BASED ON EVIDENCE FROM THE NATIONAL PROJECT:

GRADING OF PRACTICE IN

PRE-REGISTRATION MIDWIFERY

CONDUCTED ON BEHALF OF THE LEAD MIDWIFE FOR EDUCATION
UNITED KINGDOM (LME-UK) EXECUTIVE

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- All midwifery and nursing academics, clinicians and students who participated in the national survey, enabling the project team to refine the outputs forming the basis of this ‘Practice Assessment Toolkit’.
- Michael Fisher, who provided valuable research assistance in developing the ‘Lexicon Frameworks’.

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Please note that separate Word documents for the resources have been provided on our website to facilitate wider use of these templates:

https://www.plymouth.ac.uk/research/national-grading-of-practice-in-pre-registration-midwifery-project

Please acknowledge the authors and source if you are re-using these in their original or modified format in other documentation or publications.
### Glossary of Terms, Acronyms and Abbreviations

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEI</td>
<td>Approved Education Institution. This is the term used by the Nursing and Midwifery Council (NMC) for the universities or Higher Education Institutions (HEIs) delivering programmes approved by the NMC leading to professional registration as a nurse or midwife.</td>
</tr>
<tr>
<td>Grade</td>
<td>A specific number, percentage or symbol awarded to represent a determined level of performance. For the purposes of this project, this term also includes descriptors representing such levels of performance (e.g.: fail, good, excellent).</td>
</tr>
<tr>
<td>Levels</td>
<td>A term used either for indicating academic or performance levels in the UK. Level 4 (SCQF 7) is identified as ‘certificate’ level, Level 5 (SCQF 8) is ‘diploma’ level, Level 6 (SCQF 9) is ‘degree’ level and Level 7 (SCQF 10/11) is ‘masters’ level.</td>
</tr>
<tr>
<td>Lexicon Framework</td>
<td>A tool devised by the project team comprising key words relevant for academic levels 4-7 (SCQF 7-10/11) which may be used to indicate levels of performance in practice. These reflect the frequency of words used across the UK in current midwifery practice assessment documentation.</td>
</tr>
<tr>
<td>LME-UK Executive</td>
<td>Lead Midwife for Education United Kingdom Executive; a group of senior midwife academics. It is a requirement of the Nursing and Midwifery Council that an LME is appointed by each university in the United Kingdom delivering pre-registration midwifery education.</td>
</tr>
<tr>
<td>KSA</td>
<td>Knowledge, Skills and Attitudes (or Attributes). A recognised categorisation of components of learning which lead to competence in a defined role or profession. These were used in construction of the Lexicon Frameworks and Rubrics in this study.</td>
</tr>
<tr>
<td>Mentor</td>
<td>The term used in this project for the qualified nurse or midwife undertaking the assessment of practice for pre-registration nursing or midwifery students. This term reflects the NMC (2008) ‘Standards to support learning and assessment in practice’ which were in place at the time of the study. Although ‘sign-off mentor’ is the correct term for those assessing midwifery students throughout their programme and nursing students at point of registration, this has been simplified to the single term ‘mentor’ for ease of reading. It is also transferable to the new role of ‘practice assessor’ introduced in the new NMC (2018) education standards which have been published since the study was undertaken. Many of the principles and concepts would also be relevant to the new roles of ‘practice supervisor’ and ‘academic assessor’.</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council. This is the regulatory body for nurses and midwives in the United Kingdom, comprising England, Scotland, Wales and Northern Ireland. Their role is to protect the public through setting standards of education, training, conduct and performance.</td>
</tr>
<tr>
<td>Rubric</td>
<td>A tool devised by the project team comprising sets of statements which represent levels of performance in practice for academic Levels 4-7 (SCQF 7-10/11). These are based on the Lexicon Frameworks, which were drawn from words used in existing practice assessment documentation across the UK.</td>
</tr>
<tr>
<td>SCQF</td>
<td>Scottish Credit and Qualifications Framework; the national credit transfer system for all levels of qualifications in Scotland. SCQF Levels 7-10/11 equate to academic Levels 4-7 used in the rest of the United Kingdom.</td>
</tr>
<tr>
<td>Wordle</td>
<td>Otherwise known as a ‘Word-cloud’, this comprises a visual representation of the frequency of words used in existing practice assessment documentation across the UK, on which the Lexicon Frameworks and Rubrics in this project have been based.</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

We are pleased to introduce a generic ‘Practice Assessment Toolkit’, comprising resources developed at national level by a team of experienced midwifery academics on behalf of the Lead Midwife for Education United Kingdom Executive (LME-UK)\(^1\). A five-year project, conducted in three phases, has explored grading of practice in pre-registration midwifery\(^2\). The evidence-based findings and outputs have a broader scope, however, including generic principles and tools which can be adapted to either graded or non-graded practice assessment. Peer review of our research has suggested that there is potential for their use internationally, and they may also resonate with other health professions.

As we embark on the new era of Nursing and Midwifery Council (NMC) standards, we invite you to consider the resources presented in this toolkit – using these flexibly in the development and delivery of approved programmes, to support practice assessment\(^3,4\).

Our intended audience comprises clinicians, academics and students as well as the NMC itself. The final phase national survey\(^5,6\) found that our generic tools have the potential to be transferable to current and future NMC standards and have relevance to both nursing and midwifery professions. Participants suggested that the resources would be useful when developing practice assessment documentation or recording students’ progress and achievement – so are of particular relevance as nurses and midwives apply the new NMC Education Framework in which practice supervisors from any health profession will play a vital role in providing evidence to support the decisions of practice assessors\(^3,4\).

The ‘Practice Assessment Toolkit’ presents the outputs from the project, including links to publications on all three phases. The resources developed during the project may be used in part or as a whole. For this reason, the main tools (‘Wordles’, ‘Lexicon Frameworks’ and ‘Rubrics’) have also been provided as separate documents on the project website\(^2\); we simply request that you acknowledge the source if used in any other publications or records.

We welcome your feedback and invite you to indicate whether you would like us to contact you when we evaluate use of the ‘Practice Assessment Toolkit’ at a future date, via margaret.fisher@plymouth.ac.uk.


2. BACKGROUND TO THIS RESOURCE

2.1 Project phases:

The 'Grading of Practice in Pre-registration Midwifery' project comprised three phases; all have been published in the journal Nurse Education in Practice:

1. A **scoping study** explored the various approaches to practice assessment in pre-registration midwifery programmes across the UK, with a particular focus on grading of practice\(^7\).

2. Development of a **set of core principles** aimed to reduce inconsistencies in applying the NMC (2009) standards\(^8\) across the 55 Approved Education Institutions (AEIs) delivering pre-registration midwifery programmes\(^9\).

3. A **national survey** included midwifery and nursing participants, in the categories of academics, clinicians and pre-registration students. A generic framework was proposed to support grading of practice in pre-registration midwifery. This included two original assessment tools: *Lexicon Frameworks* and *Rubrics*, based on the terms used in 37 AEIs across the UK\(^5,6\).

Findings from the national survey strongly indicated a desire for standardisation in practice assessment. Participants suggested that the tools presented in our project had potential to contribute to this, promoting a more rigorous approach to assessment of practice in both midwifery and nursing professions.

Further details of these phases are presented in the published articles, including methodology used, underpinning literature and research findings\(^5,7,9\). The full report on the final phase is located on the project website\(^5\).

2.2 Alignment with regulatory changes:

During the lifespan of this project, the team – on behalf of, and in collaboration with, the LME-UK Executive\(^1\) – has sought to be responsive to regulatory changes and proactive in future-proofing the resources for adaptation to the NMC standards which are currently still under development\(^10\). The team has kept the NMC appraised of the project's progress and publications, thus enabling the findings to contribute to the evidence-base informing the regulatory changes. Further discussion about the links between the development of the resources in our 'Practice Assessment Toolkit' and current and future application to regulatory requirements can be found in section 5.

2.3 Project outputs:

A number of publications have resulted from the project, with both on-line and hard copy access\(^2,5,6,7,9\).

A set of *Key principles for assessing practice* and an *Evidence based model for professional practice assessment* are found in sections 3 and 4 of this toolkit. The findings which have underpinned development of these resources are presented in detail in the full report\(^5\) and published article\(^6\) on the final phase.

The practice assessment tools – modified according to responses in the national survey – are located in section 6 of this toolkit as well as being available as separate documents on the project website\(^2\). They were demonstrated to have potential to be used either in conjunction with current or future practice assessment documentation or as stand-alone tools\(^5,6\).
The outputs from the project seek to address some of the challenges of grading of practice seen in the literature, including grade inflation\textsuperscript{11,12,13}, inconsistency and issues relating to reliability and validity\textsuperscript{13,14,15,16}.


**Key principles**

- *Key principles for assessing practice* are recommended for those devising and using practice assessment tools or involved in the process of assessing practice, drawn from the findings from the final phase of the project and building on the core principles developed in Phase 2.

**Model**

- An *Evidence Based Model for Professional Practice Assessment* has been developed from the concepts emerging from the findings of the final phase of the project.

**Toolkit**

- A *Practice Assessment Toolkit* including refined versions of the *Lexicon Frameworks* and *Rubrics* used in Phase 3 as well as visual representation through *‘Wordles’*, the *‘key principles’* and *‘Evidence based model’*. This is open access and available on the project website$^3$.

**Toolkit launch publication**


*Figure 1: Summary of project outputs*

National Grading of Practice in Pre-registration Midwifery Project. [Online], Available: https://www.plymouth.ac.uk/research/national-grading-of-practice-in-pre-registration-midwifery-project


A scoping study to explore the application and impact of grading practice in pre-registration Midwifery programmes across the United Kingdom. Nurse Education in Practice, 24, p99-105 http://doi.org/10.1016/j.nepr.2016.01.007


Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy. Australian Learning and Teaching Council (ALTC) Final report.


Assessing Healthcare Students in Practice Placements: An overview of the Literature. Association for the Study of Medical Education (ASME), Edinburgh.
3. KEY PRINCIPLES FOR ASSESSING PRACTICE

The following principles were developed from the combined findings of the project 5,6,7,9. Although the prime focus of our study was on grading of practice, the principles incorporate a holistic approach to practice assessment. This facilitates transferability to current and future NMC standards, while accommodating institutional, programme or individual preferences.

### KEY PRINCIPLES FOR ASSESSING PRACTICE

1. Stakeholder participation is essential in the development and use of practice assessment tools (students, academics and those supporting and assessing practice);
2. *The purpose of assessment* needs to be understood by all stakeholders to enable achievement of learning and professional requirements, and this needs to be at the forefront of any decisions about how best to assess practice and grade (or not) performance;
3. *The art of mentoring* is about the development and maintenance of professional relationships in practice to enable learning;
4. *The accountability of the assessor* is to ensure the professional requirements are met, to ensure safe and competent practice at point of registration;
5. Any tool used needs to be as simple as possible while clearly differentiating between programme stage and levels of student performance;
6. Mentors need to differentiate between pass and fail, but also determine levels of performance to facilitate student progress and promote learning;
7. The focus needs to be on objectively assessing the student’s performance in the context of professional behaviour against set criteria, rather than a subjective judgement of the individual (i.e. criterion-referencing against the stage of the programme and professional requirements, not norm-referencing or measuring against individual expectations);
8. It is essential that knowledge, skills and attitudes are taken into account as these are all intrinsic to professional practice;
9. It is important that correct usage of words provides documentary evidence for others to objectively assess the student and determine level of performance;
10. Those contributing to the evidence need to understand the purpose of the assessment and their role in aiding decision-making;
11. Mentors (or practice and academic assessors) need to focus on feedback and feed-forward to guide the student’s progress rather than on the grade;
12. It is important to use the full range of grades or level descriptors to guide improvement or reward achievement;
13. Individual institutions need to prescribe how a grade is determined if performance falls in different categories; however failure in any aspect or component should be deemed a failure;
14. Ongoing guidance and support of those supervising and assessing students in practice is needed – this may be written, electronic or in person.

*Table 1: Key principles for assessing practice*

4. MODEL FOR PROFESSIONAL PRACTICE ASSESSMENT

An ‘Evidence Based Model for Professional Practice Assessment’ was developed from the survey findings in the final phase of the project, demonstrating the inter-relationship between the themes and sub-themes which emerged. This puts the ‘Purpose of assessment’ as central, surrounded by factors which contribute to robust and reliable assessment, but mindful of the ‘Human factors’ and ‘Other factors’ which may have an impact.

![Diagram of the Evidence Based Model for Professional Practice Assessment](image)

**Figure 2: An evidence based model for professional practice assessment**


Our study highlighted that grading tools are very challenging to create. Enhancement to the rigour of the proposed tools included ‘simplification’ and ‘differentiation’. Participants valued ‘accessibility’, and ‘quality assurance’ was key. It is not feasible to suggest that any tool will ever be perfect. Even if the ‘Structure of the tool’ appears valid, reliability remains an issue. The fact that the majority of participants in the survey identified the intended grades in the scenarios presented to them in conjunction with the draft ‘Rubrics’ was reassuring from a validity and reliability perspective, but discrepancies in grades awarded highlights the potential for ‘Human factors’ of ‘subjectivity’ and varied ‘personal interpretation’ to persist. The ‘mentor-student relationship’ forms a significant element in the process, and the ‘student’s experience’ is also relevant.

The ‘Art of mentoring’ requires ‘understanding’ and correct ‘application’ of the assessment tool and process, with ‘accountability’ a vital aspect of the role. To achieve this, ‘Ongoing guidance and support of the assessor’ is needed, through ‘preparation’, ‘clarification and guidance’ and continued ‘support’.
‘Other factors’ also influence robust and reliable assessment. Although ‘involvement of others’ was generally seen to be beneficial, this could also compromise consistency. Other ‘constraints’ included staffing levels, time together for mentor and student or opportunity for academics to support those responsible for assessment.

Participants in our study were very clear that they wanted greater ‘consistency’, and there was a real appetite for ‘Standardisation’ to enhance quality and reliability of practice assessment. Our proposed tools demonstrated some potential for ‘transferability’.

The ‘Purpose of assessment’ became increasingly important as our study progressed. It was evident that grading of practice – however that may be defined – needs to be part of a meaningful process, and not an end-point in itself. ‘Safe practice’ was deemed an essential component of ‘what to assess’ – but there was not always consensus on details of the latter. It was apparent that ‘learning’ was a very important part of the process, and that any form of grading should clearly indicate gaps in students’ performance and provide guidance on how to improve this. Fixation on the grade itself should be avoided.


5. GUIDELINES FOR USE OF THE TOOLKIT

5.1 The purpose:

The NMC has stated that their ‘Standards for education and training’³ and ‘Standards for student supervision and assessment’⁴ published in 2018 may be used in both nursing and midwifery from 28th January 2019. The standards for nursing were also published in 2018 and are required to be implemented by September 2020, although some AEIs are introducing them in September 2019¹⁷,¹⁸. The ‘Future midwife: Standards for pre registration midwifery programmes’ and ‘Future midwife: Standards of proficiency for midwives’ are, however, being consulted on over a 12-week period from February 2019. Council approval will be sought in autumn 2019, with mandatory compliance by all AEIs currently identified as September 2020¹⁰, although this may potentially be extended until September 2021. Dissemination of our ‘Practice Assessment Toolkit’ is therefore very timely as all programmes delivered by AEIs leading to registration as nurses and midwives will need to be approved by the NMC over the next two to three years. It is the hope of the project team and LME-UK Executive that key stakeholders will find our resources useful in contributing to development of these new programmes, practice assessment tools and documentation and in daily implementation of the new education standards in practice settings.

The NMC (2018) education standards³,⁴ introduce the new roles of practice supervisor, practice assessor and academic assessor. These will be key to the support and assessment of students in practice settings, with both the practice assessors and academic assessors acting as gatekeepers to professional registration. Understanding of the changes required of these roles – in many ways very different from those in the NMC (2008) standards¹⁹ – will be crucial to safe and accountable decision-making. A wider network of practice supervisors (potentially including those from other health professions) will be responsible for providing evidence to inform decisions and judgements made by practice assessors, in collaboration with academic assessors. The importance of each role must not be underestimated.
This is the focus and purpose of our resources. Our research has highlighted a widespread appetite for increased consistency and standardisation in practice assessment, reinforcing findings from the wider literature[^5][^6][^7][^8][^11][^16][^20][^21]. We have sought to incorporate the views and experiences of key stakeholder groups (academics, clinicians and students) in both midwifery and nursing across the UK in developing these resources. Participants were very positive about the potential for these tools to be transferable across programmes and professions. We therefore believe that there may well be some aspects of our resources which you will find helpful – whatever your role in developing, implementing or experiencing the new NMC standards in your various programmes and institutions. Our resources are designed for flexible use – as a whole ‘package’ or in part[^2].

Although our project initially focused on grading of practice, it inevitably extended to cover wider concepts of practice assessment. Over its lifespan of five years, the landscape has changed significantly in relation to changing regulatory requirements and findings from the increasing body of literature, to which we have contributed. Our focus therefore became broader as we were aware that although the current NMC (2009) ‘Standards for pre registration midwifery education’[^9] stipulate grading of practice, the evidence regarding this is controversial – and our own national survey drew similar conclusions[^5][^6]. We have therefore developed a set of resources which reflect a flexible approach to determining levels of performance – regardless of whether or not an actual mark or grade is awarded - providing essential feedback and feed-forward to students to promote learning as well as judge achievement.

### 5.2 The process:

The words and terms used in our resources, which comprise ‘Wordles’, ‘Lexicon Frameworks’ and ‘Rubrics’, arise from the 28 different assessment tools, used by 37 AEIs, which were presented by the LMEs in the initial scoping study of pre-registration midwifery programmes across the UK[^7]. These were collated into a matrix for each academic level in the third phase of the project[^5][^6]. The various scoring systems used by the AEIs were categorised under generic level descriptors for performance for each academic level (shown in Table 2):

<table>
<thead>
<tr>
<th>Undergraduate</th>
<th>Postgraduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree Levels 4-6 or SCQF Levels 7-9[^22]</td>
<td>Masters Level 7 or SCQF Level 10-11[^22]</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail</td>
</tr>
<tr>
<td>Pass</td>
<td>Pass</td>
</tr>
<tr>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Very good</td>
<td>Very good</td>
</tr>
<tr>
<td>Excellent</td>
<td>Excellent</td>
</tr>
<tr>
<td>Outstanding</td>
<td></td>
</tr>
</tbody>
</table>

*Table 2: Level descriptors for performance*

Statements linked to performance demonstrated a range of variations in scoring systems across the pre-registration midwifery programmes in the UK, for example:

‘Pass’ at undergraduate Level 4-6 (SCQF 7-9) = Satisfactory, Acceptable, 40-49%, D, 8-9, 8-10, 4-6

The generic level descriptors indicated in Table 2 have therefore been used throughout our resources and can be readily adapted to local or regional assessment tools, linked (or not) to grades.
5.2.1 Wordles:

The full sets of words used in all 28 assessment tools for each performance level (or level descriptor) within every academic level were initially converted into ‘Wordles’ (or Word-clouds). These therefore form a visual representation of the frequency of words used nationally in pre-registration midwifery programmes. Mindful of individual learning styles and preferences, we have included these as an alternative format for the terminology used in the ‘Lexicon Frameworks’. They may be particularly useful for quick reference by those writing evidence to support records of progress, such as practice supervisors, or for students writing their learning objectives or self-assessment. The ‘Wordles’ can be found in section 6.1.

5.2.2 Lexicon Frameworks:

The words in the original matrix were next ranked using ‘Word Count Tool’, with each word collated into its root form and grammatical derivatives. Those occurring most frequently were transferred to a ‘Lexicon Framework’, categorised into their parts of speech:

- Nouns (further categorised into ‘knowledge’, ‘skills’, ‘attitudes’ or ‘other’)
- Adjectives
- Verbs
- Adverbs

Those words used across all (or all but one) level descriptors were identified in banners above each part of speech, entitled ‘Key words’. The ‘Lexicon Frameworks’ were simplified and examples were provided in response to qualitative findings in the final phase survey; the modified versions can be found in section 6.2. They may be particularly useful for programme teams developing local or regional assessment documents or for practice supervisors recording students’ progress, to facilitate consistency in providing evidence for practice assessors and promote objective determination of levels of performance. Students may also find them helpful in writing learning objectives or self-assessing their progress.

5.2.3 Rubrics:

The ‘Lexicon Frameworks’ were used to develop a range of generic statements in the categories of ‘knowledge’, ‘skills’ and ‘attitudes’, relevant to the level descriptors within each academic level. These formed the ‘Rubrics’ which were tested in the final phase of the project for their validity and reliability when participants were presented with hypothetical grading scenarios. Results were overall positive, and participants considered that they were transferable across programmes and professions – with potential to modify the statements to reflect regulatory changes, institutional requirements or programme preferences. They were considered particularly useful for those assessing the student’s performance – thus particularly relevant for practice assessors and academic assessors. The refined versions of the ‘Rubrics’ can be found in section 6.3.

Our project sought to improve consistency and thereby promote validity and reliability of assessment. A key finding was the importance of focusing on objectively assessing the student’s performance in relation to set criteria. It should not be a subjective judgement of the individual; nor should the assessor measure the student against their own expectations or make comparisons with their peers. We hope that these resources will assist in achieving this - promoting a robust assessment process resulting in fair and equitable judgements and ensuring public safety.
6. RESOURCES FOR RECORDING LEVELS OF PERFORMANCE

We encourage you to consider whether the following tools developed from our project would be useful in part or as a whole. All are also available as separate Word documents on the project website to facilitate use\(^2\). You are welcome to implement these as they are or adapt them to better reflect new regulatory standards and proficiencies, your own institutional or organisational requirements or individual preferences. Please acknowledge the authors and source if you use them in original or modified format in any other documentation or publications.

In due course, we will be evaluating their use; please contact margaret.fisher@plymouth.ac.uk if you would be interested in contributing feedback on your experiences.

6.1 Wordles (pages 17-29):
May be particularly useful for quick reference by those writing evidence to support records of progress, such as practice supervisors, or for students writing their learning objectives or self-assessment.

6.2 Lexicon Frameworks (pages 30-35):
May be particularly useful for programme teams developing local or regional assessment documents or for practice supervisors recording students’ progress, to facilitate consistency in providing evidence for practice assessors and promote objective determination of levels of performance. Students may also find them helpful in writing learning objectives or self-assessing their progress.

6.3 Rubrics (pages 36-45):
May be particularly useful for those assessing the student’s performance – thus particularly relevant for practice assessors and academic assessors.

Section 6.1 Wordles
(pages 17-29)

Recommended use:
May be particularly useful for quick reference by those writing evidence to support records of progress, such as practice supervisors, or for students writing their learning objectives or self-assessment.

Background:
The full sets of words used in all 28 assessment tools for each performance level (or level descriptor) within every academic level were initially converted into ‘Wordles’ (or Word-clouds’). These therefore form a visual representation of the frequency of words used nationally in pre-registration midwifery programmes. Mindful of individual learning styles and preferences, we have included these as an alternative format for the terminology used in the ‘Lexicon Frameworks’.
‘WORDLES’: LEVEL 4 (SCQF 7)

Level 4 (SCQF 7): FAIL

Level 4 (SCQF 7): PASS

©2019 Margaret Fisher et al.
Level 4 (SCQF 7): **GOOD**

Level 4 (SCQF 7): **VERY GOOD**

©2019 Margaret Fisher et al.
Level 4 (SCQF 7): **EXCELLENT**

Level 4 (SCQF 7): **OUTSTANDING**

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‘WORDLES’: LEVEL 5 (SCQF 8)

Level 5 (SCQF 8): **FAIL**

Level 5 (SCQF 8): **PASS**

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Level 5 (SCQF 8): GOOD

Level 5 (SCQF 8): VERY GOOD
Level 5 (SCQF 8): EXCELLENT

Level 5 (SCQF 8): OUTSTANDING
‘WORDLES’: LEVEL 6 (SCQF 9)

Level 6 (SCQF 9): FAIL

Level 6 (SCQF 9): PASS

©2019 Margaret Fisher et al.
Level 6 (SCQF 9): GOOD

Level 6 (SCQF 9): VERY GOOD

©2019 Margaret Fisher et al.
Level 6 (SCQF 9): EXCELLENT

Level 6 (SCQF 9): OUTSTANDING

©2019 Margaret Fisher et al.
‘WORDLES’: LEVEL 7 (SCQF 10/11)

Level 7 (SCQF 10/11): FAIL

Level 7 (SCQF 10/11): PASS

©2019 Margaret Fisher et al.
Level 7 (SCQF 10/11): EXCELLENT
Section 6.2 Lexicon Frameworks
(pages 30-35)

Recommended use:
May be particularly useful for programme teams developing local or regional assessment documents or for practice supervisors recording students’ progress, to facilitate consistency in providing evidence for practice assessors and promote objective determination of levels of performance. Students may also find them helpful in writing learning objectives or self-assessing their progress.

Background:
The words in the original matrix of terminology used in the 28 midwifery practice assessment documents across AEIs in the UK were ranked using ‘Word Count Tool’, with each word collated into its root form and grammatical derivatives. Those occurring most frequently were transferred to a ‘Lexicon Framework’, categorised into their parts of speech:

- Nouns (further categorised into ‘knowledge’, ‘skills’, ‘attitudes’ or ‘other’)
- Adjectives
- Verbs
- Adverbs

Those words used across all (or all but one) level descriptors were identified in banners above each part of speech, entitled ‘Key words’. The ‘Lexicon Frameworks’ were simplified and examples were provided in response to qualitative findings in the final phase survey.
LEXICON FRAMEWORKS: LEVELS 4-7 (SCQF 7-10/11)

These frameworks are designed to help you give feedback to a student, or for a student to self-assess their performance. A student’s performance will be made up of different characteristics relating to their knowledge, skills and attitude when providing woman and family centred care. The framework can be used to help identify a student’s performance in clinical practice and to provide the student with specific feedback on their progress. Choose some of the key words under nouns and link these to the adjectives, verbs and adverbs to build up a sentence describing the student’s ability in clinical practice using a combination of words from the framework. You do not need to use each noun but the more you include the better the student understands their performance. You may wish to use additional nouns to suit your particular area of practice.

The student may be very good in some areas and need support to develop skills in other areas. If any area is not achieved, then a ‘fail’ should be awarded. It is suggested you work out a ‘best fit’ for an aggregate of grades for each area in order to determine the relevant overall grade, but this is at the discretion of your programme/ institution. Your programme may ask you to indicate a grade or symbol alongside the chosen descriptor (good, excellent etc) – a blank box has been provided for this if required. The grade a student receives is the balance of positive attributes and areas to work on. It is unlikely the student will have no areas to work on. The more feedback students receive on areas to develop, the greater the opportunity they have to maximise their potential.

We hope these frameworks enable students and assessors to move away from the following example that we have seen frequently in students’ Records of Achievement or Practice Assessment Documents:

×

Neera has excellent people skills and her personality shines. She fits in well with the team and will make an excellent midwife.

Instead of this rather vague statement, try using the grid over the page to build up a more specific description of the student’s level of performance in knowledge, skills and attitudes for their relevant level. For example:

✓

Neera consistently provides woman centred compassionate care, she seems to build a rapport with women easily. She is professional in her behaviour with midwives and support workers but sometimes reticent about communicating with the wider multidisciplinary team. Her documentation skills are developing.

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LEVEL 4 (SCQF 7):

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>FAIL</th>
<th>PASS</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
<th>OUTSTANDING</th>
</tr>
</thead>
</table>

### NOUNS

**Knowledge**
- **Key words**: knowledge, evident(ce), understanding, information, theory(ethical)

**Skills**
- **Key words**: practice, able/ability, skill, care, act(ion/ive/ively)

**Attitudes**
- **Key words**: behaviour, manner, compassion, rapport, approach (able), quality

**Other**
- **Key words**: woman, student, family, colleague, NMC, time(s/ly), supervise(ion), standard, require(ment), midwife(ry), workload, support, resources, situation, team, guidance

### ADJECTIVES

**Key words**: professional, effective(ly), direct, safe(ly/ty), clinical, high, verbal, individual, own,

<table>
<thead>
<tr>
<th>ADJECTIVES</th>
<th>limit(ed/ation)</th>
<th>limit(ed/ation) basic safe satisfactory</th>
<th>appropriate(ly) good</th>
<th>effective (ly) accurate (ly) clear (ly) very good</th>
<th>professional(s) excellent</th>
<th>outstanding</th>
</tr>
</thead>
</table>

### VERBS

**Key words**: show, document(ation), demonstrate(ion), develop(ment), respond, learn(er), reflect(ive), perform(ance), communicate(ion), lack, need(s), apply(ication), manage(ment), provide, record, work

<table>
<thead>
<tr>
<th>VERBS</th>
<th>lack(s)</th>
<th>usual(ly)</th>
<th>well further</th>
<th>consistent(ly)</th>
<th>always</th>
</tr>
</thead>
</table>

**Example 1:** Jemima’s manner with women and their families is usually professional. Her understanding of theory is appropriate. Her practice is good, but to improve she needs to apply her knowledge more effectively.

**Example 2:** Sarah provides basic care when asked but needs to be reminded. Her midwifery knowledge is satisfactory but skills, such as abdominal palpation, need developing.

For a first-year student at level 4, Jemima would receive ‘good’, whereas Sarah would be awarded a ‘pass’. ©2019 Margaret Fisher et al.
<table>
<thead>
<tr>
<th>LEVEL 5 (SCQF 8):</th>
<th>FAIL</th>
<th>PASS</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
<th>OUTSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NOUNS</strong></td>
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</tr>
<tr>
<td>Knowledge</td>
<td>Key words: knowledge, evident(ce), understand(ing), inform (ed/ation), theory(etical), awareness, opinion, insight (ful), research</td>
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</tr>
<tr>
<td>Skills</td>
<td>Key words: practice, able/ability, skill, care, act(ion/ive/ively), task, preparation, initiative, decision, competent (ce/ly)</td>
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<tr>
<td>Attitudes</td>
<td>Key words: behaviour, manner, compassion (ate), approach(able), philosophy, choice, perception, empathy (etic)</td>
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<tr>
<td>Other</td>
<td>Key words: woman, student, family, partner, colleague, NMC, time(s/ly), supervise(ion), standard, require(ment), midwife(ry), workload, support, resources, situation, team, guidance, prompt, guideline, complication, range,</td>
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<tr>
<td><strong>ADJECTIVES</strong></td>
<td>Key words: professional, direct, clinical, verbal, individual, own, verbal, written</td>
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<tr>
<td>unable</td>
<td>safe(ly/ty)</td>
<td>professional(s)</td>
<td>wide</td>
<td>very high</td>
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</tr>
<tr>
<td>poor</td>
<td>basic</td>
<td>effective(ly)</td>
<td>excellent</td>
<td>comprehensive(ly)</td>
<td></td>
<td></td>
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<tr>
<td>insufficient</td>
<td>essential</td>
<td>clear(ly)</td>
<td>complete(d)</td>
<td>outstanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ineffective</td>
<td>adequate</td>
<td>high</td>
<td>proactive</td>
<td>complex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>inappropriate(ly)</td>
<td>acceptable</td>
<td>very good</td>
<td>different</td>
<td>exceptional(ly)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>inconsistent</td>
<td></td>
<td>confident(ce/ly)</td>
<td>positive(ly)</td>
<td>reliable(ity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unsafe(ly/ty)</td>
<td></td>
<td>sound</td>
<td>collaborative</td>
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<td>little</td>
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<td>reso</td>
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<tr>
<td>limit(ed/ation)</td>
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<td>nsive</td>
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<tr>
<td>unclear</td>
<td></td>
<td>sensitive(ly/ty)</td>
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<tr>
<td>inadequate</td>
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<td>reticent</td>
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<td>unwilling</td>
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<tr>
<td><strong>VERBS</strong></td>
<td>Key words: show, document(ation), demonstrate(ion), develop(ment), respond, learn(er/ing), reflect(ive/ion), perform(ance), communicate(ion), lack, need(s), apply(ication), manage(ment), provide, record, work, underpin, seek, make, identify</td>
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<tr>
<td>lacks</td>
<td>begin(ning)</td>
<td>plans</td>
<td>anticipate</td>
<td>modify (cation)</td>
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<td></td>
</tr>
<tr>
<td>link</td>
<td>participate</td>
<td>prioritises</td>
<td>evaluates</td>
<td>improves (ment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>recognises (ition)</td>
<td>identify (cation)</td>
<td>rationalise</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>ADVERBS</strong></td>
<td>occasional(ly)</td>
<td>consistently</td>
<td>always</td>
<td></td>
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</tbody>
</table>

**Example 1:** Johan demonstrates limited knowledge, however when asked, he can explain the rationale for the care he is giving using evidence from NICE. He is unable to prioritise his workload and needs direct supervision at all times. He is professional in his interactions with women and their families but inconsistent in recording his findings.

**Example 2:** Estefania can plan and prioritise her workload; when the activity is high she is proactive in anticipating the requests of women for discharge, demonstrating awareness of the complex nature of maternity care. Her documentation is always completed to a high standard.

For a second-year student at level 5, Johan would refer or ‘fail’ in practice whereas Estefania would be awarded ‘excellent’. ©2019 Margaret Fisher et al.
### LEVEL 6 (SCQF 9):

<table>
<thead>
<tr>
<th>FAIL</th>
<th>PASS</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
<th>OUTSTANDING</th>
</tr>
</thead>
</table>

#### NOUNS

**Knowledge**
- Key words: knowledge, evident(ce), understanding, information, theory(ethical), insight, awareness, research

**Skills**
- Key words: practice, able/ability, skill, care, act(ion/ive/ively), outcome, analyse (analysis, initiate(ive), scope, decision, prepare(ation)

**Attitudes**
- Key words: behaviour, manner, compassion (ate), rapport, conduct, quality, choice, empathy

**Other**
- Key words: woman, student, family, colleague, NMC, time(s/ly), supervise(ion), standard, require(ment), midwife(ry), workload, support, resources, situation, team, guidance, risk

#### ADJECTIVES

<table>
<thead>
<tr>
<th>limit(ed/ation)</th>
<th>safe(ly/ty)</th>
<th>effective</th>
<th>professional(s)</th>
<th>outstanding</th>
<th>inadequate</th>
<th>accurate(ly)</th>
<th>sensitive</th>
<th>high</th>
</tr>
</thead>
<tbody>
<tr>
<td>unsafe</td>
<td>limit(ed/ation)</td>
<td>sound</td>
<td>professional(s)</td>
<td>autonomous</td>
<td>unable</td>
<td>satisfactory</td>
<td>very good</td>
<td>complex/ complicated</td>
</tr>
<tr>
<td>poor</td>
<td>demonstrates</td>
<td>relevant</td>
<td>excellent</td>
<td></td>
<td>insufficient</td>
<td>good</td>
<td>good</td>
<td>excellent</td>
</tr>
<tr>
<td>inconsistent (cy)</td>
<td></td>
<td>good</td>
<td>clear(ly)</td>
<td></td>
<td>unsafe</td>
<td>very good</td>
<td></td>
<td>confident</td>
</tr>
<tr>
<td>unsafe</td>
<td>limit(ed/ation)</td>
<td>wide (r)</td>
<td>professional(s)</td>
<td></td>
<td></td>
<td>satisfactory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unclear</td>
<td>limit(ed/ation)</td>
<td></td>
<td>high</td>
<td></td>
<td></td>
<td>wide (r)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unprofessional</td>
<td>limit(ed/ation)</td>
<td></td>
<td>complex/ complicated</td>
<td></td>
<td></td>
<td>wide (r)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limit(ed/ation)</td>
<td>limit(ed/ation)</td>
<td></td>
<td>excellent</td>
<td></td>
<td></td>
<td>wide (r)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limit(ed/ation)</td>
<td>limit(ed/ation)</td>
<td></td>
<td>clear(ly)</td>
<td></td>
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<td>wide (r)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limit(ed/ation)</td>
<td>limit(ed/ation)</td>
<td></td>
<td>well</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>limit(ed/ation)</td>
<td>limit(ed/ation)</td>
<td></td>
<td>consistent(ly)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### VERBS

- Key words: show, document(ation), demonstrate(ion), develop(ment), respond, learn(er), reflect(ive), perform(ance), communicate(ion), lack, need(s), apply(ication), manage(ment), provide, record, work

- lack(s)

#### ADVERBS

- usual(ly)
- well
- consistent(ly)
- always
- consistent(ly)
- always

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**Example 1:** Aisha’s knowledge is outstanding, she is confident in her ability to care for women sensitively. She demonstrates the ability to make autonomous decisions and her skills in documenting these are always clear. However, she could develop her awareness of the workload on the ward further to offer support to other colleagues at times.

**Example 2:** Alison failed to respond to a situation where the fetus was at risk; she recognised and documented a bradycardia but failed to call for help. When questioned she said she thought the woman would give birth imminently, however, this did not happen. On reflection, Alison realises this was unsafe care. She is now more aware of the need to communicate concerns.

Aisha would be awarded ‘excellent’ at level 6; while the first two sentences are using words from the outstanding column, her lack of awareness of the bigger picture brings her score down slightly. Alison would ‘fail’ as she was unsafe.

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### NOUNS
**Knowledge**
- Key words: evident(ce), theory(ethical) knowledge, understand, aware(ness), rationale, research, insight

**Skills**
- Key words: practice, ability, skill, act(ion/ivity), initiative, reasoning, decision, analysis(tical), competency, care, practice, innovation,

**Attitudes**
- Key words: approach, behaviour, rapport, quality, manner, conduct

**Other**
- Key words: base, team, supervision, support, prompt, student, client, member, times, situation, opportunity, woman, standard

### ADJECTIVES
- Limited
- Unable
- Unsafe
- Weak
- Inadequate
- Disorganised
- Distant
- Vague
- Indecisive
- Unprofessional

- Appropriate(ly)
- Adequate
- Cautious
- Familiar
- Indecisive
- Reasonable
- Suitable

- Good
- Informed
- Judged
- Minimal
- Capable
- Motivated
- Organised

- Clear(ly)
- Focused
- Independent
- Sensitive(ity)
- Effective(ness/ly)
- Indirect
- Deep
- Mature
- Reliable
- Structured

- Confident(ce/ly)
- Autonomous(ly)
- Complex
- Efficient(cy)
- Diverse
- High(ly)
- Impressive
- Comprehensive
- Outstanding
- Exceptional
- Excellent

### VERBS
- Cannot
- Fail
- Underpin
- Consider(ed/ation)
- Meet
- Apply
- Establish
- Identify
- Require
- Use(d)
- Implement(ation)
- Involve
- Lead(ing)
- Perform(ed)
- Articulate
- Relate
- Respond
- Change
- Prioritise
- Provide/provision

- Critique(cal)
- Lead(ing)
- Discuss(ion)
- Engage
- Evaluate
- Enhance
- Change
- Challenge
- Justify
- Express, articulate

- Improve
- Negotiate
- Teach
- Handle
- Share
- Solve

### ADVERBS
- Sometimes
- Occasionally
- Well, mostly
- Consistently, always

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**Example:** Jude *always justifies* the care she offers to women in the community, including offering alternative choices to women who decline stretch and sweep or induction of labour. These conversations are *recorded sensitively* in the woman’s notes. She has been able to *identify* and *articulate changes* to *enhance* her own *practice* and is prepared to *challenge* other members of the team in a *professional manner*.

For a final year student at master’s level, Jude would be awarded ‘very good’.
Section 6.3 Rubrics
(pages 36-45)

Recommended use:

May be particularly useful for those assessing the student’s performance – thus particularly relevant for practice assessors and academic assessors.

Background:

The ‘Lexicon Frameworks’ were used to develop a range of generic statements in the categories of ‘knowledge’, ‘skills’ and ‘attitudes’, relevant to the level descriptors within each academic level. These formed the ‘Rubrics’ which were tested in the final phase of the project for their validity and reliability when participants were presented with hypothetical grading scenarios. Results were overall positive, and participants considered that they were transferable across programmes and professions – with potential to modify the statements to reflect regulatory changes, institutional requirements or programme preferences.
Examples of Rubrics

See separate Word document on the project website for TEMPLATES

https://www.plymouth.ac.uk/research/national-grading-of-practice-in-pre-registration-midwifery-project
### RUBRIC: L4 (SCQF 7)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>FAIL</th>
<th>PASS</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
<th>OUTSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shows evidence of limited underpinning theoretical knowledge.</td>
<td>Accurate knowledge and good understanding of underpinning theory.</td>
<td>Shows evidence of very good theoretical knowledge and understanding.</td>
<td>Excellent knowledge of theory consistently informs practice.</td>
<td>Comprehensive knowledge is consistently applied to practice.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Skills

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>FAIL</th>
<th>PASS</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
<th>OUTSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates very limited ability in basic clinical skills.</td>
<td>Demonstrates development of good clinical skills and safe practice.</td>
<td>Demonstrates safe and confident skills in clinical practice.</td>
<td>Consistently demonstrates excellent ability in clinical skills.</td>
<td>Consistently demonstrates outstanding clinical skills and excellent care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unable to provide evidence of safe care. and/or demonstrates inappropriate communication with the woman/ family.</td>
<td>Demonstrates compassionate care and appropriate communication skills with the woman/ family.</td>
<td>Demonstrates compassionate woman-centred care and works well within the team.</td>
<td>Able to demonstrate advocacy for the woman, always interacting professionally with the family and colleagues.</td>
<td>Able to adapt to complex situations, collaborating effectively with the woman and team.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Attitudes

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>FAIL</th>
<th>PASS</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
<th>OUTSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates inadequate awareness of own professional behaviour.</td>
<td>Student demonstrates good understanding of appropriate professional behaviour.</td>
<td>Student demonstrates very appropriate professional behaviour and self-awareness.</td>
<td>Student demonstrates excellent insight into personal professional behaviour.</td>
<td>Student demonstrates an exceptional ability to analyse and modify own professional practice and behaviours, consistently self-evaluating performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student fails to respond to feedback.</td>
<td>Student acts on feedback.</td>
<td>Student is able to assess own performance and reflect on feedback.</td>
<td>Student reflects on and evaluates own performance well.</td>
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</tbody>
</table>

### UNDER DIRECT SUPERVISION

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>FAIL</th>
<th>PASS</th>
<th>GOOD</th>
<th>VERY GOOD</th>
<th>EXCELLENT</th>
<th>OUTSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not achieve all the NMC standards/requirements</td>
<td>Achieves all the NMC standards/requirements</td>
<td>Achieves all the NMC standards/requirements well</td>
<td>Very good achievement of all the NMC standards/requirements</td>
<td>Excellent achievement of all the NMC standards/requirements</td>
<td>Outstanding achievement of all the NMC standards/requirements</td>
<td></td>
</tr>
</tbody>
</table>
EXAMPLES (please refer to above grid)

**Example 1: Community**
Jayne generally demonstrates a *good knowledge base* although she shows *limited knowledge of the antenatal screening programme*. She demonstrates a *sensitive approach towards women and families*. She is able to *assess her own work* and knows where she needs to improve.

Overall grade: Good

**Example 2: Postnatal ward**
Rosheen has shown *insight into her professional behaviour* and *always interacts professionally with colleagues and women*. Her *motivation to learn is excellent* and her *knowledge base is comprehensive* for this stage of her programme.

Overall grade: Excellent
<table>
<thead>
<tr>
<th>Rubric: L5 (SCQF 8)</th>
<th>Mapping to Lexicon Framework: bold = high frequency, plain = medium frequency, italic = ‘grammar words’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td><strong>FAIL</strong> Unable to demonstrate sufficient knowledge and understanding to underpin safe practice. <strong>PASS</strong> Knowledge is limited, but adequate to inform safe practice. <strong>GOOD</strong> Evidence of sound knowledge and understanding to underpin safe practice. <strong>VERY GOOD</strong> Evidence of very good theoretical knowledge which is applied to practice. <strong>EXCELLENT</strong> Demonstrates excellent theoretical knowledge which consistently underpins practice. <strong>OUTSTANDING</strong> Outstanding evidence-based knowledge is consistently applied to practice.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td><strong>FAIL</strong> Limited ability to perform common clinical midwifery skills and/or unsafe practice is demonstrated. <strong>PASS</strong> Occasionally demonstrates limitations in some clinical skills, but ability is overall satisfactory. <strong>GOOD</strong> Demonstrates good ability in performance of normal clinical midwifery skills. <strong>VERY GOOD</strong> Evidence of ability to perform effective clinical skills in a range of situations. <strong>EXCELLENT</strong> Skilled in normal clinical practice and is developing the ability to identify complications under supervision. <strong>OUTSTANDING</strong> Consistently outstanding performance of normal clinical skills, responding appropriately to risk.</td>
</tr>
<tr>
<td><strong>Attitudes</strong></td>
<td><strong>FAIL</strong> Evidence of lack of insight in the student’s understanding of professional behaviour. <strong>PASS</strong> Student demonstrates appropriate professional attitudes. <strong>GOOD</strong> Student clearly demonstrates a professional approach and compassionate manner. <strong>VERY GOOD</strong> Student’s behaviour and approach show evidence of appropriate adaptability. <strong>EXCELLENT</strong> Student demonstrates sensitivity to individual situations, showing a high level of insight. <strong>OUTSTANDING</strong> Student consistently demonstrates sensitivity and empathy in complex situations.</td>
</tr>
<tr>
<td><strong>UNDER</strong></td>
<td><strong>FAIL</strong> Does not achieve all the NMC standards/requirements <strong>PASS</strong> Achieves all the NMC standards/requirements <strong>GOOD</strong> Achieves all the NMC standards/requirements well <strong>VERY GOOD</strong> Very good achievement of all the NMC standards/requirements <strong>EXCELLENT</strong> Excellent achievement of all the NMC standards/requirements <strong>OUTSTANDING</strong> Outstanding achievement of all the NMC standards/requirements</td>
</tr>
<tr>
<td><strong>MINIMAL</strong></td>
<td><strong>SUPERVISION:</strong></td>
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</tbody>
</table>
**EXAMPLES** (please refer to above grid)

**Example 1: Community**

Jade is compassionate and professional in her approach to women. She uses her initiative and seeks support appropriately. She demonstrates good clinical skills, for instance her abdominal examinations are almost always accurate in antenatal clinics. She shows sound knowledge to support her care.

Grade: Good

**Example 2: Antenatal ward**

Lizi has demonstrated outstanding knowledge about antenatal conditions such as pre eclampsia. She researches any condition she encounters and provides consistently outstanding evidence based care in complex situations. She is highly reflective of her own practice and evaluates her care, demonstrating sensitivity to individual situations and needs.

Grade: Outstanding

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<table>
<thead>
<tr>
<th><strong>RUBRIC: L6 (SCQF 9)</strong></th>
<th>Mapping to Lexicon Framework: Bold = high frequency, plain = medium frequency, italic = ‘grammar words’</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIL</strong></td>
<td><strong>PASS</strong></td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td><strong>GOOD</strong></td>
</tr>
<tr>
<td>Theoretical knowledge is inadequately linked to practice and/or understanding is inaccurate.</td>
<td>Appropriate knowledge is consistently and safely applied to practice.</td>
</tr>
<tr>
<td><strong>VERY GOOD</strong></td>
<td><strong>EXCELLENT</strong></td>
</tr>
<tr>
<td>A good knowledge-base is evident, with sound application to practice and timely actions.</td>
<td>Demonstrates very good evidence-based theoretical knowledge and understanding, which is appropriately applied to a range of circumstances.</td>
</tr>
<tr>
<td><strong>OUTSTANDING</strong></td>
<td></td>
</tr>
<tr>
<td>An excellent understanding of research evidence is consistently applied to rationalise autonomous decisions.</td>
<td>Outstanding knowledge of research evidence is consistently applied to rationalise autonomous decisions.</td>
</tr>
</tbody>
</table>

**Skills**

- Student demonstrates limitations in practice/communication skills and/or inability to recognise complications without prompting.
- Student demonstrates competence in normal midwifery and communication skills, and is able to provide effective care in complicated situations with guidance.
- Student is competent in practice, demonstrating appropriate sensitivity to the woman, the ability to prioritise care appropriately and make safe decisions.
- Very good practice and communication skills are adapted to meet requirements of the individual woman/baby while the student demonstrates competence in decision-making.
- Excellent abilities in normal and complex clinical care are consistently reflected in sensitive professional practice.
- Student consistently demonstrates an outstanding ability to provide exceptional compassionate care to the woman in normal and complex practice situations.

**Attitudes**

- Student demonstrates inadequate recognition of their own limitations in care and/or behaviour and lacks understanding of the implications of these failings.
- Student recognises professional limitations and demonstrates clear evidence of learning through analytical reflection.
- Student demonstrates a professional approach to critical reflection and self-analysis.
- Student demonstrates the ability to evaluate own professional performance, articulating solutions to challenges.
- Student consistently demonstrates professional behaviour, excellent insight and effective skills of self-leadership.
- Student consistently demonstrates outstanding critical skills and an exceptional approach to analysing and enhancing own professional performance.

**UNDER INDIRECT SUPERVISION:***

- Does not achieve all the NMC standards/requirements
- Achieves all the NMC standards/requirements
- Achieves all the NMC standards/requirements well
- Very good achievement of all the NMC standards/requirements
- Excellent achievement of all the NMC standards/requirements
- Outstanding achievement of all the NMC standards/requirements
EXAMPLES (please refer to above grid)

Example 1: Postnatal ward

Penny demonstrates a limited ability to recognise women with complications and lacks the ability to communicate this appropriately. She has difficulty linking theory to practice, for instance she recorded a pyrexia of 38.5°C in a woman with heavy lochia but did not palpate her uterus or report this to her mentor. She does not always seem to recognise the importance of creating these links.

Grade: Fail

Example 2: Delivery Suite

John has very good interpersonal skills and can adapt these to meet the needs of individual women. He is able to prioritise care and make safe decisions within his level of competence and with support. He has a very good knowledge base which he can apply to practice. He demonstrates an excellent level of insight into his own actions and behaviours and how this affects others.

Grade: Very good
## RUBRIC: L7 (SCQF 10/11)

### Mapping to Lexicon Framework: Bold = high frequency, plain = medium frequency, italic = ‘grammar words’

<table>
<thead>
<tr>
<th></th>
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<th>VERY GOOD</th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td><strong>Limited knowledge is demonstrated, with a weak understanding of the need to underpin practice with evidence-based theory.</strong></td>
<td>Knowledge of evidence-based theory underpins the student’s reasoning and actions, demonstrating appropriate urgency.</td>
<td>Appropriate decisions are made, based on effective analysis of circumstances and research evidence.</td>
<td>Student is confident in making complex decisions, expressing opinions and justifying actions based on research evidence.</td>
<td>Student consistently demonstrates insightful reasoning and judgement, involving an impressive accuracy in detailed knowledge of theory and research evidence.</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td><strong>Student is unable to demonstrate competence in practice skills and team-work, and actions are unsafe and/or insensitive.</strong></td>
<td>Practice is safe, care is sensitive and competent, and the student works effectively in the team.</td>
<td>Practice skills are always of a good standard, sensitivity to women and colleagues is demonstrated and the student actively participates in the team, occasionally leading with supervision.</td>
<td>Student is consistently able to demonstrate confidence in practice skills, providing a high quality of structured and sensitive care, while actively engaging in the team.</td>
<td>Student consistently demonstrates confidence in their ability to provide comprehensive care, prioritising this appropriately and effectively contributing to professional team-work in a diverse range of situations.</td>
</tr>
<tr>
<td><strong>Attitudes</strong></td>
<td><strong>Limited evidence of the student’s learning and ability to reflect on and develop professional behaviour and care.</strong></td>
<td>Student demonstrates the ability to develop professionally through independent learning and reflection on behaviour and skills.</td>
<td>Student demonstrates a professional approach to their learning, articulating plans to develop and enhance practice skills and behaviour.</td>
<td>Student takes a mature approach to critiquing their challenges and abilities, undertaking autonomous action to develop professionally.</td>
<td>Student’s behaviour is consistently outstanding, and their approach to professional development is exceptional.</td>
</tr>
<tr>
<td><strong>UNDER INDIRECT SUPERVISION:</strong></td>
<td>Does not achieve all the NMC standards/requirements</td>
<td>Achieves all the NMC standards/requirements well</td>
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<td>Excellent achievement of all the NMC standards/requirements</td>
</tr>
</tbody>
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**EXAMPLES** (please refer to above grid)

**Example 1: Birth Centre**

Tara has demonstrated good judgement when making assessments of women in labour, based on an effective analysis of the situation. Her assessments, such as her vaginal examinations, are of a good standard and she reports back to the team. She is able to make evidence based decisions which take into account her findings. Tara is an independent learner and is able to reflect on her own practice in order to develop this.

Grade: Good

**Example 2: Delivery Suite**

Claire was unable to recognise and respond appropriately to an emergency situation where a woman was experiencing a postpartum haemorrhage. She did not assess the bleeding as being in excess of normal limits and therefore did not call for help in a timely way. We reflected on this event and Claire read up on the management of PPH and discussed this with me on our next shift. However, as Claire is at the end of her training, she needs to demonstrate that she is able to manage scenarios competently before she can achieve a pass.

Grade: Fail