SUPERVISORY REVIEW FORM FOR PRACTISING MIDWIVES

This form is a tool that can be used to help inform your review process with your named supervisor of midwives. It is focused on the values and beliefs that underpin midwifery supervision.

This form has been designed to be generic and applicable to all midwives regardless of their current role. It does not contain a list of skills/competencies as this area of development is generally addressed through the KSF appraisal process. However, you may wish to discuss your skills/competencies development with your supervisor if you need support in facilitating this.

Please meet again with your supervisor of midwives in 6 months to discuss your progress.

Name: ........................................................................................................................................Current Post:......................................................................................

Address:.........................................................................................................................................................

Post Code:........................................................Tel No:..................................................

Email ..............................................................................................................................................................

PIN No:................................................................Renewal date ..........................................

Length of Midwifery Practice:....................................................................................................................

Supervisor of Midwives Name: ..............................................................................................................................

Date of last review: ........................................................................................................................................

Do you possess and understand the following Nursing and Midwifery Council (NMC) booklets?

2. The Code (2008) .............................................................................................................................................. Yes/No
4. Guidelines for records and record keeping (2007) ......................................................................................... Yes/No
5. Complaints about unfitness to practise: A guide for members of the public (2004) ................................. Yes/No
6. Practitioner-client relationships and the prevention of Abuse (2005) ......................................................... Yes/No
7. Professional advice from the NMC (2005) ................................................................................................... Yes/No
8. The PREP handbook (2008) ....................................................................................................................... Yes/No

Are there any aspects of above that you wish to discuss or are uncertain about?
Women Focused Care

How do you facilitate women's choices in your area of practice?
Think about national and local agenda that influence this, for example Maternity Matters, NSF, NICE etc.
Think about real examples over the last few months that you can share
Do you know and understand the role of the supervisor of midwives in supporting choice for women?
Are there challenges that you face - how can you overcome these?

In your role, how do you support, promote and influence family centred services
Do you know your local policies/guidelines, do they support women centred care and national policies?
Does the environment where you practice support women and their families?
What were the recommendations for your local unit have following the Healthcare Commission Review in 2008? How are you participating in local improvements?
PROFESSIONAL DEVELOPMENT

Evidence of Maintaining PREP Requirement: (Please bring your PREP file)

Please list below study days or equivalent courses attended in the last 3 years.

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title (and number of days)</th>
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Discussion:
How have you applied this learning to influence your practice?

Documentation Audit
Please bring the results of the audits you have conducted on 5 sets of maternity and neonatal records - one of these must be one where you have documented in (please bring this set to the meeting)
What were the results, what have you learnt, how can you share this learning?
Development needs - please complete the Development Action Plan on the next page

This guidance may help you formulate your plan

**Development required:**
Think about your priorities for the next year, what are your regular training requirements e.g. resuscitation, and what are the other areas that you need to develop new skills in e.g. leadership development, extended roles etc.

You need to recognise your strengths and continue developing these and be honest and open about areas where you need to improve.

*How will the training change your practice? What will be different?*

**How will this be met?**
You might need to book formal study days or you research the topic, shadow another midwife – there are a number of ways in which we learn. Think about what you need to develop and what the best method to achieve this is.

Are there opportunities where you can take the lead in your area – this could be as large or small as you can manage. You might want to conduct an audit in your area, participate in guidelines development, review user information leaflets etc.

What support will you need from your named supervisor of midwives to ensure you achieve your development action plan?

**By When**
Be realistic, make sure you plan and negotiate with your manager early if you need time off or study leave support.

**Outcome**
Has the learning changed my practice? Is there anything else I need to do to make this happen? What other support do I need to change/improve my practice?
## Development Action Planning - *SMART thinking and planning*

<table>
<thead>
<tr>
<th>Development Required (emphasise the desired outcome)</th>
<th>How this will be met (describe what will happen)</th>
<th>By When (give a realistic date)</th>
<th>Outcome (what will change as a result)</th>
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Signature: Midwife.................................................... Date:     Signature: Supervisor of Midwives.............................................. Date………………………. 
Supervisory Review Form

Feedback

Please compare the format of this new form against the old supervisory annual review form

1  Is the new format of the form relevant to your role as a midwife?

   More than before □
   About the same □
   Less than before □
   Not sure □

2  Does the new format help you to identify your learning needs compared to the previous form?

   More than before □
   About the same □
   Less than before □
   Not sure □

3  Does the new format help you to identify the local and national and agenda for maternity services and your role in improvements

   More than before □
   About the same □
   Less than before □
   Not sure □

4  Does the new format help you to focus your development needs regarding normality?

   More than before □
   About the same □
   Less than before □
   Not sure □

5  Does the new format help you to identify achievable and relevant learning objectives?

   More than before □
   About the same □
   Less than before □
   Not sure □