



Midwifery Education in Practice

First year midwifery students' experience with self-recorded and assessed video of selected midwifery practice skills at Otago Polytechnic in New Zealand



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ABSTRACT

Studying undergraduate midwifery at a distance has advantages in terms of accessibility and community support but presents challenges for practice based competence assessment. Student self-recorded videos provide opportunities for completing the assigned skills, self-reflection, and assessment by a lecturer. This research asked how midwifery students experienced the process of completing the Video Assessment of Midwifery Practice Skills (VAMPS) in 2014 and 2015.

The aim of the survey was to identify the benefits and challenges of the VAMPS assessment and to identify opportunities for improvement from the students' perspective.

All students who had participated in the VAMPS assessment during 2014 and 2015 were invited to complete an online survey. To maintain confidentiality for the students, the Qualtrics survey was administered and the data downloaded by the Organisational Research Officer. Ethical approval was granted by the organisational ethics committee.

Descriptive statistics were generated and students' comments were collated.

The VAMPS provided an accessible option for the competence assessment and the opportunity for self-reflection and re-recording to perfect their skill which the students appreciated. The main challenges related to the technical aspects of recording and uploading the assessment.

This study highlighted some of the benefits and challenges experienced by the midwifery students and showed that practice skills can be successfully assessed at distance. The additional benefit of accessibility afforded by video assessment is a new and unique finding for undergraduate midwifery education and may resonate with other educators seeking ways to assess similar skill sets with cohorts of students studying at distance.

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1. Introduction

Midwifery students in the first year of a bachelor of midwifery degree programme learn practice skills in a simulated practice environment. Confidence and competence with professional communication, physical assessment and key midwifery skills develop through repetition and practice of these skills. Assessing these competencies is an important step in undergraduate nursing and midwifery education (Brosnan et al., 2006). Student self-recorded video during role play of a practice situation provides an opportunity for lecturers to assess students work, and for students to self-assess and reflect on their communication and skills

performance (Vaughn et al., 2016). The skills of self-assessment and self-reflection are key components in developing clinical skill (Yoo et al., 2009). However, little evidence exists in the use of video recordings for practice skills assessment.

2. Background

Midwifery students in the programme meet weekly in small group tutorials (or ākongā¹) facilitated by a locally based midwifery lecturer (or kaiako²). In addition, all the students attend intensive face to face classes on campus for week-long intervals four times a year. A blend of online learning modules are provided on the

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¹ Ākongā is a noun meaning student, pupil, learner or protégé (Māori dictionary, 2017).

² Kaiako is a noun meaning teacher or instructor (Māori dictionary, 2017).

Moodle platform and synchronous weekly online tutorials are also provided. This learning is complemented by placements in a range of practice settings, both in hospitals and in the community. Evidence suggests this blend of learning modes is an effective model for undergraduate health science students (Liu et al., 2016; Raymond et al., 2016). Further, blended learning makes study accessible for midwifery students who would otherwise be unable to enrol due to geographic distance or family commitments (Gilkison et al., 2016; Milne et al., 2014).

While information and communication technology (ICT) may facilitate learning opportunities students also need to demonstrate competence in learned skills (Smallheer et al., 2017). However, competence assessment in the clinical setting is challenging due to the unpredictability of practice experiences (McCarthy and Murphy, 2008; Turner and Dankoski, 2008; Van der Vleuten et al., 2012). Since the 1970s it has been common to assess practice skills competence via objective structured clinical examination (OSCE) (Massey et al., 2017; Rushforth, 2007; Turner and Dankoski, 2008), and while OSCEs are mostly a consistent and reliable measure of competence, anxiety and negative feelings about the OSCE assessments are common (Brand and Schoonheim-Klein, 2009; Johnston et al., 2017; Massey et al., 2017; Radcliffe and Lester, 2003).

ICT also provides alternative assessment opportunities. Video recordings by students undertaking simulated practice skills can be recorded and assessed by the students themselves or alternatively uploaded online and shared with lecturers, who can then mark the students work. This relatively new form of assessment has a growing body of evidence from nursing and medicine (Frampt et al., 2015; Smallheer et al., 2017; Vaughn et al., 2016).

Self-assessment and peer-assessment of recorded videos of practice skills, generate less anxiety for students than assessment by a lecturer, contribute positively to student learning (Smallheer et al.), and improve confidence and competence with new skills acquisition (Vaughn et al.). There is little evidence of using video as a tool to facilitate competence assessment for midwifery students; particularly those located at a distance from the tertiary campus.

Bringing the distance students to campus for participation in a practical examination presented logistical and financial challenges for the midwifery students in our programme. Therefore during 2010 and 2011 we explored alternative skills assessment strategies. In 2012 we began using student self-recorded video, uploaded to a secure online platform and shared with selected teaching staff. The new assessment was called Video Assessment of Midwifery Practice Skills (VAMPS).

VAMPS involves students working in their local ākonga groups recording each other as they role play a practice scenario with two embedded skills. Students support each other by role playing the woman in the scenario, checking drugs or equipment and managing the video recording. Each student³ then reviews her own role play, assesses her work against specific marking criteria and allocates a self-mark. Once the video is finalised, any relevant clinical documentation is completed. The videos, documentation, and marking rubrics are then uploaded and shared with lecturers. The lecturers moderate the student's mark and a final grade is agreed for the work. Students are prepared for the assessment by practicing in their ākonga groups and an online information package is also provided.

After using the VAMPS for two years a decision was made to formally evaluate the assessment. A survey was developed to seek feedback from the students on their experience with the VAMPS assessment.

3. Method

All first year midwifery students enrolled in the Bachelor of Midwifery programme in the years 2014 and 2015 were invited to participate in an online survey.

The survey was prepared in the Qualtrics survey platform and approved by the institutional Ethics Committee (OPREC, # 591). The survey had three sections; demographics, student experience with the process of VAMPS, and student overall experience of the assessment.

The survey tool consisted of a series of questions. Students indicated the extent to which they endorsed each statement on a 5 point Likert scale. They were given an opportunity to provide clarifying comments in a text box at the end of each block of questions. Students had the option to provide demographic details such as age or ethnicity by selecting from a range of tick box options.

An invitation was sent via email from the institution's Organisational Research Officer (ORO) with a link to the survey. Confidentiality was assured by using the office of the ORO to liaise with students and to collate and de-identify the data. This provided some distance between the lecturer conducting the research and the student participants.

Students were given a three week timeframe to respond to the survey with weekly reminders from the ORO until the survey closing date. Participation in the survey was voluntary, and completion of the survey form indicated consent to include the data in the analysis. Students were able email the ORO to request removal of their data, or to delete a comment they wished to withdraw at any time before the survey closing date. The collated de-identified responses were sent to the researcher for analysis. The data from both the 2014 and 2015 surveys were combined for this report.

3.1. Analysis

Data were transferred into an Excel spreadsheet from which descriptive statistics – numbers and percentages were calculated. These results are presented in text and as tables. The free text comments are drawn on to provide further detail about the responses in each section and reflect a sample of both positive and critical perspectives.

4. Results

Thirty nine of a possible 117 students responded to the survey made up of 23/60 responses in 2014 and 16/57 responses in 2015. This resulted in an overall 33% combined response rate.

4.1. Demographics

Students were asked for details related to their age and ethnicity.

Of the 39 students who completed the survey, three were under the age of 20 years and one was over the age of 50 years. The remainder were evenly distributed between these ages. Students predominantly identified as New Zealand European (Pākehā⁴) (27/39), four as Māori⁵ (4/39), one as Pasifika⁶ (1/39) and

⁴ Pākehā is a New Zealander of European descent (Māori dictionary, 2017).

⁵ Maori are the indigenous, aboriginal inhabitants of New Zealand (Maori dictionary, 2017).

⁶ Pasifika is a term used in New Zealand to describe migrants from the Pacific Islands and their descendants (OIL, 2017).

³ All students in the programme at this time were women.

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