PebblePad

CASE STUDY

Uphill implementation: Changing the face of undergraduate nurse and midwifery assessment in South Australia

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STORIES OF INNOVATION TOLD BY THOSE CHARTING NEW COURSES IN LEARNING, TEACHING AND ASSESSMENT.

THE CONTEXT

South Australia has three universities that provide nursing undergraduate degrees and two that offer midwifery. To date, recording of clinical experiences has been managed via long-standing traditional paper-based methods in both professions. Historically there have been frequent challenges with this process including academic oversight, and barriers to providing feedback, transparency and monitoring of Clinical Facilitator activity. Following the lead of other Australian universities who had already transitioned to online portfolios for clinical assessments and recording of experiences (Birks, Hartin, Woods, Emmanuel, & Hitchins, 2016), the Clinical and Health Sciences nursing and midwifery programs at the University of South Australia (UniSA) decided to make a change, the first in the state.

UniSA has a large student cohort in their nursing and midwifery programs totalling approximately 3500 students. The midwifery program has very specific requirements to enable students to meet the National Registration Standards in the highly regulated profession. In the National Accreditation Standards, criterion 8.7 calls for appropriate "(m)echanisms to monitor and verify the progress and documentation of each student's achievement of all required midwifery practice experiences." (Australian Nursing and Midwifery Accreditation Council, 2014, p23). This was the driver for change.

The minimum experience requirements in midwifery total 345 individual experiences that must be verified by supervising clinicians. There are an additional 39 assessment documents plus daily feedback requirements for clinical experiences across the program. Bachelor of Nursing students must demonstrate competent and safe practice through the completion of clinical hours (upwards of 900 hours) and clinical hurdles set against national practice standards.

THE PROBLEM

The administrative burden for both nursing and midwifery was significant. There were issues with both the volume of assessment documents but also repetition. Within each assessment tool are hours of 'sign off points', feedback, and reflection requirements. Midwifery students traditionally graduated with a large amount of paper-based clinical documents collated in multiple folders. They were cumbersome and lacked academic oversight apart from the five formal assessment points across the program when they were formally reviewed. There were also issues with confidentiality in addition to the difficulties experienced in assessing these records that have also been experienced in other university programs (Gray, Downer, & Capper, 2019). The use of the assessment tools can lead to students becoming task focussed and less aware of their clinical and professional obligations and behaviours. At times students were observed to be fixated on completion of the assessment tool rather than focus on their learning. We have sought to actively discourage this and instead encourage a holistic approach to skill development and consolidation. Other issues that required addressing were academic and document integrity, workforce monitoring, student equity and the environmental burden.

Another significant driver for change was the recommendation of our accrediting body. Many other universities in Australia have now moved to an online platform and UniSA would lead the way in this space in South Australia with the implementation of this significant change to the way we assess students and record experiences in the clinical settings. Mobile technology is considered a method that can address the ad-hoc nature of learning in clinical environments (O'Connor & Andrews, 2015) and using technology in this space was important to us as an institution that embraces technology. Technology also has the ability to contribute to critical thinking and assist in continuous reflection and learning (Zarifsanaiey, Etemadi, & Rezaee, 2018), all important skills we develop in students.

We hoped to move quickly and smoothly to the new platform with minimal disruption to the student experience and with the acceptance of our partner clinical venues and staff. Our ultimate goal was to address the issues identified, improve the student and venue experience, and pave the way for change in the South Australian Nursing and Midwifery education landscape.

THE APPROACH

We started our project in January 2019 with the development of an advisory group comprising industry leaders and academic staff. We formed a project management group, appointed a project manager, and decided on a staged implementation. The introduction began in April with six midwifery students in one clinical course. We chose to implement the project in one site initially and chose a larger partner site with the full support of the organisation, including their information technology department.

These six students provided feedback and we worked with onsite facilitators to gain staff feedback about the platform. We adjusted the workbooks and templates and fed back to the venue that we had considered their feedback for the next iteration. We followed this with full implementation at all sites for all first- and second-year midwifery students. The staged implementation for midwifery will be finalised in 2020. We opted not to introduce the platform to graduating students because we did not wish to add any further stress in their final year by requiring them to transition from paper to online.

We began the nursing implementation after the midwifery test group and full-scale implementation. This was primarily more to do with timing but also afforded us an opportunity to address any major issues prior to large scale implementation. The challenges in the nursing program were mainly due to the magnitude of the implementation. We chose to begin with a smaller test group before going live to 653 students in late 2019.

The development of online resources occurred simultaneously including videos, user guides and a dedicated email address to manage the significant support service requirements, particularly in the nursing degree due to large numbers of students.

The communication plan was recognised as critical to the process if we were going to secure acceptance from our partner sites. We coupled this with an extensive on-site education plan in both midwifery (due to the increased impact of the midwifery recording process) and nursing. We gained approval from the Chief Nurse/Midwife in South Australia who then provided her official endorsement and offered multiple on-site training sessions to clinical venues. The platform was well received at these sessions with on the whole positive feedback. On site champions tended to be the younger midwives who were familiar with the use of technology and found the platform easy to use. The Nursing program delivered both small and large-scale education sessions (up to 120 people) to prepare hospital staff to work with students in the platform. A case by case approach to follow up was then taken as issues and questions arose. Feedback from these sessions has been positive and a generally collaborative approach has been taken to implementation at sites.

Other challenges were around the notion that students were accessing internet and devices whilst on shift and this required a significant shift in the way clinicians viewed and thought about assessment. We were frequently required to clarify that students were not on social media but were completing clinical documentation and found a strengths-based response was the best way to manage these concerns where we could outline the benefits to venue staff and the university. Integration with IT systems within the University is a work in progress and a potential challenge in moving forward. Although PebblePad is compatible with our IT learning platforms we have not secured the full support of the IT team with this initiative to date. We plan to focus on this aspect in 2020.

Late in 2019 we recognised that adequate support via email was required despite all of the available resources to students (videos, user guides & template examples). A dedicated email address was made, and support attached with monitoring by non-academic staff.
The plan progressing forward includes the implementation of a dedicated PebblePad officer within the school, the provision of further education to sites and students, and development of additional resources. Eventually once embedded into the clinical courses we will extend the use of PebblePad into our theory offerings.

THE RESULTS

Within the midwifery and nursing space we have successfully implemented the eportfolio. For midwifery it comprises a series of workbooks and students are successfully navigating the workbooks and online space. Nursing students work with a single workbook in the PebblePad space, where the original content of the assessment tool has been condensed and the importance of reflection has been emphasised. Overall student feedback has been positive, particularly in relation to ease of use, reduction in cumbersome paper-based records, and safety of data. The students adapted to the platform and managed it expertly very quickly. We expect going forward that student mentors can assist other students with knowledge and training in managing their portfolios.

From the academic perspective the ability to review students' works in real time has been of significant benefit. It has enabled a process that lacked real time oversight to shift to one with full oversight. Benefits of this include being able to support students who are not organised in their record keeping, those who are behind on clinical experiences and ensuring real time feedback occurs as close as possible to the point where the learning took place.

The extensive venue education sessions provided opportunities for us to collect feedback and that feedback has been extremely positive. Clinicians seem to like the functionality where documents are locked from changes with signing. This appears to demonstrate there was concern about authenticity of documentation in the clinical venues. Although this was a significant change in South Australia the overall implementation has been successful. We plan a larger evaluation in 2020.

LESSONS LEARNT

For the scale of our implementation we believe the staged implementation was appropriate. This allowed us opportunity to modify the workbooks and ensure that they were functional and met the students' needs. Changing an ingrained practice with something that some clinicians felt went against industry norms (use of mobile devices in clinical areas) was a challenge and we believe that the education and physical presence in the venues assisted with the acceptance of the change. Research into change in health care institutions supports the approach we took with emphasis on the benefits and consequences of the change process highlighted in the education we provided (Ghanavatinejad, et al., 2018).

The project required an extensive time commitment above what was allocated in workloads and this was a significant challenge that in hindsight we wish we had foreseen. A dedicated project lead with experience of working in the two programs would have been an advantage to the project.

We learnt that sometimes you need to take a risk and trust others. We worked hard on the lead up to implementation but then reached a point where we needed to 'try it and see'. Feedback has been both a help and a hindrance but ultimately the guide for where things need to go in order to be successful.

IN BRIEF

- Planning is critical to project success.
- Ensure adequate support services to manage student enquiries.
- Academic leads should project manage the initiative and be given appropriate workload.
- The communication and education plans are critical to the success of the project.

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