

PART ONE: SELF-EVALUATION

To be completed by the midwife with restrictions.

A. Describe how you demonstrate the following:

PROFESSIONAL PRACTICE

Demonstrates accountable, responsible, safe midwifery care and seeks advice appropriately as outlined in the Principles of Midwifery Practice (Section 2.3 of the Midwifery Handbook). Is receptive to feedback regarding performance.

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ETHICAL PRACTICE

Demonstrates a responsibility to midwifery practice as outlined in the Alberta Model of Practice, “Philosophy of Care” (Section 2.2 of the Midwifery Handbook).

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STANDARDS OF PRACTICE

Demonstrates competence with the provision of service as outlined in the Practice of Midwifery (Section 2.4 of the Midwifery Handbook) and Standards of Conduct (Section 2.5 of the Midwifery Handbook).

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B. Complete the following information on your restricted practice.

Birth numbers completed during this reporting periods:

complete / # required

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| Primary Midwife: |
| Secondary Midwife: |
| Continuity of Care: |

- C.** The following criteria may be used when reporting on specific restrictions unrelated to birth numbers. Please list the restriction and then outline where you feel your level of competency is at this time. Provide comments including what you need to assist you in each area.

| Criteria for each level of competency | |
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| Independent: | I need no cues and direction. |
| Supervised: | I need minimal support and/or supportive cues and direction. |
| Assisted: | I need frequent supportive cues and direction. |
| Marginal: | I need considerable supportive cues and direction |

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| Restriction: |
| Level of Competence: |
| Comments: |
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| Restriction: |
| Level of Competence: |
| Comments: |
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| Restriction: |
| Level of Competence: |
| Comments: |
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PART TWO - EVALUATION TOOL FOR SUPERVISOR

To be completed by the Principal Supervising Midwife

A. Describe how the supervisee demonstrates the following:

PROFESSIONAL PRACTICE

Demonstrates accountable, responsible, safe midwifery care and seeks advice appropriately as outlined in the Principles of Midwifery Practice (Section 2.3 of the Midwifery Handbook). Is receptive to feedback regarding performance.

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ETHICAL PRACTICE

Demonstrates a responsibility to midwifery practice as outlined in the Alberta Model of Practice, “Philosophy of Care” (Section 2.2 of the Midwifery Handbook).

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STANDARDS OF PRACTICE

Demonstrates competence with the provision of service as outlined in the Practice of Midwifery (Section 2.4 of the Midwifery Handbook) and Standards of Conduct (Section 2.5 of the Midwifery Handbook).

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B. Please provide feedback on the following specific areas of restricted practice.

The following criteria may be used when reporting on specific restrictions unrelated to birth numbers. Please list the restriction, outline the level of competency at this time, and provide comments.

| Criteria for each level of competency | |
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| Independent: | needs no cues and direction. |
| Supervised: | needs minimal support and/or supportive cues and direction. |
| Assisted: | needs frequent supportive cues and direction. |
| Marginal: | needs considerable supportive cues and direction |

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| Restriction: |
| Level of Competence: |
| Comments: |
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| Restriction: |
| Level of Competence: |
| Comments: |
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| Restriction: |
| Level of Competence: |
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C. Please use this area to disclose additional concerns if any:

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D. Supervisor's Recommendations

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| <p>Three monthly report:</p> <p><input type="checkbox"/> Meets Midwifery Standards of Competency and Practice and is now able to practice with a supervisor available by telephone and capable of being physically present within one half hour during the provision of any midwifery services. (arms length supervision)</p> |
| <p><input type="checkbox"/> Meets Midwifery Standards of Competency and Practice and is recommended for approval to practice as a second birth attendant.</p> |
| <p>Twelve month report:</p> <p><input type="checkbox"/> Meets Midwifery Standards of Competency and Practice and is capable of independent practice.</p> |
| <p><input type="checkbox"/> Does not meet the Midwifery Standards of Competency and Practice and requires continuing supervision.</p> |

Please provide comments to support the above recommendations to assist the CMA- in making a decision regarding supervision requirements.

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| Signature of Supervisor: |
| Print Name of Supervisor: |
| Signature of Restricted Midwife: |
| Print Name of Restricted Midwife: |
| Date: |

