The Midwifery Pan-London Practice Assessment Strategy: an evidence-based approach

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Why worry about grading?

NMC (2009) Standards for pre-registration midwifery education, Standard 15 states that: ‘Clinical practice must be graded and be counted as part of the academic award...assessment of practice, which is direct hands-on care, must be graded. The grades achieved must contribute to the outcome of the final academic award (p.17-18)
Drivers for development

The driver for developing a new model came from the requirement to develop a standardised practice assessment document (PAD) for use by the eight universities with midwifery commissions from the London education and training boards (LETBs).

Project funded by:
Health Education England
Health Education North West London
Health Education South London
Health Education North Central and East London
Challenges

Eight universities, and therefore eight different:

• programmes
• curriculum structures
• practice assessment documents
• grade criteria
• student development models
• assessment approaches
• multiple partner NHS Trusts
Learner and assessor experience

- SurveyMonkey® was used to elicit feedback from students and midwives about the documents and processes for assessing and grading students in practice (June 2014).
- Student response: 202/330 completion rate: 61.21%
- Midwife response: 69/187 completion rate: 36.89%
  (We also undertook stakeholder events and meetings and made over 1,000 face-to-face contacts).
Survey Results

Midwives

• Only **30%** felt that the current model enabled them to fully assess the student
• **33%** did not find the assessment criteria easy to interpret
• **81.4%** felt that the current model did not enable the assessment of professional values
• **58.5%** did not consider the academic level criteria to be appropriate
• **21%** were unable to differentiate between the levels of grading
Survey Results

Students

- **32.6%** felt that the current model did not enable them to be fairly assessed by their mentor
- **23.7%** did not find the assessment criteria easy to interpret
- **53.5%** felt that the current model did not enable the assessment of professional values
- **56%** did not consider the academic level criteria to be appropriate
- **43.6%** felt that their mentors were unable to differentiate between the levels of grading
How should we develop a new model?

‘The ...‘Holy Grail’ of being able to fairly assess practice would achieve what may be seen as a very desirable goal for measuring the ‘art’ of midwifery as well as its science. Students who excel at practice might benefit from this aspect being formally acknowledged’

(Darra et al. 2003: p.44).
Key messages from the literature for developing assessment of clinical competence

• The use of carefully designed **rubrics facilitates objective assessment** and may control grade inflation (Donaldson and Gray 2012).

• Rubrics **promote consistency** in scoring, **encourage self-improvement and self-assessment**, motivate learners to achieve the next level, provide timely feedback, and improve instruction (Boateng et al 2009).

• Student benefits include increased **critical thinking** and a more realistic approach to self-evaluation (Isaacson and Stacy 2009).

• **Concept based assessment** optimises **development towards autonomy** (LME UK 2014).
Developing the new models for competency based assessment

• The limited available literature and evidence suggest that the use of rubrics and a conceptual approach to the assessment of clinical performance are beneficial for the learner, and reduce subjectivity in the assessor.

• The challenge was to create a model to support this approach.
Rubrics

• ‘An assessment tool that uses clearly defined criteria and proficiency levels to gauge student achievement of those criteria’ (Montgomery 2000 cited by Donaldson and Gray 2011 p.106).

• Rubrics can be either analytical and holistic. Analytical rubrics allow for the separate component of the task to be evaluated. Holistic rubrics consider all of elements in a combined manner (Truemper 2004 cited by Donaldson and Gray 2011 p.106).

• Rubrics consist of three key components:
  - Clearly defined performance criteria/elements (KAS)
  - Detailed descriptions of what a performance looks like at each level of proficiency
  - A Rating scale (Excellent to Satisfactory)
Concept based assessment

• Conceptual Knowledge is the inter-relationships among the basic elements within a larger structure that enable them to function together (Anderson and Krathwohl 2001; Bloom 1956)

• Conceptual Knowledge is knowledge rich in relationships and understanding

• It is a connected web of knowledge, a network in which the linking relationships are as prominent as the discrete bits of information.

• By definition, conceptual knowledge (unlike procedural knowledge) cannot be learned by rote. It must be learned by thoughtful, reflective learning.

• Conceptual knowledge is also known as: The kind of knowledge that may be transferred between situations. This is different from Routine Knowledge, which is knowledge that is applicable only to certain situations.
The challenge and the opportunity

To create the ‘unholy union of incompatibles’? (the grading and assessment of competence) (Holroyd 2003)

So we developed holistic rubrics, that are concept based, demonstrates professional development and allows grading to be applied.
Assessment of professional values

Compassion in Practice Vision and Strategy: An Approach in Midwifery Care (2012)

### Summative assessment

<table>
<thead>
<tr>
<th>Professional values</th>
<th>Achieved Yes</th>
<th>Achieved No</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Commitment:</strong></td>
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<tr>
<td>The student midwife maintains an appropriate professional attitude regarding punctuality and personal presentation that upholds the standard expected of a midwife, in accordance with the organisation and university policies.</td>
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<td><strong>Care:</strong></td>
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<td>The student makes consistent effort to engage in their learning in order to contribute to high quality, evidence based, woman-centred maternity care.</td>
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<td><strong>Competence:</strong></td>
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<td>The student midwife is able to recognise and work within the limitations of their own knowledge, skills and professional boundaries</td>
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<td>The student demonstrates the ability to listen, seek clarification and carry out instructions safely in order to contribute to positive health outcomes for women and the best start in life for babies.</td>
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<td><strong>Communication:</strong></td>
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<td>The student midwife demonstrates that they can communicate clearly and consistently with colleagues, women and their families.</td>
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<td>The student is able to work effectively within the multi-disciplinary team with the intent of building professional caring relationships.</td>
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<td><strong>Courage:</strong></td>
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<td>The student midwife demonstrates openness, trustworthiness and integrity, ensuring the woman is the focus of care.</td>
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<td><strong>Compassion:</strong></td>
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<tr>
<td>The student contributes to the provision of holistic, responsive and compassionate midwifery care with an emphasis on respect, dignity and kindness.</td>
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Professional development models

• Established development models such as Bondy (1983) and Benner (1984), Bloom’s (1956) taxonomy, Dreyfus (1980), Eraut (1994), and Robinson (1974) all illustrate a staged development trajectory.

• Movement is from a dependent state with limited knowledge and ability for application, to an independent self-determining or autonomous state.

• A concept based approach needs to combine academic grade descriptors within a development framework, to facilitate student assessment at the appropriate stage and level.
Practitioner conceptual development model

Autonomous
Yr3/Part 2

Supported
Yr2/Part 1

Transitional
Yr1

Excellent
Good
Satisfactory

Knowledge  Skill  Attitude

PRACTITIONER DEVELOPMENT DIMENSION  CONCEPTUAL DIMENSION

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<table>
<thead>
<tr>
<th>Holistic assessment descriptors</th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 4 (Year 1)</strong></td>
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<tr>
<td><strong>Excellent</strong></td>
<td>The student demonstrates a highly professional approach at all times*, and provides safe, sensitive, woman focused care.</td>
<td>The student demonstrates a professional approach at all times*, and provides safe, sensitive, woman focused care.</td>
<td>The student demonstrates a professional approach most of the time*, and provides safe, sensitive, woman focused care.</td>
<td>The student is developing a professional approach but may need guidance at times*. The student provides safe, sensitive, woman focused care.</td>
<td>The student does not demonstrate a professional approach. Evidence of the provision of safe, sensitive, woman focused care is limited.</td>
</tr>
<tr>
<td><strong>Very good</strong></td>
<td>The student is able to demonstrate excellent detailed and comprehensive knowledge of the evidence and policies that relate to this cluster.</td>
<td>The student demonstrates very good knowledge of the evidence and concepts that relate to this cluster. The student responds to prompts to seek new knowledge.</td>
<td>The student usually makes links between theory and practice.</td>
<td>The student requires frequent prompting to seek new knowledge, but responds appropriately.</td>
<td>The student requires constant prompting to seek new knowledge, but does not always respond appropriately.</td>
</tr>
<tr>
<td><strong>Good</strong></td>
<td>The student is consistently self-directed in seeking new knowledge. The student always shows insightful application of theory to practice.</td>
<td>The student shows evidence of linking theory and practice.</td>
<td>The student can safely undertake the competencies in this cluster with close supervision.</td>
<td>The student is developing the ability to link theory and practice but needs support to do this.</td>
<td>The student seems unable to make the link between theory and practice.</td>
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<tr>
<td><strong>Satisfactory</strong></td>
<td>The student is able to undertake the competencies within this cluster competently with distant supervision.</td>
<td>The student can safely undertake the competencies in this cluster with distant supervision but may seek occasional prompts.</td>
<td>The student may lack some confidence and seeks frequent prompts for actions.</td>
<td>The student can safely undertake the competencies in this cluster even with close supervision and direction.</td>
<td>The student is unable to safely undertake the competencies in this cluster even with close supervision and direction.</td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td>The student uses their initiative appropriately at all times, and responds very positively to feedback.</td>
<td>The student uses their initiative appropriately in most situations and responds positively to feedback.</td>
<td>The student uses their initiative appropriately in known situations and responds positively to feedback.</td>
<td>The student may require frequent prompts for actions.</td>
<td>The student may require continual prompts for actions.</td>
</tr>
<tr>
<td><strong>Unsatisfactory</strong></td>
<td>The student does not have demonstrated using their initiative even in known situations and may not have responded to feedback.</td>
<td>The student may show some initiative appropriately in known situations and responds positively to feedback.</td>
<td>The student may not have demonstrated using their initiative even in known situations and may not have responded to feedback.</td>
<td>The student requires constant prompting to seek new knowledge, but does not always respond appropriately.</td>
<td>The student requires constant prompting to seek new knowledge, but does not always respond appropriately.</td>
</tr>
<tr>
<td>Level 6 (Part 1)</td>
<td>Excellent</td>
<td>Very good</td>
<td>Good</td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
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<td>The student demonstrates a highly professional approach at all times*, and provides safe, sensitive, woman focused care.</td>
<td>The student demonstrates excellent comprehensive knowledge of the theories, evidence, and policies that relate to this cluster.</td>
<td>The student demonstrates very good knowledge of the theories, evidence and policies that relate to most of this cluster, with some evidence of critical appraisal.</td>
<td>The student demonstrates a satisfactory knowledge of the evidence and policies relating to this cluster.</td>
<td>The student does not demonstrate a professional approach. Evidence of the provision of safe, sensitive, woman focused care is limited.</td>
</tr>
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<td></td>
<td>The student has a critical approach and the ability to debate and challenge appropriately. The student always demonstrates self-direction and is motivated to seek new knowledge. The student consistently shows insightful application of theory to practice, even in complex situations.</td>
<td>The student is developing a critical approach and engages in professional debate. The student is usually motivated and demonstrates self-direction in seeking new knowledge.</td>
<td>The student demonstrates good evidence of applying the underpinning theory to their practice in known situations and can safely undertake all of the competencies in this cluster independently with distant supervision. Occasional prompts may be sought.</td>
<td>The student requires constant prompting to seek new knowledge, and may not always respond.</td>
<td>The student seems unable to make the link between theory and practice due to a limited knowledge base.</td>
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<td></td>
<td>The student can safely undertake all of the competencies within this cluster independently with distant supervision and teach and support junior members of the team.</td>
<td>The student demonstrates good evidence of applying the underpinning theory to their practice in known situations and in some more complex scenarios.</td>
<td>The student can safely undertake all of the competencies in this cluster independently with distant supervision.</td>
<td>The student can safely undertake all of the competencies in this cluster independently with appropriate supervision.</td>
<td>The student is unable to safely undertake competencies in this cluster without close supervision and direction requiring continual prompts for actions.</td>
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<tr>
<td></td>
<td>The student uses their initiative appropriately at all times, is self-aware and responds positively to feedback.</td>
<td>The student uses their initiative appropriately in most situations, is self-aware and responds positively to feedback.</td>
<td>The student uses their initiative appropriately in known situations, is self-aware and responds positively to feedback.</td>
<td>The student uses their initiative even in known situations.</td>
<td>The student does not always use their initiative even in known situations.</td>
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<td>The student demonstrates leadership qualities and is able to facilitate effective team working.</td>
<td>The student is developing leadership skills and contributes well to effective team working.</td>
<td>The student contributes appropriately within the team.</td>
<td>The student shows a lack of or negative response to feedback.</td>
<td>The student lacks self-awareness, which may be detrimental to care provision or effective team working.</td>
</tr>
</tbody>
</table>

*The student has not met any of the professional values, the 'unsatisfactory' descriptor must be awarded.
References


