



## Midwifery education in practice

# Strengthening partnerships: The involvement of health care providers in the evaluation of authentic assessment within midwifery undergraduate education



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## ABSTRACT

Collaborative partnerships between health care providers and academics are essential in the provision of quality undergraduate midwifery programs. While health care providers often contribute to clinical assessment and teaching in midwifery programs, they are rarely involved in assessment design and evaluation.

This paper describes the evaluation of an assessment task designed to develop critical thinking skills in final year undergraduate midwifery students. Health care providers' involvement sought to confirm the authenticity and validity of the assessment task and facilitate further engagement.

A mixed method descriptive study design was used. After reviewing a sample of student work, health care providers completed a 20 item survey and participated in a focus group. Survey items were based on the domains of Educational Acceptability, Educational Impact and Preparation for Practice. Participants gave high scores for each domain and commented positively on the innovative nature of the assessment, students' ability to undertake in-depth analysis of complex cases, and development of student's critical thinking skills. Participants also reported greater confidence in students' competence and the program.

Involving health care providers in evaluation of an assessment task validated the assessment, contributed to clinicians' perceptions of student credibility, and fostered strong links between the program and industry.

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## Introduction

The use of authentic assessment to promote deep learning in higher education has been increasingly encouraged over the last decade (Biggs and Tang, 2007). Likewise, the development and maintenance of collaborative partnerships between health care providers and academics are essential in the provision of quality teaching and learning experiences for undergraduate health care students (Dignam et al., 2012); especially those leading to registration such as midwifery. Although health care providers often contribute to clinical assessment and teaching in midwifery

programs, they are rarely involved in the design and evaluation of specific assessment items.

As part of an ongoing program of scholarship designed to support excellence in teaching and learning we sought input from our health service partners to evaluate the extent to which an assessment task for final year student midwives was appropriate for measuring critical thinking capacity; risk assessment abilities, complex decision-making, and teamwork. This paper describes the evaluation of this curriculum initiative undertaken within a Bachelor of Midwifery program at one publically-funded, research intensive Australian university. Both students and health care providers were involved in the evaluation. Students' evaluation responses have been published previously (Carter et al., 2014). This paper reports on the findings from health service partners who evaluated the assessment process. The following critical elements will be discussed in this paper: the significance of health service

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engagement; development of an authentic assessment task; involvement of health service partners, and clinicians' evaluation of this strategy.

### *Significance of health service engagement*

The concept of 'industry' or health service provider engagement is critical to the contemporaneous nature of midwifery programs but is often neglected. While policy directives and reports in Australia and internationally advocate for engagement of health care providers in educational programs for health professionals (Clare, 2003; Nursing and Midwifery Council, 2010; ANMAC, 2010), a dearth of literature exists evaluating strategies to achieve this. Industry engagement is both under-researched and politically sensitive (Payne, 2008) with very little formal analysis of curriculum activities involving industry. This may be because efforts to engage industry with curriculum are highly variable, often time consuming, and rarely evaluated (Woodley and Johnston, 2010). The lack of collaboration and negative interactions may be underpinned by conflicting philosophies of clinicians and academics (Lange and Kennedy, 2006). The ideals of the tertiary sector and reality in healthcare settings, may contribute to inconsistencies in information sharing, varying levels of support of students during clinical placements, and mutual dissatisfaction (Greenwood, 2000; Newton et al., 2009). However, authentic engagement that involves frequent contact between academic and health care providers can enhance collaboration by increasing trust and mutual respect (Chalmers et al., 2001; Dignam et al., 2012; Spouse, 2002).

While health care providers often contribute to clinical teaching and clinical assessment in both nursing and midwifery, they are rarely involved in assessment design and evaluation. In undergraduate midwifery programs in Australia, health service engagement is further hindered by the fragmented model of clinical placement where universities compete for limited places and maternity units/hospitals are often facilitating placement for several universities simultaneously.

Engagement of health care providers in the development of curriculum and evaluation of assessment tasks can be a useful strategy to further develop collaborative partnerships, and build clinicians' confidence in graduates' knowledge and analytic abilities. Health service involvement can promote allegiance and confidence in the program, further engaging clinicians in student learning (Chalmers et al., 2001; Spouse, 2002). From commencement of the Bachelor of Midwifery program at Griffith University in 2010, active and meaningful ways to develop partnerships with health service colleagues were established. Health service partners were consulted and engaged in the design and development of the curriculum. As the three year program was implemented other collaborative engagement activities were devised and clinicians were invited to be members of the program advisory group. University lecturers maintained a regular physical presence at partner hospitals facilitating student placements, and academics were appointed onto hospital reference groups and decision-making bodies. The curriculum initiative presented in this paper sought to further develop health service engagement and foster collaborative relationships in learning and teaching by requesting health service partners to evaluate the effectiveness of a third year assessment task. This approach aimed to engage health service partners in the assessment process and showcase the standard of student work.

### *Development of an authentic assessment task*

Assessment is often the most influential force for learning (Biggs and Tang, 2007). Some time ago Elton and Johnston (2002)

estimated that students spend less than 10 per cent of their time on academic work that is non-assessed. The impact of assessment on student learning and use of assessment items that promote deeper learning in higher education has been increasingly recognised as essential to quality educational outcomes (Biggs and Tang, 2007).

As the assessment task occurred in the final capstone course of the degree, the academic team was cognisant of the need to design an authentic assessment task that prepared students for autonomous midwifery practice. An authentic assessment task replicates real world challenges, requires students to demonstrate the same combination of knowledge, skills and attitudes needed in the workplace, and enables them to become proficient in situations they will encounter as practitioners (Mueller, 2005; Tiwari et al., 2005). Authentic assessment has the potential to stimulate deeper learning, enabling students to develop professionally and increases their motivation because all learning is perceived to be relevant to their future professional practice.

In order to prepare for contemporary, autonomous midwifery practice, students require well developed critical thinking skills, an ability to work in teams, and sound clinical decision making abilities in uncertain and unpredictable circumstances (Homer et al., 2009). The ability to practice safely is one of the most important attributes of a competent midwife (Butler et al., 2008). In order for student midwives to become safe practitioners, they need to understand and have the opportunity to participate in risk management and quality improvement activities. This preparation requires both knowledge-based and performance outcomes to be assessed at course level to ensure that graduating midwives are able to effectively implement continuous quality improvement strategies and communicate concerns to demonstrate safe practice. One key element of this preparation deals with widely-adopted formal approaches to assessing or predicting potential medical errors: root cause analysis (RCA). A RCA is a structured approach to investigating sentinel events with a focus on identifying the source of the problem and formulating recommendations that will prevent the problem reoccurring (Connelly, 2012). Unfortunately, "after-the-fact" analyses of medical errors is often focused on individual accountability and reprimand which is an ineffective method of enhancing safe practice and seldom helps to improve the overall quality of care. In contrast a RCA focusses on identifying system and process factors that contributed to errors (Pearson, 2005).

In an effort to transform midwifery education and improve health care quality, the Australian Nursing and Midwifery Council (ANMAC) Accreditation Guidelines (2010) refer to competencies, systems-based practice, and practice-based learning and improvement. These approaches call for a shift from narrow, discipline-specific views of care practices to an integrated model that enhances organisational excellence. There is an expectation that education programs will teach students how to systematically analyse practice with quality improvement methods, implement change strategies with the goal of practice improvement, work in teams to enhance safe practice, and participate in the identification of "system" errors with the goal of implementing "system" solutions. There is limited research on novel methods to empower graduating midwifery students to meaningfully engage and improve quality.

The use of interactive activities to develop midwifery students' decision making skills in complex situations is a key strategy to build competent and confident midwives (Skirton et al., 2012). While clinical simulation using an OSCE (Objective Structured Clinical Examination) role play can test knowledge and abilities in a practical way simulation activities are limited in developing critical thinking in clinical situations where interpretation of multiple data sources is required (Mitchell et al., 2009). The use of a simulated RCA with undergraduate nursing students has been reported to

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