Development of a National Competence Assessment tool to assess clinical practice of undergraduate student midwives in the ROI

Dawn Johnston Director of Midwifery NMBI

Dr Denise Lawler NMBI Board member/Healthcare Inspector HIQA
Maternity Services in the Republic of Ireland

19 Maternity Units - Annual birth rate 67,000

Birth rate ranges from 9,000 to 1,200 births per year

6 HEIs (Dublin X 2, Cork, Limerick, Galway, Louth)

Yearly 180 Student Midwives admitted to the undergraduate and postgraduate programmes

Supported, assisted and specialised pathways of care

National Maternity Strategy (2016)

Standards & Requirements Midwifery Education Programme (NMBI 2016)
Background

National Competency Tool for students midwives – aim national standardisation

6 HEIs with 6 competency tools assessing same competencies

Very short time scale to develop new competency tool,

Need a tool for each year of the undergraduate education programme and each part of the postgraduate education programme

Scary !!!
How was it achieved?

Working Group formed (reported into the Education and Training Committee)

- Representatives from each of the 6 HEIs
- Representatives from clinical sites linked to the 6 HEIs
- Newly qualified midwife
- Nursing and Midwifery Board of Ireland member

- Met monthly in Dublin
- Significant work load as also had ‘day job’
- Agreed that each HEI would lead on one of the five principles of competency
- Year 1 completed and tested in clinical areas (no time for pilot)
- Year 1 implemented in 2018 review evaluation undertaken at end of first clinical placement and end of year 1
- Years 2,3,4 completed and to be implemented
Midwife Registration Programme Standards and Requirements
<table>
<thead>
<tr>
<th>Year</th>
<th>Level and Description of Supervision</th>
<th>Scope of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Direct Supervision: Defined as the Preceptor/Associate Preceptor (Co-preceptor) working with the student on a continuous basis whenever care is being provided to women and their babies. The student is expected to have observed and participated in practice with the Preceptor/Associate Preceptor (Co-preceptor) and be able to describe the care provided.</td>
<td>The student is a novice to the world of midwifery and requires exposure to all aspects of practice and direct supervision by the midwife. The student will be expected to have observed and participated in the care provided by the midwife to women in pregnancy and childbirth, and to mothers and babies in the postnatal period. The student should also be able to discuss the basic concepts involved. The student may require continuous prompting in the provision of midwifery care, and considerable direction in identifying their learning needs.</td>
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## Year 4 Level of Supervision

<table>
<thead>
<tr>
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<tr>
<td>Four</td>
<td>Distant Supervision: Defined as the student safely and effectively performing the skill and providing care and accepting responsibility for the provision of this care. The student is expected at all times to recognise when they need assistance from the Preceptor/Associate Preceptor (Co-preceptor) and seek assistance in a timely manner.</td>
<td>The student will be expected to apply a systematic approach to the provision of midwifery care under distant supervision. The student must demonstrate evidence-based practice and critical thinking. The student is capable of supporting and monitoring women, their families and junior students within the clinical environment. The student possesses many attributes including practical and technical skills, communication and inter-personal skills, organisational and managerial skills and the ability to practise as part of the healthcare team, demonstrating a professional attitude and accepting responsibility for their own practice. The student at all times is expected to recognise when they need assistance from the Preceptor/Co-preceptor and seek assistance in a timely manner.</td>
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### Year 1 Principle 1

**Principle 1: Respect for the Dignity of the Person**

Competency 1: The midwife's practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values

<table>
<thead>
<tr>
<th>LEVEL: DIRECT SUPERVISION</th>
<th>Assessment Criteria</th>
<th>Date &amp; Sign Pass</th>
<th>Date &amp; Sign Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Participates with the midwife in recognising pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.</td>
<td>• Identifies how the physiological changes of pregnancy may affect the woman in her daily life.</td>
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<tr>
<td>1.2 Participates with the midwife in advocating on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.</td>
<td>• Identifies the options and choices of maternity care available to women in their local health service area.</td>
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<tr>
<td>1.3 Participates with the midwife in respecting the diversity of women and their families including their beliefs, values, choices and priorities.</td>
<td>• Identifies diversity and displays respect for beliefs values choices and priorities that may affect the provision of care.</td>
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<tr>
<td>1.4 Participates with the midwife in providing sufficient evidence-based information to the woman to empower her to make informed decisions about her care and that of her baby.</td>
<td>• Uses appropriate language when providing information to a woman.</td>
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## Year 4 Principle 1

### Principle 1: Respect for the Dignity of the Person

### Competency 1: The midwife’s practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values

#### LEVEL: DISTANT SUPERVISION

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<tr>
<td><strong>1.1 Promotes and protects pregnancy and childbirth as a healthy and normal physiological event and a profound event in a woman's life.</strong></td>
<td>• Utilises health promotion opportunities to promote pregnancy as a healthy and normal physiological event.</td>
<td></td>
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<tr>
<td><strong>1.2 Advocates on behalf of women and their babies to ensure their rights and interests are protected including the woman's right to choose how and where to give birth.</strong></td>
<td>• Ensures that informed consent is obtained from the woman by all health care professionals before any procedures are carried out. • Promotes options and choices of maternity care for women based on current evidence.</td>
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<tr>
<td><strong>1.3 Respects the diversity, beliefs, values and choices and priorities of the woman and her family.</strong></td>
<td>• Assesses, plans, implements and evaluates culturally sensitive care on an individual basis.</td>
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<tr>
<td><strong>1.4 Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby.</strong></td>
<td>• Provides the woman with sufficient evidence-based information to empower her to make an informed decision about her care and that of her baby.</td>
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<td><strong>1.5 Respects the woman's right to choose not to avail of a recommendation about her care and take appropriate action.</strong></td>
<td>• Demonstrates support for women’s choices, and aims to respect their rights while informing them of best practice. • Accurately documents all information and care provided.</td>
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Issues identified

- Organisational change for HEIs and clinical environment
- New ways of working for NMBI, HEIs and clinical sites
- Concern re loss of identity
- Need for regular evaluation particularly as new standardised approach
- A working document
Challenges encountered

- Issues of academic governance which each HEI addressed individually
- Time (no pilot)
- Variations from HEI to HEI regarding clinical placements
- Variations from HEI regarding discontinuation from the programme for failure to reach required level of competency (failure to fail)
- Agree standard format for the tool
- Agree wording of each competency and to ensure each competency demonstrated incremental growth from year to year
Going forward

• Working in progress
• Evolving process
• Responding to change
• New way of working for NMBI, HEIs and clinical environment
• Collaboration
• Consultation
Thank you to the Team

Trinity College Dublin & Rotunda Hospital - Prof Joan Lalor & Ms Mary O’Reilly

University College Dublin & National Maternity Hospital - Ms Barbara Lloyd Shanahan & Ms Lucille Sheehy

Dundalk Institute of Technology & Our Lady of Lourdes Hospital - Dr Kathleen Nallen & Ms Aoife O’Conner

National University of Ireland Galway & University Hospital Galway – Ms Samantha Mulroney, Ms Mary O’Hara, Ms Ann Fallon & Ms Margaret Coohill, Ms Barbara Bradley, Ms Carmel Cronolly

University College Limerick & University Hospital Limerick - Ms Carmel Bradshaw, Dr Sylvia Tighe & Ms Mary Doyle, Ms Bernadette Toolan

University College Cork & Cork University Maternity Hospital - Dr Geri McLaughlin & Ms Breda Bird

Ms Catherine Woods – newly qualified midwife

Dr Denise Lawler Board Member NMBI

Ms Dawn Johnston Director of Midwifery NMBI

Ms Georgina Farren Professional Officer NMBI
Thank you