SCHOOL OF HEALTH SCIENCES

FACULTY OF MEDICINE
AND HEALTH SCIENCES

Bachelor of Science (Hons)
MIDWIFERY

STUDENT HANDBOOK

Academic Year 2014-15
# CONTENTS

PLEASE READ: Student Handbook – All Pre-Registration Programmes
Sections 1-4 (ALSO ON BLACKBOARD) BEFORE THIS PROGRAMME SPECIFIC HANDBOOK.

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5.0 PROGRAMME SPECIFIC

Dear Student

I am delighted to welcome you to the BSc (Hons) Midwifery Long Programme and hope that your studies with us over the next three years will be both fulfilling and rewarding.

The BSc (Hons) Midwifery Long Programme is a collaborative initiative between the School of Health Sciences, Faculty of Medicine and Health Sciences at The University of East Anglia and Health Education East of England (HEEoE). This partnership, together with other health care Trusts and organisations across Norfolk and Suffolk has been developed to ensure that your programme will offer you the scope to develop appropriate knowledge as well as skills. The programme has been validated by the Nursing and Midwifery Council (NMC) and will provide you with a sound basis from which to develop your career as a midwife.

According to the NMC Midwives Rules and Standards (2012) midwives must make sure the needs of the woman and her baby are the primary focus of midwifery practice and work in partnership with the woman and her family to provide safe, responsive, compassionate care, considering physical and emotional health throughout childbirth. Effective practice requires the recognition and understanding of the social and economic context of women and their families in assessing, planning, delivering and evaluating care. This can only be achieved through the effective application of interpersonal and personal transferable skills.

Your programme aims to develop your ability as an autonomous learner, to develop your knowledge, understanding, skills and attitudes to become a competent, confident midwife, able to deliver and manage an excellent standard of evidence based midwifery care which reflects the needs of women, babies and their families.

From the outset you will be encouraged to consider the impact of partnership working with women and their families. By valuing your experiences and contribution it is anticipated that as you develop knowledge and skills in midwifery practice you will in turn value women’s experiences.

The future of the profession is evolving, changing and pioneering and we hope that you are as excited as we are about this programme and the possibilities for the future of the midwifery workforce.

Yours sincerely

Nicky Hadlett
Course Director
5.1 Midwifery contact information

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5.2 Programme Handbooks Overview

You will have been given or have electronic access to a series of booklets which each provide you with a range of information and guidance in relation to being a student of the School of Health Sciences (HSC);

1. **The Assessment of Practice Documentation**
   There is one for each module of the programme and it includes your ‘Assessment of Practice’ records for each module and will be given to you at the outset of each module. Module details (e.g. content, assessment and practice information), which is supplemented by a timetabled session at the outset of each module is available on your Blackboard site in the relevant module and assessment folders.
2. **Theory and Practice Assessment Guidelines**
   Includes the assessment guidelines for your theoretical assessments and the process and requirements for the assessment of practice within the programme. This document will be available to you electronically on your programme Blackboard site at the outset of the programme so that you are aware of all assessments from the outset.

3. **UEA Student Handbook**
   This handbook is for all students studying on undergraduate and postgraduate taught programmes. It aims to give new and continuing students a central reference point for University-wide regulations, processes and guidance to help and support you through your studies.

4. **The 3 Year Pre-registration Midwifery Programme Handbook** (This document) gives you specific information for the programme whilst you are a student, together with core School information. It should be read in conjunction with the other documents mentioned here.

This document has been written to provide useful information which is specifically related to your midwifery programme, together with standards of performance and experiences which will guide your studies, as well as core School information. Throughout your programme further information may be given to you and consequently this Handbook will be reviewed and may be subject to change. This Handbook includes an outline of the programme, the assessment strategy, along with theory and practice details. The midwifery lecturers are here to facilitate, guide and help you, as are the qualified staff within practice areas. However, as a student you too have a personal responsibility to ensure that you make the best use of available facilities. We hope that you find the information useful, however, if there is anything you do not understand, or are unsure of, make a note of it and ask your Personal Adviser to explain later on. We reserve the right to amend guidance in this document and provide you with additional information as necessary during your programme.

### 5.3 Setting the Scene for your Midwifery Programme

The School of Health Sciences, University of East Anglia, delivers a robust, contemporary programme of midwifery education to prepare you to become eligible for registration as a midwife. The curriculum will enable you to meet the Midwives rules and standards (NMC 2004), EU Midwives Directives (EC 1980, 1989), NMC (2009) standards for Pre-registration midwifery education and QAA subject benchmarking (2001), but, to also be able to take your place as future agents of change within evolving midwifery practice.

The provision of maternity care and midwifery education have, alongside other health and social care professions, undergone major changes. The recent Midwifery 2020 (Midwifery 2020 Programme 2010) reinforced the importance of a midwifery led rather than medically led maternity service, placing the woman in a pivotal position to influence her care. The NICE guidelines have
contributed to the development of care during the childbearing process. The National Service Framework for children, young people and maternity services (DoH 2004) has helped focus on the needs of all women, including those from vulnerable groups. Both demand that the midwife of the future be flexible, proactive and assertive and take responsibility for continuing professional learning and development. As a midwifery practitioner, analysis and decision-making based upon contemporary evidence will need to be fundamental skills which underpin and inform all your professional activities. These qualities will consequently permit flexible and adaptable approaches to problem solving and enable you as a practitioner to operate within the dynamic and changing maternity health care service.

5.3.1 Philosophy of the Programme

The programme experiences are designed to create a climate of professional integrity and responsibility which facilitates you to:

- Show flexibility and adaptability to marry the dichotomy of women’s needs and service provision, making graduates attractive to employers and women
- Augment your existing self-motivation to act reflexively in analysing and creating your own personal learning opportunities, becoming an autonomous learner working productively with your Mentors and Personal Adviser
- Adapt your skills, learning and clinical reasoning to initiate service improvements which improve women’s experiences while always ensuring your practice is compassionate, sensitive and safe
- Provide responsive, compassionate care which is woman, partner and family centred which values diversity and is sensitive and respectful
- Produce safe competent practitioners, who will have graduate level skills including advanced communications skills, an enquiring approach to practice and sound problem solving abilities, making them attractive to potential employers.

The programme is built around the foundation of respecting each individual and valuing individual life experiences students bring to the programme. This is supported by facilitating the sharing of your experiences within your peer group, which in turn encourages the development of a peer support network. This environment encourages development of existing knowledge and application to a midwifery context. From the outset you will be encouraged to consider the impact of partnership working with women and their families. By valuing your experiences and contribution it is anticipated that as you develop knowledge and skills in midwifery practice you will in turn value women’s experiences.

Student centred learning opportunities are a key feature of the programme philosophy. This gives further emphasis to valuing your experiences, whilst preparing you in the art of enquiry and developing your skills in problem solving and team working. The small group environment fosters opportunity for discussion of issues in depth, contributing to the development of graduate skills. Student centred approaches are mirrored in the practice arena by
placing women at the focal point of care throughout the programme. Adopting
this philosophy to midwifery care within the programme facilitates development
of skills that value women’s views and choices in their care and places women
in control of their care pathway.

Developing proactive skills in reflecting on practice in order to develop practice
is encouraged within the programme. Qualities such as change agent and
leadership skills are also nurtured giving you further opportunity to develop
graduate level skills.

Inter-professional learning has a high profile in practice and theory within the
programme. The philosophy of valuing individuals is extended to all
healthcare professionals, and therefore emphasis is put on effective working
across professional boundaries. You will be given frequent opportunities for
learning and developing skills in inter-professional team working across the
programme.

The midwifery teaching team are strongly committed to supporting you
throughout your programme. This element of the philosophy is closely linked
to valuing individual experiences and needs. You will have a named Personal
Adviser; usually you will remain with that adviser for the duration of the
programme enabling a partnership relationship to emerge. Giving you
opportunity to be a partner in the Personal Adviser relationship provides
experiences on which you can build the skills of partnership working which can
be applied to your own relationships with women. There is a named midwifery
Link Lecturer for each practice area used by student midwives. This enables a
lecturer familiar with the programme to support you in the practice environment
and to provide the Link Lecturer element of the tri-partite assessment of
practice. Module Organisers are also available to provide support in the
context of module specific element of the programme.
In addition to these support mechanisms the Course Director and Lead
Midwife for Education are both available to offer you support should this be
required.

Lead Midwife for Education

This is a professional role required by the NMC for Midwifery courses. The
person holding this role provides the professional lead for midwifery provision
by ensuring courses comply with the standards established by the NMC
through effective operational and strategic working with relevant authorities
and institutions involved with midwifery education and practice.

5.3.2 The Newly Qualified Midwife

Upon qualification as a newly qualified midwife, you will be confident and
competent in your conduct of sensitive compassionate midwifery care. You will
be capable of autonomous practice from the point of registration and
demonstrate sound skills in critical reflection to advance your practice.
The newly qualified midwife will carefully consider the care she gives, designing care individually for each client and basing care upon sound, research-based knowledge. The newly qualified midwife will be able to debate and reflect upon any programme of action chosen. From the point of registration the newly qualified midwife will recognise the need for continuing personal and professional updating and development. You are encouraged to start to consider your needs for your period of preceptorship during your final practice allocation in Module 6.

5.3.3 The European Union Directive

The Pre-registration Midwifery programme meets the criteria identified within the Directive 80/155 EEC – 31/07/2001 as amended 89/594/EEC. Therefore, upon successful completion of your programme, you will be eligible to work within other European countries.

5.3.4 Statement of Standards

The strength of this programme lies in the emphasis on the development of competent and proficient midwifery practice. Therefore the direction of teaching and the implementation of staged summative assessments of practice actively seek to further refine the practitioner’s development as a midwife. This programme is subject to the Quality Assurance Agency and the University’s quality monitoring processes, which include annual monitoring and review of modules of study and the programme as a whole. Practice within the programme meets the QAA (2001c) Code of Practice for placement learning. The Midwifery Pre-registration Programme Management Committee meets regularly to review the content and overall academic and practice standards. The Pre-registration Midwifery Board of Examiners is held regularly, examination results are subject to a process of ratification which involves external examiners and the Pre-registration Midwifery Board of Examiners.

5.4 Introduction to the Programme

The programme is a 3 year Pre-registration midwifery education programme leading to registration as a midwife on the Professional Register of the Nursing and Midwifery Council, with BSc Honours Award from the University of East Anglia.

Student groups include students with practice based at the Norfolk & Norwich University Hospital NHS Foundation Trust, Queen Elizabeth Hospital NHS Foundation Trust, Kings Lynn, and the James Paget University Hospital NHS Foundation Trusts. Students will study together on most occasions to benefit from learning and sharing experiences with each other. Most taught sessions will be held in Norwich, on UEA premises. You will undertake clinical practice in the above Trusts in hospital and community settings.

You will be supported by the Course Director, Module Organisers, Link Lecturers, your Personal Adviser and the Midwifery Team as a whole. Practice Mentors will be experienced clinical midwives and will support you during practice. Learners, Mentors and lecturers will work together within an open
environment to encourage questioning, problem solving and critical reflectivity which links theory and practice.

In accordance with the Supervisory Framework for Midwives you will be allocated a named Supervisor of Midwives based in your practice Trust. The programme includes sessions explaining and exploring the Supervisory Framework for Midwives and how your Supervisor of Midwives can support you throughout the programme.

The Midwifery Pre-registration Programme Committee is responsible for monitoring the learning, teaching and assessment within the programme and for ensuring the programme conforms to the Nursing and Midwifery Council requirements and the Quality Assurance Agency’s, University regulations and the Framework for Higher Education Qualifications. Student representatives form part of the membership of this group. Your cohort will be asked to identify a student to represent your cohort on this group.

You are expected to take responsibility for your own learning. The curriculum is designed to help students to become confident, proficient midwives who will develop a reflective approach in their practice. The programme is divided into six modules, 2 each year.

5.4.1 Programme Aims

This programme prepares students to be a lead practitioner in the provision of normal midwifery care while being able to co-ordinate and manage the delivery of complex care for women and families in vulnerable circumstances, and those with complex needs arising during childbearing. Within a climate of inter-professional and interagency practice they will use skills in critical analysis and evaluation of evidence from a variety of sources, synthesising such evidence to inform the cycle of midwifery care. It is expected that students will have the ability to seek evidence that is not readily available and critically engage in professional debate to provide safe and sensitive care which is individual to women and their families, while also being able to motivate self and others to contribute and initiate service reform.

The programme aims are set out below; upon successful completion of the programme students will be eligible to register as a midwife on the midwifery part of the NMC professional register and undertake the activities of a midwife as stated in the second EU Midwifery Directive (EU Second Midwifery Directive 80/155/EEC Article 4) and the NMC (2004) Midwives Rules and Standards.

Successful completion of the integrated practice and theoretical components of the three year full time programme will prepare students who are able to:

- Achieve the NMC (2009) Midwifery competencies, skills clusters and requirements for entry as a midwife on the NMC register to practise autonomously in accordance with the Midwives Rules and Standards (NMC 2004)
- Meet the required standards for award of Bachelor of Science Honours - Midwifery (Higher Education Qualifications Framework (QAA 2008)
• Work in partnership with women to provide compassionate and sensitive midwifery care that effectively meets their needs and that of their families
• Apply knowledge of research methods, audit and clinical governance in order to assure their contribution to the provision of high quality midwifery care within the maternity services
• Use and adapt communication skills with women, families, multidisciplinary/multiagency services and healthcare professionals, to contribute the midwifery dimension of care effectively and coordinate such involvement across pregnancy, labour and parenthood when part of the multidisciplinary team for complex health and social needs
• Use effective strategies to retrieve, interpret and apply evidence and experience to support critical decision making, reflecting NMC requirements for autonomous practice as the lead for normal midwifery (NMC 2009:17)
• Practise in creative ways to engage women and their families in behaviour which will impact positively upon the health of the fetus and the neonate, as well as the mother's longer term health and that of her family
• Be a proficient, reflexive practitioner promoting a positive midwifery role model within the maternity services to the benefit of those with whom the midwife works, and those who receive midwifery care and support
• Constantly adapt transferable skills to achieve successful lifelong learning to support an autonomous role
• Develop individual qualities to become a future leader within the midwifery profession.

5.4.2 Activities of the Midwife

Upon completion of this programme, you will have had appropriate theoretical and practice experiences to enable you to practise in accordance with European Union Directives. The learning outcomes of the programme have been designed to reflect these activities.

The activities of a midwife are defined in the EU Midwives Directives (80/155/EEC Article 4) and are listed below:

• Provide sound family planning information and advice
• Diagnose pregnancies and monitor normal pregnancies; to carry out examinations necessary for the monitoring of the development of normal pregnancies
• Prescribe or advise on the examinations necessary for the earliest possible diagnosis of pregnancies at risk
• Provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition
• Care for and assist the mother during labour and to monitor the condition of the fetus by the appropriate clinical and technical means
• Conduct spontaneous deliveries including, where required, an episiotomy and, in urgent cases, a breech delivery
• Recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where
appropriate; to take the necessary emergency measures in the doctor’s absence, in particular the manual removal of the placenta, possibly followed by a manual examination of the uterus

• Examine and care for the new-born infant; to take all initiatives which are necessary in case of need and to carry out, where necessary, immediate resuscitation
• Care for and monitor the progress of the mother in the post-natal period and to give all necessary advice on infant care to the mother to enable her to ensure the optimum progress of the new-born infant
• Carry out the treatment prescribed by a doctor
• Maintain all necessary records.

The Standards for Pre-registration Midwifery Education (NMC 2009) provide the key framework for the theoretical content and practice development across the programme. These competencies naturally prepare you to address ‘the activities of the midwife.’

These can be found in your assessment of practice guidance documents mapped to the relevant practice assessment for each Module.

5.5 Key Features of the Programme

5.5.1 What does the Curriculum look like?

The following pages illustrate the structure of the programme and illustrate theory and practice time. You will find a more detailed account of each module later in this handbook and on your programme Blackboard site.

Terms and Modules:

• Each year consists of two semesters, also called modules
• All modules begin with a few weeks of School-based theoretical introduction, followed by a period of practice
• The first semester in each year contains 20 timetabled weeks with the second semester in each year containing 25 weeks
• You will have opportunity to visit practice areas for orientation during the theory time in Module 1 prior to commencing your practice
• Semesters in Years one and two contain more theory weeks than Year 3. This gives you longer in practice in Year 3 to consolidate theoretical learning and competent practice skills for the midwifery role across pregnancy, labour, birth and the early weeks of parenthood.

Please refer to Table 1 in Section 5.5.4.

5.5.2 Annual Progression Meeting with Personal Adviser

At the end of each academic year, you will meet with your Personal Adviser. This meeting will provide an opportunity to review progress made over the year and for you and your Personal Adviser to raise any issues relevant to the programme. You are responsible for arranging this meeting in each year in semester 2. The appropriate form for documenting this meeting can be found
on the School’s Student Blackboard site. You need to retain the record of this in your portfolio for each year of the programme.

5.5.3 Independent Learning Weeks following Modules 2, 4 and 6

- Following Module 2, 4 and 6 you have timetabled independent learning weeks. In Module 2 this equates to one week directed study utilising e-learning tools, which is followed by 2 independent learning weeks.
- The independent learning weeks in Module 4 comprise 2 weeks prior to conclusion of the module, addressing your personal learning needs by an elective option. Electives could be a variety of observational experiences in the UK or overseas, dictated by individual preferences and learning needs. Please refer to the School of Health Sciences Elective Handbook for more information.
- The independent learning weeks in Module 6 comprise 3 weeks prior to conclusion of the module. The intention being that any required experience not already met can be achieved, for example EU experience. If you have met all the programme experience requirements you will develop your personal learning outcomes for these independent learning weeks in readiness for your midwifery preceptorship.
- Guiding principles for personal study and activities can be found in Appendix 4 of this Handbook. Please refer to the School of Health Sciences Elective Handbook for more information on elective placements.

To maximise this independent learning opportunity, you should develop and evaluate your own personal learning outcomes and bring these for discussion at your Annual Progression meeting with your Personal Adviser in semester 2.

5.5.4 Distribution of the Curricular Weeks of the Programme

The programme is based upon students attending the full complement of theory and practice sessions. The programme comprises 6 modules which together span 3 years and is inclusive of vacation and Public Holidays. The vacation for this programme is fixed and included, and cannot deviate from the set weeks. Please do not book any holidays outside of vacation weeks as this will not be honoured. Public Holidays are included where specified on your programme, however some public holidays are spent in practice.

The theory and practice hours are spread across the programme, providing the required relationship between theory and practice (NMC 2009, Standard 12). This distribution of curricular hours is illustrated below.

Table 1 - DISTRIBUTION OF CURRICULAR WEEKS/HOURS

The programme comprises of three years of study which provides 135 programmed learning weeks of theory and practice with 21 weeks of vacation time. This is arranged as 45 programmed learning weeks and seven vacation weeks per annum.
1. All days are calculated on a 7.5 hours basis for theory or practice.
2. Modules in Semester 2 include specified weeks of required independent learning. Indicative guidance is five days theory and five days practice. At the end of Module 2 this comprises of two independent learning weeks. At the end of Module 4 this comprises of two weeks allocated to elective time. At the end of Module 6 there are two independent learning weeks.
3. The balance of theory and practice across the programme is 40.7% theory and 59.3% practice.
4. During practice time up to 7.5 hours per week can be used for critical reflection, attending appointments for continuity cases and learning opportunities relevant to your practice. This is arranged through negotiation with your Mentor and termed as ‘Portfolio time.’
5.5.5 Programme Content and Progression

The programme content is built around the QAA Midwifery Subject Benchmarks and the NMC Standards for Pre-registration Midwifery Education. Please refer to your Module outlines in section 5.9 of this handbook.

Formal progression points sit at the end of each year of the programme. Contained within the assessment of practice document for each module in semester two is a Progression Sign-Off Document. Your mentor is required to sign this document to confirm that you have completed all the practice learning outcomes for the year in question, are practicing at the relevant level and are ready to progress to practicing at the next level, or for Module 6 are competent to enter the NMC professional register.

5.5.6 Continuity cases during practice

You will identify with three cases per year with the aim of completing with 2 cases. The focus in Year 1 will be that of midwifery-led care and improving health, while Year 2 will focus on more complex cases involving women with circumstances making them vulnerable and obstetric-led cases. In Year 3 cases will focus on the management and decision-making for midwifery-led cases. Rawson (2010), and recently (Aune 2011) highlight the benefits of you learning within caseloads in that you will be better equipped to assess, interpret and understand women’s needs. The effect of a greater sense of partnership working will enhance your ability to provide meaningful responsive care whilst building confidence in your practice which is not experienced with the current traditional model of continuity afforded within most UK Trusts. This approach serves as a learning process across the practice experience of each year enabling you to capture the consequences of decisions as well as clinical outcomes; it gives a reality of care and its impact upon the woman's family life. Continuity cases will normally reflect the nature of the modules in that year in the context of the relevant modules learning outcomes.

5.5.7 Educationally led caseload

In the final practice allocation which is community based you are required to manage the care of a number of women receiving a midwifery model of care. During this module you are signed off by your Mentor for the NMC Pre-registration competencies (NMC 2009:17) which are necessary for eligibility for registration. This model of practice enables your Mentor to determine your decision-making ability for the management of normal midwifery-led care. The educationally-led caseload is commenced only upon the basis of a successful formative interview around the point of week 4-5 of the community practice allocation. If it is recognised you are displaying ability which is consistent at supervised practitioner and are showing firm progression towards competence the decision to commence the caseload, incrementally, is taken jointly between Link Lecturer, Mentor and yourself. Guidance is provided to support this stage of the learning process in practice. This has been a feature for considerable time and is firmly embedded in all current Pre-registration Midwifery provision through well-established processes. Clearly structured action plans are
developed where you do not show capability. Caseload practice is only conducted when all are agreed you are capable.

5.5.8 Support whilst in Practice

The prime supporter during your practice time will be your named clinical Mentor. You will be allocated an experienced Mentor for each practice allocation you undertake. Each practice area has a named midwifery Link Lecturer who fosters the connection between practice and theory learning, being an active part of your tri-partite assessment of practice in each module. In addition your named Supervisor of Midwives will be available to support you with practice related issues.

The Midwifery Teaching team will ensure you have a system of support during bank holidays and during Christmas and Easter. Should you be undertaking practice at the time you will be informed of the processes for this support before the holiday period.

5.6 Programme Overview

The programme is structured to provide learning opportunities at academic Levels 4, 5 and 6. The arrangements for teaching and learning at these levels across the programme will comprise a balance of approaches including lectures, seminars, skills laboratory activities, tutorials, enquiry-based learning, e-learning and practice based learning.

5.6.1 Approaches to Learning and Teaching

This is supported by a structured approach of lectures, seminars, hands-on drills and skills, reflection and clinical enquiry for facilitating critical examination of policy, practice and evidence along with students’ experiences within their peer group throughout the programme. This in turn stimulates the development of a dynamic peer-support network which enhances the climate of critical enquiry and autonomous learning. This student-led environment with a small cohort can be used productively to encourage development of existing knowledge and its assimilation and application via a range of suitably selected approaches which work for the level of study and size of group. Skills in critical structured reflection can then be applied across each module with increasing complexity to match your involvement and progression. These are used in order to evolve individual practice during your studentship and to enhance care within the maternity services more widely upon registration. This approach integrates more traditional teaching and learning while generating a proactive approach to autonomous learning and the application of theory and practice in School as well as in practice. Underpinning this is the belief in a well-managed blended learning model enabling you to make the best use of time by access to a wide variety of learning through a developing strategy within the School supporting innovative learning developments.
5.6.2 Theory

The framework provides scope for students to synthesise from a range of perspectives relevant to the diversity involved with the care of women, the fetus, newborn and their families during childbearing. This reflects the professional autonomy of the midwifery role but also that of scholarship required while honing appropriate qualities of ‘graduate attributes’ in the undergraduate student.

Critical evaluation of evidence, application of theoretical principles, concepts, health and social policy pertaining to maternity services and the midwifery role will be considered in various approaches. Students will be able to develop the essential proficiencies necessary to meet Pre-registration Midwifery requirements for the standards for Pre-registration Midwifery education (NMC 2009) while simultaneously bringing suitable critical scrutiny to the subject matter to reflect masters and graduate level learning to reflect students’ chosen award pathway.

Whilst preparing for seminars you will work independently, in contrast with the process of critical clinical enquiry where you will be working with your peers developing skills in critical discussion. You will prepare and lead discussion progressively across the programme. Hence as the complexity of subject matter develops in relation to role and practice, the students’ skills in critical analysis, synthesis and application develop professionally and academically.

The balance of practice and theory for the programme is 59.3%/40.7% respectively (calculated on the basis of programme hours). The balance differs between modules depending on the stage of the programme and the nature of the module content and practice sequences. This ratio has been used based upon our experiences and feedback from past cohorts where a greater exposure to the clinical environment and antenatal services particularly, was considered important for practice upon registration.

5.6.3 Practice learning

The practice component of learning within practice creates a direct relationship between the module content and the practice learning outcomes and associated learning opportunities. You are expected to take responsibility for your learning in directing learning needs through regular discussion with your Mentor. The formal process of practice learning supports you through an organised structure for establishing needs and expectations as well as the required areas of learning. This starts at the outset of a practice allocation and is supported with regular informal discussions to establish progress across the practice time. Summaries of these are also recorded in the assessment documentation. This is supported by a formal discussion mid practice allocation of which a written record is made. The Link Lecturer is integral to this process (more detail is given about the process in your Theory and Practice Guidelines Document and also in the Assessment of Practice Document). You are required to use a reflective portfolio in a structured and systematic way as a means to understanding your progress and establishing, with your Mentor, ways you can develop and enhance your skills and applied
knowledge. As such it is a proactive learning tool as well as a method of helping you retain valuable experiences through a formal written reflective document.

You are able to progress your learning in practice as a direct consequence of your taught and directed learning in School and via personal study. However, you are also able to learn through practice-led theory due to the opportunistic nature of practice learning. The “spiral” nature of the programme content serves to support the ongoing development of clinical skills via practice led theory and the frequent structured revisiting of practice areas, but with increasing sophistication in terms of the midwifery role and nature of care needed. In the programme you are constantly revisiting antenatal, intranatal and postnatal care experiences within each academic year.

- **Women and family centred approach for managing practice learning** - This has been introduced as a means to enable you to make better sense of your practice area through the management of diverse activities which become more clearly coordinated through a Mentor role. This combination enables us to closely align module theory to practice learning.

A key aim of moving to a two semester model for the programme was to create greater flexibility for students in practice. This would enable you and your Mentors to bring greater opportunities for continuity of women, and also greater scope to engage with a wide range of practice learning opportunities moving to a 60% practice ratio of programme time also underpins this enabling a wider span of time for you to make sense of the different components of your learning and benefit from the formative process of practice alongside a structured process of planning learning activities.

- **Supporting decision-making in practice** - The ability to make sound decisions is inherent in the national pre-registration end of programme standards of proficiency for midwifery education (NMC 2009) and the QAA (2001) benchmark statements for midwifery. In order to fulfil the role of the midwife and activities of the midwife students are expected to acquire decision-making skills. Decision-making is conceptualised in different ways and many factors influence the day-to-day decisions taken by midwives (Young 2011). As a means to develop students into autonomous decision-makers a framework for teaching and learning about decision-making has been created. This framework integrates experiences from practice and theory across the programme.

- **Midwifery Skills Development** – Students develop skills through the integration of School and practice learning. Skills are explicit in all areas of student learning and are captured as part of formative discussion in practice in order to develop meaningful practice plans to support learning. Elements within the curriculum that contribute to this are:
The programme is structured to facilitate the acquisition of foundation skills in modules: Foundation for Practice and Promoting Healthy Lifestyles during Year 1 with subsequent development of skills in relation to the complex elements of the midwife’s role across later modules through a spiral design of the theory and practice components.

A close alignment between module content and practice experience ensures that the knowledge and acquisition of skills is educationally sound.

The assessment of practice includes explicit skills for a given learning outcome reflecting progression across the programme.

The range of 14 practice themes is fixed for the programme but related learning outcomes for each theme are developed reflecting increased expectation as the programme progresses in line with a ‘spiral’ of role development.

The NMC Essential Skills Clusters have been mapped against the 14 practice learning outcomes of each year.

Dedicated skills sessions, workshops and scenario-based activities are systematically placed across the programme during the contact hours of each module in order to support practice needs.

Application of behavioural sciences to support skills in managing perinatal mental health, social wellbeing, breaking bad news and managing the changing expectations of parents is set in the context of module learning.

Students will meet the requirements for learning and assessment in line with the UNICEF baby friendly standards. Learning outcomes sit within each academic year of the programme reflecting the module practice plans.
Access to specialist roles relevant to placements.

Required learning activities set for a placement e.g. gynaecology OPD and continuity surgery cases.

Practice reflection and portfolio activities.

Attend professional forums.

Voluntary and multiagency activities e.g. Baby Cafe’s, Peer Support Programmes for Breastfeeding.

Placement review meetings between Mentor and other midwives.

Placement review meetings between Mentor and student.

Venues and activities supported by interprofessional/interagency

Learning activity circuits, e.g. ANC services.

3 continuity cases each year.

Time-defined relevant and supplementary experiences to a placement e.g. neonatal unit.

Student and Mentor use 40% of placement time within the placement to work together, plan learning activities, review progress and conduct for summative assessment.
A practice week comprises 37.5 practice hours with up to 7.5 hours available to support learning activities relevant to practice learning. This includes portfolio and reflective activity and a wide range of leaning opportunities.

5.6.4 Arrangement of programme content

The first year aims to provide a sound foundation for normal midwifery practice, public health and health promotion and education via the modules: Foundation for Practice and Promoting Healthy Lifestyles. Continued application of this occurs through Year 2 in the first semester with the module: Complex Health and Social Needs. This provides a spiralling link between public health and the role of the midwife. It develops your skills further towards complexity in semester 2 of Year 2 with the module Complex Childbearing which focuses on childbearing related pathology. Developing clarity around the midwifery role in such circumstances remains important in terms of early responses to changing circumstances and physiological responses. The childbearing implications of altered physiology, pathophysiology and care needs enabling you to progress your knowledge towards that which is needed for NMC Pre-registration Midwifery requirements for the midwifery role when providing complex care and managing ill health within the context of a midwifery role.

Programme learning and content has been directed by all the NMC Midwifery Competencies (NMC 2009) and the QAA (2001) Subject Benchmark Statements for Midwifery.

Module content is arranged under the following headings:

- Studentship and graduate attributes
- Anatomy & physiology
- Evidence base & research
- Behavioural sciences & communication
- Midwifery practice (including skills)
- Medicines management (including complementary therapies)
- Professional role & responsibilities of a midwife including leadership
- Baby Friendly Initiative Standards (UNICEF).

Using these categories simplifies the process of determining the subject content for each module and serves as a tool alongside the NMC Midwifery Competencies (NMC 2009) and the QAA (2001) Benchmark Statements for Midwifery, for tracking the content included within the programme. It is a system used with current programmes assisting the Course Director with Module Organisers to manage content from module to module in a systematic manner.

The module content is structured to support the development of knowledge and skills to support Midwifery Practice over Years 1 and 2 whilst Year 3 develops the professional and the autonomous practitioner in 5 and 6 respectively.
5.6.5 E-learning within the Programme

E-learning resources will serve a core purpose in the curriculum to provide dynamic learning opportunities and ease of access. Blackboard, the University’s chosen virtual learning environment, has been a successful feature of Pre-registration Midwifery programmes since September 2002. Blackboard will continue to be used in addition to providing learning resources to facilitate a communication forum between lecturers and students. Exploration of a discussion board for the programme is currently underway to enable you to engage with informal critical discussion and gain from peer support and reflective learning via shared experiences. Equally, online learning materials are being developed to support module delivery for a blended learning approach to create opportunities which enhance links to practice. The School has recruited three technologists to support development in this area. Midwifery lecturers have already established some learning initiatives; interactive learning packages for managing the care of women with pre-eclampsia and understanding this condition, a similar package examining the case of a woman with thromboembolic disease is also to be used. A podcasting series with nursing colleagues and the use of online learning programmes to assist you in the evaluation of their learning will feature as further learning support strategies.

A range of other IT based learning tools are incorporated into the programme, e.g. K2/RCOG learning package for cardiotocograph fetal heart rate monitoring interpretation; UK Screening Website learning resources and Blood Transfusion learning support, Safe Medicate for drug calculation skills. The use of technology and clinical skills are combined with effect through the use of SIMMAN/SIMBABY in assisting midwives to manage emergency situations through simulation in the skills laboratory facilities.

Developing the use of technology for midwifery practice within the Programme

It is important that you are prepared for your technological role and are equipped with the knowledge and skills needed to safely manage both IT systems and medical devices (Crozier and Sinclair 2004). You have access to electronic journals and texts as well as wider library resources in order to address issues of evidence for practice. The appropriate use of clinical technology and medical devices is a theme that threads through the programme and will be addressed in simulated settings as well as practice. In practice when you are caring for women with complex conditions the use of technology for interventions and monitoring will be an assessed part of the learning outcomes. You will be supported by your Mentor in using health informatics systems in clinical areas including managing patient information, ordering and retrieving results of a variety of investigations.

Developing your ability to use the portfolio as a tool for learning and achievement

You are required by the NMC (2009) to maintain a portfolio. Portfolios provide a valuable aid to learning, enabling you to reflect on knowledge and skills acquired and identify areas that need further knowledge and understanding.
The portfolio represents a valuable learning resource that you will use to inform assessment of your practice and theory. As such this becomes a key personal learning tool to evaluate progress and help review learning priorities with your Mentor as well as becoming a growing profile of your progression across the programme.

You are required to use a structured reflection in a systematic manner for a specific focus in each practice allocation. You will also use this to help determine your progress and learning needs. It will also serve as a dynamic personal tool for capturing the analysis from significant learning situations as well as cross-cutting themes; for example communication and multiagency working. You will draw upon such accounts when discussing evidence of your progression and experience at regular formative review points across the practice allocation between you and your Mentor. You will also use your portfolio in the summative practice interview.

It is your responsibility to develop and maintain your portfolio, however, the Personal Adviser, Module Organiser, Link Lecturer, named Supervisor of Midwives and Mentor are all in a position to guide you in this venture.

The portfolio is assessed on a pass/fail basis. A list of requirements for inclusion must be met to be awarded a pass. The portfolio also serves as a ‘home’ for practice assessment documentation and theoretical assessments. You will also retain the specific sheets which record ‘evidence of working with others’ in your portfolio. This sheet is a requirement which is used to assist Mentors when you are engaged in key areas of learning with other midwives which contribute directly to learning outcomes.

The portfolio will be reviewed by your Personal Adviser at the end of each academic year in the annual progress meeting in Semester 2. Verification that you have maintained a portfolio during the programme will be required by the Board of Examiners at the ‘final examination board’ in order for you to complete the programme. This is confirmed via the Course Director.

**Independent learning weeks**
There are two such weeks defined at the end of Semester 2 of each academic year. You will create and discuss a learning plan for these weeks with your Personal Advisers. Where necessary you will use these weeks to make up any unmet requirements.
5.7 Overview of the Programme Assessment Strategy

For guidance on Summative Assessment of Theory and Practice, please refer to your Theory and Practice Assessment Guideline booklet.

For information on degree classifications, please see the UEA Student Handbook which can be found on the Learning and Teaching Service website at https://www.uea.ac.uk/learningandteaching.

5.7.1 The Portfolio

As a Pre-registration midwifery student you are required by the NMC to maintain a portfolio of evidence of your learning, leading you to examine midwifery practice from your personal experiences.

5.7.2 Other requirements for meeting programme conditions

You will gain experience when working with midwives who are not your named Mentor. In order for this experience to be valued and translated into evidence to inform the final assessment of practice interview, you will complete evidence sheets which are signed by the supervising midwife verifying involvement and achievement. These are then considered by your midwife Mentor in her assessment of your achievement of the practice learning outcomes.

The Assessment of Practice Document for Modules will be given to you at the commencement of each year/module.

These forms are available to you via Blackboard.

5.8 Practice Experiences and Statutory Requirements

All practice allocations during the programme are carefully planned to maximise the opportunities for you to learn the skills needed in midwifery practice and to meet the requirements of the NMC and the EU. You are required to record the specific experiences in the designated booklet, retained in your portfolio in order to provide evidence that the requirements for registration have been met.

Our NHS Practice Education Partners:

Norfolk and Norwich University Hospitals NHS Foundation Trust
The maternity unit provides an integrated midwifery service combining care within the hospital and community. The catchment area is extremely large (at about 1,200 square miles) and is a mixture of urban and rural in nature, including within its boundaries the newly created Norfolk Broads National Park.

There are approximately 185 whole-time equivalent midwives working for the Trust. Approximately 65 (whole-time equivalent) midwives are based within the nine community teams. The Trust services comprise antenatal and postnatal services and transitional neonatal care, NICU and two gynaecology
areas. This provision also includes a 15 room Delivery Suite with 2 obstetric theatres, an early pregnancy assessment unit, an antenatal clinic for consultant referral and a midwifery-led late pregnancy assessment unit and a midwifery-led birthing unit with four birthing rooms and 3 water birth pools. There is one antenatal and one postnatal ward. There are also gynaecology services. The births at the Trust are 5,800 with approximately a 2% home birth rate.

The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust
The maternity unit here offers a similarly integrated service with a large, and predominantly rural, catchment area. The midwifery establishment consists of 72 whole time equivalent midwives. Services are provided through an antenatal clinic, day assessment unit and early pregnancy assessment unit, a mixed antenatal and postnatal ward, a delivery suite with obstetric theatre and a neonatal unit. Gynecology out-patient services are also provided by the department. A satellite antenatal clinic is situated at Wisbech in the North Cambs Hospital. Midwifery Led Birthing Unit plans have not progressed currently, but midwifery led care is offered and delivered in designated low risk environments / rooms. There are in the region of 2,500 births a year with the majority of care delivered by the 4 community teams of 20 midwives and support workers who also offer postnatal clinics and parenthood preparation.

James Paget University Hospitals NHS Foundation Trust
Again the maternity service of this Trust operates in a similar manner to Norwich and King's Lynn. There are approximately 78 whole time equivalent midwives with support from midwives with bank contracts. The Unit comprises Antenatal Clinic (ANC), Maternity Day Assessment Unit, an ante/postnatal ward, neonatal unit, delivery suite with 8 single rooms and a 3 bedded observation bay, an obstetric theatre is attached on the same level. In 2011 a state of the art Midwifery-led Birthing Unit (The Dolphin Suite) opened adjacent to the delivery suite. The unit has a reception area, three en-suite birthing rooms, two of which have facilities for water births plus a small kitchen with facilities for clients to have food and drink. There is also discreet access to emergency equipment for adult and neonatal resuscitation if required. Gynaecology services are available which include an early pregnancy assessment unit and fertility service. Three large geographically located Community Teams enhance this provision covering the areas to both the North and South of the hospital. Approximately 2,200 babies are born each year.
### 5.9 Module Descriptors

<table>
<thead>
<tr>
<th>Module Title</th>
<th>Foundation for Practice</th>
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<tbody>
<tr>
<td>Credit</td>
<td>60 at Level 4</td>
</tr>
<tr>
<td>Semester (Autumn/Spring)</td>
<td>Autumn</td>
</tr>
<tr>
<td>Pre-requisites(s)</td>
<td>Programme entry requirements</td>
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<tr>
<td>Co-requisites(s)</td>
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<td>Convenor</td>
<td>K Bates</td>
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**Brief Description**

(aims, objectives, content, teaching and learning method(s), learning outcomes)

**Semester 1** (mid Sept – mid Feb) spans 22 weeks

**Academic Credit** 60 Level 4 (30 theory, 30 practice)

**Pathway** BSc Hons

**Assessment** EX AP

Total Module Hours 750 hours comprising:

- Theory (contact, directed study and personal study) 300 hours (40 days)
- Theory (personal study days in practice) 37.5 hours (5 days)
- Practice 412.5 hours (55 days)
- Vacation 75 hours (over 2 weeks)

**Module Aims**

The Module aims will provide you with the opportunity to:

- Recognise the statutory framework and aspects of midwifery practice which are governed by the NMC Midwives Rules - Standards (2004) and The Code (NMC 2008) and are able to discuss the implications of these rules for women, families and for the provision of midwifery led care
- Use evidence to underpin midwifery practice and develop skill in baseline core processes
- Consider government policy and national standards for providing normal midwifery care in a manner which shows application when discussing the context of the care in relation to the lives of women and their families.

**Rationale**

In this first module of the programme you will be introduced to healthcare and midwifery practice whilst orientating to university and student life. Opportunity will be given for exploration of foundations of all areas of midwifery practice together with underpinning evidence. You will gain experience and understanding of midwifery led care. The practice element will facilitate progression from Participant Observer to Supervised Participant.
**Descriptor**
Practice allocation with midwifery community teams. You will be experiencing a wide range of services, roles and organisations with relevance to maternity care. For example: Children’s Centres, Midwifery Led Birthing Units, Health Visitors, Trust Alcohol and Drug Service, Physiotherapists, Community Mental Health Teams, Social Workers and Dieticians. You will engage with these experiences to bring context to the diverse range of women’s health needs and to understand the context of the midwife’s role with that of others. You will be given essential information surrounding study requirements and skills and required mandatory training. The content will facilitate application of your existing knowledge of anatomy and physiology and homeostasis to the childbearing process. You will be introduced to the sources of knowledge and evidence that underpin midwifery practice in order to facilitate skill progression in baseline care processes used in midwifery. From the outset the programme aims to give you the tools to develop cognitive skills to graduate level. You will develop an appreciation of the role and responsibilities of the midwife in the context of legal and health service frameworks. They will consider how effective communication skills, grounded in behavioural sciences, contribute to the nature of professional relationships.

**Relationship to Other Modules**
You will have core principles of role and practice established and will be equipped for the midwives role for improving health in Module 2.

**Module Learning Outcomes**

**A: Expectations of the midwife as a professional**

1. Understand the importance of the statutory framework underpinning midwifery practice
2. Demonstrate understanding of the legislation related to medicines management
3. Demonstrate understanding of maintaining confidentiality of information acquired in a professional capacity and the impact of social networking
4. Understand what is meant by professional behaviour and why this is important to the midwifery profession
5. Discuss the contribution of other professions to maternity care and the impact of effective inter-professional working on the quality of care
6. Develop an ability to give and receive information to support choices and decisions in childbearing
7. Develop an understanding of the structure of NHS and the need for high quality care
8. Understand the scope of the midwife’s role and professional responsibility in providing evidence based care.

**B: The application of practice in midwifery**

1. Achieve the specified clinical learning outcomes detailed in the assessment of practice document, demonstrating core skills for midwifery led practice
2. Demonstrate application of foundation skills and knowledge for the role of the midwife in giving care prior to pregnancy, during pregnancy, labour and the birth
3. Demonstrate the importance of effective communication skills in midwifery practice and how these skills influence professional relationships
4. Understand the importance of breastfeeding and the consequences of not breastfeeding in terms of health outcomes
5. Apply knowledge of anatomy of the breast and physiology of lactation to the role of the midwife in supporting the establishment and maintenance of breastfeeding
6. Demonstrate appreciation of the significance of record keeping in midwifery practice
7. Show an understanding of how personal, cultural and religious beliefs, behaviour and attitude can impact on both the midwife – woman relationship and multidisciplinary relationships
8. Show an understanding, based on evidence, of the importance of partnership approaches to midwifery care.

C: Subject Knowledge, understanding and associated skills that underpin the education and training of midwives
1. Apply knowledge of homeostatic principles and anatomy and physiology to the childbearing process
2. Discuss the adaptation to extra uterine life and the normal physiological development of the neonate in the first month of life
3. Demonstrate knowledge of the needs of the neonate and show a developing understanding of how these needs can be met
4. Using knowledge of anatomy and physiological changes in pregnancy show how the advice and care a midwife can offer women and their families is used to plan and implement care to support their health needs and their choices
5. Discuss the fundamental care, comfort, and nutritional needs of women
6. Apply knowledge of monitoring fetal, maternal and neonatal wellbeing in low risk women during antenatal, labour and postnatal care
7. Examine the psychological response to the childbearing process and transition to parenthood
8. Demonstrate the importance of research to midwifery and healthcare practice when engaging in practice
9. Show an understanding of the different approaches to research through the application of evidence to practice
10. Use a portfolio to identify learning needs and illustrate use of reflective skills to link evidence to midwifery practice.

The Learning Process
Key note lectures
Seminars
Project work- teams and individual
Skill-based workshops
Scenario-based learning sessions
Clinical simulation
Critical reflection
Practice learning
3 continuity cases per year (first contact to discharge to health visitor)
Case study review
Directed learning activity
Safe Medicate online learning
Blackboard e-Learning support
e-Learning packages/activities

Content
Studentship/Graduate attributes.
Introduction to UEA/Schools/Introduction to academic study
Student services
  • Dean of Students
  • Library services
  • Searching the literature
Orientation to UEA/School of Health Sciences
Portfolio use and development
Blackboard
Communication – with peers/School Staff – support and academic staff/clinical staff – acceptable parameters
Academic model
  • Assessment process & schedules
  • PA system
  • Programme structure
  • Academic writing conventions
Plagiarism
Referencing
Programme requirements
  • EU experience
  • Essential Skills Clusters
  • Ongoing Achievement Record of Practice Assessment

Anatomy & physiology
Revision of body systems Homeostasis (work packs)
  • Haematological system, including blood groups
  • Cardiovascular system
  • Respiratory system
  • Renal system
  • Gastro intestinal system
  • Endocrine system
  • Musculoskeletal system
  • Neurological system
  • Reproductive system
Normal processes of fluid, electrolyte & acid base balance
Physiological changes related to childbearing
Anatomy and physiology related to the 1st, 2nd, 3rd stages of labour
Gametogenesis
Fertilization
Implantation
Development of embryo, fetus, placenta & membranes
Structure & function of the placenta
Fertilization applied to the antenatal screening tests

**Baby Friendly Initiative (BFI)**
- BFI best practice standards
- WHO International Code of Marketing of Breast Milk Substitutes
- Health benefits in breastfeeding
- Anatomy of the breast
- Physiology of lactation
- Positioning, attachment and suckling
- Hand expression
- Demand feeding

**Evidence base & research**
- Why research is important for practice/ Introduction to evidence based practice
- History of research in midwifery
- Role of RCM, NMC and other organisations in leading research agenda
- Research ethics
- Introduction to types of research
- How to find papers (library search techniques)

**Behavioural sciences & communication**
- Psychology of communication
- Verbal & non-verbal communication
- Client/professional relationships
- Listening skills
- Transition to parenthood
- Psychological responses to pregnancy, labour and motherhood
- Psychology of communication 1 – Engagement, verbal and non-verbal, effective listening skills, client/professional relationships, counselling skills, person centred approaches, empathy and compassion.
- Power and Control Relationships – bullying.
- Transitions to Parenthood – Psychological responses to motherhood/fatherhood.

**Midwifery practice (including skills)**
Mandatory training for practice;
- Fire training
- Manual Handling
- Basic First Aid
- Basic life support
- Infection control

How local maternity services are structured.
Understanding women’s experiences and listening to their stories of childbearing.

**Multidisciplinary team working**
- What does this mean?
- How do women / families benefit?
Preconception & antenatal care.
- Preparing for a healthy pregnancy.
- Pathways for low risk care.
Maternal & fetal health during pregnancy.
Measuring & recording vital signs
Urinalysis
History taking
Recording client information including IT
Information giving choices and decision making for parents including informed consent
The Booking interview
First trimester screening
- Risk assessment
- Communicating information
- Booking blood tests
- Fetal anomaly screening
- USS
- Haemoglobinopathies
Antenatal assessment
Abdominal assessment
Infection control
Basic life support & general 1st aid
Adaptation of neonate to extra uterine life
- Apgar score
- Daily examination of the neonate
- Newborn Hearing Screening Programme
Immediate & continued postnatal care of the mother
Care of the neonate basic needs & ongoing care
Infant feeding
Government drivers
- NICE, Care Quality Commission, National Services Framework, Midwifery 2020, The Health Child Programme

Medicines management (including complementary & alternative therapies)
Units of measurement
Routes of administration
Absorption & secretion
Drug calculations – Numeracy & Safe medicate
Legislative framework
- Drug Acts
- NMC Medicines management
- Storage & acquisition
Injection technique

Professional role & responsibilities of a midwife
The role, activities and responsibilities of the midwife.
Legislation & statutory framework.
- NMC - Midwives rules & standards / Code / Students guide to the code
Professional accountability
Confidentiality & record keeping
Risk assessment for safe working practices
Standards of professional behaviour
Introduction to concept of Supervisors of Midwives
Development and use of a Portfolio to support learning
Reflection skills and frameworks for learning from practice

**Method(s) of Assessment**

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<th>Assessment task</th>
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<tr>
<td>Module 1 Foundations for Practice 60 level academic credit</td>
<td>2.5 hrs unseen written examination. Section 1 Practice - Core knowledge and its application to the practice of normality. Section 2 - Safe Medicate (this part sat separately due to need for exam condition IT facilities) (EX)</td>
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<td>Practice learning outcomes (The Practice Themes assessed are A, B, D, E, J, L, M AND O) Assessment of Professional Attributes Pass in portfolio requirements (PA)</td>
</tr>
</tbody>
</table>

**Module Reading**


Reeves, J (2008) Inter-professional approaches to young fathers. Keswick: M&K Update Ltd.


**Websites**

http://www.breastfeedingnetwork.org.uk  Breastfeeding Network,
http://www.babycentre.co.uk/pregnancy/dads/?intcmp=tnav_preg_dads


<table>
<thead>
<tr>
<th>Module Title</th>
<th>Promoting Healthy Lifestyles</th>
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<td>Convenor</td>
<td>Nicky Hadlett</td>
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**Brief Description**
(aims, objectives, content, teaching and learning method(s), learning outcomes)

**Semester 2** (mid Feb – early Sept) spans 30 weeks

**Academic Credit** 60 Level 4 (30 theory, 30 practice)

**Pathway** BSc Hons

Assessment CW PS AP

Total Module Hours 937.5 hours comprising:

- Theory (contact, directed study and personal study) 375 hours (50 days)
- Theory (personal study days in practice) 37.5 hours (5 days)
- Practice 525 hours (70 days)
- Vacation 187.5 hours (over 5 weeks)

**Module Aims**
The Module aims will provide you with the opportunity to:

- Demonstrate the effective use of communication strategies and models with women, their families and other professionals to contribute to supporting healthy lifestyles and midwifery led practice
- Explore the role of the midwife in improving health when assessing, planning and giving care to the woman and neonate during the childbearing period
- Understand the role of voluntary agencies and other avenues of support from professional organisations, considering when these can impact positively on the health of women and families. Draw on government reports which highlight inequalities in health and their impact during childbearing and is able to demonstrate application when engaging with assessment, planning, implementation and evaluating midwifery care.

**Rationale**
The module provides opportunity to develop the skills and knowledge essential for the public health role of the midwife. The application of health promotion at the level of individuals, families and communities will be central to learning. The practice element will facilitate progression from participant observer to supervised participant.

**Descriptor**
The focus of theoretical content is on identifying frameworks and models of health promotion and their application to midwifery. You will follow the school research content themes to explore the basics of research study design. You
will be encouraged to develop a critical stance to your own understanding of a wide range of material.

Clinical practice allocation will be in community and intrapartum areas focussing on midwifery led intrapartum care, thus providing opportunity for you to link theoretical concepts studied in the module to their practice experiences.

**Relationship to Other Modules**
The first module of the programme provides you with an introduction to healthcare and midwifery practice, Module 2 maintains this focus with you continuing to study foundations for midwifery practice with specific attention to the midwife’s engagement in health promotion activities. This module completes the foundation element of the programme equipping you with the underpinning knowledge and skills of midwifery practice in readiness to progress to Year 2. Module 2 prepares you for Module 3 where you will apply your foundation knowledge and skills to more complex social and healthcare needs of women and their families.

**Module Learning Outcomes**

**A: Expectations of the midwife as a professional**
1. Understand the midwife’s role within the public health framework
2. Recognise the potential and value of working with other professions to introduce health promotion initiatives
3. Discuss how effective communication between client groups and inter-professional agencies can influence positive health improvement
4. Consider the influence maternal and perinatal mortality statistics have on development of practice
5. Consider how the midwifery profession can influence quality within maternity services and the experiences of women and their families
6. Consider how choice and place of birth may affect women’s experiences and satisfaction of care during childbearing.

**B: The application of practice in midwifery**
1. Achieve the specified clinical learning outcomes detailed in the assessment of practice document and the NMC Essential Skills Clusters required for this progression point
2. Examine the way in which effective, appropriate and sensitive programmes improve sexual and reproductive health
3. Explore current health improvement strategies and their impact on the health of communities and populations.

**C: Subject Knowledge, understanding and associated skills that underpin the education and training of midwives**
1. Explore the evidence base surrounding strategies for improving health
2. Understand how epidemiology is used to explain health needs of populations and communities
3. Develop understanding of the application of health promotion models ensuring a holistic approach to midwifery practice
4. Understand the principles of the use of pharmacological and non-pharmacological methods of pain relief
5. Consider how health and social policy can be incorporated in health improvement strategies and the development of midwifery practice
6. Develop an understanding of the impact motivational and behaviour change theories have on health improvement programmes
7. Appreciate the importance of clinical audit and develop skills for auditing one’s own practice through portfolio development to enhance the quality of personal midwifery practice
8. Discuss how parenthood education can impact on the mental and physical health of individuals, the childbearing experience and the transition to parenthood
9. Begin to develop skills in searching for and reading published research with understanding of research design.

The Learning Process
Key note lectures
Seminars
Project work- teams and individual
Skill-based workshops
Scenario-based learning sessions
Clinical simulation
Critical reflection
Practice learning
3 continuity cases per year (first contact to discharge to health visitor)
Case study review
Directed learning activity
Safe Medicate online learning
Blackboard e-Learning support
e-Learning packages/activities

Content
Studentship and graduate attributes
Critical thinking development
Academic writing – progressing individual skill level
Reflective skills
Presentation skills

Anatomy & physiology
Physiology
Sexually transmitted infections

Baby Friendly Initiative
Delivery room practices
Mother – infant relationship, attachment theories
Cultural variations
Engaging fathers in infant feeding choices

Evidence base & research
Introduction to research and qualitative/quantitative research
How to search using Medline/Cinahl etc
How to read a paper using a structured approach (critical appraisal tools and how to make sense of research papers)
Overview of study design (experimental and quasi experimental)
Epidemiology - what it is

**Behavioural sciences & communication**
Models & frameworks for health education and promotion & improvement
Motivational & behavioural change theories
Interpretation services
Calgary / Cambridge communication model
Social construct of the family
Cultural diversity applied to behavioural activities
Societal norms & values
Society, social class, including vulnerable groups
Power & partnership in professional & non professional relationships
Motivational and Behavioural change theories – motivational theories, locus of control, health promotion: message framing.
Dealing with sensitive issues – asking sensitive questions, eg domestic violence
Stereotypes.
Attitude and belief systems
Culture, Societal norms and values
Power and partnership – in professional and non professional relationships, empowerment.

**Midwifery practice (including skills)**
Building social capital towards health improvements in families and communities
Definitions of health & wellbeing
Epidemiology related to maternal & infant health & wellbeing
Public health improvement programmes including national screening
Assessing, planning, implementing & evaluating health promotion programmes
Newborn health screening programmes
Venepuncture
Public service agreement indicators for reducing inequalities in outcomes for mothers & babies
Women’s expectations of childbearing
Midwife’s role in facilitating realistic expectations
Parenthood education provision & delivery
Working with young families
Supporting fathers in healthy lifestyles
Parenthood education as a public health tool
Mental health and wellbeing
Smoking cessation training (Level 4)
Obesity, identification, public health interventions to address overweight obesity.
Alcohol & substance misuse & community support programmes
Safeguarding – policies & practice, children and vulnerable adults
Domestic violence – recognition, intervention & multiagency working
Recognition, management & implications of sexual abuse
Family planning & contraception
Sexual health
Promoting normality
• Midwifery led care in normal labour
• Monitoring fetal wellbeing in low risk women
• Monitoring maternal wellbeing during birth
• Water birth
• Complementary therapies
• Nutrition in labour / hydration
• Pain relief for low risk labouring women

Medicines management (including complementary therapies)
Self medication and promoting wellbeing
PGD’s
Midwives Exemptions
Drugs used in childbearing, prescription & non prescription
• Iron therapies
• Laxatives
• Antiemetics
• Antacids and Antagonists
• Analgesics
• Antifungals
• Antibiotics
• Entonox

Professional role & responsibilities of a midwife
Working across professional boundaries to promote health
National service framework & public health
Public health role of the midwife
Interagency working to meet specific health needs
Collaborative working to promote community health
Improving quality agenda and service improvement from a health perspective
• Introduction to principles & resources
• Significance to all health care professionals

Method(s) of Assessment

<table>
<thead>
<tr>
<th>Module</th>
<th>Assessment task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 2 Promoting Healthy Lifestyles</td>
<td>2000 word assignment – Using one continuity case explore the midwife’s public health interventions and their effectiveness (CW) Group presentation: Using a health promotion model propose a strategy for an intervention. (This will be from a given list provided by the Module Organiser) (PR) Practice learning outcomes. (The Practice Themes assessed are C, F, G, H, K, N, O) Assessment of Professional Attributes Pass in portfolio requirements (PA)</td>
</tr>
</tbody>
</table>
Module Reading
This list must be considered in conjunction with the Programme Reading List which also contains material that is relevant to this module.


Reeves, J. (2008) Inter-professional approaches to young fathers. Keswick: M & K Update Ltd


Module Title | Health & Social Complexities
---|---
Credit | 60 Level 2
Semester (Autumn/Spring) | Autumn
Pre-requisites(s) | Successfully completed Year 1
Co-requisites(s) | 
Convenor | Dr N Young

**Brief Description**
(aims, objectives, content, teaching and learning method(s), learning outcomes)

**Semester 1** (mid Sept – Mid Feb) spans 22 weeks
**Academic Credit** 60 Level 2 (30 theory, 30 practice)

**Pathway** BSc Hons

Assessment CW AP

Total Module Hours 750 hours comprising:
Theory (contact, directed study and personal study) 300 hours (40 days)
Theory (personal study days in practice) 37.5 hours (5 days)
Practice 412.5 hours (55 days)
Vacation 75 hours (over 2 weeks)

**Module Aims**
The model aims to provide you with the opportunity to:
- Demonstrate the ability to participate in multidisciplinary and multiagency working when caring for women with complex social and health care needs in a range of settings
- Show knowledge and understanding of the need to work in partnership with women, in order to monitor and evaluate programmes of care and make appropriate referral to others with specialist skills and expertise
- Demonstrate understanding of the interplay between social and health factors, which may have an adverse effect on maternal, fetal and neonatal outcomes.

**Rationale**
This is the first module of Year two, building on the foundation of knowledge and practice acquired in Year one. You will focus on normalising maternity care for women who have complex social and healthcare needs and for those who are vulnerable and/or disadvantaged. The practice element will enable you to progress from supervised participant to supervised practitioner.

**Descriptor**
Theoretical content will focus on women and families with complex social and healthcare needs. You will explore inequalities in health, vulnerable and disadvantaged individuals, and the sick neonate providing opportunity to apply knowledge to practice situations. Content will include the most common medical conditions and the effects of pregnancy on these conditions. The impact upon maternal and fetal outcomes and the necessity for specific management with multi-speciality input will be studied. The essential normality that exists within complex pregnancies will be a key focus. Opportunity will be
given to evaluate the strength of evidence supporting quality and innovation in social and healthcare settings. In Year two, you will begin to critically apply evidence in the development of your own conceptual frameworks. Practice allocation consists of ante-natal, post-natal and neonatal clinical experience.

Relationship to Other Modules
You will build upon the foundation year, developing knowledge and experience of public health into more formal managed care pathways addressing health and social consequences/inequalities. You can transfer knowledge learnt from Module 3 about the role of the midwife in complex health and social situations into the next module. Module 4 focuses upon complications which arise across the childbearing period, and extends your knowledge of detecting deviations from the normal, taking immediate actions and making appropriate referrals.

Module Learning Outcomes

A: Expectations of the midwife as a professional
1. Demonstrate the ability to participate in multi-professional and multi-agency working, when caring for women with complex social and health care needs, in a range of settings
2. Discuss how midwives can contribute to the development of high quality care and services for people with health and social complexities
3. Identify risk factors associated with medical conditions in childbearing and how these impact on care processes and clinical decision making
4. Analyse processes and screening tools for the identification and management of women at risk of perinatal mental health disorders.

B: The Application of Practice in Midwifery
1. Achieve the specified clinical learning outcomes detailed in the assessment of practice document and the NMC Essential Skills and European Union requirements
2. Recognise deterioration in health of the neonate and initiate appropriate care intervention and referral
3. Critically discuss the challenges related to infant feeding when the neonate is sick or compromised
4. Demonstrate how family centred care is promoted
5. Explore how midwives can provide support and address inequality in health care for women and families who are vulnerable or disadvantaged
6. Critically discuss the care and management of women with complex health needs.

C: Subject knowledge, understanding and associates skills that underpin the education and training of midwives
1. In partnership with women, undertake a systematic assessment of individual needs, plan, implement and evaluate care, across a range of situations
2. Show an understanding of the cultural, social, psychological and educational factors which may have an influence upon pregnancy, childbirth and midwifery practice
3. Understand the pathology of conditions and congenital abnormalities that impact on fetal/neonatal growth and development
4. Demonstrate an understanding of the underlying patho-physiology of medical conditions and the possible impact upon pregnancy, labour, the postnatal period and the neonate
5. Show an understanding of how midwives contribute to provision of effective and appropriate levels of neonatal care
6. Identify psychological and social risk factors affecting health and initiate care pathways and referral to appropriate agencies/professionals
7. Demonstrate knowledge of early pregnancy complications
8. Evaluate how preconception care can reduce the risks to mother and baby associated with existing conditions e.g. haemoglobinopathies, diabetes, asthma, epilepsy and mental illness
9. Demonstrate ability to recognise a baby in need of resuscitation and take appropriate action.

The Learning Process
Key note lectures
Seminars
Project work- teams and individual
Skill-based workshops
Scenario-based learning sessions
Clinical simulation
Critical reflection
Practice learning
3 continuity cases per year (first contact to discharge to health visitor)
Case study review
Directed learning activity
Safe Medicate online learning
Blackboard e-Learning support
e-Learning packages/activities

Content
Studentship and graduate attributes
Self-assessment of learning
Recognition of own learning needs
Development of learning, understanding and knowledge at Level 6.
Reflection on practice and own behaviour
Identification of personal learning plans

Anatomy & physiology
Professional role and responsibilities of a midwife
Initiatives to improve the health and well-being of women, babies and families
Anatomy and physiology applied to maternal and neonatal disorders
Medical disorders
Epilepsy
Haemoglobinopathies
Asthma
Endocrine disorders, Diabetes, hypo & hyperthyroidism
Mental health & wellbeing
Depression in the antenatal and postnatal periods
Substance misuse – liver metabolises (application to childbearing)
Gynaecology disorders, procedures and surgery
Complications of early pregnancy, bleeding, pain, hyperemesis gravidarum & ectopic pregnancy
Genetics linked to congenital abnormalities, i.e., structural, environmental and chromosomal.
Infertility – sub-fertility

Baby Friendly Initiative
Factors effecting breastfeeding
When babies are separated from their mothers
Alternative feeding methods where breastfeeding is not possible
Babies experiencing difficulty feeding
Mixed feeding

Evidence base & research
Critique of methods/methodologies (some qualitative methods – ethnography, grounded theory, action research)
Library searching techniques and managing reference libraries, setting up alerts
Critical appraisal tools to make sense of research papers
Analysis of qualitative data
Statistics in papers (basic understanding of descriptive statistics)

Behavioural sciences & communication
Cultural influences on ill health & potential influences on individual and family
Communication skills when caring for the woman/family in context of health & social complexities
Theories of attachment, bonding & care giving – mothers and fathers perspective.
Mental health and motherhood – anxiety and depression, Antenatal/postnatal depression Models of bereavement
Cultural influences on ill health and the family
Theories of attachment – bonding and care giving, Bowlby, Harlow.
Support to fathers in vulnerable circumstances

Midwifery practice (including skills)
Social policy & maternity care
Examination of the views of women with specific needs, for example, disability, mental health
Care pathways e.g. neonatal, mental health, substance misuse, diabetes
Inequalities in health
Disadvantaged and vulnerable women and families
Women with physical and/or learning disabilities
Preconception care & application to underlying conditions (diabetes, asthma, epilepsy & mental health)
Bleeding in early pregnancy
Assessment of pain
Hyperemesis gravidarum
Ectopic pregnancy
Miscarriage & termination of pregnancy - social
Termination for fetal abnormality
Introduction to cardiotocograph/fetal monitoring
Administration of medicines (drug charts)
Blood investigations
Working in a theatre environment
Blood sugar assessment and monitoring
Perinatal mental health and wellbeing
Impact upon maternal and neonatal health (attachment theory)
Mental Health Care Pathways for women during childbearing
Mental Health Services and Support
Depression in the antenatal and postnatal period
Bipolar disorder
Schizophrenia
Self harm
Eating disorders
Recognition of sick neonate / Recognition of deterioration in health of a previously well baby
Promotion of family centred care
Attachment theory
Daily examination of the sick neonate
Feeding practices for the sick neonate
Breastfeeding challenges
Nutritional requirements of neonates
Pathological Jaundice
Congenital abnormalities
Babies of diabetic mothers
Intra uterine growth restriction
The preterm baby
Neonatal infection
Stillbirth
Bereavement
Adoption and surrogacy
Neonatal resuscitation
Early warning scoring systems
Safeguarding
Manual handling training
Fire training
Support and management for parents with infertility / sub-fertility
Working in operating department

Medicines management (including complementary therapies)
Drugs used in diabetes, asthma and epilepsy
Pharmacological management of substance misuse in mothers and babies

Professional role & responsibilities of a midwife
Improving quality agenda for complex services
Application of principles to midwifery practice innovation & quality
Process mapping & identifying areas for improvement
Cognitive skill development for clinical decision making
Interagency working
Working with voluntary groups
The role of the supervisor of midwives related to complex care and decisions
Referral pathways

**Method(s) of Assessment**

<table>
<thead>
<tr>
<th>Module</th>
<th>Assessment task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 3 Health and Social Complexities</td>
<td>4000 word assignment – Critically examine the care and management of a woman with complex health and social needs. (CW)</td>
</tr>
<tr>
<td>60 Level 2 academic credit</td>
<td>Practice learning outcomes for placement. (The Practice Themes assessed are D,E,F,H,K,N,O) Assessment of Professional Attributes Pass in portfolio requirements (PA)</td>
</tr>
</tbody>
</table>

**Module Reading**


Schott, J. and Henly, A. (1996) *Culture, Religion and Childbearing in a Multiracial Society.* London: Butterworth Heinemann. (Although this text was published in 1996 it is still one of the classic textbooks and very relevant for midwifery practice)


Research reading

Year 2


Journals

The following journals (even though they have nursing in the title) have a variety of articles which focus on women’s health and the social factors which impact on health:
The British Journal of Theatre Nursing
Journal of Mental Health
Journal of Neonatal Nursing.
Journal of Obstetrics and Gynaecology and Neonatal Nursing.
Nursing Standard
Professional Nurse
The British Journal of Theatre Nursing

Websites

http://www.healthtalkonline.org/

Healthtalkonline is an award-winning web site of the DIPEX charity, and provides a forum for people to share experiences of health and illness. It provides the perspective of the user and family.
Module Title | Complex Childbearing  
Credit | 60 Level 2  
Semester (Autumn/Spring) | Spring  
Pre-requisites(s) | Successfully completed Year 1  
Co-requisites(s) |  
Convenor | J Needham  

**Brief Description**
(aims, objectives, content, teaching and learning method(s), learning outcomes)

**Semester 2** (Mid Feb – early Sept) spans 30 weeks  
**Academic Credit** 60 Level 2 (30 theory, 30 practice)  
**Pathway** BSc Hons  
Assessment EX AP  
Total Module Hours 937.5 hours comprising:  
Theory (contact, directed study and personal study) 375 hours (50 days)  
Theory (personal study days in practice) 37.5 hours (5 days)  
Practice 525 hours (70 days)  
Vacation 187.5 hours (over 5 weeks)  

**Module Aims**
The Module aims will provide you with the opportunity to:
- Utilise the midwifery role with effect in the provision of care for women with complex health needs arising from childbearing or through compromise to existing co-morbidities while ensuring the woman and her partner are central to decisions about her and their baby  
- Demonstrate ability in critical assessment and decision-making to confidently identify and monitor ill-health or deterioration in the childbearing woman, demonstrate the ability to take the necessary actions regarding referral and immediate management and contribute appropriately to the plan of care which emerges  
- Demonstrate through practice and group activities appraisal of evidence, research, data, and audit with relevance to complex health needs and care through in depth understanding of the process of clinical decision making in such situations.

**Rationale**
The module builds on your understanding of normal childbearing enabling identification of deviations from normal parameters across the childbearing processes. Midwifery management of complex cases and of emergency situations is a vital element of practice and is integral to this module. The practice element will facilitate progression from supervised participant to supervised practitioner.

**Descriptor**
The module develops your knowledge, skill and understanding in relation to complex care and high risk childbearing. The module will prepare you to care for women and their families when pregnancy, labour and the postnatal period
is complicated and when emergency situations arise. The theoretical component will also include multi-professional working when childbearing becomes complicated.

You will be enabled to refine their skills in applying accurate judgements to high risk situations. The practice component of the module will be labour ward, antenatal and postnatal ward areas. There are two weeks available following the module for you to arrange your own elective experience. This will be an opportunity for you to engage in midwifery practice and activities in the local, national or international arena.

**Relationship to Other Modules**
The relationship of Module 4 to Module 3 is significant. Module 3 has examined the role of the midwife in complex health and social situations. Module 4 will focus on complications which arise across the child bearing period. This will extend your knowledge and skills of care and management of women with complications.

**Module Learning Outcomes**

**A: Expectations of the midwife as a professional**
1. Illustrate understanding of effective multi/inter-professional team working in evidence-based complex childbirth and the significance of accurate, relevant and contemporaneous record keeping
2. Discuss the ethical implications of refusal of treatment for mother, fetus and neonate
3. Uses appropriate research evidence to facilitate valid informed choice and involve women in the decision making process.

**B: The Application of Practice in Midwifery**
1. Achieve the specified clinical learning outcomes detailed in the assessment of practice document
2. Demonstrate knowledge and skills appropriate to dealing with emergency situations
3. Apply knowledge to the psychomotor skills required for delivering care in high risk situations.

**C: Subject knowledge, understanding and associated skills that underpin the education and training of midwives**
1. Show how complex childbearing situations can be normalised though application of the philosophy of normality
2. Apply a detailed knowledge of physiology and pathophysiology to the care of women with a range of high risk conditions associated with pregnancy and labour including pre-eclampsia, delayed progress, malpresentation
3. Demonstrate the ability to recognise maternal/neonatal deterioration through clinical assessment e.g. early warning scoring
4. Demonstrate knowledge of immediate management e.g. ABCDE and referral across a range of care situations
5. Demonstrate application of effective communication tools such as SBAR.
6. Using appropriate assessment skills including technology (K2) identify deviations from the normal fetal wellbeing
7. Demonstrate understanding of the use of a range of medicines related to the care of high risk women
8. Examine the impact complexities in childbearing may have on the emotional wellbeing of parents and evaluate the role of the midwife in these circumstances
9. Analyse communication theories and techniques used in situations such as breaking bad news, pregnancy loss and bereavement

The Learning Process
Key note lectures
Seminars
Project work- teams and individual
Skill-based workshops
Scenario-based learning sessions
Clinical simulation
Critical reflection
Practice learning
3 continuity cases per year (focus on vulnerable women)
Case study review
Directed learning activity
Safe Medicate online learning
Blackboard e-Learning support
e-Learning packages/activities
Debates

Studentship and Graduate attributes
- Self-assessment of learning
- Recognition of own learning needs
- Development of learning, understanding and knowledge at Level 2
- Reflection on practice
- Identification of personal learning plans.

Content
Anatomy & physiology
Clotting cascade
Abnormal pelvis
A and P applied to childbearing complex actions – fetal and maternal

Baby Friendly Initiative
Factors affecting BFI when complications arise, e.g. assisted delivery LSCS.

Evidence base & research
Use of research in practice (evidence for topics in the module)
Systematic reviews and other types of literature reviews
Evidence used in practice guidelines
Changing practice with research – examples of action research
How are patients involved in research
Validity and reliability/ Research rigour/ Trustworthiness
**Behavioural sciences & communication**
- Medicalisation of childbearing
- Communication in emergency situations, application of SBAR & communication tools
- Medicalisation of childbearing – managing women’s expectations and discussing use of technology
- Communication in emergency situations – application of SBAR, and communication tools.
- Emotional support to women and fathers
- Psychological responses to birth – esp traumatic, fear of childbirth
- Psychology of communication 2 – counselling and communication skills/debriefing communicating in context of health and social complexities

**Midwifery practice (including skills)**
- Technologies in childbearing and woman/partner perspective
- Vital signs & effect of pathophysiology
- Assessment & examination of women using ABCDE
- Early warning scoring systems – development of the use of these
- Blood investigations linked to diagnosis
- Blood transfusing in an emergency context
- Fluid requirements & management applied to emergency situations
- Intravenous fluid administration and different types of fluid
- Catheterisation
- Rhesus iso-immunisation
- Pre-eclampsia
- HELLP
- DIC
- Obstetric cholestasis
- Antepartum haemorrhage
- Postpartum haemorrhage
- Pre & Post operative care, working in theatre &DPU
- Thrombo-embolic disorders
- Personal/nursing care of the sick woman (eg hygiene and skin care)
- Management of cord presentation and cord prolapse
- Wound healing
- Caesarean section births
- Instrumental births
- Multiple pregnancy
- Oligohydramnios
- Polyhydramnios
- Breech birth
- Shoulder dystocia
- Amniotic fluid embolism
- Shock in obstetrics
- Risk factors for labour
- Malpresentation/position of fetus
- Prolonged pregnancy
- Induction of labour
- Augmentation of labour
- Pre term labour
- Complicated labour
Delayed progress in 1st, 2nd & 3rd stage of labour
3rd stage of labour complications
Retained placenta
Manual removal of placenta
Manual examination of the uterus
Placenta acreta
Placenta percreta
Cardiotocograph interpretation
Infections & childbearing implications
Analgesia for high risk labours
Anaesthetics
Perineal trauma & suturing
Genital tract trauma
Urinary catheterisation
Episiotomy
Perineal repair
Technology in childbearing – including fetal pH
Maternal resuscitation
Debriefing in complicated situations

**Medicines management (including complementary therapies)**
Anticoagulant therapy
Analgesia
Anaesthetics
Muscle relaxants
Antibiotics
Prostaglandins and Oxytocics
Tocolytics

**Professional role & responsibilities of a midwife**
Scope of practice
Role of guidelines & policies in complex care
Team / inter-professional working in complex & emergency care
Reflection of the midwives role in complicated childbearing.

**Method(s) of Assessment**

<table>
<thead>
<tr>
<th>Module</th>
<th>Assessment task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 4 Complex Childbearing 60 Level 2 academic credit</td>
<td>2.5 hr Seen Examination Section 1 Practice - 2 long questions linked to the midwives role with a complicated childbirth case. – 2 hrs Section 2 Safe Medicate 30 minutes (EX) Practice learning outcomes for placement. (The Practice Themes assessed are A, B, C, G, J, K, L, M) Assessment of Professional Attributes Pass in portfolio requirements (PA)</td>
</tr>
</tbody>
</table>
Module Reading


National Institute for Health and Clinical Excellence (2011) Caesarean Section, NICE


Module Title | Leadership, Innovation & Care Quality
---|---
Credit | 60 Level 3
Semester (Autumn/Spring) | Autumn
Pre-requisites(s) | Successfully completed Year 1
Co-requisites(s) | 
Convenor | Kirsty Tweedie

**Brief Description**
(aims, objectives, content, teaching and learning method(s), learning outcomes)

**Semester 1** (Mid Sept – Mid Feb) spans 22 weeks

**Academic Credit** 60 Level 3 (30 theory, 30 practice)

**Pathway** BSc Hons

Assessment PR AP

Total Module Hours 750 hours comprising:

- **Theory (contact, directed study and personal study)** 225 hours (30 days)
- **Theory (personal study days in practice)** 37.5 hours (5 days)
- **Practice** 487.5 hours (65 days)
- **Vacation** 70 hours (over 2 weeks)

**Module Aims**
The Module aims will provide you with the opportunity to:

- Demonstrate systematic understanding of professional standards and competence in practice within regulatory, legislative, organisational and ethical frameworks, including statutory supervision of midwifery
- Develop knowledge and understanding of the centrality of service innovations, effectiveness and productivity for contemporary and responsive women centred maternity care
- Demonstrate sound knowledge and understanding of underpinning theory and use of technology as it applies to the organisation of women centred care and provision of midwifery led care and services.

**Rationale**
This is the first module in the final year of the programme and introduces you to practising at the level of competence.

**Descriptor**
Practice allocations continue with an intrapartum focus. Content will focus on developing your skills in providing quality midwifery care and progressing your skills in recognising and initiating innovation and improvements in maternity services. Theory will focus your attention on graduate skills of leadership, management and communication to achieve effective change and practice innovations.

You will have the opportunity to analyse how the micro and macro organisation of maternity services influence practice development and how consumer voices can be represented in driving practice forward. Evidence based content will draw on the use of evidence to support innovations in practice and developing and auditing policies and guidelines together with application of...
national quality initiatives such as the QIPP agenda and the role of the Supervisory framework in care quality and change management strategies. Opportunity will be afforded for you to explore and apply evidence to wider practice issues such as working with outside agencies and referrals, risk assessment, managing complaints and incident reporting.

Relationship to Other Modules
The module builds on the learning from Years one and two and prepares you for practising at the level of competence. In preparation for qualified practitioner status, autonomy, leadership, innovation, care quality and management will be the focus.

Module Learning Outcomes

A: Expectations of the midwife as a professional
1. Critically analyse professional and legal accountability including statutory supervision of midwives
2. Develop skills in proactive leadership that value the contribution of others including service users in practice innovation and the sharing of best practice
3. Demonstrate critical understanding of the processes of standard setting and development of guidelines and policies in the context of providing quality midwifery care
4. Critically analyse the midwife’s role in developing research that contributes to practice innovation.

B: The application of practice in midwifery
1. Achieve the specified clinical learning outcomes detailed in the assessment of practice document and the NMC Essential Skills including the NMC Essential Skills, European Union requirements and Breastfeeding Initiative.

C: Subject Knowledge, understanding and associated skills that underpin the education and training of midwives
1. Critically analyse the effectiveness of clinical audit in maternity care and participate in auditing personal practice
2. Critically examine frameworks for clinical governance and how effective application can improve the quality of care
3. Demonstrate understanding of how areas for innovations in midwifery practice can be identified; change initiated and evaluated using metrics and quality indicators
4. Demonstrate knowledge of the theories of change management and how these can be applied to lead and manage innovation
5. Demonstrates knowledge of the influence government, regional and local health service structures on care delivery
6. Critically explore how service users can be involved in decision making about the effective use of resources to ensure quality care.
The Learning Process
Key note lectures
Seminars
Project work- teams and individual
Skill-based workshops
Scenario-based learning sessions
Clinical simulation
Critical reflection
Practice learning
3 continuity cases per year Case study review
Directed learning activity
Safe Medicate online learning
Blackboard e-Learning support
e-Learning packages/activities

Studentship graduate attributes
Graduate practice
Preceptorship – preparation/consideration.
Reflection on practice to develop ideas for change.
Academic writing
Interview skills / writing an application
Presentation skills
Critical investigation
Audit
Things linked to service innovation.

Content

Anatomy & physiology

Baby Friendly Initiative
Innovations in feeding practice, locally, nationally and internationally.
Developing standards and guidelines

Evidence base & research
Developing evidence based Care pathways
Guideline and policy development – the role of evidence
National policy, guidelines, standards NICE, Confidential enquiries etc
Audit and practice change
Developing evidence to support innovations in practice
Benefits and approaches for user engagement
Using metrics and other indicators to measure quality of care
Outcome data that demonstrates the value of a profession
Using data to evaluate care/ services and identify areas for improvement
Research careers/ Meet the PGRs

Behavioural sciences & communication
Inter-professional & agency referrals
Effective use of electronic records
Communication in a management context
Leadership theories & models
Theories of change management in context of initiating innovation
Mental health and its impact on development
Leadership theories and models – inc comm. In a management context, theories of change relevant to management and innovation.

Midwifery practice (including skills)
Working at the level of competence
Leader & co-ordinator of care for women with complex needs (e.g. socially excluded & high risk groups)
The role of the supervisory framework in care quality
National legislation and policy impacting on midwifery
Professional implications of facilitating informed choice
Managing complaints
Ethical issues in practice
Improving quality
Application of experienced to improving quality agenda
Practical use of innovation tools
Manual Handling training
Fire training
Maternal and neonatal resuscitation
International models of innovative practice with a UK application
Consolidation of skills including midwifery drills and skills
Childbearing for emergencies
CTG interpretation
Suturing revision workshop

Medicines management (including complementary therapies)
Midwifery exemptions
NMC guidance
MARA guidance

Professional role & responsibilities of a midwife
Planning and designing services through the use of national and local audits of consumers of maternity care.
Competent case management
Clinical decision making
Working with outside agencies including the media
Multidisciplinary team working and making referrals
Clinical governance
Risk management
Role boundaries
Effective use of resources and technology in practice
Macro organisation of maternity services in UK
Using user involvement to support innovations
Micro organisation of maternity services at local & regional level, including NHS Trust Boards
The input of consumer groups in policy development
The role of consumer groups in maternity services
Consumer involvement in changes and innovation
EU Experience requirements
Professional development and statutory regulations
Professional accountability
Personal professional development and sharing of knowledge & skills
Midwifery education for developing knowledge & skills in practitioners
Maintaining NMC registration
Process and management of incident reporting.
Preparing for a professional interview

**Method(s) of Assessment**

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<tr>
<th>Module</th>
<th>Assessment task</th>
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<tr>
<td>Module 5 Leadership, Innovation and Care Quality</td>
<td>6000 word Project Report - linked to innovation for quality care in an area of midwifery practice (CW)</td>
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<td>Practice learning for placement (The Practice Themes assessed are A, C, H, J, K, L)</td>
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<td></td>
<td>Assessment of Interpersonal Skills</td>
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<tr>
<td>60 Level 3 academic credit</td>
<td>Pass in portfolio requirements (PA)</td>
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**Module Reading**


DoH White paper: Equity and excellence: Liberating the NHS (2010)


NICE/CHI/RCN/University of Leicester 2002: Principles for Best Practice in Clinical Audit, Oxford Radcliffe Medical Press


**Websites**
The website of the NHS Institute of Innovations and Improvement

**Brief Description**

(aims, objectives, content, teaching and learning method(s), learning outcomes)

**Semester 2** (Mid Feb – early Sept) spans 30 weeks

**Academic Credit** 60 Level 3 (30 theory, 30 practice)

**Pathway** BSc Hons

**Assessment** EX CW AP

**Total Module Hours** 937.5 hours comprising:
- **Theory** (contact, directed study and personal study) 262.5 hours (35 days)
- **Theory** (personal study days in practice) 37.5 hours (5 days)
- **Practice** 637.5 hours (85 days)
- **Vacation** 187.5 hours (over 5 weeks)

**Module Aims**

The Module aims will provide you with the opportunity to:

- Demonstrate professional acumen in the provision of autonomous midwifery-led practice showing a conceptual understanding of the patterns and models of midwifery practice both nationally and internationally in order to work within and across professional boundaries in the provision of efficient and effective midwifery care.

- Demonstrate critical decision making skills as the lead professional within a range of care models through practice which shows sound judgement towards autonomy as a registrant to meet the responsibilities of a midwife in the NMC Midwifery Rules and Standards (2004) in the provision of care which is women and family centred.

- Be able to synthesise a range of knowledge that enables you to evaluate critically current research and methodologies, develop critiques and develop new hypotheses which underpin an ability to inform approaches which improve women’s experiences of childbearing.

**Rationale**

This final module of the programme enables you to consolidate theory and practical knowledge gained over the 3 years, whilst ensuring continuing development of skills for lifelong learning. Understanding of the meaning and implications of being a midwife will be applied to professional practice at this level. The practice element will facilitate progression from supervised practitioner to competence in preparation for working towards an autonomous role at the point of registration.
Descriptor
This module develops and enables you to become competent practitioners at the point of registration with the NMC. Whilst this module will consolidate your acquired knowledge and practice skills, you will build on the development of clinical decision making by driving the concept of normal midwifery practice. The opportunity to hone midwifery skills during midwifery/newborn emergencies, will allow you to recognise, manage, implement and review your practice thus developing the autonomous practitioners. The opportunity to lead and make clinical decisions will be demonstrated at competence level.

The clinical practice allocation will be community based with enrichment weeks in Midwifery Led Birthing Units and other community relevant practice areas largely driven by the students’ experiences. This conclusion of continuity cases will also add to your practice abilities.

The inclusion of care pathways with the engagement of the summative assessment and response to current health policies will demonstrate you are prepared and equipped to work within the midwifery setting and at the level of competent practitioner.

Relationship to Other Modules
Links with the preceding module, Leadership, Innovation and Care Quality and will harness existing midwifery knowledge and assist you to pursue the delivery of midwifery care for women and families with varying health and social needs and to varied population groups.

Reference to Year 2 elective practice opportunities will facilitate reflection and sharing of personal learning and professional development.

Module Learning Outcomes

A: Expectations of the midwife as a professional
1. Discuss the midwife’s responsibility for lifelong learning and continuing professional development
2. Critically reflect on experience and developments in maternity care to identify personal developmental needs alongside those of others
3. Critically analyse the scope of midwifery practice and explore challenges to professional role boundaries
4. Understand the professional responsibilities surrounding case management and the lead professional’s role in clinical decision making

B: The application of Practice in Midwifery
1. Demonstrate competence, dexterity and sensitivity in the full range of skills and procedures as detailed by the statutory regulatory body including the NMC Essential Skills European Union requirements and Breastfeeding Initiative.
C: Subject Knowledge, understanding and associated skills that underpin the education and training of midwives

1. Critically analyse how midwives can be empowered to develop high quality women centred models of care embracing the essence of normality
2. Develop resources for parenthood education that are underpinned by sound educational theory and understanding of parental needs
3. Draw on a range of multiagency, inter-professional resources to assess, plan, deliver and evaluate care with women and families
4. Demonstrate competence in managing the midwives role within care pathways for women with a range of physical, mental and social needs.

The Learning Process
A series of themed study days
Key note lectures
Seminars
Project work- teams and individual
Skill-based workshops
Scenario-based learning sessions
Clinical simulation
Critical reflection
Practice learning
3 continuity cases per year
Case study review
Directed learning activity
Safe Medicate online learning
Blackboard e-Learning support
e-Learning packages/activities
Presentations
Debate series
Visits to organisations / institutions
Visits to specialist practitioners.

Content

Anatomy & physiology

Neonatal end of life care pathways

Studentship and graduate attributes
Skills for application for Posts and interview – report writing
Creating a curriculum vitae
Managing professional development

Baby Friendly Initiative (BFI)
Introduction of solid foods
Managing community support for breastfeeding
Managing common complications of breastfeeding
Evidence base & research
Data gathering for CNST, and quality monitoring
Socio economic value of the midwife
Local and national audits
International issues – the World Health organisation’s maternal and child health research agenda
National standards
New reports/ research impacting on practice
Career planning and how to use research

Medicines management (including complementary therapies)
Midwifery exemptions

Behavioural sciences & communication
Parentcraft/preparation for parenthood sessions underpinned by educational theory
- Practical application of resources for preparing parents for their roles
- Specialist services for teenagers etc. Links between social care, education and health
Psychology of the sick neonate and parental support approaches
Strategies to involve and support fathers
Mental health and well-being – models of well-being from positive psychology.

Professional role & responsibilities of a midwife
Advancing practice through strategies and actions arising from effective evaluation strategies.
Global childbearing issues in practice
Midwifery roles – the global perspective
Improving maternal and infant health – The World Health Organisation
International Confederation of Midwives and Royal College of Midwives – organisations, UK and International Midwifery matters.
Multi-agency / voluntary organisations for maternal and child health.
The socio economic value of the midwife
Competent case management

Midwifery practice (including skills)
Midwifery practice
- Maternal and neonatal resuscitation
- Interview skills/writing an application
- Manual handling
- Fire training
Mental health (Care pathway)
Teenagers (Care pathway)
Domestic abuse (Care pathway)
Obesity/eating disorders (Care pathway)
Neonatal end of life care (Care pathway) – including genetic focus/support
Cultural diversity (Care pathway)
The midwives role and responsibilities working within the multidisciplinary team to provide care for;
- Women in prison
- Asylum seekers
- Travellers
- Learning disabilities
- Homeless
Models of care.
Working with users; perspectives and experiences

**Method(s) of Assessment**

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<tr>
<th>Module</th>
<th>Assessment task</th>
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</table>
| **Module 6** Becoming a Competent Practitioner 60 Level 3 academic credit | 3000 words – exploring students understanding of ‘normality’ ensuring the midwife can provide safe and effective midwifery care to women and their families.   
(CW)                                                                                     |
|                                            | Verbal examination (5+20mins)                                                                                                                  
(EX)                                                                                     |
|                                            | Practice learning for placement                                                               
(The Practice Themes assessed are B, D, E, F, G, M, N, O)                                                                                     |
|                                            | Assessment of Interpersonal Skills                                                            
(PA)                                                                                     |
|                                            | Pass in portfolio requirements                                                                                                                  
(PA)                                                                                     |

**Module Reading**


5.10 References


Nursing and Midwifery Council (2009) Standards for Pre-registration midwifery education. London NMC

Quality Assurance Agency (2001) Benchmark Statements for Midwifery Gloucester QAA
APPENDIX 1 – Programme reading list

This reading list includes references that will be of use throughout the programme with relevance to most modules of study. Each module has a specific additional reading list.

Compulsory Texts

And either


Or


General Midwifery


Obstetrics


Anatomy & Physiology


Intrapartum Care


Neonatal care


Public Health

Evidence Based Practice


Lindsay, B. (2007) Understanding Research and Evidence-Based Practice. Exeter: Reflect Press


Psychology/Sociology


Pharmacology
British National Formulary (2011) BMP


NMC Publications


NMC (2009) Guidance on professional conduct for nursing and midwifery students: NMC

National Publications


Self Assessment / Study Skills


Gimenez (2011) Writing for Nursing and Midwifery Students 2nd Edition Palgrave Macmillian


**Weblinks**
- [http://www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk) Breastfeeding Network,
- [http://newbornbloodspot.screening.nhs.uk/](http://newbornbloodspot.screening.nhs.uk/) UK Newborn Screening Programme Centre
- [http://www.nmc-uk.org](http://www.nmc-uk.org) Nursing & Midwifery Council
- [http://www.improvement.nhs.uk/](http://www.improvement.nhs.uk/) NHS Improvement
- [http://www.rcm.org.uk](http://www.rcm.org.uk) Royal College of Midwives
# APPENDIX 2 – Programme plan

**SEPTEMBER 2014 COHORT PROGRAMME PLAN**- please note this is subject to change.

**Plan for Sept 14 Intake**

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<tr>
<th>Year 1 - Semester one - Module 1</th>
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### Key:

- **Vacation**
- **Continuity**
- **Normality & Public Health**
- **Interprofessional**
- **Lead role activity**
- **Case Focus**
- **Theory**
- **Practice**
- **Study**

Students will have time directed to activities for fresher's week and programme induction.

Interprofessional & lead role activity managed within placement e.g. Health visitor, Physiotherapist, CPN, dietician, social worker, teenage support etc.

All students to have 5 separate study days during practice weeks.

All students will have intrapartum experience via their Community Midwifery teams.

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*Page 71 of 112*
### Year 1 - Semester two - Module 2

#### Promoting healthy lifestyles 2015

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**Key:**
- MLBU: Community Labour Continuity
- COM: MLBU Community Labour Continuity
- LAB: Labour
to include 1 week directed study

**Note:**
- All students will have a minimum of 4 weeks MLBU experience or Midwifery led care cases at QEH.
- All students to take 5 personal study days during placement time, but not during Intrapartum allocation e.g. Not whilst on MLBU or Labour Ward.

---

### Easter Sunday - 5th April 2015

**Vacation:**
- MLBU

**Community Labour**: Continuity = Normality & Public Health Cases

**Theory Cases Focus, to span Year 1**

---

*Note for Year 1: All students will have a minimum of 4 weeks MLBU experience or Midwifery led care cases at QEH. All students to take 5 personal study days during placement time, but not during Intrapartum allocation e.g. Not whilst on MLBU or Labour Ward.*
### Complex Health & Social Needs

#### Key:
- **Vacation**
- **AN & PN Services**
- **Community**
- **Continuity**
- **Labour**
- **Theory**

#### Interprofessional & lead role activity managed within placement

- All students to have 2 separate weeks directed study during placement
- **ALL students** to have **5 separate study days during practice weeks** - this may be agreed as a one week block

#### Additional Neonatal Visits will be arranged via spike activity

- **Theory** = 40 days/300 hours
- **Study** = 5 days/37.5 hours
- **Practice** = 55 days/412.5 hours

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#### Diagram:

- **Vulnerable women - Health & Social Complexity focus**
- **20 weeks + 2 weeks vacation + 22 weeks in total**

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**Page 73 of 112**
Note for year 2 = All students will have a 7 week labour ward summative placement in Semester 2 Module 4

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25 weeks + 5 weeks vacation + 30 weeks in total
All students to have 5 separate personal study days during placement

All students to have 2 weeks directed study one which has been set into the plan by the school and a further week through negotiation with mentor

All students will have a dedicated leadership week

**AN= Antenatal Services**

**PN= Postnatal Services**

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### JPH

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<thead>
<tr>
<th>Student</th>
<th>Directed Study Week</th>
<th>Labour</th>
<th>ANS Services</th>
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**Theory = 30 days/225 hours**

**Study = 5 days/37.5 hours**

**Practice 65 days/487.5 hours**

20 weeks + 2 weeks vacation + 22 weeks in total
### Year 3 - Semester two - Module 6

#### Competent Practice

**2017**

<table>
<thead>
<tr>
<th>Month</th>
<th>Student 1</th>
<th>Student 2</th>
<th>Student 3</th>
<th>Student 4</th>
<th>Student 5</th>
<th>Student 6</th>
<th>Student 7</th>
<th>Student 8</th>
<th>Student 9</th>
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<th>Student 15</th>
<th>Student 16</th>
<th>Student 17</th>
<th>Student 18</th>
<th>Student 19</th>
<th>Student 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>Community Placement</td>
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<td>July</td>
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</tbody>
</table>

**Key:**
- **Vacation:** ALL students to have 2 weeks directed study during the placement and one week Mental Health Experience
- **AN & PN Services:** ALL students to have 5 personal study days across the placement practice weeks - normally taken as a week block
- **Community:** All students will have intrapartum experience via their community midwifery teams
- **Labour:** Directed/personal study to be taken in negotiation with your mentor
- **Theory:** One week with specialist leads with vulnerable women and to include links with mental health and learning disabilities services

#### Allocation of course activity:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Total Course Hours</th>
<th>Total Theory (contact, directed study &amp; personal study)</th>
<th>Total Practice (personal study days in placement)</th>
<th>Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theory</td>
<td>5062.5 hours</td>
<td>1837.5 hours</td>
<td>3000 hours</td>
<td>787.5 hours</td>
</tr>
<tr>
<td>7 weeks + 5 PSD 300 hours</td>
<td>Practice</td>
<td>Vacation 5 weeks</td>
<td>Total 30 weeks</td>
<td></td>
</tr>
</tbody>
</table>

**Easter Sunday = 16th April 2017**
APPENDIX 3 – Guiding Principles for independent learning weeks

A period of independent learning weeks is built into the end of Module 2, 4 and 6. There are 2 weeks in Module 2 & 4 and 3 weeks in Module 6, these weeks may take a variety of forms, however the two weeks following Module 4 are intended for you to undertake elective practice of your choice (guidance for elective practice is available from the School Elective Handbook on the HSC Student Blackboard site).

The following is intended as a guide to help you plan and develop personal learning experiences for your independent learning weeks that will meet your individual learning needs. Primarily this time can be utilised to make up any missed experience, for whatever reason, from theory or practice. However, in the case of missed time you should discuss your plan for making up this time with the Module Organiser (and Course Director where necessary). Please refer to the making up time procedure.

To enable you to maximise your independent learning weeks you should:

- Prior to these weeks develop your own personal learning outcomes, which should include a rationale for your choice of learning experience.
- On completion of your independent learning weeks, evaluate your learning in the context of your personal learning outcomes and identify any areas that warrant further exploration, this may be in the form of an action plan.
- Include in your portfolio documentation surrounding your personal learning. This will be discussed during your end of year progression interview with your Personal Adviser.

The following are suggestions for activities you may like to consider for your independent learning weeks, this is not intended to be prescriptive, neither is it definitive, you may identify additional valuable learning experiences.

- Primarily used to make up any missed experience from theory or practice that is outstanding, and to complement EU experiences that may be below target (this needs to be discussed with your Personal Adviser, who in turn will discuss with the Course Director).
- You may like to arrange educationally led visits to specific areas of interest. However these should first be discussed with your Personal Adviser to establish the educational value of any visits. Your Personal Adviser will liaise with the Course Director to ensure an overall profile of student visits is maintained.
- You may choose to explore specific areas of theory/practice by undertaking literature searches & evaluating the literature/evidence you obtain.

Revised February 2012
APPENDIX 4 – Making up time

MAKING UP TIME ON PRE-REGISTRATION MIDWIFERY PROGRAMMES

The NMC (2004) Midwives rules and standards states that:

- “The NMC sets standards for the length & content of programmes. If a student wishes to apply to have her name included on the NMC register as a midwife, she must have completed the length of programme required and met these standards”. (Rule 2, page 7).

The NMC (2009) Standards for Pre-registration midwifery education, which are mandatory, state that:

- “The length of a pre-registration midwifery programme of education shall not be less than three years in length (equivalent to 156 weeks full time), and each year shall contain 45 programmes weeks” (Standard 10, page 15).
- “Where the student is already registered with the NMC, as a first Level 4 nurse (adult), the length of the pre-registration midwifery programme of education shall not be less than 18 months (equivalent to 78 weeks full time)…. (Standard 6, page 12)
- “A student midwife who has an interruption to a pre-registration midwifery programme shall complete the outstanding period of that programme of education…. “ (Standard 5, page 11)
- Interruption means “any absence from a programme of education other than annual leave, statutory and public holidays” (Standard 5, page 11.)

This document sets out the procedure for ensuring that all students have completed the minimum requirements for entry to the NMC Professional Register:

1. Students must discuss and agree a plan and learning agreement for making up any time missed with the relevant Module Organiser. The Course Director and student’s Personal Adviser may be involved as appropriate
2. The action plan and learning agreement, (whether the missed time is theory or practice), will detail what the student needs to undertake. There will be an agreed and realistic timeframe for the submission of any work. This is likely to involve the student contacting the relevant Module Organiser to ensure necessary content is addressed
3. In the case of missed theory, the work, if required, will be submitted to the Personal Adviser, Module Organiser or session facilitator as appropriate
4. Following the agreed date, the action plan and learning agreement undertaken will be reviewed and feedback will be given to the student. If satisfied that the time has been made up the Module Organiser will inform the LTS ECB Hub that the theory learning requirements missed have been completed
5. Theory time missed needs to be made up normally during the relevant module. The arrangement for making up practice time must be discussed with the Course Director who will approve any action plans.

6. If so much time has been missed that the module cannot successfully be completed the student should consider whether to seek a period of intercalation or withdraw from the programme.

7. Students must keep a log of their time spent in practice by using practice attendance sheets. Should students stay on past the end of their shift, any time in excess of 30 minutes should be logged. If a student misses any practice time the time logged during which they have stayed beyond the end of their shift could be offset against time missed in practice.

8. A student must have attended the equivalent of 4 weeks of practice prior to summative assessment of practice. Where this is not possible the discretion of the Link Lecturer or Course Director will determine when this assessment will take place.

9. In the event that students undertake extra shifts/time in practice, as part of a learning opportunity, a separate attendance form (yellow) must be used for all extra shifts/time in practice. This must be signed and handed to the placements office, in the usual manner. If the evidence of hours is not submitted on a separate sheet they will not be accepted as evidence of extra shifts/time in practice.

10. It must be ensured when discussing and developing a plan for making up the missed time that the student achieves all the requirements for the midwifery programme.

11. The fact that the student is undertaking extra work or extra time in practice cannot be used as mitigating circumstances if the student is not successful in the summative assignments of the programme, since care will have been taken to acknowledge this in the timing of work set.

12. Verification of attendance: School of Health Sciences Students

   Following the Clothier report (1994) it is a professional recommendation that student sickness is monitored as it occurs thus allowing patterns of sickness and absence to be visible. Signatures from Mentors should be acquired at the end of every practice day to verify attendance. In the event of sickness it should be made clear on the attendance sheet that the student did not attend.

The practice of making up time later in the week or practice allocation period and therefore sickness or absence not being indicated on the attendance form should not occur. If time has to be made up this should be undertaken in line with the School of Health Sciences policy.

In addition to the practice attendance sheets, on completion of the practice allocation, sickness, absence and special leave must be documented on the practice allocation sickness/absence form and verified by the Mentor. This form must then be submitted to the LTS ECB Hub with the practice attendance forms.

Reviewed February 2012
APPENDIX 5 – Supervision of midwives

Every student in each new intake of student midwives is allocated a name of a Supervisor of Midwives [SOM]. The value of accessing this additional line of support is encouraged with some discussion as to the purpose of the link.

The remainder of this paper sets out some guidance for students as to ways they can make their relationship with their Supervisor more effective while at the same time setting some realistic parameters to prevent Supervisors from an onerous workload generated by this part of their role.

This guidance will be reviewed within the Midwifery Education Team and SOM’s in each of our Trusts for Pre-registration students and the Midwifery Cognate Group as required.

There is a recognition and awareness of the workload this may have on the SOM. However, it is hoped that these guiding principles may make the time spent between student and SOM more meaningful, helping to initiate a good professional relationship which will develop from the point of registration.

Why do I need a Supervisor of Midwives?
When you have qualified as a midwife your Supervisor of Midwives [SOM] will become a key person in your ongoing professional development and an important source of support so you may continue to respond effectively to the needs of women in your care.

In order to enable and facilitate this special relationship, you need to have an appreciation of the role of the SOM and purpose of supervision. This will be provided by timetabled classroom opportunities to address statutory supervision in learning packages and enable you to recognise the role and benefits supervision will bring you once qualified. Having access to a SOM during your programme offers you the opportunity to initiate this relationship as part of your learning experience.

Meetings with supervisors are actively encouraged by Trusts and the School, and are recorded on the annual progress discussion record sheet and supplementary experience information.

How much involvement do SOM’s have in my programme?
From the earliest stages of development of your education programme SOM’s were involved in its development. They are actively involved in your verbal examination towards the end of your programme. A SOM will talk to groups early on in the programme to give you a sense as to what statutory supervision means for the public and for you and your professional practice once qualified. This is supported with activities related to the role within later modules.

The SOM will also be involved in the ongoing monitoring of the programmes as a member of the Midwifery Course Committee for the 84 week and 3 year programmes.
How can I benefit from this strand of support?
Occasionally things happen in clinical practice, which are difficult to understand and may raise ‘professional’ questions in your mind. It is not uncommon for you to talk things over with your Personal Adviser, Link Lecturer and your Mentor. We are all happy to provide this support for you. The SOM is also another source of support for you to talk things through. Everything you talk through with your SOM will be confidential. However, the role of the SOM is fundamentally to “protect the public” and she may need to take action depending on your discussions with her.

If you are ever required to complete a formal statement in relation to an aspect of practice, your SOM will provide support and help you to complete it.

When and how should I access my SOM?
There is no hard and fast rule, however, you are encouraged to make contact with your SOM unless they have already contacted you and intend to meet several of your cohort together. There are variations in the ways each Trust works in relation to allocation of students to a SOM. Some will allocate a whole cohort to one SOM, others will allocate each student to a different SOM. If you are not sure who your SOM is or how to contact her, link with your Personal Adviser or Course Director who will be able to tell you.

You will be asked whether you have accessed your SOM at your end of year Progression meeting with your Personal Adviser. You can record these meetings in your portfolio. You would also find it useful to make a reflective summary in your portfolio following your meeting with your SOM.

If you do access your SOM, you may refer to this in your reflective writing. You could certainly reflect on how it may have benefited you and your practice.

Guiding framework for contact across the programme
If the Trust you are affiliated to has allocated one SOM to all their students, the SOM would normally meet their students as a collective in the first term. Students would then access their SOM, as required, on an individual basis.

If the Trust allocates each student to a different SOM, students would normally make initial contact to just introduce themselves and confirm contact details. Students would then access as required on an individual basis.

In Module 6, or Module 3 of the 84 week programme, students would normally be expected to arrange a formal 30 minute meeting to discuss overall progression as a student nearing registration with a set list of no more than 3 core areas to explore that have direct relevance to them.

Suggested Areas for discussion during the meeting with your SOM:
- Preceptorship needs
- Transition from student to midwife
- CPD & Lifelong learning
- Notification of Intention to Practise
• Arrangements for annual supervisory interviews – Expectations of SOM and Midwife

We hope these guiding principles have been helpful. If you have any questions please do not hesitate to contact your Personal Adviser.
Reviewed by Karen Bates, Midwifery Lecturer, Supervisor of Midwives, June 2013
### APPENDIX 5 - UEA SENATE SCALE

#### UEA SENATE SCALE: COURSEWORK

<table>
<thead>
<tr>
<th>Classification</th>
<th>Learning outcomes &amp; scholarship</th>
<th>Presentatio n</th>
<th>Argument &amp; understanding</th>
<th>Criticality &amp; analysis</th>
<th>Use of sources and evidence</th>
<th>Academic referencing</th>
<th>Written communication</th>
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</thead>
<tbody>
<tr>
<td>90-100% Exemplary 1st</td>
<td>Learning outcomes have been met to an exemplary standard showing creativity and innovation. Demonstrates an exemplary understanding of link between theory and practice and practice-related issues and/or standards. Attains the highest standards of scholarship that can be expected of a degree-level submission.</td>
<td>Exemplary presentatio n: clear, logical, imaginative, creative and original. Almost flawless.</td>
<td>Highly effective and sustained arguments, demonstrating exemplary level of understanding of the topic and associated issues/debates. Addresses all aspects of the assignment to exemplary standard.</td>
<td>Work demonstrates exemplary standard of critical analysis and/or originality and creativity. Exemplary in its use of ideas, concepts and theory. Exemplary analysis of data. Exemplary self-reflection.</td>
<td>Exemplary use of sources/case studies and/or evidence. Demonstrates impressive command of data or literature, drawing on a very broad range of material and/or examining the topic in considerable detail. Demonstrates an exemplary sensitivity to the limits/limitations of evidence.</td>
<td>Exemplary in all respects. Outstanding bibliography with academic referencing conventions employed accurately, consistently and according to established practice within the discipline.</td>
<td>Exemplary standard of written English. Written communication, including use of subject-specific language, is of highest standard that can be reasonably expected from a degree-level submission.</td>
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<td>Classification</td>
<td>Learning outcomes &amp; scholarship</td>
<td>Presentatio n</td>
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<tr>
<td>70-79% 1st</td>
<td>Coursework is strong in most areas</td>
<td>Learning outcomes have been fully met to a high standard. Demonstrates a strong understanding of link between theory and practice and practice-related issues and/or standards. Attains an impressive level of scholarship, though there may be scope for improvement in a few areas.</td>
<td>A high standard of presentation: clear, logical and few errors.</td>
<td>Coherent and articulate arguments, demonstrating a high level of understanding of the topic and associated issues/debates. Has addressed most or all aspects of the assignment to a high standard.</td>
<td>Work demonstrates a high standard of critical analysis and/or originality and creativity. Employs ideas, concepts, theory to good effect. High level of self-reflection.</td>
<td>Work demonstrates a strong command of data or literature, drawing on a broad range of material and/or examining the topic in some detail. The submission shows awareness of the limits/limitations of evidence.</td>
<td>A high standard of referencing throughout. Bibliography conforms to a high standard, though there may be a number of small errors</td>
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<td>Classification</td>
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<td>Presentatio n</td>
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<td>Criticality &amp; analysis</td>
<td>Use of sources and evidence</td>
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<tr>
<td>50-59% Pass 2(ii)</td>
<td>Learning outcomes have been met satisfactorily. Some have been met to a good standard. Demonstrates some understanding of link between theory and practice and practice-related issues and/or standards. Standard of scholarship likely to be undermined by poor linkage of issues/themes, poor use of evidence, unsubstantiated claims etc.</td>
<td>A satisfactory standard achieved: mostly clear, some evidence of logical progression. Some minor inaccuracies.</td>
<td>Competent work, with evidence of engagement in the relevant issues, but little originality and only occasional insight. Gaps in understanding and knowledge; may not have addressed all aspects of the assignment.</td>
<td>CoHSCientiou s work and attentive to subject matter and/or task set, but balanced more towards a descriptive rather than a critical, analytical treatment.</td>
<td>Draws on a satisfactory but relatively limited range of sources. Some assessment of evidence. Topics are mostly addressed but not always examined in sufficient detail. Some use of examples. Treatment of data or literature is basically sound but too narrow in scope and underdeveloped. Understanding of the limits of evidence not fully articulated or understood.</td>
<td>Referencing satisfactory on the whole, though some inconsistencies or instances of poor/limited citation may be present. Satisfactory bibliography but likely to reveal some weaknesses in composition and use of referencing conventions.</td>
<td>A reasonable standard of written English, though a number of errors may be present.</td>
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<tr>
<td>Classification</td>
<td>Learning outcomes &amp; scholarship</td>
<td>Presentatio n</td>
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<td>Criticality &amp; analysis</td>
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<td>40-49% Pass 3rd</td>
<td>Learning outcomes have been met to the minimum required level. Understanding of link between theory and practice and practice-related issues and/or standards is only adequate. Standard of scholarship undermined by poorly constructed ideas, arguments, use of evidence, partial response to the question etc.</td>
<td>Barely satisfactory standard of presentatio n. Some inaccuracie s /errors may be of a more serious nature.</td>
<td>Work shows some understanding of the topic and some relevant knowledge, but its treatment is basic, unimaginative, and superficial and the student’s grasp of key concepts is weak. Arguments employed are poorly evidenced and/or contain flaws.</td>
<td>Narrow range of data and/or literature employed is very limited. May be mostly limited to material provided in lectures/seminars.</td>
<td>Draws on a limited range of sources. Little attempt to assess evidence. Examples are provided but are poorly chosen or employed. Lacking in sophistication or finesse. The submission reflects a limited level of engagement in wider reading and a limited confidence/ability in the use of evidence. Limits of evidence very poorly articulated or understood.</td>
<td>Citations present, but referencing is poor, suggesting that little effort has been made to follow guidance. Bibliography barely adequate. Many errors, some serious, revealing limited awareness of mechanics of scholarship.</td>
<td>A barely satisfactory standard of written English; a number of serious errors may be present; Poorly structured and written, with poor attention to vocabulary and grammar.</td>
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</table>

Marks awarded in the range below indicate that the candidate has failed to achieve the standards required for a pass mark on this occasion. It is recommended that students receiving marks in this range meet with their adviser or the marker to review the factors that may have influenced the mark and ways in which their performance might be enhanced in subsequent assessments.

Work representing unsafe practice in professional schools will be marked as a fail.
<table>
<thead>
<tr>
<th>Classification</th>
<th>Learning outcomes &amp; scholarship</th>
<th>Presentatio n</th>
<th>Argument &amp; understanding</th>
<th>Criticality &amp; analysis</th>
<th>Use of sources and evidence</th>
<th>Academic referencing</th>
<th>Written communication</th>
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<tbody>
<tr>
<td>35-39%</td>
<td>Marginal Fail</td>
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<td></td>
<td>Coursework is barely 'satisfactory' in a few areas and weak in most others.</td>
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<td>Insufficient demonstration of learning outcomes to justify a pass grade. Understanding of link</td>
<td>Unsatisfactory standard, lacking sufficient clarity, and a logical progression,</td>
<td>The submission contains some material of merit, but it is only a partial attempt to</td>
<td>The treatment is mostly descriptive. Whilst the work contains some evidence of criticality or analysis, it is too limited or partial or lacking in depth to justify a pass.</td>
<td>Draws on a very limited range of sources. No real attempt to assess evidence. Examples are occasionally provided but are poorly chosen and employed. Entirely lacking in sophistication or finesse. The submission reflects a very limited level of engagement in wider reading and a limited confidence/ability in the choice and use of evidence.</td>
<td>Citations present but very limited. Referencing is very poor. Bibliography is either omitted, partial or poorly structured. Guidance not followed. Many serious errors, revealing very limited awareness of mechanics of scholarship.</td>
<td>Unsatisfactory standard of written English; too many serious errors present. Weaknesses undermine clarity of meaning. Text occasionally incomprehensible. Includes significant flaws in spelling, grammar, and basic sentence/paragraph composition</td>
</tr>
<tr>
<td>Classification</td>
<td>Learning outcomes &amp; scholarship</td>
<td>Presentatio n</td>
<td>Argument &amp; understanding</td>
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<tr>
<td>20-34% Fail</td>
<td>Coursework is weak in most areas.</td>
<td>Learning outcomes have been met in a limited way. Understanding of link between theory and practice and practice-related issues and/or standards is considerably below that required for a pass. Standard of scholarship insufficient for a pass, with weaknesses in many areas.</td>
<td>Very poor standard of presentation, lacking sufficient clarity, and a sufficiently logical progression, with many serious inaccruacies.</td>
<td>Little material of merit or relevance, revealing a lack of understanding of key issues or concepts. Fails to address most aspects of the task or question set. Work lacks any sustained argument(s).</td>
<td>The treatment is almost wholly descriptive. Contains little evidence of a critical or analytical engagement in the topic.</td>
<td>Draws on minimal range of sources. Rarely goes beyond paraphrasing bits of lecture notes or easily accessible web sources. No attempt to assess evidence. Examples are very rarely provided, those that are, being very poorly employed. Submission reflects a very limited level of engagement in study on a more general level.</td>
<td>Citation almost or entirely absent. Guidance largely ignored. Bibliography omitted or very poorly assembled. Awareness of mechanics of scholarship very weak.</td>
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<tr>
<td>Classification</td>
<td>Learning outcomes &amp; scholarship</td>
<td>Presentatio n</td>
<td>Argument &amp; understanding</td>
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<tr>
<td>10-19% Fail</td>
<td>Coursework is very weak in most areas.</td>
<td>The work submitted will have very limited relevance to any of the stated learning outcomes. Understanding of link between theory and practice is very weak. Standard of scholarship insufficient for a pass, with weaknesses in all areas.</td>
<td>Little evidence that any thought has been given to the standard of presentatio n. Many serious errors/inaccuracies.</td>
<td>No material of merit or relevance, revealing a complete lack of understanding of key issues or concepts. Fails to address all aspects of the task or question set. No attempt to construct argument(s).</td>
<td>The treatment is wholly descriptive. No evidence of a critical or analytical engagement in the topic.</td>
<td>Almost complete absence of evidence. Submission reflects a very limited level of engagement in study on a more general level.</td>
<td>Citations absent. Guidance entirely ignored. No bibliography that could merit description as such. Work shows no real attempt to apply the mechanics of scholarship.</td>
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<tr>
<td>0-9% Fail</td>
<td>Coursework is very weak in all areas.</td>
<td>Lacks any understanding of learning outcomes. No understanding of link between theory and practice and practice-related issues and/or standards. Standard of scholarship very poor throughout.</td>
<td>No evidence that any thought has been given to the standard of presentatio n.</td>
<td>No understanding is demonstrated. Arguments notable for their complete absence.</td>
<td>The treatment is wholly descriptive</td>
<td>Evidence absent Submission reflects a very limited level of engagement in study on a more general level.</td>
<td>Citation entirely absent. Bibliography omitted. Application of the mechanics of scholarship entirely absent.</td>
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## UEA SENATE SCALE: DISSERTATIONS AND PROJECTS (for graduate programmes)

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<tr>
<th>Classification</th>
<th>Learning outcomes/scholarship</th>
<th>Presentation</th>
<th>Argument &amp; understanding</th>
<th>Criticality &amp; analysis</th>
<th>Use of sources and evidence</th>
<th>Academic referencing</th>
<th>Written communication</th>
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<tbody>
<tr>
<td>90-100%</td>
<td>Learning outcomes are met to exemplary standard. Dissertation demonstrates an exemplary understanding of link between theory and practice and related issues/standards. Attains highest standards of scholarship that can reasonably be expected of a degree-level submission.</td>
<td>Exemplary presentation: clear, logical, imaginative, creative and original. Almost flawless.</td>
<td>Highly effective and sustained arguments, demonstrating a detailed and impressive level of understanding of the topic and associated issues/debates.</td>
<td>Work demonstrates an exemplary standard of critical analysis and/or originality and creativity. Exemplary in its use of ideas, concepts, theory. Limitations in the research or incomplete conclusions are recognised and explained. Exemplary level of self-reflection.</td>
<td>Exemplary use of case studies and evidence. Demonstrates impressive command of data or literature, drawing on a very broad range of material and/or examining the topic in considerable detail.</td>
<td>Exemplary in all respects. Outstanding bibliography.</td>
<td>Exemplary standard of written English. Use of subject-specific language is of the highest standard one can reasonably expect in a degree level submission. Vocabulary exemplary.</td>
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<td>Classification</td>
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<tr>
<td>80-89% High 1st</td>
<td>Learning outcomes have been met to a very high standard. Demonstrates a strong understanding of link between theory &amp; practice and practice-related issues and/or standards. Attains a very high level of scholarship, though potential improvements can be identified.</td>
<td>A very high standard of presentation: clear, logical and few errors.</td>
<td>Coherent and articulate arguments, demonstrating a very high level of understanding of the topic and associated issues/debates. Has addressed most or all aspects of the assignment to a very high standard.</td>
<td>Dissertation demonstrates a very high standard of critical analysis and/or originality and creativity. Employs ideas, concepts, and theory to good effect. Very high level of self-reflection.</td>
<td>Work demonstrates a very high command of data or literature, drawing on a broad range of material and/or examining the topic in some detail. Also demonstrates a high level of awareness of, and sensitivity to, the limits of evidence.</td>
<td>A very high standard of referencing throughout. Bibliography conforms to a very high standard.</td>
<td>A very high standard of written English. Vocabulary of a very high standard.</td>
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<td>Classification</td>
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<tr>
<td>70-79% 1st</td>
<td>Dissertation is strong in most areas.</td>
<td>A high standard of presentation: clear, logical and few errors. Errors present are mostly of a minor nature.</td>
<td>Coherent and articulate arguments, demonstrating a high level of understanding of the topic and associated issues/debates. Has addressed most or all aspects of the assignment to a high standard.</td>
<td>Work demonstrates a high standard of critical analysis and/or originality and creativity. Employs ideas, concepts, and theory to good effect. Limitations in the research or incomplete conclusions are mostly recognised and some attempt is made to explain them.</td>
<td>Work demonstrates a good command of data or literature, drawing on a broad range of material and/or examining the topic in some detail.</td>
<td>A high standard of referencing throughout. Bibliography conforms to a high standard, though there may be a number of small errors.</td>
<td>A high standard of written English is demonstrated. Text may reveal some limitations in use of a wide vocabulary.</td>
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<tr>
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<tr>
<td>60-69% 2(i)</td>
<td>Dissertation is 'good' in most areas and strong in some.</td>
<td>Most learning outcomes have been met to a good standard. Demonstrates a good understanding of link between theory and practice and practice-related issues and/or standards. Attains a good level of scholarship, but lacks sophistication of a 1st class piece.</td>
<td>Good standard of presentation: clear, mostly logical, though lacking the 'flair' of 1st class submission. Errors mostly of a minor nature, but some may be more substantive.</td>
<td>Dissertation contains evidence of insight. Though it may lack finesse, it is thorough, clear and shows an understanding of the subject context. Has addressed most or all aspects of the assignment.</td>
<td>Contains some good examples of critical analysis but limited originality/creativity in use of ideas, concepts, case studies etc. Although there may be some awareness of the limitations of research, awareness of reasons for these and their implications is variable.</td>
<td>The student draws on a good range of material but lacks the breadth of engagement with the secondary literature required to achieve a 1st class mark. Good use of evidence. Topics are mostly addressed but not always examined in sufficient detail.</td>
<td>A good standard of referencing, though some minor errors or inconsistencies may be present. Good bibliography, but lacking slightly in either breadth or depth.</td>
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<td>Classification</td>
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<tr>
<td>50-59%</td>
<td>Most learning outcomes have been met satisfactorily. Some have been met to a good standard. Demonstrates some understanding of link between theory and practice and practice-related issues/standards. Standard of scholarship likely to be undermined by poor linkage of issues/themes, poor use of evidence, unsubstantiated claims etc.</td>
<td>A satisfactory standard achieved: mostly clear, some evidence of logical progression. Some minor inaccuracies.</td>
<td>Arguments are presented but lack contextualisation. Competent work, with evidence of engagement in the relevant issues, but little flair and only occasional insight. Gaps in knowledge and understanding</td>
<td>Diligent execution. CoHSCientious and attentive to subject matter but balanced more towards a descriptive rather than a critical, analytical treatment. Awareness of the dissertation's limitations is demonstrated but at a basic level.</td>
<td>Satisfactory but relatively limited range of sources. Some assessment of evidence. Topics are mostly addressed but not always examined in sufficient detail. Some use of examples. Treatment of data or literature sound but underdeveloped.</td>
<td>Referencing satisfactory on the whole, though some inconsistencies or instances of poor/limited citation may be present. Satisfactory bibliography</td>
<td>A reasonable standard of written English, though a number of errors may be present. Vocabulary reveals a lack of development.</td>
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<tr>
<td>Classification</td>
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<td>40-49% 3rd</td>
<td>Most learning outcomes have been met to a satisfactory level. Understanding of link between theory and practice and practice-related issues/standards is barely adequate. Standard of scholarship undermined by poorly constructed ideas, arguments, use of evidence, partial response to the question etc.</td>
<td>Poor standard of presentation. Some errors &amp; inaccuracies may be of a more serious nature. Work has been rushed to completion.</td>
<td>Arguments employed are poorly evidenced and/or flawed. Work shows some understanding of topic and relevant knowledge, but its treatment is basic. Grasp of key concepts is weak</td>
<td>Narrow range of data and/or literature employed. Mostly limited to material provided in lectures/seminars. Little awareness of the dissertation’s limitations or the implications of conclusions/recommendations.</td>
<td>Limited, modest range of sources. Little attempt to assess evidence. Examples are provided but are poorly chosen or employed. Lacking in sophistication or finesse. Limited level of engagement.</td>
<td>Citations present, but referencing is poor. Little attempt to follow guidance. Bibliography barely adequate.</td>
<td>A barely satisfactory standard of written English; a number of serious errors present. Poorly structured and poor vocabulary and grammar. Vocabulary reveals major short-comings</td>
</tr>
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</table>

Marks awarded in the range below indicate that the candidate has failed to achieve the standards required for a pass mark. It is recommended that students receiving marks in this range should meet with their adviser or the marker to review the factors that may have influenced the mark and ways in which their performance might be enhanced in subsequent assessment.
<table>
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<tr>
<th>Classification</th>
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<tbody>
<tr>
<td>35-39% Marginal Fail Dissertation is barely ‘satisfactory’ in a few areas and weak in most others.</td>
<td>Learning outcomes not met to a satisfactory standard. Understanding of link between theory and practice is insufficient for a Pass. Standard of scholarship insufficient for a pass, with serious weaknesses in several areas.</td>
<td>Unsatisfactory standard, lacking sufficient clarity, structure. Many serious errors.</td>
<td>Contains some material of merit, but only a partial attempt to address the question. Fails to address research Qs fully. Few (and mostly unsuccessful) attempts to construct argument(s). Poor understanding of key issues or concepts.</td>
<td>The treatment is mostly descriptive. Whilst the work contains occasional evidence of criticality or analysis, it is too limited or partial or lacking in depth to justify a pass. Hardly any awareness of the dissertation’s limitations is demonstrated.</td>
<td>A very limited range of sources. No real attempt to assess evidence. Examples are occasionally provided but are poorly chosen or irrelevant. Entirely lacking in sophistication or finesse. Very limited level of engagement.</td>
<td>Citations present but very limited. Referencing is very poor. Bibliography is omitted, partial or poorly assembled. Guidance ignored.</td>
<td>Unsatisfactory standard of written English; too many serious errors present. Weaknesses undermine clarity of meaning. Weak vocabulary.</td>
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<tr>
<td>Classification</td>
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<tr>
<td>20-34% Fail</td>
<td>Dissertation is weak in most areas.</td>
<td>Learning outcomes have been met in a limited way. Understanding of link between theory and practice is very weak. Standard of scholarship insufficient for a pass, with serious weaknesses in most areas.</td>
<td>Very poor standard of presentation. Many serious inaccuracies, errors, and weaknesses in layout.</td>
<td>Little material of merit or relevance, revealing a paucity of understanding of key issues or concepts. Work lacks any sustained argument(s).</td>
<td>The treatment is almost wholly descriptive. Contains little evidence of a critical or analytical engagement in the topic. No awareness of the dissertation’s limitations.</td>
<td>Draws on minimal range of sources. Simply paraphrasing bits of lecture notes or easily accessible web sources. No attempt to assess evidence. Minimal engagement.</td>
<td>Citation almost or entirely absent. Guidance ignored. Bibliography omitted or very poorly assembled.</td>
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<tr>
<td>Classification</td>
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<td>10-19% Fail</td>
<td>Dissertation is very weak in most areas.</td>
<td>Little evidence that any thought has been given to presentation. Many serious errors/inaccuracies</td>
<td>No arguments present. No material of merit or relevance, revealing a complete lack of understanding of key issues or concepts.</td>
<td>The treatment is wholly descriptive. No evidence of a critical or analytical engagement in the topic. No awareness of the dissertation’s limitations.</td>
<td>Almost complete absence of evidence. Submission reflects a very limited level of engagement in study on a more general level.</td>
<td>Citation(s) largely absent. No awareness of good academic practice. Work shows no real attempt to apply the mechanics of scholarship.</td>
<td>A very poor standard of written English. Often incomprehensible. Hardly any evidence of engagement or discipline-specific vocabulary.</td>
</tr>
<tr>
<td>0-9% Fail</td>
<td>Dissertation is very weak in all areas.</td>
<td>No evidence that any thought has been given to presentation.</td>
<td>No understanding is demonstrated. Arguments notable for their complete absence.</td>
<td>The treatment is wholly descriptive. No awareness of the dissertation’s limitations.</td>
<td>Evidence absent Submission reflects a very limited level of engagement in study on a more general level.</td>
<td>Citation entirely absent. Application of the mechanics of scholarship entirely absent.</td>
<td>Incomprehensible. No attempt to compose proper sentences or paragraphs.</td>
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## UEA SENATE SCALE: ORAL PRESENTATIONS

<table>
<thead>
<tr>
<th>Classification</th>
<th>Learning outcomes</th>
<th>Presentation</th>
<th>Projection, language and spoken English</th>
<th>Argument &amp; understanding</th>
<th>Organisation &amp; structure</th>
<th>Criticality &amp; analysis</th>
<th>Use of sources and evidence</th>
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<tbody>
<tr>
<td>90-100% Exemplary 1st</td>
<td>Exemplary outcomes met to an exemplary standard. Demonstrates an exemplary understanding of link between theory and practice.</td>
<td>Exemplary: clear, logical, imaginative, creative and original. Almost flawless. Very high level of choreography. Almost flawless in delivery. Encouraged group participation and discussion (if appropriate) and responded to questions with considerable flair and authority. Exemplary use of visual aids (if appropriate). Time management exemplary.</td>
<td>Exemplary standard of spoken English and diverse vocabulary. Exemplary use of discipline-specific terminology and professional language. Exemplary voice projection/eye contact/body language.</td>
<td>Highly effective arguments; deeply impressive level of understanding. Key points are rigorously argued and convincingly presented, with exemplary use of supporting evidence.</td>
<td>Exemplary structure with clear, logical progression. Organisation exemplary. Presentation has razor-sharp focus and sense of purpose.</td>
<td>Demonstrate s exemplary standard of criticality. Exemplary in its analysis of ideas, concepts &amp; theory. Where appropriate, the latter are applied in a sophisticated manner.</td>
<td>Exemplary use of case studies/evidence. Impressive command of data/literature. Draws on very broad range of material. Examines the topic in considerable detail. Exemplary academic underpinnings.</td>
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<tr>
<td>Classification</td>
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<tr>
<td>80-89% High 1st</td>
<td>Learning outcomes met to a very high standard. Demonstrates a very strong understanding of link between theory and practice and practice-related issues and/or standards.</td>
<td>A very high standard achieved: clear, logical, few errors. The delivery - whilst not exemplary - is lively, with excellent use of visual aids (if appropriate) and some evidence of practice and choreography. Encouraged group participation and discussion (if appropriate) and responded well to questions. Very good use of visual aids. Time management very good.</td>
<td>A very high standard of spoken English. Very good breadth of vocabulary. Very good use of discipline-specific terminology and professional language. Good voice projection and eye contact/use of body language.</td>
<td>Coherent and effective argument(s) are presented. Demonstrates a very high level of understanding of the topic and associated issues/debates.</td>
<td>Structure clear and well-suited to topic. Whilst not entirely without flaws, there is evidence of careful planning and attention to detail. Logical progression.</td>
<td>Work demonstrates a very high standard of critical analysis and/or originality and creativity. Employs ideas, concepts, theory to very good effect.</td>
<td>Work demonstrates an excellent command of data or literature, drawing on a broad range of material and/or examining the topic in some detail. Sound academic underpinnings.</td>
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<tr>
<td>Classification</td>
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<tr>
<td>70-79% 1st</td>
<td>Learning outcomes fully met to a high standard. Demonstrates a strong understanding of link between theory and practice and practice-related issues and/or standards.</td>
<td>A high standard achieved: clear, logical, few errors. The delivery - whilst not exemplary - is lively, with good use of visual aids (if appropriate) and some evidence of practice and choreography. Encouraged group participation (if appropriate), Responses to questions are sound, but could be more incisive. Good use of visual aids. Time management good, but use of time could have been improved upon.</td>
<td>A high standard of spoken English. Good breadth of vocabulary. Good use of discipline-specific terminology and professional language. Good voice projection and eye contact/use of body language.</td>
<td>Coherent and effective argument(s) are presented, but some scope for improvement. Demonstrates a high level of understanding of the topic and associated issues/debates.</td>
<td>Structure clear and well-suited to topic. Whilst there is evidence of careful planning and attention to detail, there is some scope for refinement. Logical progression.</td>
<td>Work demonstrates a high standard of critical analysis and/or originality and creativity. Employs ideas, concepts, theory to good effect, though there is some scope for improvement.</td>
<td>Work demonstrates a good command of data or literature, drawing on a broad range of material and/or examining the topic in some detail. Some minor gaps may be identifiable, but no major omissions.</td>
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<td>60-69% Pass 2(i)</td>
<td>Learning outcomes have been met to a good standard. Demonstrates a good understanding of link between theory and practice and practice-related issues and/or standards.</td>
<td>A good standard of presentation: clear, mostly logical, and errors are mostly minor. Whilst lacking some finesse, the presentation is clear and lively. Makes appropriate use of visual aids (if appropriate). Time management good. Makes some attempt to engage the audience and responds well to questions.</td>
<td>A good standard of spoken English and vocabulary. Good use of disciplinary terminology and professional language. Voice projection and eye contact/body language are better than average, though some room for improvement.</td>
<td>Most points are illustrated with relevant examples, though they may not always contribute convincingly to the argument(s) made. Evidence of insight and an understanding of the subject context.</td>
<td>Structure generally clear and there is logical progression. Whilst the presentation shows evidence of care in its planning, needs more careful 'honing', and clearer focus.</td>
<td>The work contains some good examples of critical analysis and but limited originality and creativity in use of ideas, concepts, case studies etc.</td>
<td>Draws on good range of material but lacks the breadth of engagement with the secondary literature required to achieve 1st class mark. Good use of evidence. Issues mostly addressed but not always examined in sufficient detail.</td>
</tr>
<tr>
<td>Classification</td>
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<tr>
<td>50-59% Pass 2(ii)</td>
<td>Learning outcomes have been met satisfactorily. Some have been met to a good standard. Demonstrates some understanding of link between theory and practice and practice-related issues and/or standards.</td>
<td>A satisfactory standard achieved: mostly clear, some evidence of logical progression. Competent but lacks dynamism or creativity/imagination; rather ‘stagey’ in its delivery. More or less to time, though some parts may have been slightly rushed Makes some attempt to engage the audience, though responses to questions of limited sophistication or authoritativeness.</td>
<td>Satisfactory standard of spoken English &amp; vocabulary. Some discipline-specific terminology and professional language are used, mostly accurately. Voice projection/eye contact/body language are satisfactory.</td>
<td>Competent work, with evidence of engagement in the relevant issues, but little flair and only occasional insight. Gaps in understanding and knowledge; may not have addressed all aspects of the assignment.</td>
<td>Generally accurate and relevant but some gaps and or irrelevant material. Not always clear or logical.</td>
<td>CoHSCientious work and attentive to subject matter and/or task set, but balanced more towards a descriptive rather than a critical, analytical treatment. Some illustrative material, but not consistently critically evaluated.</td>
<td>Relatively limited range of sources. Some assessment of evidence. Topics are mostly addressed but not always examined in detail. Some use of examples. Treatment of data or literature is basically sound but narrow.</td>
</tr>
<tr>
<td>Classification</td>
<td>Learning outcomes</td>
<td>Presentation</td>
<td>Projection, language and spoken English</td>
<td>Argument &amp; understanding</td>
<td>Organisation &amp; structure</td>
<td>Criticality &amp; analysis</td>
<td>Use of sources and evidence</td>
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<tr>
<td>40-49% Pass 3rd</td>
<td>Most learning outcomes have been met to a satisfactory level. Understanding of link between theory and practice and practice-related issues and/or standards is barely adequate.</td>
<td>Barely satisfactory standard of presentation. Some errors of more serious nature. Not always easy to follow. Unimaginative and un-engaging. Lacks dynamism or flair – conveys meaning, but is sometimes unclear, muddled or clumsy. Uncomfortable responding to questions and little attempt at engaging audience. Poor time management: slightly under/over time.</td>
<td>Standard of spoken English and vocabulary is only just adequate for a pass. Use of discipline-specific terminology and professional language lacks precision and may be flawed. Use of voice projection and eye contact/use of body language are poor - considerable scope for improvement.</td>
<td>Work shows some understanding of the topic and some relevant knowledge, but its treatment is very basic, unimaginative, and superficial and the student’s grasp of key concepts is quite weak. Arguments employed are poorly evidenced and/or contain flaws.</td>
<td>Material fairly disorganised with poor sense of ‘mission’ or key points the student wished to convey.</td>
<td>Narrow range of data and/or literature employed. A fairly superficial level of interpretation and generally derivative and lacking criticality in its use of evidence and/or sources.</td>
<td>Draws on a narrow range of sources. Mostly limited to material in lectures/seminars. Little attempt to assess evidence. Examples are provided but are poorly chosen/employed. Limited level of engagement in wider reading.</td>
</tr>
</tbody>
</table>

Marks awarded in the range below indicate that the candidate has failed to achieve the standards required for a pass mark. It is recommended that students receiving marks in this range should meet with their advisor or the marker to review the factors that may have influenced the mark and ways in which their performance might be enhanced in subsequent assessments.
<table>
<thead>
<tr>
<th>Classification</th>
<th>Learning outcomes</th>
<th>Presentation</th>
<th>Projection, language and spoken English</th>
<th>Argument &amp; understanding</th>
<th>Organisatio &amp; structure</th>
<th>Criticality &amp; analysis</th>
<th>Use of sources and evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-39% Marginal Fail</td>
<td>Insufficient demonstration of learning outcomes to justify a pass grade. Understanding of link between theory and practice and practice-related issues and/or standards is not sufficient for a pass.</td>
<td>Unsatisfactory standard: lacks clarity, and logical progression, with serious errors/inaccuracies. Delivery is clumsy, or muddled or even incomprehensible. Unimaginative and un-engaging. Very little evidence of 'practise' prior to delivery. Fails to respond adequately to questions. No attempt to engage audience. Poor time management, - significantly under/over time.</td>
<td>Standard of spoken English and vocabulary falls below the standard required for a pass. Use of discipline-specific terminology and professional language is inaccurate Voice projection and use of body language are poor.</td>
<td>Contains some material of merit, but only a partial attempt to address question/topic. Few attempts to construct argument(s). Poor understanding of key issues or concepts.</td>
<td>Structurally weak, muddled, lacking incoherence. Little sense of focus or sense of 'mission'.</td>
<td>The treatment is mostly descriptive. Whilst the work contains some evidence of criticality or analysis, it is too limited or partial or lacking in depth to justify a pass.</td>
<td>Draws on very limited range of sources. No real attempt to assess evidence. Examples occasionally provided but poorly chosen/employed. Very limited engagement in wider reading and little understanding of how to select and use evidence.</td>
</tr>
<tr>
<td>Classification</td>
<td>Learning outcomes</td>
<td>Presentation</td>
<td>Projection, language and spoken English</td>
<td>Argument &amp; understanding</td>
<td>Organisatio &amp; structure</td>
<td>Criticality &amp; analysis</td>
<td>Use of sources and evidence</td>
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</tr>
<tr>
<td>20-34% Fail</td>
<td>One or two learning outcomes have been met in a limited way. Understanding of link between theory and practice and practice-related issues and/or standards is considerably below that required for a pass.</td>
<td>Very poor standard of presentation, lacking sufficient clarity, and a sufficiently logical progression, with many serious inaccuracies. Little awareness is demonstrated of the 'purpose' of the oral presentation and the techniques required in delivering it.</td>
<td>Standard of spoken English and vocabulary is very poor. Use of discipline-specific terminology and professional language is inaccurate No awareness of voice projection and body language.</td>
<td>Little material of merit or relevance, revealing a paucity of understanding of key issues or concepts. Fails to address most aspects of the task or question set. Work lacks any sustained argument(s).</td>
<td>Disorganised and incoherent. No obvious or apparent focus or sense of 'mission'.</td>
<td>The treatment is almost wholly descriptive. Contains little evidence of a critical or analytical engagement in the topic.</td>
<td>Draws on minimal range of sources. Rarely goes beyond paraphrasing bits of lecture notes etc. No attempt to assess evidence. Examples rarely provided &amp; very poorly employed. Submission reflects a very limited engagement in study.</td>
</tr>
<tr>
<td>Classification</td>
<td>Learning outcomes</td>
<td>Presentation</td>
<td>Projection, language and spoken English</td>
<td>Argument &amp; understanding</td>
<td>Organisatio n &amp; structure</td>
<td>Criticality &amp; analysis</td>
<td>Use of sources and evidence</td>
</tr>
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</tr>
<tr>
<td>10-19% Fail</td>
<td>The work submitted will have very limited relevance to any of the stated learning outcomes. Understanding of link between theory and practice is very weak.</td>
<td>Little evidence of care or serious thought being given to the standard of presentation. Many serious errors/inaccuracies.</td>
<td>Spoken English and vocabulary cause for major concern: may require remedial intervention. Use of discipline-specific terms and professional language suggests major deficiencies in reading/knowledge.</td>
<td>No material of merit or relevance, revealing a complete lack of understanding of key issues or concepts. Fails to address all aspects of the task or question set. No attempt to construct argument(s).</td>
<td>Totally disorganised and incoherent. No obvious or apparent focus or sense of 'mission'.</td>
<td>The treatment is wholly descriptive. No evidence of a critical or analytical engagement in the topic.</td>
<td>Almost complete absence of evidence. Submission reflects a very limited level of engagement in study on a more general level.</td>
</tr>
<tr>
<td>0-9% Fail</td>
<td>Lacks any understanding of learning outcomes. No understanding of link between theory and practice and practice-related issues and/or standards.</td>
<td>Very poor standard of presentation which has not been informed, in any meaningful way, by any of the guidance provided.</td>
<td>Standard of spoken English totally inadequate for an oral exercise at degree level. Remedial intervention essential. Hardly any knowledge demonstrated.</td>
<td>Understanding and/or arguments either entirely absent or barely discernible.</td>
<td>Difficult to discern any organisation or structure.</td>
<td>The treatment is wholly descriptive</td>
<td>Evidence absent Submission reflects a very limited level of engagement in study on a more general level.</td>
</tr>
</tbody>
</table>
## APPENDIX 6 – HSC guidelines for Assessment advice

### School of Health Sciences - Guidelines for Assessment Advice

<table>
<thead>
<tr>
<th>Year one</th>
<th><strong>Pre Registration Nursing and Midwifery Programmes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory meeting</td>
<td>PA &amp; Student</td>
</tr>
<tr>
<td>1st formative work</td>
<td>PA &amp; Student</td>
</tr>
<tr>
<td>Need for DoS support?</td>
<td>PA</td>
</tr>
<tr>
<td>Assignment prep meeting &amp; Review of 1 draft</td>
<td>PA &amp; Student</td>
</tr>
<tr>
<td>Progression interview</td>
<td>PA &amp; Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year two</th>
<th><strong>Assignment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment prep meeting &amp; Review of 1 plan</td>
<td>PA &amp; Student</td>
</tr>
<tr>
<td>Progression interview</td>
<td>PA &amp; Student</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year three</th>
<th><strong>Assignment Semester 6</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dissertation</td>
<td>PA &amp; Student</td>
</tr>
<tr>
<td>End of year and exit interview</td>
<td>PA &amp; Student</td>
</tr>
</tbody>
</table>

| Throughout programme | Module Organisers | Timetabled introduction to assessment requirements at start of each module. Review results & assessment guidelines of each module for accuracy & clarity. |
Students with identified learning needs will continue to have individualised action plans. Reviewed November 2013  
Approved TC 16.04.14  

<table>
<thead>
<tr>
<th>All undergraduate programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>In all cases of referred assignments the following guidelines apply:</td>
</tr>
</tbody>
</table>

| 2500-3000 assignment | • Meet to discuss reasons for fail and review markers comments  
| • Set up learning/remedial plan  
<table>
<thead>
<tr>
<th>• Review one draft and provide feedback</th>
</tr>
</thead>
</table>
| Dissertation | Use up to three hours of PA time to:  
| • Discuss reasons for fail and review markers comments  
| • Set up learning/remedial plan  
| • Review problematic sections highlighted by the student and provide feedback |
| Examination | • Meet to discuss reasons for fail and review markers comments  
| • Set up learning/remedial plan  
| • Offer one progress meeting half way to re-examination date |
| Portfolio | Use up to one hour of PA time to:  
| • Discuss reasons for fail and review markers comments  
| • Set up learning/remedial plan  
| • Review problematic sections highlighted by the student and provide feedback |

Reviewed November 2013  
Approved TC 16.04.14  

The School of Nursing Sciences Academic Adviser Model should be utilised in conjunction with UEA Academic Advising Model which includes:  
• UEA (2012) Academic Advising: undergraduate & taught postgraduate policy  
• UEA (2012) Academic Advising: role descriptions  
• UEA (2012) Academic Advising: information for students  

All of these guidelines are to be reviewed annually in July, ready to be included in student handbooks for September.  

Dianne Steele  
Michael Pfeil
## APPENDIX 7 - SUMMARY OF ACCUMULATED CREDIT AND AWARDS

### Year One

<table>
<thead>
<tr>
<th>MODULE TITLE</th>
<th>MODULE CREDITS</th>
<th>ACCUMULATED CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations for Practice</td>
<td>60 credits at Certificate Level</td>
<td>60 credits at Certificate Level</td>
</tr>
<tr>
<td>Promoting Healthy Lifestyles</td>
<td>60 credits at Certificate Level</td>
<td>120 credits at Certificate Level</td>
</tr>
</tbody>
</table>

By end of Year One, you will have accrued 120 credits at Certificate level or an exit qualification of a Certificate of Higher Education.

### Year Two

<table>
<thead>
<tr>
<th>MODULE TITLE</th>
<th>MODULE CREDITS</th>
<th>ACCUMULATED CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Social Complexities</td>
<td>60 credits at Diploma Level</td>
<td>120 credits at Certificate Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60 credits at Diploma Level</td>
</tr>
<tr>
<td>Complex Childbearing</td>
<td>60 credits at Diploma Level</td>
<td>120 credits at Certificate Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>120 credits at Diploma Level</td>
</tr>
</tbody>
</table>

By end of Year Two, you will have accrued 120 credits at Certificate Level and 120 credits at Diploma Level or an exit qualification of a Diploma of Higher Education.
### Year Three

<table>
<thead>
<tr>
<th>MODULE TITLE</th>
<th>MODULE CREDITS</th>
<th>ACCUMULATED CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership, Innovation and care Quality</td>
<td>60 credits at Degree Level</td>
<td>120 credits at Certificate Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>120 credits at Diploma Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60 credits at Degree Level</td>
</tr>
<tr>
<td>Becoming a Competent Practitioner</td>
<td>60 credits at Degree Level</td>
<td>120 credits at Certificate Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>120 credits at Diploma Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>120 credits at Degree Level</td>
</tr>
</tbody>
</table>

By end of Year Three, you will have accrued 120 credits at Certificate Level, 120 credits at Diploma Level, 120 credits at Degree Level, and when all course requirements are completed an exit qualification of a BSc (Hons) in Midwifery and will be eligible to apply to the NMC for entry to the Professional Register.
<table>
<thead>
<tr>
<th>Link Lecturer</th>
<th>Placement Area and Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dianne Steele</strong></td>
<td>JPUH placements</td>
</tr>
<tr>
<td></td>
<td>Community Midwifery Teams (North and South)</td>
</tr>
<tr>
<td><strong>Kirsty Tweedie</strong></td>
<td>Central Delivery Suite, Dolphin Suite, AN//PN Wd 11, Antenatal services</td>
</tr>
<tr>
<td><strong>Karen Bates</strong></td>
<td>QEH Placements</td>
</tr>
<tr>
<td></td>
<td>Yellow Community Team - Swaffham and Downham Market</td>
</tr>
<tr>
<td></td>
<td>Blue Community Team - Wisbech</td>
</tr>
<tr>
<td></td>
<td>Central Delivery Suite</td>
</tr>
<tr>
<td><strong>Helen Meehan</strong></td>
<td>QEH Placements</td>
</tr>
<tr>
<td></td>
<td>Red Community Team - Hunstanton and Kings Lynn</td>
</tr>
<tr>
<td></td>
<td>Green Community Team - Wisbech and Kings Lynn</td>
</tr>
<tr>
<td></td>
<td>Castleacre Ward with Antenatal services and NNU</td>
</tr>
<tr>
<td><strong>Nicky Hadlett</strong></td>
<td>NNUH Community Midwifery Teams and Hospital Placements</td>
</tr>
<tr>
<td></td>
<td>Marriott Community Team</td>
</tr>
<tr>
<td></td>
<td>Walsingham Community Team</td>
</tr>
<tr>
<td></td>
<td>Peddars Community Team</td>
</tr>
<tr>
<td><strong>Deborah Caine</strong></td>
<td>Riverside Community Team</td>
</tr>
<tr>
<td></td>
<td>Castle Community Team</td>
</tr>
<tr>
<td><strong>Kenda Crozier</strong></td>
<td>Wensum Community Team</td>
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<tr>
<td></td>
<td>Broadland Community Team</td>
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<tr>
<td></td>
<td>MLBU</td>
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<tr>
<td></td>
<td>Neonatal Unit NNUH</td>
</tr>
<tr>
<td><strong>Anna Harris</strong></td>
<td>Breckland Community Team</td>
</tr>
<tr>
<td></td>
<td>Waveney Community Team</td>
</tr>
<tr>
<td></td>
<td>Support to NNUH Delivery Suite</td>
</tr>
<tr>
<td><strong>Nicki Young</strong></td>
<td>NNUH AN/PN Placements</td>
</tr>
<tr>
<td></td>
<td>Blakeney Ward, Cley antenatal ward and AN Services</td>
</tr>
<tr>
<td><strong>Jayne Needham + Anna Harris</strong></td>
<td>NNUH Intrapartum Placements</td>
</tr>
<tr>
<td></td>
<td>Delivery Suite</td>
</tr>
<tr>
<td><strong>Kenda Crozier</strong></td>
<td>MLBU</td>
</tr>
</tbody>
</table>