

Ci Ci Stuart
Department of Midwifery & Children's Nursing
The University of Sheffield

***Influencing Student
Learning through
a Portfolio of
Clinical Evidence***





Influencing Student Learning through a Portfolio of Clinical Evidence

Introduction

UKCC 1999 - Fitness for practice:

- Assessment strategies tend to be reductionist
- Students unable to transfer learning
- Students unable to provide holistic care

UKCC (1999) *Fitness for practice*. London, UKCC.



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Problem-based learning curriculum: key aims


- Integrate theory with practice
- Give woman-centred care to give holistic care needs

In the classroom:

- Learning situations/triggers

During clinical practice:

- Portfolio of clinical evidence



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Portfolio of clinical evidence: key elements

1. Achievement of statutory midwifery competencies
2. Development of a set of prescribed professional behaviours
3. 'Supplementary evidence'
4. Record of statutory clinical midwifery experience
5. Clinical skills inventory


The above elements form the *Assessment Tool* for the assessment of clinical practice

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Statutory Midwifery Competencies

- Assessed as PASS or FAIL only by the clinical mentor
- At 3 levels of performance
- Each level has an associated set* of the:
 - Level of supervision/support
 - Level of practice
 - Conditions of practice for the achievement of clinical competencies

* Stuart CC (2003) *Assessment, Supervision and Support in Clinical Practice*. Edinburgh, Churchill Livingstone.



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Professional Behaviours

Aim:


Facilitate the development of those behaviours expected of a professional midwife

Assumption:

Attitudes and values underpin our behaviours - indirect assessment of these

How?

'Professional behaviours inventory' comprising 12 key 'behaviours'
Each behaviour consist of highly specified descriptors that are observable
Assessed formatively and summatively by the clinical mentor



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Supplementary Evidence

Aims:

- Relate theory with practice
- Develop a critical awareness of care
- Demonstrate evidence-based practice
- Develop into reflective practitioners

How?

Written learning accounts that stem from clinical experience

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Supplementary Evidence – *continued ...*

Types of written learning accounts

1. Reflective account of care
2. Research critique/review of research that relate directly to care
3. Learning accounts of clinical activities other than direct client care
4. Reflection on other resources such as literature given to women, policies and protocols

Assessed summatively by the midwifery lecturer

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- How we assess (through the tasks in which students engage) affects *what* and *how* students learn (Gipps 1994)
- The aim of assessment should be to facilitate learning (Stuart 2003)
 - Develop a critical awareness of care
 - Develop into reflective practitioners
 - Acquire those midwifery skills to give woman-centred care

The result of the use of this assessment tool – the portfolio of clinical evidence - has indeed facilitated learning and these outcomes are being achieved.

Gipps CV (1994) *Beyond Testing: Towards a Theory of Educational Assessment*. London, The Falmer Press.
Stuart CC (2003) *Assessment, Supervision and Support in Clinical Practice*. Edinburgh, Churchill Livingstone.

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➤ Questioning routine practices

.. the study of these guidelines has caused me to really look into third stage management ... if a woman has had a normal, natural delivery, why then can she not have a natural third stage? It has also caused me to question midwives' motives as to why they insist on women having an actively managed third stage – is it for the woman or do they want a quick delivery? (student 1)

In the unit where I work an abdominal examination is rarely performed during labour, except for the initial examination on admission, whilst it is common for women to be examined per vaginam every two hours ... our care of labouring women could be improved by performing more abdominal examinations and less vaginal ones (student 2)

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➤ Using research evidence to support recommendations to change practice

The dorsal position which women so often prefer is actually the worse position for the third stage and therefore should be discouraged ... particularly if the woman wants a physiological third stage. If women prefer the dorsal position then active management should automatically be encouraged to prevent complications arising ... position is very important because gravity aids descent and expulsion of the placenta. The most effective positions are upright positions such as squatting and all fours ... (student 3)

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- **Increasing awareness of personal practices**
- **Developing communication skills**

... like the midwives in Olsen's (1999) study, I tend not to give much thought to consent for the [abdominal] examination and as a result may ask for permission to perform the examination in a way which does not convey to the woman that she has a choice. I sometimes use phrases such as 'good size' and 'growing well' to describe the fetus which, without explanation may lead the woman to worry that the baby will be too big for her to deliver (Stapleton et al. 2002). As a result I feel that I need to give more consideration to the language I use when talking to a woman before and during an abdominal examination ... (student 2)

this experience [of having reflected on how parents were told that they had a baby with Down's syndrome] has helped me see that it is important to work on and develop my interpersonal skills as well as my clinical skills (student 5)

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- Increased awareness of personal practices
- Developing communication skills ... *continued* ...


this piece of work [reflective account of care] has made me think about 'choice' and 'consent'. It has made me realise that sometimes women are not given informed choice. Poor communication skills and closed questions often lead women giving consent for something they don't truly understand or want ... Communication with the woman and her partner is vital in building a relationship, which is based on trust (student 6)

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➤ Increasing confidence in empowering women to make informed choices

I now feel more confident that I am able to explain to parents why we administer vitamin K and feel that I am more equipped to enable them to make informed choices about how vitamin K is administered ... (student 4)

[with] the information I have gained from studying these guidelines and researching around the issues [of the management of the third stage of labour], I really want to push for women to be more informed about how they wish their third stage to be managed (student 1)



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➤ **Increased sensitivity to the woman and baby as persons**

... it is important in practice to remember that behind every procedure there is a human being (student 6)


Unfortunately the infliction of pain is seen as a necessary aspect of performing the Guthrie test. Undertaking [it] is an important part of the midwife's role ... it is essential that a midwife appreciates the distress it can cause to both parents and baby (student 9)

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➤ Triggers self-directed learning

What I have seen and the things I have read have encouraged me to seek to develop my practice to be able to provide better care for the women I may encounter in similar circumstances [student 7: after reflecting on a leaflet given to women after a miscarriage]

Through my extensive reading about breastfeeding I have come to realise just what a complex subject it is and that I did have gaps in my knowledge (student 8)



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CONCLUSION

Challenging and hard work for both students and lecturers

Worthwhile introducing this assessment tool

How we are assessing are definitely influencing what and how the students are learning so that they can become those midwives who are more likely to be able to give woman-centred care