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Assessing Students

Mentorship: is the fourteenth series of 'Midwifery basics' targeted at practising midwives. It aims to provide information to raise awareness of the impact of the work of midwives on student learning and ultimately on women's experiences and encourages midwives to seek further information through a series of activities. In this the fourth article Julie Parkin and Joyce Marshall consider some of the key issues related to the responsibility of the sign off mentor in the process of assessing student midwives' competence in clinical practice.

Scenario

Suzanne is practising on labour ward and is mentoring Emily, a second year student midwife. She is concerned that at the end of her first week Emily does not appear to be making the transition to being a second year student as she still requires close supervision and direction, and is struggling to communicate with women and their birth partners.

Introduction

The assessment of midwifery students throughout their programme of study is based on the achievement of competencies and skills and has several purposes. It promotes student learning through feedback on their performance; evaluates their knowledge and provides a grade that can be used to assess progress (Passmore and Chenery-Morris, 2014). It also helps the public and future employers to have confidence that students are capable, safe and effective practitioners at the end of their course. In the United Kingdom the assessment of student midwives' practice contributes to an academic award as well as professional registration and offers an opportunity to look at a student's ability to relate theory to practice. Clinical placements account for fifty percent of pre-registration education and therefore mentors play a vital role in deciding whether students are fit to practice and register as a midwife.

Assessment as a process

The three main aspects of the mentor role are; providing support, teaching and assessing. However, mentors often find assessment the most challenging (Darra, 2006; Heaslip and Scammell, 2012) and being an assessor can be seen as less of a priority than giving psychological support or being an advisor and a teacher. However, assessment in practice determines whether a student is fit for practice and mentors are accountable to the Nursing and Midwifery Council (NMC) for their assessment of whether students have either met or not met the NMC standard of proficiency in practice and are capable of safe and effective practice as they enter the midwifery register (NMC 2008). The Standards for pre-registration midwifery education (NMC 2009) state the competencies students need to achieve to be placed on the register as a newly qualified midwife and therefore familiarity with them may help guide mentors to assess a student's fitness to practice.

The Standards to support learning and assessment in practice (NMC 2008) clearly outline the process to be followed to support mentors and students in the assessment process. The mentor and student should meet within five days of the start of their placement to develop a plan and set goals for the learning needed. It should be clear from the student's practice record what has been achieved in previous placements and whether there are any concerns about progress. Review at this stage will help the mentor and student to formulate a clear learning contract of what can and should be achieved during the current placement to support new learning and address previous difficulties or lack of experience. It may be advantageous at this stage to look at the practice assessment criteria so that the student is clear about the skills and knowledge that need to be demonstrated to achieve a pass and the mentor can facilitate opportunities for the student to do this. Regular meetings between student and mentor should be held to evaluate the student's progress. This should occur at least mid –point in the placement and at the end when the student's strengths, development needs and any concerns that have been raised should be documented. More frequent, perhaps less formal feedback can also be beneficial. Tripartite meetings between the mentor, student and link lecturer

at some of these meetings can be vital to providing a partnership approach to support student development and enhance their learning experience. Link lecturers can provide support for both mentor and student in relation to assessment and can facilitate discussions about difficulties that may arise.

Activity 1

If you are a midwife consider what information you may record in a student's learning contract that may facilitate their learning. How might you assess this at intervals during the placement

If you are a student, read through the midwifery competencies and think about what you achieved in your last placement. Identify aspects you still need to learn and consider how you might record these in your learning contract.

Giving Feedback

One purpose of assessment is to encourage student learning through feedback on their performance. Feedback can help the student to distinguish between the preferred behaviour and their actual behaviour and it can motivate by increasing the student's wish to perform well (Fitzgerald et al., 2010). Effective feedback helps the student to recognise their strengths and weaknesses and how to work on what they do best and improve where they may be weak. Constructive feedback in clinical practice is very important for the development of competent practitioners and is probably the thing that influences future student learning most. It can help students to link theory to practice and can improve student motivation and self-esteem (Koh, 2008). The more immediate the feedback, the greater the potential for learning and therefore regular feedback during the working day will be beneficial.

Giving positive feedback can be less stressful for mentors than helping students face difficulty and may be one of the reasons why mentors find assessment the least enjoyable part of their role. However, mentors need to be able to challenge poor practice and give honest feedback so that students can recognise and rectify poor performance. Not giving negative feedback could potentially hinder a student's development, sanction poor practice and be superficial. Therefore giving consistent and honest evaluation of a student's performance in clinical practice is seen as a critical part of rigorous assessment.

Clients are increasingly involved in health professional education and although the way students respond to and interact with women and their families is often taken into account as part of their assessment, clients are rarely formally involved in providing feedback to students. However, feedback from women and their families has the potential to enhance student's learning (Debyser et al., 2011). Women may consider being involved in student assessment as being heard which may be empowering and is in keeping with a midwifery philosophy of woman centred care.

Activity 2

If you are a midwife write down the type and frequency of feedback you give to the students you work with/mentor. Consider how the student could learn from this.

If you are a student think about your last mentor. What kind of feedback did you receive and how often? Consider what kind of feedback helped you to learn most.

The grading of clinical practice

The grading of clinical practice was introduced in 2009 so that it would contribute to and be acknowledged in the academic award for a graduate midwife. Whilst recognising and welcoming the importance of the contribution of clinical practice, the challenge lies in ensuring that graded assessments of placements are fair, valid and reliable. It has been suggested in a literature review

that grading of clinical practice can inflate marks and the overall degree classification (Gray and Donaldson, 2009). This can be minimised by the use of clear assessment tools that help mentors to determine accurately the level a student has achieved. The involvement of mentors in the development of grading tools and in discussion about the practical application of them at mentor updates may help to promote their consistent and fair use. Tripartite meetings that include a link lecturer to moderate the process may also increase their validity.

The assessment of student midwives' knowledge is sometimes seen to be the responsibility of the higher education institution and clinical skills viewed as more important in clinical practice. However Smith (2007) suggests that if clinical practice is to be graded in the same way as theory there must be some academic criteria to assess the qualities of a graduate midwife in clinical placements. A graduate midwife is expected to be a research focused, evidence based practitioner (NMC 2009) and if midwifery practice aims to empower women, in doing so it must involve using midwifery knowledge as well as clinical skills. Mentors need to be aware of the assessment criteria that relates to using midwifery knowledge in practice and assess a student's ability in relation to this.

The difficulties within the assessment process

There are several difficulties that a mentor may encounter when assessing students. Mentoring a student is a social process and a good relationship between student and mentor is conducive to learning. However, over-friendly relationships can be potential barriers to effective feedback (Clynes and Raftery, 2008). Students who conform to how things are done and fit in may be more readily accepted in practice and this may lead to a lack of objectivity that can bias assessment. The development of professional rather than personal relationship can enhance a mentor's ability to assess student performance more objectively and honestly.

The NMC (2008) state that most assessments of competence should be undertaken by direct observation and this is much easier to achieve when considering the performance of clinical skills as

they are much easier to assess and observe in clinical practice. However it is much more difficult to assess total performance that includes attitudes and behaviours such as enthusiasm, interest, motivation and a caring attitude, although they are of equal importance. Mentors need to develop ways of defining, observing and recording behaviours and attitudes so that they are able to clearly communicate this to students so that they are able to either develop or refine them in practice.

Activity 3

If you are a midwife list the behaviours and attitudes that you would expect of a student midwife. Consider how you would assess, record and give feedback to the student about these.

If you are a student list the behaviours and attitudes you believe are important in a midwife that may have an effect on the care women receive. Consider how you might incorporate some of these into your learning contract.

Failing Students

Failing a student can be a source of stress for mentors. However, if a student has not achieved the relevant skills and competencies in practice, for the protection of the public, it is essential that they do not pass. The risks are that midwives who are not fit for practice could enter the midwifery register with a potential catastrophic effect on a women and families. There may be a reluctance to fail students either early on in their course as mentors may feel they have time to improve or at an advanced stage because the implications for students being unsuccessful at a late stage can be profound (Duffy, 2003). However it may be unethical for incompetent students to reach their final placement only to be failed at this late stage. Effective feedback should be used to improve performance and manage failing students (Wells and McLoughlin, 2014). Formal documentation of

evidence using specific examples from clinical practice is important at an early stage. Student records should show that the student has received feedback and that an appropriate action plan is in place to support the students learning and development and that the student is fully aware of this (NMC 2008). This should provide the student with opportunity to improve their performance. All mentors need to feel confident in their ability to fail a student but will have support to do this from both link lecturers and clinical colleagues who may also have worked with the student. Not only can this make the process more rigorous but may provide support for the mentor making the decision and also reassure the student that she should receive a fair and objective assessment.

Reflection on the scenario

Early and honest feedback with regard to Suzanne's concerns and the development of an action plan should enable Emily to clearly identify what she needs to do to make progress and ultimately meet the competencies at the end of her placement. Support from a link lecturer and involving another clinical colleague in Emily's assessment can help to make the process more objective and valid.

Conclusion

Mentors are pivotal to the assessment of the fitness to practice of midwifery students and protecting the public from the entry of incompetent midwives to the midwifery register. However assessing the skills and competence of midwifery students can be a difficult process that requires support from clinical colleagues and link lecturers. Being aware of the competencies and skills required at the point of registration; following and recording a robust assessment process and giving honest, timely feedback to students should enable mentors to assess students with success.

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