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Exploring the value of the tripartite assessment

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Introduction

Pre-registration midwifery education programmes are based on a partnership approach between Academic Education Institutes (AEIs) and NHS Trusts or other midwifery service providers. All curricula have to meet both the NMC (2009) standards for pre-registration midwifery education and the Quality Assurance Agency standards for assessment of students (QAA 2006). In higher education, assessment serves a variety of purposes, these include promoting student learning through feedback on their performance, evaluating underpinning knowledge, providing a mark or grade that may be used for progression purposes and enabling the public, employers and AEIs confidence in the students' ability to meet an agreed standard (ibid).

Midwifery is acknowledged to be both and art and science (ICM nd). At least half the programme of study is undertaken in clinical practice (NMC 2009), and the rest in university, so students have the opportunity to learn and practise both the art and science of midwifery knowledge. In order to integrate evaluation of students' progress of both theory and practice innovative tripartite assessments have been used, these should not be confused with tripartite meetings.

Evidence from the MINT project suggests that 50% of AEIs use a tripartite assessment of student midwives performance in practice, most often twice per progression point, although the purpose and process of tripartite assessments varies across the UK (NMC 2011). Initially, this paper will differentiate tripartite meetings from assessments and then explore their value from various perspectives. We are using the definition of value to include the 'set of beliefs and principles which underpin a set of judgements or a particular endeavour'(Somekh and Lewin 2011). In this case the judgement or endeavour is grading of student midwives practice and we are utilising a range of literature to explore the field. It will have a direct impact on pre-registration midwifery practice because all curricula need to demonstrate that practice is graded (NMC 2009).

A tripartite meeting is where a student, their mentor (or sign-off mentor for midwifery) and either link lecturer or personal tutor all meet (Chenery-Morris 2010; Fraser, Avis et al. 2010). This meeting can be initiated by practice, the student or the university, for a number of reasons, usually because there is concern that some action is needed by the student to meet their intended learning outcomes (RCN 2007). This paper is not questioning the lecturers' presence at a tripartite meeting, where student progress is questioned. On the other hand, a tripartite assessment is scheduled within the curriculum as opposed to an initiated meeting between the three parties and is frequently used to (formatively and/or summatively) grade the students' practice or performance in practice, usually against a set of pre-determined

criteria. The three people within the tripartite process bring to the assessment differing perspectives, knowledge and reasons for being present. The student needs feedback on their practice and a grade for their performance, the sign-off mentor gives this feedback, having worked alongside the students for at least 40% of their placement time, the lecturer, on the other hand has no data or evidence from the student placement to add depth to the discussion. In research, if we use this analogy, triangulation of data is a combination of at least two sources of information, compared and contrasted, seeking to further clarify the position. The student and mentor have evidence from practice, of cases and interactions with women, on which to base their decision making or grade, whereas, the lecturer has not usually worked clinically with the student. What the lecturer does bring, though, is a deeper understanding of the assessment criteria, and could monitor the fairness and validation of the mentors' judgement (NMC, 2011).

The robustness of tripartite assessments have been documented in midwifery (Doughty, Harris et al. 2007). The Scottish benchmarks for midwifery (QAA 2009, p.16) state that 'assessment strategies should recognise the interdependent nature of theory and practice and incorporate a tripartite partnership' however this is not necessarily mean a tripartite assessment as we will argue. Many of the functions or values of the tripartite assessment can occur outside this assessment strategy thus we ask whether this form of assessment is necessary or valuable and to whom.

Educational/ formal/ social value discussion

During local evaluation of the first year of grading midwifery practice of the new curriculum to meet recent NMC standards (NMC 2009), questions were asked as to whether the tripartite assessment had any one of three purposes: educational, formal or social (Chenery-Morris 2011). These three points will be used to shape this paper. Whilst the midwifery team members generally liked the tripartite assessment process, several negative issues were raised. These included the time and organisational skills needed by the student to arrange these meetings (although planned for assessment week, often due to mentor holiday or workloads these did not occur during this time frame), the amount of lecturers time both travelling to the various hospital sites and the frequency of this to visit each student. Therefore, there were cost implications of undertaking these assessments, this is reiterated by other research (Mallik and Aylott 2005; Frank 2008). Whether this assessment strategy would be a transition arrangement while mentors become accustomed to grading student practice, or once implemented would be considered embedded within good partnership working practice and difficult to withdraw was also discussed. Thus we take each point in turn to evaluate the value of this assessment.

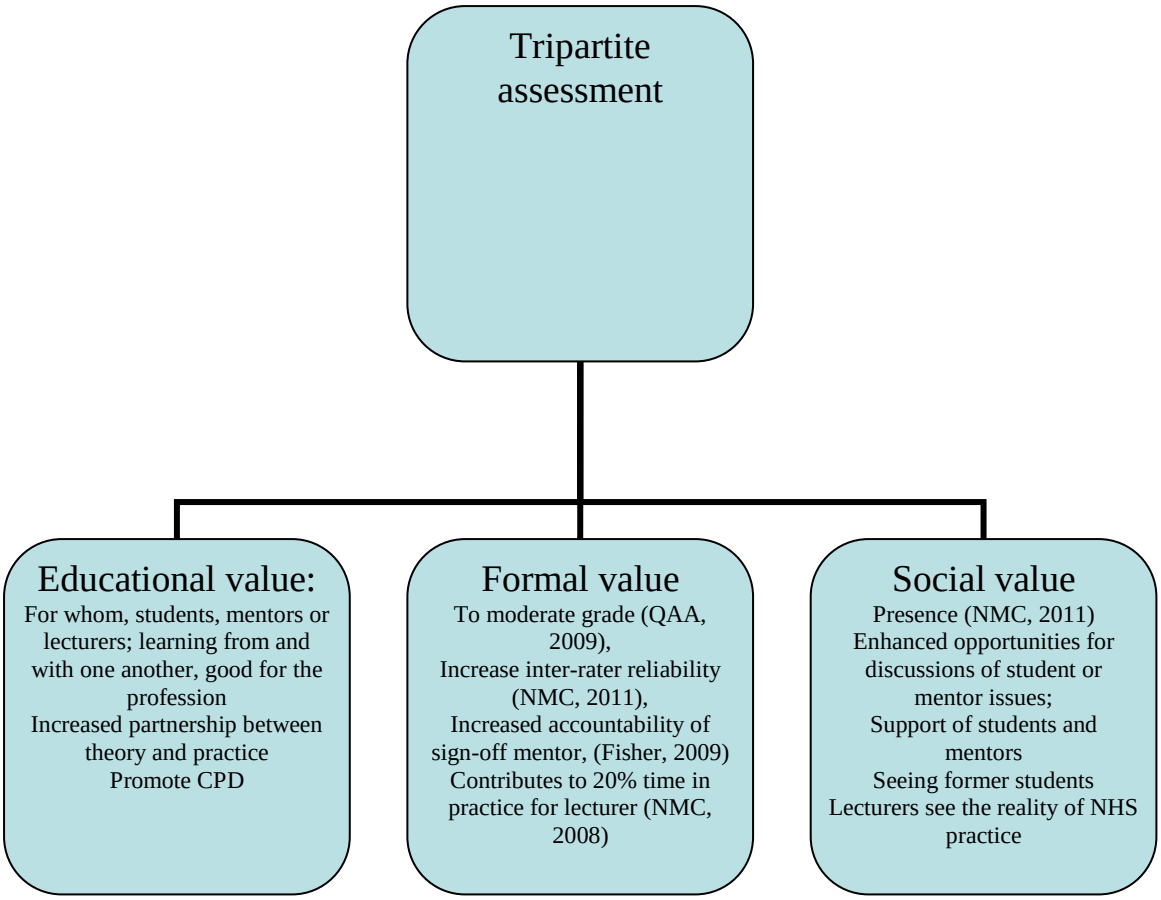

Figure 1
Model of value of tripartite assessment process

As educators we will begin with the **educational** value of the tripartite assessment. Whether we, the lecturers, are present at the tripartite assessment to facilitate the education of the student, the mentor, or indeed, ourselves, will also be explored.

The purpose of educating midwifery students is to produce a workforce of midwives, this is called an instrumental curriculum (Quinn 2000). In addition to producing a workforce, we must also produce midwives who are capable of complex decision making and can question and challenge current practice to shape the future. The standards of the midwifery profession must be learned, assessed and upheld by the student midwives. They must also develop lifelong learning motivation, since they need to continually develop once qualified.

The assessment of students must be fair, valid and reliable. Practice assessments are notoriously challenging for a number or reasons, including time, available, consistency and accountability of mentors (Gray and Donaldson, 2009). Both internal and external pressures exist on mentors, from their confidence and experience of practice to knowledge of the assessment processes and the interactions with the various students. If we add to this complex picture grading each students practice, the need to be educationally sound, to reduce unfair, unreliable and invalid assessments the pressure becomes greater. One strategy to reduce these variations has been a tripartite assessment (Walsh and Jones 2005) and this collaborative approach was suggested as a vision for midwifery education over a decade ago (ARM 1999).

Given that 50% of UK AEIs use tripartite assessments we will use further figures derived from this recent and influential Midwives IN Teaching (MINT) report (NMC, 2011) to explore the educational value of the assessment of practice process. The mean number of midwifery lecturers per 51 of the total 55 UK AEIs in the research survey was 8.7. The mean number of student midwives enrolled in UK universities on 1st May 2009 was 107 (ibid). Each of the students has their own named mentor spread across between 1 and 10 sites per university. Thus, grading practice provides a challenge to maintaining inter-rater reliability among the immense number of mentors to ensure UK midwifery and academic standards are agreed and upheld. Each midwife potentially has a different value system and maintains varying standards in addition to the documented issue of practice grade-inflation (Scanlan and Care 2008; Gray and Donaldson 2009), which is where a student receives a higher grade then their performance may warrant. Therefore, it could be argued that the presence of a lecturer, as there are fewer of these and they have a deeper understanding of the assessment processes, than students or mentors, at the tripartite assessment is essential to reduce unacceptable variations in practice assessments. However, we feel the ability to reduce grade inflation or to add fairness to this assessment is limited as we do not usually work with the student, therefore have no evidence with which to challenge the mentor's grade.

It could also be argued that the mentors, now with the additional responsibility of sign-off status, do not need the lecturers to be present to enhance the educational quality of this practice assessment or grading process because they have undertaken the requisite learning to enable them to assess midwifery students in practice (NMC, 2008). The standards explicitly state that sign-off mentors have knowledge and understanding about how to make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice and recognise their accountability (NMC, 2008). Placement providers are required to ensure sign-off mentors have 'working knowledge of the current programme requirements, practice assessment strategies and relevant changes in education and practice for the students they are assessing' (ibid, p.21). It can be argued that this preparation should increase inter-rater reliability and reduce grade inflation. On going training includes knowledge of grading practices, in addition to the other major changes within the pre-registration education of midwives, e.g. all graduate status, some flexibility in ratio of theory practice hours. Preferentially, we argue, it should be the AEI staff who update the sign-off mentors at annual mandatory sessions of the regional variations to the students' curriculum, so increasing the opportunity for educational dialogue between both parties involved in education of student midwives.

An argument in favour of the lecturers presence at the tripartite assessment is from research suggesting that clinical mentors can influence student practice and that students find it difficult to challenge their mentors even if their practice is not evidence based (Armstrong 2010). The reasons reported by the 145 final year midwifery students in this study for this reluctance to challenge or practice differently to their mentor, even if their mentor was not practising evidence based care, was rooted in fear that this would jeopardise their clinical assessments. The students preferred to 'fit in' with the reality of practice as opposed to the 'ideal' of theory. As pre-registration midwifery education is based on a partnership model between theory and practice, maybe the lecturers should be challenging or discussing evidence based care with mentors and acting as advocates for the students, but clearly this is not useful during the tripartite assessment, but at another time, perhaps the mid-point meeting.

The educational aspect of the lecturer being in practice is not only relevant to the education of the students, but also the on-going education of the mentors and themselves. By physically

being in practice lecturers can have a greater understanding of the reality of everyday practice working within the NHS and have informal discussions with mentors about changes to midwifery practice. This educational dialogue works both ways, with lecturers, mentors and students all learning from and with each other.

Informal updating of midwives of Continuing Professional Development, (CPD), supporting them in their academic choices, and maintaining links with previous students were all roles that lecturers performed whilst being in practice more frequently for the tripartite assessments, however, this was ad hoc and not the purpose of the visit, but an educational by product of our presence. However, supporting qualified midwives with CPD plans, discussing evidenced based practice, latest quality reports and current awareness may be strategies that encourage utilisation of CPD monies awarded to AEI by SHA and therefore beneficial to individuals, practice and education. The lecturer can also support the development of a suitable cohort of sign-off mentors to teach and assess students, thereby integrating theory and practice.

The next point to be made is whether the lecturers need to be at the meeting to enhance the quality of the assessment process, whether we are needed to **formalise** the assessment. According to the QAA (2006, p.7) AEIs must have 'rigorous assessment policies and practices' that the student performance is judged against. In order to write these assessment strategies, they suggest subject benchmark statements, advice from professional, statutory and or regulatory bodies are used as frameworks. The NMC (2009) states how many progression points are required, who may assess student midwives performance and how many hours mentors must work with the student in order to evaluate their practice. The additional accountability of the sign-off status is detailed in the standards, as is the extra supervision required to enable the mentor to achieve the sign-off status (NMC 2008; NMC 2010). These changes have been noted to be problematic by Fisher (2009) in both clinical and academic spheres. Although she identified the additional responsibilities of clinical midwives as positive, the impacts practically, financially and personally were noted. Students and mentors valued the sign-off mentoring role highly, yet managers had a more negative response, presumably because they are balancing the costs. The time consuming process was noted by the NMC commissioned project final report (Fraser, Avis et al. 2010). With increasing student numbers this is a big commitment and difficult to manage on a large scale and one of the reason cited by some AEIs for not having tripartite assessments (Crouch 2010).

The QAA (2006, p.16) states that 'institutions have transparent and fair mechanisms for marking and moderating marks'. The tripartite assessment is seen as a robust strategy to link theory and practice (Doughty, Harris et al. 2007). Other research suggests the system as fair and helpful (Finnerty, Graham et al. 2006). The tripartite assessments in this study occurred at the mid and end point of placements, there was perceived satisfaction for all three parties involved, especially with a student needing extra confidence to maximise their learning needs. Finnerty and Graham (2006) also highlight that these meetings can be an expensive option. Whilst considering this literature, we questioned whether a greater effect could be derived from attending only the formative, mid-point interviews. We would have the insight to enhance the student progression during their last few placement weeks, to match learning needs with learning opportunities and could support all parties without undermining the sign-off mentors' assessment of the student at the end point, summative grading process.

Another principle of good practice in assessment is internal moderation which is important to ensure examiners apply assessment criteria consistently (QAA, 2006). The QAA accept different models of internal moderation may be appropriate in particular settings, thus it could

be argued that the tripartite assessment needs all three parties so the assessment criteria are applied consistently across the student cohort, reducing unacceptable variations. Midwife lecturers in the MINT project mentioned both the conduct of the tripartite assessment, where the mentor leads or co-ordinates the discussions and the lecturer acts as a moderator, and another comment where the presence of the lecturer may be seen as disempowering, since validity rests with an accountable mentors assessment (NMC, 2011). However, there is no formal need for all assessments to be moderated, so a sampling method could be used, but if the students and mentors value the tripartite assessment process, it would be hard to support only a sample of students. Also the spread of marks would not be known before sampling occurred, so some borderline students' grades, whose practice should be moderated and might benefit from a lecturers support might be excluded from the sample. In addition to this not all lecturers would feel confident challenging a mentors grade, since they have not worked at least 40% of the time with any given student, therefore reducing the impact of the lecturers comments about the student performance. There is no clear guidance on how to moderate practical assessments. In theory based assessment students are not always clear whether their work has been moderated. The explicit nature of moderation on a sample of practice assessments could be viewed as discriminatory or preferential by students. So is it an all or none approach?

Thus we come to the last point, the **social** aspect of our more frequent presence in the practice environment facilitated by being at the tripartite assessments. The MINT project (NMC 2011), found that lecturers increased 'presence' in practice was beneficial. Students in this report also valued the tripartite meeting, stating they liked the teacher to hear 'how things are going', which seems more social than educational or formal (ibid, p.39). We note that this benefit, of listening to the student progress, does not need to happen at the summative point, but could be more beneficial if heard at a formative meeting. We noted during our increased visits to practice, enhanced relationships with mentors that assisted in breaking down the them and us barriers and increased the chance of mentors telephoning or contacting the university with a 'feeling' about a student as opposed to a formal issue, thus improving the theory practice partnership and collaborative approach to student education, however this was not a function of the tripartite assessment but another by product of our increased presence.

Presence in practice is a necessity (so this is a formality as opposed to a social visit) for midwifery lecturers, as stated by the NMC (2008); 20% of their normal teaching hours should be allocated for practice teaching activities. These activities can include acting as a clinical teacher or link lecturer, and preparing, supporting or updating mentors or any other activity. Fisher (2009) in her research of 82 mentors rated lecturer support and feedback as high on their list of priorities when mentoring students. Physical availability, knowing the lecturer and face to face contact providing increased opportunities to discuss wide ranging issues, rather than just telephone contact were valued. Thus if we take the social perspective to include support, which is neither needed for educational purposes, nor formalising the assessment process, it is not merely a 'nice' aspect of the lecturers presence, but a valuable aspect, but it does not need to happen under the guise of a tripartite assessment, but as part of the link lecturer role.

The social side can be explored further, if there are too many people involved in the summative assessment, for instance, if there have been part-time mentors or developing sign-off mentors. Each part-time or developing mentor will have experience of working with the student and they jointly assess the student practice, this can lead to four people present in the room and may be overwhelming for the student. The sign-off mentor has the skills to support

their peer mentor develop skills to become a sign-off mentor; therefore is it educationally necessary for a fourth person, (a quadripartite assessment) the lecturer in this instance. Once again, we feel our presence at a formative meeting may be educationally more valuable, than at the end point where other competing priorities or formalities are necessary.

Reflecting on the Mint project, the lecturers questioned whether they should be supporting the student or the mentor (NMC, 2011). This project also questions the disempowerment of the mentor in the lecturer presence (ibid). The lecturers role at a tripartite assessment should not bring any preconceived ideas to the meeting, more that we attend as a third party to assist in the judgment of the student- but if this is a judgment about practice, where the lecturer has not worked directly with the student, we return to the theme that the lecturer has no data to bring to the meeting.

The Mint report reiterates the Link Lecturer role, saying it improves the quality of mentorship and monitoring or participation in the practice assessment, facilitates better understanding of the assessment criteria and could monitor fairness and validity of mentor judgements (NMC, 2011). Yet, if lecturers are present during the formative assessments, their time and knowledge could be used to greater effect. Instead of the lecturer acting as a moderator in the tripartite assessment, our regular, ongoing presence in practice can enhance everyone's contribution to the partnership approach to pre-registration midwifery education, so long as lecturers protect and prioritise practice time.

Conclusions

Finally we reflect on our experiences, one mentor said informally, 'I thought there would be more tri in the tripartite', meaning she expected more activity from the lecturer during the grading process. If we maintain the mentors assessment of student performance is valid and the lecturer has only worked minimally with the student in practice, what place do we have to influence the assessment made. However, hierarchical traditions can lead mentors to expect that lecturers will be contributing more to the 'tri- partite assessment'. What we can do is support the discussions, whether it is the student self-evaluation of their placement, clinical skills or portfolio and facilitate the assessment process. We feel more involved in the assessment of practice and have greater insight into the performance of students and are better able to support mentors in their role with improved communications between education and practice. This was most noticeable in the early liaisons where students experiencing difficulties that enabled early, remedial action were initiated. Thus despite now feeling the tripartite end point assessment was not a necessity, from an educational or formal perspective, we valued the three aspects we explored.

Using the research triangulation analogy once more, we acknowledge the lecturer brings no empirical data to the tripartite assessment. We suggest a mid-point tripartite meeting where the lecturer can input and assist in planning learning opportunities according to identified need between the student and mentor, may be beneficial and lead to continuing engagement and feedback. After all, one of the purposes of assessment is to promote student learning through feedback on their performance, and being there before the final grade is awarded might enable the student and mentor to explore and improve their practice. To enrich the midwifery lecturers' presence strategies to prioritise clinical time spent with mentors, students and managers equal to 'internal' university work is vital. Timetabled attendance, publicised in practice, so the midwifery lecturer is visible while 'walking the floor', will assist in the improved partnership working and education of all within the profession.

Conflict of interests

The authors know of no conflict of interest that would bias this work, both parties work for an AEI teaching and assessing student midwives and are concerned with improving the practice of grading.

References

ARM (1999). Vision for Midwifery Education. Midwifery Matters. A. o. R. Midwives, Association of Radical Midwives.

Armstrong, N. (2010). "Clinical mentors' influence on student midwives practice." British Journal of Midwifery **18**(2): 114-123.

Chenery-Morris, S. (2010). "Grading students' midwifery practice from three perspectives." Pract Midwife **13**(3): 28-30.

Chenery-Morris, S. (2011). "Evaluating grading in practice away day- University Campus Suffolk." MIDIRS Midwifery Digest **21**(1): 22-24.

Crouch, A. (2010). "Experiences of non-dyslexic and dyslexic nursing and midwifery students: how best can their needs be met by Personal Academic Tutor support?" Enhancing the Learner Experience in Higher Education **2**(1): 56-73.

Doughty, R., T. Harris, et al. (2007). "Tripartite assessment of learners during practice placements in midwifery pre-registration programmes." Education and Training **49**(3): 227-235.

Finnerty, G., L. Graham, et al. (2006). "Empowering midwife mentors with adequate training and support." British Journal of Midwifery **14**(4): 187-190.

Frank, B. (2008). "Chapter 2. Enhancing nursing education through effective academic-service partnerships." Annual Review of Nursing Education **6**: 25-43.

Fraser, D. M., M. Avis, et al. (2010). The MINT project:evaluation of whether midwife teachers bring a unique contribution particularly in the context of outcomes for women and their families. Final and annexe reports to the NMC. . London, NMC.

Gray, M. A. and J. Donaldson (2009). Exploring issues in the use of grading in practice; literature review. Edinburgh, Edinburgh Napier University.

ICM (nd). The Philosophy and Model of Midwifery Care. The Hauge, International Confereration of Midwives, Core Document.

Mallik, M. and E. Aylott (2005). "Facilitating practice learning in pre-registration nursing programmes - a comparative review of the Bournemouth Collaborative Model and Australian models." Nurse Education in Practice **5**(3): 152-160.

NMC (2009). Standards for pre-registration midwifery eduction. London, Nursing and Midwifery Council.

NMC (2010) Sign off mentor criteria Circular 05/2010, London, Nursing and Midwifery Council

NMC (2011). MINT (Midwives in Teaching) final report 2011 London, NMC.

QAA (2006). Code of practice for the assurance of academic quality and standards in higher education

Section 6: Assessment of students. Mansfield, Quality Assurance Agency for Higher Education.

QAA (2009). Scottish subject benchmarks statement Midwifery. Gasgow, NHS Education for Scotland.

Quinn, F. (2000). Principles and practice of nurse education. Cheltenham, Stanley Thorne Ltd.

RCN (2007). Guidance for mentors of nursing students and midwives An RCN toolkit. London, Royal College of Nursing.

Scanlan, J. M. and W. D. Care (2008). "Chapter 9. Issues with grading and grade inflation in nursing education." Annual Review of Nursing Education **6**: 173-188.

Somekh, B. and C. Lewin, Eds. (2011). Theory and Methods in Social Research. London, Sage Publications Ltd.

Walsh, P. and K. Jones (2005). "An exploration of tripartite collaboration in developing a strategic approach to the facilitation of practice learning." Nurse Education in Practice **5**(1): 49-57.