Module Code: NU643

Module Title: Teaching E-portfolio

Personal Tutor: [redacted]

Student Name: [redacted]

Student Number: [redacted]

Grade awarded – 80%.

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Personal Teaching Philosophy:

My personal teaching philosophy has been influenced by the experiences throughout my life and career that have led me to where I am today. This philosophy is reflected by the work of those that motivated me in my learning and education, and how these people have positively impacted on me as an educator. My drive and passion to facilitate meaningful learning experiences for the next generation of nurses and midwives has been shaped by the work and dedication of those around me, holding themselves responsible for delivering high quality compassionate care to patients and their families. As a conscientious and passionate neonatal nurse, I found the desire to be the person that can influence and motivate the same level of passion for my students in their careers that I have in mine.

The education philosopher R. S. Peters refrained from trying to put any single definition on the term education due to the difficulty encapsulating all that this would encompass. However, Peters had criteria he felt needed to be satisfied for the true success of the education. That education involved the 'transmission of what is worthwhile to those who become committed to it;' and 'must involve knowledge and understanding and some kind of cognitive perspective, which are not inert' (Peters, 1966; pp25, 31).' My understanding of Peters' criteria and how it influences my practice is to ensure that content or pieces of learning are not just being expressed by me as the educator but equally being received by the learner. This ensures that meaningful learning is taking place in my classroom and not just content delivery. This statement has shaped my philosophy on teaching throughout my teaching practice, I have evolved from the belief that a teaching session is delivering meaningful content, to the realisation that a teaching session is delivering meaningful content in a meaningful way, that ensures my students are learning. It is not just what we teach but how we teach it. Equally to determine the true success of the students on their educational experience it is imperative that they are assessed to ensure successful achievement of their learning goals.

According to Dewey (1897) to increase students learning the quantity and quality of "real teaching" must change. Thus, the plane of the teaching profession today focuses on active learning strategies in the classroom, which is heavily evolved from the passive pedagogies of previous classroom learning. My focus is therefore to engage the learners with active learning strategies that entice students to be involved and responsible for their own learning. This shifts the focus from surface learning to deep meaningful learning.

To conceptualise my belief in the role of the teacher involves a multi-faceted approach. This includes but is by no means limited to the teacher that is motivated, enthusiastic, approachable, can deliver and format

content that it is understandable to all leaners, innovative, and open-minded. I strive to ensure my students are motivated by my desire for them to learn, my love for what it is I'm teaching, and my passion for them to succeed not just intellectually but as professionals in their careers. I aim to be open- minded in my ability to teach, where I can adapt my practices when I feel it is warranted. To be approachable is essential and is a top priority for me with my students as I feel it is essential to build a rapport within my classroom. This not only sets the tone of the class but will also enable students to feel confident enough to actively participate in my classes, ask questions and gain learning from not only me but one another.

By fostering this collaborative learning approach, learning is not only student- teacher focused but peer focused also. The educational psychologist Vygotsky (1926) formed his theory based on the premise that social interaction is pivotal to learning. Vygotsky emphasised that connections are built on social interactions. I wholeheartedly agree with the theory of building knowledge on that which is previously learned or experienced and thus actively encourage reflection on own experiences in the classroom setting. By lending the classroom format to student discussion and expression, learning can be supported through shared views and experiences. The work of Dewey (1897) and constructivist theory also support student interaction and the role of the teacher as facilitator where learning occurs through students engaging in problem- based work and developing critical thinking skills; The latter of which is especially relevant for the nursing and midwifery force today. Deweys' work has shaped my practice in that it is not solely focused on the students' acquiring the knowledge that is set out but requires the student wholeheartedly engaging with content to enable them to excel not just in the classroom but in the work force also.

To assess and evaluate my own practice is vital to my progression as an educator and my ability to adapt my practice according to those in my classroom. Feedback and evaluations allow me to reflect on my own learning and how I can improve upon my skills. Of equal importance is reflecting on student assessment as this will correlate directly with how the students in my classroom are learning. I find formative quizzes particularly beneficial to assess student ongoing learning. This ensures areas of confusion or difficulty are highlighted and further support can be delivered and equally highlights areas for me which may require a different approach to my delivery of the content.

What I consider a successful teaching experience is when my students achieve their desired goals. The expectation for any programme of learning is for students to achieve what it is they have set out to. This is more than just the acquisition of knowledge on a given topic and is better reflected in their ability to confidently understand and rationalise their care or utilising essential problem-solving and critical-

thinking skills. As I continue to grow and evolve in my role as an educator so too will my teaching philosophy. It is a document I will amend and restructure as my learning experiences dictate.

Best Practice in Teaching Methodologies: (Word Count: 2,118)

Best Practice Large Group Teaching

When teaching large groups of students, for practical reasons lectures are often most appropriate. Lectures are useful to help demonstrate basic concepts to a large audience which can be later developed and explored in smaller group sessions such as labs or tutorials. In this way they are time effective. Although lectures can be a useful and appropriate method of conveying information, they also have their disadvantages. The didactic approach to teaching has been historically criticised for the way students passively receive information.

Newble and Cannon (1995) found that attention levels drop after 20 minutes of a presentation. Thus, to maintain attention span, lectures need to be broken up with regular intervals or breaks with activities that encourage student participation to make the lecture as interactive as possible. The aim is to encourage students to actively participate in learning, which is essential to optimise attention and retention of information (Jenkins and Pepper 1988). The concept of 'active learning' has been positively associated with students engaging in meaningful activities to support meaningful learning. (Prince, 2004). The focus has been shifted from passive to active learning where students assume responsibility for their own learning through participation in collaborative work and discussions.

In a study conducted by Revel and Wainwright (2009), findings highlighted several aspects that indicated a lecture that was deemed 'unmissable'; a good lecture included regular breaks for discussion and participatory activities. These could be buzz groups, discussions, role playing, presentations, problem-solving activities, or any activity that encourages students to think for themselves and interact either with the teacher or other students. This also aided in maintaining attention levels when timed regularly throughout the lecture.

This study also highlighted the need for structure within a lecture. Students found it helpful to learn within a structured format, where information was delivered in simple terminology to ensure concepts were easier to understand. Held and Mc Kim (2009) supported the need for a coherent structure to enhance

retention of material. They highlighted the need to signpost important statements, emphasize key points, link explanations to each other and summarize appropriately. Having lecture handouts of PowerPoint presentations have also been found to be very beneficial. The use of handouts enabled students to follow the lecture clearly and kept their attention focused on the main points (Revel and Wainwright, 2009). According to Held and Mc Kim (2009) good handouts can compensate for students that are not fully prepared for the lesson, may have no previous knowledge on the topic or motivation to follow the lecture.

Finally, the key to a good lecture is the lecturer. Although some have natural flair for talking in front of large groups of people, others require some pointers to make a lecture memorable and engaging. According to Held and Mc Kim (2009) a good lecturer should present in a clear and logical manner, making the subject meaningful, showing expert knowledge and enthusiasm for the subject, be willing to demonstrate the theory in practical situations, and generate curiosity. Other attributes highlighted in Revel and Wainwright (2009) was the ability of the lecturer to build a rapport with the class, which directly influenced class engagement with the subject. It also made the lecturer less intimidating to students which directly influenced their confidence and likelihood to ask questions.

Best Practice Small Group Teaching

Small group teaching strategies are fast becoming the superior method for ensuring students are better engaged in their learning. Small group teaching is preferred for the ability to facilitate active learning strategies. Broadly defined active learning is any directive that engages students in the process of learning (Prince, 2004). Small group teaching, which encourages greater student participation, has been shown to help students with communication skills, critical thinking, abilities to work in teams, decision making skills and improved ability to retain knowledge (Dennick and Exley 1998). According to Brophy and Good (1986) when students are engaged in active learning, collaborate with their peers, and are challenged in activities, they show improved achievement and learning.

Robinson and Hullinger (2008) describe student engagement as a means of determining the quality of learning received by the student. A strong association has also been shown between student satisfaction

and student engagement in the classroom. The more satisfied students are with the learning they are receiving the more likely they are to engage in activities in the classroom setting. When designed appropriately small group learning activities ensure a safe learning environment where students are active participants in learning through interactions with their peers (Agnihotri and Ngorosha (2018).

A safe environment, peer interaction, and pedagogical strategies that encourage critical thinking and problem solving are the centre of effective small group teaching (Light, Cox and Calkins, 2009). Yen and Lee (2011) describe problem solving activities as student centred, where the focus is shifted towards student engagement and interaction. Utilising this strategy facilitates a student- centred approach to the classroom setting, where students become involved in more creative and interactive learning. Using problem solving activities ensures students can interact with their peers in a collaborative effort to achieve their learning needs (Memory, Yoder, and Williams, 2003). This social interaction between peers also enhances student motivation through participation and learning (So and Brush, 2008). Furthermore, encouraging active learning through problem solving of real cases, helps to engage students critical thinking skills. Numerous studies looking at the concept of student engagement found that when students are involved in activities which target higher level cognitive thinking they are better engaged with the curriculum (Samson, 2015). Examples of practical learning opportunities in nursing education include using problem- based scenarios or videos and 'real life' case presentations to help enhance student learning through deeper understanding of the curriculum.

The role of the facilitator is to motivate students to utilise what they already know and guide them to make connections while encouraging lateral thinking (Azer, 2005). The facilitator needs to make students feel safe, while instilling confidence in them to share their knowledge and thinking with others. In a study conducted by Steinert in 2004, students identified someone who motivated thinking and problem-solving, encouraged interaction, highlighted the relevance of content within the clinical setting, and wanted to support students as the characteristics of a good facilitator.

Best Practice Clinical skills Teaching:

Clinical skills laboratories and clinical skills teaching aids in exposing nursing and midwifery students to essential basic skills required for clinical practice. Skills sessions optimize effective skills teaching within the safety of the learning environment, where there is no risk to patients. Traditional methods to introduce students to practical sessions include student's role- play and simulations, use of anatomic models, and teacher demonstrations (Mc Donald et al, 2018).

To limit cognitive overload, skills are recommended to be taught in manageable learning chunks (Leppink and Heuvel, 2015). Prior to the skills session, theoretical knowledge related to the practical skill should be taught. This prevents the simultaneous learning of task performance and theoretical knowledge relating to the task which can divide the learner's attention. Demonstration of the skill should be performed, by an expert, to allow students to observe the correct sequence and timing of the skill (Cornford, 1999). Allowing students to observe in silence, enables the student's visual neural tract to focus on the movements of the skill without processing additional information (Leppink and Heuvel, 2015). When teaching psychomotor skills, directly observing the skill in real time on a dummy can give students confidence to carry out a task (Buscombe, 2013). George and Doto (2001) recommend next demonstrating the task and simultaneously describing the steps in detail. However, this is contradicted by Leppink and Heuvel (2015), who argue that this can overwhelm the learner and divide attention. Limiting the demonstration- verbalisation step to a few elements with brief description is thus recommended (Nicolls et al, 2016).

Students must then be given the opportunity to practice performing the skill themselves. Quinn (1995) believed that although students learn the theoretical notion through observation of a skill, they can only learn the psychomotor skills required to perform a task through practice. Ericsson et al., 1993 notes that acquired skills come from practice and repetition. This is required for skills to be retained, recalled and transferable to the clinical environment (Deborough, 2011). Archer et al, 2015 states that achievement of psychomotor skills is reliant upon practice and feedback. Providing timely feedback to students on performance of the task enhances learning of motor skills (Nicholls et al., 2016).

A further strategy commonly used to engage students in clinical skills learning is scenario-based sessions. This is an effective way to involve students in realistic clinical scenarios designed to support learning in a safe environment (Parker and Myrick, 2008). This method of teaching allows student exposure to stressful situations which is designed to support critical thinking, and improved decision making (Nehring et al, 2001) as well as increasing student perception of confidence and self-efficacy (Madorin and Iwasiw, 1999). This real- life scenario can enable students to learn from their mistakes in a safe environment, and better supports learning concepts around specific nursing practices which can be difficult to grasp in the classroom setting (Nehring et al., 2001). Bremner et al., (2006) found that students recognized the skills they acquired from simulations of the clinical setting as readily transferable to clinical practice.

Best practice Innovative Teaching Strategies:

Innovative teaching strategies emphasise the way in which we adapt our teaching practice to reflect the changing population present in the classroom. Changing our teaching strategies also shows the adaptation of teaching as a profession to better meet the needs of students based on evidence of how students engage and learn in the classroom, or indeed the clinical setting. In recent years the switch to online learning strategies has been escalated due to the Covid 19 pandemic and the need to adapt and utilise alternative strategies to ensure students learning needs are met. Many studies have proven that this blended learning approach has huge benefits for students and is desirable for both students and universities. E- learning has significant benefits for learning and offers flexibility and pacing for all learners (Cook et al., 2008). This step towards the virtual realm of learning seems to be inevitable due to the new younger generation, referred to as millennials, that are technologically competent and comfortable in the online world of mobile phones and other smart devices (Pardue and Morgan 2008). How we can change to involve the needs of these millennial learners is in the innovation of our teaching strategies.

The use of video- based learning has been increasingly utilised as more and more programmes are being facilitated in some means through an online platform. Videos can be implemented in several ways including live recordings of lectures, pre-recorded lectures, or pre-assigned learning prior to face-to-face sessions in the flipped classroom. Many universities are using online platforms that are versatile and allow

students to easily access content through mobile phones or any smart device. The benefits of delivering lessons in this way include; Added learning support for students that have to miss a lecture for a genuine reason (Zupancic and Horz, 2002), in the 'flipped' classroom approach where students participate in learning prior to class, thus, in- class activities are used to engage students in active learning (Holenko and Hoic- Bozic, 2008), to aid as a revision tool prior to exams (O'Donoghue, Hollis and Hoskin, 2007), and to offer students' flexibility to replay the lesson as frequently as they like to aid in understanding of concepts (Whatley and Ahmad, 2007). Learners have found video lectures to be enjoyable, motivating, and an effective way to improve their learning (Traphagan, Kucsera, and Kishi, 2010). Giannakos et al., (2016) found that students that were more familiar with using video recordings for learning were more likely to engage in this teaching strategy than those that had no previous exposure.

Another innovative strategy showing huge benefits is in the flipped classroom pedagogy, where students are assigned self- directed learning to complete prior to attending a class. This ensures the student is prepared for and ready to participate in relevant classroom activities (Yu 2019). This technique encourages self- directed learning away from the classroom using pre-recorded videos or recommended reading material and ensures classroom time is utilised to promote active learning strategies (Zappe, Leicht et al. 2009). Active learning encourages students' involvement in their own learning. Active learning enhances problem- solving skills and promotes student active participation. Even in large- size classrooms, learning, and participation can be enhanced using active strategies such as group work and clickers or polls using students' response systems. Here students can anonymously participate in classroom activities (Yu, 2019). Utilising this strategy improves efficiency of learning through peer interaction and problem- based learning (Draper et al., 2002).

Reflections Using Johns Reflective Cycle (1994) (Word Count: 2,691)

Large Group Reflection:

Situation:

One of my first large group face to face sessions was to 100+ first year students from all four disciplines of nursing and midwifery, introducing them to the basics of temperature. I had my Powerpoint presentation uploaded to their online platform prior to the session and brought notes for myself to the class. The session was one hour in length, and I had been confident that I had prepared my presentation and was ready to engage the students in learning. However, towards the end of the session attention began to drop off for some of the students. As a result, I lost my own confidence and struggled towards the end of the class to keep students engaged.

Reflection:

I started off strong and utilised strategies I had prepared and read about, but I was disappointed in how the attention of the class and thus my own confidence dwindled as the lecture progressed. In response to the students wavering attention, I found my nerves increase, and my ability to motivate learning reduce. I lost control of the situation, rather than using techniques to gain attention that I had learned. In the moment I felt anxious, I felt like I should not have been there, that I was doing a very poor job. Some of the students maintained good attention and interaction with me, other students began chatting quietly amongst themselves.

Influencing Factors:

I think my own self confidence influenced my reaction in this scenario. Although when I reflect now, I take the positives that I was able to stand up with confidence in-front of this large group; I was able to gain their attention and maintain it for most of the class; I was able to utilise the strategies I had planned to aid retention of learning, such as using real life scenarios to get them to think of the physiology of temperature regulation; I paused to encourage them to answer questions; I ensured different people and different areas of the room answered questions; and I drew on real life scenarios to gain their interest. However, in the moment I only felt the attention when it wavered. I know from my own learning that we

lose attention after 20 minutes and it is important to use different activities to break up the didactic style class to encourage student participation and peer learning. Although I had used several techniques early in the class, continuing this throughout the session is vital to maintain student engagement and thus student learning. This would have ensured I had given the students the opportunity to maximise their learning from this lecture.

Learning:

To reflect on this session allows me to recognise what I did right in this situation as well as what I did wrong. By appreciating what I did right initially in the session and seeing the results of student participation and attention in the classroom, I can recognise what I did wrong. By reverting to a more didactic pedagogy to get through the lecture content, I could see how the attention dropped and the students disengaged. What I have learned from this session is to prepare different strategies to be utilised throughout a lecture. Be prepared to lose student interest and have an activity ready to encourage active class participation. I have noticed my confidence grow with asking questions and applying content to real life scenarios. However, I need to develop confidence with utilising student activities to ensure even in large groups, active learning is achieved and sustained.

Small Group Reflection:

Situation:

I found the sudden adaptation to online teaching particularly challenging when it came to small group teaching. One of the sessions I was undertaking was a small group session on bereavement care with third year undergraduate midwifery students. I was conscious that it was essential for students to participate in this class to achieve maximum benefit from it.

Reflection:

The biggest challenge with this topic was that it wasn't about the content of the Powerpoint, it was how the students participated and drew from their own experiences that would enhance learning. As they were third year students, I knew they would have experiences from placement to draw from. I was also

conscious of the sensitivity of the lesson and the potential of it impacting them personally. Firstly, I decided not to record the session to reduce the pressure of speaking up in the class. I used the powerpoint slides to structure the session but encouraged the students to share their own experiences, some preferring to use the chat box as a means of communication rather than speaking out. I also found a poem which depicted the turmoil of miscarriage from the perspective of mother, father, and friends. I used breakout rooms to get the students to discuss this poem and its meanings amongst themselves and got them to feed back to the larger group for discussion. I found it very daunting to undertake this type of class online but was surprised by the level of participation and noted how using appropriate strategies can lead to active engagement in the classroom.

Influencing factors:

I know as students we can be very vulnerable; we are exposed to sensitive situations and feel unsure how to react or respond. As a result, we can doubt ourselves. Thus, this was an important topic to allow students to share their experiences and be guided with how to appropriately support families. The biggest barrier for me with this session was that it was online, something that was out of everyone's control.

Could I have dealt with it better?

I found the chat box was very useful for those too shy to speak up, however it can be very hard to convey emotions appropriately in this format and I wish I had encouraged students to use their microphones more. Normalising being able to speak out in these classes would potentially ensure the students got the most from this class.

Learning:

What I learned most from this session was the effectiveness of using appropriate active learning strategies. What worked well with this topic was using the breakout rooms to get students to interact with each other, discussing a poem and picking out themes. Allowing them to feedback to the group encouraged discussion and shared learning. As third year students they had a good level of exposure to the clinical setting and thus would have had scenarios to reflect on and share. In future I would adapt further strategies to encourage more open discussions. I could have used the breakout rooms to stimulate

further peer feedback, I could also have gotten them to engage in role play to support their learning and put it into practice. The breakout rooms worked well for this session so I could have utilised this strategy more than once.

Clinical Skills Teaching Reflection:

Description:

As part of the introduction for a new process of care for the collapsed infant on the postnatal ward, we ran real-life simulations for staff members to carry out the new procedure. On the first run, as the clinical skills facilitator for neonates, I observed the midwife that found the infant, transferred the infant to the nearest available resuscitaire, called for assistance, and initiated infant resuscitation. A second midwife was dedicated the task of making the emergency phone calls and communicating to the neonatal team. Finally, two staff members from the neonatal team were on standby to receive the call and respond to the 'emergency'.

Reflection:

The aim of this simulation was to engage staff in learning from a real-life response to an emergency. In the run up to this simulation I ran brief walk-through sessions with staff on the postnatal ward to ensure they were familiar with the upcoming changes. The aim of the exercise was to encourage deep learning from simulating this potential emergency in real-time. As this was my first time running a drill, I felt nervous about my role as facilitator but ensured I knew what I had to do and was confident with the scenario as I had hoped it would run. I had devised a checklist of tasks I needed to see performed to ensure the training of staff had been effective and equally as important the words that needed to be communicated. As this was the first simulation for this clinical practice change, we ran a basic scenario and ended it when the appropriate steps had been observed.

Influencing Factors:

The biggest influencing factor on this day was the multi departmental involvement. As such, the aim was to follow the appropriate steps, escalate care appropriately and stop the simulation once all parties had

participated in their role. Staff were prepped prior to commencing the simulation, they were timed for future practice, and offered immediate feedback.

Could I have dealt with it better?

I feel that despite my nerves about running this simulation, good preparation ensured I felt in control throughout the simulation in my role as facilitator and lead for this simulation. Staff were well prepared prior to starting the simulation so they knew what to expect and felt reassured and safe about their learning. I ensured to run the simulation as if it was real time, no interruptions, only to report the status of the infant as the simulation played out. I also ensured to give immediate feedback to staff to enforce their learning from the simulation.

Learning:

This was great learning for staff, to promote confidence and self-efficacy. I also found it was great learning for me, which I had not anticipated. Staff performed exceptionally during the scenario and the feedback was all positive. The preparation in the lead up to running this simulation meant that all participants including myself knew what was required of them. I had previously run smaller scenarios but with less preparation and felt that the simulation never ran as smoothly when I was unsure of what I expected as an outcome. As with any lesson, I noted that preparation was paramount, I knew what I expected from each participant, I had a checklist of what was needed, and thus could give immediate feedback as a result.

Integrated Teaching Reflection:

Description:

To compare my first session and most recent session teaching the same topic is a prime opportunity to reflect on my journey throughout this programme. The first session I gave was on physiological jaundice to 17 third year undergraduate midwifery students. Most recently I delivered an adapted version on this topic to nine staff nurses working on the paediatric ward within my hospital.

Reflection:

When I think back to that first session, I had spent a huge amount of time preparing my powerpoint presentation and practising my slides. I had also pre-recorded my session (again numerous times, as I felt I kept making errors). I had felt I almost needed to be word perfect, not making any small errors or slip of the tongue. I was extremely nervous that I would blank on the topic, even though it is a concept I am familiar with and encounter daily in my workplace. As a result of nerves, I wanted to ensure I knew what I wanted to say with each slide and used them as strict prompts for the flow of the session. In my most recent delivery of this topic, I adapted the previous slides I had used and spent the rest of my preparation time devising questions and activities to engage staff. I split up the group and got them involved in some group activity work, giving each of them a scenario to plot bilirubin levels appropriately on a phototherapy chart and decide the course for treatment. As I knew I had a huge amount of knowledge and experience of this topic my fear of blanking or stumbling over my words had resolved and my interest was drawn to engaging the learner. My mindset for class preparation had already been shifted from knowing everything I wanted to say inside out, to ensuring staff were engaged and interested in what I was saying.

Influencing factors:

The content on this programme and my experiences through my two years have been my biggest influencing factors. I also find myself being influenced by other educators in my daily life in work or even on social media. It is not necessarily about what you are saying but how you are saying it. As I have progressed through the course work, I have been influenced by the research that supports engaging students to inform deep learning, rather than overwhelming students with huge amounts of content that results in surface learning. I can see through reflecting on my own practice what works and what does not. When large volumes of content are crammed into sessions and leave little or no time for any form of activity that involves student participation, not only are students flattened by the session but subsequently so is the educator. I reflected in my large group teaching sessions to be prepared to have students lose interest, therefore, you will have a strategy ready to break up learning and re gain attention.

Could I have dealt with it better?

The purpose of this programme was for my own learning, I have taken the appropriate steps and reflected on the journey I have taken. We all must start somewhere; the key is ensuring that we utilise our experiences to learn what works and what does not. This shapes us and will continue to shape me

throughout my teaching career. My teaching philosophy states that I will continue to evolve and grow on this path and so how I teach will continue to be adapted by my experiences.

Learning:

Reflecting on my teaching practice from day one to now I note the biggest shift is in my confidence in my ability to deliver content in an engaging and meaningful way. I previously spent most of my time on the content and slides for each session I would be teaching. I have since learned that equal emphasis and thus time should be spent on devising how I will be delivering the content and not just what content will be delivered. A large portion of time and effort needs to be utilised on lesson planning. By doing this- thought is given to the format of delivery, the layout of the room (if face-to-face), is there an option to deliver the session online, what the group size is, what type of learning is it- small or large group teaching, if teaching a skills will background content also need to be delivered on the day or can it be delivered separately, and so much more.

Furthermore, it is the educator that makes a session as much as the content being delivered. Huge amounts of literature support the lecturer themselves as the draw for students' attendance. Students have highlighted the lecturer's enthusiasm, passion, and personable nature as well as the degree to which a lecturer can bring a topic to life, as indicators of a good lecture (Revell and Wainwright, 2009). In contrast in small group sessions, the lecturer can often be required to take the back seat, taking on a more facilitating role rather than active teaching role. Here the students are required to take to the forefront through active discussion among their peers and indeed with the lecturer. Again, this is a skill I have learned, to be able to mediate a class where the students learn from each other through problem- solving from scenarios or reflecting on own experiences if applicable.

To conclude how I perceive teaching now versus how I had anticipated teaching to be are completely different. So much of teaching lies in the format in which we teach and the strategies we utilise, and not just the content we deliver. I have learned through my experiences over the past two years to lesson plan for the group as well as the content. Using my learning outcomes to shape my lesson design. Equally I have learnt through observation of other educators the invaluable lesson in how we as the educator engage the learning through our passion, enthusiasm, and ability to make the teaching session 'unmissable'.

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Module: NM4146

Lesson Plan: Management of Hypoglycaemia on the Postnatal Ward

Date: 29/ 03/ 21	**Title of session:** Management of neonatal hypoglycaemia on the Postnatal Ward	**Duration of session:** 10 minutes
Venue: Online	**Number of learners:** 21	**Title of course:** Bachelor of Science in Midwifery

Stage of training: 3rd year midwifery students, semester 2: module: Responding to Complex Needs of the at risk and Ill Neonate (NM4146).	**Previous related experience/knowledge of subject/lectures had by students:** Experience on postnatal wards as student midwives, previous lectures on identification of at-risk infants for developing hypoglycaemia and prevention of hypoglycaemia.

Context of current session:
Follow up to session on identifying the neonate at-risk of developing hypoglycaemia on the postnatal ward and preventing hypoglycaemia.

Room arrangement:
Online – Synchronous learning –recorded for asynchronous learning if required.

Learning resources/equipment required:
Computer,
Access to internet,
Access to blackboard collaborate,
Sound and camera,
Power point slides,
Printed guideline on hypoglycaemia management (UMHL)-not essential

Aims/learning outcomes for session:

By the end of this session students will be able to:

- Describe what glucogel is and why we use it,
- Identify the criteria required for administering glucogel,
- Recognise the infant requiring further care and treatment.

Strategies for the assessment of student learning (during the session/ end of the session):

Students will have previous relevant learning on this topic and will be assessed at the end of the session by a mini quiz.

Content and Process of lesson (introduction, body, conclusion)			
Time:	**Content**	**Teacher Activity**	**Student Activity**
2 mins	**Engage:**	Introduction, check audio and video, Welcome everyone Identify relevance of topic and previous relevant learning on hypoglycaemia Introduce learning outcomes	Gain student's attention, encourage engagement with the topic, relate topic to previous learning
1 min	**Exploration:**	Presentation sequenced in order of relevance: what is hypoglycaemia, glucogel: what it is and what it is used for is outlined.	Stimulate recall of previous learning and medication, and a time they may have seen it used. Application to practice enhances learning
3 mins	**Explanation:**	Introduce when and how to administer glucogel. Outline rationale for safety of the baby, considerations as the care giver- this will help students to understand why we give glucogel and how.	Students may recall from experiences observing glucogel being administered, improved learning with rationale for administering gel or admission to the neonatal unit.
2 mins	**Extension:**	Introduce strict policy guidelines surrounding glucogel, focusing on the impact on the patient will facilitate better understanding of the topic.	Learning of the current policy in use will facilitate own practice in caring for infants with hypoglycaemia.
2 mins	**Evaluation:**	Quiz: didactic questioning used: will effectively induce recall and comprehension skills. This will aid in retention of information.	Active interaction through chat box. Stimulating recall of information.

Evaluation format for session: Learning will be evaluated by mini- quiz to enhance student retention of information and transfer of information. Student evaluation forms to be completed after session.
Resources/handouts/direction to students: Policy uploaded for further learning.
Further linked sessions: Previous sessions linked to this topic already delivered.
Reflections on key learning experiences for self: Session went well, aim to utilise more engaging strategies earlier in the session, particularly when students have previous knowledge on the topic. Fill in the blanks quiz was very well received, will definitely use again in future.
Development goals and plans: To continue to utilise strategies to engage the students. Evaluation by the students will continue to assess what is working well with the sessions and what requires improvement.

Signed: [redacted] **Date:** 22/03/21

Module: NM4146

Lesson Plan: Bereavement Care

Date: 23/02/2021	**Title of session:** Bereavement	**Duration of session:** 2 hours
Venue: online	**Number of learners: 12**	**Title of course:** Higher Diploma in Midwifery

Stage of training: 1st semester Higher Diploma midwifery students	**Previous related experience/knowledge of subject/lectures had by students:** Students are all qualified nurses with exposure as staff nurses, no clinical exposure in the maternity setting to date.

Context of current session:
Online session pertaining to perinatal bereavement care.

Room arrangement:
Online session, synchronous class, no live recording taken as all students present for session, sensitive nature of topic with hope to encourage better class discussion and engagement

Learning resources/equipment required:

- Access to internet
- Computer/ laptop
- Sound and camera
- Access to power point

Aims/learning outcomes for session:

By the end of this session students will be able to:

- Define the meaning of bereavement and grief
- Discuss the role of the midwife in perinatal bereavement care
- Outline the importance of effective communication in bereavement care

Strategies for the assessment of student learning (during the session/ end of the session):

- Students will be given the opportunity to ask questions and provide feedback from own clinical experience
- Use of Seamus Heaney poem to encourage discussion and encourage deeper thinking in relation to the topic.
- Poll utilised to gage students previous experience in relation to bereavement care as general nurses.

Content and Process of lesson (introduction, body, conclusion)

Time:	Content	Teacher Activity	Student Activity
10mins	Introduction to session, icebreaker to gage previous experience, discussion re: recording of session	Introductions made, Poll survey	Engagement in poll, showing previous experience in bereavement care as nurses
25mins	Power-point presentation, questions	Power-point slides, draw on experience to encourage experiential learning	Active listening, experiential learning
	Break x 10 minutes		
10mins	Poem introduced: students asked to read through poem: explanation of group discussion of poem, duration of discussion, advised nominate someone to feedback to group afterwards- encourage engagement with topic	Explain strategy of engagement and encourage discussion	Students actively engaged in discussion among their peers in relation to topic and reference of poem
20mins	Breakout rooms x 3: 4 students per room		
10mins	Students were brought back to main conference room, discussion of topic: feedback from each group on their interpretation and discussion of each groups feedback.	Positive reinforcement after engagement in activity and identification of themes used in poem	Active listening, relating to own experiences in the general setting, opportunity to ask questions
10mins	Communication as our biggest tool to aid in bereavement care- power-point Experiences from practice used to highlight the positive and negative impact of communication	Experiences from practice used to highlight negative and positives aspects of communication	Change in topic to most relevant tool used, active listening. Using experiences to encourage experiential learning
10mins	Conclusion and time for questions	Questions encouraged	Opportunity to ask questions following session
5mins	Evaluation of session and relevance: mentimeter.	Mentimeter tool used for feedback	Engage in mentimeter tool to provide feedback

Evaluation format for session:

Students asked to provide feedback to question "how did you find today's session?" on mentimeter

Resources/handouts/direction to students:

Power point uploaded to moodle, poem uploaded to moodle

Further linked sessions:

This session will be followed by further bereavement care sessions next semester as well as meeting an going through the role of the bereavement clinical midwife specialist when on placement.

Reflections on key learning experiences for self:

I feel this session went well, students engaged well with the breakout room discussion and feedback from the poem.
I feel I could have encouraged further engagement with the topic of communication in relation to their previous experience as nurses, but this was not fully achieved in this session.
I would encourage more feedback from students if they had previous experience of caring for women requiring perinatal bereavement care.
I was however conscious of the sensitive nature of the topic and the age cohort of young women I was engaging with, and the potential for their own personal experience of perinatal loss.

Development goals and plans:

Continue to utilise the breakout rooms (this was my first session to do this) as it is an extremely useful way to facilitate group discussion.
In a less sensitive topic encourage feedback from students of own practice.

Signed: [redacted] **Date:** 21/02/21

Module: NM4146

Lesson Plan: Chest compressions and Resuscitation Drugs

Date:06/03/2021	**Title of session:** Chest Compressions and resuscitation drugs	**Duration of session:** 1 hour 30 mins
Venue: online	**Number of learners:** 12	**Title of course:** Bachelor of Science Midwifery
Stage of training: 3rd year undergraduate midwifery students: semester 2: Responding to Complex Needs of the at risk and Ill Neonate (NM4146).	**Previous related experience/knowledge of subject/lectures had by students:** Previous online and face to face session on initial steps of resuscitation and positive pressure ventilation	

Context of current session:
Follow on session to the initial steps of resuscitation and PPV, will be followed by a face-to-face tutorial where steps of resuscitation will be combined.

Room arrangement:
Online – Synchronous learning –recorded for asynchronous learning if required.

Learning resources/equipment required:
Computer,
Access to internet,
Access to moodle and big blue button,
Sound and camera,
Power point slides,
Phone to access quiz

Aims/learning outcomes for session:

By the end of this session students will be able to:

- Discuss when we begin chest compressions in a resuscitation
- Outline how to perform chest compressions
- Identify when to stop chest compressions.
- Recognise what drugs are used in a newborn resuscitation and why.

Strategies for the assessment of student learning (during the session/ end of the session):

A quiz at the beginning of the session will recall previous learning on this topic. A summary 'fill in the blanks' quiz will revise learning achieved during session. Feedback will be evaluated by mentimeter at the end of the session.

Content and Process of lesson (introduction, body, conclusion)

Time:	Content	Teacher Activity	Student Activity
15mins	**Engage:**	Introduction, Statement of consent check audio and video, Welcome everyone Introduce learning outcomes	Gain student's attention, encourage engagement with the topic, relate topic to previous learning.
15mins	**Exploration:**	Breakout room: 3 groups- A,B,C. complete quiz in teams. Watch live response- once finished bring group back together- announce winner!	Recap on previous learning related to the topic. engage students. Get them to interact with one another.
15mins	**Explanation:**	Introduce criteria for starting chest compressions. Video to demonstrate technique.	When do we commence chest compression explained. Engage in video for demonstration in real life.
10mins	**Break**	Coffee Break	Coffee Break
15mins	**Extension:**	Work through steps of how to deliver chest compressions, reassess effectiveness and when to use resuscitation drugs. Rationalise each step, actively question students to encourage critical thinking. And active participation.	Continued questioning to encourage students to engage in topic and utilise critical thinking and analysis.
15mins	**Evaluation:**	'Fill in the blanks' quiz used to summarise learning. Mentimeter used to get feedback of session. Time alotted for any questions.	Quiz to summarise topic used to evaluate learning during session. Students answer in chat box, recall and apply learning. Asked to evaluate session on mentimeter. Opportunity to ask any questions.

Evaluation format for session: A quiz at the start of the session will evaluate and recall previous learning related to this topic. A summary 'fill in the blanks' quiz engages the learning related to the session. Mentimeter will evaluate the session at the end.
Further linked sessions: A face-to-face lab will follow to teach the practical skills in this session.
Reflections on key learning experiences for self: I felt this session went very well. All the active strategies I had hoped to utilise worked well with minimal interference with technology. Unfortunately, my camera did not work, although I had checked it prior to beginning the session. I feel I rushed through the introduction and welcoming to the topic as I was concerned re getting the statements of consent. I wish I had taken more time here as it would have settled students and relaxed them better for the session.
Development goals and plans: Listening back to the recording I felt at times I stumbled over my words and could probable pace myself a bit better. I could pause more frequently to allow for any questions to be asked and could maybe have asked more questions. Although I feel have improved on my own questioning techniques from previous reflections, there is always room to improve on this to assess learning and engagement. After this session I will aim to relax my pace a bit and encourage better engagement through questions.

Signed:  **Date:** 06/04/2021

Module: Staff training

Lesson Plan: Hyperglycaemia

Date: 27/11/20	**Title of session:** Hyperglycaemia in VLBW infants	**Duration of session:** 30minutes
Venue: clinical setting- neonatal unit UMHL	**Number of learners:** 20	**Title of course:** Staff training as part of 'neonatal nuggets'
Stage of training: junior to senior staff nurses and midwives	**Previous related experience/knowledge of subject/lectures had by students:** From novice to experienced staff working in a neonatal unit. Some formal training will have taken place for most students- recap based on current case on unit.	

Context of current session:
Introduction to topic for new or junior staff
Recap on topic for more senior experienced staff

Room arrangement:
small room design, chairs aligned to allow all staff to see powerpoint on computer and see lecturer.

Learning resources/equipment required: Powerpoint, handouts, case file

Aims/learning outcomes for session:

By the end of the session learners will be able to:

1. Recognise, understand, and monitor for signs of hyperglycaemia in the at-risk infants
2. Demonstrate understanding of the physiology of hyperglycaemia in VLBW infants
3. Outline criteria required to begin treatment for hyperglycaemia
4. Rationalise risks versus benefits for treatment options of hyperglycaemia

Strategies for the assessment of student learning (during the session/ end of the session):

Opportunity to ask questions and relate to own experience in practice.
Discuss specific elements of session related to case study.
Feedback opportunity at end of session.

Content and Process of lesson (introduction, body, conclusion)

Time:	Content	Teacher Activity	Student Activity
2 minutes	Brief welcome to students, introduce topic and rationale for discussion- relate to case study Introduce learning outcomes/ aim of session	Introduce topic and learning objectives. Introduce case presentation as rationale for choosing topic.	Gaining interest in topic. Motivated to participate and engage in learning
10 minutes	Lecture- hyperglycaemia in the VLBW infants Discuss relevance to practice/ own experiences	Presentation- questions to students relating to own experiences	Reflecting on past experiences. Sharing own experiences.
10 minutes	Lecture-Treatment options: Time given to discuss and reflect on own experiences of treatments used.	Presentation- treatment and current evidence based best practice.	Discussing treatment options
8 minutes	Discussion relating to recent case study	Present case study- hyperglycaemia presentation, contributing factors, monitoring and treatment	Discussion relating to previous and current experiences of management of hyperglycaemia. Potential to initiate change in care.

Evaluation format for session:
Students to identify best part of session/ least relevant part of session.

Resources/handouts/direction to students:
Handouts distributed, powerpoint saved to computer desktop on unit under 'neonatal nuggets' session, useful articles linked in references

Further linked sessions:
this session was presented as a stand-alone recap session on a specific topic relating to a case on the unit. It was delivered several times to ensure a good volume of staff received the session.

Reflections on key learning experiences for self:
I found this session very enjoyable as staff were very interested and keen to learn. Relating the topic to a present case study motivated staff to engage and learn from this session. It was easy to highlight the theory behind the practical application. Giving staff the theory behind the practice allows for deeper learning and thus better understanding of the topic.

Development goals and plans:
Further group sessions such as this which relate specifically to cases on the unit are valuable learning opportunities as staff engage well with the topic and are motivated to learn more. Keeping the session short ensures staff remain engaged and are eager to participate in learning from the outset. It is also realistic to use short bite size sessions as this took place during the busy working day.

Signed: [redacted] **Date:** 28/11 /2020

Module: NM4146 Parenting Journey through the NNU.		
Date: 04/02/21	Title of session: Parenting journey through the NNU	Duration: 1 hour
Venue: Online	Number of learners: 15	Title of course: Bachelor of Science in Midwifery
Stage of training: 3rd year semester 2	Previous related experience/knowledge of subject/lectures had by students: Students would have experience in the clinical setting in caring for mothers with an infant on the NNU, and some would have experience of a specialised placement in neonates	
Context of current session: First online session dedicated to the specialised, holistic care for the parents of infants in the NICU		
Room arrangement: Online – Synchronous learning –recorded for asynchronous learning if required.		
Online Learning resources/equipment required: Computer, access to internet, access to moodle, sound and camera, you tube, power point slides, printed handouts (not required)		
Aims/learning outcomes for session: By the end of this session students will be able to: • Identify stress factors affecting parents of a sick baby, • Understand the impact of having a baby in the NNU, • Recognise our role in caring for parents of a sick baby, • Understand the importance of family centred care (FCC) and provide appropriate FCC to parents.		
Strategies for the assessment of student learning (during the session/ end of the session): The session will give students the opportunity to discuss relevant experiences with this topic, questions will be asked to promote discussions. An assignment will be given to the students in relation to this topic and will account for 80% of overall grade.		

Online teaching Plan:

Lesson Elements	What does it look like	What tools can I use
Gain attention: 3 mins	Introduction, check audio and video, Welcome everyone- assess previous experience of caring for mothers of a sick infant.	Poll used to assess how many students have had experience in the neonatal unit or caring for mothers with infants in the neonatal unit
Inform learner of objectives: 2 mins	Introduce learning objectives.	Power- point presentation.
Stimulating recall of prior learning: 5 mins	Question slide: identify 3 negative factors affecting parents of a baby in NNU.	White board Text box to engage students and get them connecting with the topic

Presenting the stimulus **20 mins** **Providing learning guidance: 5 mins**	Live synchronous – power-point slides You tube video	Powerpoint presentation slides, relate to real life stories and cases, Use you tube video to engage students to the real life NNU setting
5 mins	**Coffee Break**	
Eliciting the performance: 10 mins **Providing feedback about correctness of the performance**	Connect to real life experiences, Connecting our role in caring for these parents.	Relating to experiences will help to engage students in the topic
Assessing the performance: 5 mins	Students to evaluate session on mentimeter	mentimeter
Enhancing retention and transfer: 5 mins	Student assignment set relating to the topics spoken about in session	An 80% assignment will be set on this topic, Further reading provided to enhance and support further learning in this area.

Evaluation format for session:
Mentimeter to establish presentation of topic discussed.

Resources/ handouts/ Direction to students:

Further learning on topic given to students in a reading list.
Assignment set for inclusion in overall grade,
Power-point slides and recording uploaded to moodle.

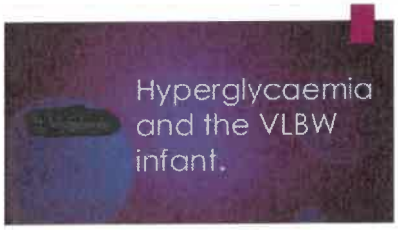
Further Linked Session:

Further linked session on guidance and support of session will be given if required by students.

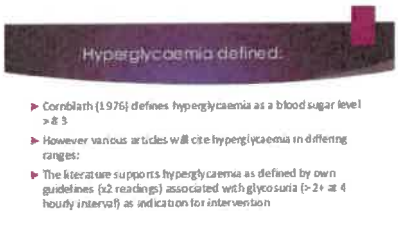
Signed:_____ Date:_____ 04/02/21

Hyperglycaemia Powerpoint Presentation:

Slide 1



Slide 2



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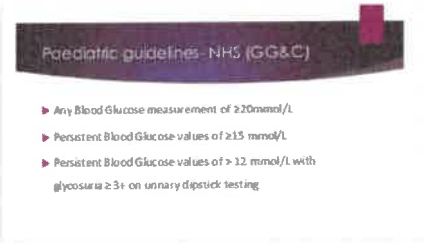

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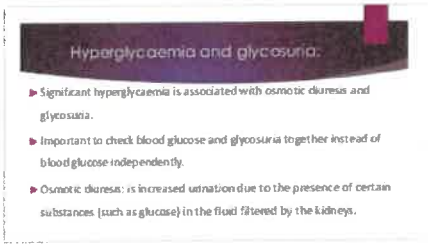
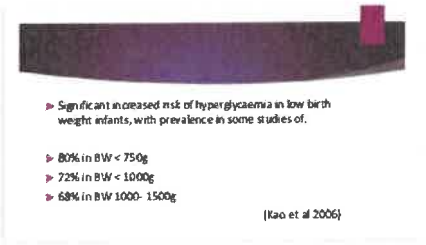


Slide 5

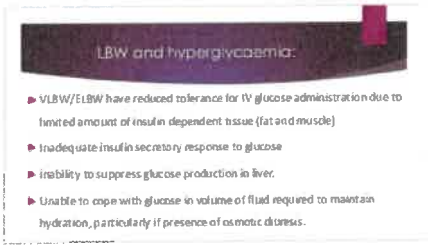
Slide 6



- Significant increased risk of hyperglycaemia in low birth weight infants, with prevalence in some studies of.
- 80% in BW < 750g
- 72% in BW < 1000g
- 68% in BW 1000- 1500g

(Kao et al 2006)

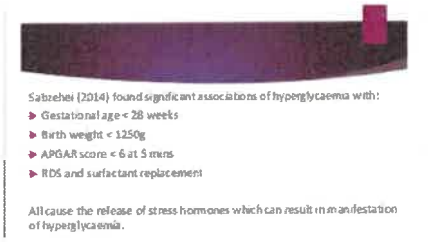
Slide 7



LBW and hyperglycaemia:

- VLBW/ELBW have reduced tolerance for IV glucose administration due to limited amount of insulin dependent tissue (fat and muscle)
- Inadequate insulin secretory response to glucose
- Inability to suppress glucose production in liver.
- Unable to cope with glucose in volume of fluid required to maintain hydration, particularly if presence of osmotic diuresis.

Slide 8



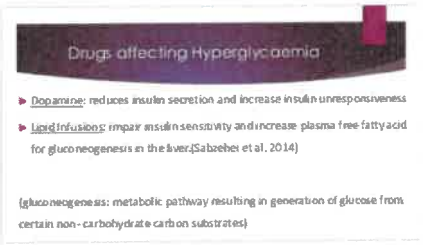
Sabzehei (2014) found significant associations of hyperglycaemia with:

- Gestational age < 28 weeks
- Birth weight < 1250g
- APGAR score < 6 at 5 mins
- RDS and surfactant replacement

All cause the release of stress hormones which can result in manifestation of hyperglycaemia.

Slide 9

Slide 10



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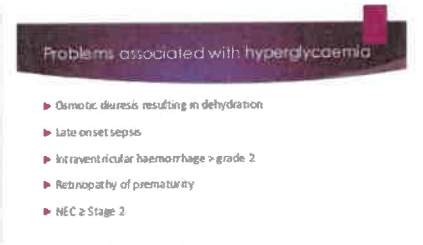
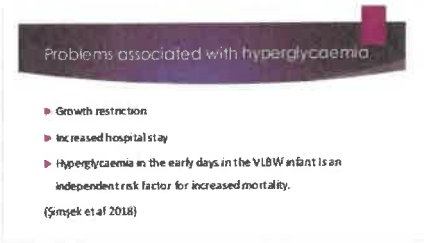
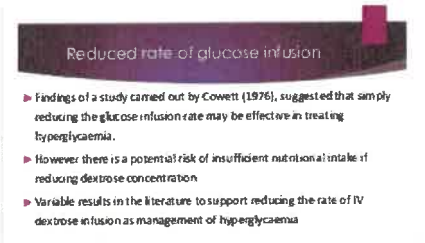


Slide 12

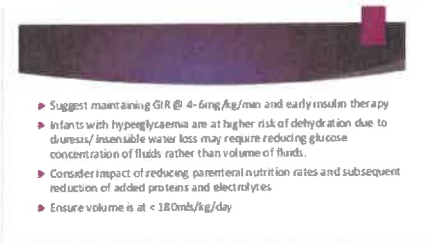


Slide 13

Slide 14

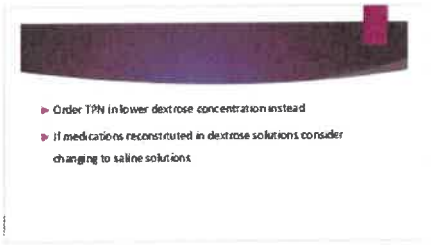


Slide 15



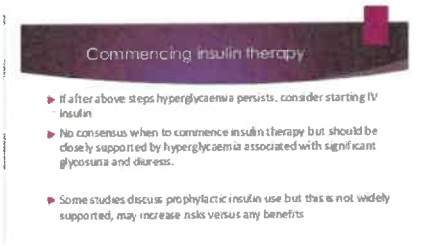
- Suggest maintaining GIR @ 4-6mg/kg/min and early insulin therapy
- Infants with hypeeglycaemia are at higher risk of dehydration due to diuresis/ insensible water loss may require reducing glucose concentration of fluids rather than volume of fluids.
- Consider impact of reducing parenteral nutrition rates and subsequent reduction of added proteins and electrolytes
- Ensure volume is at < 180mls/kg/day

Slide 16



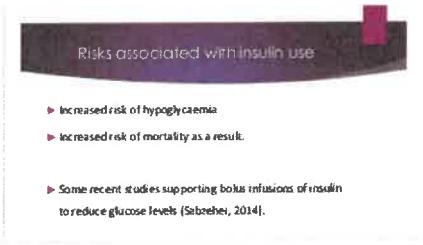
- Order TPN in lower dextrose concentration instead
- If medications reconstituted in dextrose solutions consider changing to saline solutions

Slide 17



- If after above steps hyperglycaemia persists, consider starting IV insulin
- No consensus when to commence insulin therapy but should be closely supported by hyperglycaemia associated with significant glycosuria and diuresis.
- Some studies discuss prophylactic insulin use but this is not widely supported, may increase risks versus any benefits

Slide 18



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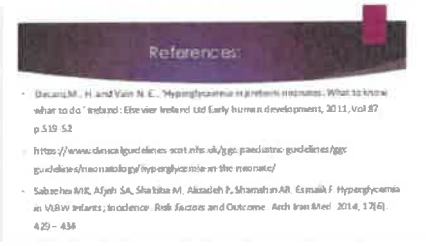

Parenting Journey through NNU Powerpoint Presentation:

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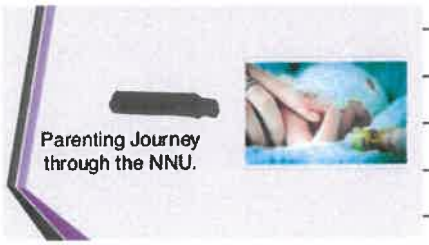

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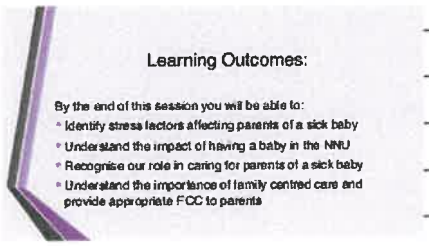

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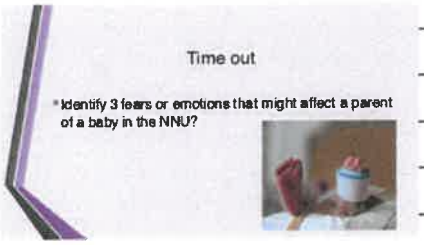

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Negative impacts for parents:

- Biggest emotional response by parents is stress!
- Number of influencing factors
- Affects every parent differently
- Everyone has different coping mechanisms

Slide 7

Shin and White- Traut (2007)

"The conceptual structure of transition to motherhood in the neonatal intensive care unit"

- Mothers will experience uncertainty, frustration, confusion, feeling of disappointment, sense of guilt and helplessness (Shin 2003).
- Negative feelings can impact their perception of the NNU
- Overwhelming sight of infant surrounded by lines and devices
- Fear of infant dying- afraid to visit baby in unit (Shin 2003)
- Afraid to ring for updates, get fathers to phone instead
- Alternatively might be afraid to leave baby alone

Slide 8

Maternal Stress in the NICU

- Parental Role alteration:

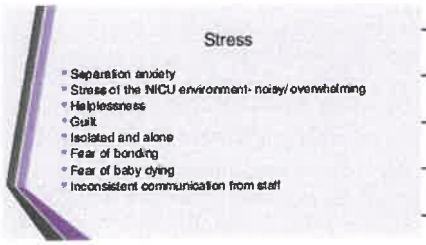
"being separated from baby"

- Infant appearance and behaviour:

"Helpless unable to protect baby from painful procedures"

- Sights and sounds
- Staff behaviour and communication

Slide 9



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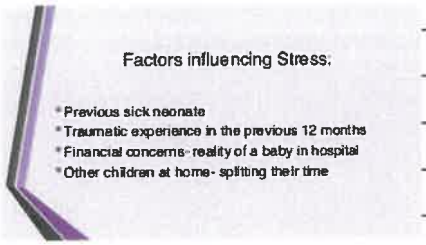

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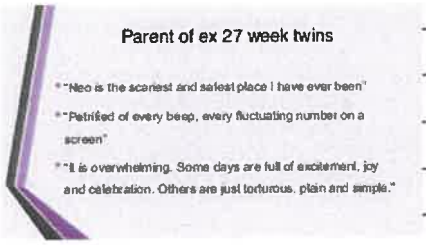

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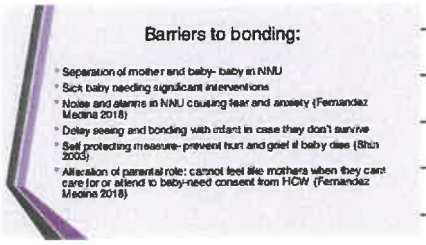

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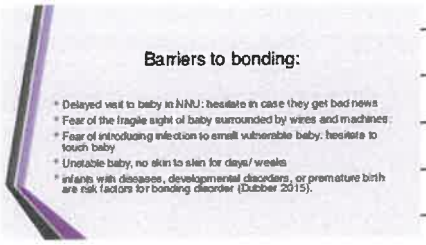

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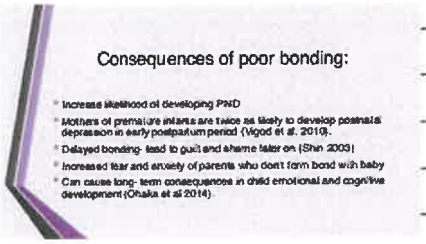

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How can we help?

"Nurses can assist parents of NICU infants by informing them of the infants' treatment plan and procedures, answering parents' questions honestly, actively listening to their fears and expectations, assuring parents that their infant is receiving the best care possible, demonstrating a genuine concern for the whole family, assisting parents in understanding infant responses to hospitalization, handling the infant gently, and providing comfort measures to the infant"

(Ware 2007)

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Our role in caring for the parents:

- Provide education and answer questions
- Listening to their worries and concerns
- Providing reassurances
- Include family in care and decision making
- Encourage active involvement in care
- Encourage them to talk to other mothers/ bereavement CMS
- Show empathy and compassion.

Slide 20

- "the personal touch of considerate and sensitive staff made all the difference" (Howell and Graham 2011 pp16.)
- "The staff were always ready to offer much needed reassurance, positivity, arm around the shoulder, tissues to dry the tears, laughter, personal experiences and stories, explanations numerous times to help make sense of everything and the utmost care and love for the babies" (Bjornhassel L parent of an ex 24 week old baby girl).

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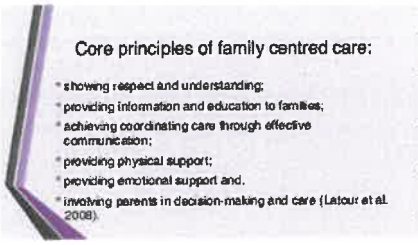

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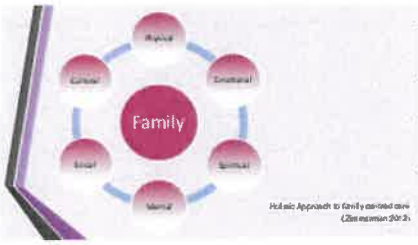

Slide 24

Mental/ emotional Care:

- What can we do antenatally?
- Awareness and education can ease anxiety
- Antenatal visits to neo
- Antenatal meetings with bereavement CMS, ANNP, consultant
- Education on potential need for neonatal care

- "...I wish that at the entry there would be a very kind person that gives them that sense of security and says: 'Hello! How are you?, this is the unit, look, this is the place where the babies are going to be..." (Hernandez 2016 p108)

Slide 25

Admission to NNU

- Informing parents of what to expect
- Does parent understand why baby needs neonatal care?
- What are we monitoring...why?
- What are we doing?
- Why are we doing it?
- Arrange to speak with consultant

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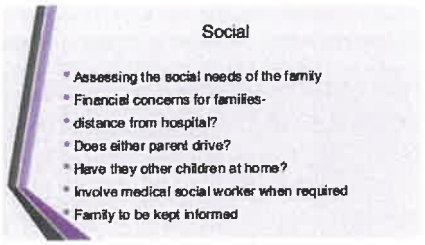
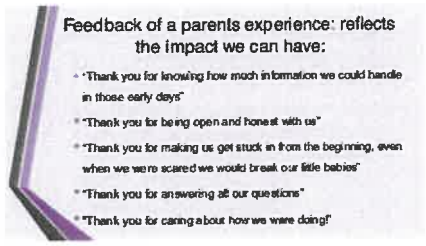
Spiritual

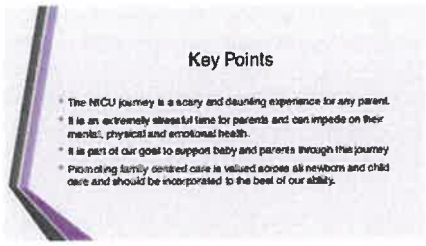
- Would the parents like the baby blessed?
- Awareness of different religious and cultural beliefs/ traditions
- Respect and dignity of same
- Can have different beliefs around death and procedures once a baby dies


Cultural
Awareness of cultural differences for some families
Assessing individual families needs
Example: some cultures all communication is through the father


Social
Assessing the social needs of the family
Financial concerns for families-
distance from hospital?
Does either parent drive?
Have they other children at home?
Involve medical social worker when required
Family to be kept informed


Social Factors:
Drug dependent mothers: babies with neonatal abstinence syndrome
Babies awaiting fostering or adoption
Housing:
Mothers with unsuitable homes for a baby
Mothers living in refuge homes
Mothers in violent relationships


Feedback of a parents experience: reflects the impact we can have:
"Thank you for knowing how much information we could handle in those early days"
"Thank you for being open and honest with us"
"Thank you for making us get stuck in from the beginning, even when we were scared we would break our little babies"
"Thank you for answering all our questions"
"Thank you for caring about how we were doing!"


Key Points
The NICU journey is a scary and daunting experience for any parent.
It is an extremely stressful time for parents and can impede on their mental, physical and emotional health.
It is part of our goal to support baby and parents through the journey
Promoting family centred care is valued across all newborn and child care and should be incorporated to the best of our ability.

Chest Compressions in the New-born Powerpoint Presentation:

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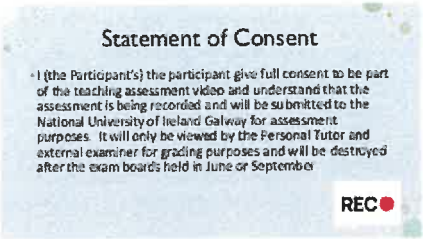

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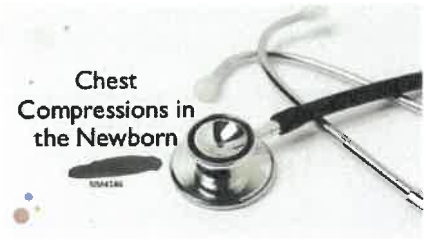

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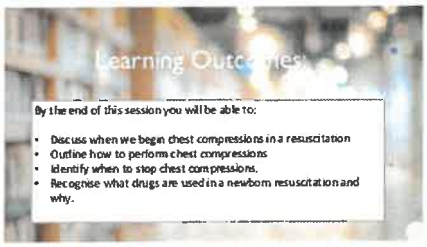

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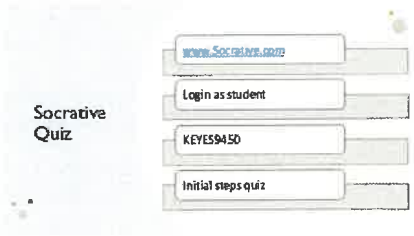

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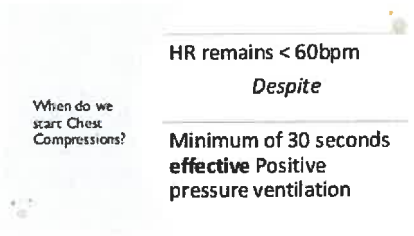

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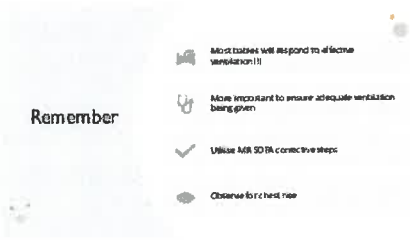

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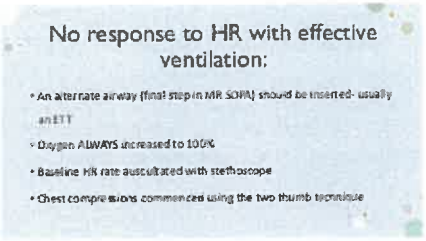

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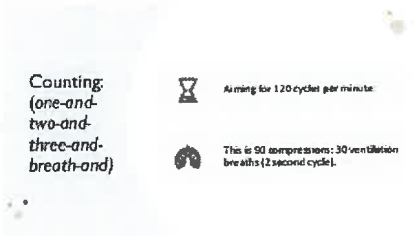

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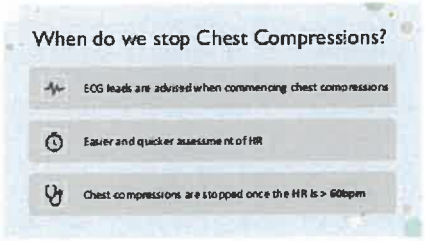

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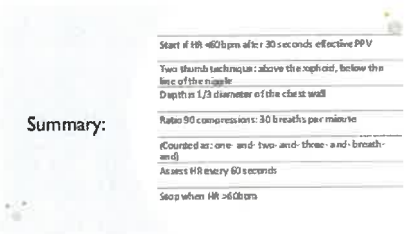

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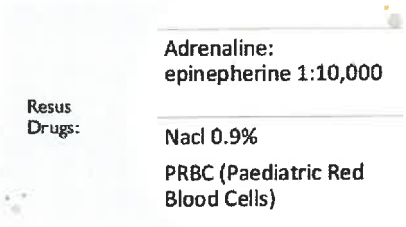

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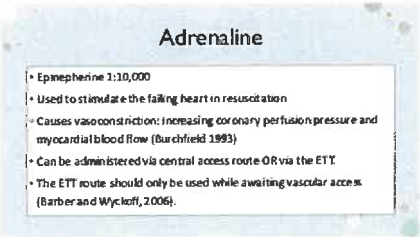

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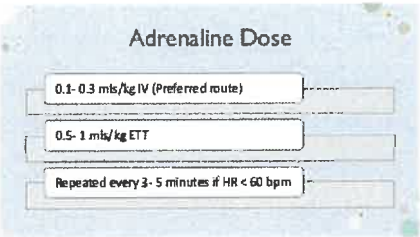

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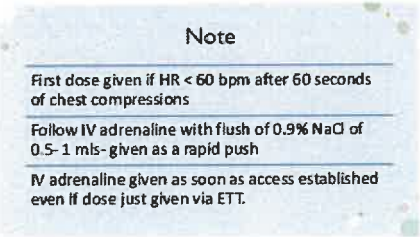

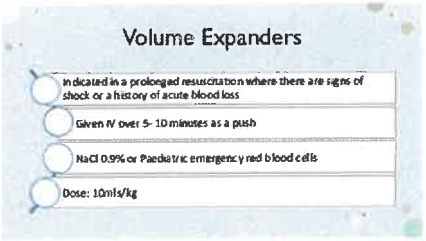

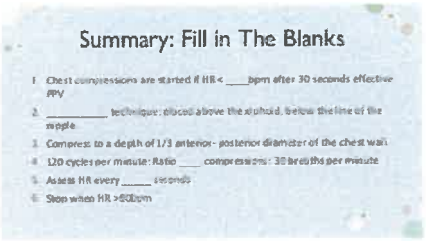

Prevention and Management of Hypoglycaemia in the New-born Powerpoint Presentation:

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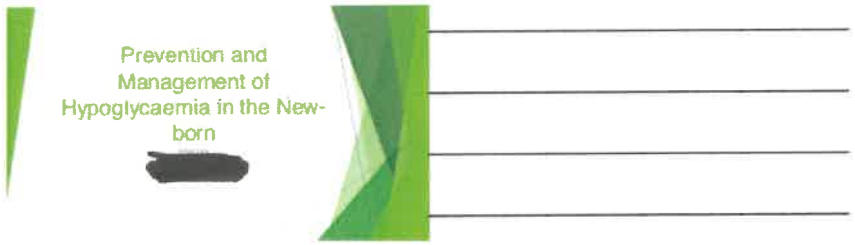

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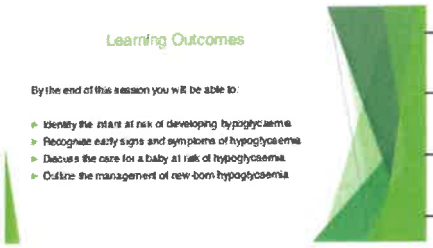

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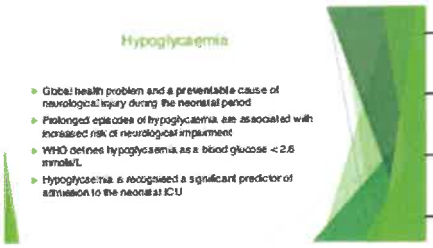

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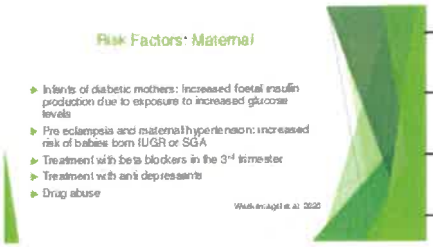

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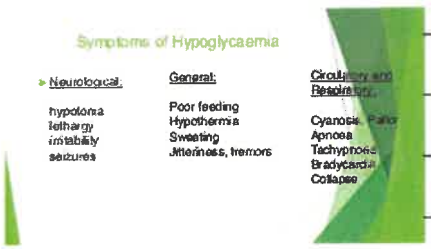

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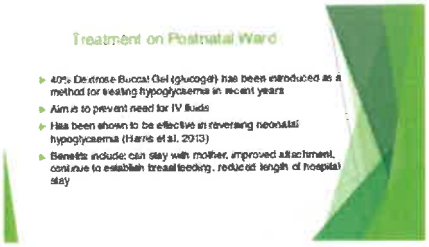

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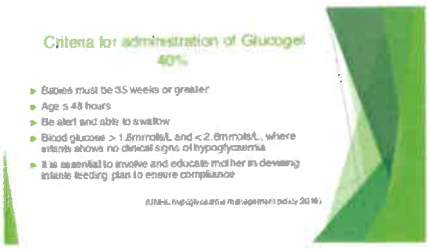

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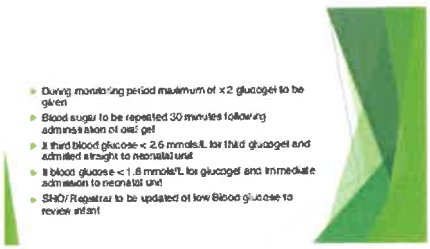

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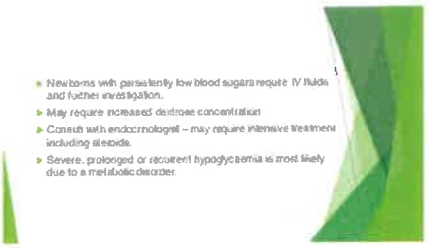

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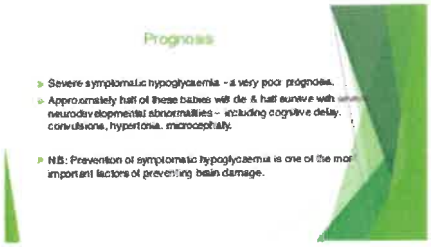

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Bereavement Care Powerpoint Presentation:

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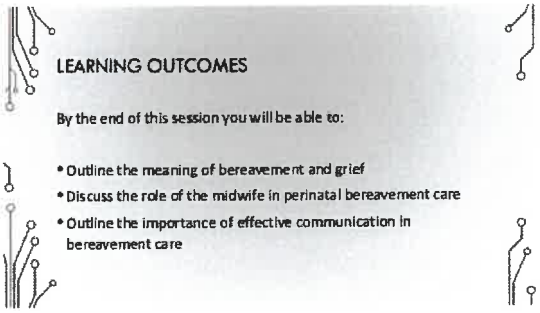

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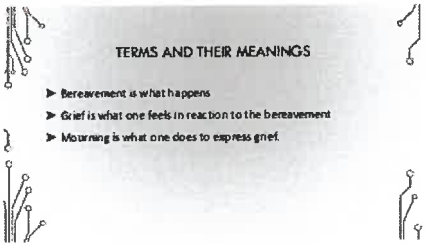

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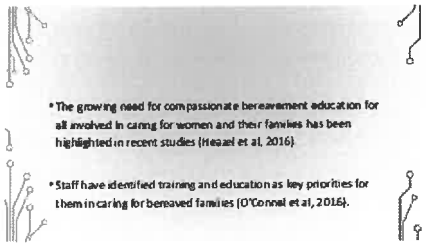

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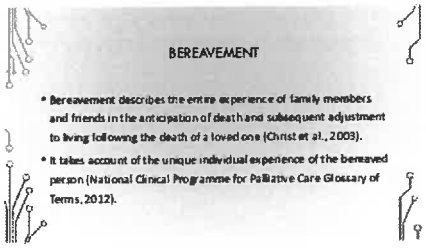

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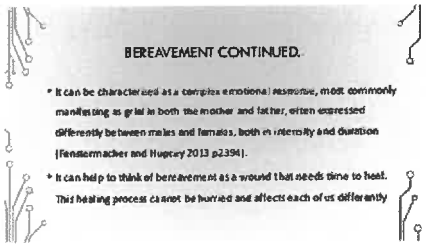

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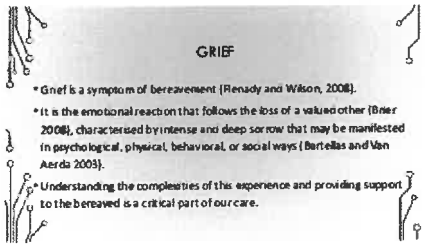

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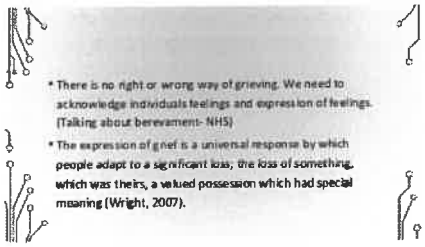

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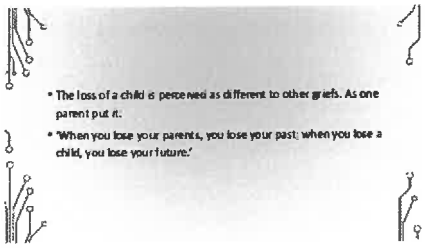

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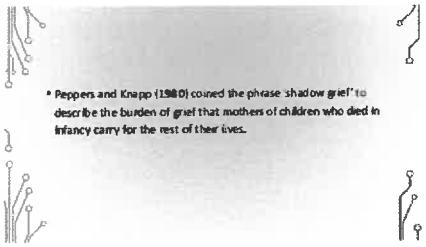

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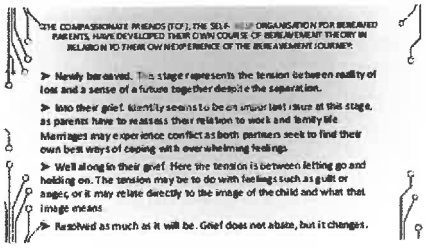

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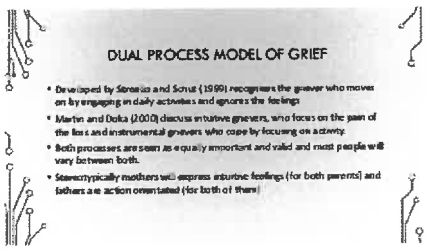

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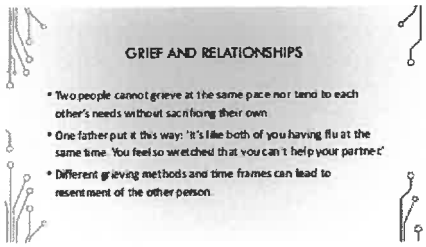

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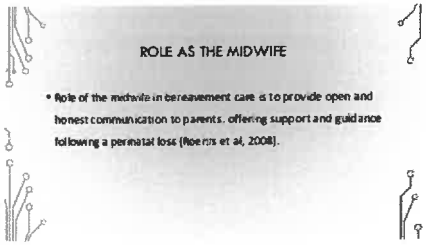

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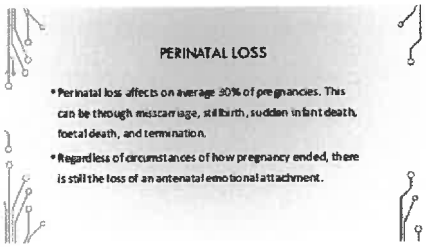

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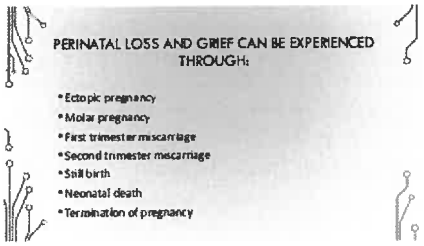

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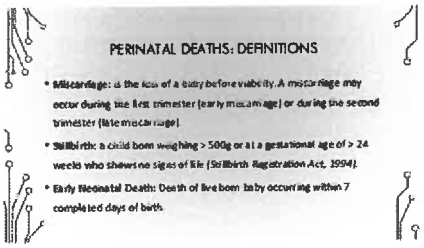

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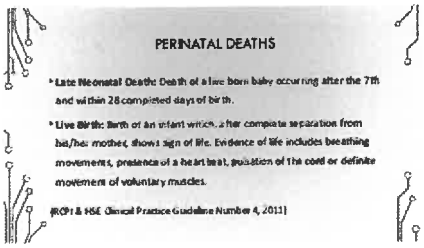

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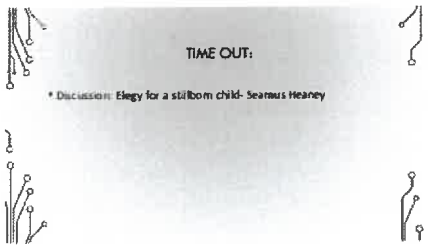

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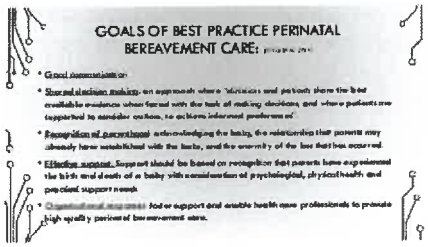

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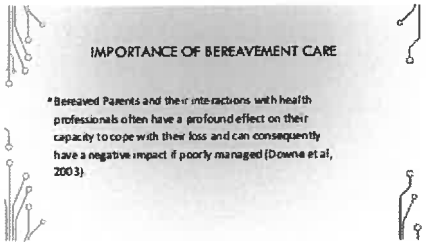

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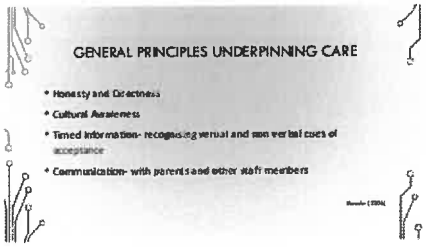

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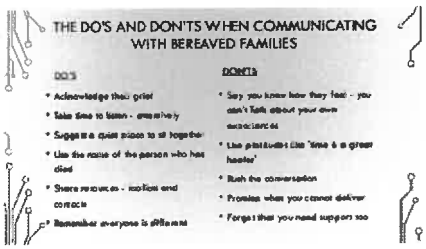

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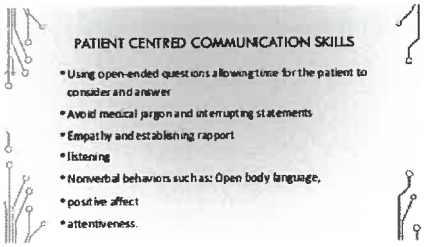

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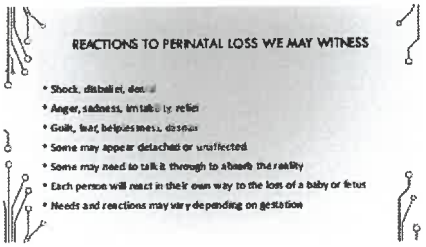

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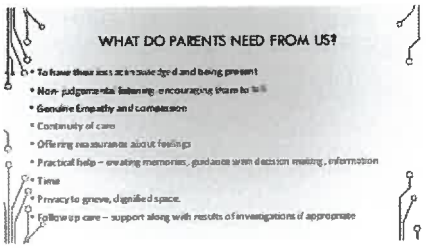

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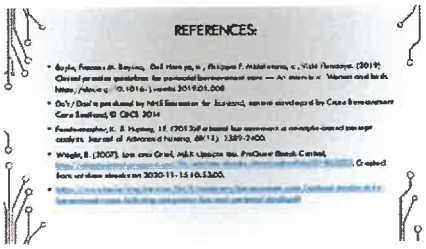

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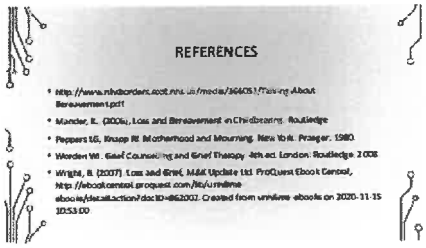

(Poem used in Bereavement Presentation for Groupwork)

Elegy for a Stillborn Child

I

You mother walks light as an empty creel
Unlearning the intimate nudge and pull
Your trussed-up weight of seed-flesh and bone-curd
Had insisted on. That evicted world
Contracts round its history, its scar.
Doomsday struck when your collapsed sphere
Extinguished itself in our atmosphere,
Your mother heavy with the lightness in her.

II

For six months you stayed cartographer
Charting my friend from husband towards father
He guessed a globe behind your steady mound.
Then the pole fell, shooting star, into the ground.

III

On lonely journeys I think of it all,

Birth of death, exhumation for burial,
A wreath of small clothes, a memorial pram,
And parents reaching for a phantom limb.
I drive by remote control on this bare road
Under a drizzling sky, a circling rock.
Past mountain fields, full to the brim with cloud,
White waves riding home on a wintry lough.

Seamus Heaney

Log of Large Group Teaching – Lecturing (15 Hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
16/02/21	2 Hours	13	HDip Midwifery	Higher diploma students, semester 1	Newborn Bloodspot Screening	Powerpoint, synchronous.	2	N	[redacted]
26/11/20 02/02/21	2 Hours 2 Hours	21 13	BSc Midwifery Higher Diploma in Midwifery	2nd Year students, semester 1 HDip students, semester 1	Physiological Jaundice	Powerpoint presentation, synchronous, whiteboard, polls, Microsoft quiz	6	N	[redacted]
4/11/21	2 Hours	100+	BSc Midwifery, General Nursing, Mental Health Nursing, Intellectual Disability Nursing	1st year, semester 1	Early warning system	Powerpoint presentation	8	N	[redacted]
11/11/21	2 Hours	100+	BSc Midwifery, General Nursing, Mental Health Nursing, Intellectual Disability Nursing	1st year, semester 1	Temperature and Resperations	Powerpoint presentation	10	N	[redacted]
18/02/21	1 Hour	18	BSc Midwifery	3rd Year students, semester 2	Infection in the neonate	Powerpoint, synchronous, quiz, whiteboard.	11	N	[redacted]
04/02/21	2 Hours	16	Bsc Midwifery	3rd Year students, semester 2	Hypoglycaemia	Powerpoint, synchronous, quiz, whiteboard, poll	13	Y	[redacted]
Sept 2021	2 Hour	35	Neonatal nurses and midwives	Staff Training	Parenteral Nutrition	Powerpoint, Real-life Scenarios, Case studies	15	N	[redacted]

Student Signature: [redacted]

Log of Clinical Skills Teaching (15 Hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
07/12/20	1 Hour	4	BSc Midwifery	3rd Year students, semester 1	Nasogastric feeding and insertion	Handouts, Demo	1	N	[redacted]
16/03/21	2 Hours	21	BSc Midwifery	3rd Year students, semester 2	Initial steps of Resuscitation and PPV	Hands on demonstration/ scenarios	2	N	[redacted]
20/04/21	2 Hours	21	BSc Midwifery	3rd Year students, semester 2	Chest Compressions	Hands on demonstration/ scenarios	5	N	[redacted]
11/03/21	2 Hours	15	BSc Midwifery	3rd Year students, semester 2	First steps-Attending Deliveries.	Powerpoint, synchronous, simulations, hands on demonstrations	7	N	[redacted]
October 2021	1 Hour	20	Neonatal Staff nurses	Recap for senior staff, introduction for new staff	Chest drain setup and care	Hands on demonstrations and practical	8	N	[redacted]
11/12/20	4 Hours- x 2 sessions	19 (total)	BSc Midwifery	4th Year Pre internship students	Newborn Resuscitation Programme	Powerpoint Presentation, hands on activities, Simulations with assessment	16	N	[redacted]

Student Signature: [redacted]

Log of Small Group Teaching (15 Hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
23/02/21 15/04/21	2 Hours 2 Hours	10 9	Higher Diploma in Midwifery BSc Midwifery	1st semester Midwifery 2nd Semester 3rd Years	Bereavement Care	Online Synchronous, group discussion, Polls, Poem interpretation in group work.	4	Y	[redacted]
02/02/21 04/10/21	2 Hours 2 Hours	16 10	BSc Midwifery Higher Diploma in Midwifery	3rd Year Students, semester 2 Semester 2 Midwifery HDip	Preterm and Low birth weight infant	Powerpoint, synchronous, chatbox, poll, whiteboard. Powerpoint, printed handouts, interactive-questions and answers	8	N	[redacted]
25/02/21 27/10/21	2 Hours 2 Hours	16 10	BSc Midwifery Higher Diploma in Midwifery	3rd Year students, semester 2 HDip students semester 1	Pathological Jaundice	Powerpoint, synchronous, Fill in the blanks recap quiz, whiteboard. Powerpoint, handouts, fill in the blanks recap quiz, pause for questions.	12	N	[redacted]
22/02/21	2 Hours	10	Higher Diploma in Midwifery	HDip students, semester 1	Postnatal check of the newborn	Powerpoint, synchronous, chat box.	14	N	[redacted]
06/03/21	1½ Hours	12	BSc Midwifery	3rd Year Midwifery students, semester 2	Chest compressions in the newborn	Powerpoint, synchronos and asynchronous, chat box, fill in the blanks quiz	15.5	Y	[redacted]

Student Signature [redacted]

Log of Innovative Teaching (25 Hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
29/03/21	10 Minutes	9	MSc in Nursing Education	MSc nursing students, semester 2	Prevention and Management of Hypoglycaemia on Postnatal Ward	Powerpoint, synchronous session, use of chat box, fill in the blanks quiz	1	N	[redacted]
23/11/20	5 Minutes		MSc in Nursing Education	MSc nursing students, semester 1	Chest compressions	Asynnchronous, Powerpoint, video.	2	Y	[redacted]
10/09/21	1 hour	50	BSc in General Nursing	3rd Year BSc Nursing students	Information video	Pre-recorded education video on the NICU	3	N	[redacted]
16/02/21	2 Hours	26	BSc Midwifery	2nd year students, semester 1	Newborn Bloodspot Screening	Powerpoint, synchronous.	5	N	[redacted]
August 2021	30 Minutes each		Digital Badge		Digital Skills in Higher Education Understanding digital Images Digital badge for 'search' Digital Research skills		7	Y	
21/07/21	4 Hours	8	Neonatal Medical Staff	Paediatric Registrars and SHO	Care of the Deteriorating Infant	Skills demos, scenarios, debriefing session and discussion	11	N	[redacted]
13/10/21	1 Hour	100+	Higher Options: Virtual Event	Potential Nursing Students	"Ask the Experts"	Flipped Classroom, students asking questions	12	N	[redacted]

11/11/21	2 Hours	15	Curriculum Development Programme	Neonatal ANP, CSF, CMM and Course director for PG Dip in neonatal intensive care	PG Dip Neonatal Intensive Care	Revising curriculum, designing core module assessment questions	14	N	[redacted]
2/11/21	1 hour	9	Interim procedural change for collapsed baby on postnatal ward	Midwifery staff, neonatal staff, paediatric doctors	"Collapsed baby to labour ward"	Real-life simulation, structured feedback, and report	15	N	[redacted]
11/12/20	4 Hours	19 (total)	BSc Midwifery	4th Year Pre internship students	Newborn Resuscitation Programme	Powerpoint Presentation, hands on activities. Simulations with assessment	19	N	[redacted]
04/02/21	2 Hours	20	BSc Midwifery	2nd Semester 3rd Year students	Parenting Journey through the Neonatal Unit	Online Synchronous, Powerpoint, Youtube video, Polls, whiteboard, Mentimeter	23	Y	[redacted]
08/09/21	2 Hours	10	Higher Diploma in Midwifery	Semester 2 HDip students		Powerpoint, Youtube video, question and answering			[redacted]
25/11/21	2 Hours	10	Higher Diploma in Midwifery	Semester 2 HDip students	Hypoglycaemia	Powerpoint, synchronous, quiz, whiteboard, poll	25	Y	[redacted]

Student Signature [redacted]

Log of Discretionary Hours (10 Hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
01/02/21	1 Hour	21	BSc Midwifery	3rd Year students, semester 2	Assignment question preparation	Creating assignment question	1	N	[redacted]
12/10/21	2 Hours	8	Paediatric Nursing Staff	New staff members (orientation)	Identifying and managing the ill neonate	Powerpoint presentation, Video, interactive questions and answers	3	N	[redacted]
19/11/21	2 Hours	12	PG Diploma in Neonatal Intensive Care	Neonatal CSF, ANNP, CMM, programme director	Programme Development	Programme development and overview of PG diploma in NICU	5	N	[redacted]
04/12/20 12/10/21	30 Minutes 30 minutes	4 4	BSc Midwifery Staff Nurses (orientation)	3rd year students, semester 1 New to neonates	Care of the infant receiving phototherapy	Handouts, hands on demonstration. Powerpoint presentation, handouts, hands on demonstration	6	N	[redacted]
14/10/20	1 Hours	2	PG Diploma in Neonatal Nursing	Post Graduate, semester 1	Basic Principles of Ventilation	Hands on Demo/ Handouts	7	N	[redacted]
04/12/20 12/10/21	2 Hour 2 Hour	10 4	Bsc Midwifery Staff Nurses (orientation)	3rd Year students, semester 1 New staff to neonates	Vital Sign Assessment	Handouts, hands on demonstrations Powerpoint presentation, handouts, hands on demonstration	11	N	[redacted]

Student Signature: [redacted]

Log of student mentorship (10 hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor
28/11/20	30 Minutes	15	Hyperglycaemia: Case study reflection and Evidence based practice	Neonatal Staff (ANNP, CSF, PG Dip students)	Hyperglycaemia	Powerpoint presentation, Case study presentation	1	Y	[redacted]
12/12/20	2 Hours	2	PG Diploma in neonatal nursing	Semester 1 Postgraduate	1st Case Study Presentation	Case study presentation, Verbal Feedback, Future goal setting	3	N	[redacted]
16/04/21	2 Hours	2	PG Diploma in neonatal nursing	Semester 2 Postgraduate	2nd Case study presentation	Case study presentation, Verbal Feedback, future goal setting	5	N	[redacted]
04/11/21	1 hour	4	PG Diploma in neonatal nursing	Semester 1 Postgraduate	Pleural effusion, chylothorax and infant care	Case presentation, handouts,	6	N	[redacted]
20/05/21 14/09/21	2 Hours	4	Principles in Neonatal High Dependency Care Principles of Neonatal Intensive Care	Module 1 Module 2	Neonatal Respiratory Care	Handouts, Case presentation, Demonstration, Active participation in infant care.	10	N	[redacted]

Student Signature: [redacted]

Log of Supervised Student Assessment (10 hours)

Date	Duration of Session	No of Students	Title of the Course /Programme students attending	Students stage of education /training	Session / Topic Title	Teaching Strategies	Total no of hours	Included in Portfolio Y/N	Signature of Mentor/Tutor /
29/03/21	2 Hours	9	MSc Nursing Education	First Year MSc students, semester 2	Micro teaching	Feedback	2	N	[redacted]
19/12/20	3 Hours	7	BSc Midwifery	2nd year students: semester 1	Thermoregulation in the Newborn	Assignment Corrections and Feedback	5	N	[redacted]
23/11/21	2 Hours	10	HDM Midwifery	2nd semester HDM	Newborn resuscitation-OSCE assessment	Assessment of NRP strategies- evaluation of practice	7	N	[redacted]
23/11/21	3 hours	9	BSc Midwifery	Semester 1	Newborn examination OSCE assessment	Assessment of newborn examination	10	N	[redacted]

Student Signature: [redacted]

Student Session Evaluations:

Feedback for Parenting Journey through NNU- student comments collated (22/01/21)
How did you find today's session?

- Really interesting
- extremely informative,
- engaging,
- easy to follow,
- compassionate,
- well explained,
- very structured,
- very interactive,
- really good speaker.

How could this session be improved? (Student feedback answers collated)

- More videos
- It would help if I had this class before my placement in neo
- Nothing it was fantastic.

Feedback for Bereavement Care- student comments collated: (23/02/21)
How did you find today's session?

- Relative to practice
- A big part of midwifery
- Necessary
- Very informative
- Very interesting
- Engaging
- Interactive
- Hearing other people's experiences
- Helpful
- Descriptive

How could this session be improved? (Students feedback answers collated)

- More group work
- Better if face to face
- More shared experiences

Feedback for Chest compressions in the Newborn- student comments collated: (06/04/21)
How did you find today's session?

- Engaging
- Good demonstration
- 10 out of 10
- Beneficial, engaging

- Well presented
- Easy to understand
- Very informative

Micro teaching Evaluations:

[redacted]

Marking criteria (20%): 5 = Excellent; 4 = very good; 3 = satisfactory; 2 = Weak; 1 = fail

Student: [redacted] Student Number: [redacted] Facilitator: [redacted] Date: 29-03-2021

1. Organisation/Structure of the session	Score	Comments
The session aligns with the learning outcomes in lesson plan. Use of planned teaching strategies. The learning outcomes are achievable and realistic.	5	very good, Appropriate + achiva
2. Creates an online learning environment		
Appropriate use of VLE technology to efficiently engage learners. Incorporation of subject-specific and digital learning resources into online learning resources. Facilitation of learner feedback, i.e., use of polls or surveys.	5	Good use of BBC and Chat Room function. very good pace delivery and presentation
3. Delivery of session		
Introduces the session appropriately. Content delivered in logical sequence. Explains content clearly. Delivers session at appropriate pace. Applies content to real life contexts/clinical practice. Summarises and ends session appropriately.	5	Attractive presentation with excellent flow from slide to slide, it is clear you are very knowledgeable with very good reference to Clinical setting & management to neo
4. Communication and Facilitation of Learning		
Communicates content clearly. Provides opportunity for student engagement in discussion/Q & A/online activities. Encourage students to participate.	5	Clear and articulate speaker very good use of Quiz slide to engage your audience
Instruction to facilitator: A total of 5 Marks allocated to sections 1-4. Total Score out of 20 Marks.	Total 20	**Summary comments:** excellent, well done [redacted]

Teaching Assessment Evaluation Form:

Organisation/Structure of Session	**Clear Pass**	**Pass**	**Fail**	**NO**	**NA**
Lesson aligns with curriculum/module goals/clinical learning outcomes and is related to previous and planned topics/learning.		x			
Learning outcomes are realistic, achievable and at an appropriate level		x			
Planned use of appropriate and varied teaching strategies		x			
Provides opportunities for student-directed activities as appropriate		x			
Comment: Learning outcomes clear and appropriate to the level of students.					
Creating a Learning Environment	**Clear Pass**	**Pass**	**Fail**	**NO**	**NA**
Arranges room/setting to maximise learning opportunities.					x
Introduces the session appropriately.		x			
Defines learning outcomes/goals clearly		x			
Informs students of expectations/guidelines regarding planned activities **					
Assesses learners' prior knowledge of topic/skill. **		x			

Demonstrates sensitivity to student needs and adjusts content/activity/pace appropriately **		x			
Demonstrates flexibility in responding to changing circumstances.					x
Comment: ** Inform students of how many planned activities there will be in the session. Good way to keep them engaged. ** Check what experience of CPR students have from clinical placement. ** Check in with students regularly. After a few slides good to stop and ask if everyone is ok.					
Delivery	**Clear Pass**	**Pass**	**Fail**	**NO**	**NA**
Content delivered in a logical sequence.		x			
Demonstrates mastery of content		x			
Explains content clearly.		x			
Effectively uses planned teaching strategies.		x			
Involves learners appropriately.		x			
Content is interesting and delivered in a way that challenges the group.		x			
Appropriate use of technology		x			
Delivers session at an appropriate pace.		x			
Applies content to real-life situations/contexts.		x			
Cites current literature/evidence to support content.		x			
Develops a rapport with the learner/group, for example, the group feel free to comment/ask questions. **		x			
Evaluates students learning. **		x			

Summarises and ends sessions appropriately, for example, asks for questions, summarises main points.		x			
Directs learners to further reading/sources.		x			
Manages time effectively		x			
Achieves planned learning outcomes		x			
Comment: ** Check in with students on a regular basis, after a few slides and throughout the session. Keeping the interaction going is important. ** Good use of Socrative however give a little overview of what areas you are testing so students can categorise these in their thinking, as it will help with retention of information and will help focus them on what are the most important areas to know.					
Communication and Facilitation of Learning	**Clear Pass**	**Pass**	**Fail**	**NO**	**NA**
Communicates content clearly		x			
Provides clear instructions		x			
Asks questions at varying levels.		x			
Demonstrates enthusiasm		x			
Encourages students through appropriate use of praise and positive reinforcement.		x			
Provides constructive feedback		x			
Responds positively to questions		x			

Assesses student learning and adjusts pace/level appropriately		x			
Audible		x			
Maintains eye contact					x
Modulates pitch and tone		x			
Avoids overuse of fillers, for example, er, um, you know etc.		x			
Uses non-verbal gestures to emphasise points.		x			
Manages challenging/shy learners sensitively					x
Actively manages inattention/talking/social loafing.					x
Comment: Overall well done Rachel. A good teaching session on a difficult topic to convey in an online platform. Good use of technology to engage the students at the outset and the use of fill in the blank quiz at the end was also effective. Aim to check in with the students a little more throughout the online session. You identified that this is an area you have reflected on, and in the future development of your goals and plans (in your lesson/teaching plan) you can work on this as you develop more experience. It is a pity the camera did not work, but these are the challenges of teaching online. You have a lovely calm method of delivery and I encourage you to work on the pace, by slowing down (as you identified in your reflection) a little and interacting with the students a little more. Keep up the good work.					

Overall Result for this teaching assessment: Pass

Eportfolio1.pdf

GRADEMARK REPORT

FINAL GRADE

/100

GENERAL COMMENTS

Instructor

This is a well written assignment [redacted]

You are clear in communicating and you demonstrate a full and thorough understanding of the concept. You use the literature effectively to support all assertions. There is a good level of analysis of the concept. It is clear that you fully understand the assignment requirements.

Keep up the good work and well done.

Best of luck in the future.

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RUBRIC: PG RUBRIC 17/18

CRITERION 1 — 70-100% = A+/A/A-

ACADEMIC STYLE Overall Presentation and academic language

30 - 39% = E; ≤29% = F	Does not adhere to required format
40-49% = D PASS	Very little adherence to required format
50-59% = C	Some adherence to required format
60-69% = B	Mainly adheres to required format
70-100% = A+/A/A-	Fully adheres to required format

SCALE 6

CRITERION 2 — 70-100% = A+/A/A-

ACADEMIC STYLE Spelling/Grammar

30 - 39% = E; ≤29% = F	Significant errors/inaccuracies and/or defects
40-49% = D PASS	Some errors/inaccuracies and/or defects
50-59% = C	Mainly accurate
60-69% = B	Minimal errors/inaccracies and/or defects
70-100% = A+/A/A-	No errors/inaccuracies and/or defects

SCALE 6

CRITERION 3 — 70-100% = A+/A/A-

ACADEMIC STYLE Organisation and Adherence to assignment requirements

30 - 39% = E; ≤29% = F	Disorganised, major lapses in structure & organisation
40-49% = D PASS	Inadequate attention to structure & organisation
50-59% = C	Organisation & progression evident
60-69% = B	Well structured. Logical organisation
70-100% = A+/A/A-	Excellent organisation & structure

SCALE 6

CRITERION 4 — 70-100% = A+/A/A-

ACADEMIC STYLE Coherence & Clarity of Expression

30 - 39% = E; ≤29% = F	Incoherent
40-49% = D PASS	Vague, over-simplistic expression
50-59% = C	Generally coherent. Some lapses in expression
60-69% = B	Coherent. Clearly expressed.
70-100% = A+/A/A-	Expression concise, accurate & well-articulated

SCALE 6

CRITERION 5

70-100% = A+/A/A-

ACADEMIC STYLE CONTENT & APPLICATION Application to practice (including use of reflection as appropriate)

30 - 39% = E; ≤29% = F	Significant errors/inaccuracies and/or defects
40-49% = D PASS	Some errors/inaccuracies and/or defects
50-59% = C	Mainly accurate
60-69% = B	Minimal errors/inaccuracies and/or defects
70-100% = A+/A/A-	No errors/inaccuracies and/or defects

SCALE 6

CRITERION 6

70-100% = A+/A/A-

ACADEMIC STYLE CONTENT & APPLICATION Comprehensiveness

30 - 39% = E; ≤29% = F	Significant omissions of relevant details
40-49% = D PASS	Some relevant details identified
50-59% = C	Good number of relevant details identified
60-69% = B	Most relevant details identified
70-100% = A+/A/A-	All relevant details identified

SCALE 6

CRITERION 7

70-100% = A+/A/A-

UNDERSTANDING, ANALYSIS & ARGUMENT: Understanding, Analysis & Discussion

30 - 39% = E; ≤29% = F	Limited understanding. Insufficient analysis or description

40-49% = D PASS	Superficial understanding. Some analysis-mainly descriptive. Superficial discussion
50-59% = C	Adequate understanding. Good analysis-information explored appropriately/consistently. Draws conclusions.
60-69% = B	Clear evidence of understanding. Very good evidence of critical analysis, consistently applied. Draws conclusions with some examination of implications
70-100% = A+/A/A-	Excellent evidence of deep understanding. Very good critical analysis with depth & originality. Highly informed.

SCALE 6

CRITERION 8

70-100% = A+/A/A-

UNDERSTANDING, ANALYSIS & ARGUMENT: Synthesis

30 - 39% = E; ≤29% = F	Limited
40-49% = D PASS	Partially collates & categorises information
50-59% = C	Collates & categorises information, ideas & concepts
60-69% = B	Collates & categorises a range of information, ideas & concepts. Some originality in the conclusions drawn
70-100% = A+/A/A-	Collates & transforms abstract ideas and concepts. Original insights are well supported and argued coherently

SCALE 6

CRITERION 9

70-100% = A+/A/A-

LITERARTURE, SOURCING, USE & REFERENCING Breadth and depth of reading. Use of academic literature/research

30 - 39% = E; ≤29% = F	None evident
40-49% = D PASS	Minimal evidence
50-59% = C	Good evidence
60-69% = B	Good
70-100% = A+/A/A-	Excellent depth & complexity of materials

SCALE 6

CRITERION 10

70-100% = A+/A/A-

30 - 39% = E; ≤29% = F	None evident
40-49% = D PASS	Minimal use
50-59% = C	Good use
60-69% = B	Very good use
70-100% = A+/A/A-	Extensive use

SCALE 6