Theory and Practice Assessment Guidance for Students and Mentors

BSc (Hons) Midwifery
(Shortened)
1. Explanation of the document

How to use this document

Within this document you will find all the guidance specific to your summative practice and theory assessments. These are the assessments that you are required to pass in order to receive the academic credit and professional award for your programme upon its successful completion. Formative assessments help you develop your preparation for summative assessment and enable you to evaluate your progress towards these requirements.

This document is also available for your Mentors to access. It is displayed on the Practice Educators and Mentors website https://www.uea.ac.uk/foh/mpe under the midwifery specific section.

The theory assessment guidelines contain the essential requirements you need to address in your summative assessment. There are summative assessments of theory and practice for each module of your programme.

It is important that you consider and use this document along with the following handbooks;

- Programme Handbook – this contains all the essential guidance you need in order to understand the requirements and nature of your student journey. It contains information which is essential to help you manage practice allocations and programme requirements as well as important information to ensure you get the most from your experience as a student midwife; helping you maximise all learning opportunities to enable you to provide the highest standard of care to women and their families. This handbook also contains all the guidance which is essential and helpful to all students in the School of Health Sciences undertaking programmes leading to a nursing, midwifery or operating department professional qualification and academic award
- University 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

Theory assessments for Modules 1-3 are set out in this document. They are marked according to the UEA Senate Scales, which are included in Appendix 1.

You will be provided with a programme assessment schedule during the start of your programme. This will indicate when the summative assessments must be handed in.

Your programme provides you with formative assessments to assist your preparation and understanding of assessment and to help you evaluate your progress on an individual basis in relation to the summative assessments. They prepare you in relevant assessment activities which are later used to formally assess your progress.
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2.1 Table 1 Formative assessment schedule for the programme

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<th>Module</th>
<th>Formative Assessment</th>
<th>Summative Assessment</th>
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| Normality and Public Health   | - Group presentations on AN advice for maternal and fetal health.  
- Mock exam questions – self/peer review with Module Organiser Personal Advisor  
- Student reflection – feedback on placement learning on role and practice  
- Student presentations – How the Public Health role of the midwife influences practice and the health of women & their families  
- Safe Medicate online self-assessment activities  
- Formative interviews in placement, supported with frequent review meetings with placement mentor and students reflective portfolio work, as tripartite model  
- Service users formative feedback sheets in Community  
- Support for referencing through the Student Support Services academic guidance at:  
  - [https://portal.uea.ac.uk/library/information-skills/resources](https://portal.uea.ac.uk/library/information-skills/resources)  
|                               | 2.5 hr examination                                                                                                                                                                                                  |                      |
| Professional Practice I       | - Throughout the placement                                                                                                                                                                                          |                      |
| Complex Care                  | - Group presentations on cases: the determinants of health and outcomes for mother and baby.  
- Critical reflection of placement learning within Module timetable.  
- Drills and skills workshops for midwifery management of child bearing emergencies.  
- Formative interviews in placement, supported with frequent review meetings and students reflective portfolio work, as tripartite model.  
- Service user formative feedback sheets from Antenatal services, postnatal services and Central Delivery Suite  
<p>|                               | 3000 word assignment on the care and management of a woman with complex care requirements.                                                                                                                   |                      |</p>
<table>
<thead>
<tr>
<th>Professional Practice II</th>
<th>- As the student is introduced to new and more complex areas of practice the level of assessment in practice remains the same as PPI.</th>
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</table>
| Holistic Practice        | - Mock interviews for midwifery posts  
- Completion of application form and interviews  
- Scenario based management of clinical events  
- Presentations of Case reflections on leading care for normal birth  
- Professional Debate Series  
- Formative interviews in placement, supported with frequent review meetings and students reflective portfolio work, as tripartite model.  
- Service user formative feedback sheets on Labour Ward and in Community. |
| Professional Practice III| - Throughout placement  
- Practice learning outcomes  
- Portfolio requirements as indicated in the Theory and Practice Assessment Guidance Document to secure a pass  
- Pass in the Interpersonal Attributes. |
|                          | - Critical Case Review (3000 words)  
- Oral examination (40 minutes)  
- Midwifery management of childbearing emergency |
|                          | - Practice learning outcomes  
- Portfolio requirements as indicated in the Theory and Practice Assessment Guidance Document to secure a pass  
- Pass in the Interpersonal Attributes  
- Pass in medicine calculation assessment for medicine management for NMC Skills Clusters in accordance with the Pre-registration Midwifery Education Standards (NMC 2009). |
<table>
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<th>Module</th>
<th>Assessment task</th>
<th>Allocation of academic credit</th>
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| **Normality and Public Health** | 2.5 hour Written examination  
Section 1 – seen - Core knowledge and application to normal practice  
Section 2 – unseen – short answer questions  
Section 3 unseen - drug and clinical calculations for normal midwifery (EX) | ½                             |
| **Professional Practice I**   | Practice learning outcomes for labour ward and community placements.  
Assessment of Interpersonal attributes  
Portfolio requirements  
All components of practice must be passed (AP) | ½                             |
| **Complex Care**              | 3000 word  
Complex Midwifery care study (CW) | ½                             |
| **Professional Practice II**  | Practice learning outcomes for labour ward, neonatal care, antenatal and postnatal services, placements.  
Assessment of Interpersonal Attributes  
Portfolio requirements  
All components of practice must be passed (AP) | ½                             |
| **Holistic Practice**         | 3000 word  
Critical case review - midwifery led care/normal childbearing (CW)  
Unseen oral examination for the midwifery management of childbearing emergencies including relevant drug therapies (EX) | ½                             |
| **Professional Practice III** | Practice learning outcomes for labour ward and community placements.  
Assessment of Interpersonal Attributes  
Portfolio requirements  
All components of practice must be passed (AP) | ½                             |
Assessment of theory guidelines for modules

SUMMATIVE ASSESSMENT GUIDELINES

School of Health Sciences
84 Week Pre-registration BSc Midwifery

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<tr>
<th>Normality and Public Health</th>
<th>Seen and Unseen Examination</th>
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This module develops the students’ knowledge and skills to care for women during pregnancy, labour, birth and the puerperium and care of the neonate. The examination will comprise 3 sections:

Section 1 - Seen written examination – 1 hour
Knowledge and its application to the practice of normality in midwifery practice.

Section 2 – Unseen written examination – 1 hour
Short answer questions.

Section 3 – Unseen written examination – 30 minutes
Numerical questions related to midwifery practice

The examination will take place according to the cohort assessment schedule.

The examination is worth 20 credits at Level 6.

Section 1 – the student will be given 1 question in relation to the practice of normality in midwifery practice in relation to the mother and/or neonate. The question will be given four weeks prior to the examination being undertaken.

A good answer will:
1. Demonstrate sound knowledge of applied anatomy and physiology to midwifery practice in, as appropriate to the question:
   - Normal Antenatal Care
   - Normal Intrapartum Care
   - Normal Postnatal Care
   - Normal Neonatal Care.

2. Critically analyse the evidence base for midwifery practice.
3. Critically evaluate the role of midwifery practice.
4. Critically examine the statutory requirements governing midwifery practice.

To pass, the student must achieve a minimum of 40% in Section 1.
Section 2 – the student is required to answer 3 out of 5 short answer questions on the knowledge and its application to normal midwifery practice and public health.

A good answer will:

1. Describe a public health model relevant to childbearing women
2. Demonstrate knowledge of the issue relevant to midwifery practice
3. Describe and comment upon roles the midwife undertakes in clinical practice.

To pass, the student must achieve a minimum of 40% in Section 2.

Section 3 – the student is required to answer 10 numerical questions related to midwifery practice. Where required they must show calculations. Calculators will be provided. The student must answer correctly at least 8 out of 10 questions.

A good answer will:

1. Apply and demonstrate mathematical calculations to scenarios relating to midwifery practice
2. Demonstrate numerical skills required for safe midwifery practice.

To pass, the student must achieve a minimum of 80% in Section 3

To achieve an overall pass the student must be successful in all 3 sections of the paper. If the student fails, they are only required to repeat the failed section.

Each question will have a designated answer guide and is required to demonstrate the learning outcomes detailed in the marking criteria above.

Module learning outcomes assessed by this examination:

A. Expectations of the Midwife as a Professional

The student will:

1. Demonstrate an in depth understanding of the theoretical role of the midwife as part of the wider social institution of medicine and health
2. Outline the aspects of midwifery education and practice which are governed by the NMC Code (2015) and discuss implications of these rules for the midwife and the public
3. Consider the role of voluntary agencies and other support groups within a maternity context.

B. The Application of Practice in Midwifery

The student will:

1. Examine the physiological changes of pregnancy, labour and the puerperium and their effects upon the childbearing woman
2. Demonstrates understanding of the role of the midwife in assessing, planning and giving care to the woman and neonate during the childbearing period
3. Analyse the physiological changes that take place at birth in the neonate
4. Demonstrate an understanding of the various screening tests available to pregnant women and their babies and their implications
5. Demonstrate an appreciation of different approaches to the delivery of maternity care
6. Identify opportunities for health promotion by the midwife whilst caring for childbearing women and their families
7. Demonstrate an understanding of the tests and examinations necessary to monitor and promote health and well-being of child bearing women, the fetus and the neonate
8. Articulate the relationship between health education, health promotion and public health in day to day midwifery practice understanding the implications in terms of provision of care within the maternity service
9. Analyse the public health role of the midwife with particular reference to sexual health, pre conception, family planning, and neonatal care
10. Demonstrate understanding of and explain the physiology of the three stages of labour and relate this to management of labour.

C. Subject knowledge, understanding and associated skills that underpin the education and training of midwives

The student will:

1. Apply his/her knowledge of the anatomy and physiology of fertility and conception to the midwife’s role from preconception through antenatal, intrapartum and post natal care
2. Demonstrate knowledge and understanding of the development of the embryo and fetus, critically evaluate the factors which can adversely affect this process and the importance of health promotion in relation to neonatal outcomes
3. Identify the needs of the neonate and discuss ways in which the midwife can educate and support the parents to ensure that these can be met which includes infant feeding and UNICEF Baby Friendly Initiatives
4. Evaluate current research in relation to psychosocial responses to childbearing.
Assignment Title: The analysis of complex clinical care

You are required to select a complication or a medical disorder which will result in the woman requiring complex clinical care. You need to critically analyse the care and management necessary in relation to the complication/the medical disorder. This is not a case study, so a specific woman does not have to be identified.

Please do not choose the subjects below;
Breech
Shoulder dystocia
Postpartum haemorrhage
Antepartum haemorrhage
Multiple births
Pre-eclampsia
Neonatal resuscitation.

The assignment will take place according to the cohort assessment schedule.

The assignment is worth 20 credits at Level 6.

Marking criteria
A good answer will:
1. Examine and critically discuss the anatomical, physiological and psychosocial factors which occur as a result of the complication/medical disorder
2. Critically analyse the necessary care and management, including partnership working between the midwife and other members of the multi-disciplinary team
3. Examine and critically discuss how complex health factors may have an adverse effect on maternal, fetal and neonatal outcomes
4. Evaluate the evidence base which underpins care management and care delivery and the influence this evidence will have on your future practice.

To pass, the student must achieve a minimum of 40%.

Depending on the subject chosen the following module learning outcomes MAY be assessed by this assessment:
A. Expectations of the Midwife as a Professional

The student will:
1. Analyse the roles and expertise of the multi professional team when caring for mothers and babies with complex health needs
2. Reflect on the effectiveness of personal and professional judgement to achieve the best possible outcomes for mother and baby
3. Demonstrate balanced judgements about empirical and practice evidence from research used in the qualitative paradigm and be able to apply this evidence within midwifery and women’s health research
4. Demonstrate self-awareness and self-direction in reflective techniques in order to continually develop practice.

B. The Application of Practice in Midwifery

The student will:
1. Demonstrate a detailed knowledge base of the recognition of ill health in the childbearing woman, and the necessary actions regarding referral and immediate management to prevent further deterioration
2. Formulate and evaluate plans of care to manage ill health either in the mother or baby taking into account the specialist input from the multidisciplinary team
3. Analyse and evaluate the necessary care and management when complications arise during pregnancy, the intra-partum and the postnatal period
4. Analyse the midwifery dimension of care within the multi professional team when health and complications arise during childbirth.

C. Subject knowledge, understanding and associated skills that underpin the education and training of midwives

The student will:
1. Using a woman centred approach to care, demonstrate a detailed knowledge base of the needs of different client groups, which respects and promotes rights, interests, beliefs and cultural diversity where childbearing is complex
2. Demonstrate a detailed knowledge base of the most common medical conditions that may affect the mother and baby during pregnancy and childbirth and formulate plans of care and management
3. Demonstrate a detailed knowledge base of the complications that arise during pregnancy, intra-partum, and the postnatal period and formulate plans of care and management
4. Demonstrate a detailed understanding of the knowledge and skills necessary to monitor progress and provide care throughout pregnancy, birth and the puerperium
5. Examine the reasons a baby may need admission to Transitional, Special or Intensive care and is able to discuss the role of the midwife in the care of these babies and their families
6. Analyse the factors that cause ill health in the neonate and formulate plans of care and management
7. Discuss the knowledge and psychomotor skills the midwife requires in relation to neonatal resuscitation
8. In complex clinical situations demonstrate a detailed understanding of the process of clinical decision-making and justify the decisions made
9. Demonstrate skills of appraisal in relation to studies using a qualitative approach and to pose possible areas for research.
The assignment will be submitted according to the cohort assessment schedule.

The assignment will be worth 20 credits at Level 6.

The word count will be 3000 words.

**Summative Assessment**

This module is designed to build upon the practical and theoretical knowledge already obtained by the student. This part of the assessment will require the student to critically review their ability to plan, manage and evaluate midwifery care they provide for a woman during her labour and birth including aspects of care which promote normality.

The student should select a woman whose labour and birth is anticipated to be normal. Where a labour and birth deviates the focus must be around the promotional of normality and not the deviation per se.

**Marking Criteria**

The student will be required to:

1. Critically discuss the care planned for the woman during her labour justifying best practice
2. Critically review and justify how the labour and birth was managed whilst acknowledging best practice
3. Discuss how the labour and birth for the woman was evaluated and how this information can inform your midwifery practice in the future
4. Summarise how the midwife utilised midwifery skills to promote normality in childbirth.
UNIVERSITY OF EAST ANGLIA
SCHOOL OF HEALTH SCIENCES
Faculty of Medicines & Health Sciences
BSc(Hons)Midwifery shortened

VERBAL SUMMATIVE ASSESSMENT  NSC W305Y

EXEMPLAR
Format: Individual verbal examination. The student will be required to discuss one midwifery managed childbearing emergency scenario drawn from one listed below.
Assessors: Two

Guidelines
1. Undiagnosed breech presentation
2. Primary postpartum haemorrhage
3. Antepartum haemorrhage
4. Eclamptic fit
5. Shoulder dystocia

The examination will be audio recorded so the assessment can be moderated according to the Schools’ marking and moderating policy. Digital audio recordings may be sent to the external examiner for scrutiny. The assessment is graded according to the answer guide and Senate Scale. Failure to demonstrate safe practice will result in an automatic fail.

Duration of assessment: 10 minutes is allocated to reading the scenario and make notes which may be brought into the verbal exam. It is expected the student makes independent notes to appraise the scenario without assistance, thus to demonstrate their ability to assess the initial emergency. The verbal examination will last 30 minutes (total 40 minutes).

The assessors will make a judgement in relation to the following guidelines:
A good answer will demonstrate:
1) Confident application of in depth knowledge to recognise signs & symptoms of the complication detailed in the scenario
2) Application of critical understanding of the complication, associated risks & possible consequences for the mother/fetus/neonate as relevant
3) Application of appropriate knowledge to manage the emergency by providing a rationale for actions in order to demonstrate safe practice and supported with current evidence
4) Critical reflection upon the complexities of multi-professional working & the issues related to professional accountability
5) Critical awareness of the importance of effective communication skills required to delegate responsibilities & co-ordinate a professional approach.
3. Assessment of Practice

The following pages outline:

- The flowchart for the assessment of practice and levels of practice assessment diagram
- Your support in practice assessment
- Details of the process of assessment (formative and summative)
- Components of the practice assessment
- Practice learning outcomes
- The Interpersonal Attributes
- Portfolio requirements for the award of a pass
- Reflective component for practice
- Attendance
3.0: Figure 1: Flowchart for the assessment of practice

**Placement orientation:** The orientation page, found at the beginning of the Practice Assessment Document must be completed on the first shift. This includes information relevant to the Placement area including manual handling equipment, fire alarms/extinguishers, emergency numbers, health and safety, medical device alerts, coffee facilities. Welcome Pack and learning opportunities provided to the student.

**Formative planning discussion between student and Mentor in first week of module placement to:**

- Identify and discuss the learning outcomes to be achieved in the module and how reflective study time will be accommodated and reviewed.
- Discuss any special measures identified relevant to placement learning.
- Explore the available learning opportunities in relation to learning and assessment requirements and formulate an action plan to meet the learning outcomes.
- Set a date for the formative review discussion and summative interview (student to discuss date options with Link Lecturer).

**Formative review discussion (mid-way through the placement) between student, Mentor and involvement with the Link Lecturer:**

- Review learning outcomes and evidence gained through practice experience, discussion and portfolio development to inform discussion of grading.
- Discuss students self evaluation of progress and learning priorities and Mentor’s evaluation, taking account of supplementary sheets and spoke evidence as relevant.
- Establish learning priorities for the remainder of the placement.
- Formally record the outcome of the evaluation of progress against the learning outcomes, and other identified planned activities including the interpersonal attributes assessment.
- Record the discussion with a clear revised learning plan for the rest of the placement.

**Summative interview between student and Mentor (and Link Lecturer if required):**

- Determine evidence of learning and achievement, taking account of supplementary sheets and spoke evidence as relevant.
- Confirm if learning outcomes are passed or failed and feed forward any areas for ongoing development for next placement.
- Establish any outstanding areas/activities regarding placement learning.
- Record the discussion on the summative interview page and complete the grading of practice.
- This is normally held in the last week of placement.

If your assessment does not achieve the pass mark- the mark is provisional until the exam board meet. If the fail is confirmed you will be withdrawn from the programme. You are encouraged to seek support to discuss this situation and options available to you via your Personal Advisor.
3.1: Levels of practice assessment

Framework which informs the assessment of practice- PPI, PPII and PPIII

**Supervised participant → Supervised practitioner**

PPI the learning outcomes are constructed to reflect the students’ assessment at the level of **supervised practitioner** at the end of the module. This recognises the progression from supervised participant to supervised practitioner in the earlier part of the module.

**Supervised participant** level is defined as: the student being able to actively participate in the delivery of normal midwifery care under direct supervision with evidence of their knowledge being relevantly applied.

**Supervised practitioner** level is defined as: the student is able to demonstrate active participation in normal midwifery care and able to begin to initiate appropriate midwifery care following clinical assessment.

**May revert to earlier role behaviour of supervised participant, in new situations.**

Levels of performance in skill development
The student has received instruction underpinning the skill, observed the procedure in the practice setting and has performed the skill on a number of occasions and requires minimal supervision.

**Care delivery supervised by the Mentor**

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**Supervised participant → Supervised practitioner**

PPII the learning outcomes are constructed to reflect the level of **supervised practitioner**. This recognises that students will be building upon midwifery skills and knowledge acquired in PPI while accommodating new skills and knowledge in the provision of more complex aspects of midwifery care.

**Supervised practitioner** level is defined as: the student is able to demonstrate active participation in complex care and able to begin to initiate appropriate midwifery care following clinical assessment.

**May revert to earlier role behaviour of supervised participant in new situations.**

Levels of performance in skill development
The student has performed the skill on a number of occasions and requires minimal supervision.

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**Supervised practitioner → Competent practitioner**

PPIII learning outcomes are constructed to reflect the level of **competent practice**. This recognises that students will be developing and consolidating practice of holistic midwifery care during pregnancy, labour and the early postnatal weeks, providing the full range of skills and knowledge for normal midwifery practice in order to meet the needs of women and their families. They will also be able to provide care for childbearing women with more complex and health and social needs within a multidisciplinary team. Over the course of PPIII students will attain proficiency in the full range of NMC (2009) Pre-registration education standards, becoming competent practitioners capable of developing an autonomous role.

**Competent practice** level is defined as: the student is able to actively undertake and initiate appropriate midwifery care and support others in the delivery of care while being able to clearly demonstrate that there is consistent evidence to practice safely and effectively without the need for direct supervision (NMC 2009).

**May revert to earlier role behaviour of supervised practitioner, in new situations.**

Levels of performance in skill development
The student can perform the skill safely and competently giving the rationale for actions and can identify and manage the impact of this.

Levels of performance in skill development adapted from Hilton (2004).
3.2 Your support in practice assessment - the tripartite relationship

The tripartite relationship relates to a supportive process in which you, your Mentor and the Link Lecturer for your area all contribute towards supporting you in your practice allocation so you are able to access the appropriate learning opportunities to meet your assessment requirements for the module. As such, the Link Lecturer will normally be present at the formative review interview discussion, which will occur at the midpoint of your practice allocation.

The midpoint formative review discussion builds upon the earlier formative interview held at the start of the practice allocation in which your learning plan is established and you are formally introduced to the learning opportunities the practice area can offer for a given stage of your programme.

The purpose of this review is to establish the nature of your experience and the progress you have made towards the practice learning outcomes, the nature of your growing professional role as evidenced by the Interpersonal Attributes and your self-evaluation of your learning and achievements to date.

In situations where it may not be possible to meet, the discussion between you, your Mentor and Link Lecturer will take a different approach. For example, discussion via telephone, email or a visit to the student and Mentor at a different time. However, the Link Lecturer will visit you during the practice allocation and will record the discussion you have in your practice documentation.

The Link Lecturer involvement at the midpoint review discussion is essential in establishing your progression. It provides a valuable opportunity for the Mentor, student and lecturer to explore the remaining learning needs and relevant opportunities to formulate an appropriate learning plan for the remainder of the practice allocation. Where your progression is compromised the Link Lecturer will continue to be involved in your progress meetings and will aim to attend subsequent and /or summative interviews.

This tripartite relationship, illustrated on the next page, serves to strengthen the reliability within the assessment process and is a well established model of support with midwifery Pre-registration programmes in the School for practice learning (Fraser et al 2011).

Your mentor is prepared via a formal nationally recognised programme which meets Nursing and Midwifery Council (NMC) Standards to Support Learning and Assessment in Practice (2008). They attend annual updates and meet requirements to fulfil the Mentorship role via a review every three years as part of the Trust appraisal process. Both these activities are also required in order to meet NMC standards for Mentorship.
3.3 The tripartite relationship between student, Mentor and Link Lecturer

A successful tripartite relationship requires:

- effective communication between Link Lecturer, Mentor and student to ensure satisfactory progress towards practice learning outcomes;
- Mentors being proactive in initiating contact with Link Lecturers where there is any cause for concern;
- the Link Lecturer taking appropriate action where there is any cause for concern, playing an active role to implement a learning/action plan.

3.4 Details of the process of assessment (formative and summative)

The three practice modules (Professional Practice I, II and III) require summative practice assessment for successful completion of the module and the associated academic credit. The assessment of practice is designed to help you progress your knowledge, skills and practice in Normality and Public Health, to managing care for vulnerable women, with compromised health and complex childbearing events in Complex Care. In Professional Practice III you are required to combine all these
experiences through the skills of critical thinking as these are associated with competent practice for an autonomous midwifery role.

Each module of assessment will be contained within one single document, enabling all practice achievement and progression evidence available to student and Mentor for placement discussions and planning. You must make this available for your Mentor as this is a requirement of the NMC. The process reflects the principles of Ongoing Record of Achievement.

The practice for each module attracts a grade for which academic credit will be awarded if the practice components are successfully completed. Below are the key elements of the grading of practice used in the summative assessment. Please refer to the Assessment of Practice Documents for the complete documentation.

The process for managing placement learning and assessment is detailed below:

• **Placement orientation** - on your first shift the midwife supervising you, or your Mentor, will welcome and introduce you to the placement area. They will complete the formal orientation sheet enclosed with your practice documents and will ensure you have access to the ‘Placement Welcome Pack’ and the learning opportunities available, specifically those relevant to your stage of programme.

It is strongly suggested if you have a requirement for additional learning support that you bring this to the attention of your Mentor during the orientation. It is also valuable to have spoken to your Personal Adviser about this prior to placement.

• **Formative planning discussion** - your Mentor will discuss your practice assessment requirements with you and explore the learning opportunities which will support these. You need to prepare for your formative interviews in order that they are used effectively to plan your learning and ensure you are able to access the relevant opportunities to help you progress. From this discussion your Mentor will establish a learning plan for the placement which takes account of the module’s practice requirements, your personal learning needs and goals, past noted strengths and areas for development. This will also include consideration of your European Union Clinical Experience Document, the requirements you need and the nature and volume of your experience at the start of the placement as it could influence the learning plan. At this point, dates are planned for the midpoint formative review and summative interviews. It is your responsibility to negotiate the date with the Link Lecturer once options have been provided by your Mentor, as the Link Lecturer attends the formative review interview.

• **Formative review discussion** - this is used to formally explore your progress towards the learning outcomes, the Interpersonal Attributes and consider your reflective progress in respect of practice achievement through your portfolio activities. It is important for the discussion to be open and honest with both yourself and your Mentor highlighting areas which need further development and where you are on track for achieving the outcomes. It is about establishing the
nature of practice experiences to enable you to address the learning plan which emerges to structure your remaining weeks in placement.

This experience will relate directly to the learning outcomes and any noted attributes which need improvement for the summative assessment and for the EU and NMC clinical requirements of the programme (e.g. personally managed births, supervised antenatal cases).

You will be expected to contribute in a proactive manner to the discussion through the use of exemplars from your portfolio which reflects your development in line with the placement expectation of activity and level of practice.

**It is important to note the following points regarding this formative review:**

- There will normally be one midpoint formative review discussion per module, however where progression issues arise a further formative review is conducted with you, the Link Lecturer and your Mentor.
- Though progress may be good, a learning plan will still be generated to ensure clear focus for the remainder of the placement.
- If there are matters compromising your learning you must discuss these with your Personal Adviser, as detailed in your Programme Handbook. The Course Director/Lead Midwife for Education will be informed of the situation in order to provide further support as necessary.
- All practice related discussions and actions which fall outside of the structured formative and summative process will be recorded on the dedicated page/s within the practice documentation. This is a component of the progress record and as such must be used by all parties with comments to make on a student’s progress. This can be in addition to the ‘Spoke Placement Summative Record’.
- Should there be any change in the anticipated outcome following the formative review discussion, your Mentor will discuss this with you and involve the Link Lecturer immediately, or a deputy in their absence.

**Summative Interview between you and your Mentor (and Link Lecturer as necessary).**

The discussion at this stage is built around your achievement of the practice outcomes and your development of the Interpersonal Attributes for this module. Your Mentor will confirm whether all elements of the module practice outcomes have been met. Where relevant the contribution of other midwives who have contributed to your learning will be considered by the Mentor.

You will draw from your portfolio, to articulate your progression and highlight key areas of learning linked to your experiences in the placement and the learning opportunities you have engaged with, their relevance and application. This serves effectively as critical self evaluation and enables you to be proactive in managing learning.

This summative interview occurs between you and your Mentor during the final week of placement. There is one summative attempt only.

It is therefore important that you maximise all the formative opportunities.
Should you be unsuccessful in your summative assessment, the following would apply:

If your assessment does not achieve the pass mark - the mark is provisional until the exam board meet. If the fail is confirmed you will be withdrawn from the programme.

You are encouraged to seek support via your Personal Adviser to discuss this situation and options available to you. If you have experienced any difficulties during your studies/assessment you can report these to the Board of Examiners for consideration, prior to them meeting, by completing a Circumstances Affecting Study report form; for more information on this please refer to the LTS website (https://www.uea.ac.uk/learningandteaching). The UEA Student Handbook for Taught Students also offers you direction for support in these circumstances.

3.5 Components of the practice assessment

The components within the assessment of practice comprise of three sections:

1. **Practice learning outcomes** - these are generated from the 14 practice themes of the programme. They each have knowledge and practice skills of relevance to the outcome. Practice learning outcomes are graded by the Mentor in each placement. These are supported with discussion informed from critical reflection required with each outcome along with your individual portfolio components. All themes are covered across modules PPI and PPII at the level of supervised practitioner. All themes are covered again in PPIII at the level of competence.

2. **Interpersonal Attributes** - five descriptors are identified by your Mentor which best describe your performance in placement. All these must be in the pass category. The details of these judgements are captured within documentation which records all formative and summative discussions.

3. **Portfolio** – Each practice module has required elements you must address during your placement. They must be all present to be awarded a pass for this component of the assessment.

Details of each section are detailed below:

3.6 Practice Learning Outcomes

The 14 themes have been chosen to reflect the NMC areas for competency and the areas of practice from the NMC Essential Skills Clusters. Themes are allocated to the relevant module for which theory and placement experience provide suitable learning to prepare you to meet the practice outcome which is set against that theme for that year.
The practice learning outcome for a theme is designed to capture knowledge, practice and associated practice skills. This is to enable the NMC Essential Skills Clusters to be captured in relevant learning, as well as assessment for a given outcome. As such, it ensures the practice component of the programme has learning and assessment which is in line with both the NMC Midwifery Preregistration competencies and also the NMC Essential Skills Clusters required for eligibility for professional registration as a midwife.

The practice learning outcomes test your clinical ability and interpersonal skills at the appropriate level in the three modules.

Formal formative points occur at the outset of a placement and mid point to discuss your practice skills, knowledge and progression and how they relate to the level of assessment on page 6 and the indicators of knowledge, practice skill and application used in your practice. It is important for you to understand clearly how you are progressing and for you to know and understand where your strengths and the areas for further development in order for you to address the assessment requirements. As such you are expected to prepare for your formative assessment discussion.

The assessment process draws on the feedback of all those who have worked with you i.e. midwives or other professionals. The process is a transparent but confidential one and is conducted within a supportive framework to enable you to have the opportunities to meet your learning outcomes and assessment requirements.

It is expected you will use elements from your portfolio to assist the formative and summative processes. The practice assessment documentation and practice learning outcomes for each module of the programme can be found in the Assessment of Practice Documentation.

The plan of modules and respective placements within your programme can be found in your Programme Handbook where further details about placements are also set out for you.

To enable your Mentor to be confident in areas where experience is gained outside of this placement, the competencies have been mapped to the specific module where the relevant outcomes can be found. This enables the midwifery Mentor to relate to direct evidence of achievement from your previous placements, retained in your portfolio, which must be shared. Of equal value and considered by your Mentor will be the ‘Spoke Placement Summative Learning Record’ used to record experience valid for learning outcome achievements which occur when you are working with midwives and other professionals hence, it is important to retain all such sheets in your portfolio. Please see Appendix 4 for a copy of this document. They can be downloaded from the Blackboard site.

All elements of the practice assessment documentation are submitted to the School Learning and Teaching Hub by the date indicated in the your assessment schedule, along with any other assessments, at the end of each Module.
3.7 Interpersonal Attributes

The Interpersonal Attributes are aimed at assessing your development in communication and team working. Interpersonal Attributes should be discussed between Mentor and student at the formative planning discussion. Opportunities to develop particular communication and interpersonal skills should be identified during the placement. It is important that any areas for concern over Interpersonal Attributes should be discussed in the tripartite process at the formative review discussion. Any plan for further development can then be agreed between Mentor, student and Link Lecturer. At the formative review discussion and summative interview the Mentor should choose the five statements from the Interpersonal Attributes which best describe the student’s performance during the placement.

Your performance in the way in which you conduct yourself in practice and placement areas generally, as well as the way you engage with others, will also be captured by the grading process.

All five statements must be of the pass category. The placement is passed only if the Interpersonal Attributes and the Practice Learning Outcomes are all achieved for the module practice assessment.

3.8 Portfolio requirements for the award of a Pass

The following are required elements to secure a pass for your portfolio for each module’s assessment of practice.

Professional Practice I
- Evidence of completion of the online learning workshops the UK National Screening for Midwives.
- Evidence of your records/professional signatures supporting your involvement for the relevant aspects of care for your continuity cases during your module.
- Structured reflection for midwifery led care.
- NHS Infection Control e-Learning package- evidence of completion.

Professional Practice II
- Structured reflection for Complex Childbearing.
- Evidence of continued involvement in continuity cases.
- Completion of Cardiotocograph Interpretation on-line learning tool.
- Record of annual review meeting with your Personal Adviser.

Professional Practice III
- Placement reflection for Becoming a Competent Practitioner.
- Evidence continued involvement in continuity cases with normal birth in which the student plays a key role in contributing/managing with supervision.
- Medicine Management Assessment.
3.9 Reflective component for practice

You will be required to complete one piece of reflective writing of 1000-1500 words which relates to the area of ***one*** learning outcome for Professional Practice I, II and III.

In Professional Practice I you will be required to draw from observational activities by using a reflective model such as Gibbs Reflective Cycle (1988). You may use this or an alternative model. Your reflective writing will focus on your personal development and will include behavioural and skills development.

Professional Practice II will require you to reflect and comment on developing your midwifery practice as well as personal and professional development. You should use a different reflective model other than Gibbs (1988).

In Professional Practice III you will focus on being the competent practitioner, whereby your reflective writing will incorporate evidence and recommendations to improve your midwifery practice and how this will impact on maternity services.

**How and when**

You will discuss your ideas for your reflective writing with your Mentor during the placement. The development of the reflective writing will be incorporated in your portfolio and will form part of ongoing discussion between yourself and your Personal Adviser at the annual review at the end of Phase Two of your Programme. Your work must include supporting evidence and be referenced in order to constitute a pass.

3.10 Medicines Compulsory Summative Assessment – Professional Practice III

The NMC require midwifery students to achieve the Essential Skills Clusters for Preregistration midwifery education as detailed in the NMC (2009) Standards for Preregistration midwifery education. For entry to the register students must achieve 100% pass mark in summative health related numerical assessment which must be undertaken in the practice setting.

This assessment is placed within the Professional Practice III assessment of practice. The process and required documentation can be found in your Practice Documentation.

3.11 Attendance

1. You must maintain an accurate and precise record of attendance whilst on the placement. This should identify the date and reason for any non-attendance using the School form located on your cohort-specific Blackboard site.
2. The form, which is used to confirm absences in the practice assessment documentation, must be signed by both you and your Mentor and submitted to the Placement Office in the School at the end of the placement.

For further details, please refer to your Programme Handbook.

4.0 NMC Progression Point and The Competency Sign-Off

Progression Point

The completion of PPII constitutes a formal NMC Progression Point. You must complete all summative requirements for each of the modules within Phase Two. The progression point extends for twelve weeks by which all elements must be confirmed successful by the exam board.

The final responsibility of the midwifery Sign-Off Mentor’s role in the last placement of the programme is to establish whether the NMC competencies for Pre-registration midwifery have been met. ‘The Competency Sign-Off document’ contains a list of the NMC competencies required to achieve the NMC Standards for entry to the NMC register as a midwife. Its purpose is the final Sign-Off, by the Sign-Off Mentor, stating you are fit for practice and fit for purpose in terms of fulfilling the requirements for registration as a midwife with the NMC, this is explicit on the first and last page.

The assessment of practice strategy enables the Sign-Off Mentor to make this judgement based upon your progress and performance in the last placement alongside that of the earlier placements. Since 2007 all midwifery Mentors have been required to be Sign-Off Mentors (NMC 2006). This is because:

• The Placement learning outcomes have been mapped into the NMC competencies across the programme.
• The placement outcomes are assessed progressively across the programme increasing your role in a given area of midwifery practice which relate to the proficiencies.
• During Professional Practice III you are assessed in practice at the level of competence where you demonstrate you provide safe practice consistently without the need for direct supervision.
• The placements across Professional Practice III embrace the full spectrum of the midwifery role and enable you to experience all elements related to the NMC competencies, demonstrating them at the level of competence practice.

The Competency Sign-Off document requires a signature from your Sign-Off Mentor confirming these have been achieved. To enable your Mentor to be confident in areas where experience is gained outside of this placement the competencies are mapped to the specific module where the relevant outcomes can be found. This enables the midwifery Mentor to relate to direct evidence of achievement.

The Module Organiser will moderate the assessment of practice documents as part of the existing process for moderation and the Course Director will be notified. This will be a requirement prior to students proceeding at a final examination board.
## 5.0 Midwifery Link Lecturers

Current cover across each of the Trusts

<table>
<thead>
<tr>
<th>Link Lecturer</th>
<th>Placement Area and Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Caine</td>
<td>Community Midwifery Teams (North and South)</td>
</tr>
<tr>
<td>Kirsty Tweedie</td>
<td>Central Delivery Suite, Dolphin Suite, AN/PN Wd 11, Antenatal services</td>
</tr>
<tr>
<td>Karen Bates</td>
<td>Yellow Community Team - Swaffham and Downham Market&lt;br&gt;Blue Community Team - Wisbech&lt;br&gt;Central Delivery Suite</td>
</tr>
<tr>
<td>Jayne Needham</td>
<td>QEIH Placements&lt;br&gt;Red Community Team - Hunstanton and Kings Lynn&lt;br&gt;Green Community Team - Wisbech and Kings Lynn&lt;br&gt;Castleacre Ward with Antenatal services and NNU</td>
</tr>
<tr>
<td>Nicky Hadlett</td>
<td>Marriott Community Team&lt;br&gt;Walsingham Community Team</td>
</tr>
<tr>
<td>Kenda Crozier</td>
<td>Wensum Community Team&lt;br&gt;Broadland Community Team&lt;br&gt;MLBU&lt;br&gt;Neonatal Unit NNUH&lt;br&gt;Riverside Community Team&lt;br&gt;Castle Community Team</td>
</tr>
<tr>
<td>Anna Harris</td>
<td>Breckland Community Team&lt;br&gt;Waveney Community Team&lt;br&gt;Support to NNUH Delivery Suite</td>
</tr>
<tr>
<td>Nicki Young</td>
<td>NNUH AN/PN Placements&lt;br&gt;Blakeney Ward, Cley antenatal ward and AN Services</td>
</tr>
<tr>
<td>Helen Meehan</td>
<td>NNUH Intrapartum Placements&lt;br&gt;Delivery Suite</td>
</tr>
<tr>
<td>Kenda Crozier</td>
<td>MLBU</td>
</tr>
<tr>
<td>Classification</td>
<td>Learning outcomes &amp; scholarship</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td><strong>90-100% Exemplary 1st</strong></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>
</tr>
<tr>
<td><strong>80-89% High 1st</strong></td>
<td>Learning outcomes have been met to a very high standard. Demonstrates a strong understanding of link between theory and practice and practice-related issues and/or standards. Attains a very high level of scholarship, though small potential improvements can be readily identified.</td>
</tr>
<tr>
<td><strong>70-79% 1st</strong></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>
</tr>
<tr>
<td><strong>60-69% Pass 2(i)</strong></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. Attains a good level of scholarship, but lacks sophistication of a 1st class piece.</td>
</tr>
</tbody>
</table>

**Coursework is ‘exemplary’ in most areas**

**Coursework is strong in most areas and may be exemplary in some**

**Coursework is strong in most areas**

**Coursework is ‘good’ in most areas and strong in some.**
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>50-59% Pass 2(ii)</strong> Coursework is 'good' in some areas but only satisfactory in others. Good intellectual engagement but execution flawed.</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>Conscientious 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>
</tr>
<tr>
<td><strong>40-49% Pass 3rd</strong> Coursework is only satisfactory in most areas and weak in some others. Modest evidence of intellectual engagement.</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 presentation. Some inaccuracies /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>
</tr>
</tbody>
</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.
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<tr>
<td><strong>20-34% Fail</strong></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 inaccuracies.</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>
<td>A poor standard of written English. Includes serious flaws in spelling, grammar, and basic sentence/paragraph composition</td>
</tr>
<tr>
<td><strong>10-19% Fail</strong></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 presentation. 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>
<td>A very poor standard of written English throughout with little care taken in the composition of proper sentences or paragraphs.</td>
</tr>
<tr>
<td><strong>0-9% Fail</strong></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 presentation.</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>
<td>Incomprehensible. No attempt to compose proper sentences or paragraphs.</td>
</tr>
<tr>
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<tr>
<td>90-100% Exemplary 1st</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>
</tr>
<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 strong command of data or literature, drawing on a broad range of material and/or examining the topic in considerable detail.</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>
</tr>
<tr>
<td>70-79% 1st</td>
<td>Learning outcomes have been fully met to a high standard. Dissertation demonstrates a strong understanding of link between theory &amp; practice and related issues and/or standards. Attains a high 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. 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>
</tr>
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</tr>
<tr>
<td>60-69% 2(ii)</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 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>
</tr>
<tr>
<td>50-59% 2(ii)</td>
<td>Dissertation is ‘good’ in some areas but only satisfactory in others. Good intellectual engagement but execution flawed.</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>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>
</tr>
<tr>
<td>40-49% 3rd</td>
<td>Dissertation is only satisfactory in most areas and weak in some others. Modest evidence of intellectual engagement.</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>
</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 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.
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<tr>
<td>35-39%</td>
<td>Marginal Fail</td>
<td>Unsatisfactory standard, lacking sufficient clarity, structure. Many serious</td>
<td>Contains some material of merit, but only a partial attempt to address the question. Fails</td>
<td>The treatment is mostly descriptive. Whilst the work contains occasional evidence of</td>
<td>A very limited range of sources. No real attempt to assess evidence. Examples are</td>
<td>Citations present but very limited. Referencing is very poor. Bibliography is omitted,</td>
<td>Unsatisfactory standard of written English; too many serious errors present. Weaknesses</td>
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<td></td>
<td>Marginal Fail</td>
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<td>attempts to construct argument(s). Poor understanding of key issues or concepts.</td>
<td>criticality or analysis, it is too limited or partial or lacking in depth to justify a</td>
<td>poorly chosen or irrelevant. Entirely lacking in sophistication or finesse. Very limited</td>
<td>partially or poorly assembled. Guidance ignored.</td>
<td>undermine clarity of meaning. Weak vocabulary.</td>
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<td>pass. Hardly any awareness of the dissertation’s limitations is demonstrated.</td>
<td>level of engagement.</td>
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<td>20-34%</td>
<td>Fail Dissertation is weak in most areas.</td>
<td>Very poor standard of presentation. Many serious inaccuracies, errors, and</td>
<td>Little material of merit or relevance, revealing a paucity of understanding of key issues</td>
<td>The treatment is almost wholly descriptive. Contains little evidence of a critical or</td>
<td>Draws on minimal range of sources. Simply paraphrasing bits of lecture notes or easily</td>
<td>Citation almost or entirely absent. Guidance ignored.</td>
<td>A very poor standard of written English. Too many serious errors present. Weaknesses</td>
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<td>or concepts. Work lacks any sustained argument(s).</td>
<td>analytical engagement in the topic. No awareness of the dissertation’s limitations.</td>
<td>accessible web sources.</td>
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<td>greatly undermine clarity of meaning. Very weak vocabulary.</td>
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<td>10-19%</td>
<td>Fail Dissertation is very weak in most areas.</td>
<td></td>
<td>No arguments present. No material of merit or relevance, revealing a complete lack of</td>
<td>The treatment is wholly descriptive. No evidence of a critical or analytical engagement in</td>
<td>Almost complete absence of evidence. Submission reflects a very limited level of</td>
<td>Citation(s) largely absent. No awareness of good academic practice. Work shows no real</td>
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<td>understanding of key issues or concepts.</td>
<td>the topic.</td>
<td>engagement in study on a more general level.</td>
<td>attempt to apply the mechanics of scholarship.</td>
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<td>0-9%</td>
<td>Fail Dissertation is very weak in all areas.</td>
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<td>Classification</td>
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<tr>
<td>90-100% Exemplary 1st Presentation exemplary in most areas.</td>
<td>Learning outcomes met to an exemplary standard. Demonstrates an exemplary understanding of link between theory and practice.</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>Demonstrates 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>80-89% High 1st Presentation strong in all areas and may be exemplary in one or two.</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>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>70-79% 1st Presentation strong in most areas.</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.</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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<tr>
<td>Classification</td>
<td>Learning outcomes</td>
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<td>Projection, language and spoken English</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 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>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.</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>
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<td><em>Presentation good in most areas and strong in some.</em></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 'staged' 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>Conscientious 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>
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<td><em>Presentation is good in some areas but only satisfactory in others.</em></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 used. 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>
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<td><em>Presentation is only satisfactory in most areas and weak in some.</em></td>
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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>
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<th>Presentation</th>
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<th>Criticality &amp; analysis</th>
<th>Use of sources and evidence</th>
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<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>
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<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>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>
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<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>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>
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<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>Difficulty to discern any organisation or structure.</td>
<td>The treatment is wholly descriptive</td>
<td>Evidence absent</td>
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</table>
Appendix 2: NMC Standards for Pre-registration Midwifery education

Please share these with your Mentor so you may discuss them during placement learning. All module outcomes ultimately contribute to these.

Your Community Placement Mentor should Sign-Off the NMC standards and sign the final page after reviewing the progress you have made throughout the Phase Three placements. This confirms that you have achieved the NMC Midwifery Standards and are ready to assume the role of the midwife.

**PRE-REGISTRATION MIDWIFERY STANDARDS (NMC 2009)**

<table>
<thead>
<tr>
<th>Domain</th>
<th>1. Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal stages. Communication will include:</th>
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<tr>
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<td>- Listening to women, jointly identifying their feelings and anxieties about their pregnancies, the birth and the related changes to themselves and their lives</td>
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<td>- Enabling women to think through their feelings</td>
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<td>- Enabling women to make informed choices about their health and health care</td>
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<td>- Actively encouraging women to think about their own health and the health of their babies and families, and how this can be improved</td>
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<td>- Communicating with women throughout their pregnancy, labour and the period following birth</td>
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<th></th>
<th>2. Diagnose pregnancy, assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal stages through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions. The different assessment methods will include:</th>
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<td>- History taking</td>
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<td>- Observation</td>
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<td>- Physical examination</td>
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<td></td>
<td>- Biophysical tests</td>
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<td></td>
<td>- Social, cultural and emotional assessments</td>
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### Effective midwifery practice

#### 3. Determine and provide programmes of care and support for women which:
- ☐ are appropriate to the needs, contexts, culture and choices of the women, babies and their families
- ☐ are made in partnership with women
- ☐ are ethical
- ☐ are based on best evidence and clinical judgement
- ☐ involve other practitioners when this will improve health outcomes

*This will include consideration of:*
- ☐ plans for birth
- ☐ place of birth
- ☐ plans for feeding their babies
- ☐ needs for postnatal support
- ☐ preparation for parenthood needs

#### 4. Provide seamless care and interventions in partnership with women and other care providers during the antenatal period which:
- ☐ are appropriate for women’s assessed needs, context and culture
- ☐ promote their continuing health and well-being
- ☐ are evidence-based
- ☐ are consistent with the management of risk
- ☐ draw on the skills of others to optimise health outcomes and resource use

*These will include:*
- ☐ acting as lead carer in normal pregnancies
- ☐ contributing to providing support to women when their pregnancies are in difficulty (eg those women who will need operative or assisted delivery)
- ☐ providing care for women who have suffered pregnancy loss
- ☐ discussion/negotiation with other professionals about further interventions which are appropriate for individual women, considering their wishes, context and culture
- ☐ ensuring current research findings and other evidence are incorporated into practice
- ☐ team working in the best interests of individual women
**Effective midwifery practice**

5. Refer women who would benefit from the skills and knowledge of other individuals:  
- to an individual who is likely to have the requisite skills and experience to assist  
- at the earliest possible time  
- supported by accurate, legible and complete information which contains the reasoning behind making the referral and describes their needs and preferences  

*Referrals might relate to:*  
- women’s choices  
- health issues  
- social issues  
- financial issues  
- psychological issues  
- child protection matters  
- the law

6. Care for, monitor and support women during labour and monitor the condition of the fetus and conduct spontaneous deliveries. *This will include:*  
- communicating with women throughout and supporting them through the experience  
- ensuring that the care is sensitive to individual women’s culture and preferences  
- giving appropriate care for women once they have given birth

7. Undertake appropriate emergency procedures to meet the health needs of women and babies. *Emergency procedures will include:*  
- manually removing the placenta  
- manually examining the uterus  
- managing post-partum haemorrhage  
- resuscitation of mother and/or baby

8. Examine and care for babies immediately following birth *This will include:*  
- confirming their vital signs and taking the appropriate actions  
- full assessment and physical examination
| Effective midwifery practice | 9. Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions which:
- are appropriate to the woman’s assessed needs, context and culture
- promote their continuing health and well-being
- are evidence-based
- are consistent with the management of risk
- when undertaken by the midwife, she/he is the person best placed to do them and she/he is competent to act
- draw on the skills of others to optimise health outcomes and resource use

**These will include:**
- providing support and advice to women as they start to feed and care for the babies
- providing any particular support which is needed to women who have disabilities
- post-operative care for women who have had caesarean and operative deliveries
- providing pain relief to women
- team working in the best interests of the women and their babies
- facilitating discussion about future reproductive choices
- providing care for women who have suffered pregnancy loss, stillbirth or neonatal death |

| Effective midwifery practice | 10. Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate.

*This will include those with:*
- congenital disorders
- birth defects
- low birth weight
- pathological conditions (such as babies with vertical transmission of HIV, drug affected babies) |
| Effective midwifery practice | 11. Care for and monitor women during the puerperium offering the necessary evidence-based advice and support on baby and self care.  
*This will include:*  
- providing advice and support on feeding babies and teaching about the importance of nutrition in child development  
- providing advice and support on hygiene, safety, protection, security and child development  
- enabling women to address issues about their own, their babies’ and their families’ health and social well-being  
- monitoring and supporting women who have postnatal depression and other mental illnesses  
- advice on bladder control  
- advising women on recuperation  
- supporting women to care for ill/pre-term babies or those with disabilities |
| Effective midwifery practice | 12. Select, acquire and safely administer a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at the time.  
*Methods of administration will include:*  
- oral  
- intravenous  
- intramuscular  
- topical  
- inhalation |
| Effective midwifery practice | 13. Complete, store and retain records of practice which:  
- are accurate and legible  
- detail the reasoning behind any actions taken  
- contain the information necessary for the record’s purpose  
*Records will include:*  
- biographical details of women and babies  
- assessments made, outcomes of assessments and the actions taken as a result  
- the outcomes of discussions with women and the advice offered  
- any drugs administered  
- action plans and commentary on their evaluation |
| Effective midwifery practice | **14. Actively monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes of women, babies and their families.**  
*This will include:*  
☐ consideration of the effectiveness of the above and making the necessary modifications to improve outcomes for women and their families |
| Effective midwifery practice | **15. Contribute to enhancing the health and social well-being of individuals and their communities.**  
*This will include:*  
☐ planning and offering midwifery care within the context of public health policies  
☐ contributing midwifery expertise and information to local health strategies  
☐ identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies  
☐ involving users and local communities in service development and improvement  
☐ informing practice with the best evidence shown to prevent and reduce maternal and perinatal morbidity and mortality  
☐ utilising a range of effective, appropriate and sensitive programmes to improve sexual and reproductive health |
| Professional and ethical practice | **16. Practice in accordance with the NMC Code of Professional Conduct, within the limitations of one’s own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice.**  
*This will include:*  
☐ using professional standards of practice to self-assess performance  
☐ consulting with the most appropriate professional colleagues when care requires expertise beyond one’s own current competence  
☐ consulting other health care professionals when needs fall outside the scope of midwifery practice  
☐ identifying unsafe practice and responding appropriately |
| Professional and ethical practice | **17. Practice in a way which respects and promotes individuals’ rights, interests, preferences, beliefs, and cultures.**  
This will include:  
☐ offering culturally sensitive family planning advice  
☐ ensuring that women’s labour is consistent with their religious and cultural beliefs and preferences  
☐ acknowledging the roles and relationships in families dependent on religious and cultural beliefs, preferences and experiences |
| Professional and ethical practice | 18. Practice in accordance with relevant legislation.  
This will include:  
☐ demonstrating knowledge of legislation relating to human rights, equal opportunities, and access to patient records  
☐ demonstrating knowledge of legislation relating to health and social policy relevant to midwifery practice  
☐ demonstrating knowledge of contemporary ethical issues and their impact on midwifery practice  
☐ managing the complexities arising from ethical and legal dilemmas |
| Professional and ethical practice | 19. Maintain the confidentiality of information.  
This will include:  
☐ ensuring the confidentiality and security of written and verbal information acquired in a professional capacity  
☐ disclosing information about individuals and organisations only to those who have a right and need to know it once proof of identity and right to disclosure has been obtained |
| Professional and ethical practice | 20. Work collaboratively with other practitioners and agencies in ways which:  
☐ value their contribution to health and care  
☐ enable them to participate effectively in the care of women, babies and their families  
☐ acknowledge the nature of their work and the context in which it placed  

Practitioners and agencies will include those who work in:  
☐ social care  
☐ social security, benefits and housing  
☐ advice, guidance and counselling  
☐ child protection  
☐ the law |
| Professional and ethical practice | 21. Manage and prioritise competing demands.  
This will include:  
☐ working out who is best placed and able to provide particular interventions to women, babies and their families  
☐ alerting managers to difficulties and issues in service delivery |
| Professional and ethical practice | 22. Support the creation and maintenance of environments which promote the health, safety and well-being of women, babies and others.  
*This will include:*  
- preventing and controlling infection  
- promoting health, safety and security in the environment in which the practitioner is working, whether it be at a woman’s home, in the community, a clinic, or a hospital |
|---|---|
| Professional and ethical practice | 23. Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interest of women, babies and their families.  
*Evaluating policies will include:*  
- providing feedback to managers on service policies  
- representing own considered views and experiences into broader health and social care policies in the interests of women, babies and their families |
| Developing self and others | 24. Review, develop and enhance one’s own knowledge, skills and fitness to practice.  
*This will include:*  
- making effective use of the framework for the statutory supervision of midwives  
- meeting continuing professional development and practice standards  
- reflecting on one’s own practice and making the necessary changes as a result  
- attending conferences, presentations, learning events, etc. |
| Developing self and others | 25. Demonstrate effective working across professional boundaries and develop professional networks.  
*This will include:*  
- effective collaboration and communication skills sharing  
- multiprofessional standard setting and audit |
| Achieving quality care through evaluation and research | 26. Apply relevant knowledge to one’s own practice in structured ways which are capable of evaluation.  
*This will include:*  
- critical appraisal of knowledge and research evidence  
- critical appraisal of own practice  
- gaining feedback from women and their families and appropriately applying this to own practice  
- disseminating critically appraised good practices |
| Achieving quality care through evaluation and research | **27. Inform and develop own practice and the practice of others through using best available evidence and reflecting on own practice**  
*This will include:*  
☐ keeping up to date with evidence  
☐ applying evidence to one’s own practice  
☐ alerting others to new evidence for them to apply to their own practice |
| --- | --- |
| Achieving quality care through evaluation and research | **28. Manage and develop care utilising the most appropriate information technology (IT) systems.**  
This will include:  
☐ recording own practice in consistent formats on IT systems for wider scale analysis  
☐ using analysis of data from IT systems to apply own practice  
☐ evaluating practice from data analysis |
| Achieving quality care through evaluation and research | **29. Contribute to the audit of practice to review and optimise the care of women, babies and their families.**  
*This will include:*  
☐ auditing own practice  
☐ contributing to the audit of team practice |
Competency Sign-Off Document
This must be completed and signed by the Sign-Off Mentor and student.

SIGN-OFF STATEMENT

I (Mentor name)……………………………………………..confirm that the student (name)……………………………………………………….has achieved all of the above NMC Competencies for entry to the register, throughout the final year of the programme

Student’s signature: ___________________________ Print Name: ___________________________

Sign-Off Mentor’s signature: ___________________________ Print Name: ___________________________

Sign-Off Mentor’s NMC Pin No ______________________________________________________

Date:__________________________________________
# Appendix 3: Grading of practice outcomes

<table>
<thead>
<tr>
<th>Skills and Knowledge</th>
<th>Supervised participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exceptional</strong> 80-100%</td>
<td>Communication with other professionals and client group is consistently informative and applied relevantly to women’s health and choices. Consistently uses current evidence, audit, theory and policy in professional/clinical discussions to accurately inform practice decisions. Is consistently adaptable in the practice setting with women, families, professionals and prioritises practice activities effectively. Contribution to team working is consistently reliable and effective, demonstrating sound communication and activities. Consistently demonstrates accurate knowledge and ability in the conduct of midwifery practice which reflects women centred care. Excels in the execution of practice skills, consistently conducts skills in a safe and sensitive manner respecting the privacy and dignity of the individual.</td>
</tr>
<tr>
<td><strong>Grade awarded</strong></td>
<td></td>
</tr>
<tr>
<td>Mentor signature</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills and Knowledge</th>
<th>Supervised participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excellent</strong> 70-79%</td>
<td>With occasional guidance communication with other professionals and client group is always informative and applied relevantly to women’s health and choices. Utilises current evidence, audit, theory and policy in professional/clinical discussions and with occasional guidance can accurately inform practice decisions. Is adaptable in the practice setting with women, families, professionals but requires occasional guidance to prioritise practice activities effectively. Most team working activity is reliable and effective. With occasional guidance demonstrates knowledge and ability in the conduct of midwifery practice which reflects women centred care. Practice is always safe practice and conducts practice skills in a safe and sensitive manner respecting the privacy and dignity of the individual.</td>
</tr>
<tr>
<td><strong>Grade awarded</strong></td>
<td></td>
</tr>
<tr>
<td>Mentor signature</td>
<td></td>
</tr>
<tr>
<td>Skills and Knowledge</td>
<td>Supervised participant</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Good 60-69%</strong></td>
<td><strong>Grade awarded</strong></td>
</tr>
<tr>
<td><strong>Communication with other professionals and client group is informative and usually applied relevantly to women’s health and choices but requires prompting.</strong></td>
<td></td>
</tr>
<tr>
<td>When using current evidence, audit, theory and policy in clinical and professional discussions to accurately inform practice decisions, requires prompting.</td>
<td></td>
</tr>
<tr>
<td>Usually adaptable in the practice setting with women, families, professionals and can prioritise practice activities effectively.</td>
<td></td>
</tr>
<tr>
<td>Requires occasional prompting to integrate with team working to could contribute more to the team.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge and ability in the conduct of midwifery practice which reflects women centred care but requires prompting.</td>
<td></td>
</tr>
<tr>
<td>Practice is always safe and care is usually conducted in a safe and sensitive manner respecting the privacy and dignity of the individual.</td>
<td></td>
</tr>
<tr>
<td><strong>Mentor signature</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skills and Knowledge</th>
<th>Supervised participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pass 50-59%</strong></td>
<td><strong>Grade awarded</strong></td>
</tr>
<tr>
<td><strong>Communication with other professionals and client group is informative but sometimes requires assistance to apply relevantly to women’s health and choices.</strong></td>
<td></td>
</tr>
<tr>
<td>Engages in discussion using current evidence, audit, theory and policy but requires more depth and breadth of knowledge in its application.</td>
<td></td>
</tr>
<tr>
<td>Sometimes requires support to adapt in the practice setting with women, families, professionals and generally can prioritise practice activities sufficiently.</td>
<td></td>
</tr>
<tr>
<td>Generally integrates with team working but requires encouragement to contribute and be proactive.</td>
<td></td>
</tr>
<tr>
<td>Generally demonstrates knowledge and ability in the conduct of midwifery practice which reflects women centred care and sometimes lacks depth and breadth of the subject.</td>
<td></td>
</tr>
<tr>
<td>Practice is always safe and care is generally conducted in a safe and sensitive manner respecting the privacy and dignity of the individual.</td>
<td></td>
</tr>
<tr>
<td><strong>Mentor signature</strong></td>
<td></td>
</tr>
</tbody>
</table>

47
<table>
<thead>
<tr>
<th>Skills and Knowledge</th>
<th>Supervised participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Borderline pass 40-49%</strong></td>
<td><strong>Grade awarded</strong></td>
</tr>
<tr>
<td>Communication with articulation which can be irrelevant or not appropriate when engaging with other professionals and client group.</td>
<td></td>
</tr>
<tr>
<td>Inconsistent in discussion when using current evidence, audit, theory and policy and requires significant prompting to apply knowledge to midwifery management and care.</td>
<td></td>
</tr>
<tr>
<td>Frequently requires guidance to adapt in the practice setting with women, families, professionals and requires assistance to prioritise practice activities.</td>
<td></td>
</tr>
<tr>
<td>Generally integrates with team working but lacks confidence in own abilities.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates minimal knowledge and ability to conduct midwifery practice which reflects women centred care.</td>
<td></td>
</tr>
<tr>
<td>Practice is always safe and is conducted in a sensitive manner respecting the privacy and dignity of the individual with prompting.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mentor signature</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Fail 0-39%</strong></th>
<th><strong>Grade awarded</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to communicate with other professionals and client group, is insensitive to the situation.</td>
<td></td>
</tr>
<tr>
<td>Fails to use current evidence, audit, theory and policy with any relevance when in discussion with women, families and other professionals.</td>
<td></td>
</tr>
<tr>
<td>Fails to apply relevant knowledge and valid evidence in the assessment, planning, delivery and evaluation of midwifery care.</td>
<td></td>
</tr>
<tr>
<td>Cannot adapt in the practice setting with women, families, professionals, and unaware of their needs. Has difficulty interacting with others including team working.</td>
<td></td>
</tr>
<tr>
<td>Lacks insight into their own influence upon the outcome of care activities.</td>
<td></td>
</tr>
<tr>
<td>Acts without due regard to present level of ability and fails to take up learning opportunities.</td>
<td></td>
</tr>
<tr>
<td>Inability to complete or achieve a pass in all practice outcomes.</td>
<td></td>
</tr>
<tr>
<td>Written reflective evidence to support designated practice theme is not completed.</td>
<td></td>
</tr>
<tr>
<td>Practice is unsafe.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: Spoke Placement: Summative Learning Record

This document is for use by Students and Mentors in a ‘Spoke’ area. It is designed to help focus student activity upon identified learning outcomes that may be addressed away from the Hub placement.

It should be used where a student wishes to provide evidence for Summative Assessment of a learning outcome(s) whilst in a Spoke area and should be presented to the named Hub Mentor as part of the formative or summative assessment interview. This document should then be retained in the student’s portfolio alongside other written evidence of learning and achievement and the main Assessment of Practice document.

Advice for Students:
Before commencing each ‘Spoke’ placement, please discuss with your named Hub placement mentor the potential learning outcome(s) you will focus upon within the Spoke placement. This should then be agreed upon your arrival in the Spoke area with your supervising practitioner and ‘evidence’ collated of your achievement whilst there. You should then share this with your named mentor on your return to your main hub placement.

Advice for Spoke Placement Mentor:
Please discuss identified learning outcome(s) with your student on the first day of the Spoke Placement and agree the relevant activity and ‘evidence of achievement’ to be generated. On completion of the Spoke placement please review this evidence and comment upon the student’s achievements whilst placed with you. Please also identify any future learning activity that the student might benefit from in their Hub or future placement areas.

PLEASE NOTE any practice concerns arising in the Spoke placement must be communicated to the named mentor.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Intake &amp; Module of study:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Named Hub Mentor:</td>
<td>Hub placement area:</td>
</tr>
<tr>
<td>Spoke Mentor:</td>
<td>Spoke placement area:</td>
</tr>
<tr>
<td>Date(s) of Spoke Placement:</td>
<td>Hours worked:</td>
</tr>
</tbody>
</table>

PLEASE NOTE students are expected to demonstrate the same professional regard and behaviour in Spoke placement settings as in the main Hub placement as outlined below.

Expectations of Students:
- Please ensure you have accessed any available ‘Welcome Pack’ or ‘Information Packs’ for each ‘Spoke’ area.
- Students should adhere to the NMC ‘Student Code of Conduct’ 3rd Edition
- Students should comply with Trust / University policies and guidelines. For Example:
- Punctual attendance
- Adherence to Trust uniform policy.
- Maintain a professional attitude at all times
- Confidentiality, respect, privacy and sensitivity to the needs of others
- Actively participate in your time with each ‘Spoke’ area, show willingness, use your initiative and display commitment.
<table>
<thead>
<tr>
<th>Identified Learning Outcome(s): please identify here any learning outcome(s) from within the Assessment of Practice document which will be addressed within the Spoke placement area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Student Signature:</td>
</tr>
<tr>
<td>Spoke Mentor:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Summary of Evidence: please note here evidence of achievement relating to the learning outcome(s) identified above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Feedback from Spoke Mentor: please comment on the sufficiency of evidence presented by the student to demonstrate achievement of a specific learning outcome(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| Student Signature: | Date: |
| Spoke Mentor Signature: | Date: |

<table>
<thead>
<tr>
<th>Ongoing Placement Development: please note any learning or professional issues that might be addressed in the Hub or future placement settings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Spoke Mentor Signature | Date: |
Appendix 5: Medicines Compulsory Summative Assessment

The NMC require midwifery students to achieve the Essential Skills Clusters for pre-registration midwifery education as detailed in the NMC (2009) Standards for pre-registration midwifery education. For entry to the register students must achieve 100% pass mark in summative health related numerical assessment which must be undertaken in the practice setting. The assessment must confirm the student;

'Manages drug administration and safely monitors its effect'.
‘Calculates accurately the medicinal products frequently encountered within field of practice’.


The summative health related numerical assessment sits within the Professional Practice III assessment of practice (Theme K – Competent Practitioner Level – Safe medicine management in midwifery practice). Details of which can be found in the Practice Assessment Document for Professional Practice III.

This assessment forms part of the Professional Practice III practice assessment.

The assessment comprises the following:

During your formative review discussion your mentor will identify four different medicines frequently encountered in the Professional Practice III practice area that you will have witnessed being administered/administered to women in your care. Before your summative interview you are required to complete the following template for each of the four different medicines. The following administration routes must be included;

- Oral
- Intravenous
- Injection – subcutaneous or intramuscular

As you complete each template you must discuss it with your mentor. At your Summative interview your mentor will test your knowledge and understanding of the four drugs identified ensuring assessment of;

- Management of drug administration and safe monitoring of its effect'
- Accurate calculation of the medicinal products frequently encountered within field of practice’.

You must achieve 100% in this summative health related numerical assessment. A pass for one template = 25%, a fail for one template = 0%.

You will be familiar with the template below and will have been using it from your first practice allocation to facilitate your understanding of medicinal products management. You must attach your four templates to your assessment of practice documentation and submit these as per your assessment schedule.
<table>
<thead>
<tr>
<th>Drug name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proprietary name</td>
<td></td>
</tr>
<tr>
<td>Drug group</td>
<td></td>
</tr>
<tr>
<td>Indications/</td>
<td></td>
</tr>
<tr>
<td>Application to</td>
<td></td>
</tr>
<tr>
<td>Midwifery</td>
<td></td>
</tr>
<tr>
<td>Cautions</td>
<td></td>
</tr>
<tr>
<td>Contraindications</td>
<td></td>
</tr>
<tr>
<td>Side effects</td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td></td>
</tr>
<tr>
<td>Preparations</td>
<td></td>
</tr>
<tr>
<td>Mode of</td>
<td></td>
</tr>
<tr>
<td>administration</td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td></td>
</tr>
<tr>
<td>Example(s) of</td>
<td></td>
</tr>
<tr>
<td>dose calculation</td>
<td></td>
</tr>
<tr>
<td>from clinical</td>
<td></td>
</tr>
<tr>
<td>experience</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mentor Comments</th>
<th>Pass / Fail (Please indicate as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor</td>
<td>Print Name</td>
</tr>
</tbody>
</table>

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### Medicines Identification

<table>
<thead>
<tr>
<th><strong>Drug name</strong></th>
<th>Amoxicillin</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proprietary name</strong></td>
<td>Amoxil</td>
</tr>
<tr>
<td><strong>Drug group</strong></td>
<td>Broad spectrum antibiotic</td>
</tr>
<tr>
<td><strong>Indications / Application to Midwifery</strong></td>
<td>Urinary tract infections, oral infections, bronchitis</td>
</tr>
<tr>
<td><strong>Cautions</strong></td>
<td>History of allergy</td>
</tr>
<tr>
<td><strong>Contraindications</strong></td>
<td>Penicillin hypersensitivity</td>
</tr>
<tr>
<td><strong>Side effects</strong></td>
<td>Nausea, vomiting, diarrhoea, rashes</td>
</tr>
<tr>
<td><strong>Dose</strong></td>
<td>0.25-1mg six hourly, UTI 500mg eight hourly</td>
</tr>
<tr>
<td><strong>Preparations</strong></td>
<td>Capsules, oral suspension, powder for reconstitution for injection</td>
</tr>
<tr>
<td><strong>Mode of administration</strong></td>
<td>Oral (mouth) Intramuscular injection Intravenous injection Intravenous infusion</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td>Prescription only medication 250 mg capsules Oral suspension 125mg/5ml Powder Vial 500mg</td>
</tr>
</tbody>
</table>
| **Example(s) of dose calculation from clinical experience for this drug** | Prescribed 500mgs orally for severe infection  
Dose required = 500mg 
Strength of available tablet = 250mg x 1 = 2 tablets  
Prescribed 1gm by intravenous injection for severe infection 500mg Powder Vial diluted in 4 mls water for Injections  
Want x volume = 1000mg x 4 ml = 2 x 4 = 8ml = 2 vials  
Got 500mg |