

# Micro-credentials

## Information Sheet and Descriptor

### Definition

'Micro-credential' means the record of the learning outcomes that a learner has acquired following a small volume of learning. These learning outcomes have been assessed against transparent and clearly defined standards. Courses leading to micro-credentials are designed to provide the learner with specific knowledge, skills and competences that respond to societal, personal, cultural, or labour market needs. Micro-credentials are owned by the learner, can be shared and are portable. They may be standalone or combined into larger credentials. They are underpinned by quality assurance following agreed standards in the relevant sector or area of activity.

European Council, December 2021

Micro-credentials – range of credits from 5 ECTS to 10 ECTS. Note: 2.5 ECTS do not apply for the academic year 2022/23.

Micro-credentials:

- Consist of credit offered for continuing education/professional development purposes.
- Are specifically designed to upskill the workforce
- Have an identified learner market evidenced by enterprise need and demand
- Are co-created with enterprise in the development of the curriculum.
- Offer flexible delivery to meet the needs of enterprise and employees.
- Demonstrate innovation in pedagogy.
- May be stackable in the future.

MC = micro-credential

### HCI Pillar 3

#### Micro-Credentials: Descriptor

Please complete the Proposal Template in full. Incomplete proposal templates will not progress to the Micro-credential subcommittee for consideration.

Resources to support micro-credential development are available from the:

[Academic Affairs website](#)

[Academic Practice website](#)

[MC exemplar](#)

[Micro-credentials: Resources](#)

HCI Cluster and Work Package for the proposed micro-credential	<b>Cluster 1: Work-package 1 – Micro-credential Pilot Programme</b>
MC title:	<b>Assessment and management of frailty in ageing adults</b>
School:	<b>School of Medicine</b>
To whom will the MC be offered?	<p><b>Detail the specific learner market targeted by this MC including evidence of need and demand:</b>  <i>Health or social care professionals working with older adults in any care settings (e.g., hospital, community, nursing homes). Suitable professionals include doctors, nurses, dentists, pharmacists, and allied health and social care professionals. Service managers will also be considered.</i></p> <p>With demographic changes and ongoing population ageing in Ireland and internationally, frailty in ageing adults has become an issue of great clinical, public health, policy, and academic importance in the past decade. Frailty is defined as a state of vulnerability and diminished physiological reserve caused by dysregulation in multiple physiological systems, such as that a relatively minor stressor is more likely cause a decompensation; as a result, the frail person is more likely to experience adverse health outcomes.</p> <p>While the prevalence of frailty increases with age and its presence is more noticeable in geriatric medicine services, some chronologically younger patient cohorts are also significantly affected by frailty. This is because frailty is more closely related to biological than chronological age. Examples of such populations are seen in intellectual disabilities and HIV. There is evidence that adverse genetic factors and chronic inflammation (<i>inflammageing</i>) can dysregulate multiple biological systems and accelerate the onset of frailty, and biomedical scientists are now investigating possible intrinsic biological mechanisms of the frailty process.</p>



The clinical concept of frailty is widely accepted but the operationalisation of the concept has been subject to much debate causing a degree of confusion amongst clinicians and scholars. Two main schools of thought currently prevail on the operationalisation of frailty: the physical frailty phenotype proposed by Linda Fried and colleagues and the Frailty Index approach to deficits accumulation proposed by Kenneth Rockwood and colleagues. However, these two approaches may not capture all the clinically relevant aspects of frailty and there is increasing consensus that different frailty tools may be suited to different settings and purposes.

Frailty is seen in the presence of many “geriatric syndromes” such as immobility, instability, falls, incontinence, delirium, dementia, and complex care needs. Because of its close links with geriatric syndromes, frailty is now considered as a “geriatric giant”. It is therefore important to provide robust education in the multiple methods available to assess frailty, with an emphasis on understanding the different geriatric dimensions that they address, and the advantages and disadvantages of every method in the face of the specific clinical context and/or purpose of a frailty assessment. However, this type of education is not available in a consistent format. A core objective of the Frailty Module is to help address this need.

In addition to providing education on the identification and assessment of frailty, this module will provide education on the management of related geriatric syndromes, helping achieve a more gerontologically and frailty-attuned healthcare workforce in every discipline. The management of frailty relies strongly on the method of comprehensive geriatric assessment (CGA), which is fundamental to the assessment, planning and interventions required to meet the health and social care needs of adults who live with frailty or are at risk of becoming frail.

Outside formal Geriatric Medicine training, practitioners may receive little training on CGA which renders them less able to confidently implement basic and intermediate competencies for the effective management of geriatric syndromes and frailty. For example, in the acute hospital there is evidence that CGA provision makes frail patients more likely to survive and return home than those not receiving CGA. Despite that, awareness of CGA outside geriatric services is still low and there is a need to export CGA to all care settings for the benefit of all.

Frailty predicts utilisation of many different types of healthcare services rendering it a useful risk stratification tool for targeting strategies of integrated care. With population ageing, frailty is increasingly seen in non-geriatric services such as elective surgery and oncology. Two new liaison specialties have emerged in the past decade that integrate the assessment and management of frailty in those areas, namely proactive care of older people undergoing Surgery (the ‘POPS’ model), and the geriatric assessment of older patients in Oncology (‘Oncogeriatrics’). Practitioners working in those areas will benefit from formal training in frailty assessment and management.



	<p>At the European level, the Science Advice for Policy by European Academies (SAPEA) recommended in its 2019 “Transforming the Future of Ageing” report that all healthcare professionals have access to dedicated university education in key ageing topics, including frailty: <a href="https://www.sapea.info/new-topic-transforming-the-future-of-ageing/">https://www.sapea.info/new-topic-transforming-the-future-of-ageing/</a>.</p> <p>In the Irish context, there have been important initiatives to improve the knowledge and attitudes towards frailty across areas of the health service. For example, the National Clinical Programme of Older People, in collaboration with The Irish Longitudinal Study on Ageing (TILDA) created the National Frailty Education Programme (NFEP) <a href="https://tilda.tcd.ie/ppi/frailty-education/">https://tilda.tcd.ie/ppi/frailty-education/</a>, a pioneer programme through which many front line healthcare staff across many disciplines have gained basic training towards Frailty Facilitator status. The present module provides an opportunity for Frailty Facilitators to acquire further knowledge and skills and achieve a formal university qualification. In addition, an Irish Gerontological Society initiative called the <i>Irish Frailty Network for Education, Improvement and Research</i> has called for higher educational opportunities in the area of frailty assessment and management: <a href="https://www.irishgerontology.com/news/blogs/time-right-irish-frailty-network-education-improvement-and-research">https://www.irishgerontology.com/news/blogs/time-right-irish-frailty-network-education-improvement-and-research</a>. We are proud that this module has been the first in Ireland to implement this pressing need.</p>
MC aims	<p><b>How would you explain the MC in such a way that would encourage your intended learners (including those in enterprise) to register for it?</b></p> <p>Frailty is a state of diminished physiological reserve and increased vulnerability to stressors in ageing adults. Many newly created services for older people routinely measure frailty. However, different frailty identification tools may be suited to different settings and purposes. This module will review the concept of frailty and the multiple methods available to identify it, with an emphasis on understanding the different geriatric dimensions that they address, and the advantages and disadvantages of every method in different settings. The module will also provide education on Comprehensive Geriatric Assessment and the management of common geriatric syndromes, to help achieve a more gerontologically and frailty-attuned healthcare workforce.</p>
All MCs must be new but may include some content from existing modules.	<p><b>If you are using some content from existing modules, provide details below:</b></p> <p><b>Name of existing programme(s):</b> n/a</p> <p><b>Name of existing module(s):</b> Assessment and management of frailty in ageing adults (standalone online module)</p>



	<p><b>How will this content be adapted and used innovatively to create this new MC?</b></p> <p>This stand-alone module was approved on 31 October 2019 by Trinity’s Graduate Studies Committee (GS/19-20/326). The module is coordinated by the Discipline of Medical Gerontology in the School of Medicine. The module started running as standalone in the academic course 2020-2021 and we are currently delivering its third edition. The module is offered online once a year during Semester 1: 10 (2-hour) taught sessions on Tuesdays 3-5pm (term time) and 105 hours of independent study. Assessment is via attendance to lectures (at least 80%) and compulsory coursework marked by name: 3,000-word reflective assignment on how the identification, assessment and management of frailty adds value to a practice scenario. Assignment pass mark: 50%. Application is via brief letter of motivation and CV. Successful applicants are given a hidden link to apply. Since inception, 79 applications have been received in SITS so far.</p> <p>This module has already been running according to the principles of:</p> <ol style="list-style-type: none"> <li>1. Identified learner market evidenced by need and demand</li> <li>2. Co-creation with national programmes in the development of the curriculum (e.g., National Frailty Education Programme)</li> <li>3. Innovation in pedagogy (interdisciplinary frailty education)</li> <li>4. Flexible delivery timeline (online and suitable for busy health professionals)</li> </ol> <p><b>Code in SITS:</b> DPWMD-AMFA-1M09</p>
NFQ level (if applicable)	<b>NFQ level 9</b>
ECTS	<p><i>Note: 5 ECTS = 125 hrs student effort (1 ECT = 25 hrs student effort)</i></p> <p>5</p>
School (owner) and discipline	Prof. Roman Romero-Ortuno, Discipline of Medical Gerontology
MC Coordinator <i>(member of academic / teaching staff)</i>	Prof. Roman Romero-Ortuno
State other Schools/external organisations involved in the delivery of the micro-credential (if applicable)	A member of the School of Nursing (Dr Eimear McGlinchey) provides 1 hour of teaching (frailty in intellectual disabilities)
Enterprise/Profession Connection	<p><b>Specify the enterprise sector/profession targeted by the MC:</b> Healthcare sector / healthcare professionals (interdisciplinary)</p>



	<p><b>What labour market and/or skills need is addressed by the MC:</b> This module provides education on the management of frailty and geriatric syndromes, helping achieve a more gerontologically and frailty-attuned healthcare workforce in view of population ageing and the challenges it poses on our health services.</p> <p><b>State the specific enterprise/employer-related skills addressed by the MC:</b> Healthcare organisations benefit from a frailty-attuned workforce given that older people are the main users of adult health services.</p> <p><b>Detail how enterprise has been involved in the development of the MC:</b> There has been involvement of the Health Service Executive via Director of Nursing/National Lead Older Persons Services/Clinical &amp; Integrated Programmes (Ms Deirdre Lang, who in addition leads the National Frailty Education Programme: NFEP). As a result of this policy-academic collaboration, the Discipline of Medical Gerontology offers 5 annual scholarships for the frailty module to Facilitators of the NFEP. This has worked very well for the last 2 academic years, because many NFEP facilitators are interested in pursuing further university education in frailty.</p> <p><b>How will the delivery of this MC facilitate participation of learners from enterprise (flexible delivery – online/blended/in-person, evenings/weekends etc)?</b> Learners from enterprise (e.g., healthcare managers, both public and private sector) are part of the intended audience for this module. Delivery of the module is online, once a week on Tuesday afternoons (3-5 pm), with recorded lectures to facilitate review.</p>
Teaching staff & if appropriate institutional/enterprise affiliation	<p><b>Name all teaching staff involved and if external, the name of the identified enterprise partners.</b></p> <ul style="list-style-type: none"><li>• <u>Prof. Roman Romero- Ortuno</u>, Associate Professor in Medical Gerontology, Trinity College Dublin; Consultant Physician, St James’s Hospital; Co-chair, Frailty and Resilience Working Group of The Irish Longitudinal Study on Ageing (TILDA); Co-Chair, Irish Frailty Network of the Irish Gerontological Society <a href="https://www.tcd.ie/medicine/medical-gerontology/staff/romeroor">https://www.tcd.ie/medicine/medical-gerontology/staff/romeroor</a></li><li>• <u>Dr Aisling O'Halloran</u>, Biobank Manager and Senior Research Fellow, The Irish Longitudinal Study on Ageing (TILDA) <a href="https://tilda.tcd.ie/people/profile/aohalloran/">https://tilda.tcd.ie/people/profile/aohalloran/</a></li><li>• <u>Prof. Nollaig Bourke</u>, Ussher Assistant Professor in Medical Gerontology (Inflammageing) <a href="https://tilda.tcd.ie/people/profile/nbourke/">https://tilda.tcd.ie/people/profile/nbourke/</a></li></ul>



	<ul style="list-style-type: none"> <li>• <u>Prof. Sean Kennelly</u>, Clinical Associate Professor in Medical Gerontology and Consultant Geriatrician at Tallaght University Hospital  <a href="https://www.tcd.ie/medicine/research/researchers/SEKENNEL">https://www.tcd.ie/medicine/research/researchers/SEKENNEL</a></li> <li>• <u>Prof. David Robinson</u>, Consultant Geriatrician, St James’s Hospital and Clinical Associate Professor, Medical Gerontology  <a href="https://drdavidrobinson.com/about">https://drdavidrobinson.com/about</a></li> <li>• <u>Dr Amanda Lavan</u>, Consultant Geriatrician, St James’s Hospital  <a href="https://www.researchgate.net/profile/Amanda_Lavan2">https://www.researchgate.net/profile/Amanda_Lavan2</a></li> <li>• <u>Dr Rosaleen Lannon</u>, Consultant Physician in Geriatric Medicine, St James’s Hospital  <a href="https://www.researchgate.net/profile/Rosaleen_Lannon">https://www.researchgate.net/profile/Rosaleen_Lannon</a></li> <li>• <u>Dr Eimear McGlinchey</u>, Assistant Professor, School of Nursing &amp; Midwifery  <a href="https://www.tcd.ie/tcaid/research/eimearbio.php">https://www.tcd.ie/tcaid/research/eimearbio.php</a></li> <li>• <u>Mary O’Shea</u>, TILDA Research Nurse  <a href="https://tilda.tcd.ie/people/profile/moshea/">https://tilda.tcd.ie/people/profile/moshea/</a></li> </ul> <p>The <b>external HSE partner</b> for this module is <u>Ms Deidre Lang</u>, Director of Nursing/National Lead Older Persons Services/Clinical &amp; Integrated Programmes</p>		
Min./Max. number of students	Min. number of students: 8 Max. number of students: 50		
Mode of delivery	Consider the mode of delivery that will best suit your learner needs (both individual and enterprise learners).  Fully Online - all online		
MC entry & admission requirements/pre-requisites (if applicable)	<ul style="list-style-type: none"> <li>• Health or social care professionals working with older adults in any settings. Suitable professionals include doctors, nurses, dentists, pharmacists, and allied health and social care professionals. Service managers will also be considered.</li> <li>• Have a fluent command of the English language.</li> </ul>		
Proposed commencement date (ideally Jan 24)	Already being delivered since 2020-2021. Microcredential could start as soon as September 2023 or September 2024.		
MC frequency, duration, and term	<i>Frequency of delivery during the academic year:</i>  Semester 1 only	<i>Duration (e.g. 6 weeks). If block delivery applies provide details:</i>  Semester 1 (12 weeks)	<i>Indicate term(s):</i> Michaelmas <input checked="" type="checkbox"/> Hilary <input type="checkbox"/> Trinity <input type="checkbox"/>



<p>Contact and independent study hours (note: 5 ECTS is equivalent to 125 student learning hours)</p>	<p>Examples to consider/include are:</p> <ul style="list-style-type: none"> <li>• Lecturer/TA contact hours - the Lecturer/TA is present for a live session either in person or online.</li> <li>• Directed hours - engagement with required activities such as course materials provided by the lecturer, clinical attendance, internships, and practice or professional placement.</li> <li>• Peer contact hours - structured activities with peers (i.e. groupwork)</li> <li>• Self-directed hours - independent study</li> <li>• Assessment – individual time spent completing summative and/or formative assessments</li> </ul> <p><b>Complete the table as appropriate:</b></p> <table border="1" data-bbox="459 683 1426 1234"> <thead> <tr> <th>Learner contact and independent study hours</th> <th>No. of Hours</th> </tr> </thead> <tbody> <tr> <td>Contact Hours such as Lecturer/tutorial contact hours</td> <td>20</td> </tr> <tr> <td>Self-directed/independent study</td> <td>25</td> </tr> <tr> <td>Assessment</td> <td>25</td> </tr> <tr> <td>Directed hours (please specify): Click or tap here to enter text.</td> <td>50</td> </tr> <tr> <td>Peer contact hours (please specify): Click or tap here to enter text.</td> <td>5</td> </tr> <tr> <td>Other (please specify): Click or tap here to enter text.</td> <td>Click or tap here to enter text.</td> </tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td><b>125</b></td> </tr> </tbody> </table>	Learner contact and independent study hours	No. of Hours	Contact Hours such as Lecturer/tutorial contact hours	20	Self-directed/independent study	25	Assessment	25	Directed hours (please specify): Click or tap here to enter text.	50	Peer contact hours (please specify): Click or tap here to enter text.	5	Other (please specify): Click or tap here to enter text.	Click or tap here to enter text.	<b>Total</b>	<b>125</b>
Learner contact and independent study hours	No. of Hours																
Contact Hours such as Lecturer/tutorial contact hours	20																
Self-directed/independent study	25																
Assessment	25																
Directed hours (please specify): Click or tap here to enter text.	50																
Peer contact hours (please specify): Click or tap here to enter text.	5																
Other (please specify): Click or tap here to enter text.	Click or tap here to enter text.																
<b>Total</b>	<b>125</b>																
<p>MC learning outcomes (approx. 5)</p>	<p><b>What are learners expected to do, know, and understand at the end of the MC?</b></p> <ul style="list-style-type: none"> <li>• Refer to the <a href="#">QQI framework</a> for the Knowledge and Competencies required at NFQ level 9 (Addendum 1).</li> </ul> <p>On successful completion of this micro-credential, learners will be able to:</p> <p>LO1: Describe the concept of frailty in ageing adults.</p> <p>LO2: Recognise the biological underpinnings of frailty in ageing adults.</p> <p>LO3: Differentiate the various methods for identifying frailty in ageing adults.</p> <p>LO4: Identify the relevance and importance of the assessment of frailty in healthcare settings.</p> <p>LO5: Outline the principles of comprehensive geriatric assessment (CGA) in the management of frailty and geriatric syndromes.</p>																





	<p>LO6: Describe the application of CGA for the management of frailty in specialty scenarios (e.g. surgery, oncology). Describe the application of CGA for the management of frailty in special patient groups (e.g. HIV, intellectual disabilities).</p>
<p>MC content areas. <i>(Bullet points can be used)</i></p> <p>If the MC (or components) will be delivered in a blended format, identify the content that will be delivered online.</p>	<p>All content will be delivered online.</p>
<p>Teaching and Learning Methods (state pedagogical approach).</p> <p>Include the online environment(s) to deliver the MC e.g. Blackboard/ZOOM, if appropriate.</p>	<p><b>What types of teaching and learning methods will be used to support learners in achieving the learning outcomes?</b></p> <ul style="list-style-type: none"> <li>- Ten online lectures.</li> <li>- 1:1 online tutorials when necessary. One 1-hour optional individual tutorial with a member of the course Faculty will be offered to students who feel that their learning experience is not optimal or need to clarify the approach to their reflective assignment. This individual tutorial will be arranged by mutually convenient appointment via course administrator/coordinator.</li> <li>- Small online group sessions on reflective writing.</li> <li>- Online peer support via Blackboard.</li> </ul> <p><b>What is the rationale behind the selection of these strategies?</b></p> <ul style="list-style-type: none"> <li>• How do they support the learning required to achieve each LO? Given the interdisciplinarity of the intended audience, it is anticipated that academic skills will vary among students. Whilst some students will be self-directed, some will need peer and mentor support in the most accessible way (online).</li> <li>• How do they support students in successfully completing the assessments? One 1-hour optional individual tutorial with a member of the course Faculty will be offered to students who feel that their learning experience is not optimal or need to clarify the approach to their reflective assignment. This will encourage the student to develop a reflective practice based on a practice scenario. Encouragement will be provided to balance the reflection with pros and cons of the described frailty identification approach, and how the approach ultimately adds value to the patient and the service overall.</li> <li>• How do they fit in with the mode of delivery and with the contact and independent study hours outlined above? 20 contact hours are not impacted by the provision of individual or group supports. Students are also encouraged to utilise the Blackboard student forum as a source of peer-support.</li> </ul>



	<p><b>How does this MC demonstrate innovation in pedagogy?</b> This module introduces the following pedagogic innovations:</p> <ul style="list-style-type: none"> <li>- Focus on frailty as a concept for reflection;</li> <li>- incorporation of latest evidence base from research into teaching</li> <li>- interdisciplinary approach to learning with multiple medical and allied health professions being represented in the class;</li> <li>- and a reflection-focused assessment which goes with the current need to avoid AI-based challenges.</li> </ul>															
<p>MC assessment components</p> <p><i>How will the MC be assessed?</i></p>	<p><b>How will the MC be assessed?</b> (<i>Use assessments that are known to be effective in measuring the types of LOs used</i>). Access the <a href="#">Academic Practice online resource</a> for guidance on selecting appropriate assessment strategies.</p> <ul style="list-style-type: none"> <li>• Attendance to lectures (at least 80%).</li> <li>• Coursework marked by name: 3,000-word reflective assignment on how the identification, assessment and management of frailty adds value to a practice scenario.</li> </ul> <p><b>Briefly outline the rationale for your assessment choices, indicating how they assess the achievement of the relevant learning outcome.</b></p> <p>Attendance to the lectures is important because of their interactive nature and the possibility to ask questions and obtain general guidance regarding reflective assignment. A reflective assignment is ideal for the achievement of the module’s learning outcomes: the student reflects on a practice scenario (anonymised) and chooses various frailty identification tools with an emphasis of comparing their performance and outlining their pros and cons in that scenario. The student then outlines Comprehensive Geriatric Assessment principles to the specific management of the case presented, which may be themed around a special population (surgery, oncology, HIV, intellectual disabilities). A reflective assignment is less likely to be affected by plagiarism/AI issues. The table below refers to the reflective assignment (summative assessment):</p> <p><b>Complete the table:</b></p> <table border="1" data-bbox="459 1496 1422 1975"> <thead> <tr> <th>Learning Outcome</th> <th>Assessment Component (state assessment type)</th> <th>Formative/ Summative</th> <th>Group/ individual</th> <th>% weighting</th> </tr> </thead> <tbody> <tr> <td>LO1: describe the concept of frailty</td> <td>Reflective assignment</td> <td>Summative</td> <td>Individual</td> <td>16%</td> </tr> <tr> <td>LO2: recognise biological underpinnings of frailty</td> <td>Reflective assignment</td> <td>Summative</td> <td>Individual</td> <td>16%</td> </tr> </tbody> </table>	Learning Outcome	Assessment Component (state assessment type)	Formative/ Summative	Group/ individual	% weighting	LO1: describe the concept of frailty	Reflective assignment	Summative	Individual	16%	LO2: recognise biological underpinnings of frailty	Reflective assignment	Summative	Individual	16%
Learning Outcome	Assessment Component (state assessment type)	Formative/ Summative	Group/ individual	% weighting												
LO1: describe the concept of frailty	Reflective assignment	Summative	Individual	16%												
LO2: recognise biological underpinnings of frailty	Reflective assignment	Summative	Individual	16%												



	LO3: differentiate frailty identification methods	Reflective assignment	Summative	Individual	16%	
	LO4: identify importance in the specific setting	Reflective assignment	Summative	Individual	16%	
	LO5: outline principles of Comprehensive Geriatric Assessment	Reflective assignment	Summative	Individual	16%	
	LO6: Describe the application of CGA in the specific setting/patient	Reflective assignment	Summative	Individual	20%	
					100%	
<b>Micro-credential Specific learning environment(s) required to deliver the micro-credential.</b>	<p><b>What specific learning environment(s), technologies and /or software are required to deliver/participate in the micro-credential?</b> (e.g. laboratory practice, clinical placement, reliable broadband, laptop/PC and headset for online sessions. Additional specific software applications may also be required.)</p> <p>The module is delivered fully online and lectures are recorded. The module is fully set up on Blackboard (MG6001- ASSESSMENT &amp; MANAGEMENT OF FRAILITY IN AGEING ADULTS) and contains all the lecture materials, reading lists and useful resources for students to complete the personal study time at their own pace. The Zoom account of the Discipline of Medical Gerontology is used for the online lectures. No new technological resource will be required. Students need reliable broadband, laptop/PC and headset for online sessions.</p>					
<b>Learner supports provided.</b>	<p><b>What specific learner supports will be put in place to accommodate diverse learner needs? Consult: <a href="#">Trinity Inclusive Project</a> and <a href="#">Trinity Disability Service</a></b></p> <p>The module benefits from the suite of resources available via Trinity Inclusive Project and the Trinity Disability Service. Podcasts of recorded lectures can be made available if needed. For students with hearing impairment, recorded lectures can be captioned or captions can also be available during live lectures if required.</p>					
State how the MC will be reassessed if failed (include timelines for reassessment)	Resubmission of reflective assignment that addresses the feedback provided, no later than 4 weeks after receiving initial feedback. A reason for failed reflective assignment can be a high degree of similarity (>75%) as detected via Turnitin.					



Pass standard & any special requirements for passing the MC	Resources: <a href="#">Calendar III</a>  To successfully complete an MC all requirements of the MC must be fulfilled.  Compulsory elements: attendance to 80% of the taught lectures, and submission of 3,000-word assignment (assignment pass mark: 50%).
Penalties for late submission	None if late submission justified given extenuating circumstances.
Core reading / Library resources	There is a reading list associated with each lecture and posted in Blackboard. See: <b>MG6001-ASSESSMENT &amp; MANAGEMENT OF FRAILITY IN AGEING ADULTS</b>
Are there subject experts in other Schools/disciplines?	No  <b>If yes, name of School and discipline: N/A</b>  <b>Has the micro-credential been discussed with the other School/discipline and their DUTL/DTLP?</b> N/A
Proposed student fee	<b>EU/NEU €1,360 (EU) / €2,730 (NEU)</b> (as per <a href="https://www.tcd.ie/academicregistry/fees-and-payments/">https://www.tcd.ie/academicregistry/fees-and-payments/</a> )

**Faculty Dean and School Executive Approval:**

Date of approval of the proposed MC by the School Executive: Click or tap to enter a date.

Date of approval of financial information by the Faculty Dean: Click or tap to enter a date.

Signed by Head of School:

Signed by Faculty Dean:

Date: 04/05/2023

Date: 08/05/2023



## Checklist

**Is the following attached with this micro-credential descriptor:** Yes (tick if applies)

Financial template

Scheduling spreadsheet

Signature of Head of School

Signature of Faculty Dean

**Have you consulted with:** Yes (tick if applies)

The Micro-credentials Team

Other Schools/Disciplines where there may be related disciplinary expertise

Have you checked if there are similar MCs on offer in the School

or in another School participating in the pilot ([www.tcd.ie/courses/micro-credentials](http://www.tcd.ie/courses/micro-credentials))

**Submit completed form and associated documentation to [micro-credentials@tcd.ie](mailto:micro-credentials@tcd.ie) by 5pm on Wednesday, 10<sup>th</sup> May 2023.**