GUIDELINES FOR PRACTICE EXPERIENCE DURING YEAR 1

3 Year Pre-Registration Midwifery Programme
(BSc Hons Midwifery 2012 Curriculum)

Guidelines for practice experience during Year 1

During the practice placements in year 1 student's move from an Observer to a Supervised Participant in midwifery care. In Module 1 & 2, as the student's skills in practice develop, supported by Skills Laboratory Sessions & guidance, students are assessed at the level of Supervised Participant.

Supervised Participant Level is defined as;

The student being able to actively participate in the delivery of normal midwifery care under direct supervision with evidence of their knowledge being relevantly applied.

May revert to earlier role behaviour in new situations.

Levels of performance in skill development

The student has received instruction underpinning the skill, observed the procedure in the practice setting and has participated in the skill under direct supervision.

(Year 1 Practice Assessment Document)

As a general rule basic skills will first be introduced to students in a classroom setting where the knowledge underpinning practice will be addressed. (e.g. for Injections this session would cover aspects such as the anatomy & physiology of the skin). This will be followed by a session in the skills laboratory where students can practice the skill in a safe environment. (E.g. For injections this will involve simulation of performing an injection on dummy skin and applying underpinning knowledge to the skill). The student can then commence Participant Observation, this will involve the student observing the practitioner / lecturer in practice and when the student is ready progress to participating in the skill.

The following are some guidelines to help both students and practice assessors or practice supervisors in the development of practice skills.

1. It is important to remember that when students first commence the Module 1 placement they may not have any experience of healthcare environments.

2. Students can begin to be involved in most aspects of antenatal care from Module 1, however this will be at the discretion of their practice assessor or practice supervisor, e.g.

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abdominal palpation, blood pressure recordings, auscultating the fetal heart (Students should be supervised in the positioning of cardiotocographs).

3. Students, whilst needing to be involved with the antenatal booking appointment, should not be expected to undertake the complete booking interview without direct supervision.

4. Students should not practice venepuncture until after they have studied the underpinning theories of this practice in Module 2.

5. When witnessing midwifery managed labours and births the student should be allowed, where possible, to build up a relationship with the woman prior to being present at the birth. This may mean being introduced to her / involved with her care on Midwifery Led Birthing Unit / Labour Ward prior to the birth. However, it is recognised that in some cases the student may only be present for the later part of the second stage of labour. The student should remain with the midwife delivering the woman’s care until all stages of labour are complete & witness all stages of labour, including inspection of the placenta & the routine examination of the baby.

6. Students do not have the knowledge or experience to be left looking after women in labour for any length of time during year 1, they will initially require CONSTANT SUPERVISION, particularly on Midwifery Led Birthing Unit / Labour Ward and must not be left responsible for any woman in labour.

7. Students should not usually perform vaginal examinations until they have studied the underpinning theory in Module 1/2, which covers the theoretical content related to this aspect of practice. In situations where a student’s experience has included exposure to this procedure in the context of midwifery care it may be appropriate for the student to perform a vaginal examination under direct supervision providing the practice assessor or practice supervisors/midwife is confident the student understands the underpinning theory. However, it is not recommended that students perform vaginal examinations until Module 2 intrapartum placement unless they have had suitable experiences and have a clear grasp of the relevant knowledge behind the conduct of the skill and its context in the delivery of care, this would then prove a valuable learning opportunity.

8. Students should not facilitate personally managed births until the have explored the theoretical content related to this aspect of practice. Students should witness 3 normal midwife managed births before undertaking personally managed births. Once students have witnessed 3 normal births they can begin to facilitate personally managed births under the direction of their practice assessor or practice supervisor or midwife. Module 1 includes physiology of labour and introduction to conducting a spontaneous vaginal birth, therefore when appropriate students can begin this aspect of practice in module 1.

9. Students must record their personally managed births in their record of EU required experience (red book) / Student Passport. Progress in gaining experience of personally managed births must be discussed with their practice assessor or practice supervisors.

10. Personally managed births are classed as those where the student delivers the baby & placenta and all necessary care for which the midwife is responsible at the time of the birth under direct supervision, including the initial baby check (Year 1).

11. If a student has not been present at a home birth and a woman the student has been involved with who is planning a home birth is expected to go into labour during theory weeks/time the student must discuss options for attending this experience with the Module organiser. Any requests to miss theory time for this purpose will be at the discretion of the Module organiser. For this experience to be an option the assessment of summative work
must not be affected and the experience of other students in the placement area must not be compromised. Any missed learning can be addressed in the normal manner.

12. Students can begin to be involved in most aspects of postnatal care from Module 1. In the case of neonatal screening tests students should not perform these until they have studied the underpinning theory in Module 1, where theory surrounding the neonate is introduced. However, this can be at the discretion of the practice assessor or practice supervisors, in situations where a student’s experience has included exposure to this procedure in the context of midwifery care it may be appropriate for the student to perform the neonatal screening test under direct supervision providing the practice assessor or practice supervisor is confident the student understands the underpinning theory.

13. A qualified midwife must countersign any entries made by students in maternity records/notes, this is the case throughout the entire course irrespective of the students experience & knowledge.

14. All students must be Exposure Prone Procedure (EPP) cleared before undertaking invasive procedures of any kind, this includes vaginal examination.

15. Students must not be allocated to night duty prior to a theory day.

It must be remembered that students, whilst working in practice, are working under the qualified midwife’s registration, therefore the midwife’s decision regarding the students involvement in care delivery must be respected and followed.

You should keep this signed document in your portfolio.

I have read and understood these guidelines and discussed them with my mentor;

Module 1

Student signature & printed name: .................................................................

Practice assessor signature & printed name: ..................................................

Date discussed with practice assessor: .........................................................

Module 2

Student signature & printed name: .................................................................

Practice assessor signature & printed name: ..................................................

Date discussed with practice assessor: .........................................................