

**UNIVERSITY OF  
PLYMOUTH**

**School of Nursing and  
Midwifery**

## **INFORMATION FOR STAFF ABOUT**

## **STUDENT MIDWIFE CASELOADING**

**BSc (Hons) Pre Registration Midwifery**

**Academic year 2020/21**

**Acknowledgement:**

**The production of this document has been undertaken following consultation with:**

University of Bournemouth  
National Health Service Clinical Staff  
De Montfort University

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Midwifery Team

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## 1. INTRODUCTION TO STUDENT MIDWIFE CASELOADING

In accordance with the Nursing and Midwifery Council requirements (NMC 2009) all students on the University of Plymouth BSc (Hons) Pre Registration Midwifery programme will be involved in the care of a small group of women throughout their childbirth experience, including antenatal, intrapartum and postnatal care. The emphasis is on the learning to be gained from being involved in the woman's childbearing journey and the continuity of care this offers. The midwife remains accountable for any delegation of care and the student must keep them informed of their actions at all times.

The aims of caseloading are to:

- Follow individual women through the continuum of pregnancy, birth and motherhood, working collaboratively with others involved in the woman's care
- Plan, deliver and evaluate a programme of midwifery care, exercising decision making skills
- Gain experience of autonomous practice in a carefully supervised setting prior to completion of the programme

In collaboration with their Caseload Co-ordinator and Personal Tutor, students will identify not less than two and usually not more than five women in whose care they will be involved from initial consultation through to the postnatal period. They will be expected to undertake home or community visits, hospital appointments and birth where feasible. They will be expected to liaise with their current practice supervisor as to when they will be needed by their caseloading women and negotiate release for this. In order to ensure that this learning experience is safe and effective, the following key points must be adhered to at all times:

1. **Communication** – between the student and the woman, the Caseload Co-ordinator and/or the lead midwife for the woman as well as others involved in her care.
2. **Supervision** - care will always be under the direct/indirect supervision of the Caseload Co-ordinator or the lead midwife for that woman. The level of supervision will vary depending on the student's level of ability and the needs/wishes of the woman. In higher risk situations it is expected that supervision will be direct.
3. **Documentation** – all care and communication must be documented, and the name of the supervising midwife must always be recorded, with contemporaneous countersignatures where possible.
4. **Audit** – in situations where indirectly supervised practice has been agreed, it is expected that the Caseload Co-ordinator or lead midwife will see the woman and sign the student's records at a minimum after every three encounters. This enables the woman to confirm their satisfaction with the student's care, their practice and record-keeping to be audited and the student to be reassured that they are providing safe and effective care (Fry et al 2011).
5. **Follow policies** – national and local policies should be adhered to at all times. Any exceptions must be discussed and agreed with the student's Caseload Co-ordinator/ lead midwife. This includes frequency, location and timing of visits.

## 2. WHAT IS THE DIFFERENCE BETWEEN STUDENT MIDWIFE CASELOADING AND CASELOADING FOR MIDWIVES?

MIDWIVES	STUDENT MIDWIVES
The aim is to provide continuity of care and carer for the woman in order to improve their experience and outcomes.	The aim is for the student to gain experience of a woman's journey through the continuum of childbearing, in order to develop their decision-making skills and promote autonomous practice – thus enhancing their future practice as a midwife.
Midwives generally hold a caseload of 30-60 women per year.	Students are encouraged to hold a caseload of 2-5 women in the final year of their programme. Experiences gained are in addition to their normal clinical and academic requirements, so it is important that burnout is avoided.
Either individual midwives or small teams of 2-3 provide all antenatal, intrapartum and postnatal care for their caseload.	Students are expected to undertake as much of the care of the woman as is feasible without compromising theoretical elements of the programme and within their own personal constraints. Individual availability will be discussed with the Caseload Co-ordinator/ midwife accountable for the woman's care and the woman herself.
Midwives are expected to work their hours and undertake their practice in settings convenient to the women in their caseload.	Students are required to follow local Trust policies with regard to location/ timing/ frequency of visits, and need to discuss any proposed variations with the woman and the midwife accountable for her care.
Midwives are accountable for their own practice, although a 'fresh eyes' or partnership approach is deemed good practice.	Students remain under supervision of a registered midwife at all times, who is accountable for their actions and omissions. The level of supervision will vary, depending on the abilities of the student and the needs/ wishes of the woman. The midwife makes this judgement. It is expected that the midwife will provide 'fresh eyes' at a minimum of every three encounters by the student, to include audit of their records.

### 3. WHO ARE THE PEOPLE INVOLVED IN SUPPORTING THE STUDENT AND STAFF?

**Caseload Co-ordinator** – the midwife responsible for overseeing the student’s caseloading experience. A Caseload Co-ordinator will be one of the student’s practice supervisors, although they may not have previously supervised the student. They will contribute to the student’s PAD by providing written feedback/ comments on progress, and may also provide verbal feedback on the student’s progress to their practice assessor.

**Lead Midwife** – the midwife who is lead carer for the woman (i.e.: part of their caseload) and who is the person to whom the student refers regarding her care.

**Supervising Midwife** – the midwife temporarily supervising the student in the clinical setting (i.e. a practice supervisor) when they are caring for their caseloading woman on occasions when the student’s Caseload Co-ordinator or the lead midwife is not available.

**Personal Tutor** – normally the university lecturer who is linked to the clinical area in which the student is practising, and is identified as their Personal Tutor throughout the programme. If s/he is away and you require support, please contact another member of the midwifery academic team:

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## 4. THE PROCESS OF STUDENT MIDWIFE CASELOADING

### (a) Prerequisites:

The following must be achieved/ undertaken prior to students commencing their caseloading experience:

- Students must pass all year two assessments, both theory and practice, before consenting women for caseloading.
- Prior to the start of caseloading students must hold a Caseload Planning Meeting with their Caseload Co-ordinator and Personal Tutor. This is an essential prerequisite for the commencement of caseloading.
- 'Caseloading' does not mean that the student necessarily needs to be undertaking indirectly supervised care – the caseloading period starts when the woman consents to be part of the student's caseload.
- The Caseload Co-ordinator/ Lead Midwife must be satisfied with the student's practice before they will be able to undertake indirectly supervised visits. Note that the timing of these 'solo' visits will vary, and in some cases directly supervised practice may be required throughout the woman's care. Please do not feel pressurised into allowing students to undertake indirectly supervised practice until they are ready; however, it is beneficial to their professional development to undertake some indirectly supervised practice when you consider this is appropriate.

### (b) General principles:

- Whilst undertaking caseloading, students must continue to attend all theory sessions in accordance with the midwifery programme. It is accepted that students will wish to care for their caseloading woman in labour/birth. More flexibility in this situation may be approved by the module teacher, but the student will need to accept responsibility for making up any missed theory which will need to be documented on timesheets to total the theory requirements for the week. The hours worked while caring for the woman will need to be recorded as practice or make-up hours. Extenuating circumstances for missed academic work or deadlines **cannot** be submitted due to caseloading commitments.
- University of Plymouth and local Trust policies must be adhered to at all times. The Faculty policies for **lone working** may be found on POPPI at [https://www.plymouth.ac.uk/uploads/production/document/path/8/8218/Guidance\\_for\\_Assessors\\_Supervisors\\_and\\_students\\_when\\_carrying\\_out\\_unaccompanied\\_home\\_visits.pdf](https://www.plymouth.ac.uk/uploads/production/document/path/8/8218/Guidance_for_Assessors_Supervisors_and_students_when_carrying_out_unaccompanied_home_visits.pdf)
- Please note that although nurses are specifically referred to, this also applies to midwifery students. These guidelines must be used in conjunction with the relevant Trust policies. **Please note: student midwives may only undertake lone working (i.e. work indirectly supervised) in the community setting during daytime working hours (i.e. 08.30-17.30) Monday to Sunday inclusive. Outside these times, students are NOT permitted to undertake lone working.**

Other relevant University policies relating to practice may be found on the same site – please click on the link: [University policies and guidelines link](#)  
Students are responsible for accessing and following relevant Trust policies.  
Please assist them to locate relevant documents.

- If a woman or baby requires transfer in an ambulance **students may only accompany them if a midwife is present in the ambulance** and if it is deemed appropriate for an additional person to be in the vehicle.
- If at any time a client's condition becomes complicated, the student **must** seek the guidance of her Caseload Co-ordinator or the lead/ supervising midwife. When, for whatever reason a woman's risk factors change (physical, social or psychological), the midwife should take steps to monitor the situation closely and intervene if required. It may be appropriate for the student to observe while the midwife takes over the care directly. The midwife should remember that she remains professionally and legally accountable for the woman's care.
- At no point should any student feel "out of their depth." If a caseloading student asks for support, she needs to receive it in a constructive manner from which she can learn and develop.
- The stress of carrying even a small caseload while a student should not be underestimated. Student midwives undertaking caseloading are simultaneously balancing this with their other practice and academic requirements as well as their personal lives. Together with the added responsibility of carrying a supervised caseload for the first time, the pressure can be considerable. If you note any signs of stress or burn-out (e.g.: insomnia, irritability, and a lack of concentration, exhaustion, as well as physical symptoms of illness such as headaches, irritable bowel, continual anxiety or an inability to "switch off"), please discuss these with the student and seek a solution. However, if you remain concerned, please contact their Personal Tutor.
- Student midwives are required to keep a personal log of their clinical hours. They should ensure that they do not work more than their rostered hours. However, if they do accrue hours as a result of their clinical caseload, then arrangements must be negotiated for them to take the time owing within four weeks. After this period, time owing will be lost so it is essential that student midwives do not accrue a large number of hours. **All time spent undertaking caseloading practice must be verified on the student's timesheet by the midwife overseeing this period of care.**
- Caseloading students are **not** available seven days a week, 24 hours a day. **They are not expected to be "on call" for their women from 37 weeks gestation onwards** (but may choose to do so) and this should be explained to those concerned. Individual students' on call arrangements may vary and should be clearly discussed with the women concerned. On occasions, this may mean that the student is unable to attend an appointment. This must be clearly communicated to the woman and midwife, and the student should follow up the outcome.

### **(c) Maintaining Professional Boundaries:**

- If you feel that the student is having difficulty in establishing appropriate boundaries between a friendship and a professional relationship with a woman in their caseload, please discuss your concerns with the student in the first instance, and try to find a solution. You may need to talk directly to the woman to explore the issues and reach a more satisfactory resolution. This is not a friendship, and any activities such as adding the woman (or she adding the student) as a 'Facebook friend' or similar are not permitted. Please refer to the NMC guidance for further advice at [www.nmc-uk.org/](http://www.nmc-uk.org/) or the guidance on the POPPI site. If you still have concerns, please contact the student's Personal Tutor.
- It is important that the student, Caseload Co-ordinator and women are all aware that the student does not provide a 24-hour counselling service, and is not expected to be on-call all of the time. Appropriate arrangements for contacting the student, reflecting local Trust policy, must be discussed at the Caseload Planning Meeting and clarified with the women.

### **(d) Provision of Equipment:**

- Equipment will be provided by your local NHS Trust.

### **(e) Gaining Consent from Women:**

- You are asked to kindly assist students to access appropriate women for their caseload. Women must be asked if they are happy to have student involvement and be assured that a qualified midwife will remain responsible overall for their care. This will normally be the community midwife during the antenatal and postnatal periods and a delivery suite midwife for women who labour and give birth in hospital. The benefits of receiving continuity of care should be emphasised.
- An information leaflet on student midwife caseloading has been devised by University of Plymouth, which students will need to give to each woman they are proposing to invite to form part of their caseload. They will need to add relevant contact details and availability. Please discuss with them the best way of obtaining consent without putting the women under any pressure.
- Students are required to obtain written consent from the women which must be filed in their hand held notes and stored in the woman's hospital maternity records, according to local Trust policy (**Appendix 1**).
- Students are encouraged to attach the sticker produced by University of Plymouth to the front page of the woman's handheld and hospital pregnancy notes to indicate that they are part of the student's caseload and how to contact you and the student.

#### (f) Clinical Records:

- Students must maintain clinical records in accordance with local Trust policy, keeping full and accurate records of their care as usual in the woman's hand held notes or the hospital notes as appropriate.
- **All entries made by a student in clinical records must be countersigned by the registered midwife (or nurse) supervising their practice.** If students undertake care under indirect supervision and the midwife (or nurse) overseeing their practice is unable to countersign their documentation as not physically present, students must write "under indirect supervision by..." and identify the registered midwife (or nurse) concerned so that lines of responsibility and accountability are clear. It is also very important that students clearly document any care they have undertaken and a plan of action so that continuity of care can be provided to the woman.
- **You are asked to check and sign the woman's records at a minimum of after every three indirectly supervised encounters by the student.** This also provides the opportunity for you to meet with the woman and check she is happy with the care she is receiving. It also enables you to give feedback to the student on their practice and acquire evidence to document in their PAD (Practice Assessment Document in their Ongoing Achievement Record).
- It is recommended that students invite their caseload co-ordinator or practice supervisor to audit their notes at some point, to promote best practice. A record of this meeting/ audit tool should be uploaded to their E-portfolio (E-OAR).
- Students' records constitute a legal document and could be used as evidence in court. They have a professional responsibility to keep them safely. Students are responsible for ensuring that they are stored in the woman's records according to Trust guidelines at the end of their caseloading period. **However, please note your own accountability as a Registered Midwife for completion and storage of these records which the student is maintaining under your direct or indirect supervision.**

#### (g) Student Midwife Caseloading Records:

A set of documents has been devised by University of Plymouth for students to complete **in addition** to normal clinical records for the area. Any documents which are not kept in the woman's records or on Trust premises must be anonymised. The documents comprise:

##### **1. Consent forms (Appendix 1)**

- See (e) above.

##### **2. Caseload Activity Log (Appendix 2)**

- Students are required to keep a record of all communication they have with a woman, and identify who they have informed after they have had this. They should also keep track of when they last saw each woman and when their next appointment is scheduled. It should not contain details of the clinical component of their care as this should all be clearly documented in the

woman's notes in the usual way. Instead it should focus on the communication trail so that it is absolutely clear whom they contacted, when and why.

- This form must be **kept anonymous** unless it is stored on Trust property for ongoing information to the staff involved in the woman's care (e.g.: the community midwives' office, or when it is filed in her notes at the end of the caseloading period).
- When the student discharges the woman and her baby into the care of the health visitor, this page should be **checked and countersigned** by their Caseload Co-ordinator and carefully **stored in the woman's records according to local Trust policy**.

### **3. Service-user feedback (*Appendix 3*)**

- Students are required to seek written feedback from the women they caseload as part of the evidence towards their practice assessment. This can form part of the evidence towards the student's practice assessment and can be shown to their Practice Assessor or Caseload Co-ordinator, who can make a record of having seen it in their PAD. **No patient identifiers (eg. name and signature) should be recorded anywhere in the student's portfolio (E-OAR) therefore, you must sign to verify it.**

### **4. Caseloading Workbook**

- Students will be required to maintain their caseloading workbook and upload the relevant completed/ signed documents in their E- portfolio (E-OAR) throughout their programme. This forms contemporary evidence of their caseloading practice which is an essential element of their summative practice assessment at the end of the programme. **Confidentiality must be maintained of all places of work and women cared for throughout this documentation.**
- Students will continue to record experiences gained through caseloading in their E-OAR (e.g.: EU numbers), and the episode of caseloading should contribute significantly to evidence in their PAD (Practice Assessment Document).

#### **(h) Caseloading Meetings:**

- Students are required to arrange the following meetings with their Caseload Co-ordinator and Personal Tutor in order to plan and monitor this experience. It is expected that they will take the lead in these meetings as part of 'owning' their caseloading experience and demonstrating decision-making skills:
  - **Caseload Planning Meeting (*Appendix 4*)** – Attended by the student, Caseload Co-ordinator and Personal Tutor. Purpose: To discuss plans and practical details regarding the student's proposed caseloading experience; to clarify roles and responsibilities and answer questions; to agree a start date and midpoint review date.
  - **Midpoint Review Meeting (*Appendix 5*)** – Attended by the student, Caseload Co-ordinator and Personal Tutor. Purpose: To review the

student's progress to date and ensure that all parties are satisfied with what is being done; to identify and address any problems; to plan for the second half of the caseloading experience.

- **Final Review Meeting (Appendix 6)** – Attended by the student and Caseload Co-ordinator. Purpose: To review the caseloading experience; to complete and countersign all documentation including service-user feedback; to ensure all records are stored as instructed and according to Trust policy (**see (i) below**).

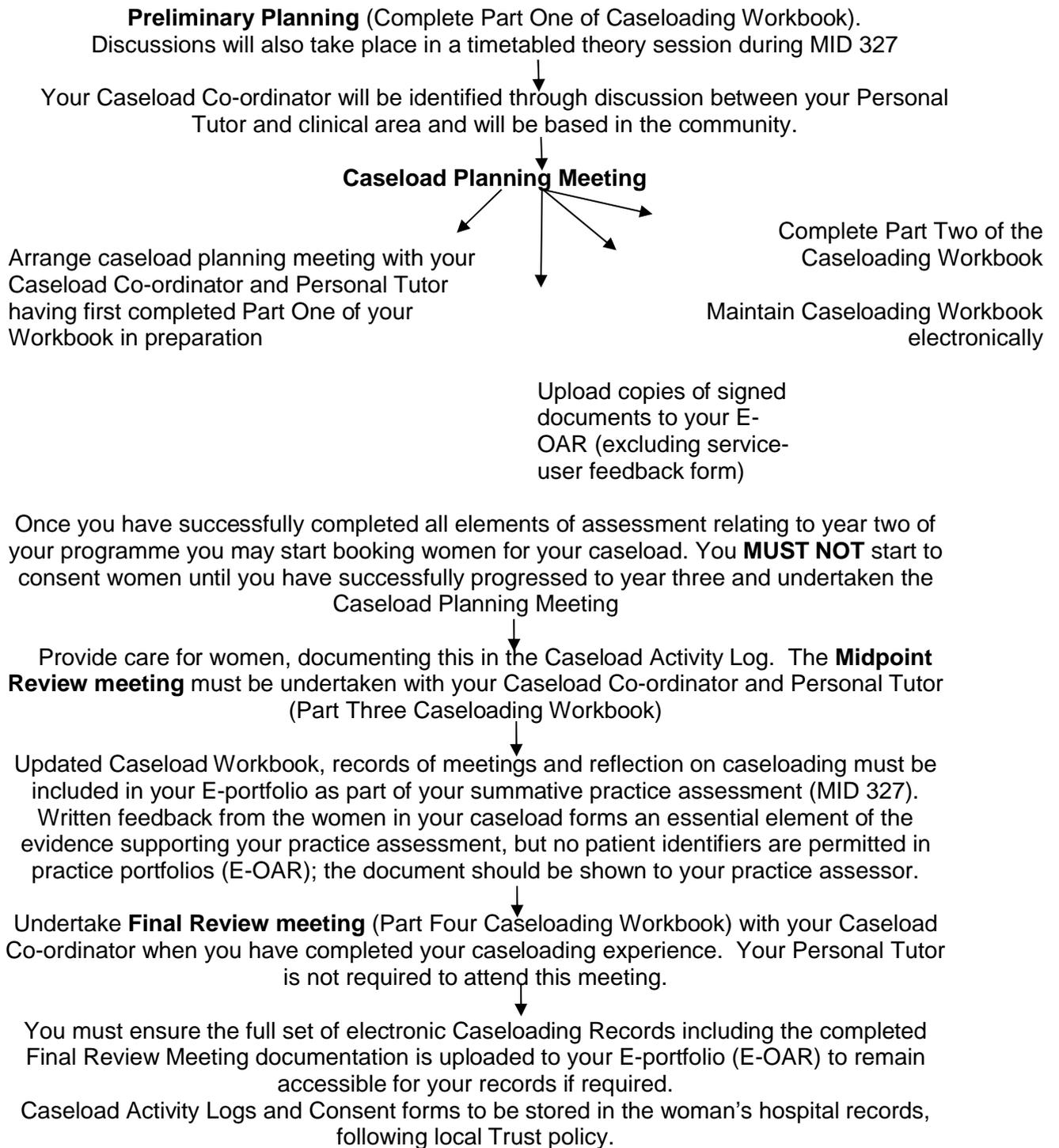
**(i) Completion of Caseloading:**

- Students are required to arrange the Final Review Meeting (**see (h) above**). This provides the opportunity for you both to discuss the experience and identify any issues or concerns which may need to be highlighted to a lecturer or clinical colleagues. Please check and sign all documents at this meeting, and ensure the student stores them as identified in **Table 1**.
- Students are required to incorporate a reflection on their experience of caseloading in the relevant section in their E-portfolio (E-OAR). Please invite the student to share this with you.

Table 1: Checklist of documents

Document	Client identification	Anonymised	Storage	
			Hospital records	E-portfolio (E-OAR)
Caseloading signature record				
Consent form/s (Appx 1)			According to Trust policy	
Caseload Activity Log/s (Appx 2)	<u>Only</u> when filing in clinical notes		According to Trust policy	
Service-user Feedback form/s (Appx 3)		Show to CC and PA; record that seen in PAD		
Completed Part 1				
Completed Part 2 (Appx 4)				
Completed Part 3 (Appx 5)				
Completed Part 4 (Appx 6)				
Reflection				

## 5. CASELOAD FLOWCHART



### Please note:

**All Students will be expected to work within the NMC (2018) Code, national guidelines (eg: National Institute for Health and Clinical Excellence) and local Trust policies and procedures when planning and providing ca**

## 6. ADDITIONAL INFORMATION FOR CASELOAD CO-ORDINATORS

- The Caseload Co-ordinator will be one of the student's practice supervisors; usually a community based midwife, or integrated team midwife.
- When the student midwife carries out any work with women in her caseload, the Caseload Co-ordinator or her designated stand in (e.g.the on-call midwife or lead midwife for the woman) **remains accountable for actions or omissions of the student.** It is your responsibility to please arrange a stand-in if you know you are going to be absent (e.g.: on annual leave). This named colleague needs to be fully informed about the student, their caseload and what they are doing, i.e. there needs to be a thorough handover. Your student needs to have access to the on-call rota for when you are off-duty.
- The student midwife is not expecting you to be "on call" with her for each woman beyond your usual work commitments, although they may value talking to you in the event of any particular concerns or issues relating to their caseload. When a woman goes into labour the student midwife will work with whichever midwife would have normally cared for the woman; i.e. one of the labour ward midwives or on the on-call community midwife for a homebirth.
- Initially you or the woman's lead midwife may want to directly supervise all the care the student midwife provides; later on you may be happy for her/ him to undertake visits on their own and then report back to you. **This will depend on each individual situation, and your professional judgement remains paramount.**
- After each interaction with a woman, either in person or by telephone, the student midwife **must** discuss with the Caseload Co-ordinator or lead midwife what they have done, said or agreed with the woman. If the Caseload Co-ordinator or lead midwife is off-duty, the student must contact the designated stand-in or on-call midwife.
- The Caseload Co-ordinator or designated stand-in must ensure they are satisfied with what the student has done, check s/he has gathered all the appropriate information, made appropriate decisions and recorded all actions and plans. **They need to check that the student has clearly documented who has been overseeing their practice.** They should ensure that where appropriate the student rectifies any omissions or errors. Midwives are asked to support students in this process, as it is a valuable part of professional development and integral to learning how appropriate clinical decisions are made.
- The Caseload Co-ordinator is asked to **meet with the woman and check and countersign the student's records after at least every three encounters** by the student, whether in person or via text/phone.
- Depending upon the experience and ability of the student, the Caseload Co-ordinator should enable a degree of freedom in which the student learns to build their self-confidence, exercise clinical judgement and develop their own

decision making skills, and liaise with the lead midwife responsible for the woman to facilitate this.

## 7. ADDITIONAL INFORMATION FOR SUPERVISING MIDWIVES IN THE COMMUNITY

- The Caseload Co-ordinator who is away from clinical practice either on days off, annual leave or sick leave cannot be held accountable for the actions of a student midwife in their absence. **The stand-in supervising midwife is accountable for all actions or omissions of the student.**
- If a student midwife provides any care for a woman or responds to their telephone communication when the Caseload Co-ordinator is absent, the student **must** have a named midwife (the supervising midwife), who acts as the stand-in for the Caseload Co-ordinator. This is likely to be an identified member of the midwifery team or if not, the on-call community midwife. The student must make contact with the supervising midwife so that they can validate what they have done or plan to do. It is not acceptable for the student to liaise with the Caseload Co-ordinator while s/he is off-duty or to await their return to work.
- The supervising midwife must ensure they are satisfied with what the student has done, check s/he has gathered all the appropriate information, made appropriate decisions and recorded all actions and plans. **They need to check that the student has clearly documented who has been overseeing their practice.** They should ensure that where appropriate the student rectifies any omissions or errors. Midwives are asked to support students in this process, as it is a valuable part of professional development and integral to learning how appropriate clinical decisions are made.

## 8. ADDITIONAL INFORMATION FOR SUPERVISING MIDWIVES IN THE HOSPITAL

- In the hospital, the same principles as stated in (7) above apply. If a caseloading student midwife admits a woman in labour, or does an antenatal or postnatal examination within the hospital, the student **must have a named midwife who oversees the care given** and acts as a stand in if the Caseload Co-ordinator or lead midwife has not accompanied the student into the hospital.
- Immediately on arrival in the delivery suite, antenatal or postnatal ward the caseloading student should report to the midwife in charge. The midwife in charge must allocate a named midwife to take responsibility for the woman's care and to support and supervise the student. At a change of shift, a new midwife will take over and assume responsibility for the woman and student. **It is important to monitor how long the student has been caring for the woman as they should not exceed EU guidance on working hours and need to ensure that they remain safe to practise.**

- **At no time** should there be any lack of clarity about which qualified midwife is responsible for any woman's care or the work of a caseloading student.
- If you are identified as the supervising midwife **you are fully accountable for that woman's care** and should ensure that you are satisfied with the actions and decisions the student has made.
- **Caseloading students require supervision in the same way that any student midwife needs to be supervised.** They should not be "left alone" because they are caseloading. The lead midwife responsible for the woman, whether on the labour ward or the ante/ postnatal ward, needs to supervise either directly or indirectly the care given by the student, and **must check and countersign all documentation.**

## 9. AND FINALLY...

The above principles are intended to ensure that there is a robust process within student midwife caseloading. Please discuss them with your caseloading students and colleagues. If you have any further questions, please discuss this with the student's Personal Tutor.

Student midwife caseloading has been a tremendously positive initiative that has been well evaluated by students, women and midwives alike. Students have generally found that the experience has contributed significantly to their practice and confidence. Your participation and support is vital and we would like to thank for your contribution.

**Rachel Stanyer**  
**Programme Lead**

## 10. FREQUENTLY ASKED QUESTIONS RELATING TO STUDENT MIDWIFE CASELOADING PRACTICE

- Q1** *What are the 'top tips' from previous students undertaking caseloading?*  
**A** 'Get organised!' 'Arrange your meetings with tutors early'.
- Q2** *What did previous students find were the key things to do?*  
**A** 'Fill in your workbook before the planning meeting'. 'Keep up to date with your workbook'. 'Keep your Caseload Co-ordinator informed of what you are doing'. 'Arrange appointments with women in advance'.
- Q3** *Will I be on my own or supervised by a midwife when undertaking caseload visits?*  
**A** This will depend on your level of experience, the woman's situation and the decision of the lead midwife. You will always be under direct/indirect supervision by a midwife who retains overall responsibility for the woman.
- Q4** *Can I count my antenatal visits, delivery, etc as part of my usual EU numbers?*  
**A** Yes. Your caseloading women may well appear several times in various sections.
- Q5** *Will I still be able to have annual leave?*  
**A** Yes. You will need to identify your availability as part of your preliminary planning.
- Q6** *What happens if I do not drive/own a car?*  
**A** This is part of your preliminary planning and will guide you in your choice of suitable women to caseload.
- Q7** *What if I cannot commit to 24-hour on-call because of personal commitments?*  
**A** See Questions 5 and 6.
- Q8** *Will women be calling me directly?*  
**A** This will depend on the local Trust policies / guidelines and should be discussed and agreed at the caseload planning meeting.
- Q9** *Should I care for a high risk woman?*  
**A** It is anticipated that the women you choose to caseload will generally start off as lower risk. However, you will be expected to continue to care for them (though probably under closer supervision) if their pregnancy/ labour/ puerperium deviates from the norm – unless your Caseload Co-ordinator deems this unsuitable after discussion with you. You may decide to choose a higher risk woman in addition, in order to follow her care pathway by attending consultant clinics and hospital appointments.
- Q10** *Who needs to know which women I am caseloading?*  
**A** (a) Your Caseload Co-ordinator  
(b) The lead midwife/ on-call midwife for the woman (if different)  
(c) Your current Practice Supervisor/s need to know basic information (so that you can negotiate release from your current placement) but ensure confidentiality is maintained.
- Q11** *How will hospital staff or other midwives know to call me?*  
**A** The woman or her partner may inform them. A sticker will be provided which needs to be displayed on the front of the woman's hand held notes and the front page of her hospital maternity records. Other local systems may need to be followed.

## 11. REFERENCES AND WIDER READING

Fry J, Rawnsdon S and Lewis P (2011) Problems and practicalities in student caseload holding. **British Journal of Midwifery** 19 (10) pp659-664

Independent Midwives Association/ MIDIRS (2005) How to carry a Caseload without breaking your back. Resource pack. Conference proceedings from joint IMA/MIDIRS Conference (19 April 2005) **MIDIRS Midwifery Digest** Supplement 2, 15(4), pS3-S47

Nelson J (2010) Caseload midwifery – does it improve outcomes? **MIDIRS Midwifery Digest** 20 (3) p309-311

Nursing and Midwifery Council (Circular 14/2007) **Review of pre registration midwifery education – decisions made by the Midwifery Committee**. London: Nursing and Midwifery Council

Nursing and Midwifery Council (2009) **Standards for pre registration midwifery education**. London: Nursing and Midwifery Council

Nursing and Midwifery Council (2018) **The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates**. London: NMC

Nursing and Midwifery Council (2018) **Standards for Student Supervision and Assessment**. London. NMC.

Rawnsdon S (2016) Caseloading. In: Cescutti-Butler L and Fisher M (eds) **The Hands-on Guide to Midwifery Placements**. Chichester: Wiley Blackwell, p132-150.

### Useful Websites:

POPPI (for placement information and ARC/POW)

<http://www1.plymouth.ac.uk/placements/poppi/Pages/default.aspx>

National Institute for Health and Clinical Excellence (NICE) Guidelines

[www.guidance.nice.org.uk](http://www.guidance.nice.org.uk)

Nursing and Midwifery Council (NMC) Guidelines and Standards

[www.nmc-uk.org](http://www.nmc-uk.org)

## APPENDICES

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## Appendix 1



**UNIVERSITY OF  
PLYMOUTH**  
School of Nursing and  
Midwifery

**CONFIDENTIAL –**

**Do not keep this document electronically or submit it in any format**

### **CONSENT FORM**

Name of student	
Student contact details	
Name of Caseloading Co-ordinator	
Name of Woman	
Name of Lead Midwife (if different)	
Hospital Registration Number	

I confirm my consent to take part in Student Midwife Caseloading. I further understand that a qualified midwife will retain overall responsibility for my care.

I reserve the right to withdraw my consent at any time.

Signature of Woman

Date

**One copy of this form must be placed with the woman's hand held notes**

**One copy of this form must be filed in the woman's hospital case notes, following local Trust policy**

## Appendix 2



**CONFIDENTIAL** – do **not** keep this form electronically or submit it in any

### CASELOAD ACTIVITY LOG

To be filed in woman's hospital records following local Trust policy on discharge

Caseload Number		
<b>Please note that the woman's name/ identification number must not be used UNLESS/ UNTIL the records are being stored on Trust property and form part of the woman's notes</b>		
Name of Student Midwife		
Name of Caseload Co-ordinator		
Name of Lead Midwife for woman (if different)		
Dates of caseloading period	From:	To:

<b>Date</b>	<b>Details of activity e.g. telephone communication, home visit, text, accompanying in labour</b>	<b>Reason for encounter</b>	<b>Follow up ac e.g. referral t reassurance appointment refer/ report clearly ident</b>

Date	Details of activity e.g. telephone communication, home visit, text, accompanying in labour	Reason for encounter	Follow up ac e.g. referral 1 reassurance appointment refer/ report clearly ident

**TO BE COMPLETED ON COMPLETION OF CASELOADING, IMMEDIATELY PRIOR TO FILIN**

<p>I can confirm that this is an accurate record of my encounters with</p> <p>.....</p>	
<p>Signature of Student</p> <p>.....</p>	<p>Date</p> <p>.....</p>
<p>I can confirm that, to the best of my knowledge, this is an accurate record of</p> <p>.....</p> <p>encounters with .....</p>	
<p>Signature of Caseload Co-ordinator</p> <p>.....</p>	<p>Date</p> <p>.....</p>

**To be filed in woman's hospital records as advised on discharge from midwi**  
This record must **not** be kept electronically or submitted in any format by the s

## Appendix 3



**This form must NOT be uploaded to your E-OAR**

### SERVICE-USER FEEDBACK – STUDENT MIDWIFE CASELOADING

Thank you for being part of Student Midwife Caseloading. We hope that it has been a positive experience for you and your family. We would be grateful if you would give some feedback on your experience: this will be valuable for the student midwife, her practice supervisor and the University of Plymouth in ensuring that Student Midwife Caseloading continues to provide a positive experience for all involved.

- 1) Who approached you and asked if you would be part of Student Midwife Caseloading?  
Midwife   
Student Midwife   
Other  Please state \_\_\_\_\_
  
- 2) Were you aware of the purpose?  
Yes   
No   
Not sure
  
- 3) Did you feel free to opt in or out?  
Yes   
No   
Not sure
  
- 4) At what stage of pregnancy (how many weeks pregnant) did you meet your Student Midwife?  
\_\_\_\_\_
  
- 5) Was your Student Midwife part of the 'Booking' or initial interview?  
Yes   
No   
Not sure
  
- 6) How often did you see your Student Midwife while you were pregnant?  
\_\_\_\_\_

\_\_\_\_\_ Number of times

7) Were you aware that the Student Midwife was being supervised by a qualified midwife?

- Yes
- No
- Not sure

8) Were you happy with the way you had of communicating with your Student Midwife?

- Very Happy     Neutral      Very unhappy

9) Was the Student Midwife at your birth?

- Yes
- No
- Not sure

10) How did this work out?

- Very Happy     Neutral      Very unhappy

11) Did you see your Student Midwife when you were at home with your baby?

- Yes
- No
- Other  Please state reason if it was not possible for the Student Midwife to visit

\_\_\_\_\_

12) If you have previously experienced a different form of midwifery care how did Student Midwife Caseloading compare with this?

- Much better     same      Not as good

13) How do you feel about the overall experience of Student Midwife Caseloading?

- Very Happy     Neutral      Very unhappy

14) If you were to be offered Student Midwife Caseloading in the future would you choose this option again?

- Definitely    Neutral       Never

15) Is there anything else you would like to say about Student Midwife Caseloading?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for completing this form. Since your feedback may contribute to evidence of the student's clinical practice, please ask your midwife to sign confirming this feedback is genuine, so that it can be shown to the student's practice assessor.**

**Please do not include your name on this document, to maintain your confidentiality.**

## Appendix 4

### CASELOAD PLANNING MEETING: YOUR CASELOAD SUMMARY

To be discussed at your Caseload Planning Meeting:

POINTS TO DISCUSS	Justification and comments
What number and type of women do you plan to caseload?	
What is your strategy on explaining caseloading and gaining valid consent?	
What is your realistic availability? What times and places can and can't you do?	
How are you going to demonstrate your communication pathways with your Caseload Co-ordinator/ other supervising midwife?	
How are decisions going to be made about when/ whether you can practise under indirect supervision and how are you going to document these encounters?	
Are you clear on what documents need to be kept while caseloading and where to store these?	
How will you apply the University and Trust lone worker policies?	
How will you deal with problems? What is the role of the midwifery managers in relation to your caseloading experience?	
How are you going to avoid burnout?	
How are you going to reflect and learn from caseloading?	
How and when will you get feedback from your Caseload Co-ordinator and women on how well you do?	
Other points for discussion	

## Appendix 5

### MIDPOINT REVIEW MEETING

This meeting should take place approximately half way through your caseloading experience **and is mandatory**. Your Personal Tutor **must** attend this meeting.

The aim of this meeting is to:

- Review your practical progress to date
- Review what you have learned from the experience
- Identify any problems and ways to resolve them
- Plan for the second half of the caseloading experience, making any adjustments as necessary

The questions below are to provide a framework for your meeting. Make brief summary notes of your discussion in the spaces provided.

How many women have you booked?	
How many women have given birth?	
How many women have you discharged?	
Have you had any difficulty identifying and booking appropriate women? If so, what were the problems and how were they resolved?	
Have you experienced any practical problems (such as communication, equipment, record keeping) and if so, how were/can they be resolved?	
Have you experienced any clinical problems, unexpected or challenging situations? How did you deal with them?	
Did you meet with a midwife to audit your notes? Have you uploaded the tool or record of your meeting?	
How have you learned and developed as a student midwife since you started carrying a caseload?	

## Appendix 6

### FINAL REVIEW MEETING

This meeting should take place with your Caseload Co-ordinator at the end of your caseloading experience after you have discharged your last woman **and is mandatory**. Your Personal Tutor is **not** necessarily required at this meeting, but they may attend if this is possible.

The aim of this meeting is to:

- Review your completed caseload
- Review feedback from service users
- Review what you and your Caseload Co-ordinator have learned from the experience
- Identify areas of good practice that can be built on for future student midwives
- Identify any problems and ways to resolve them for future student midwives
- Ensure that all paperwork and documentation is complete and stored appropriately

The questions below are to provide a framework for your meeting. Make brief summary notes of your discussion in the spaces provided. You may wish to expand on some aspects in your E-portfolio or through other forms of reflection.

In total, how many women have you cared for in your caseload? At what gestation did you recruit them?	
What additional experiences/ skills/ knowledge would have helped you to improve the care that you have given to women?	
What are your experiences of being on call?	
How do you feel about the support you have received? Are there ways in which it can be improved?	
What are your Caseload Co-ordinator's views? Is the Caseload Co-ordinator happy with the quality of care you have provided? Are there any suggestions that you or your Caseload Co-ordinator can make to improve it?	
What are your Personal Tutor's views?	

Take this opportunity to review together the completed case summaries and any reflections you have written based on your caseloading experience. List three key points you have learned from this experience.	
Briefly summarise your feelings about this experience from the student perspective. What have you found to be the most useful aspects?	
Ask your Caseload Co-ordinator to briefly summarise their feelings and experience of supporting you in your caseload. What have they learned from this experience? What are the most positive aspects? Would they do anything differently next time?	
What, according to the service user feedback, have been the views and experiences of the women and families in your caseload? How have they found the experience of being in a student midwife's caseload?	
What suggestions and practical tips could the link tutor pass on to any students who want to caseload in the same clinical site, or to the midwives who will supervise them?	
Have all the records been completed and stored appropriately to the satisfaction of both yourself and your Caseload Co-ordinator?	

**Please ensure that your Personal Tutor is informed of any issues which may need to be followed up if they are not present at the Final Review Meeting. This record must be uploaded to your E-OAR together with the signed Part 4 form.**

<b>Document Control</b>	
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<p><b>Links to other policies/guidelines</b></p>	<p>Staff Information about Student Midwife Caseloading (Plymouth University 2020-2021)</p> <p>BSc (Hons) Pre-registration Midwifery Programme Handbook (Plymouth University 2020 - 2021)</p> <p>MID327 Module Handbook (Plymouth University 2020 -2021)</p> <p>Standards for Pre-registration Midwifery (NMC 2009)</p> <p>Standards for Student Supervision and Assessment (NMC 2018)</p>

