Australian
Midwifery Standards
Assessment Tool

www.amsat.com.au

AMSAT Resource Manual

Acknowledgement

Support for the original works from which this manual has been based was provided by the Australian Government Office for Learning and Teaching. The views in this manual do not necessarily reflect the views of the Australian Government Office for Learning and Teaching.

This work draws extensively on the original work of Dalton M., Keating J., & Davidson M. (2009, March). "*Development of the Assessment of Physiotherapy Practice (APP): A standardised and valid approach to assessment of clinical competence in physiotherapy*", and *"The APP Assessment of Physiotherapy Practice Instrument: Clinical Educator Resource Manual"*. [Australian Learning and Teaching Council (ALTC)]. Brisbane: Griffith University.

The following works have continued to inform the recent redevelopment of AMSAT.

Ossenberg C. Henderson A. & Dalton M. (2015) Determining attainment of nursing standards: The use of behavioural cues to enhance clarity and transparency in student clinical assessment, *Nurse Education Today*, 35(1) 12-15

Ossenberg C, Dalton M, & Henderson A. (2016) Validation of the Australian Nursing Standards Assessment Tool (ANSAT): A pilot study. *Nurse Education Today,* 36: 23-30

Sweet L, Bazargan M, McKellar L, Gray J, Henderson A. (2018) Validation of the Australian Midwifery Standards Assessment Tool (AMSAT): a tool to assess midwifery competence. *Women and Birth*, 31(1): 59-68.

Takashima M, Burmeister E, Ossenberg C, Henderson A. (2019) Assessment of the clinical performance of nursing students in the workplace: Exploring the role of benchmarking using the Australian Nursing Standards Assessment Tool (ANSAT). *Collegian*; 26(4): 502-6.

Sweet, L., J. Fleet, A. Bull, T. Downer, D. Fox, R. Bowman, L. Ebert, K. Graham, J. Bass, A. Muller & A. Henderson (In Press 2019) Development and validation of the Australian Midwifery Standards Assessment Tool (AMSAT) to the Australian Midwife Standards for Practice 2018. *Women and Birth*

Contents

Background

The Australian Midwifery Standards Assessment Tool (AMSAT) has been developed for assessing competency of students in meeting the Midwife Standards for Practice (2018)[1].

Workplace learning in the clinical environment is an essential component of the education of midwifery students. Each midwifery program in Australia has a curriculum designed to meet the education standards approved by the Nursing and Midwifery Board of Australia (NMBA)[2]. Accordingly, the assessment tool/s and assessment procedures must also be based on these national standards. An important advantage of a standardised clinical assessment tool such as the AMSAT is that evidence about its utility can be systematically gathered and assessed, and the tool can be refined across time to better serve the midwifery profession. Other advantages include the opportunities that standardisation brings such as:

- benchmarking
- comparison of assessment outcomes when student education or assessment is varied
- standardised support packages for staff who assess, that evolve in response to widespread utilisation and feedback
- a common assessment language that enables discussion between educators across programs
- a platform from which tool evolution can occur

The AMSAT is a practical, one-page tool that reflects the Australian Midwife Standards for Practice (2018)[1]. The AMSAT has been developed with input from academics, midwifery educators, clinical facilitators, students, and other stakeholders. The 25 items have been arranged under the seven standards[1].

Standard 1: Promotes health and wellbeing through evidence-based midwifery practice

Standard 2: Engages in professional relationships and respectful partnerships

Standard 3: Demonstrates the capability and accountability for midwifery practice

Standard 4: Undertakes comprehensive assessments

Standard 5: Develops a plan for midwifery practice

Standard 6: Provides safety and quality in midwifery practice

Standard 7: Evaluates outcomes to improve midwifery practice

Each item is scored on a scale from 1 to 5, where a higher number indicates greater apparent competence. A score of 3 indicates that the student has achieved a passing level of competence that would be expected for their stage of practice. Scores of 4 and 5 reflect that the student is demonstrating proficiency (4) or excellent performance (5) with respect to a given item, while a score of 1 or 2 indicates that competence is not yet satisfactory. It is important that students are assessed against their stage of practice; as such a first year and third year will have different capacities but can still achieve satisfactory performance.

AMSAT items are assessed based on student performance of observable behaviours. A non-exhaustive set of examples of behaviours by standards are provided with the AMSAT as *'behavioural cues'* to illustrate ways in which expected behaviours might be described for students. An advantage of these performance indictors is that they encourage the facilitator to describe desirable professional behaviours and they provide students with practical performance targets. In this respect the AMSAT also provides a self-directed learning tool that students can use to match the self-rating of behaviour to the behaviours expected of a newly graduated registered midwife.

Assessment during Clinical Placements

Introduction

This section looks at some general issues relating to the assessment process in the clinical environment; why assessment is carried out, types of assessment, and information about useful language when discussing assessment.

Assessment is the process of making a judgement about a student's performance against established criteria such as learning objectives or professional standards. On the AMSAT, the seven standards of practice with their related 25 items are the criteria against which the student's performance during, or at the end of a clinical placement, is to be judged. Assessment of student performance during clinical placements involves the learner, the assessor, and the university.

The individual who assesses student performance in the workplace/clinical environment is dependent on the model of practice supervision, and assessment policy and procedure of the university. Assessors may be a preceptor, clinical facilitator, midwife educator, or clinical supervisor. Ideally assessment decisions are based on observations of practice and a composite of feedback from relevant clinicians, e.g. 'buddies'. However, it is common for one staff member to be designated with the responsibility of completion of the assessment.

Language of Assessment

Criteria

The AMSAT is a criterion based approach to the assessment of performance in the clinical setting.

> Criteria outline what is actually measured.
> In the AMSAT there are 25 criteria items.

Performance standard

At the end of a clinical placement, how well a student performs in each of the 25 items must be assessed and rated by the midwife who is designated to provide the assessment (referred to as the 'assessor' in this document). To be able to do this a set of performance standards is required.

In the AMSAT, the final rating for each item quantifies the level of performance achieved, relative to the student's stage of practice.

Pass Standard

An advantage of marking students against minimal acceptable standards is that, theoretically at least, all assessors are assessing against the same standard. The target of clinical education is acquisition of a minimum acceptable level of skills and this target enables ranking of students relative to a common standard.

Why Assess?

Reasons why assessment is used during clinical placements include:

- guide and motivate learning
- provide a basis for feedback on student's strengths and areas of clinical practice requiring improvement
- facilitate the development of strategies to improve performance
- monitor and record the progress of individual students
- track the overall success of a program of study
- identify distinguished achievers who maintain professional standards
- provide consistent and transparent reporting to professional bodies such as the NMBA.

Assessment is acknowledged as a major influence on student learning.

Types of Assessment

There are two important types of clinical assessment:

- Formative
- Summative

Formative Assessment

Formative assessment in clinical education is designed to help students understand how they are progressing. It is provided during a clinical placement but does not count toward the final grade or unit/topic mark.

The purpose of formative assessment is to improve student learning by providing information on their strengths and weaknesses according to the expected standards of practice. It should be accompanied by strategies that facilitate improvement.

Although formative assessment may be relatively informal compared to summative assessment, its importance in guiding the student towards them being able to meet expected behaviours, should be emphasised.

Formative assessment creates an opportunity for the facilitator and student to review the student's progress in a non-threatening way. This allows the student to gain a clear picture of how they are progressing and what they need to do to improve their performance and achieve the learning objectives.

The examples of desirable behaviours listed as the performance indicators published with the AMSAT are helpful in assisting the clinician who assesses the student to articulate the skills or attitudes that require attention. These sample behaviours are particularly useful for students when providing formative feedback during the placement and outlining aspects of practice requiring improvement. The indicators also guide students on the behaviours that can be worked towards, during clinical education.

Formative Self-Assessment by the student

Unless students develop the capacity to make judgments about their own learning they cannot be effective learners now or in the future. Active student involvement in understanding assessment processes and contributing to them is essential.

To foster active involvement, students are to be encouraged to self-assess using the AMSAT and discuss discrepancies or similarities when self-assessment is compared to the assessment by the midwife who provides the assessment in the clinical setting (clinical assessor). Observation of differences provides opportunities for discussion and a path towards consensus about specific expectations and strategies for achieving this.

Summative Assessment

Summative assessment focuses on the 'whole' of the student's performance, that is, the extent to which each criteria / learning objective have been met overall for the clinical placement.

Summative assessment provides the student with a grade for the course or placement that contributes to their academic record. AMSAT summative assessment usually takes place towards the end of the placement. Its purpose is to rate the level of achievement reached on completion of the placement. When finalising a student's clinical assessment, the clinical assessor may draw on the experience of colleagues who have also supervised or supported the student.

It is important that the student has ample opportunity to demonstrate the desired behaviours in a specific context of practice prior to a summative assessment. Therefore students should receive a formative assessment in any context that they receive a summative assessment.

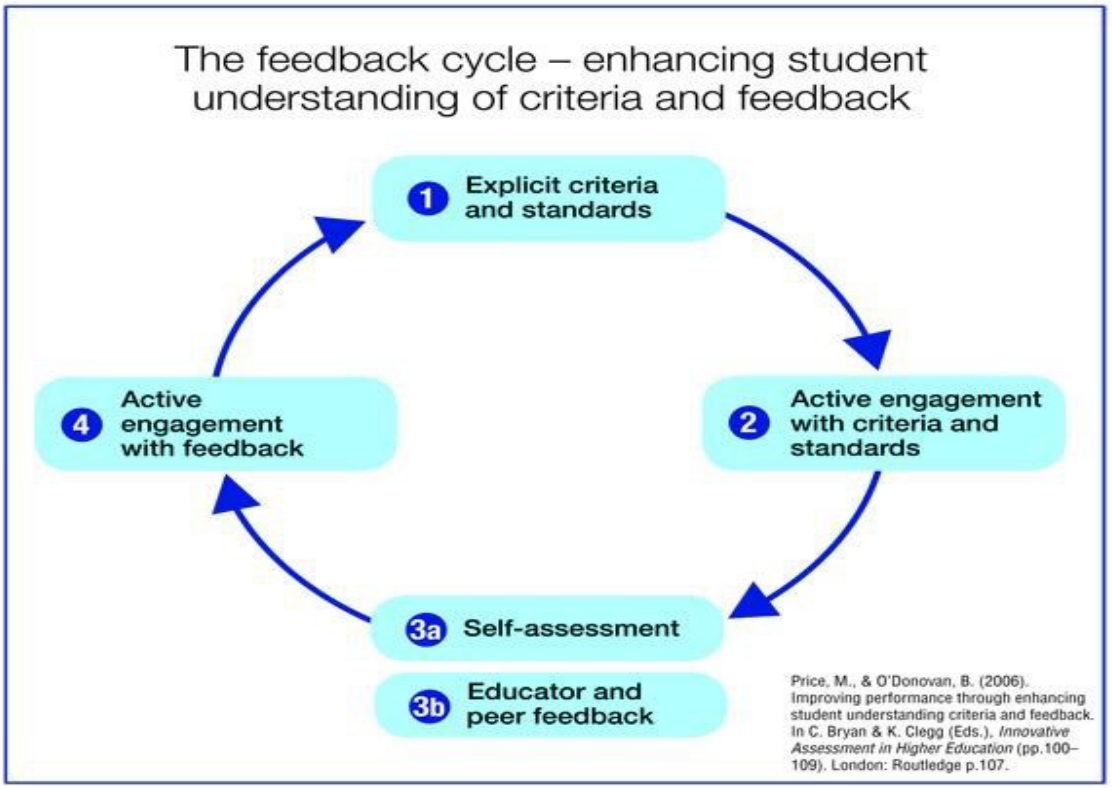
Feedback

Feedback and reflection are key components of effective learning and assessment.

Feedback is information provided to students that is used by them to alter the gap between their current performance and the ideal (i.e. feedback is information that helps the student learn). If comments are not or cannot be used by students to alter the gap, then those comments do not constitute feedback!

Effective feedback provides:

- Information about what happened or was done
- An evaluation of how well or otherwise the action/task was performed
- Guidance as to how performance can be improved



The Australian Midwifery Standards Assessment Tool (AMSAT)

The AMSAT is a standardised assessment which has been shown to be valid and reliable, and developed for use in determining competence in the workplace/clinical environment. The primary advantage of a common form is that clinicians who support student learning for more than one midwifery education program, or who change employers, will not have to deal with multiple assessment forms.

Components of the AMSAT

The different features of the AMSAT are explained below.

Standards of practice

There are 7 standards or aspects of the Australian Midwife Standards for Practice. The standards are not graded. Only the items within each standard are scored.

Items (criteria)

There are 25 items. Each item is scored.

So what does AMSAT look like?
See pages 15-16.
What are the behavioural cues?
See pages 17-18.

Behavioural Cues

Examples of desirable performance, also known as behavioural cues, are provided for each of the 25 items. These are not meant to be prescriptive or exhaustive and they are not meant to be graded. They serve several purposes, the most important of which is to provide examples of the language that educators might use in helping students to shape performance behaviours integral to practice.

The AMSAT aims to avoid specifying behaviours that could not reasonably be assessed through observation. In addition the tool avoids elusive concepts such as ‘is logical’ and attempts to describe measurable events such as ‘Shares information with the woman to facilitate informed decision making’, and ‘demonstrates cultural sensitivity across a range of contexts’.

Students may not be used to being constantly monitored and assessed. Like all of us, they find this process emotionally challenging and are justifiably anxious.

Attention to accurate analysis of learning needs using performance indicators serves to direct their focus away from their anxieties and onto desirable clinical behaviours. Performance indicators provide concrete stepping stones that can help all staff involved in facilitating and supporting student learning articulate their desire for student success and diffuse the distraction of fear of failure.

Using the AMSAT to rate student performance *relative to stage of practice.*

Performance standards - Scoring options for items

Each item is scored on a scale from 1 to 5 *relative to the students' stage of practice*, where a larger number indicates a higher standard of performance. The scoring levels are:

1. Expected behaviours and practices not performed
2. Expected behaviours and practices performed below satisfactory standard
3. Expected behaviours and practices performed at a satisfactory/passing standard
4. Expected behaviours and practices performed at a proficient standard
5. Expected behaviours and practices performed at an excellent standard

It is important that scoring be based on the expected standard of performance for the stage of practice the student is at (i.e. assess a first year student against practice expectations of a first year learner, and so on).

Scoring explanation

Score of 1: Expected behaviours and practices not performed

- Unsatisfactory or unsafe practice
- Not achieving minimum acceptable level of performance for the expected level of practice for stage of education
- Demonstrates behaviours infrequently/rarely
- Continuous verbal &/or physical direction required
- Requires constant supervision

- More likely seen at mid-placement formative feedback than end of placement summative assessment

Score of 2: Expected behaviours and practices performed below acceptable/satisfactory standard

- Not yet satisfactory
- Demonstrates behaviours inconsistently
- Needs guidance to be safe
- Frequent verbal &/or physical direction required
- Requires close supervision
- If a score of 2 is awarded for an item, feedback on specific behaviours that require development must be provided to the student, along with strategies to achieve this.

> At any time, a score of 1 or 2 would be a matter of immediate importance and as the assessor you should:
>
> ➢ develop comprehensive strategies in collaboration with the student to achieve a passing standard for the item.

Score of 3: Expected behaviours and practices performed at a satisfactory/passing standard:

- This is the passing standard
- Demonstrates behaviours consistently to a satisfactory and safe standard
- Occasional supportive cues required
- Practice performed at a safe standard
- The student has met this standard regardless of their experience, place in the course or length of the placement

Score of 4: Expected behaviours and practices performed at a proficient standard

- The student is comfortable and performs above the minimum passing standard with respect to an item
- Practice performed safely
- Infrequent supportive cues required
- The student's performance is consistent, reliable and confident

Score of 5: Expected behaviours and practices performed at an excellent standard

- Demonstrates most behaviours for the item well above minimum passing standard
- Demonstrates great independence in practice with safety a high priority
- Supportive cues rarely required
- Exhibits a level of excellence/sophistication with respect to an item

A student does not have to demonstrate all performance indicators for an item to achieve a score of 5 on that item.

Remember.....

It is helpful to remember what it was like when you were a student (on a clinical placement). Can you remember how many skills and processes were unfamiliar? Perhaps you took longer to complete tasks than you do now and often needed the guidance and support of more senior staff to make sure you were on the right track.....

If you are having difficulty constructively guiding a student, discuss this with a colleague.

Global Rating Scale

The Global Rating Scale provides a second approach to assessment.

Rather than considering each of the items separately, the clinician who assesses is asked to rate the student's overall performance. This rating of the overall performance of the student should be based on the assessor's observation and from feedback from other staff who have been involved in facilitating the student's learning, to assist consideration of the many aspects of the clinical placement. The global rating scale is used to reflect on the typical total scores for items to typical views regarding overall competence (a standard setting exercise).

Universities might consider both item and global rating scale scores when deciding whether a student would benefit from additional clinical practice prior to passing a placement of study. Although it is difficult not to let an overall sense of a student's ability affect item scoring, it is important that the clinician who performs the assessment reflects carefully and objectively on student performance item by item, and not let poor performance on one item detract from acknowledging satisfactory, good or excellent performance on another. We therefore recommend that the global rating scale is completed after individual items have been graded.

AMSAT Global Rating Scale measures

- Unsatisfactory
- Limited
- Satisfactory
- Proficient
- Excellent

Global Rating Scale measures explained

Unsatisfactory

This rating would be used when the in the assessor's opinion the student's performance overall was not adequate and/or unsafe. The student is likely to:

- Be unable to manage basic midwifery situations

- Lack insight and awareness of limitations
- Require constant supervision to ensure safety

Limited

This rating is appropriate when the student's performance is inconsistent, requiring close supervision and frequent verbal or physical cues. A student at this level may:

- Manage a variety of basic midwifery situations with assistance and prompts.
- Lacks awareness of limitations and requires close supervision.

Satisfactory

When reflecting on the student's performance overall in the placement, an adequate student will be safe and capable. A satisfactory student would typically be able to:

- Manage a variety of midwifery situations with relatively uncomplicated needs, such that the woman and/or her baby's major problems are identified, major goals established, and midwifery care is completed safely and effectively within a reasonable time frame.
- Have awareness of their limitations and where/when to seek assistance.

Proficient

When reflecting on the student's performance overall in the placement, a proficient student typically would be able to:

- Manage a variety of midwifery situations, including complex cases, meeting the minimum acceptable standard consistently at a skilled level.
- Have sound awareness of limitations and may only require intermittent supervision.

Excellent

When reflecting on the student's performance overall in the placement, an excellent student typically would be able to:

- Manage a variety of midwifery situations, including complex cases, going beyond the minimum acceptable standard to deliver care at a superior/highly skilled level.
- The excellent student may demonstrate some or all of the following characteristics:
    - an ability to work relatively independently, thoroughly and sensitively.
    - fluid, efficient and sensitive handling skills.
    - an ability to be flexible and adaptable.
    - easily and consistently link theory and practice.
    - a high level of self-reflection and insight.
    - an ability to present cogent and concise rationale for clinical decisions.
    - effective time management skills.

These ratings provide the clinician who assesses with two categories indicating the student's performance is above minimum beginning level registered midwife standard (either good or excellent).

Scoring rules

All items must be scored. Circle only one scoring option (1 – 5) for each item.

For example scoring should look like this:

1 2 **3** 4 5 

Not this

1 2 3 4 5 

Or this

1 **2 3** 4 5 

In most situations the student will have opportunities to demonstrate competency on all 25 items.

- "not assessed" is only used when a student has not had an opportunity to demonstrate any skills/behaviours (as listed in the performance indicators) that are assessed under a particular item

Scoring items requires your professional opinion. Clinicians who are responsible for assessment may feel uncertain in some cases regarding whether they are making the right decision. Students who are performing inadequately are typically identified by a number of staff involved in the facilitation of their learning. In these situations it is most important for the assessor to talk and discuss the student's performance with relevant staff. The behavioural cues are a guide to commence the conversations with staff to assist in clarifying and articulating the specific elements of student performance that maybe of concern.

University assessors, in making decisions regarding progress, will take into account a student's history and university policies and procedures when considering actions that should be taken in the event of a poor item score or overall rating.

It is recommended that the clinician who assesses does not tally AMSAT item scores, or give students advice regarding their likely University grade for the clinical placement or progression through the program. This is a university responsibility.

If a clinical assessor considers they are unable to assess an item at the formative mid-way assessment, it is recommended that they seek guidance from senior staff or the University for strategies to include tasks to allow assessment of the item before the final summative assessment.

Application of the AMSAT

The AMSAT has been designed and tested as an assessment tool to be used during a clinical placement block which usually ranges from 2 – 8 weeks. Such longitudinal assessment encourages observation of practice in a range of learning circumstances and has been shown to be the best way to gather a reliable and valid representation of students' skills in clinical practice. In this way, assessment is viewed as an opportunity for facilitators of student learning to provide learners with clear, practical and relevant information and direction, and to help the learner develop skills of self-evaluation and self-regulation

So when do I use the AMSAT during a clinical placement?

The AMSAT is used for both formative and summative assessment. Prior to students commencing placement, the clinician who is responsible for the assessment must familiarise themselves with the AMSAT form and performance indicators, in preparation for mid-placement feedback and/or end of placement assessment.

If you are unsure **about a student's** performance on an item, do not score it.

Assessors need to be mindful that the use of the AMSAT and its scoring rules do not change, irrespective of what point or year level in the program the student is completing a clinical placement.

For example students completing a clinical placement at the beginning of their program are scored using the AMSAT in exactly the same way as a student completing a similar block at the end of their final year.

Mid-placement formative feedback

An AMSAT assessment form may be used during a mid-placement formative feedback session. Completing the AMSAT mid-placement provides the student with specific feedback on their performance on each item. However, it may not be possible to comment on all of the items at mid-placement. The clinician who assesses may

not have observed the student on sufficient occasions to be able to score for an individual item. If this is the case, this should also prompt the assessor to ensure they observe this item sufficiently prior to completion of the summative assessment.

When providing feedback it is essential that the assessor is able to provide the student with specific examples of their clinical performance, to ensure the assessment is based on observed practice and not assumptions. These examples are evidence of why an item or area of practice has been rated at the level chosen.

The primary focus at mid-placement formative feedback is to identify areas of clinical practice that the student is performing adequately, those areas requiring improvement and collaboratively negotiating strategies with the student to achieve this improvement. These strategies should be discussed with the student and provided to them in written form for them to reflect on after the mid-placement discussion.

Refer to the 'AMSAT Behavioural Cues' for example behaviours that the student may or may not be demonstrating to indicate an adequate standard of performance in a particular item.

Hint –mid-placement feedback:

"What specific things would I like to **see** the student **do** in order to give them a better rating?"

For example: item– Demonstrates knowledge and accountability for own midwifery practice (Standard 3) I would like to see:

- able to verbalize own limitations
- recognises and actively seeks collaboration when needed
- practices under appropriate supervision
- uses a decision framework

Mid-placement and End of placement assessment Checklist

- ❑ Main aim is to assist student to improve
- ❑ Ensure you have evidence (e.g. specific examples) of the student's level of performance
- ❑ Discuss assessment with appropriate colleague/s
- ❑ Ask yourself "what specific things would I like to see the student do in order to give them a better rating?" and write these down
- ❑ Use the behavioural cues to assist you
- ❑ Ensure the student has completed a self-reflection AMSAT form prior to the mid-placement feedback session
- ❑ Complete the AMSAT (if requested to do so by the University) but do not score any item you have insufficient evidence of the student's actual performance
- ❑ Develop strategies for learning with the student. Complete learning contract if needed
- ❑ Agree on timeline for signing off on review of student's performance
- ❑ DO NOT complete the global rating scale at mid-placement

End of Placement Summative Assessment of Performance

While the general processes for completing the AMSAT and discussing it with your student at final evaluation are the same as at mid-placement, there are a number of considerations to keep in mind at this time.

- Base final ratings on your student's **overall typical performance** for each item during the last 1-2 weeks of the placement. Where possible, comments and feedback should refer to more than one example of the student's performance, otherwise they may feel they are being evaluated on the basis of a single incident.
- **Avoid** altering your expectations. The standards/expectations against which you rate the student's performance at mid-placement and final evaluation should remain the same.
- **Give** your student the rating that corresponds with their actual performance. Do not feel the student has to automatically "go up a rating" if their performance has shown some improvement. There may be times when the degree of

improvement does not correspond to the descriptors of performance at higher levels of the rating scale. Increasing standards on the rating scale is only one way to indicate improvement. The use of verbal and written feedback is a very effective way of highlighting the development you have observed.

- **Be prepared** to substantiate the ratings and feedback you have provided. Some students may wish to discuss and even challenge your decisions. Keep in mind examples of behaviours that illustrate higher standards on the rating scale.
- **Collaborate** with university staff in the event that your student is not going to pass the evaluation. Seek their advice and support prior to meeting to discuss the evaluation with your student.

End of placement summative assessment Checklist

- ❑ Discuss assessment with appropriate colleagues (e.g. 'buddies', preceptors, other clinical team members)
- ❑ Circle only one score for each item
- ❑ All items should be scored
- ❑ Complete the global rating scale
- ❑ Only score items where you have evidence of level of performance
- ❑ The final AMSAT grading is non-negotiable, make your decision before summative assessment is discussed with the student
- ❑ Provide student with clear feedback based on samples of evidence, refer to behavioural cues
- ❑ Reflect on the feedback and assessment process
- ❑ Complete all forms and return to the university
- ❑ The final grade for the student will be decided by the university considering the documentation and recommendations from the assessment

Challenges in Assessment

Clinicians who assess student learning/practice in the workplace have identified concerns about their roles of teacher, facilitator, mentor, and assessor as conflicting. All assessors of student learning report a desire to make a fair, honest and impartial judgement about a student's performance, and often report feeling stressed when grading a student at a level lower than expected or desired by the student.

Performance based assessment in the clinical environment will never be totally free of errors. However, there are several steps an assessor can take to reduce the subjectivity of their judgements and improve consistency within themselves and between assessors.

Challenges in Scoring

It is difficult to recall the path to achieving a graduate standard and it is natural that clinicians who assess may, in some circumstances, have unrealistic expectations of students – either too high or too low.

A genuine difficulty that will be encountered is the ability of clinicians to recall beginner attributes. While experienced facilitators of student learning may have a well-developed concept of beginning level practices, clinicians who are inexperienced in student assessment may be unsure, and are encouraged to discuss uncertainties with clinicians or university staff who have experience in this area.

Experienced clinicians may also suffer from “upward creep” of a pass standard after exposure to the many excellent students encountered during the times they have supported student learning in the workplace.

Other issues in workplace based/clinical practice assessment include:

Rater bias

All people and rating scales are susceptible to biases. It is helpful to be aware of these to minimise their effect. Discuss your uncertainties with a senior colleague.

Halo effect

This occurs when an overall impression (for example, a general liking) of the student influences ratings of specific items. This tends to artificially increase item scores because of this overall impression. Rate each item independently and thoughtfully.

Devil (Horn) effect

A corollary to the halo effect is the devil effect, or horn effect, where students judged to have a single undesirable trait are subsequently judged to have many poor traits, allowing a single weak point or negative trait to influence perception of

performance in general. To give an example, a student's performance in Standard 4 (undertakes comprehensive assessment), particularly if it is weak may influence the assessor's rating of other categories, such as Standard 6 (Provides safety and quality in midwifery practice).

Halo and devil effects may be reduced by careful attention to the performance indicators/behavioural cues that are typical for each item and also by assessing observable/demonstrable student behaviours as opposed to being influenced by their general impressions of the student.

Leniency

Leniency is the tendency to avoid harsh assessment, usually in order to avoid discomfort in the student/assessor relationship and to avoid negative effects on student morale. To avoid this bias, remember that students can only improve when they are provided with constructive and accurate feedback relative to their performance throughout the placement. It is importance to provide fair and accurate assessment throughout a program so students are not deemed unsatisfactory only at the end of a program of study.

Central Tendency

Central tendency is the practice of applying the median or average score, in this case would be a 3 satisfactory. A person applying this bias will not use the full extent of the scoring scale but tend to assess almost everyone as average.

Anchoring

This is the tendency to rely too heavily, or "anchor," on a past incident or on one trait or piece of information when making decisions. An example may be an incident or poor performance of a student in the first week of the placement that continues to influence the facilitator's rating of the student's performance 4 weeks later at the end of the placement, even though the student has developed improved ability in this area.

Outcome bias

This may be another important source of bias for assessors to consider. This bias influences people to judge a decision more harshly if they are aware of a bad outcome, than they would judge the same decision if they are unaware of the bad outcome.

In clinical education, a student whose decision or performance results in patient complications (or improvements) is likely to be assessed more harshly (or favourably) than if there were no observable consequences arising from those actions. Judging single decisions on the basis of their outcomes is problematic because the student has not had a chance to demonstrate learning or reflection arising from knowledge of the outcome. Assessing the quality of decisions should be confined to assessment of the way the student approached the problem and its solution.

Strategies for students having difficulty

The majority of students will progress through their program without significant difficulties. Difficulties that may arise may be related to:

- Student attitude, communication, professional practice or self-management
- Clinical skills in the workplace
- Fundamental theoretical knowledge
- Cultural or linguistic diversity
- Health and/or personal issues

When a student does experience difficulties, it is important that these issues are recognised and acted on as soon as possible.

Most difficulties will be minor and able to be dealt with by the clinician who is responsible for the facilitation of student learning and student assessment.

Clinicians who assess are encouraged to contact the Clinical Placements Coordinator as early as possible if they have concerns.

If it has been identified that the student is having difficulty, the first step is to discuss with the student the identified issues that are affecting their placement.

The following points may assist in the evaluation of a student having difficulty.

A student will fail if they:

- Are unsafe with clients;
- Demonstrate unsatisfactory or limited competence (marked inconsistency);
- Only perform safely and appropriately with substantial supervision and/or assistance;
- Demonstrate limited understanding and application of fundamental knowledge and skills; and/or
- Have significant gaps and/or inaccuracies in knowledge and skills.

A student will pass if they:

- Demonstrate satisfactory performance;
- Perform safely and appropriately;
- Only require appropriate levels of supervision and guidance;
- Only require occasional prompting; and
- Demonstrate acceptable understanding and application of fundamental knowledge and skills.

Hints for Achieving Effective Assessment in the Clinical Setting

(Adapted from http://www.icvet.tafensw.edu.au/resources/assessment_strategies.htm)

1. Plan for feedback and assessment

- Complete training in assessment
- Prepare for assessment by reading information provided by the university and by familiarising yourself with the assessment tool. If there is to be input from multiple facilitators of student learning it is important to decide who has the role as the primary assessor
- Discuss your expectations around assessment with the students in the first few days of the placement as part of their orientation

- Discuss with the students how they prefer to be given feedback and how you most commonly provide it and reach agreement. Discuss the importance of immediacy of feedback and how this will be handled (e.g. how is feedback going to be given in front of the patient/client?)
- Plan how will you manage your time to ensure each student's performance can be viewed. Draw up a feedback/assessment schedule to manage your time effectively

2. Collect evidence of student's performance to support your feedback and grading decisions

- Collect evidence from multiple sources; for example observation and taking notes to ensure specific behaviours can be recounted when providing feedback to the student
- Questioning; in particular scenario based questioning is very useful to obtain information about a student's knowledge, understanding and management decisions
- Other colleagues who have also worked with the student
- Structured activities, or simulated activities
- Written records; case notes, chart entries, handover notes, letters, work related projects (e.g. presentations to staff &/or students) or portfolios.

3. Give Feedback

- Allow student to self-assess; pay particular attention to items where student assessment and your assessment differ markedly
- Provide student with clear feedback based on samples of evidence
- Use the performance indicators to provide specific feedback of behaviours requiring improvement

4. Devise strategies

- Work with the student to devise strategies to assist improvement (i.e. informal or formal learning contract)
- Agree on timeline for signing off on review of student's performance

5. Opportunities and Decisions

- Provide opportunities for further practice following formative assessment
- Ensure sufficient evidence is collected to enable rating of all 25 items
- Make a decision on the final rating of each item
- If you do not have sufficient evidence to make a judgement on the standard of performance, do not rate the item

6. Reflect and Evaluate

- Reflect on the feedback and assessment process
- Decide what worked well and what could be improved
- Evaluate your teaching and assessing using multiple sources of evidence
  - self-monitoring
  - audiotape or videotape recordings
  - information from students – questionnaires, interviews
  - peer review – suggestions from an outside observer
- initiate the changes required for the next students

What if the student does not agree with my evaluation of their performance?

A student may disagree with your evaluation and they have the right to disagree. It is important that you are open to discussing your assessment outcome with the student and this is why using examples to substantiate your grade is so important.

- Avoid reactive or defensive responses
- Don't negotiate the outcome - agree to disagree
- Repeat the evidence you have gathered and how it applies

If difficulties continue, contact the Clinical Placement coordinator who will assist with the situation

Assessment beliefs to be avoided

The following is a list of beliefs or statements that may be held about student assessment processes. Reflect on the following facilitator behaviours related to assessment and carefully consider – do any of these beliefs ring true for you? Read the FAQs section for information to dispel these beliefs.

"I always mark the student very hard at mid-placement so that they have more room for improvement in the second half of the placement"

"A student can never get a grading of a 5 for any item in their early placements because they can only achieve a 5 by the time they graduate"

"I never rate any items as excellent because that would mean the student is as good as I am"

"Students always improve their performance from mid-placement to end of placement"

"I feel bad as I did not have the time to assess all of the items. So as not to disadvantage the student, I will give them a 3 for each item I haven't really been able to assess"

"Different facilities have different standards. This facility is a tertiary teaching hospital and as such, we have higher standards and must mark the students harder"

"I am not exactly sure why, but I just know in my gut that this student should have to repeat this placement"

"On the global rating scale this student is improving and is very nice with their women, but is not really adequate with their skills. I don't want to demoralise them by marking 'unsatisfactory' on the global rating scale as they have a few more clinics yet. I am sure another facilitator will mark not adequate if they don't improve"

Ensuring consistency in Assessment

The concept of reliability or consistency of assessment across different assessors of student learning, different clinical areas and different types of facilities is a key component of effective assessment. It is important that students assessed by one assessor receive a similar rating if assessed by a different assessor.

There are several strategies that can be used to aid consistency of assessment:

- Regular training in the use of the assessment tool using exemplars of student performance
- A specific assessment process that is planned, evaluated and followed (as outlined above)
- Remain constant in expectations of what is an adequate beginning level "Day 1" standard for each item irrespective of when the placement/subject occurs during the program
- Collaborative processes (supported by the university and workplace training facility) to ensure assessors of student learning are provided with training in assessment and opportunities to discuss the inherent challenges in assessment. This is essential if the challenges associated with biases and "upward creep" of the pass standard are to be addressed.
- Where appropriate, use of an independent assessor (a university facilitator) to assist in training of assessors or as an arbiter when consensus on student performance cannot be reached

Skill Development Activity: providing feedback

1. Form groups of 3 (clinician who assesses, student and observer) and role play a verbal feedback session
2. As the assessor, prioritise the key information you want to convey to the student, based on the observation of the performance
3. Consider the question, "what specific things would I like to see the student do in order to give them a better rating?"
4. Collectively with the student, devise strategies for improvement

5. The observer then provides feedback to the assessor regarding the process and content of feedback

AMSAT FAQs

Below are a list of frequently asked questions and answers about the AMSAT

Question

When should I score an item using a '3'?

Answer

When the student has demonstrated performance of the item that is the minimum performance that you would consider necessary to achieve safe beginning level practice.

Question

When should I score an item using a '4'?

Answer

When the student has demonstrated performance of the item in a way that leaves no doubt that the practices are consistently at a proficient level standard.

Question

When should I score an item using a '5'?

Answer

When the student has demonstrated an excellent performance in relation to an item. This performance would be superior to that of a student scoring a 3 for the same item.

Question

How is the AMSAT scored?

Answer

Each item on the AMSAT relates to a specific competence statement and therefore stands alone. All items must be assessed at a 'satisfactory performance' level to pass the component of a clinical placement/course. The final mark is not to be a total sum of scores as this does not reflect strengths and weaknesses of the individual.

Question

How do I assess a student if they don't demonstrate one of the behaviours described in the behavioural cues provided?

Answer

The list of behavioural cues is not meant to be exhaustive, nor are the cues meant to be a checklist. They are meant to provide a representative range of examples and demonstrate the principle that 'feedback to students needs to describe the behaviour that the student needs to demonstrate in order to achieve a higher grade'.

Question

Should I rate the student on each behavioural cue?

Answer

No. The student is rated on each of the 25 items on the AMSAT. The behavioural cues provide examples of observable behaviours that indicate competency for particular items. Clinicians may use these and other relevant examples to provide feedback to students on the behaviours they are looking for as evidence of competence on a particular item.

Question

The student was not happy with a 3 and complained. What should I say?

Answer

Describe to the student the behaviours they would need to demonstrate in order for you to feel comfortable about their abilities and award them a 4, or be delighted with their abilities and award them a 5. Students need to be clear about why you think their behaviours demonstrate the satisfactory performance level. The aim of feedback

is to encourage students to become the best practitioners they can be. Provide the student with specific examples to illustrate behaviours that would achieve a higher grade.

Question

If a student scores 1s and 2s will the clinician who assesses recommend to the university to fail the placement?

Answer

Yes. Students are required to meet the requisite behaviours and practices in all domain areas to pass the clinical placement. Therefore, if a student scores 1s or 2s for any of the assessment items, they have not met the requirements of that domain and as such cannot be recommended by the assessor to have passed the placement. It is very important that students are given explicit advice regarding the behaviours that they would need to demonstrate to achieve a pass. It is vital your initial focus is on objectively rating each item, and not on an overall result.

Question

I have a student who has been outstanding. Can I give them 5s?

Answer

Certainly! Raters have a tendency to avoid scale extremes, however, it is very important to use the entire score range. Students should be given the worst or best scores if that is the most appropriate rating. All students should be told what it is they need to do to score a 4 or 5 and they should aim for excellence.

Question

Is the student judged against a beginning level practitioner or their expected ability for their stage of the course?

Answer

Some programs have traditionally used beginning level competencies as the benchmark against which to judge student performance, while others have used the performance that would be expected at the particular stage of the course. For consistent and

meaningful use of the AMSAT across programs, the student should be judged on each item relative to their stage of practice.

Question

What do you mean by “1. Expected behaviours and practices not performed”?

Answer

A score of 1 indicates that the student has unsatisfactory performance and not reached the minimal acceptable standard for that item. It is very important that students who do not achieve the minimal acceptable standard are provided with very clear examples of the behaviours that they need to demonstrate in order to achieve this. Behavioural cues are provided to assist clinicians who facilitate student learning to give appropriate feedback and direction.

Many relevant performance indicators have not been listed. For example, ‘does not take calls on mobile phone while assessing a woman’ is not listed as a behavioural cue, but it could clearly be raised by a clinician who chose to mark a student below 3 for professional practice. Clinicians and students should collaborate to ensure that performance behaviours and strategies to achieve the required improvement are clear.

Question

What is a fair definition of a beginning level standard?

Answer

In overall terms a student who scores a 3 for most items is performing at a beginning level standard and they are likely to be able to:

- acceptably managing a variety of women with non-complex needs
- able to identify the women’s care needs with her
- establish care goals and prioritises these goals
- identify appropriate midwifery actions
- provide midwifery care safely and effectively within a reasonable time frame,
- demonstrate an awareness of limitations and where/when to seek assistance.

Question

What is a fair definition of an excellent standard?

Answer

In overall terms a student who scores a 5 for most items is performing at an excellent beginning level standard and is likely to demonstrate all performances expected for satisfactory performance level standard and also demonstrate:

- the ability to work relatively independently, thoroughly and sensitively.
- efficient while sensitive to the needs of women
- flexibility and adaptability
- competent linking of theory and practice
- appropriate reflection and insight
- rational and concise arguments for clinical decisions
- excellent time management

Students who score 3s for most items will be on a path between satisfactory performance and excellent performance.

Question

Time management is an important attribute for a graduate. Where is it rated on the AMSAT?

Answer

Time management is not listed as a separate item as it is an important component of several of the aspects of practice. You will observe in the behavioural cues that time management is reflected under the following items in domain 1 & 2, under statements 2, 5 & 6.

Question

How do I assess items in domain 4, statement 14 - *'uses research to inform midwifery practice'* during a clinical placement?

Answer

Perusal of the behavioural cues for using research shows that if the student is applying EBP to their midwifery care they are considering not only available current research evidence but also women's preferences, expertise of clinicians and available resources in deciding on the best management plan. This item also means that the student shows the ability to seek out any information relevant to the care of women. The student should access "pre-appraised" research evidence – i.e. clinical practice guidelines and systematic reviews. Students should make use of available online databases to locate relevant "pre-appraised" evidence (e.g. Cochrane, Clinical Evidence). It does not mean that the student has to do a literature review whilst on clinical placement, however if time is allocated to the student during the placement to search the literature on a particular topic, this is appropriate and would be assessed under this item. Involvement of the student in quality assurance activities during placement would also enable assessment under of this item.

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Notes