



Using an Objective Structured Clinical Examination for Bachelor of Midwifery students' preparation for practice



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ABSTRACT

Background: Contemporary midwifery practice needs a rigorous and standardised assessment of practical skills, and knowledge to ensure that safety is maintained for both women and neonates before, during and after childbirth.

Aim: To evaluate the use of Best Practice Guidelines (BPG) for Objective Structured Clinical Examinations (OSCE) as a standardised tool to develop clinical competence of Bachelor of Midwifery students.

Method: A pragmatic mixed method approach with surveys, focus groups and interviews was used to evaluate the OSCEs for first year students. Quantitative and qualitative data were combined to understand student and academic perceptions of students' confidence for clinical practice following the OSCE.

Findings: Thirty-four students responded to surveys (response rate 94%); and 13 participated in focus groups. Two academic lecturers participated in an interview (100%). Two main themes emerged (1) the OSCEs improved student confidence (2) the OSCEs were relevant and prepared students for practice. Most students indicated that they practised for the OSCE using an integrated approach (70%), and that this assisted them in their approach to the assessment of the neonate or post-partum mother.

Conclusion: The use of BPGs to ensure that OSCEs focus on important aspects of knowledge and practice helped students to learn and to perform well. Students' confidence in their ability for the imminent professional experience placement was high. OSCEs designed with the BPGs should be implemented broadly across midwifery education to enhance students' competence and provide rigorous meaningful assessment.

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1. Introduction

In contemporary midwifery practice, rigorous assessment of clinical skills is required to ensure safety for both women and neonates before, during and after childbirth. When achieving this, the specific details of the assessment may vary, but if we are to ensure requisite competence, there are parameters of rigorous assessment practice that cannot be compromised (e.g. safety). Expressed this way, we may conceptualise this aspect of assessment as a 'standard'. The Best Practice Guidelines (BPGs)¹ comprise that standard because they ensure that specific parameters of assessment through Objective Structured Clinical Examinations (OSCEs) are present.

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Table 1
Changes and modifications made to the subject OSCE in line with the BPGs.

Best Practice Guideline	Modifications
1. Knowledge, skills and ability related directly to the delivery of safe patient-centred care.	The basis of the two OSCEs was changed so that the activities used were instrumental and specific to safety in midwifery care. Specifically: a systematic assessment of a new-born and a systematic assessment of a post-partum mother were selected for the scenarios. The core skills that were assessed were changed to everyday practice activities, such as a systematic assessment of a post-partum mother.
2. Practices which are most relevant and likely to be commonly encountered.	A global marking guide was implemented that reflected the broad dimensions required of student attainment for each scenario.
3. Be judged via holistic marking guide to enhance both the rigour of assessment and reliability.	The integrated activity of the new OSCE necessitated the introduction of a composite approach reflecting good clinical practice.
4. Require students to perform tasks in an integrated rather than piecemeal fashion by combining assessments of discrete skills in an authentic manner.	The timing of the OSCE was strategically modified to ensure all students had a safe appropriate beginning level of skill prior to entering into practice (see also BPG 6 below).
5. Be structured and delivered in a manner which aligns directly with mastery of desired knowledge and skill.	The alignment of the subject within the Bachelor of Midwifery programme was improved to support student learning via an acquisition of knowledge across <i>all four subjects</i> being currently undertaken. In addition, the OSCE was placed at the end of semester to further facilitate incorporation of all content.
6. Be appropriately timed in the sequence of students' learning to maximise assimilation and synthesis of disparate subject content and to minimise the potential for students to adopt a piecemeal, superficial learning approach.	Students were given greater encouragement and practice opportunities with their peers in the clinical laboratory sessions at designated times in the weeks leading up to the final OSCE. There was also increased time allocated at the end of each tutorial for practice with tutors giving feedback.
7. Allow for ongoing practice of integrated clinical assessment and intervention skills in a secure supportive environment thereby ensuring the appropriate and provision of feedback to guide students' development.	

When conducted prior to the clinical practicum, OSCEs can assist and consolidate the broad skills set needed for students' practice.² This is particularly relevant and important in situations where students are yet to engage in their very first placement. Indeed, there are considerable educational and pragmatic benefits to proceeding in this manner.^{3,4} Specifically, midwifery students have identified that deliberate rehearsal (or simulation) of practice helps them to develop an internal mental capability before performing a skill in the real world⁵; and an OSCE is a preferred method of assessment when compared to practical examination of clinical competence in a real clinical setting.^{6,7}

However, consideration of the practicalities of running OSCEs is vital given that the OSCE experience can impact negatively on students' satisfaction and increase anxiety.^{8,9} Furthermore, clarity of content, effective processes and communication across the midwifery team involved in OSCEs is essential for successful experiences.¹⁰ When carefully structured and organised, OSCEs can increase the depth of student learning about midwifery practice.^{2,5} Explicit considerations in the form of BPGs for OSCEs have identified important aspects of planning including that OSCEs should be clinically relevant, students sufficiently prepared, and assessment methods appropriate to both the clinical requirements and students' year level.¹ Using these considerations to maximise student learning for practice is essential in the Bachelor of Midwifery (BM) degree because graduates need to practice as autonomous midwives, demonstrating ability and competence during common and significant clinical situations.

Although OSCEs have been found to be a positive learning tool at the completion of a midwifery program,⁴ few studies have examined their worth early in students' midwifery education. This project explored the question: What is the value of OSCEs, based on BPGs, on student preparation for midwifery practice within the first year of a BM programme in Australia? Approval for the study was obtained from the university's ethics committee.

2. Methods

A pragmatic mixed methods approach with concurrent data collection was used with surveys, focus groups and semi-structured interviews to explore student and staff perceptions of whether newly developed OSCEs based on BPGs assisted in student midwife preparedness for practice. There are several strengths when qualitative and quantitative approaches are blended in one study.¹¹ It can clarify understanding¹² so that the findings become

more meaningful as a number of perspectives are examined to facilitate a more comprehensive picture of the situation.¹³

2.1. Site

This study took place in an Australian city university's School of Nursing and Midwifery with over 2400 students. The 3-year BM programme comprised 90 students. This study focussed on a core first year BM subject [for this paper, a subject refers to a programme of study that constitutes one quarter of a full-time student load]. The OSCE formed a mandatory summative assessment that students were required to pass.

2.2. Participants

Two groups of participants were invited to participate: (1) 36 students enrolled in the subject (2) the two academic lecturers who were involved in the OSCE development, teaching and assessment. The study was explained to both groups by an independent research team member. The provided information sheet described the research and invited their participation. Participation was completely voluntary – no coercion was used and no follow up occurred.

2.3. OSCE development

A pre-implementation visit was undertaken by two research team members. During this visit the existing OSCEs were systematically analysed in accordance with the BPGs for OSCEs¹ and two new OSCEs were developed. That is, each BPG guided the new OSCEs' development. For example, BPG 2 states that the basis for an OSCE should be around practices that are most relevant and likely to be encountered by the student in clinical practice.¹ The new OSCEs were revised from ones that required each student to examine a single body system (in isolation) to one that required each student to perform an entire patient assessment. One of the new OSCEs had a post-partum mother as the client and the other OSCE had the full assessment on a newborn. The new OSCEs were therefore based on the types of assessment that were fundamental to providing care in a maternity facility and thus constituted OSCEs based on relevant and likely encountered clinical practice. Further details of how the previous OSCEs were altered can be seen in Table 1. The teaching team implemented the modifications and new OSCEs that aligned with the BPGs.

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