Case Study

Guiding, supporting and assessing midwifery students in clinical placements.

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The background context

The context is an undergraduate midwifery programme preparing students for graduation and eligibility to apply to join the professional register of midwives. The regulatory body, Nursing and Midwifery Council (NMC), stipulates at least 50% of the programme must be direct client contact time. Supporting both mentors and students in the practice setting is a high priority for the division. Our students have been graded for clinical practice since 2000 and this has recently been incorporated as a standard to be attained by all midwifery programmes (NMC, 2009).

The number of midwifery students contracted by the Strategic Health Authority has increased year on year to meet workforce needs. Staffing has not increased to the same extent so the midwifery team had to review priorities and make decisions about how to work more productively. A key target was to reduce the time spent travelling to see students in clinical placement.

The current practice

Each member of the midwifery academic team is allocated to a particular clinical area or areas as a Link Lecturer. The role of the Link Lecturer is to monitor the placement as a learning environment and to support the assessment process by participating in preliminary, intermediate and final interviews with the student and the allocated mentor. This is good practice because it allows the lecturer to moderate the assessment process and ensure equity. It reinforces the importance of the assessment process for both mentor and student. It was also an opportunity for informal interaction which updated the Link lecturer on changes in the clinical area.

> **"Records of the interviews and the student's achievement in clinical practice were maintained in a paper portfolio which the student carried to every placement throughout the three years of the course. "**

However undertaking three face to face interviews per student placement involved significant travelling time. Also the tripartite formative discussion was only minimally recorded in the student portfolio partly because of the nature of informal discussion and partly because of the confines of space in the paper based portfolio.

This was good practice in that the mentor had access to the full clinical experience history of the student but it meant that the records available in the university were limited. If there were issues regarding student performance or the student lost her portfolio there was no immediate access to clinical records in the university.

The challenge was to:

1. Supplement the paper-based record with online clinical action plans that the student shared with the Link Lecturer.
2. Improve the quality of reflection on experience by providing better recording facilities.
3. Provide an alternate medium for tripartite discussion of student progress.
4. Make the process of action planning and achievement of learning outcomes more transparent to the student.
5. Encourage better use of literature by improved facilities for recording and storing references.

The purpose

1. The first driver was the need to reduce time spent travelling to placement as this was becoming an unsustainable burden as student numbers increased and staff numbers did not. However this can be seen in the more positive light of minimising car journeys to reduce our carbon footprint. This is in line with university 'ecoversity' policies and the philosophy of the staff.

2. The second driver was our experience using mobile devices for clinical practice in the Assessment and Learning in Placement Settings (ALPS) project. Our students were allocated Personal Digital Assistants (PDAs) in 2005 to trial their use in practice. We adapted our paper based assessment tools to create digital records for use within these devices. We found that students preferred the neatness of word processed records and this encouraged fuller and more reflective accounts of their clinical experiences (Haigh, Dearnley et al., 2007)

3. The third driver was the availability of PebblePad as the University's adopted eportfolio platform. I had been using this tool for academic progress files but found it difficult to engage some students in the process. They could not see the point. However many students spontaneously used the tool to record clinical experiences. This more

'professional' type of portfolio as opposed to 'academic' (Clegg and Bradley, 2006) made using PebblePad part of a regular practice and so made the tool itself more familiar and acceptable. It was hoped this would improve its use more generally as a vehicle for personal development planning.

The approach

PebblePad was introduced to the University as a pilot in 2005. I took advantage of this availability to try out an eportfolio assessment of personal academic development in a midwifery lifelong learning module.

The University adopted PebblePad as its eportfolio platform in 2007. In September 2008 I extended the use of PebblePad to the clinical practice modules. Pre-formatted action plans for clinical placements were introduced for each stage and placement area. Students copied the relevant action plan from the gateway. They could then edit the plan to add reflections on

their clinical experiences.Each performance indicator they had to achieve competency in dur-

ing the placement became a 'step to success'.

Experiences were recorded in the drop down 'how and when' boxes. These action plans provided discipline specific scaffolding to aid recording and reflection by the student. They were shared with the Link Lecturer so she could monitor and comment on progress. Most mentors preferred to comment in the paper records only. Cohort 2008 was provided with a clinical eportfolio template to house all placement action plans. These eportfolios were published to a gateway so that the University had a record which could be archived.

Stakeholders: Midwifery staff, students and clinical mentors.

The issues

Political: access to good quality IT facilities is variable within the NHS and many mentors are reluctant to use technology.
Cultural: 2nd and 3rd year students and mentors were used to a face to face system and perceived the new system as an easy option for lecturers.

Technical: The use of pre-populated action plan assets presented two challenges. The first was that students struggled with adding a lot of content to the action plan record. They often recorded work in the wrong place or without sav-

ing due to how the action plans work. Forms are apparently easier to customise for staff and complete for students than pre-populated assets. They allow automatic publishing to a gateway for staff to review progress.

The second was that action plan assets are less flexible, when compared to forms, on mobile devices; given the limitations of access to IT facilities for students on placement. For example, a form can be directly accessed, completed and saved via a mobile web browser without the need for PebblePad software on the mobile device.

The result

1. Clinical action plans shared with the Link Lecturer are an accepted part of 'the way we do things here'.

2. Some students make excellent use of the action plans as a learning tool

3. The comments facility has been used effectively to record discussions around student achievement particularly in cases where students were not achieving learning outcomes. Staff are realising the benefits of this form of record keeping and are making more effective use of it.

4. Using action planning for clinical placement has helped some students transfer the skills learned to planning for other assignments

5. The reference section provides an opportunity for students to practice Harvard style referencing and for tutors to give formative feedback on this issue, helping students apply knowledge sources to practice.

The learning

Clinical practice or work-based learning is a good place to introduce portfolio type learning tools because students understand the purpose.

"Doing an action plan about an essay means nothing but to record experiences that you've had in clinical practice or that you've had with your peers. Those are the things that you're going to look back on and actually care about."

Student midwife

The administration of the tools and gateways needs careful thinking through to ensure it does what you want it to in the most effective manner. For example, action plans may have a better structure to help students record but forms are more flexible. However, forms cannot be used to validate individual competencies like profiles. So in trying to achieve reflection, competency mapping, convenience for students, and convenience for staff, you may need to compromise on some functionality in order to strike a good balance.

Make time for evaluation, consultation and revision on a yearly basis but confine major changes to year 1.

In brief

- Be prepared to take advantage of new technological developments
- Build on existing strengths
- Ensure all stakeholders see the benefits
- Build use of the tool into regular practices where there is potential for enhancement.

References

Clegg, S. and Bradley, S., 2006. *Models of Personal Development Planning: practice and processes.* British Educational Research Journal, 32(1), pp57-76.

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