

# **Midwifery Ongoing Record of Achievement HANDBOOK**

**FOR MIDWIFERY STUDENTS AND PROVIDERS OF SUPPORT AND  
ASSESSMENT IN PRACTICE**



**Students, please bring this handbook with you to practice learning in order to make it available to practice supervisors, practice assessors and/or academic assessor. This must be provided to a Practice Supervisor at the beginning of every practice learning experience.**

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## **IMPORTANT CONTACT DETAILS**

To allow for changes, up to date contact details for those who manage practice learning within their organisation will be available to students from InPlace.

## **INTRODUCTION**

Welcome to the practice learning component of pre-registration midwifery education provision in Northern Ireland. This handbook is intended to provide midwifery students, practice supervisors, practice assessors and link lecturers/ academic assessors with the core information around the practice learning component of the programme. In addition, it focuses on setting the context for practice learning and how the Midwifery Ongoing Record of Achievement [MORA] is used to facilitate learning and development.

Developing evidence for learning may not be new to some students. However, for many students it will be a new experience, and the way in the development of evidence is integral to the MORA will be new to all students. The MORA will also represent a new approach to evidencing support and assessment by those supervising and assessing students in practice. This handbook has been developed to support the implementation of the MORA and will provide all relevant information for students, practice supervisors, practice assessors and link lecturers/ academic assessors in order that the structure, context and process of developing through the MORA, including supporting students is clear. The MORA is a fundamental element for pre-registration midwifery education, and it is important that students have the direction, guidance and skills necessary to utilise successfully.

## **DEVELOPING THROUGH LEARNING IN PRACTICE**

Future midwives will be expected to meet the holistic needs of women, newborn infants and families. The NMC Standards of proficiency for midwives (NMC 2019) outline the expectation of student learning across a diverse range of settings with a focus on the journey of the women, newborn infants and families receiving care, a journey that reflects the current and future configuration of services. Practice learning constitutes 50% of this programme. Within practice learning, students are expected to develop the knowledge, skills and attributes to become a registered midwife, applying the theoretical aspects of the programme into the provision of woman-centred care. Practice learning throughout the programme will provide students with experience of 24-hour and 7-day care.

Over the minimum 2,300 hours of practice learning required by the NMC, students will have the opportunity to learn in direct contact with women, newborn infants and their families and communities. Students will be required to use this experience to organise, deliver and evaluate their midwifery care on the basis of the knowledge and skills they have acquired. Theory and practice learning will address the psychological and physical health needs of women, newborn infants and families.

Developing evidence for the MORA is largely a self-determined process whereby evidence is created through documenting learning experiences. In order to achieve this, a learning environment that incorporates opportunities for analysis of learning is fundamental. This will allow a facilitated learning approach and will encourage constructive dialogue between the student and those supporting them in practice that is focused on learning. The MORA is the vehicle for this, providing opportunities for these processes to take place, primarily through reflective processes and discussion.

# LEARNING IN THE CONTEXT OF PROVIDING QUALITY MATERNAL AND NEWBORN CARE AND PERSON-CENTRED CARE

The framework for Quality Maternal and Newborn Care (QMNC) (Renfrew *et al.* 2014, see figure 1) was developed from a comprehensive global analysis of 85 Cochrane reviews on 81 distinct effective midwifery practices, 14 Cochrane reviews on ineffective practices and 37 meta-syntheses on women’s views and experiences of maternity care providers. Published in the Lancet Series on Midwifery (2014) the framework underpinned the development of NMC Standards of Proficiency for Midwives (NMC, 2019) and provides clear direction and consistent focus for midwifery students and midwives on the needs, views, preferences, and decisions of women and the needs of newborn infants across the whole continuum of midwifery care. The framework highlights the role of the midwife in providing universal care for all women and in providing additional care for women and infants with complications.

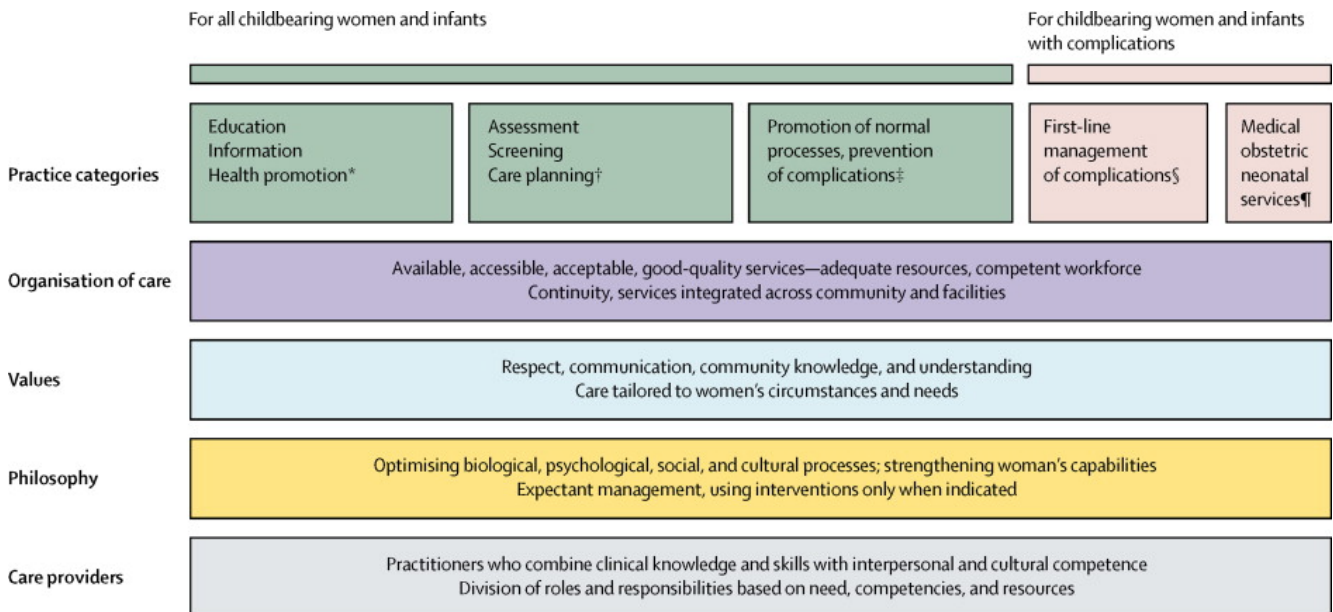


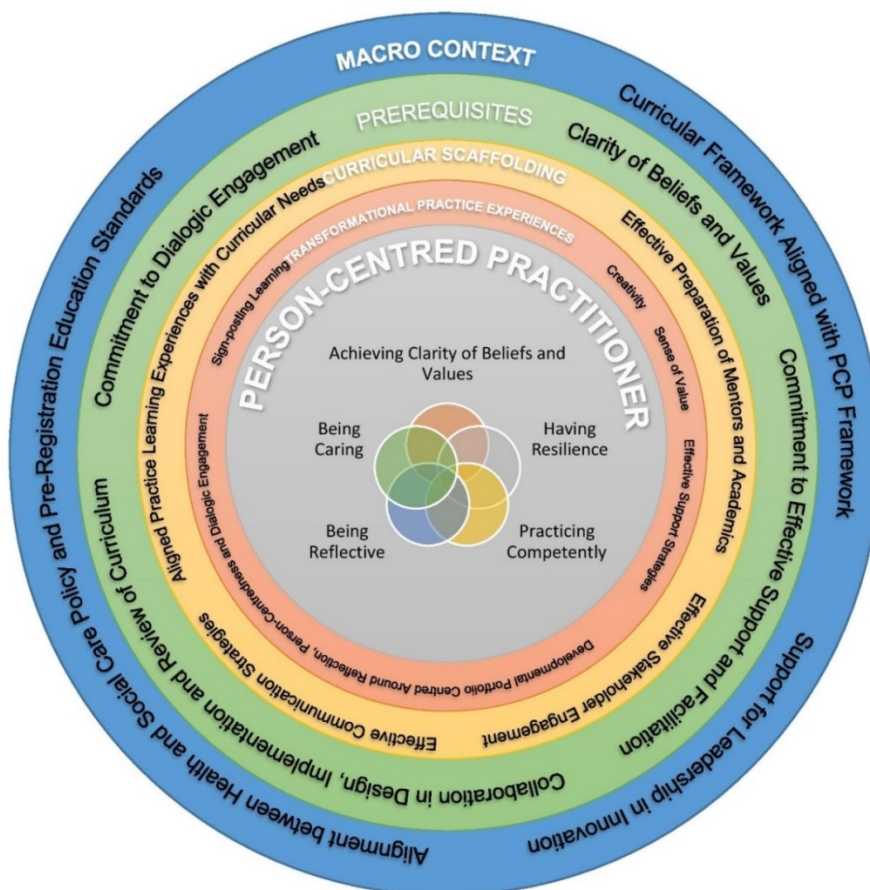
Figure 1

## The Framework for Practice Learning

The 2019 NMC Standards of Proficiency for Midwives and Standards for Pre-Registration midwifery programmes have person-centredness at their core. This requires that pre-registration midwifery curricula consider how to place people at the centre of learning in order that the person-centred context of practice is also the context of their learning and development. An example of a framework of Practice Learning was developed by Cook (2017; Figure 2). The framework signifies the factors that are central to a transformative learning experience in developing person-centred practitioners. It is an interplay between each layer that leads inwards to the desired outcome; however, each layer interplays with the other and so the model is dynamic. Broadly, the outer layers of the model reflect elements that generally precede those that come below them (not in a hierarchical sense). McCormack<sup>1</sup> (2003) asserts that being person-centred necessitates engaging in a therapeutic dialogue between the professional and the person in their care. This engagement is predicated upon a value base of trust, mutuality and knowledge exchange. The FPL reflects this through the engaging the student and educator (be it practice supervisor or academic) in a dialogue that illustrates value of the other, mutuality and sharing of knowledge and experiences in a dialectic manner. This is not merely dialogue, but one that leads to action and positive change.

Figure 2 – Framework for Practice Learning (Cook, 2017)

<sup>1</sup> McCormack, B. (2003) A conceptual framework for person-centred practice with older people. *International Journal of Nursing Practice*, 9, 202–209.



The ultimate aim is to develop registered midwives who are focused on person-centredness, and who will be equipped with the knowledge, skills and attributes necessary to practice in such a way as to promote optimal person-centred outcomes. Developing midwives within this framework is seen as a way to realise person-centred practice. It is within the context of person-centredness that students are to develop their practice outcomes. Without this, there is a danger of a task orientated model of practice emerging, which is not in keeping with the person-centred approach to care being embraced nationally. Students will undertake practice learning in environments where a variety of factors can influence the philosophy of care as a result of culture/microcultures, performance targets and financial constraints. Learning within a person-centred context will enable students to develop their skills within a holistic mind-set in order that they are practitioners who have the ability to deliver on person-centred outcomes by the point of registration.

## WHAT IS THE MORA?

The MORA is the regional practice assessment document for pre-registration midwifery students within Northern Ireland. It was developed in collaboration with other midwifery education providers in England to enhance consistency in supporting students in practice, alongside ensuring another layer of uniformity in how and what students learn in practice. The MORA is designed to support and guide students and those supporting them towards successfully achieving the NMC Standards of Proficiency for midwives (NMC 2019). It is a record of a student's learning in practice, a tool to guide that learning and also a record of their achievements through the evidence developed and authenticated in practice. This all comes together to inform student assessment in practice.

Students will work and learn alongside many professionals in practice and will learn with and be assessed continuously by practice supervisors, practice assessors, and academic assessors. This form of continuous assessment is an integral aspect of their learning and development as they progress to achieve the knowledge, skills and attributes of a registered professional midwife. It is therefore important that they can show and document evidence of their progressive achievement in the MORA. Students should engage positively in all learning opportunities and take responsibility for their own learning; they should seek direction and guidance and know how to access support when,

and as, they need it. Being able to ask for help or support is an important attribute of being a professional.

Students will work with, and receive written feedback from, a range of people including:

- Service users (people in their care, including their families and carers)
- Practice supervisors
- Practice assessors
- Academic assessors
- Other health care professionals.

It is essential that students reflect on this feedback and wider learning objectives and positively engage in reflective dialogue with those who are supervising and assessing them in practice. The MORA is the tool that facilitates all of this to occur.

**It is important that students and those supporting them in practice read this handbook in preparation for practice learning as it outlines the key processes and policies that directly influence students' practice learning experience and use of the MORA.**

## **CONSENT, CAPACITY AND AUTONOMY**

The philosophy of healthcare is based on autonomy and capacity, autonomy being the person's right of self-determination and capacity being the person's ability to make their own decisions. Practitioners are required to consider a person's autonomy in all aspects of care to determine what matters to them and to act as a facilitator in the person's decision making.

Much attention is delegated to the notion of capacity, which acts as gatekeeper, determining whether or not the right of autonomy will be respected in each individual's case. However, the relationship between autonomy and capacity is often ambiguous and the capacity to consent might not be constant nor is it easily assessed (McLarnon, 2017<sup>2</sup>). The following pointers can help support the practice of informed consent.

- Timely and careful explanations must be provided in the absence of undue influence.
- Capacity must be assessed at the relevant time.
- All dialogue must be recorded to provide evidence that appropriate communication has taken place with relevant parties.
- Discuss reasonable alternatives and allow protected time for adequate, genuine two-way dialogue.
- Level of risk should not determine what risks are discussed; it is important to think carefully before relying on therapeutic exception i.e. is the reason for withholding information made clear in notes and is it justified in terms of autonomy?
- Important to be aware that issuing of leaflets does not constitute required dialogue.
- Assess if the person has understood advice given and was the advice delivered to the person in a comprehensible way?
- Ensure explanations are timely and careful.
- Practitioners need to counter-balance concern to benefit the person with a commitment to trusting their ability to engage in decision-making with us.

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<sup>2</sup> McLarnon, KA (2017) Consent to medical treatment of the mature minor: is autonomy achievable? *Primary Health Care*, 27, 5, 35-42.

## **SUPPORTING STUDENTS IN PRACTICE – THE NORTHERN IRELAND REGIONAL APPROACH**

The process of supervising and assessing students is one of partnership to ensure a safe and effective learning and assessment that upholds public protection. It is also a process which fosters a positive learning relationship with the student and enhances their professional and personal development, empowering the student to become a resilient, critical thinker and decision maker who can analyse, reflect on and improve their practice. Students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting; this means they are supernumerary. However, they should always be considered part of the Team.

Queen's University Belfast is the sole provider of pre-registration midwifery education. A regional approach has been adopted to the implementation and delivery of the new NMC Education Standards which includes the standards for student supervision and assessment (SSSA). The SSSA model will reflect the new roles including:

- Nominated person
- Practice supervisor
- Practice assessor
- Academic assessor

Every student will be allocated:

- At least one practice supervisor for every practice learning experience or series of practice placements
- A practice assessor for each practice placement; and
- An academic assessor for each year of the programme.

All three individuals work together to ensure safe and effective learning experiences that uphold public protection and safety of people. Separating out the supervision and assessment roles ensures greater consistency and more objectivity in the assessment process.

The shared responsibility between the practice assessor and academic assessor ensures robust, objective, fair and transparent assessments and shared decision making to uphold public protection and ensuring only those who have met all programme requirements and proficiencies and are clearly able to demonstrate the principles of The Code are entered on to the NMC professional register.

### **Supervision of Students**

All NMC registered nurse and midwives are capable of supervising students and serving as role models – students may be supervised by other registered health and social care professionals who have been suitably prepared for their roles.

### **Assessment of Students**

Students will have a practice assessor for each practice learning experience, or a series of experiences, who will oversee their learning, provide feedback and make records regarding the student's progress in their learning and development. A formative assessment (practice assessor, link lecturer and student) will occur on two occasions through the practice learning weeks for the year of the programme, reviewing progress and providing guidance and direction for the student's learning and development. During the final placement of each year, the practice assessor will work in partnership with the academic assessor to evaluate and recommend the student for progression to the next part of the programme through the summative assessment process.



## KEY ROLES AND RESPONSIBILITIES

### The Nominated Person

This will be the ward manager. The name of the nominated person will be detailed on the Practice Learning Environment Educational Audit and they will oversee and provide continuity for the student. They will actively support the student's learning. The name of the nominated person will be identifiable on the InPlace™ system.

The nominated person will:

- be responsible for identifying the students allocated practice assessor and for identifying practice supervisor/s to ensure continuity of the learning experience
- ensure there is support and oversight of practice supervision to ensure safe and effective learning
- ensure the practice assessor and practice supervisor/s will receive on-going training and support to fulfil their roles
- be involved in dealing with any matters of underperformance/concern alongside the practice supervisor and link lecturer/academic assessor.

### The Practice Supervisor

Every student will be allocated at least one practice supervisor for every practice learning experience. Practice supervisors will have knowledge and experience that will meet the NMC (2018) outcomes for the role of practice supervisor or will have completed a practice supervisor preparation programme. The number and type of students that can be supported in a practice learning environment will be detailed within the Practice Learning Environment Educational Audit. There may be different models of supervision offered depending on the practice learning environment for example Hub and Spoke, 1:1.

Preparation programmes are available, delivered and supported by identified key personnel in both practice and education environments to prepare practice supervisors for their role, where indicated. This education will be delivered via eLearning and face to face. The opportunities to prepare for the role are flexible and designed to meet the needs of practice supervisors from various professions and practice supervisors supporting different student groups. The supervisory role that non-registered professionals play will be dependent on the skill which is being taught, the knowledge and experience of the professional, what oversight there is and the environment where the learning is taking place. Where there is **no access** to a registered midwife, registered nurse or other registered health and social care professional, these practice learning experiences will be managed through a hub and spoke approach or enriched practice learning model. If the spoke experience is in a different organisation to the hub, any issues that arise will be managed by the practice assessor, nominated person and the link lecturer.

The practice supervisor will:

- in conjunction with the practice assessor, organise and co-ordinate student learning activities in practice, ensuring quality, safe and effective learning experiences that uphold public protection and the safety of people
- ensure the level of supervision provided to students reflects their learning needs and stage of learning.
- encourage and coordinate students to work with and learn from a number of people who are not registered healthcare professionals but who can positively contribute to their learning
- use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required
- facilitate practice based independent learning as appropriate
- serve as role models for safe and effective practice in line with the NMC Code and the professional duty of candour
- support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes

- support and supervise students, providing feedback on their progress towards achievement of proficiencies and skills
- have current knowledge and experience of the area in which they are providing support, supervision and feedback
- set and monitor realistic achievement of proficiencies through the development of evidence identified within the programme specific MORA
- liaise with others (PET, practice assessor, link lecturer, academic assessor, nominated person) to provide feedback and identify any concerns about the student's performance and agree action as appropriate
- support learning in an inter-professional environment, selecting and supporting a range of learning opportunities for students with other professions
- be accountable for their decisions
- ensure requirement and rights around informed consent are implemented and that public protection is maintained
- contribute to the student's ongoing record of achievement in the student's MORA by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising
- contribute to student assessments to inform decisions for progression at summative assessment through reviewing evidence to ensure its authenticity, standard and completeness
- identify when a student is underperforming or where there are professional concerns, taking prompt action to notify the practice assessor in order for those concerns to be documented and actioned promptly.

## **The Practice Assessor**

The student will have a nominated practice assessor for each placement or series of placements. To assess a midwifery student, you must be a registered midwife.

Students will have a practice assessor for each practice learning experience, or a series of experiences, who will oversee their learning, provide feedback and make records regarding the student's progress in their learning and development. A formative assessment (practice assessor, and student) will occur twice per year at the end of a clinical placement, reviewing progress and providing guidance and direction for the student's learning and development. During the final placement of each year, the practice assessor will work in partnership with the academic assessor to evaluate and recommend the student for progression to the next year of the programme through the summative assessment process. In the event of an underachieving student or any student issues or concerns the expectation is communication will take place face to face (unless in exceptional circumstances) in a timely manner. Summative assessment is provisional until all practice hours are completed and there are no arising professional/performance issues.

If there are any concerns regarding a student, the practice assessor should inform the link lecturer/academic assessor and nominated person and seek guidance from the Practice Education Facilitators.

Preparation programmes are available, delivered and supported by key persons in both practice and education environments for the role of practice assessor. The opportunities to prepare for this role are flexible and designed to meet the needs of practice assessors.

The practice assessor will:

- plan out the student's learning journey within the practice learning environment in conjunction with the practice supervisor(s) and student
- make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources through the MORA
- periodically observe the student in order to inform decisions for assessment and progression in partnership with the academic assessor
- ensure that assessment decisions are informed by feedback sought and received from practice supervisor/s
- work in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each year of the programme, in line with programme standards

- confirm that all the evidence required for the specific year of the programme has been provided by the student and authenticated by practice supervisor/s. This will include evidence of authenticity, standard of completeness and relevancy to the claimed proficiencies
- in exceptional circumstances, agree alternative arrangements with the academic assessor and student if all parties cannot be present at the assessment
- maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

## **The Academic Assessor**

The student will have an allocated academic assessor for each year of the programme. The academic assessor will be an affiliated member of staff from the student's University. They will be registered midwives. They will hold relevant qualifications as required by their University and have completed an academic assessor preparation programme or have equivalent experience.

Students at Queen's University Belfast will identify who their academic assessor is for each year of the programme through the InPlace™ system. All students will be assigned to a different academic assessor for each year of the programme. Students will not be assigned to the same academic assessor in concurrent years of the programme. The academic assessor will be advised as to who the practice assessor is for the student(s) they are assessing (e.g. through the InPlace™ system).

The academic assessor will:

- collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme
- have an understanding of the student's learning and achievement in practice, including any concerns around underperformance
- make and record objective, evidence-based decisions on conduct, proficiency and achievement, and make recommendations for progression, drawing on student records and other resources
- communicate and collaborate with the practice assessor at scheduled, relevant points in the programme structure and student's progression
- work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and for entry to the NMC professional register on successful completion of the programme
- forward the outcome of summative assessments to the appropriate person within a timely manner and advise the appropriate University personnel of any issues concerning students
- maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming
- be informed by the link lecturer/practice assessor of any student underperformance issues.

## **The Link Lecturer**

The School of Nursing and Midwifery in QUB operates a link lecturer system with an identified member of staff allocated to each practice learning setting. While they are also the academic assessor, their role has other aspects:

The link lecturer will:

- support students and practice supervisors in clarifying the learning opportunities available to develop evidence for the MORA
- be available to support and advise students and practice supervisor in relation to challenges to student learning within the PLE
- maintain accurate and appropriate records as required

- ensure the relevant process is followed in the event of concerns/issues regarding a student (Appendix 1)
- ensure that necessary measures are taken to make effective use of the learning potential in PLEs
- assure quality practice learning experiences through PLEEA and monitoring of the quality of the learning environment in collaboration with practice partners
- also undertake the role of academic assessor for allocated students
- collaborate with the appropriate University personnel, nominated person, practice supervisor/assessor and the PET regarding issues which may impact on students' learning experiences or performance, including feedback questionnaires
- encourage students to complete evaluation questionnaires
- provide assurances that they maintain their professional knowledge and skills and critically reflect on their role through a range of processes which includes NMC revalidation, supervision and appraisals.

## The Student

While there are a number of people to support students in practice, the student also has a set of key responsibilities that are central to effective learning in practice to become a registered midwife.

The student will:

- respect the rights and wishes of women, newborn infants and families in their care at all times who have the right to decline and withdraw consent for them to participate in their care. Students will make this explicit when first giving information regarding the care people are about to receive
- be open and honest with people and adhere to a professional duty of candour
- always introduce themselves, making it clear that they are a midwifery student and not a registered practitioner to avoid misrepresentation
- in a situation where they are asked to perform a procedure for which they have not been fully prepared or inadequately supervised, not participate in that procedure. They should decline and discuss the matter as quickly as possible with the nominated person or practice supervisor/assessor.
- follow the Uniform Policy set out in this handbook, including guidance on wearing an authorised name badge
- complete the orientation induction with an identified member of staff at the beginning of each new practice learning experience. This includes ensuring that they are properly orientated to the practice learning setting in relation to roles and responsibilities of team members and emergency procedures on their first shift of duty as appropriate
- provide their MORA to their practice assessor within the first two days of practice learning. They must maintain their MORA for the duration of the programme
- within the first week of each practice learning experience, complete the initial discussion with the practice assessor. They should identify together the experiences needed to meet the learning needs of the student.
- take responsibility for ensuring that all necessary parts of the MORA for practice learning are completed appropriately. If there are challenges with designated people not completing their elements, they must raise this with the practice assessor, link lecturer/academic assessor or nominated person at the earliest opportunity
- work with their practice supervisor/s as often as possible, taking the initiative but always within the limits of their knowledge, experience and skill. Students should not be afraid to admit when they are unsure and ask for assistance but also not use this as an excuse for not taking responsibility
- review their progress in developing their evidence in the MORA on an ongoing basis, and formally at designated times, with the practice assessor and link lecturer/academic assessor
- at the end of each practice learning experience, submit identified elements from the MORA in its fully completed format (no errors or omissions) to the University as per the guidance within the handbook. Until this is done, practice learning is incomplete; late or missing submissions will be classified as non-submission and may delay progression

- be aware that documentation compiled as part of the MORA must be stored safely and can be requested for inspection by the University staff at any point
- safeguard those in their care:
  - i. Should a student acquire information that they deem should be passed on to a professional they should obtain the person's permission to do so. Circumstances may arise, e.g. suspected abuse, where safety considerations may outweigh the duty of confidentiality.
  - ii. Real names and addresses must not be used in coursework material. Students must not include any information in their coursework that links with a practice learning facility or person.
- ensure they maintain all MORA documentation in a safe and professional manner. As this contains signatures and information pertaining to practice areas, this information should only be used for the purposes outlined. The material should not be circulated to anyone other than those specified. If a student misplaces their MORA, they should inform the University immediately.
- raise and escalate any concerns as soon as possible through the following process (See Appendix 1):
  1. Raise any concerns with any aspect of their practice learning experience as soon as possible with the following people: the practice supervisor/assessor, nominated person, link lecturer, member of the Practice Education Team (within Health and Social Care Trusts) or a senior member of School staff at the University.
  2. Seek help immediately from an appropriately qualified professional if someone for whom they are providing care has suffered harm for any reason.
  3. Seek help from their practice supervisor/assessor, nominated person or link lecturer if people indicate that they are unhappy about their care or treatment.
  4. Make an accurate record of any of the above, should it be needed in the future.
  5. It is recognised that it might not be easy for a student to raise and escalate a concern; they may not be sure what to do or the process may seem quite daunting. For additional advice at any stage, we recommend that students talk to the identified people as early as possible. They can also speak to their professional body, trade union or Protect (<https://protect-advice.org.uk/>), who can offer valuable confidential advice and support.
- not breach any HSC Trust/University or other practice setting policies with regards to bullying and harassment. Bullying and harassment in any form is unacceptable behaviour and will not be permitted or condoned (see Appendix 2 for Processes). Sexual, sectarian and racial harassment and harassment on the grounds of disability or sexual orientation constitute discrimination and are unlawful under the sex discrimination, fair employment, race relations, disability, sexual orientation and age legislation. Harassment is also a criminal offence under the Protection from Harassment (NI) Order 1997 and it may contravene the Health and Safety at Work (NI) Order 1978. Students should be familiar with their University's policies on bullying and harassment
- familiarise themselves with and adhere to policies and procedures of the University and the organisation where they are undertaking practice learning
- maintain an accurate record of duty/attendance within the MORA and the practice learning facility off-duty (where available). This is to ensure there is an accurate record of completing the required number of hours set by the NMC
- undertake practice learning experiences across all days of the week (including weekends) over a 24-hour period in the same manner that a Registered midwife would. This includes 12-hour shifts and night-duty (unless a reasonable adjustment has been formally agreed that indicates otherwise). Hours on duty do not include breaks. When deemed appropriate, the student may undertake on call for homebirth. Students may be expected to undertake a maximum of 3 weeks night duty on any single placement.
- Students will have the opportunity to maintain continuity of care with a small number of women throughout their midwifery programme [2 women year 1 BSc; 2 women year 2 BSc/year 1 MSc and 4-6 women year 3 BSc/year 2 MSc]. Release for attendance at community/hospital appointments with the designated women will be planned with the practice assessor and community midwife. Students will be expected to have facilitation regardless of placement

setting to attending continuity of care women unless it is deemed inappropriate by the practice assessor or community midwife. During university tuition time, the student should liaise with the relevant module co-ordinator if there is a continuity of care appointment to see if it is appropriate to miss a particular lecture/tutorial. The student will develop a learning contract with the module co-ordinator regarding any missed content. The module co-ordinator may advise the student to miss a continuity of care appointment if the content is deemed essential at that time [for example: if there was an external expert lecture].

- not make requests for specific off-duty except on the occasion of a special event. This includes requests for their off-duty to be set to permit them to undertake paid employment elsewhere. Any requests should be discussed with practice assessor, nominated person and link lecturer prior to it being agreed
- students must inform the University and practice learning facility of any absence before the time they are expected on duty. This must also be recorded on the Record of Attendance within the MORA. Students will continue to be marked absent until they inform University that they have returned to practice learning. All outstanding hours must be made up by students in order to complete that year of the programme
- at the end of each practice learning experience provide feedback on their experience through the completion of a student evaluation within the required timeframe.

## Who can document in the MORA: a quick reference guide

	<b>Practice Supervisor (PS)</b> (registered healthcare professional)	<b>Practice Assessor (PA)</b> (nominated and prepared for role)	<b>Academic Assessor (AA)</b> (nominated by the university, different for each part)	<b>Non-registered healthcare worker</b> e.g. nursery nurse, support worker	<b>Client or family member</b>
Can I undertake student orientation?	Yes	Yes	If appropriate but this is unlikely.	If it is appropriate to do so.	No
Can I complete the initial planning meeting with the student?	No	Yes. You must complete this section at the start of each year / part of the programme.	No	No	No
Can I record my observations regarding the student's achievement of a proficiency statement?	Yes. The role of the PS is to contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising. <sup>10</sup>	No as this is the role of the PS. The role of the PA is to conduct objective evidence-based assessments to confirm student achievement of proficiencies, informed by feedback from PS. You cannot act as the PS and PA for the same student.	No, you cannot act as the AA and PS for the same student.	No	No
Can I contribute to the student's assessment and inform progression decisions?	Yes, this is a really important role of the PS. Please complete the PS feedback template.	Yes, please complete the record of meetings/ periodic observation page at the back of the document.	No, see above	Yes, please use the record of meetings page at the back of the document.	Yes, please complete the service user feedback form.
Should I write a progression plan if I am concerned about the student's performance?	No, if you have concerns, please record them in the feedback section and contact the PA and practice nominated person	Yes, in partnership with the AA	Yes, in partnership with the PA	No, if you have concerns please record them in the feedback section and contact the PA	No, please complete the service user feedback form and speak to the student's PS
Can I complete the PA reviews or final summative holistic assessment?	No	Yes. The role of the PA is to confirm student achievement by undertaking objective reviews and completing the summative holistic assessment. <sup>10</sup>	No  In partnership with PA	No	No
Can I complete the end of year summary?	No	No	Yes, after reviewing the MORA during each assessment period	No	No

# GUIDANCE FOR USING THE MORA TO FACILITATE LEARNING AND ASSESSMENT IN PRACTICE

The MORA is designed to enable the documentation of evidence that the NMC (2019) Standards of Proficiency for midwives and the requirements of the EU Directive have been achieved at the point of registration. The MORA is structured into sections:

## Practice Episode Records [PER]

These records allow the student to document the care they have provided for women and their newborn infants in the antenatal, intranatal, postnatal and neonatal period [Figure 3]. The activities that students undertake during the practice episodes are mapped to the NMC proficiencies and enable students to also demonstrate that they meet the EU requirements.

Figure 3

Midwifery Ongoing Record of Achievement

Practice Episode Records: antenatal examinations personally undertaken EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V										
Date	Gestation in weeks	Findings from maternal mental health assessment A4.2	Findings from maternal physical health assessment A4.4	Findings from abdominal examination A4.7	Findings from fetal wellbeing assessment A4.8	Public health information provided A5	Additional care needs identified A1.2, A9	Investigations undertaken A4.5	Outcome of place of birth discussion A1.1	Midwife signature
03/11/2020 example	26	No concerns identified	BP 122/64 Urinalysis NAD	SFH: 26cms	Fetal movements	Infant feeding and relationship building	None	FBC	MLU	Jayne Higgins RM

The PERs allow for all women’s care to be documented whether universal care or additional care is needed. If a woman requires additional care, the student should highlight that particular PER using an asterisk [\*]. This will demonstrate that the student has achieved the EU directive in relation to ‘caring for 40 women at risk during pregnancy, labour or the postnatal period’

## Proficiencies

The expected level of engagement is indicated at the top of each column [Figure 4] circles an example of the column for year 1 signatures]. There is no expectation that students will experience all situations that enable them to participate [year 1] or contribute to [year 2/part 1] care as described in all the proficiencies. **Students must achieve all proficiencies in the final year of the programme.**

Figure 4

Antenatal proficiencies for midwives	Year 1 Able to participate under direct supervision and direction	Reference to evidence	Year 2 Able to contribute with decreasing supervision and direction	Reference to evidence	Year 3 Able to demonstrate proficiency with appropriate supervision	Reference to evidence
Continuity of care and carer	Practice supervisor signature and date	Student completion	Practice supervisor signature and date	Student completion	Practice supervisor signature and date	Student completion
Relationship building						
<b>A1 The student midwife is able to promote and provide continuity of care and carer in the antenatal period.</b> Demonstrated by:						
A1.1 discussing with women, and their partners and families as appropriate, information on the available options for the place of birth, supporting the woman in her decision; and regularly reviewing this with the woman and with colleagues						
A1.2 ensuring safe continuity of care by identifying and communicating effectively with colleagues from the appropriate health and social care settings or agencies						
A1.3 promptly arranging for the effective transfer of care for the woman, when there are changes in care needs						
<b>A2 The student midwife demonstrates the ability to build kind, trusting, respectful relationships with women, partners and families advocating for the woman’s needs, views, preferences and decisions, working in partnership during the antenatal period.</b> Demonstrated by:						
A2.1 providing evidence-based information on all aspects of health and well-being of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate						
A2.2 managing the environment to ensure that it is welcoming for the woman and her partner/family to maximise safety, privacy, dignity and well-being						
A2.3 showing compassion and sensitivity when women or their partners/family members are emotionally vulnerable and/or distressed						

Against each proficiency, students should insert the method by which they can achieve the required outcome [Figure 5]. For example, students could reference the practice episode records [PER] here or



might evidence achievement *in another way* such as through discussion, demonstration, reflection or simulation.

Figure 5

Antenatal proficiencies for midwives	Year 1 Able to participate under direct supervision and direction	Reference to evidence	Year 2 Able to contribute with decreasing supervision and direction	Reference to evidence	Year 3 Able to demonstrate proficiency with appropriate supervision	Reference to evidence
	Practice supervisor signature and date	Student completion	Practice supervisor signature and date	Student completion	Practice supervisor signature and date	Student completion
<b>A4 The student midwife demonstrates the skills of effective assessment, planning, implementation and evaluation to provide universal care in partnership with women during the antenatal period to anticipate and prevent complications. Demonstrated by:</b>						
<b>A4.1</b> accurately recognising the signs and symptoms of pregnancy		Discussion				
<b>A4.2</b> accurately assessing, recording and responding to maternal mental health and well-being		PER 12, 14, 20, 24, 30 Discussion				
<b>A4.3</b> providing evidence based information which supports women and their partners/family to make individualised choices and decisions about screening and diagnostic tests		PER 12, 13, 15, 19				
<b>A4.4</b> measuring and recording the woman's vital signs using manual and technological aids where appropriate, accurately recording findings and implementing appropriate responses and decisions		PER 12, 13, 14, 15, 16				
<b>A4.5</b> undertaking venepuncture and appropriate blood sampling, interpreting the results of routine tests		PER 11, 14, 19, 21				
<b>A4.6</b> accurately recording weight and height including calculation of Body Mass Index (BMI)		Demonstration				

In the example provided [figure 5], the student has been able to evidence proficiencies A4.2, A4.3 and A4.4 through their care of woman 12 in the PER [Figure 6]

Figure 6

**Records of antenatal examinations personally undertaken. EC Directives 2005/36/EC Article 40 (training of midwives) Annexe V**

Date	Gestation in weeks	Findings from maternal mental health assessment A4.2	Findings from maternal physical health assessment A4.4	Findings from abdominal examination A4.7	Findings from fetal wellbeing assessment A4.8	Public health information provided A5	Additional care needs identified A1.2, A9	Investigations undertaken A4.5	Outcome of place of birth discussion A1.1	Midwife signature
12 06/09/2020	16	History of anxiety and depression	BP 122/64 Urinalysis NAD	Laparoscopy scar R side	NA	Dietary information & screening pathway details	Referred to MMH Midwife	None	MLU	Jayne Higgins RM

**Core Caring Placement [Year 1]**

All students will be required to complete a core caring placement towards the end of year 1. This will provide exposure to caring for women across the life trajectory through a range of alternative settings which may include gynaecology, medical, surgical, community or the independent sector. This is a formative placement. The student will be asked to complete a weekly reflection of their learning experience within the MORA [p229]. The reflection will be reviewed and signed by a practice supervisor within the placement setting. The named practice supervisor is also encouraged to document within the year 1 practice supervisor feedback section in the MORA [p180] to reflect on the student's performance. This will feed forward to the final summative review with the practice assessor. To encourage self-regulated learning, the students will also be encouraged to use their Skills Passport in relation to providing core care.

## Achievement of Proficiencies

The proficiencies can be assessed in a range of placements as part of a continuous assessment process and should not be viewed as separate elements but reflect the continuum of care provided in partnership with women and their families. During each year of the programme, students are expected to engage at varying levels appropriate to their knowledge and understanding [Figure 7].

### BSc Year 1: Participation

During the first year, students are expected to work closely with midwives and other health and social care practitioners and take part in the activities that are undertaken *under direct supervision and direction*. The expectations of professional behaviour and academic knowledge and skill are specific to BSc year 1 and are documented in the assessment section.

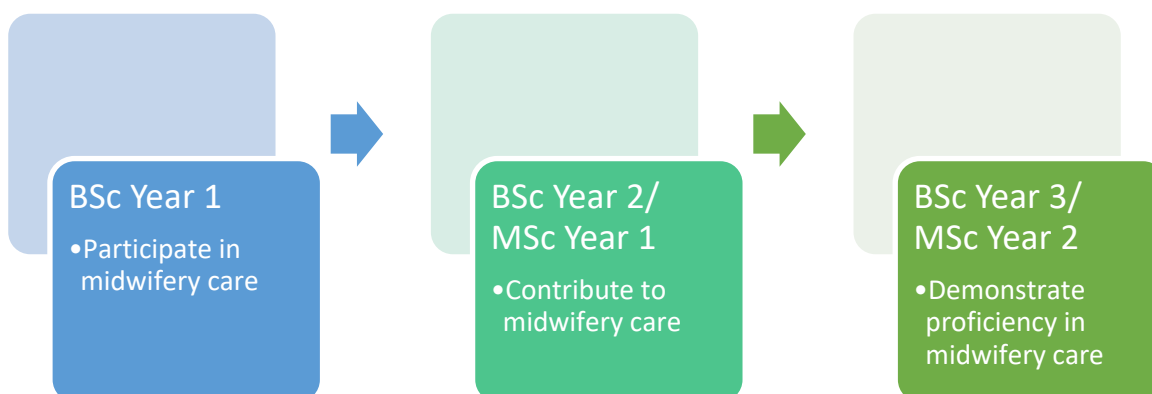
### BSc Year 2 / MSc Year 1: Contribution

In the year two [or part 1 for shortened programme students], students are expected *to contribute to providing care for women, their babies and their families*. This means that they work in partnership with midwives and other health and social care practitioners, under close supervision and direction, appropriate to their knowledge and skills. The expectations of professional behaviour and academic knowledge and skill are specific to BSc year 2/MSc year 1 and are documented in the assessment section.

### BSc Year 3 / MSc Year 2: Demonstrate Proficiency

During the final year, students are expected to *provide midwifery care for women, their babies and their families in partnership with midwives and other health and social care practitioners, with appropriate supervision and direction* as their knowledge and skill increases. The expectations of professional behaviour and academic knowledge and skill are specific to BSc year 3/MSc Year 2 and are documented in the assessment section.

Figure 7



## Systematic Newborn Examination Programme overview

(Acknowledged in partnership with Liverpool John Moores University)

It has been increasingly recognised that midwives are uniquely placed to perform the screening of the newborn performed before the baby is 72 hours of age; interchangeably entitled the systematic newborn examination; NIPE (Newborn Infant Physical Exam) or the EON (Examination of the Newborn) (Townsend, *et al.*, 2004; McDonald, 2013; McDonald, 2018; NMC 2019). It has been recognised that there is a place for teaching this within pre-registration midwifery programmes (Lumsden, 2002; McDonald *et al.*, 2012; Stanyer and Hopper, 2019). This has been formalised with the introduction of the new Standards of proficiency for midwives (NMC, 2019). Currently in Northern Ireland, a significant number of midwives in each Hospital Trust have completed the Queen's University Belfast 'Midwifery examination of the newborn [MID 3077] level 3 module which ensures a regional quality standard of newborn examination and midwives are expected to complete 30 systematic newborn examinations including three summative examinations in order to successfully complete the module. Successful completion of the module will allow those midwives to support midwifery students in practice to achieve their systematic newborn examinations.

In order to complete the programme and become competent, there are a number of steps that **MUST** be undertaken, which are broken down into year stages in the first and second years of the midwifery programme, and which must be adhered to in the third year of the programme.

NIPE observations and examinations may be conducted during *any* relevant placement, community, postnatal, special care/neonatal or intrapartum– this list is not exhaustive. Students will be proactive in arranging time to ensure all NIPE examinations are completed and staff within the Trusts should accommodate this.

Upon successful completion of the midwifery programme, Queen's University Belfast midwifery students will be qualified to perform the systematic newborn examination.

### Year One

In the first year of both undergraduate midwifery programmes, midwifery students are expected to learn how to perform the '**ongoing assessment of the newborn**'. This is sometimes known as the 'top to toe' check at birth or sometimes referred to as the 'neonatal postnatal check'. **It is NOT the NIPE/EON examination** (which is part of the screening pathway) - rather it is part of everyday universal midwifery care.

Students need to initially *observe* the midwives they are working with as they complete five ongoing assessments of the newborn, before they begin to perform this under supervision. They can record and reflect on these observed assessments within their skills passport.

Students must then document approximately 20 ongoing newborn assessments in the MORA during BSc Midwifery first year [45 in MSc Midwifery first year]. Students will complete a formative reflection of their first five ongoing assessments of the newborn for the integrated module 'learning to participate in skilled midwifery practice'.

The only difference in performing the normal ongoing assessment of the newborn during the first year is that students are encouraged to *listen* to babies' heart sounds, in order to familiarise themselves with normal heart sounds.

### Year Two

During BSc Midwifery year 2, midwifery students will continue to undertake ongoing assessments of the newborn [approximately a further 35]. Whilst performing examinations, students are encouraged to listen to babies' heart sounds in order to familiarise themselves with normal heart sounds.

Students should also take the opportunity to *observe* full systematic examination [NIPE] of the newborn at every opportunity in the first and second years of the BSc undergraduate midwifery programme and in the first year of the MSc pre-registration midwifery programme. Observations of the NIPE examination

may be with any qualified professional – this may include: a midwife who has completed a recognised post-registration programme; a paediatrician or an Advanced Neonatal Nurse Practitioner [ANNP]. Students should record and reflect on these observed assessments within their skills passport.

Once **all** theoretical elements of systematic newborn examination have been completed in Semester 2 tuition, year 2 BSc midwifery [semester 2, year 1 MSc midwifery] students may start to perform systematic newborn examination *under direct supervision*. This will include eye examination, heart examination, hip examination and teste examination. From this point until the completion of the midwifery programme, students will need to perform 30 systematic newborn examinations under direct supervision to achieve NMC proficiency standard expected of a midwife.

### **Year Three [year 2 MSc Midwifery]**

In the final year of each pre-registration midwifery programme, midwifery students will continue to complete both the 'ongoing assessments of the newborn' and the systematic newborn examinations. Systematic newborn examinations should be under the direct supervision of either the NIPE/EON trained midwife, a paediatrician or an Advanced Neonatal Nurse Practitioner [ANNP].

Students must document all systematic newborn examinations in the MORA. Documentation will be in both the 'ongoing assessment of the newborn' [p122] and in the 'systematic examination of the newborn' section [p144]. This section includes evidence in relation to history, findings and follow up referral from the systematic examination. Each examination should be signed by the practice assessor/supervisor facilitating and observing the examination.

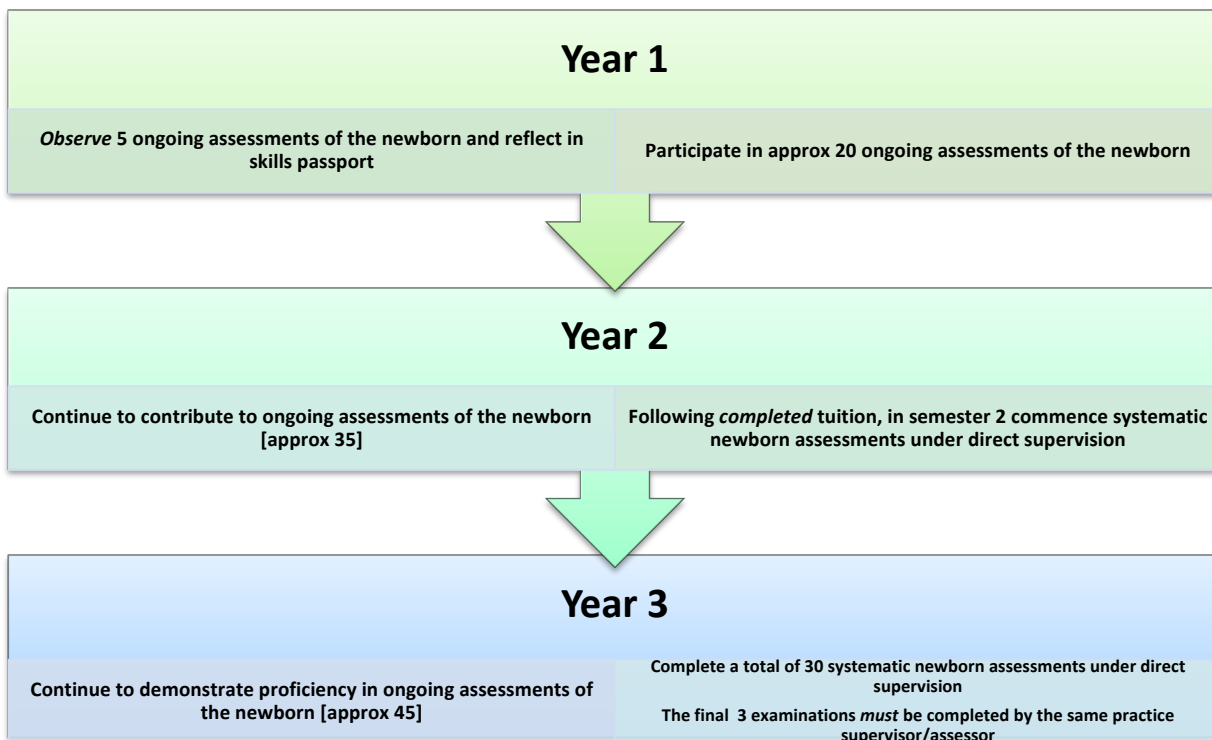
The final three systematic examinations [no 28, 29 and 30] will be carried out by the student under the direct supervision of the same practice supervisor/practice assessor. This is to ensure consistency in the student's approach to the examination. The practice supervisor/assessor completing the final three systematic examinations will review and ensure that all 30 systematic newborn examinations have been signed. The final three examinations can be carried out by a NIPE/EON trained midwife, a paediatrician or an advanced neonatal nurse practitioner [ANNP].

By the end of the programme, the student will have successfully completed a total of 100 ongoing assessments of the newborn which will include 30 systematic newborn examinations.

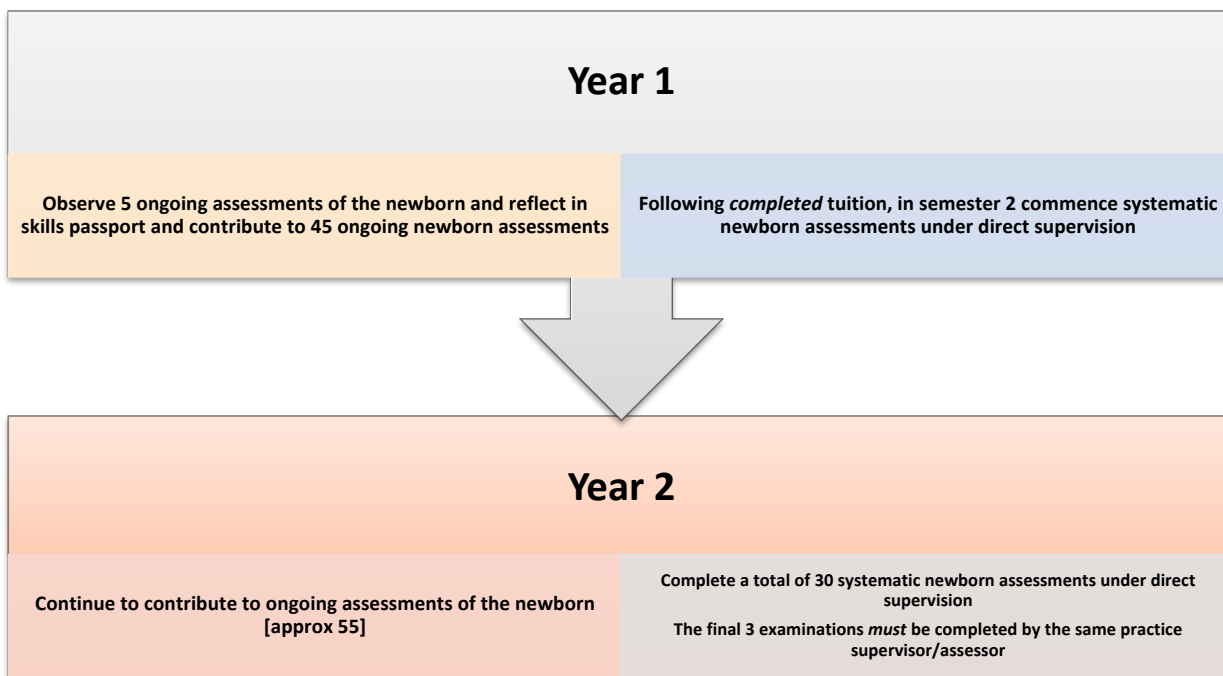
### **Completion of the NIPE/EON Components of the Programme**

**The midwifery degree programme cannot be completed without completion of ALL the elements**  
In order to pass the midwifery programme, the student should have performed **at least** 30 NIPE/EON examinations in order to demonstrate competency. This process must be successfully completed by the student within the allocated time frame. Overall, the midwifery student will achieve 100 ongoing assessments of the newborn.

## BSc Midwifery Pathway Systematic Newborn Examination



## MSc Midwifery Pathway Systematic Newborn Examination



## Expectations of student professional behaviour and performance

The expectations of students at each part of the program are indicated in the assessment section of the MORA. The descriptors represent the progression expected from the student through to professional practitioner. The performance descriptors are based on nationally agreed higher education standards. Figure 8 shows the Year 1 professional values. Practice supervisors are expected to comment on these descriptors each time they document in the feedback sections of the MORA. If a student has not achieved the expected professional values, the practice supervisor must notify the practice assessor. If the student has not achieved the expected professional values, a progression plan will be put in place in conjunction with the practice assessor, student and academic assessor.

Figure 8

<b>Professional behaviour</b>	
<b>Commitment</b>	The student maintains an appropriate professional attitude regarding punctuality and personal presentation that upholds the standard expected of a midwife, in accordance with the organisational and university policies.
<b>Care</b>	The student makes a consistent effort to engage in their learning in order to contribute to high quality, evidence-based, woman-centred maternity care.
<b>Competence</b>	The student recognises and works within the limitations of their own knowledge, skills and professional boundaries. The student demonstrates the ability to listen, seek clarification and carry out instructions safely in order to contribute to positive health outcomes for women and the best start in life for babies.
<b>Communication</b>	The student demonstrates that they can communicate clearly and consistently with colleagues, women and their families. The student works effectively within the multi-disciplinary team with the intent of building professional caring relationships. The student avoids any form of discriminatory language or behaviour.
<b>Courage</b>	The student demonstrates openness, trustworthiness and integrity, ensuring the woman is the focus of care.
<b>Compassion</b>	The student contributes to the provision of holistic, responsive and compassionate midwifery care with an emphasis on respect, dignity and kindness.

## Holistic Performance Descriptors






These represent the levels of performance expected to meet the assessment criteria at each academic level. Figure 9 shows an example of the descriptors for BSc Hons Midwifery. The descriptors describe the knowledge, skill and attitude expected across and between levels. Practice assessors award a descriptor that closely matches student performance. If a student is awarded unsatisfactory then the placement is considered 'not achieved'. Please refer to p25 in relation to the assessment process.

Figure 9

Holistic performance descriptors Level 4					
Outstanding	Excellent	Very good	Good	Satisfactory	Unsatisfactory
<p>The student's behaviour meets the professional conduct criteria and they demonstrate excellent insight about why this is important.</p> <p>The student's participation in midwifery care provision is safe, sensitive and woman focused.</p> <p>The student demonstrates an exceptional knowledge base for this level &amp; demonstrates an in-depth understanding of how the evidence and concepts relate to their practice.</p> <p>The student consistently shows insightful application of theory to practice and uses this effectively to explain the rationale for midwifery care.</p> <p>The student is insightful about their learning needs, is highly motivated in seeking new learning opportunities and consistently works to apply new learning to their practice.</p> <p>The student demonstrates exceptional initiative at all times.</p> <p>The student actively seeks feedback and responds very positively to enhance their self-awareness and skill development.</p>	<p>The student's behaviour meets the professional conduct criteria and they demonstrate good insight about why this is important.</p> <p>The student's participation in midwifery care provision is safe, sensitive and woman focused.</p> <p>The student demonstrates an excellent knowledge base &amp; demonstrates in-depth understanding of how the evidence and concepts relate to their practice.</p> <p>The student consistently makes clear links in the application of theory to practice and uses this effectively to explain the rationale for midwifery care.</p> <p>The student is very aware of their learning needs and is consistently self-directed and effective in seeking new learning opportunities.</p> <p>The student uses their initiative appropriately at all times.</p> <p>The student actively seeks feedback and responds very positively to recommendations.</p>	<p>The student's behaviour meets the professional conduct criteria and they demonstrate a developing insight about their professional responsibilities.</p> <p>The student's participation in midwifery care provision is safe, sensitive and woman focused.</p> <p>The student demonstrates a very good knowledge base and understands how the evidence and concepts relate to their practice.</p> <p>The student usually makes clear links in the application of theory to practice and is able to identify the rationale for most aspects of midwifery care.</p> <p>The student is aware of their learning needs and is usually self-directed and effective in seeking new learning opportunities.</p> <p>The student uses their initiative appropriately in most situations</p> <p>The student sometimes seeks feedback and responds positively to recommendations.</p>	<p>The student's behaviour meets the professional conduct criteria and they demonstrate some insight into their professional responsibilities.</p> <p>The student's participation in midwifery care provision is safe, sensitive and woman focused.</p> <p>The student is able to demonstrate a good knowledge base and can relate some of the evidence to their practice.</p> <p>The student often makes links in the application of theory to practice and can usually identify the rationale for midwifery care but seeks some help with this process.</p> <p>The student is developing their awareness of their learning needs but sometimes requires prompting to seek new learning opportunities.</p> <p>The student shows initiative but also seeks some prompts for actions.</p> <p>The student responds positively to feedback but does not often seek it.</p>	<p>The student's behaviour meets the professional conduct criteria and they are developing a professional approach although guidance is needed at times.</p> <p>The student's participation in midwifery care provision is safe, sensitive and woman focused.</p> <p>The student is able to demonstrate an adequate knowledge base and can identify evidence relating to their practice that is generally accurate.</p> <p>The student is developing their ability in the application of theory to practice but needs support to do this.</p> <p>The student responds to regular prompting to consider their learning needs and to seek new learning opportunities.</p> <p>The student requires frequent prompts for actions but is beginning to show some appropriate initiative in known situations</p> <p>The student does not tend to seek feedback but responds appropriately when it is given.</p>	<p>The student's behaviour has not met the professional conduct criteria and they lack insight into why this is important.</p> <p>Evidence participation in safe, sensitive, woman focused care is limited.</p> <p>The student does not demonstrate an adequate knowledge base at this level, and therefore cannot demonstrate the application of theory to practice or identify the rationale for midwifery care.</p> <p>The student requires regular prompting to consider their learning needs and to seek new learning opportunities but does not always respond appropriately.</p> <p>The student does not demonstrate initiative even in known situations and requires continual prompts for actions that they should be aware of and be able to undertake.</p> <p>The student does respond appropriately or consistently to feedback.</p>

## INFORMATION FOR SERVICE USER/ FAMILY

The following document is inserted throughout the MORA to provide opportunities for women and families to feedback in relation to student performance. Practice supervisors should obtain consent from women and families. At least one feedback should be provided per placement.

Tick if you are:	Woman receiving care <input type="checkbox"/>	Family member/partner <input type="checkbox"/>			
How happy were you with the way the student midwife...	Very Happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
• cared for you?					
• listened to your needs?					
• was sympathetic to the way you felt?					
• talked to you?					
• showed you respect?					

What did the student midwife do well?
Is there anything the student midwife could have done to make your experience better?
<div style="display: flex; justify-content: space-between;"> <span>Midwife name and signature:</span> <span>Date:</span> </div>

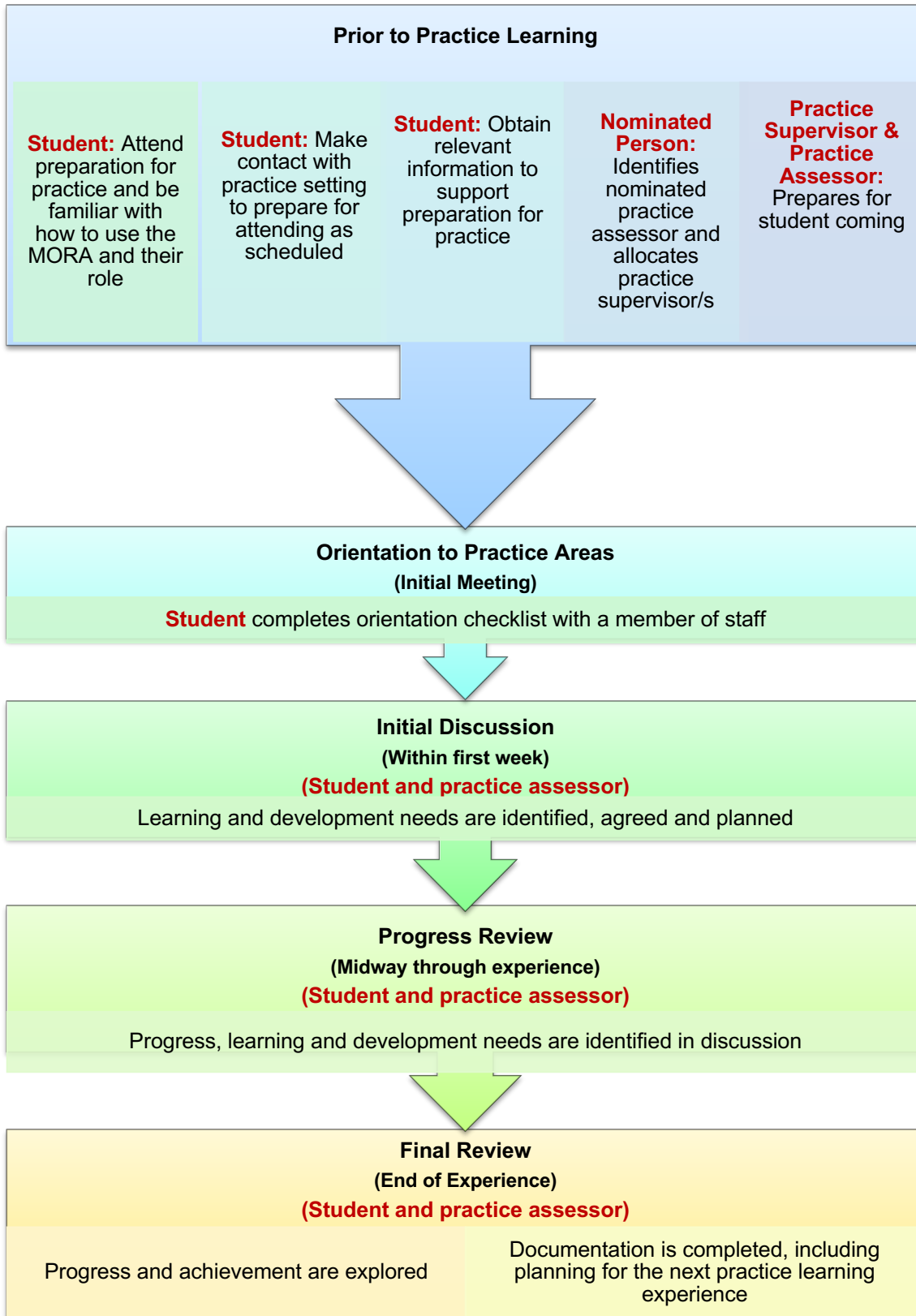
**Thank you for your feedback**



## THE MIDWIFERY ONGOING RECORD OF ACHIEVEMENT

The NMC require students to have an ongoing record of achievement that documents their learning achievements and developmental needs. It also helps to capture development of the evidence. Students and those supporting them should follow the process below for completing this element of the MORA [Figure 10]:

**Figure 10: The Midwifery Ongoing Record of Achievement**



### THE ASSESSMENT PROCESS

Students will develop their evidence across each year of the programme, at the end of which they will have a summative assessment. This is figuratively illustrated in Figure 11 (please note the number of practice learning experiences will vary). However, the learning journey has a variety of formative processes to support them in developing evidence for the summative assessment:

## **Completing a Formative Assessment**

The Practice Assessor Reviews for each practice learning experience provide formative feedback on the student's achievements and areas for development. These form a central component of the summative assessment as they are a form of communication between the practice assessors and academic assessors. The Practice Assessor formative reviews are completed at the end of each formative placement. Practice assessors should provisionally review the student's progress in developing their evidence for proficiencies in preparation for the formative review discussion. This would involve reviewing the evidence and documentation within the MORA. The purpose of formative review is to identify progress to date and to set relevant and ongoing learning goals that need to be achieved before the summative assessment takes place.

The formative review should follow the following process:

1. The student and practice assessor should agree a process to undertake the formative review. This will need commitment from both parties to dedicate time to undertake the process.
2. The student is responsible for providing all of the MORA documentation to date, set out in a logical order.
3. Student and practice assessor should:
  - a. review the student's achievement towards developing the required evidence for that year of the programme, ensuring the evidence is authenticated, to standard and meets the stated proficiencies
  - b. record a summary of progress and key areas for development in order for the student to focus on developing in the areas necessary to demonstrate achievement in the remaining evidence for the summative holistic assessment. This should include reviewing the MORA to date.

If any concerns are identified at the formative review by the practice assessor, a progression plan will be developed in partnership with the student. The academic assessor and nominated person will be notified. The SMART principles, as outlined in the MORA, will be utilised to direct the construction of the plan.

If a student requires a second progression plan during the course of an academic year, they are invited in for a student support meeting with the program lead and link lecturer. If there are areas of particular concern referral to the School Health and Conduct Committee may be required

## **Completing a Summative Holistic Assessment**

The summative holistic assessment is undertaken towards the end of the final practice learning experience of that year of the program.

The summative holistic assessment should follow the following process:

1. The student and practice assessor should agree a date and time to undertake the summative assessment.

2. The student is responsible for providing all of the MORA documentation to date, set out in a logical order.
3. Student, practice assessor and academic assessor should:
  - a. review the student's achievement in providing evidence of achievement of all proficiencies for that year of the programme. All evidence must be present, authenticated, be of standard and meet the specified proficiencies to be accepted
  - b. the academic assessor must review the student's academic performance in advance of the summative assessment in order that they can have an informed discussion with the practice assessor
  - c. if all of the evidence meets the criteria in (a) and the programme regulations (b) permit the student to progress in terms of academic performance for that year, then the student can be recommended to progress by the practice assessor and academic assessor. The student then completes their final weeks of practice learning to consolidate their practice and complete the required hours for that year of the programme.

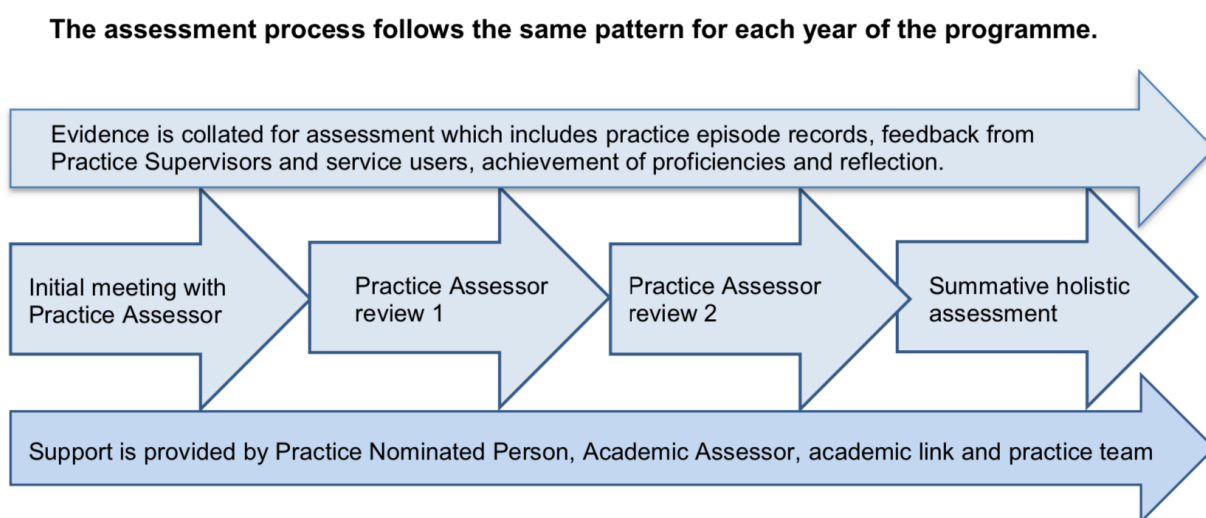
In the event of not achieving the summative holistic assessment, a minimum period of two weeks to a maximum period of six weeks for a second attempt will normally be permitted. This timeframe will be agreed by the practice assessor in collaboration with the academic assessor and the student and will be dependent on the nature of the learning goals to be achieved. A progression plan to support the student to access the learning experiences necessary to develop the outstanding evidence must be set in place.

If the student is successful on second attempt, they will be facilitated to re-join at the appropriate point of the programme.

If the student is unsuccessful on a second attempt, a decision with regard to student progression will be taken at the Board of Examiners.

**Please note:** This assessment is provisional until all practice hours are completed. It may be reviewed should an issue (professional or otherwise) arise in the time between the assessment and all hours being completed.

**Figure 11: Assessment Strategy Across Each year of the Programme in Practice**



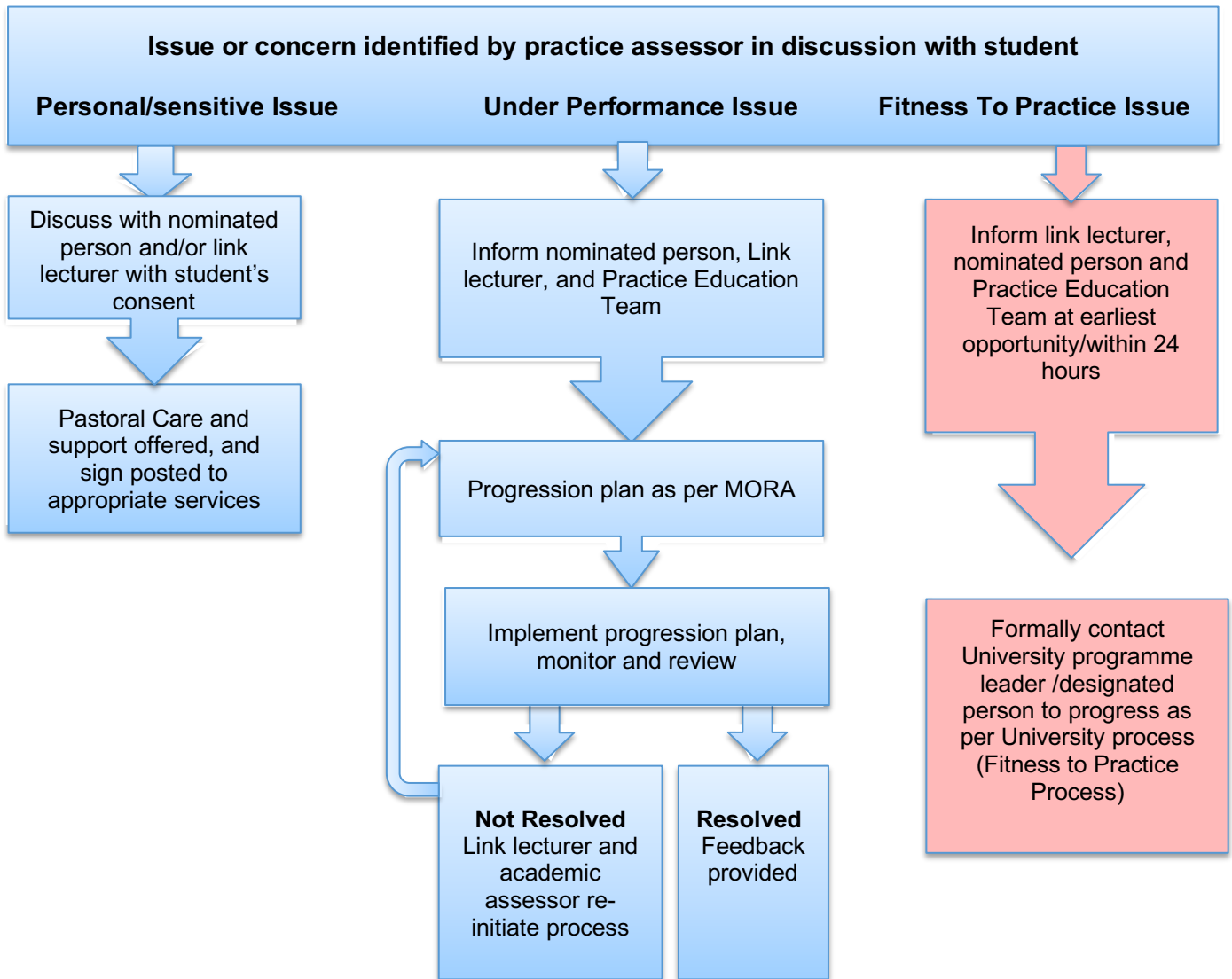
## What Happens when a Student Underperforms

Underperformance is when a student is performing below the level expected for their stage of their education. This can be in relation to their knowledge, skills, attitudes or values and includes dealing with any issues surrounding professionalism. A progression plan should be completed once the practice assessor and nominated person have validated concerns about a student's performance. This must be developed as soon as possible after an issue has arisen and there should be no delay in informing the academic assessor and nominated person. At the initial meeting for each placement with the student, the practice assessor will review previous documentation within the MORA.

Once the issue is identified and documented, there must be an explicit, time limited action plan for the student to address the matter. Any matter that relates to Fitness to Practice may also be dealt with by a Fitness to Practice panel at the University who will consider this recorded issue in their deliberations and identify an appropriate course of action.

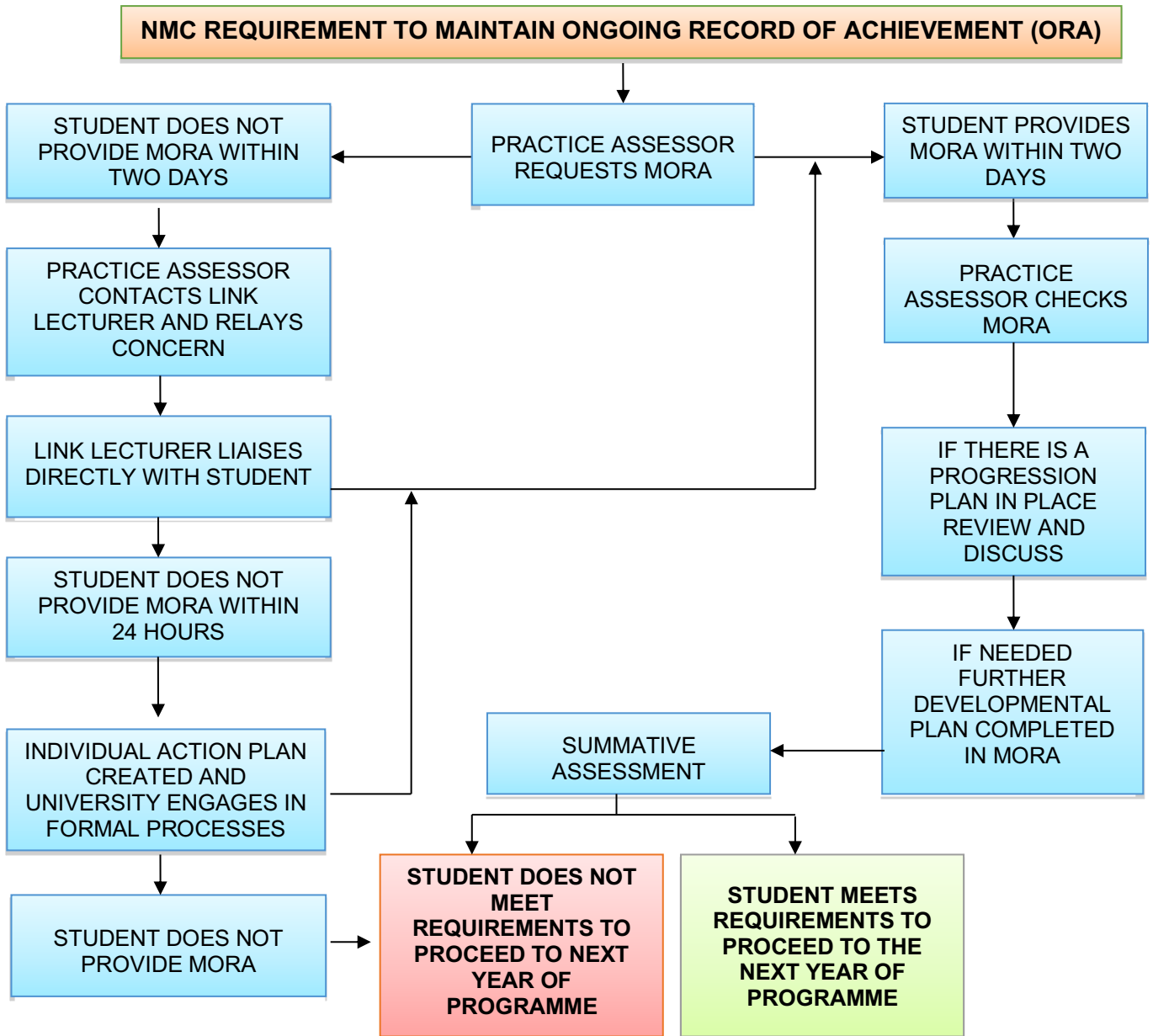
The following algorithm [Figure 12] should also be followed for escalating concerns/issues regarding a student in practice learning environments.

Figure 12 – Process for managing an identified concern/issue



## MORA MANAGEMENT FLOW CHART

Figure 13



## Record of Attendance

This should be completed daily and authenticated weekly by a practice supervisor or practice assessor. 100% attendance in practice is mandatory. Students must respect the need for punctual reporting for duty.

When undertaking practice learning, students will be allocated to *either* day or night duty on all of the days of the week (including weekends). Each week should include the relevant hours as per programme (BSc Year 1 30 hrs/per week; BSc Years 2 & 3 35hrs/week and MSc Years 1&2 37.5hrs/week of practice) or equivalent hours (60, 70 or 75 hours over two weeks). The relevant hours represent contact time and as such breaks do not contribute to these. All students are expected to undertake night duty up to a maximum of 3 weeks on any single placement. Students may have an opportunity to participate in an on-call rota for homebirth or continuity of care appointment. They may only request specific hours of off-duty for very exceptional circumstances and with the agreement of the nominated person, practice supervisor and link lecturer. Students **should not** request their off-duty to be planned around any part-time employment they may have.

The year planner identifies what weeks of the year are designated as holiday weeks. **These cannot be altered or reorganised with the practice supervisor/assessor or link lecturer. The University will not make amendments to allocations to accommodate holidays that are booked outside of these designated holiday weeks.**

Students must inform the University and practice learning facility of any absence before the time they are expected on duty. Students should report the nature of their illness, as a referral to Occupational Health may be necessary to determine whether a student is fit to resume practice learning. Absences must also be recorded on the Record of Attendance within the MORA. Students will continue to be marked absent until they inform the University that they have returned to practice learning. All outstanding hours must be made up by students in order to complete that year of the programme. Absences of less than five days should be made up during the allocated practice period (where possible) and must be rearranged with the practice assessor, nominated person and link lecturer. **Absences of more than five days must be managed through the allocations team at the University.**

Please note that changing a student allocated off-duty as a result of sickness/absence must be recorded as sickness/absence. All absences, even though made up, will be declared on references and should be documented on all job applications. If a student is experiencing any difficulty of a professional, academic or personal nature, they should contact the relevant University personnel (e.g. personal tutor; module coordinator; Program lead) so that the appropriate support can be provided.

Any absence related to medical issues must be followed up with the appropriate medical certification. Medical clearance to return to practice learning may be required; students should check with the University to clarify what is necessary for their specific circumstances.

## AUTHENTICATING EVIDENCE

A portfolio or record of practice learning can include a variety of sources of evidence that demonstrate learning. It can be big or small, thick or thin. It is not judged in terms of volume but in terms of its relevance and quality. Through the MORA students are being asked to demonstrate that they possess the knowledge and skills they claim. However, the MORA offers students the opportunity to do so in a creative way that is unique to them.

It is crucial that practice supervisors, practice assessors and link lecturers/academic assessors familiarise themselves with the content of this handbook prior to supporting a student on practice learning.

All evidence in the MORA requires authentication by a practice supervisor, practice assessor or link lecturer/academic assessor. In signing to authenticate evidence, this person is verifying that the student activity, that it met the required standard, the content of the included evidence is to standard and reflects the student performance. The evidence must also meet the proficiency it is claiming to meet. It is therefore essential that evidence is not authenticated until the person doing so has had time to consider it, review the standard and only then should authenticate it if it meets the principles outlined. Evidence that is below standard should not be authenticated and the student should be guided on how to improve it for reconsideration.

## PRINCIPLES FOR DATA PROTECTION, CONSENT AND AUTHENTICITY IN DEVELOPING EVIDENCE FOR THE MORA

While the use and sharing of service user information is an essential part of providing direct health and social care, all professionals involved have a legal duty to keep all personal information confidential, sharing only what is necessary to provide appropriate care. The right of service users to privacy and the professional's duty of confidentiality apply regardless of the form in which the information is stored or communicated – this can be electronic, on paper, spoken word, photographic or biological.

There may be times when students are using their experiences of care-giving to demonstrate learning and achievement (e.g. through reflections). As they do so, they will, no doubt, be thinking about particular people they have cared for. It is important that students do not include information in their MORA evidence that could be used to identify the people whose care is being discussed. Students and those authenticating their evidence are responsible for ensuring that there is no breach in data protection legislation, including those set out in General Data Protection Regulation (GDPR) requirements, or the NMC Code.

The following principles of good practice are highlighted when considering the development of evidence for the MORA:

- Students should be careful where they store their MORA when **in practice** and **at home**. When in practice, they should make sure to ask the nominated person or practice supervisor if there is a secure location where they can store their MORA – students should not leave their MORA on display in the care environment where anyone who is passing can take a look at the contents. (\*pending development of an e-folio)
- Any identifiable information should be anonymised – this means that **no names** or **health care numbers** should appear in any evidence or in any rough notes made in practice.
- Evidence should not identify the **Trust** or specific name or location of the **care environment**. It should be sufficient to refer to a ward setting as antenatal, intranatal or postnatal and a specific care setting such as X-ray or the emergency department. Care should also be taken when referring to individual **staff members**. It is safer to refer to staff using their designation, for example, staff midwife, ward manager, health care assistant.
- Students should be careful when using notes during staff handovers. In some settings these may be hand written and it is tempting to use a notebook which they carry with them during a shift. It is safer to write any required information on a single sheet of paper that can then be referred to. Some settings use pre-printed handover sheets that contain the information required to plan care. Regardless of the type of notes, they should be used only for the purposes of care giving and disposed of safely according to the Trust's/organisation's procedures before leaving the care setting at the end of a shift. If students are in any doubt, they should discuss this with their practice supervisor or nominated person.
- If students ever feel they are at risk of using service user information in their MORA evidence that could include personal identifiable information, they should seek advice immediately from their practice supervisor or the nominated person.
- People in our care have the right to know that information given by them in confidence will only be used for the purpose for which it was originally given and should therefore not be discussed with any third party. Access to healthcare records (governed by local policies on the handling and storage of records) should be kept to a minimum and only used when necessary for the care being provided. A registered practitioner should closely supervise the use of records and should countersign any written entry made by students into such records.

## FACTORS INFLUENCING PRACTICE LEARNING EXPERIENCES

For each practice learning experience, there are a number of factors that need to be considered in terms of managing this element of the programme.

### Location of Practice Learning Experiences

Students accept a place on the program on the understanding that they cannot self-select practice learning experiences apart from a flexible placement in BSc year 3/MSc year 2 of the programme. Practice learning experiences are throughout Northern Ireland and students are allocated based on streaming students to meet the required experiences for the curriculum and the associated NMC standards.

All allocations are provisional subject to mapping between QUB and the practice learning partners and to any changes in educational audit that govern students accessing practice learning settings.

**Students are not permitted to secure or alter any practice learning experience. To do so may result in disciplinary action. Allocations may only be secured by the Practice Learning Office.**

Students with extenuating or special circumstances will be given consideration; however, this does not guarantee allocations close to home. The expectation is that students will travel to the allocated practice learning setting during their programme; applicants who accept a place on the program do so on the condition that they undertake the practice learning experiences allocated to them by the University. Students can access their allocations in InPlace™, which is available at:

<https://inplace.qub.ac.uk>. This software works best in Google Chrome. Students will automatically be sent log-in details to access the system.

### Travel to Practice Learning Facilities

BSc Midwifery Students will be placed across the five Health and Social Care Trusts in Northern Ireland and will remain in the same Trust for year 1 and year 3 of the program whilst moving to an alternative Trust in the 2<sup>nd</sup> year of the program. MSc Midwifery students will be employees of a particular allocated Trust as per commissioning plans. Students should expect to travel in order to meet the requirements of practice learning modules.

Currently, excess travelling expenses incurred to attend practice learning, up to a specific limit, will be reimbursed under the Bursary Office conditions for BSc midwifery students (see student bursary booklet). This is subject to review by the Department of Health (Northern Ireland) on an annual basis. Applicable travel expenses for commissioned MSc students will be provided via the seconding Health and Social Care Trust.

**Please note that students using their own vehicles to travel to people's homes in the community are responsible for ensuring they have appropriate insurance cover, normally Class 1 Business Insurance.**

**Students are responsible for ensuring they are aware of the conditions around extra expenses when securing extra accommodation or intending on claiming travel expenses. The details of this are located within the Bursary Booklet provided to students.**

Students should bear in mind that significant periods of time are spent on practice learning. This may have a bearing on the accommodation secured while attending on campus for theoretical components of the course. Students who are required to take up additional accommodation for the duration of a practice learning experience will be reimbursed providing it falls within certain defined rules and limits (see bursary office booklet). If hospital accommodation is not available only NI Tourist Board Approved Bed and Breakfast/Hotel should be used. Students must provide proof of that hospital accommodation is unavailable when submitting their Student Claim Form for Excess Travel Expenses as the Bursary



Unit will not reimburse without this proof. Please see Appendix 3 for the protocol for the submission of these forms.

Students will be provided with an updated year planner/calendar (online) to illustrate the structure of the course, indicating when they are out on practice learning and when they are in class. This is subject to change and BSc students should refer to the Bursary Booklet which is updated annually and made available to students.

Students are prepared in a manner to be effective registered practitioners in both hospital and community settings; therefore it is appropriate that students nearing the end of their program are given the opportunity to experience independently visiting women in their own homes if undertaking a practice learning experience within a community setting.

Students may visit women's homes on their own under indirect supervision to deliver care if they are deemed competent to do so by their practice supervisors and/or practice assessors.

Practice supervisors/practice assessors must ensure the level of supervision provided to students reflects their learning needs and stage of learning. As well as this, they must use their professional judgment alongside local/national policy (e.g. lone worker policies) to determine where activities may be safely delegated to students.

## **Supervision in the Community**

Students should not be undertaking any activity on their own that they have not demonstrated proficiency in. Before visiting any person independently, students must be adequately prepared by their practice supervisor and/or practice assessor. Following a visit to a woman, newborn and family, the student must report to the registered midwife who delegated the visit. The student should use this opportunity to reflect on their experiences as an autonomous registrant. Practice supervisors, and/or practice assessors will make the final decision to delegate care to students based on the following considerations:

### **Suitability**

- Students must have been involved in the care of the woman, newborn infant and family under the direct supervision of a registered midwife.
- Intervention or situation must be as predictable as possible.
- There are no legal or trust policy restrictions to students delivering care.
- There is an agreement between the student and delegating midwife regarding the suitability of the delegation.
- The practice supervisor/s, and/or practice assessor must obtain the consent of the person who must be made aware that they can withdraw this consent at any time.

### **Risk management**

- Students must be made aware of action to take in case of unforeseen events.
- Practice supervisor/assessor must ensure students understand the local lone worker policy.
- Students must be aware of Trust/relevant protocols relating to the aspect of care being delivered.
- The delegating midwife must determine that the household/neighbourhood is safe for the student to attend.

### **Support**

Practice supervisor/s, and/or practice assessor must ensure that:

- Students can be fully briefed prior to the visit
- Students must have immediate access to a registered midwife's mobile phone (If the student does not have mobile phone access, visits should be restricted to houses with a phone). The

student should leave their contact details at the practice learning setting base with an approximate time of return and details of the visit location

- After the visit, on the same day, the student must give a report/reflect upon care given to the registered midwife responsible for the person's care
- Students discuss their experience with their practice supervisor/s, and/or practice assessor.

### **Transportation**

- Geographical location of visits must be considered, students need to be made aware of the route(s) if unsure.
- Students may use their own cars for visits if the student holds a full driving licence, the car is roadworthy and is appropriately insured. The student should check their insurance status with their insurer with regards to business use.
- Neither the University nor the HSC Trusts accepts any liability relating to, or from the use of student's vehicles.
- Students must not carry people in their care as passengers.

### **Mitigating Circumstances**

Mitigating circumstances will be considered when allocating practice learning experiences. However, Universities cannot guarantee that all students will be within easy travelling distance of their practice learning facility. **Mitigating circumstances will only be considered when the student has gone through the correct channels for applying for such consideration within the correct time frame.**

Students who feel they have mitigating circumstances must meet the designated person (Academic Lead for Practice; Programme Lead) within the first two weeks of each academic year to discuss the submission of a Mitigating Circumstances. This must be supported with evidence. School processes will be applied to consider the application and apply it where accepted. This does not guarantee that the resource exists to accommodate.

### **Making Reasonable Adjustments**

Some students may have individual needs and personal circumstances that need to be taken into consideration when being allocated and undertaking practice learning, including making reasonable adjustments for students with disabilities. The University has processes and procedures in place to identify and manage such needs formally, which have been developed and agreed with practice learning partners.

### **Injury in Practice**

If a student sustains an injury of any kind in practice, they must immediately inform the practice supervisor/assessor or nominated person. It is essential that local policy is adhered to in relation to dealing with this injury. The relevant incident forms and process agreed with the Universities is followed. Should a student become injured outside of practice, they must also immediately liaise with the University to determine whether they can return to practice learning; they must not return before liaising with the University.

## Complaints Process

If a student wishes to make a complaint, they should raise the matter with either their practice supervisor/assessor, link lecturer or nominated person. If a complaint is received verbally this may be subsequently requested to be submitted in written form. A student support meeting will be offered with the Programme Lead to resolve or take appropriate further action. If not resolved at this stage, students should refer to the QUB Students Complaints Procedure.

## AccessNI

All students undergo an AccessNI enhanced disclosure check to enter their pre-registration midwifery programme of study. This is an NMC requirement and students cannot progress to practice learning without this check being returned to the University by AccessNI for internal review.

Students **must** retain their copy of the certificate once it is sent to them by AccessNI. Some practice learning settings require this to be produced to permit practice learning to go ahead. If a student has misplaced this, it will likely prevent them from attending that practice learning setting and may result in delaying their progression.

**The University does not keep a copy of this check once they have been processed (for Data Protection purposes).**

## Practice Learning Experiences Outside the UK

Midwifery students may have the opportunity to undertake a period of practice learning outside of the UK. Such opportunities will be limited to a small number of students and will be subject to risk assessment and identification of which proficiencies will be achieved through this experience. This is to ensure the safety of service users, students and staff and show how the intended standards of proficiency are to be addressed. Students will use their MORA during this experience to document their learning journey and achievements.

## Submission of Practice Learning Documentation

Pending development of the e-portfolio, Practice Learning documentation required for progression will be submitted to the University via electronic methods using a recognised University platform. This will include formative and summative assessment records and attendance sheets. These will be reviewed by the appropriate practice learning module co-ordinator and available for all academic assessors.

## Guidelines for general use

- Student is responsible for downloading the eMORA software prior to the commencement of practice learning experiences and ownership of electronic device when using their eMORA
- Student will be required to use passwords and encryption for electronic device in order to protect all content; this requires that all devices are security protected on start up and screen unlock (e.g. PIN, pattern, biometric security). This is essential should you misplace your device in order that it is not accessible by another person.
- Student must only share eMORA information with other authorised users e.g. practice assessors, practice supervisors, the nominated person, academic assessors, link lecturer
- Students should be mindful that all content in electronic device is confidential and will be accountable for any breach of confidentiality
- Students must report loss of their electronic device to their personal tutor/advisor of studies
- Students must back up their eMORA regularly so as to ensure no loss of entries/evidence.

- Students must ensure no entries into their MORA are in breach of GDPR requirements.

## Guidelines for use during Practice Learning Experiences

- Students must have their eMORA with them at all times in practice in order to review your progress with practice supervisors, practice assessors and academic assessors
- Students must make their eMORA accessible to their practice supervisor, practice assessor, academic assessor or nominated person when requested; this requires that a student provides their device (e.g. mobile phone/tablet) to that person or provides log in access where those supporting their learning wish to access on a desktop/laptop computer.
- Students must ensure eMORA is stored safely and securely in non-patient areas
- Electronic device must only be used for documenting progress in eMORA during practice learning experiences
- Electronic device must always be kept in flight mode or vibrate only mode
- Students must adhere to Trust policy in relation to use and storage of mobile electronic devices
- Students must adhere to Trust policy in relation to infection prevention and control when using electronic mobile device

## Management of Notes Made at Handovers

Students will undertake practice learning in areas where they will need to take notes at handovers, and at other times, in order to guide their work during that shift/day. Any notes taken by students are likely to contain information that is confidential, and students must dispose of such notes in a manner that does not breach confidentiality and is in keeping with the Data Protection Act and GDPR.

Students are asked to do the following when undertaking practice learning:

1. Make yourself aware of the organisation's policy on taking and disposing of notes.
2. Follow this guidance, seeking advice when you are unsure.
3. Ensure that no note you make leaves the practice environment with you and that it is disposed of as per the organisation's policy. In the absence of a policy, please seek guidance and note that any note should normally be shredded or placed into appropriate confidential waste bins prior to ending your shift.
4. Ensure that you retain any notes safely during the period of a shift so that they are not obtained by any other person (e.g. dropped on floor and picked up by a member of the public).

## Use of Mobile Phones

Students who carry a mobile phone or other wireless communication device **must keep it in flight mode** while in practice learning settings. Mobile phones can only be used for accessing ePad. The practice supervisor and manager may grant exceptions to this on a one-off basis where a student needs to receive an urgent message. This must be by prior arrangement. electronic devices, including phones with cameras are not permitted to be switched on in any practice learning setting.

## Practice Supervisor and Assessor Development Information for Students

Practice learning providers and QUB are committed to developing and enhancing support mechanisms within practice learning environments. This requires development programmes and processes to be in place to prepare practice supervisors/practice assessors. The preparation of supervisors and assessors is regionally approved in line with Nursing and Midwifery Council (NMC) Standards for Student Supervision and Assessment (NMC 2018).

## UNIFORM AND DRESS CODE POLICY

As a University midwifery student on practice learning, students are required to dress in a manner which is likely to inspire public confidence. Therefore, they must adhere to the following policy and behave in a professional manner at all times. Link lecturers/practice tutors should follow the general principles and those principles relating to non-uniform clothing.

### General

- Students are required to wear their name badge at all times except where the practice learning provider has a policy stating otherwise.
- Wearing jewellery including rings, earrings and body jewellery is not permitted as this poses a health and safety risk to the student and the people in their care. Students must check the policy in each practice learning environment, which normally permits a single plain band ring only. Visible body piercings are normally not permitted. Therefore, a “bare below elbows policy” is applied, meaning no wristwatches, bracelets, wristbands or rings (other than a wedding band if policy permits) are worn.
- No unauthorised decoration should be worn.
- Perfume/body sprays: it is important to be cognisant of the fact that these can cause irritation and potential nausea to people in our care, especially those who are very ill.
- Chewing gum is not permitted when on duty.
- Fingernails should be short and clean, false nails or nail varnish is not permitted.
- When in uniform hair should be worn above the collar. Long hair must be secured.
- All Health and Social Care Trusts (HSCTs) premises have a strict no smoking policy. Students are required to follow the organisation’s policy on smoking.
- Religious/cultural headscarves should be tied closely to the head and fastened securely and discretely. They should be shoulder length or neatly tucked in. When worn with uniform they should be either black or navy.

### Uniform

- For most experiences students are required to wear the University uniform purchased at the commencement of their course. This is a white tunic with green trim, navy (uniform) trousers and navy or black shoes (not trainers) and socks. Shoes must be ‘closed in’ and safe for moving and handling of people and equipment.
- Students should, where possible, change into and out of uniform at the workplace. Where practice learning settings have appropriate changing facilities, these should be used.
- Students who are permitted to wear a uniform for experience outside hospital should ensure the tunic is covered completely when travelling; the uniform coat is therefore a compulsory part of the uniform outside of practice learning settings.
- Students should not be coming from practice learning facilities to the University in their uniform.
- Students should not go shopping, socialising or undertake other activities not related to practice learning in uniform.
- Students must change as soon as is practical if uniform or clothes become visibly soiled or contaminated with blood or body fluids.
- A clean uniform should be worn for each shift.

## **Dress Code for when uniforms are not worn**

In the instance that students are undertaking a practice learning experience where they have been advised by the staff/practice supervisor in that setting not to wear a uniform, the following principles must be followed:

- Smart, clean laundered, clothing safe for moving and handling of people and equipment should be worn
- Students should wear clothing that allows them to be 'bare below the elbows' so as to facilitate good hand washing techniques. Jackets, shirts, jumpers etc. must be short sleeved or capable of being fully rolled up above the elbow
- Denim (of all colours), shorts, baseball caps, ripped style or clothing with overt slogans which may be perceived as offensive are not permissible (i.e. clothing should be as plain as possible).
- Midriff, thigh and shoulder should not be on show and no underwear should be visible.
- Navy or black shoes and socks must be worn. Shoes should be closed in smart, clean, well maintained and have an appropriate professional appearance and safe for moving and handling of people and equipment.

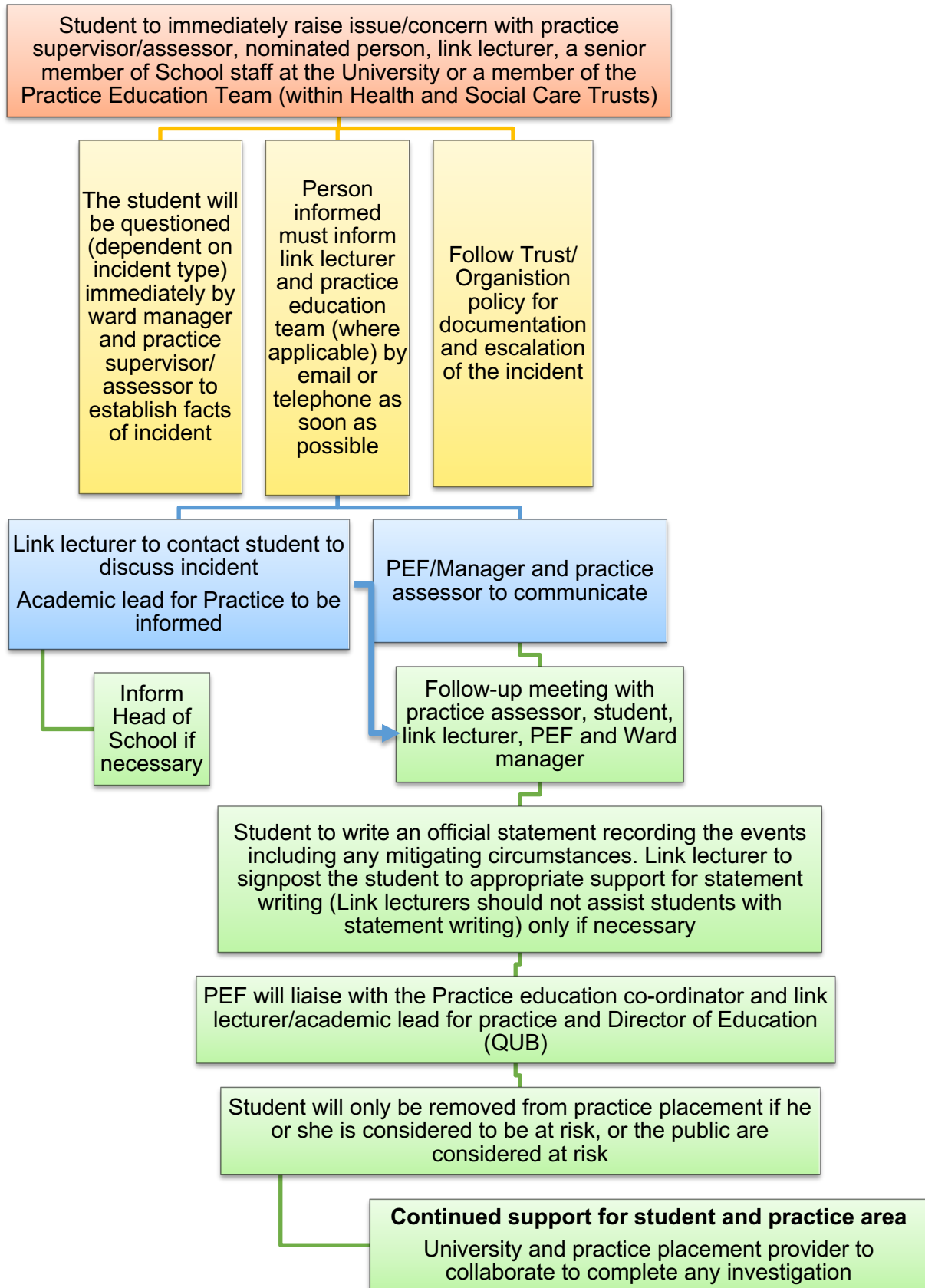
## **Laundering the Uniform**

- Uniforms must be carried separately from other items – clean and dirty uniforms must not be transported together.
- Hand washing uniform is ineffective and unacceptable.
- Wash separate from other items, in a washing machine.
- Wash in laundry detergent in the quantities advised by the manufacturer.
- Dry quickly, or tumble dry, and iron.
- Store in a plastic bag, to prevent contamination with dust or other pollutants.

The company who manufacture the uniform advise:

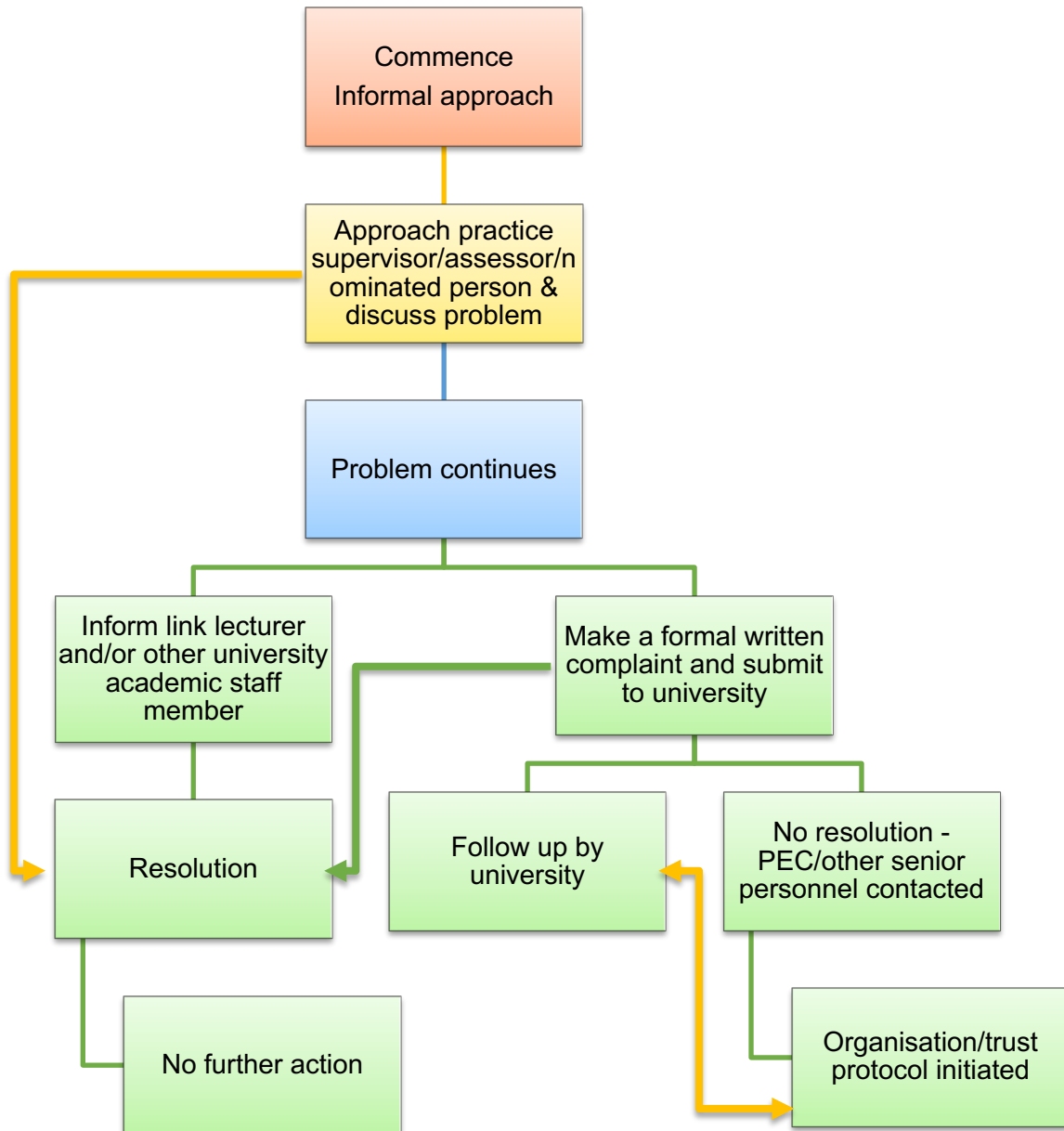
- Polo shirt – wash at 40<sup>0</sup> C, do not dry clean, do not use chlorine bleach, tumble dry low heat, wash with like colours.
- Jacket – wash at 30<sup>0</sup> C, do not iron, wash inside out, close all fasteners, wash separately.
- Tunics – wash at 60<sup>0</sup> C, can be washed up to 85<sup>0</sup> C, do not use chlorine bleach, we would recommend this garment is washed inside out with like colours.
- Trousers – wash at 60<sup>0</sup> C, can be washed up to 85<sup>0</sup> C, do not use chlorine bleach, we would recommend this garment is washed inside out with like colours.
- Do not use powders with optical brighteners as this will affect colour.

## APPENDIX 1 – PROCESS FOR STUDENTS RAISING AND ESCALATING CONCERNS



Please contact Academic Lead for practice for guidance and support

## APPENDIX 2 – PROTOCOL FOR BULLYING AND HARASSMENT





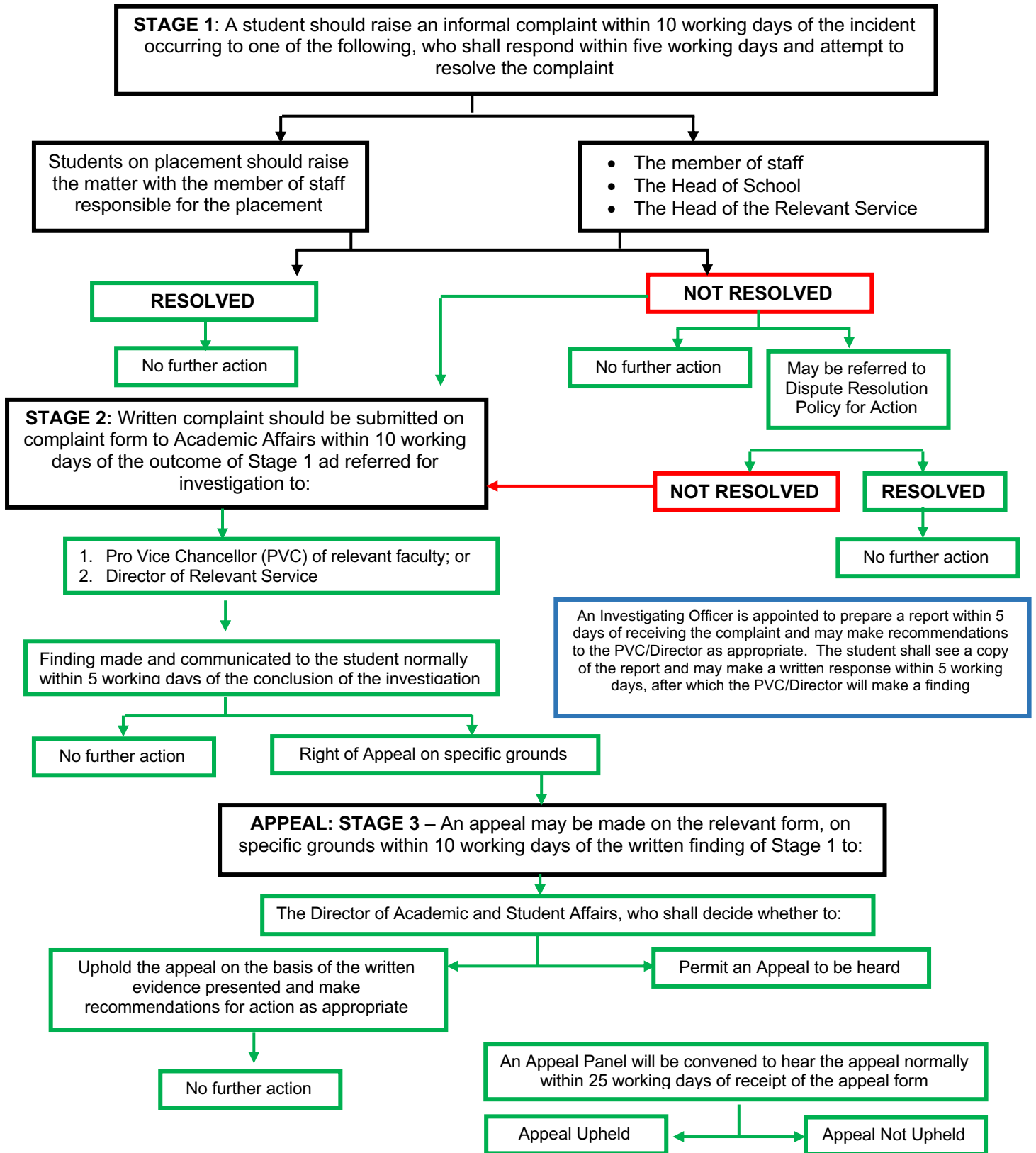
## APPENDIX 3 - PROTOCOL FOR THE SUBMISSION OF STUDENT CLAIM FORM FOR EXCESS TRAVEL EXPENSES

1. Excess travel and/or accommodation expenses may be refunded under the Bursary Administration Unit conditions. For full information on what students are eligible to claim for, please refer to the guidance on support for students entitled *Guidance on Support for Students Undergoing Full Time Pre-Registration Nursing Education in Northern Ireland*. This is provided to all students on induction and is available at:  
  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/276460/nhs\\_bursary\\_scheme\\_new\\_rules\\_ed3.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276460/nhs_bursary_scheme_new_rules_ed3.pdf)
2. Student Claim Form for Excess Travel Expenses is available from their University.
3. On completion of a practice learning experience students should submit their completed Student Claim Form for Excess Travel Expenses to the University on or before the 1<sup>st</sup> of every month. All receipts must be enclosed in an envelope and stapled to the form.

**Please note that the Bursary Administration Unit will not accept any Claims submitted six months after the completion of the experience.**

4. Claim forms submitted are checked and signed off by the designated University personnel to confirm that student was on practice learning in the area specified by the student on the form. If student asks a member of staff not designated to sign this form, it will be rejected by the Bursary Administration Unit.
5. Once authenticated by the University, claim form is sent to the Bursary Administration Unit every month.
6. The Bursary Administration Unit will return forms to students if they are not completed correctly.
7. Once the forms are received by the Bursary Administration Unit they are processed within their own mechanisms.
8. Payment could take up to six weeks from submitting the form to the University.

## APPENDIX 4 - Student Complaints Procedure



There is no further internal appeal. However, a student has the right to petition the Board of Visitors, a process external to the University.

## APPENDIX 5 – Etiquette for eMORA

### Submission of Practice Learning Documentation

Students should ensure all components of eMORA are completed at the end of each year at the *summative holistic assessment* point. These must include evidence of:

1. Completed Practice Hours
2. Practice Supervisor, Practice Assessor and Academic Assessor reviews
3. Record of Learning with Other Health Care Professionals if applicable
4. Completion of proficiencies across all domains of the eMORA
5. Completion of Practice Episode Records as per eMORA recommendation
6. One reflection *per placement* on a clinical experience
7. Detailed *ongoing* reflection of *each* CoMC woman [2 in year 1; 2 in year 2 BSc (year 1 MSc) and 4-6 in year 3 BSc (year 2 MSc)]
8. Service User/Carer Feedback from *each* placement.

### Guidelines for general use

- Student is responsible for downloading the eMORA software prior to the commencement of practice learning experiences and ownership of electronic device when using their eMORA
- Student will be required to use passwords and encryption for electronic device to protect all content; this requires that all devices are security protected on start-up and screen unlock (e.g., PIN, pattern, biometric security). This is essential should you misplace your device in order that it is not accessible by another person.
- Student must only share eMORA information with other authorised users e.g., practice assessors, practice supervisors, the nominated person, academic assessors, link lecturer
- Students should be mindful that all content in electronic device is confidential and will be accountable for any breach of confidentiality
- Students must report loss of their electronic device to their personal tutor/advisor of studies
- Students must back up their eMORA regularly to ensure no loss of entries/evidence.
- Students must ensure no entries into their eMORA are in breach of GDPR requirements.

## Guidelines for use during Practice Learning Experiences

- Students must have their eMORA with them at *all times* in practice to review progress with practice supervisors, practice assessors and academic assessors
- In week 1 of each practice placement, the student will ask their new Practice Assessor to register with 'MyknowledgeMap'. This will allow the PA to have an account to access that student's documentation for the duration of that placement.
- Students must not enter the practice supervisor/practice assessor email address into their eMORA – this can be considered fraudulent activity
- Students must ensure that all practice episode records are reviewed thoroughly by a practice supervisor/assessor prior to verification
- Students must make their eMORA accessible to their practice supervisor, practice assessor, academic assessor or nominated person when requested; this requires that a student provides their device (e.g., mobile phone/tablet) to that person or provides log in access where those supporting their learning wish to access on a desktop/laptop computer.
- Students must understand that it is not acceptable in any circumstance to make an entry in the eMORA on behalf of another [for example: practice supervisor or practice assessor]. Should such a circumstance arise, it will be regarded as a falsification of records and may result in a Fitness to Practice process being instigated and potentially the student being asked to withdraw from the programme.
- Students must ensure eMORA is stored safely and securely in non-patient areas
- Electronic device must only be used for documenting progress in eMORA during practice learning experiences
- Electronic device must always be kept in flight mode or vibrate only mode
- Students must adhere to Trust policy in relation to use and storage of mobile electronic devices
- Students must adhere to Trust policy in relation to infection prevention and control when using their electronic mobile device