



Midwifery education in practice

## The APGAR rubric for scoring online discussion boards



Julia C. Phillippi\*, Mavis N. Schorn, Tonia Moore-Davis

Vanderbilt University School of Nursing, United States

### ARTICLE INFO

*Article history:*  
Accepted 9 November 2014

*Keywords:*  
Midwifery  
Competency  
Discussion board  
Online education

### ABSTRACT

The World Health Organization has called for a dramatic increase in the number of midwives and supports the use of innovative programs to assist students in achieving midwifery competencies. Online discussion boards are excellent educational tools for stimulating in-depth student engagement. However, complex discussions can be difficult to grade without a well-constructed rubric. The 'discussion-board APGAR' provides clear scoring criteria for discussions of midwifery care. The discussion-board APGAR has 5 components: Application, Professionalism, Group work, Analysis, and Rationale and provides scoring criteria for unacceptable, marginal, and proficient performance. The discussion-board APGAR is based on the Core Competencies for Basic Midwifery Practice in the United States (US), consistent with the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice, and can be adjusted to be congruent with other midwifery standards.

© 2014 Elsevier Ltd. All rights reserved.

### Introduction

The World Health Organization has called for a dramatic increase in the number of midwives and supports the use of innovative programs to assist students in achieving midwifery competencies (World Health Organization, 2013). However, qualified students across the world struggle with travel to nursing and midwifery programs (Carr, 2003; Mutea and Cullen, 2012). Education programs that allow students to complete portions of midwifery coursework from a distance, using technology, can increase the number of midwives certified without compromising educational standards (Carr, 2003). In addition to decreasing education barriers, asynchronous online learning activities can allow students time to critically reflect on course material and carefully formulate in-depth responses (Kala et al., 2010).

Online discussion boards allow students to submit, or 'post,' written responses to faculty-generated questions or scenarios (Hew et al., 2010). Ideally, discussion-board questions allow for complex responses supported with citations. Students are given a prompt for each discussion board and are expected to use the course materials to develop an evidence-based response (See Fig. 1 for an example.). The student posts a response to the question or case online in a designated location. Following submission of their answer, students can then see and respond to colleagues' posts. Faculty grading

of student posts enhances the amount and depth of participation (Hew et al., 2010). However, the complexity and diversity of correct responses to complex scenarios can make reliable scoring difficult.

Rubrics have been used in education since the 1960s and provide students clear expectations and improve faculty inter-rater reliability (Shipman et al., 2012). In addition, scored rubrics provide feedback on performance to students (Shipman et al., 2012). While clear grading criteria can increase student participation in online discussion boards and encourage depth of response (Hew et al., 2010), there are few rubrics available for discussion-board scoring, and published rubrics are not specific to midwifery education.

An ideal scoring rubric sets clear expectations for student performance and allows for assessment of a wide-range of discussion questions. A scoring rubric was developed to grade discussion board responses in an online midwifery course. The rubric, based on midwifery competencies, was easy to use and provided clear feedback to students. This manuscript describes the rubric and its use in midwifery education in the US. With small modifications, this rubric would be useful for other midwifery educators across the globe.

### Theoretical framework

A diversity of learning theories were used in the development of the rubric, but constructivism was the predominant theoretical framework. Constructivism has a strong focus on the learning process; students benefit from implementation of knowledge in a collaborative environment where resources and dialogue are used

\* Corresponding author. 517 Godchaux Hall, 461 21st Ave South, Nashville, TN 37240, United States. Tel.: 615 343 2683.

E-mail address: [julia.c.phillippi@vanderbilt.edu](mailto:julia.c.phillippi@vanderbilt.edu) (J.C. Phillippi).

**History:** H. is a G2P0101 who is at 37.2 weeks by a sure LMP and a 7 week ultrasound. Her cervix was checked yesterday in the office and was 3/60/-2, and the fetus was vertex.

**Subjective:** "I have not slept for 2 days because of all these contractions. I have just not been able to be comfortable. They are every 3 minutes without stop. The bathtub doesn't even help anymore. No, nothing else is going on. No vomiting or diarrhea, but I do feel nauseous if I try and eat a large meal. No loss of fluid from my vagina, only normal vaginal discharge. The baby is moving well. I haven't had any headaches or swelling either. Everything is fine except these contractions!"

**Objective:** Blood Pressure: 127/78 Pulse: 89 Temperature: 98.5 Respirations: 16  
 Contractions palpate mild with a soft resting tone Vaginal exam: cervix is 3/60/-2 vertex, occiput transverse.  
 External fetal monitoring- Fetus: Baseline 128 with 5 accelerations of greater than 15 beats per minute for greater than 15 seconds Woman: Regular uterine contractions every 3 minutes lasting 40 seconds

**Questions for the discussion board:**  
 What is your assessment? What are the non-pharmacologic and pharmacologic options that can be given to her at this point? How would you approach making a plan of care? What is an appropriate management plan? Include the rationale for your choices. If choose a pharmacologic option please include complete prescription information. We will use the rubric for grading, so please use the rubric to guide your post.

Fig. 1. Example of faculty-generated patient case for the online discussion board.

to improve critical thinking and problem-solving abilities (Kala et al., 2010; Merriam et al., 2012). Adult learning theory supports that students benefit from solving complex problems through dialogue and application of their knowledge and life experiences (Merriam and Bierema, 2013). However, the midwifery and nursing organizations that accredit nurse-midwifery educational programs in the US require tangible records of the assessment of student learning (Accreditation Commission for Midwifery Education, 2013; Commission on Collegiate Nursing Education, 2013), which dictates a behaviorist approach to student assessment (Merriam et al., 2012). The discussion-board APGAR was developed to reflect a constructivist approach with emphasis on collaboration, discussion, and improvement but allow objective evaluation of student learning.

### Guiding documents

Midwifery education in the US uses the American College of Nurse-Midwives (ACNM) Core Competencies for Basic Midwifery Practice as a curricular guide (American College of Nurse Midwives, 2012). While specific to the US, the ACNM Core Competencies are inclusive of the International Confederation of Midwives Essential Competencies for Basic Midwifery Practice (Phillippi and Avery, 2014). These competencies include "Hallmarks of Midwifery" such as, provision of evidence-based care and inclusion of the woman and family as partners in care. The rubric was developed to include these key competencies as a prompt for learners (American College of Nurse Midwives, 2012). In addition, the American College of Nurse-Midwives Code of Ethics was referenced to encourage students to examine the variety of ethical issues involved in midwifery care (American College of Nurse Midwives, 2008). While the rubric is based on documents specific to midwifery in the US, it can be easily adapted to be compatible with other countries' essential competency documents.

While national and international midwifery competencies were used to guide rubric content, the neonatal Apgar score, developed by Virginia Apgar, provided the rubric structure. The neonatal Apgar score is a tool used to quickly assess and document the 'gestalt' of a newborn's condition. The goal was to mimic the easy-to-use approach of the neonatal Apgar. The neonatal Apgar score uses five components to score neonatal transition to extrauterine life. Each component is given a score of 0, 1, or 2 based on the presence of critical criteria (American Academy of Pediatrics, 2006). The scores are summed to achieve a total score ranging from 0 to 10. The discussion-board APGAR mimics this scoring approach,

borrowing the acronym APGAR to divide discussion board participation into 5 key components. Performance in each these components could be scored as 0 – unmet or unacceptable, 1 – marginal, or 2 – proficient.

### Rubric components

The rubric, shown in Fig. 2, includes 5 key components of discussion-board participation: Application, Professionalism, Group work, Analysis, and Rationale. Each component is designed to clearly link with the larger curricular goals for students. Criteria for each component were developed using the guiding documents and course objectives.

Application of knowledge to practice is an essential midwifery competency (American College of Nurse Midwives, 2012). Discussion boards allow students an opportunity to apply the knowledge received from lecture and readings to carefully-constructed cases and demonstrate their mastery of course content in a safe environment. In order to demonstrate their proficiency, students should use the faculty-generated case to apply course content to produce an evidence-based plan of care developed in conjunction with the woman and family. Midwifery management should include pharmacologic, non-pharmacologic, and complementary therapies as indicated, and outline applicable teaching for the woman. Marginal performance includes incomplete application of course concepts or simple summarization of the content.

Professionalism is an essential component of midwifery since midwives often work in complex, interdisciplinary teams (American College of Nurse-Midwives, 2012; Interprofessional Education Collaborative Expert Panel, 2011; Thompson et al., 2011; World Health Organization, 2010). The professionalism component of the rubric encourages students to respond to fellow learners in a collegial manner, while deepening the discussion and correcting inaccurate information. In order to meet the proficient performance criteria, feedback to others must be substantive and encourage depth of understanding and expression while developing and maintaining relationships for future collaboration. Criteria for marginal performance includes collegial responses that lacked depth of thought and critique. If students fail to interact or make derogatory or deprecating comments, they receive no credit for this component.

While the concepts of professionalism and group work are similar, the group work component scores timely and thoughtful participation in the discussion board. Proficiency in this category involves on-time and high-quality submissions. Marginal

Download English Version:

<https://daneshyari.com/en/article/366705>

Download Persian Version:

<https://daneshyari.com/article/366705>

[Daneshyari.com](https://daneshyari.com)