



Midwifery students' evaluation of team-based academic assignments involving peer-marking



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ABSTRACT

Background: Midwives should be skilled team workers in maternity units and in group practices. Poor teamwork skills are a significant cause of adverse maternity care outcomes. Despite Australian and International regulatory requirements that all midwifery graduates are competent in teamwork, the systematic teaching and assessment of teamwork skills is lacking in higher education.

Question: How do midwifery students evaluate participation in team-based academic assignments, which include giving and receiving peer feedback?

Participants: First and third year Bachelor of Midwifery students who volunteered (24 of 56 students).

Methods: Participatory Action Research with data collection via anonymous online surveys.

Key findings: There was general agreement that team based assignments; (i) should have peer-marking, (ii) help clarify what is meant by teamwork, (iii) develop communication skills, (iv) promote student-to-student learning. Third year students strongly agreed that teams: (i) are valuable preparation for teamwork in practice, (ii) help meet Australian midwifery competency 8, and (iii) were enjoyable. The majority of third year students agreed with statements that their teams were effectively coordinated and team members shared responsibility for work equally; first year students strongly disagreed with these statements. Students' qualitative comments substantiated and expanded on these findings. The majority of students valued teacher feedback on well-developed drafts of the team's assignment prior to marking.

Conclusion: Based on these findings we changed practice and created more clearly structured team-based assignments with specific marking criteria. We are developing supporting lessons to teach specific teamwork skills: together these resources are called "TeamUP". TeamUP should be implemented in all pre-registration Midwifery courses to foster students' teamwork skills and readiness for practice.

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1. Introduction

Lack of effective teamwork skills is a major cause of adverse outcomes in maternity care. Reviews into 'serious untoward incidents' cite teamwork skills as a modifiable 'cause'.^{1,2} The United Kingdom King's Fund inquiry into the safety of public maternity services found recurring problems with teamwork and stated that "poor teamwork can jeopardise safety" [2, p. xviii]. In Australia, the most recent maternity services review recognised the importance of effective teamwork skills in the provision of a high quality maternity service.³ As a result, national guidelines for the promotion of multidisciplinary collaborative teams have been developed.⁴ In addition, basic competency standards published by regulatory authorities (Australian Nursing and Midwifery Council,

International Confederation of Midwives) require midwifery graduates to have teamwork skills.^{5,6} Despite the importance of teamwork skills, there is no evidence that these skills are systematically taught or assessed in either midwifery education or practice.

2. Background

In the literature, the terms 'team' and 'group' are often equated.⁷ An important distinction is that while groups allow for individualistic action, teams require interdependence, coordination and collaboration.⁸ In general terms the literature shows that students in higher education can develop teamwork skills through their participation in team-based assignments for assessment.⁹ Engaging students in collaborative teamwork leads to enhanced student learning, satisfaction and retention.⁹ Skills that are well suited to development via teamwork assignments include problem solving, project planning, coordination, interpersonal and communication skills.^{11,12} Anonymous peer feedback

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and marking is recommended as a way to shape members' teamwork skills.¹³ The quality of peer assessment is enhanced when feedback is specific, justified, focused on actions under the student's control (not personal characteristics), sufficient in frequency and is received by students when it still matters.^{14,15} Academics are encouraged to quantify peer feedback so it contributes to the individual student's final mark. Thus the individual mark is combined with the mark for the team assignment; this means that students who participate to a high quality receive higher marks than those who do not.^{13,16,17} The validity of peer assessment of individual performance has been questioned both in terms of whether students are too easy or too hard on each other.^{7,16} Various tools have attempted to address these issues of validity and fairness; student anonymity being of prime importance in encouraging students to give honest appraisals of each other [for example, 18].

Much of the research about teamwork education in health care is focused on interdisciplinary clinical activities, most commonly cardiac arrest teams [for example, 19]. The other area dominating the teamwork research literature is simulation-based clinical learning [for example, 20]. These types of teams are highly structured and short lived; neither are they the type of team we think of when we think of midwives working in maternity units and group practices. Two studies have evaluated team-based assignments in nursing students where the teams had many weeks of interaction. Yang and colleagues²¹ found that most students valued the process of learning in teams and enjoyed work with their peers although they were "uneasy with peer evaluation" (p. 76). A second study found that nursing students considered peer assessment worthwhile because it resulted in fairer scoring, improved teamwork quality and increased the likelihood of students contributing to their group.²² No research involving midwifery students has reported assessing students' team-based academic assignments involving peer-marking. Indeed, there is no research evaluating how effective midwifery team-based assessment practices are.

Development of the team-based academic assignments, that were the basis for this study, was guided by the constructivist educational philosophy that guides the whole Bachelor of Midwifery program.²³ Within this philosophy, academics establish appropriate learning events where the students are responsible for their own learning. New knowledge is integrated with existing knowledge and applied to the learner's own context.²⁴ Situated learning is a form of constructivist learning that suits the practice discipline of midwifery.²⁵ A situated learning perspective is based on the belief that skill development and knowledge is contextually situated and is fundamentally influenced by the activity, context, and the culture in which it is used.²⁶ Learning and skill development in this Bachelor of Midwifery program involves structured collaborative interaction with other students, practitioners, and childbearing women. The program's continued development is further advanced through a Participatory Action Research project of which the present research is a part.

3. Question and key terms

Research question: How do midwifery students evaluate participating in team-based academic assignments, which include giving and receiving peer feedback?

In this project we define a 'team' as a coordinated group of interdependent individuals, with distinct roles and a collective identity, who work collaboratively towards shared goals. *Teamwork* refers to the coordinated effort of a team and to its efficient work as a collective.⁸ We define *teamwork skills* as a complex group of learned behaviours that provide the individual with the

capability to effectively foster the success of a team as a whole. These definitions were developed to serve a normative and teaching function which guide students towards expected behaviour.

4. Methods

This evaluation study arose from the second cycle of an ongoing Participatory Action Research (PAR) project called "TeamUP". This section reports on the participants, research design, the teamwork 'intervention' and the methods of data collection and analysis. Ethical approval was granted by the university's Human Research Ethics Committee prior to administration of the survey. Students' completion of the survey was considered to be a low risk application because participation was voluntary and anonymous.

4.1. Participants

Following ethical approval all 56 first and third year student midwives enrolled in the Bachelor of Midwifery in session two, 2012 were invited to volunteer: 24 agreed to participate.

4.2. Design

The PAR design is used widely in education,²⁷ business,²⁸ community development²⁹ and health.³⁰ Development of practical knowledge is enabled through co-researchers engaging in repeated cycles of planning, acting, observing and reflecting.^{29,31} Cycles in PAR are a collaborative, social process where participants actively engage in the evaluation and improvement of their own work practices.³¹ When practitioner/researchers are working in real time to bring about desired change, PAR is the best research design. The PAR design is appropriate when practitioners are focussing on problems in practice where the opinions and experiences of clients are critical to quality improvement.

4.2.1. Intervention

Bachelor of Midwifery students in Year 1 and Year 3 undertook two team-based assignments each in session two (15 weeks) 2012. Each team-based assignment was in a separate unit relevant to each year level. Year 1 students were in different teams for each assignment. Students in Year 3 were in the same team for both assignments. The Unit Information Guide of each unit provided detailed guidelines for students. Teams were required to post good quality drafts of their work in progress to the online learning site where the academics provided feedback on the work (e.g. abstract, or introduction or literature search strategy). This mid-session academic feedback was provided to all students on the online learning site thus improving the standard of the final submission and ensuring learning during the session. The academic workload for this online teaching/feedback came from the hours saved in marking i.e. with a class of 40 divided into teams of 5 there are only 8 assignments to mark at the end instead of 40. Once the team assignment was complete, each student submitted peer feedback and marks for each team member. The academics passed on the anonymous peer feedback to the relevant student and the peer marks contributed to each student's final grade. The peer making criteria were developed by two experienced midwifery academics (second and third authors) following a review of the literature concerning peer-marking criteria. Following feedback from the other midwifery academics and some student representatives, the marking criteria were revised and implemented. The Peer-marking Criteria and instructions to students are available from the authors on request.

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