/Associate Preceptor (Co-preceptor) that are available during this practice/clinical placement:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
Date set for mid-point interview:		
Link Lecturers Comments & Signature (where appropriate):		

Midpoint Interview		
Core Placement Area:		
Student review of progress to date:		
Preceptor/Associate Preceptor (Co-preceptor) review of students' progress to date:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
Date of final interview:		
Link Lecturers Comments & Signature (where appropriate):		

Feedback from other midwives, comment on key areas of progress and for development from the assessment criteria and skills. Please date, sign and print name for each entry.

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

Ongoing feedback from other midwives, comment on key areas of progress and identify areas for development from the assessment criteria and skills. Please date, sign and print name for each entry.

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

Final Interview: The Preceptor/Associate Preceptor (Co-preceptor) and student review all criteria and skills Core Placement Area:		
Students review:		
Preceptor/Associate Preceptor (Co-preceptor) review:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
All assessment criteria and skills achieved: Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
Link Lecturers Comments & Signature (where appropriate): need a section for CPC comments		

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			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Advocates on behalf of the woman to ensure her privacy dignity and confidentiality are maintained at all times. Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. Actively 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"> Articulates how evidence-based information is critiqued and evaluated in clinical practice. Become role models demonstrating effective communication skills for junior students. 		
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 being actively engaged in their own maternity care. Advises women to actively seek evidence-based information tailored to 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"> Actively involves the woman in all decisions regarding her own healthcare and that of her baby. Advocates on behalf of the woman in helping to ensure that she remains the key decision maker in the multidisciplinary team. 		

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)			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Fulfil the duty of care within midwifery practice in accordance with current legislation, the Code of Professional Conduct and Ethics for Registered Nurses Registered Midwives (NMBI 2021). Critically evaluates local policies, protocols and guidelines. 		
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"> Demonstrates skills of self-awareness and self-assessment. Demonstrates an understanding of professional accountability for own actions. 		
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"> Practices in accordance with best available evidence. Responds appropriately to instances of unsafe or unprofessional practice. 		
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 of their scope of practice, initiates care 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"> Provides rationale for the care provided in emergency situations in the absence of the most senior 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)			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> • If a student has expressed a conscientious objection, based on religious or moral beliefs to participating in the care of a woman or her baby, the line manager is notified as soon as possible and give details about alternative care arrangements to protect the woman and her baby. • Where there is a risk to the life of the woman or baby, they must continue to provide care to the woman and her baby until they are relieved of duties, regardless of the conscientious objection (Practice Standards for Midwives, NMBI 2015). 		
2.8 Provide the rationale for having adequate clinical indemnity insurance in place for their area of practice.	<ul style="list-style-type: none"> • Has knowledge of or knows the rationale for having adequate clinical indemnity insurance in supporting safe patient care and risk management within their area of 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			
	Assessment Criteria	Date & Sign Pass	Date & Sign 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"> Actively seeks feedback from the woman on her experience to inform care and advocates for her with the multi-disciplinary team. 		
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 a caseload of women, including those with complex 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"> Following recognition of abnormal findings can initiate escalation protocol. 		
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"> Initiates neonatal/paediatric referral when required. Supports mothers who are separated from their baby. Plans care and initiates appropriate referral to multi-disciplinary team. 		
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"> Responds appropriately in emergency situations. 		
3.6 Acts effectively as a member of a multi-disciplinary team in an emergency (real or simulated).	<ul style="list-style-type: none"> Responds appropriately to emergency situations and demonstrates effective planning to manage the situation as a member of the multidisciplinary team. 		
3.7 Supports and educates women with infant feeding practices which include protecting, promoting and supporting breastfeeding.	<ul style="list-style-type: none"> Evaluates the appropriateness of the care given. 		
3.8 Complies with standard universal infection prevention and control measures.	<ul style="list-style-type: none"> Identifies opportunities to improve compliance with standard precautions in 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			
	Assessment Criteria	Date & Sign Pass	Date & Sign Fail
3.9 Safely manages drug administration, monitors effects and documents appropriately in accordance with Midwifery Board of Ireland (NMBI) medication management guidance.	<ul style="list-style-type: none"> Practices in accordance with local policy and NMBI 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"> Critically reflects on the effectiveness of their 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"> Can critically appraise the various forms of guidance and how it informs service planning and delivery. 		
3.12 Manages and organises effectively the provision of safe and evidenced based care for a caseload of women and their babies.	<ul style="list-style-type: none"> Prioritises, manages, organises, and evaluates care for a caseload of women (and babies if appropriate). 		
3.13 Applies clinical risk management processes into their own practice.	<ul style="list-style-type: none"> Identifies and responds to clinical risks and suggests opportunities for quality improvement. 		
3.14 Participates in audits of clinical care in practice.	<ul style="list-style-type: none"> Understands the relevance of clinical audit for ongoing improvements in clinical care. 		
3.15 Promotes a quality clinical learning environment by engaging in teaching and supporting peers and other learners.	<ul style="list-style-type: none"> Facilitates group learning. 		

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	Date & Sign Pass	Date & Sign Fail
4.1 Ensures that the woman and her baby are the primary focus of practice.	<ul style="list-style-type: none"> • Includes the woman in plan of care and decision making. • Provides balanced information to support women making informed decisions. 		
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 midwifery care that is sensitive, kind, compassionate, supportive and recognises the diverse needs of the woman 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"> • Demonstrates professional judgement and responsibility when sharing the woman's information and only discloses the minimal amount of information necessary to the appropriate person(s). • Understands circumstances where confidential information may be breached in accordance with law and 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	Date & Sign Pass	Date & Sign 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 which woman and their families can understand. • Listens and communicates with women and their families in a manner that is kind, caring and compassionate. • Communicates with women and their families in a manner that facilitates shared decision-making. 		
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. • Interacts professionally with women, their families and with the multidisciplinary healthcare team. • 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 barriers to effective communication and take appropriate action to resolve these barriers. • Identifies factors that facilitate effective communication and takes action. • Identifies the need for a professional interpreter where appropriate. 		
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"> • Establishes professional caring relationships. • Uses appropriate communication tools. 		
5.5 Records clinical practice in a manner which is clear, objective, accurate, and timely.	<ul style="list-style-type: none"> • Documents care in a clear, concise, accurate and timely manner in the healthcare record. 		
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. • Uses collaboration and conflict management to address differences of professional opinion. 		

First Interview		
Core Placement Area:		
Orientated to the clinical area Yes <input type="checkbox"/> No <input type="checkbox"/>		
Discussion of Assessment Criteria and Skills:		
Specific opportunities identified by the Preceptor/Associate Preceptor (Co-preceptor) that are available during this practice/clinical placement:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
Date set for mid-point interview:		
Link Lecturers Comments & Signature (where appropriate):		

Midpoint Interview		
Core Placement Area:		
Student review of progress to date:		
Preceptor/Associate Preceptor (Co-preceptor) review of students' progress to date:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
Date of final interview:		
Link Lecturers Comments & Signature (where appropriate):		

Feedback from other midwives, comment on key areas of progress and for development from the assessment criteria and skills. Please date, sign and print name for each entry.

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

Ongoing feedback from other midwives, comment on key areas of progress and identify areas for development from the assessment criteria and skills. Please date, sign and print name for each entry.

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

Final Interview: The Preceptor/Associate Preceptor (Co-preceptor) and student review all criteria and skills Core Placement Area:		
Students review:		
Preceptor/Associate Preceptor (Co-preceptor) review:		
Signature of Preceptor/Associate Preceptor (Co-preceptor):	Signature of Student Midwife:	Date:
Print name:	Print name:	
All assessment criteria and skills achieved: Pass <input type="checkbox"/> Fail <input type="checkbox"/>		
Link Lecturers Comments & Signature (where appropriate): need a section for CPC comments		

SUPPORTIVE LEARNING PLAN (SLP) ALGORITHM

Planning the SLP

- Review outcome of Additional Supportive Interview
- Preceptor/CNM/CMM/CPC/LL identifies that a student is not achieving their clinical learning requirements, is not conducting themselves in a professional and responsible manner and/or not working within their agreed Practice Placement Agreement (PPA).
- Preceptor/CNM/CMM liaises with CPC/CDC to discuss the ongoing concerns in relation to a student's failure to progress following Additional supportive interview.
- Student is informed by the preceptor/CNM/CMM/CPC or LL in advance of the proposed/scheduled SLP meeting and of their preceptors/CNMs concerns.
- CPC/CDC/LL liaises with all relevant personnel (student, preceptor/CNM/CMM, CPC, LL) to arrange a meeting, giving details of the purpose, date, time and venue.

Initial Meeting

The CPC/LL or CNM/CMM will chair the meeting and either the LL/CPC will record the process.

First, the student is invited to give a view of his/her progress.

Secondly, the preceptor is asked to comment on the following: (using specific examples/incidents)

- why he/she considers it necessary to implement an SLP
- to identify the student's clinical learning requirements needing attention (See indicators for SLP above, pgs. 126/127 of this book).

The student is given the opportunity to respond to the preceptor's comments/concerns.

Thirdly, any other evidence that highlights a student's learning deficits is then presented/discussed e.g. from a CPC/CNM/CMM or LL where relevant. The student is given the opportunity again to respond.

Fourthly, an appropriate plan with *Agreed Goals* and support mechanisms are identified to help the student to achieve the learning/practice concern(s).

Finally, a time frame is agreed and review date set. SLP is signed and dated by all present.

The SLP is documented in the student's Clinical Booklet and a copy must be placed in the student's file in the School of Nursing and Midwifery, GO3, UCC.

Review Meeting

The student's progress is reviewed. Follow procedure as for Initial meeting (outlined above)

- Student is invited to give a view of his/her progress.
- Preceptor/CNM/CMM/CPC/LL gives his/her feedback.
- If learning/practice concern(s) has been achieved - SLP is signed off and closed
- If the student is not achieving the *Agreed Clinical Goals*, a revised plan is formulated with a new review date within a reasonable timeframe. (*Refer to 'notification' section above if student with open SLP moving to a new placement area*)
- The section "*Review of student's progress and further recommendations*" in the Clinical Booklet is intended for use at the review meeting.
- The SLP review meeting record must be signed and dated by all present at meeting. LL must place a copy of the SLP review meeting in the student's file in G03, SONM, UCC.

On closure of an SLP, there is no requirement to notify future placement areas of the prior existence of an SLP, thus upholding confidentiality.

SUPPORTIVE LEARNING PLAN FOR PRACTICE

Student Name: _____ Intake Year: _____

Student I.D Number: _____

Practice Placement Area _____ Dates: From _____ To _____

Preceptor's Name & Grade: _____

Date _____

Description of specific concern/s as described by Student and Preceptor. (Link specific concerns with the Domains and the Competencies).

Agreed Goals

(Suggested/recommended methods to facilitate achievement of Competencies)

Student Signature _____ Preceptor Signature _____

Link Lecturer _____

Clinical Placement Coordinator _____

Clinical Midwife Manager _____

Review Date Agreed _____

REVIEW MEETING

Date of Review Meeting _____

Agreed Evaluation of agreed goals

Further recommendations and comments

Student Signature _____ Preceptor Signature _____

Link Lecturer _____

Clinical Placement Coordinator _____

Clinical Midwife Manager _____

REVIEW MEETING

Date of Review Meeting _____

Agreed Evaluation of agreed goals

Further recommendations and comments

Student Signature _____ Preceptor Signature _____

Link Lecturer _____

Clinical Placement Coordinator _____

Clinical Midwife Manager _____

SUPPORTIVE LEARNING PLAN FOR PRACTICE

Student Name: _____ Intake Year: _____

Student I.D Number: _____

Practice Placement Area _____

Practice Placement Dates: From _____ To _____

Preceptor's Name & Grade: _____

Date _____

Description of specific concern/s as described by Student and Preceptor. (Link specific concerns with the Domains and the Competencies).

Agreed Goals

(Suggested/recommended methods to facilitate achievement of Competencies)

Student Signature _____ Preceptor Signature _____

Link Lecturer _____

Clinical Placement Coordinator _____

Clinical Midwife Manager _____

Review Date Agreed _____

REVIEW MEETING

Date of Review Meeting _____

Agreed Evaluation of agreed goals

Further recommendations and comments

Student Signature _____ Preceptor Signature _____

Link Lecturer _____

Clinical Placement Coordinator _____

Clinical Midwife Manager _____

REVIEW MEETING

Date of Review Meeting _____

Agreed Evaluation of agreed goals

Further recommendations and comments

Student Signature _____ Preceptor Signature _____

Link Lecturer _____

Clinical Placement Coordinator _____

Clinical Midwife Manager _____

Signature Bank

Print Name	Signature	Designation	NMBI Pin

References

Nursing and Midwifery Board of Ireland (2016) Midwife Registration Programme Standards and Requirements Nursing and Midwifery Board of Ireland, Dublin

Nursing and Midwifery Board of Ireland (2015) Practice Standards for Midwives Nursing and Midwifery Board of Ireland, Dublin

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

ICM 2013.