



City University London
School of Community & Health Sciences

Assessment Guidelines

Programme(s)	BSc (Hons) Midwifery (78-week programme)		
Module Code(s)	NM2738		
Curriculum Theme	Practice		
Module Title	Developing an Identity as a Professional Midwife		
Assessment Type	Portfolio of Practice		
Type	Summative		
Submission Deadline			
Cohort	September 2009	Semester of Study	1
Level	HE2	Credits	30
Weighting	100%	Pass Mark	40%

Introduction

The Portfolio of Practice will allow you to demonstrate achievement of the NMC Proficiencies. You will be directed through specific practice activities, demonstrate competence in specific clinical skills and reflect on the experiences undertaken in the practice area. Verification of student achievements will be undertaken at specific points during each year.

Instructions for this assessment are clearly outlined in your Portfolio documentation.

Module Learning Outcomes

The learning outcomes for this module are met in a range of ways, including the learning and teaching strategies used in the module, your student directed study and through this assessment. The specific learning outcomes of this assessment are outlined in your Portfolio documentation.



Assessment Submission

Programme(s)	BSc (Hons) Midwifery (78-week programme)		
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Name of Module Leader		Student Number	
Student SURNAME		Student FIRST NAME	
Word Count		Cohort	
Group Number		Submission Deadline	

Attempt (e.g. 1st, 2nd, 3rd)

I certify that the two copies of coursework, one being electronic, that I have submitted is my own unaided work, and that I have read and complied with the guidelines on plagiarism as set out in the student handbook. I understand that the University may make use of plagiarism detection software and that my work may therefore be stored on a database, which is accessible to other users of the same software.

Students should be aware that, where plagiarism is suspected, a formal investigation will be carried out, and action may be taken under the University's rules on Academic Misconduct. This might result in penalties ranging from mark deduction to withdrawal from the University.

Signature Date

For office use only: Please stamp here

✂.....

Assessment Submission Receipt: Please complete the details below prior to submitting your work

Student Name:		
Module Code	NM2738	For office use only: Please stamp here
Theme	Practice	
Assessment	Portfolio of Practice	



Marking Record and Feedback to Student

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Name of Student	
Cohort	September 2009
Name of Marker	
Name of Moderator	

Are ALL activities completed? <i>(if not then student has failed assessment - Box D below)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are ALL signatures within the portfolio registered on the record of Assessors/Mentors page? <i>(if not then please record below)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are ALL signatures dated? <i>(if not then please record below)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have ALL clinical hours been completed? Please record number of hours completed: <i>(if not then please record below)</i>	Hours completed =	

Record of Overall Result (As recorded in the Portfolio of Practice by the Mentor/Sign-Off Mentor)	A <input type="checkbox"/> Excellent Practice B <input type="checkbox"/> Good Practice C <input type="checkbox"/> Safe Practice D <input type="checkbox"/> Unsafe Practice	Overall Mark
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For University use only:	A = 70%	B = 60%	C = 40%	D = 35%
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Marker's overall feedback (please continue on a separate page if necessary)

Marker's Signature **Date**

Moderator's feedback

Moderator's Signature **Date**

External Examiner's feedback to student

External Examiner's Signature **Date**

Print Name