

ACADEMIC SERVICES

PROGRAMME SPECIFICATION

Part 1: Basic Data	
<b>Awarding Institution</b>	University of the West of England
<b>Teaching Institution</b>	University of the West of England
<b>Delivery Location</b>	University of the West of England
<b>Faculty responsible for programme</b>	Health and Applied Sciences
<b>Department responsible for programme</b>	Nursing and Midwifery
<b>Modular Scheme Title</b>	Undergraduate
<b>Professional Statutory or Regulatory Body Links</b>	Nursing and Midwifery Council (NMC) approval
<b>Highest Award Title</b>	BSc (Hons) Midwifery
<b>Default Award Title</b>	BSc (Hons) Health and Social Studies
<b>Fallback Award Title</b>	BSc (Hons) Health and Social Care Studies
<b>Interim Award Titles</b>	Cert HE Health and Social Studies Dip HE Health and Social Studies BSc Health and Social Studies
<b>UWE Progression Route</b>	N/A
<b>Mode(s) of Delivery</b>	FT
<b>Codes</b>	<b>UCAS:</b>
<b>Codes</b>	<b>ISIS2:</b>
<b>Relevant QAA Subject Benchmark Statements</b>	QAA Midwifery (2001)
	<b>JACS:</b>
	<b>HESA:</b>
<b>CAP Approval Date</b>	08/05/2014
<b>Valid from</b>	September 2014
<b>Valid until Date</b>	September 2020
<b>Version</b>	1.1

**Part 2: Educational Aims of the Programme**

The pre-registration midwifery programme aims to develop midwives with a strong sense of professional identity, accountability and responsibility. Individuals will enter registered practice with an ability to promote salutogenic models of care that are evidence based, intuitive, collaborative and that promote the health and wellbeing of women and their families. Registrants will be able to critically reflect upon, review and develop their own practice and that of others within the multi-disciplinary team. The ability to provide seamless, individualised, compassionate care to women and their families through leadership, advocacy and holistic

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practice is fundamental to this preparation.

### Aims

The programme will enable the student, at the point of registration to:

1. Achieve NMC Pre-registration midwifery standards, associated Essential Skills Clusters (NMC, 2009) European Union (EU) directives and other requirements for registration, by confidently and competently practicing the clinical skills related to normal midwifery practice (to include UNICEF Baby Friendly Initiative standards).
2. Achieve an in depth understanding of applied anatomy, physiology, and medicines to provide safe and effective midwifery care, promote physiological birth and neonatal adaptation.
3. Effectively assess, implement and evaluate plans of care for women and their families.
4. Respond to changing situations of care, to include recognising complications and pathophysiology and demonstrate the ability to manage obstetric and neonatal emergencies.
5. Apply key theoretical concepts and frameworks related to social, cultural, emotional and spiritual factors that support salutogenic, woman centered, and midwifery practice.
6. Assume a strong sense of professional identity, which includes a firm understanding of the scope and diversity of midwifery practice in local, national and international contexts, and the personal accountability, responsibility and leadership necessary for autonomous practice and the promotion of women's choices, in all settings.
7. Develop the personal and professional capacity and interpersonal skills required to work in partnership with women, to begin to lead and co-ordinate care in inter-professional and inter-agency contexts to effectively support women and their families.
8. Develop the cognitive skills to identify and define complex needs and enact appropriate resolution strategies; demonstrating appropriate responses, critical decision making, innovation and leadership to manage competing demands.
9. Develop the skills, values, knowledge and understanding required to adopt an evidence based approach to practice and service improvement; to include the dissemination of good practice.
10. Develop the values, beliefs and behaviours necessary to provide and promote respectful, ethical, woman centered practice that is sensitive to the needs of others and which values diversity and inclusivity.
11. Recognise the limits of personal competence and scope of practice, seek advice where appropriate and initiate plans of action to address development needs.
12. Recognise the development needs of others and employ coaching and mentorship skills to assist in the identification of learning needs and the development of action plans.
13. Develop information literacy skills and be able to retrieve, organise and present information whilst adhering to information governance.
14. Recognise and respond appropriately to vulnerable women and families and enact safeguarding measures where appropriate.

### Specific aims

1. To provide an innovative learning experience that endorses student centered approaches (including peer working, reflection, evidence based practice and independent learning) to encourage cognitive and epistemological development.
2. To provide opportunities for students to engage in authentic, practice-based learning activities which allow them to apply anatomy, physiology, pathophysiology and medicines management to all aspects of midwifery care and which will develop confidence and competence in practice.
3. To provide opportunities for students to systematically engage with research throughout the programme and so develop skills in evidence based practice and lifelong learning.
4. To use iterative cases/ practice scenarios which will allow students to appreciate multiple perspectives and practice subtleties, to develop critical decision making and woman centred, holistic approaches to midwifery practice.
5. To provide structured skills and simulation activities which will aid students to develop key clinical and transferable skills; to include managing obstetric and neonatal emergencies.
6. To utilise Technology Enhanced Learning to initiate, embed and extend learning.
7. To provide assessment that promotes competence and confidence in the activities of a midwife.
8. To provide excellent clinical experiences that will facilitate leadership and management skills so

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that service provision can be enhanced and developed.

9. To promote opportunities for students to engage with case loading to develop autonomous practice and decision making skills, whilst gaining appreciation for the women's journey throughout the childbearing continuum.

### The Curriculum Pedagogy

The UWE, Bristol pre-registration programme will offer students an integrated learning experience, predicated upon student centred learning approaches, primarily enquiry based learning curriculum, where curriculum strands and themes are spiralled through the programme to promote reflective, growth orientated practice and leadership capabilities. The aim is to provide synergy between theory and practice, through the use of practice based enquiries, which extend understanding of practice and which dispense with the inflexible approach in traditional midwifery curricula where syllabus content does not mirror practice experience (NMC 2009).

The benefits of the above strategies are explored within the learning, teaching and assessment strategy document. However, the utilisation of enquiry based learning is common to several midwifery programmes (NMC 2011) because it values the learning activity as well as the content, and places the woman and baby at the heart of knowledge and the student at the centre of learning (Fraser et al. 1998). It is evaluated positively in relation to facilitating life-long learning (Brunt 2003) and enhancing links between theory and practice (Fisher and Moore 2005, Brown et al. 2008, McNiven et al. 2002). EBL equips students to meet changing health care agendas by enhancing the development of broader graduate skills; problem solving, critical analysis, project management, team working, communication, presentation and ICT skills and facilitation of deep learning (Kahn and O'Rourke 2004). The spiral element of the curriculum is based upon Bruner's (1960) model to enable students to revisit concepts and content so that they progressively identify connections between concepts and principles, resulting in cumulative development of knowledge, skills and understanding (Bruner 1960). This will facilitate the development of competent, confident practitioners as they continually explore what they know, how they act, who they are; utilising the model *knowing, acting and being* developed by Barnett and Coates (2005).

Each curriculum component is carefully designed to develop the specific knowledge, skills or values necessary to meet the changing demands of current and future midwifery practice. The programme will be developed and mapped to ensure coherence in relation to preparing students for practice placement learning. Students will engage in complementary learning activities, such as simulation, skills workshops, research workshops and tutorials and technology enhanced activities, designed as resources to support the enquiry being undertaken. In addition, the programme will include "preparation for practice sessions" which will include, amongst other things, the opportunity to practice hands on skills in a simulated environment, sessions to enhance resilience and peer workshops with PAL coaches in readiness for clinical practice. Whilst on placement, students will engage in Work Based Learning Days (WBLD) and Clinical Practice Seminars. These will be facilitated by a Visiting Lecturer or a Practice Associate Lecturer in Midwifery (PALM) and are designed to develop clinical skills and knowledge through practical activities. They will provide the opportunity for midwifery students in practice to reflect with peers, and as individuals, in a supportive environment to help assimilate theory and develop midwifery skills.

### Programme requirements for the purposes of the Higher Education Achievement Record (HEAR)

All of the NMC (2009) standards for pre-registration midwifery education must be achieved to complete the BSc (Hons) Midwifery. This programme aims to create a symbiotic relationship linking academic theory to clinical practice and to develop the midwives of the future who will lead practice. Future practitioners and leaders will have the professional values and core skills of compassion, competency, a caring attitude and commitment to midwifery and woman centred care and who will have the courage to transform, challenge and promote best practice.

The maximum registration period for this programme is six years to safeguard continuing currency of knowledge and its application in a professional context. Any progression beyond six years must be



### Part 3: Learning Outcomes of the Programme

Achieved NMC Pre-registration midwifery standards and associated Essential Skills Clusters (NMC, 2009) and EU directives to allow entry to the register.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								
Assume a strong sense of professional identity that includes a firm understanding of the scope and diversity of midwifery practice in all contexts.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Responds to changing situations of care and recognizes complications and pathophysiology whilst demonstrating the ability to manage obstetric and neonatal emergencies.	✓	✓	✓		✓	✓	✓		✓		✓	✓	✓					✓	✓
Demonstrate a commitment to the personal accountability, responsibility and leadership necessary for autonomous practice and the promotion of women's choices, in all settings	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Recognise and respond appropriately to vulnerable women and families and enact safeguarding measures where appropriate.	✓		✓	✓	✓		✓		✓		✓	✓	✓	✓		✓	✓	✓	
<b>(D) Transferable skills and other attributes</b>																			
Assimilate the skills, values, knowledge and understanding required for evidence informed practice, service improvement and the dissemination of good practice.	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demonstrate key values, beliefs and behaviours necessary to provide caring, compassionate, respectful, ethical practice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Develop the personal and professional capacity and interpersonal skills required to work in partnership with women and other professionals and begin to lead and co-ordinate care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demonstrate competence in UNICEF Baby Friendly Initiative standards	✓	✓	✓		✓	✓	✓		✓		✓		✓						✓
Use information and technology skills to retrieve, organise and present information whilst adhering to information governance.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Effectively assess, implement and evaluate plans of care for women and their families.	✓	✓	✓		✓	✓	✓		✓		✓	✓	✓	✓		✓	✓	✓	✓

### Part 4: Student Learning and Student Support

The Departmental Vision:

*“with practice, for practice, transforming practice”*

The Department of Nursing and Midwifery's vision (2012) highlights key areas for healthcare education and development which include: shared values and behaviours; collaborative practice partnerships; dynamic curriculums and relevant research and knowledge exchange.

The design of the BSc (Hons) Midwifery programme reflects this vision and has been influenced by other factors which include:

#### Part 4: Student Learning and Student Support

- The professional requirements of the Nursing and Midwifery Council and QAA (2001).
- UWE, Bristol 2020 strategy.
- The contribution to programme design from stakeholder, student and patient and public (service user) engagement.
- The requirement for midwifery students to experience inter-professional learning in the university and practice environment to enhance care provided to women and their families.
- The need to adopt an integrated programme approach so that learning, teaching and assessment, in all settings, is mapped, coherent and progressive, leading to the development of key knowledge, skills and values for safe and effective midwifery practice.
- The changing context of midwifery practice which demands that midwives adopt a strong professional identity and enhanced professional capacity, enabling them to lead and co-ordinate care, in a variety of settings and in partnership with women.
- The recognition that students need to gain an in-depth knowledge and understanding of the contexts in which midwifery practice occurs, informed by political, social, cultural, psychological, emotional and spiritual factors, developments in midwifery practice and health care, scholarship and research.
- The need to consider changes in technological advancement and reflect this in teaching and learning strategies (Department of Health 2012).

The aim of the 2014 BSc (Hons) Midwifery programme is to develop an innovative curriculum, based on the following key pedagogical principles:

- The integrated use of student centred learning approaches, primarily enquiry based learning, where the woman is at the heart of knowledge and the student is at the centre of learning (Fraser 1998).
- The integrated use of Technology Enhanced Learning (TEL), simulation, clinical and evidence based practice skills to support student learning and development.
- Integrated, coherent, progressive assessment.
- A strategic approach to supporting student learning and assessment in practice.
- A learning environment where students are provided with the opportunity to develop deep levels of knowledge through iterative engagement with key midwifery principles and concepts.

At least 50% of student learning must occur in a practice setting, supported by a sign off mentor (for at least 40% of the time). In order to maximise the student experience and enhance professional development, the programme offers a number of initiatives.

These include:

- Practice placements of no less than six weeks to allow the mentor/student relationship to develop
- The introduction of clinical pathways and hub and spoke placement experiences to improve continuity but also to allow flexibility within an area of practice to support student learning.
- The use of practice associate lecturers of midwifery to support practice based learning, formative and summative assessment and grading of practice and to facilitate work based learning sessions and clinical seminars, to provide supported reflection upon clinical experiences.
- Positive practice partnership working. For example, UWE educationally based supervisors of midwives working closely with clinically based supervisors of midwives and the local supervising authority midwifery officer (LSAMO), which improves the visibility of the midwifery academic in the clinical area and, concurrently, enhances student learning and assessment.

Preparation for employment and employability is addressed through:

- The opportunity to develop key graduate knowledge, skills, values and attributes that are attractive to prospective employers.
- Working in partnership with stakeholders to ensure that the programme is responsive to current practice needs and proactive in planning for future possibilities.
- Case load holding practice, from year one and the careful structuring of placements to allow positive experience of, and engagement in, midwifery led settings will develop UWE midwifery graduate confidence and ability to practice confidently and autonomously.
- The opportunity to undertake an elective placement or an Erasmus exchange, in year 3, to

#### Part 4: Student Learning and Student Support

widen their portfolio of experience.

- Choice modules, also in year 3, which have been developed in consultation with practice partners are targeted to enhance student employability and will allow the student to consider their future career path.

At UWE, Bristol there is a policy for a minimum average requirement of 12 hours/week contact time over the course of the full undergraduate programme. This contact time encompasses a range of face to face activities as described below. In addition a range of other learning activities will be embedded within the programme which, together with the contact time, will enable learning outcomes to be achieved and demonstrated.

On the BSc (Hons) Midwifery programme teaching is a mix of scheduled learning, directed, independent and placement learning. For the programme;

**Scheduled learning** includes lectures, seminars, tutorials, master-classes, project supervision, demonstration, practical classes, simulation and workshops, external visits, work based learning. Scheduled sessions may vary slightly depending on the module choices made.

**Independent learning** includes hours engaged with essential reading, case study preparation, assignment preparation and completion etc. Scheduled sessions may vary slightly depending on the module choices made.

**Placement learning:** may include a practice placement, elective practice placement and Erasmus exchange.

The Faculty is committed to providing an organised and consistent system of student support in relation to both academic and personal concerns. It also recognizes the need to ensure that students have access to comprehensive information on the availability of resources and sources of help. This commitment is demonstrated through:

- An Induction programme for all students
- Each student is allocated an Academic Personal Tutor
- Practice Associate Lecturer in Midwifery(PALM)
- Student Advisors
- Practice Support Helpline
- Access to library and computer suites
- Programme and Module Handbooks
- Tripartite Support (Mentors and Students)

The UWE Bristol midwifery student body has initiated a self-sustaining support and advancement group; *The Midwifery Society*. This group is currently the second largest academic society at UWE. The society is self-funding and secures nationally recognised speakers to enhance knowledge and understanding, as well as providing an invaluable peer support mechanism for new and existing midwifery students.

The midwifery team is fortunate to have a student body that demonstrates this level of motivation and commitment and is committed to ensuring that the student voice remains integral to future curriculum development. The midwifery student body is a vibrant group, willing to engage in peer assisted learning (PAL) as PAL leaders, undertake challenges such as international elective placements and competitions, engage in the UWE student ambassador service, and local initiatives and projects to improve services for women. Students have provided, through evaluation and discussion, feedback upon which to base curriculum decisions.

The programme meets the current NMC requirement of 45 weeks per year and 156 weeks, full time, degree level, for pre-registration Midwifery. This allows students to meet or exceed 4600 hours overall. Student learning and assessment activity meets the requirement that no less than 50% of available curriculum hours are spent in clinical practice and no less than 40% of curriculum hours are spent in theory. Students experience care across the full range of midwifery settings, to enable them to develop

#### **Part 4: Student Learning and Student Support**

an understanding of the needs and experiences of women and babies throughout a 24-hour period. Clinical practice involves direct contact with the care of women and babies under the direct or indirect supervision of a midwifery mentor and applies the principle of due regard in learning and assessment matters. NMC standards, essential skills clusters and graded practice are assessed by sign off mentors. The application of theory to midwifery practice in the academic learning environment is compliant with the standard that this must be undertaken by a midwife teacher and all outcomes within a progression point period must be achieved and confirmed within 12 weeks of entering the next academic level. The midwifery programme does not allow condonement and all assessments must be completed successfully to complete the programme. This is compliant with NMC requirements that students have the theoretical knowledge, practical skills and attitude to achieve the standards required for entry to the midwives' part of the register.

The maximum registration period for this programme is six years to safeguard continuing currency of knowledge and its application in a professional context. Any progression beyond six years must be approved through a UWE examination board.

#### **Description of any Distinctive Features**

**The design of the award route has been influenced by a number of factors:**

With deep roots in practice, the theoretical midwifery curriculum is complemented by carefully selected practice learning experiences. In year one, student placements are centrally grounded in normality in midwifery led settings to include birth units and the community. Strong practitioner support for this approach is based on the perception that students will benefit from exposure to autonomous midwifery practice early on and will develop confidence in normal pregnancy, birth and the postnatal period. As students' progress into year two, they are exposed to range of placements that will enable them to care for women who have a more complicated pregnancy, birth and postnatal recovery. In year three, students undertake placements that develop their leadership and decision making skills. In addition, as well as experiencing practice in acute settings, students return to midwifery led settings to consolidate skills in facilitating normal birth. Over the course of the programme students will participate in caseload holding. This will enable them to develop many of the core skills and values required by midwives, but will also enable them to understand the maternity service from the perspective of the woman experiencing it, providing a wider appreciation on the social context of birth.

The theoretical component of the midwifery programme will be delivered utilising student centered learning approaches, primarily enquiry based learning. This method provides excellent opportunities for students to self-direct their learning, acquire information literacy skills and skills to support evidence based practice. Since enquiry based learning employs the use of small groups to identify and progress learning, the strategy also develops key transferable skills such as teamwork, communication and project management. Other learning and teaching approaches are used to support student learning and these include simulation, technology enhanced learning, master classes and skills sessions. The use of inter-professional learning at UWE, Bristol promotes student competence and confidence when working collaboratively in the inter-professional team.

In addition to enquiry based learning, the programme employs a spiral approach. Themes visited iteratively, in an increasingly complex manner, facilitate the development and progression of higher cognitive skills, an increasing appreciation of the impact of context upon practice and the importance of professional identify when providing women centered care. The opportunities for small group working will enable each student to enjoy enhanced levels of facilitator support. Greater emphasis can be placed on supporting individual student needs, so that they are able to develop confidence and competence in the core skills required for midwifery.

Optional modules have been developed in response to stakeholder and service user feedback. Optional modules will be offered at both Level 3 and Level M and as a part of the UWE Continuous Professional Development Framework and employability.

The midwifery programme will utilise TEL, clinical simulation and activities that develop skills in utilizing evidence based practice. The table below exemplifies how this will be organised within each module.



	UZUSTF-30-1	UZUSTM-30-1	UZUSTD-45-1	UZZSMV-15-1	UZUSTG-30-2	UZUSTP-30-2	UZUSTC-45-2	UZYSNA-15-2	UZUSTH-30-3	UZUSUC-30-3	UZUSTE-45-3	UZUSTL-15-3	UZUSTJ-15-3	UZUSTK-15-3	UZUSU7-15-3	UZUSUB-15-M	UZUSU9-15-M	UZUSUA-15-M
<b>Technology Enhanced Learning:</b>																		
Virtual learning environment: Blackboard®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blackboard resources: e.g.doc, .ppt, mov, Kaltura® & Adobe® Presenter® enhanced .ppt, .mp3 podcasts, Youtube® videos	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TimelineJS® (Interactive timeline for chronologies & case-based progression of social & maternal complexity)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TEL training resources e.g. Lynda.com®	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC Library online workbook (finding information & evidence)	✓	✓	✓	✓					✓									
Blackboard® groups, wikis, blogs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Facebook® groups (midwifery specific)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
UChoose® (Interactive cased-based scenarios & decision making paths)	✓	✓			✓	✓			✓				✓	✓			✓	✓
On-line portfolio (PebblePad® / other)			✓				✓				✓		✓	✓				
Blackboard® Collaborate®					✓				✓			✓	✓	✓		✓	✓	
Collaborative webinars /video conferencing									✓		✓	✓	✓			✓	✓	✓
<b>Simulation: High Fidelity</b>																		
Simulation Mannequins(Sim-Mom & Sim-Baby), Defibrillator (AED),		✓	✓			✓	✓				✓		✓	✓			✓	✓
<b>Simulation: Low Fidelity</b>																		
MamaNatalie Birthing Simulator		✓	✓			✓	✓				✓							
Birthing Pool, Couch & Bed, Birthing Sling, Home Birth Room, Ward Areas		✓				✓	✓				✓							
Clinical skills: Venepuncture and Cannulation Model, injection giving model, Simulated Skin (suture and staple removal),			✓	✓			✓	✓			✓		✓				✓	
Clinical equipment: Sphygmomanometer, Stethoscope, Pinard stethoscope, Doppler fetal monitor			✓	✓			✓	✓			✓		✓	✓			✓	✓
Anatomic models: Maternal Pelvis, Pelvic Floor, Cervical Assessment model, Placenta & Umbilical Cord, Fetal Skull with identified Landmarks, Breastfeeding model, mannequins	✓																	
		✓	✓			✓	✓		✓		✓			✓			✓	
Adult Resuscitation (Mannequins & related equipment), Neonatal		✓	✓			✓	✓				✓		✓	✓			✓	✓



## Part 5: Assessment

to improve the student experience, assessment tasks should be limited in size, preceded by formative assessment (which includes elements of self-assessment) and mapped across a programme to create “connections, sequences, timing and logical flow” to promote understanding of the profession or discipline. Feedback from student midwives identified that the opportunity to practice and master assessment formats would be beneficial to them, confirming the findings of the Higher Education Academy TESTA project (2014).

The assessment strategy will therefore follow a programme wide approach as described above. Formative tasks will feed forward to summative assessments either in the form of gateway assessments which are graded prior to the summative task, or tasks which form part of a portfolio for which feedback is received as the portfolio is compiled. Structured self-assessment, linked to formative tasks, has been piloted in year three and feedback has been positive. This will be rolled out to all year groups. Assessment has been carefully mapped iteratively across the programme and will take the form of activities to promote development of the values, knowledge and skills required to be a successful midwife. This adds value over and above only using summative assessment as a measure of success in achieving module learning outcomes, as might be the case with some types of assessment.

For example, the programme assessment strategy includes:

A patchwork assessment in years 1 and 2, submitted via e-portfolio software. This will encourage the development of a range of abilities, both intellectual and emotional, to include reflexivity and empathy and to test out creativity, an important aspect of professional practice (Crow et al 2005).

Critically, reflective accounts of practice which take account of holistic care, team-working and action plans for future practice. This assessment will support the development of critical appraisal skills, supporting students to reflect on contemporary practice, challenges in the work-place and make application of evidence based practice. Students will be able to develop skills for employment as they are able to contextualise clinical situations and apply appropriate solutions and strategies.

Practical exams. Whilst exams are not rated highly as learning experiences in themselves, when practically applied they begin to have more value and students perceive them as useful as discussed in the MINT report (NMC 2011). The NMC (2009) require at least one unseen exam as an assessment item during the pre-registration midwifery programme.

## Assessment Map

The programme encompasses a range of **assessment methods** including: patchwork assessment, practical skills assessment, an oral assessment, in class written test, presentation, clinical practice assessments and dissertation. Students are required to compile a practice portfolio as part of their practice assessment, but this is not graded.

These are detailed in the following assessment map.

		Type of Assessment*									
		Unseen Written Exam	Open Book Written Exam	In-class Written Test	Practical Exam	Practical Skills Assessment	Oral assessment and/or presentation	Written Assignment	Report / Project	Dissertation	Portfolio
Compulsory Modules Level 1	UZUSTF-30-1							A (100)			
	UZUSTM-30-1				A (50)			B (50)			
	UZZSMV-15-1						A (50)	A (50)			
	UZUSTD-45-1					A (100)					
Compulsory Modules Level 2	UZUSTG-30-2							A (100)			
	UZUSTP-30-2			B (50)	A (50)						
	UZYSNA-15-2							A (100)			
	UZUSTC-45-2					A (100)					
Compulsory Modules Level 3	UZUSTH-30-3							A (100)			
	UZUSUC-30-3									A (100)	
	UZUSTE-45-3					A (100)					
Choice Modules Level 3	UZUSTK-15-3				A (100)						
	UZUSTL-15-3							A (100)			
	UZUSTJ-15-3						A (100)				
	UZUSU7-15-3								A (100)		
Optional Modules Level M	UZUSUA-15-M				A (100)						
	UZUSUB-15-M							A (100)			
	UZUSU9-15-M						A (100)				
	UZUSU8-15-M								A (100)		

\*Assessment should be shown in terms of either **Written Exams**, **Practical exams**, or **Coursework** as indicated by the colour coding above.

**Part 6: Programme Structure**

This structure diagram demonstrates the student journey from Entry through to Graduation for a typical **full time student**, including: level and credit requirements; interim award requirements; module diet, including compulsory and optional modules

ENTRY		Compulsory Modules	Optional Modules	Interim Awards
↓	Year 1	UZUSTM-30-1 Skills for Midwifery Practice 1	None	<b>Cert HE Health and Social Studies</b>  <u>Credit Requirements</u> 120 of which not less than 100 are at level 1 or above
		UZUSTF-30-1 Holistic Midwifery Practice 1		
		UZZSMV-15-1 Communication in a Diverse World		
		UZUSTD-45-1 Clinical Midwifery Practice 1		
↓	Year 2	Compulsory Modules	Optional Modules	Interim Awards
		UZUSTP-30-2 Skills for Midwifery Practice 2	None	<b>Dip HE Health and Social Studies</b>  <u>Credit Requirements</u> 240 credits of which not less than 100 credits are at level 2 or above and 220 credits are at level 1 or above
		UZUSTG-30-2 Holistic Midwifery Practice 2		
		UZYSNA-15-2 Service Improvement – A Collaborative Approach		
UZUSTC-45-2 Clinical Midwifery Practice 2				
↓	Year 3	Compulsory Modules	Optional Modules	Interim Awards
		UZUSTH-30-3 Holistic Midwifery Practice 3	UZUSTK-15-3 UZUSUA-15-M Newborn Health Assessment (choice)	<b>BSc Health and Social Studies</b> <u>Credit Requirements</u> 300 credits of which not less than 280 credits are at level 1 or above, not less than 100 are at level 2 or above and not less than 60 are at level 3 or above.
		UZUSTE-45-3 Clinical Midwifery Practice 3	UZUSU7-15-3 UZUSU8-15-M Negotiated Midwifery Module (choice)	
		UZUSUC-30-3 Midwifery Dissertation	UZUSTJ-15-3 UZUSU9-15-M Managing Maternal Critical Care (choice)	<b>Target/ Highest Award</b> <u>Credit requirements</u> 360 credits of which not less than 340 credits are at level 1 or above, not less than 200 credits are at level 2 or above and not less than 100 credits are at level 3 or above Only the target/highest awards with named descriptors i.e.BSc (Hons) Midwifery provide eligibility to apply for Nursing and Midwifery registration providing all NMC requirements are met.
	UZUSTL-15-3 UZUSUB-15-M Public Health and Health Promotion in Midwifery (choice)			

## GRADUATION

### Part 7: Entry Requirements

The University's Standard Entry Requirements apply with the following additions/exceptions\*:

**Health checks and Disclosure and Barring checks (DBS) will be undertaken on all candidates in accordance with university, faculty and programme policies.**

Tariff points as appropriate for the year of entry, which for the academic year 2013/14 would be 340  
**(Please refer to the UWE website for more information <http://courses.uwe.ac.uk/B711/2014#entry>)**

### Part 8: Reference Points and Benchmarks

The design of the BSc (Hons) Midwifery programme has been developed with reference to a number of key guidelines, policies and strategies. External influences have been considered e.g. professional body requirements, Subject benchmarks and Department of Health policies.

- Cummings, J. (2012) *Developing a vision and strategy for nursing and midwifery care England*: NHS Commissioning Board.
- Department of Health. (2013). *The NHS Constitution for England 2010*. London: Department of Health
- Department of Health (2012a) *Liberating the NHS: No decision about me without me*. London: The Stationery Office.
- Department of Health (2012b) *The Operating Framework for the NHS in England 2012/13* London: The Stationery Office
- Department of Health (2011a) *NHS Outcomes Framework 2012/13* London: Department of Health.
- Department of Health (2010a) *Front-line care: the future of nursing and midwifery in England 2010* London: The Stationery Office.
- Department of Health (2010b) *Midwifery 2020 Delivering Expectations* [www.midwifery2020.org](http://www.midwifery2020.org)
- Department of Health (2009) *Delivering High Quality Midwifery Care: the priorities, opportunities and challenges for midwives*. [www.dh.gov.uk](http://www.dh.gov.uk)
- Department of Health (2008a) *High Quality Care for all: NHS Next Stage Review Final Report (Darzi report)*. London: Department of Health. (Cm. 7432).
- Department of Health (2008b) *Framing the nursing and midwifery contribution: driving up the quality of care*. London: Department of Health.
- Department of Health (2007a) *Our NHS Our future: NHS next stage review - interim report (Darzi Review)*. London: Department of Health
- Department of Health (2007b) *Maternity Matters: Choice, access and continuity of care in a safe service*. London: Department of Health
- Department of Health (2004a). *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*. London: Department of Health
- Department of Health and Department for Education and Skills (2004b) *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health.

## Part 8: Reference Points and Benchmarks

- Health care Commission (2008) *Towards better births. A review of maternity services in England*. London Commission for Healthcare Audit and Inspection.
- Interprofessional Capability Framework (2010) Sheffield Hallam University
- Kings Fund (2011) *Safe Births: Everybody's Business* London King's Fund Laming, Lord W. (2009) *The Protection of Children in England: A Progress Report*. Department of Education and Skills
- Lewis G (2011) Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer: 2006-8 *International Journal of Obstetrics and Gynaecology*. Vol 118 Supplement
- Marmott M (2011). *Fair Society healthy lives: Marmott Review*. London Health Observatory
- Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report). London: Stationery Office.
- Nursing and Midwifery Council (2008a) *Good health and good character: Guidance for educational institutions*. London
- Nursing and Midwifery Council (2008b) *The Code: Standards for conduct, performance and ethics for nurses and midwives*. London: Nursing and Midwifery Council.
- Nursing and Midwifery Council (2008c) *Standards to Support Learning and Assessment in Practice*, London: Nursing and Midwifery Council.
- Nursing and Midwifery Council (2008d) *Standards for pre-registration midwifery education* London: NMC publications
- Nursing and Midwifery Council (2009b) *Guidance on professional conduct for nursing and midwifery students*. London: NMC Publications.
- Nursing and Midwifery Council (2011) *Midwives in Teaching (MINT) project* London: NMC publications
- NMC (2012) *Midwives Rules and Standards*. NMC London
- Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010). *Front line care: the future of nursing and midwifery in England. Report of the Prime Minister's Commission on the Future of Nursing and Midwifery in England*. London: Department of Health
- Quality Assurance Agency for Higher Education (2008) *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland*. The Quality Assurance Agency for Higher Education, Mansfield.
- Quality Assurance Agency Benchmark statement (2001) *Midwifery Standards*. Glos
- University of the West of England, Bristol. Department of Nursing and Midwifery (2012) *Our Vision: Our Future*. Bristol: University of the West of England, Bristol
- University of the West of England, Bristol. Department of Nursing and Midwifery (2013a) *Procedure for Consideration of Disclosed Criminal Records* Bristol, UWE
- University of the West of England (online) UWE Bristol Strategy 2020: Advancing knowledge, inspiring people, transforming futures. Available <http://www1.uwe.ac.uk/aboutus/visionandmission/strategy/strategydocuments.aspx> (accessed on 01/12/2013)

## Part 8: Reference Points and Benchmarks

What methods have been used in the development of this programme to evaluate and improve the quality and standards of learning?

This new curriculum has been based on extensive consultation and evaluation involving academics, students, stakeholders, service users. The focus of this process has been to map key professional and personal drivers identified from all parties against national and local drivers for change. This has enabled the programme team to develop a coherent programme structure and pedagogy that gives students the very best opportunity to develop into ready and able graduates who, at the point of registration, are fit for midwifery practice, purpose and award and who, throughout their career, will retain strong professional values, a strong professional identity and a strong woman centred focus.

Stakeholders were engaged in a number of ways. These include:

- Monthly Programme Development Meetings (Programme Team, Practitioners, Students and Service User attendance)
- Weekly Programme Development Update meetings
- Intermittent meetings with stakeholders (Heads of Midwifery x6, Senior Management Meetings x5, Supervisor Meetings x8, Practice Development Midwife meetings x3, Mentor Updates x10, Curriculum Cafes x6)
- Service User Events x5
- Service User Questionnaire x7
- Student Consultations x7
- Department Committee x1
- Curriculum Oversight Group x2

Students have been involved and contributed to the development of the 2014 curriculum development through

- Student Representative Staff Forums,
- Focus groups in the development of the departmental vision
- Module/programme/placement evaluations.
- Student to student scoping (via student reps)
- Annual University Student Experience Survey and National Student Survey (NSS)
- Facilitated student cohort discussions

Student feedback of note includes: requests to consider increased clinical skills teaching and simulation, the abandonment of frequent large group teaching and the introduction of small group teaching with an increasing emphasis upon reflection and more directed study time to enable consolidation of learning. Students have indicated that they would prefer a midwifery led placement in year one, clear clinical pathways for practice learning and a more even spread of theory input throughout the year. Students have indicated that they would like to retain an OSCE assessment but also would prefer to have less variety in assessment, but that the assessment links explicitly to the development of midwifery skills.

This specification provides a concise summary of the main features of the programme and the learning outcomes that a typical student might reasonably be expected to achieve and demonstrate if he/she takes full advantage of the learning opportunities that are provided. More detailed information on the learning outcomes, content and teaching, learning and assessment methods of individual modules can be found in module specifications, available on the [University's website](#).