



An exploration of third-year student midwives' experiences of high-risk module assessment in preparation for practice and real-world emergencies

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ABSTRACT

Five third-year student midwives were interviewed to assess the impact the assessment of obstetric emergencies had on their perceived confidence to manage them correctly in practice. Using purposive sampling and semi-structured interviews, a qualitative descriptive research was conducted. Four themes were identified: OSCE as a form of assessment, Impact of module and assessment, acquisition of knowledge and ways of improving assessment. Participants highlighted that assessments act more as an incentive to study and learn and seemed to bear little relevance on their long-term impact on practice confidence. All interviewed students appear to believe that most of their knowledge was acquired through simulation-based learning, lectures, study revision, and clinical encounters of emergencies. Additionally, the assessment undertaken was felt by them not to be comprehensive enough and needed the incorporation of a variety of stations to assess the students' knowledge fully. Recommendations on improvement to assessments to maximise students' confidence and knowledge acquisition have been made.

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Main body

The Nursing and Midwifery Council (NMC, 2018) set in their standards for preregistration midwifery education that all undergraduate midwifery programmes should consist of no less than 50% of practice hours and no less than 40% of theory hours (NMC, 2019a). Consequently, all undergraduate midwifery students will spend most of their learning time in clinical placement and will be subjected to various settings and encounters that will influence their learning. Some of these encounters will be of emergency situations and women with complex needs (World Health Organisation (WHO), 2006). Considering the increase in the number of women deemed to have a pregnancy with additional needs (Smith and Dixon, 2009), it is imperative to ascertain the validity of the undergraduate teaching and assessment of these scenarios and their impact on the students' confidence in dealing with them.

Considering the certainty that all midwives will encounter obstetric emergencies, it is imperative to ensure that the undergrad-

uate training equips students with the tool to help manage and resolve those emergencies (Spiby et al., 2018). All undergraduate midwifery courses need to include within their curriculum theory modules and practical lessons on additional care and emergency management (NMC, 2019b). These modules' methods and assessment formats (Sangestani and Khatiban, 2013) and their impact on the students' confidence when dealing with real-world emergencies are not well researched (Raymond et al., 2013).

Literature review

A systematic literature review was conducted and a Population, Exposure, Outcome and Type of research (PEOT) framework was developed (Bettany-Saltikov, 2016), which allowed for the development of search terms applied to search databases: CINHAL Plus, Cochrane, British Nursing Database (ProQuest), ScienceDirect, British Education Index, ProQuest Education Journals and ProQuest Central.

Assessment in Higher Education (HE) can be defined as a 'vehicle for obtaining feedback' and to 'determine whether each student has achieved their course's learning outcomes' (UKSCQA, 2018 p2). This definition encompasses two interesting concepts and ways of thinking: assessment of learning or learning for assessment (Green, 2018). The former is a way of 'seeing' what the student can

Abbreviations: EMQ, Extending Matching Questions; FWE, Final Written Exam; HE, Higher Education; MCQ, Multiple Choice Questionnaire; OSCE, Objective Structured Clinical Examination; SBL, Simulation-Based Learning; SBA, Simulation-Based Assessment.

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do, while the emphasis on the latter is on the teacher and what they can do in response to the learners' assessment (Heick, 2021). Regardless of the actual rationale for implementing assessments, it is clear that they are essential for the student's development and will remain within education for the foreseeable future (Zlatkin-Troitschanskaia, 2019).

The three most common forms of assessment in HE (including healthcare programs) are final written exams (FWE), multiple-choice questionnaires (MCQ) and Simulated-Based Assessment (SBA) (Rawluskusky, 2018). Other assessment forms exist, such as oral exams (VIVAs) and reflective accounts; however, the three formerly mentioned are the most frequently used (Rawluskusky, 2018) and thus grant further review.

SBA has commonly been used in undergraduate and postgraduate healthcare programs (Eldarir et al., 2010; Barry et al., 2012; Milburn et al., 2012; Houghton et al., 2012; Eldarir and Abd el Hamid, 2013; Raymond et al., 2013; Omer, 2016; Siddaram and Anil, 2018; Grabowski et al., 2020; Toale et al., 2021). The most frequent form of SBA are Objective Structured Clinical Examinations (OSCEs), which as a form of assessment, was first introduced in 1979 (Harden and Gleeson, 1979). The original structure of that first OSCE has been modified countless times since then to better fit the discipline being assessed and the limitations of the assessors/university (Zayyan, 2011; Alsenany and Saif, 2012; Raymond et al., 2013; Obizoba, 2018; Saunders et al., 2019).

OSCEs within undergraduate midwifery are well established (Alinier, 2003; Birch et al., 2007; Jay, 2007; Nulty et al. 2011; Norris, 2013; Mitchell et al., 2013; Bagnasco et al., 2016; Massey et al., 2017; Lee et al., 2020), as they encourage deeper learning (Cobb et al., 2013) while being more inclusive than FWE (Hauxham et al., 2012). They can also help to develop the student's professional identity (Turner et al., 2013) and consolidate their knowledge (Mitchell et al., 2013). However, it is also crucial to recognise that OSCEs have several drawbacks, such as the technical difficulties of arranging and marking them (Alsenany and Saif, 2012; Obizoba, 2018; Saunders et al., 2019), the level of anxiety that oral assessments can produce on the students (Jay, 2007; Hauxham, Campbell and Westwood, 2012) and the possible risk of unconscious bias by the assessors towards the assessee (Meskell et al. 2015).

FWEs are the most traditional form of assessments and are thought to assess critical thinking better than essays (Robinowitz, 1987) even though they do not provide an understanding of the actual learning process (Pereira et al., 2016). They are also not particularly adept at assessing set learning outcomes (Tian, 2007; Ortega-Sanchez 2013), and there is a negative correlation between the class size and the students' grades (Richardson, 2015). This correlation needs to be considered as the number of undergraduate midwifery students is increasing (OfS, 2019).

MCQ are commonly used in HE (Bailey et al., 2012; Brown and Abdulnabi, 2017) because they are easy to mark and provide consistency in grades regardless of the assessor (Palmer and Devitt, 2007). However, depending on the assessment's development and design, it may encourage surface learning instead of deep, which is essential for long term knowledge retention (Struyven et al. 2005, Palmer and Devitt, 2007; Lin et al., 2014). A modified version of these are Extending Matching Questionnaires (EMQ), which are commonly used in undergraduate and postgraduate medical studies and have been proven to develop clinical reasoning (Beullens, Struyf & Vand Damme, 2006). However, as with MCQ and FWE, neither of these assess practical skills.

Literature regarding assessments and feedback within HE is abundant. However, the research linking type of assessment and its impact on professional confidence is minimal (Wanstall, 2010; Lee et al., 2020). Some research exists into the correlation between the classification of degrees and earnings (DoBIS, 2013;

Belfield et al., 2018); however, none of these relates to health studies. Others have looked at the validity of the simulation-based assessment of technical skills (Borgersen et al., 2018), while others have looked at those taking the assessment (Toale et al., 2021). No literature was found that specifically linked assessment of student midwives' emergency skills and its impact in practice.

Methodology

This Study's design is centred around understanding the students' perceptions of the HR assessment and its impact on their confidence and abilities to partake in real-world emergencies. Furthermore, by understanding this phenomenon, the research aims to identify the best possible assessment format to maximise students' confidence and abilities. Therefore a Qualitative Descriptive (QD) design was applicable, as it is qualitative in nature while seeking to develop or refine an intervention (Neergaard et al., 2009; Kim et al., 2017).

Ethics approval was granted from the ethics committee of Anglia Ruskin University in England. Access to the candidates was controlled through an appointed Gatekeeper

The sample invited were all third-year students qualifying in August 2020; five volunteers accepted the invitation out of a sample population of 68 students, limiting the findings' transferability (Jacobsen, 2020).

Semi-structured interviews were conducted using open-ended questions.

Using Braun and Clarke's (2006) process of thematic analysis, four themes were identified. Temi Software (Temi.com, no date) was used to transcribe the interviews, and Taguette Software was used to help analyze the transcriptions (Taguette.org, no date).

Participants were identified numerically from one to five, and within the findings, P1-5 will be used to identify their respective comments.

Findings

Theme one: OSCE as a form of assessment

All participants discussed the actual process of the OSCE they undertook.

'OSCE was a single scenario picked at random from a bag.' P1

Additionally, several participants considered the feasibility of OSCE as a form of assessment when it is not a real emergency.

'So they grade us on the sense of emergency, but I am fully aware that I'm not in an emergency. So it's difficult to get that sense of emergency.' P2

Participant Two remarked that they would have other people around during a real-world emergency, and they would be able to use proformas, which would ensure they did not forget anything. Therefore, she believed the OSCE was not accurately representing an actual emergency because those aspects were missing.

'Whereas in practice that would not happen because not only would you have lots of people around you, but you have your proformas.' P2

It is worth mentioning that there is no consensus on the type of proformas used within each of the different trusts allocated to the students, which could pose difficulties if proformas were to be incorporated into the assessment.

One question was regarding the participants' thoughts and feelings towards OSCEs. The responses varied from acceptance and acknowledgement to disappointment that the grade of the module was down to one emergency.

'I hated it, I think it was the most overwhelming and scary exam [...] I think it was really helpful for real life, but at the time I thought it was awful.' P3

'Our one high-risk grade is down to one emergency when we've put a lot of effort and time into learning all of them.' **P4**

Additionally, Participant Three commented on the feedback from the assessment.

'We got taught the same sort of management plan, but we did not understand how someone managed an emergency 100% while other managed it 40%. I feel like it is either managed or is not managed.' **P3**

Theme two: impact of module and assessment

Participants discussed different aspects of the impact the module, the training, and the assessment had on themselves, their practice and their confidence.

Some of the participants considered that though they had studied the different emergencies, practised the manoeuvres, role-played the scenario, and undertook the OSCE assessment, it was not until they had seen an emergency in real life that they felt the knowledge was truly embedded.

'I think it helps you understand a little bit more what's happening, [...] build some confidence.' **P2**

However, they also acknowledged the difference the assessment and module had made on their abilities.

'Compared to what I did in an emergency before the module and after, [...]. Now I feel I have more of an understanding of everyone else's role in managing the emergency.' **P3**

Moreover, when considering the assessment's impact on their knowledge, two of the participants acknowledged the incentive the assessment provided.

'The assessment pushed us to be the best that we could be.' **P5**

However, one of the participants did not feel that the OSCE, as a form of assessment, had helped her increase her clinical confidence.

'the actual OSCE itself did not make me feel confident that if I had a cord prolapse at home, I'd be okay.' **P2**

Additionally, there was more of a consensus that the module and training helped with their confidence more than the assessment itself.

'it helped me understand the role that I could play and the role other people needed to play, to manage the situation as a team.' **P2**

Theme three: acquisition of knowledge

The Researcher was interested in ascertaining the participants' perception of how best they gained confidence and knowledge. Therefore, one of the questions was: 'Do you feel the module, and in particular, the assessment type, has prepared you for emergencies in practice?'. The replies varied slightly, but it was unanimous that the revision for the assessment had made them learn the theory to be able to apply it in practice.

'revision for the OSCE was the main part of the assessment that increased my knowledge and awareness.' **P1**

Additionally, when asked about the mode of revision and if it would vary depending on the assessment format, Participant Four said

'If we had a written exam you would need to learn it differently to how I learned it for an OSCE.' **P4**

Participant One commented on their revision videos and how that helped them revise and gain knowledge.

'We had two, one from the lecturers and one that was made by the third-year students. I liked the third-year ones as I found this more relatable.' **P1**

Finally, two of the participants remarked on the module teacher and believed that her perseverance and energy helped them learn.

'The lecturer that taught it was really good' **P5**

Theme four: ways of improving assessment

During the interview, the participants were asked what they thought would be the best way to assess their knowledge while increasing their practical confidence in managing emergencies. All participants commented that the OSCE was not realistic enough due to the lack of others present.

'OSCE is not a true reflection of how emergencies are managed in reality anyway, because you are on your own.' **P4**

Therefore, the interviewer posed the notion of collaborative OSCE and what the students felt about assessing pairs. The principle is that at the time of the assessment, the students would pick at random who would be the emergency leader and who would act as the support (second midwife); thus, both students need to prepare for both roles.

'That would be good, it would feel less intimidating and having the support of a peer would help with nerves. Would also feel more realistic' **P1**

Participant Two commented on the timings during the OSCE and how representative of reality they are.

'you lose your sense of timing because it takes longer than five seconds to put a catheter [...] The realisticness of it is lost' **P2**

Throughout the interviews, it was apparent that all participants felt that the OSCEs were not realistic enough, and though they understood the limitations of the OSCE format and that they could not be assessed in a real emergency, they felt that in the assessment, they could not truly demonstrate their knowledge. Therefore, when asked how this could be achieved, they came up with a form of combined assessment, such as OSCE plus short written question exam or VIVA.

'I feel like it'd be good to have an OSCE and then maybe like a written paper, so you could go a bit more in depth about why you thought certain decisions had to be made or why things should be done like that.' **P5**

Moreover, Participants Four and Five justified the introduction of a more extended form of assessment

'[In practice] You do not know what's going to happen five minutes down the line so maybe from an assessment point of view, if you do the OSCE, then have some questions afterwards. That could be good [...] And that can be a true reflection of life anyway, because you can be in one room dealing with something and then something else happens.' **P4**

Discussion

OSCE as a form of assessment

The OSCE described by the participants, randomization at the time of assessment, could be argued to mimic reality and the unpredictability of emergencies (Gupta et al., 2011). However, the format differs from the original OSCE (Harden and Gleeson, 1979) in that there were no multiple stations but one single scenario. Single scenario OSCEs are widely used in nursing and midwifery (Barry et al., 2012), leaving the students only able to demonstrate their knowledge of that particular emergency, which could be argued as insufficient to assess their overall competency and knowledge.

Original OSCE format includes ten to twenty interlink stations where more than one scenario is assessed and mixes practical demonstration with written test (Harden et al., 2016). Arguably, this format is more inclusive and better developed for a more comprehensive and well-rounded assessment of the student's knowledge and capabilities (Ibid). However, they are very resource-heavy and could be associated with examiner fatigue which needs to be taken into consideration when assessing larger cohorts (Rushforth, 2006). Considering the increasing cohort numbers in undergradu-

ate midwifery (OfS, 2019), it is reasonable to view this OSCE format as unachievable for most HE institutions.

The relative lack of realism within the OSCE scenario was another point widely discussed. The inclusion and use of proformas to mimic practice were mentioned to increase realism within the assessment. There is a long-standing debate about using textbooks within assessments within HE, and both stands, closed-book and open-book, have pros and cons to consider (Johanns et al., 2017). Advocates of the open-book approach argue that this form of assessment resembles the reality of practice and work where sources of information and colleagues are available for consultation (Anaya et al., 2010). Moreover, research has shown a link between open-book exams and the student's ability to gather and critically analyze data (Sato et al., 2015), which is further linked with the development of critical thinking (Anaya et al., 2010). However, those favouring the closed-book approach counterargue that before accessing the correct information, there needs to be a fundamental underlying knowledge upon which further information can be gathered (Durning et al., 2016). This is supported by the understanding that during an emergency, the practitioner needs to recognise the emergency to access the help, support and information required to resolve it. Furthermore, there is a link between students who perform well in closed-book assessments and better patient outcomes (Durning et al., 2016), despite these types of assessments encouraging short-term memorization rather than the development of critical thinking (Anaya, Evangelopoulos and Lawani, 2010). Considering obstetric emergencies and how time-sensitive they can be, it is justifiable to expect future midwives to recognise and manage these scenarios without proformas or textbooks.

OSCEs evidence for reliability and validity is based on its original format of 15–20 scenarios (Rushforth, 2006); therefore, any deviation from this structure can weaken the relevance of the evidence (Wanstall, 2010). Consequently, it is justifiable to assess if there is a link between students' performance in an OSCE and their work-based competency and confidence when the original format has not been followed.

Wanstall (2010) looked at OSCEs as predictors of performance in practice and concluded a direct correlation between the score obtained in the OSCE and the students' grades in practice. The OSCE assessment in this research was a four-station assessment (Wanstall, 2010), and thus, it does not fit the traditional format of the original OSCE. Moreover, Lee et al. (2020) conducted a longitudinal study on nurses who undertook an OSCE to assess their competency before graduation. The research found a link between the score obtained in the OSCE versus the clinical retention and competency of newly qualified nurses, despite only using a six-station OSCE (Lee et al., 2020). These studies highlight a link between OSCE grades and practice performance regardless of the actual OSCE format; however, it could be questioned if this translates to clinical confidence within the practitioner. Additionally, the transferability of these findings could be challenged as none of these studies were conducted with midwifery students or midwives. Furthermore, despite neither of these studies conforming to a traditional OSCE format, they do include more than one station, which differs from the conventional OSCE format used within undergraduate midwifery (Barry et al., 2012; Muldoon et al., 2014; Grabowski, 2020)

Feedback in HE can measure the quality of teaching (Quality Assurance Agency for HE, 2018) and is fundamental to the students learning process (Ghilay and Ghiley, 2015). What students and assessors consider effective feedback has been widely researched (Orrell, 2007; Perera et al., 2009; Kaivanpanah et al., 2012; Iqbal et al., 2014; Chokwe, 2015; Gul et al., 2016; Dawson et al., 2019; Paterson et al., 2020), and its disparity in expectations is

a significant issue in addressing quality feedback (Paterson et al., 2020).

Additionally, when considering feedback, it is vital to balance positive and constructive feedback, which the students value to improve academically (Dawson et al., 2019). This balance is essential for students' experience and development, as the positive feedback acts as an encouragement (Douglas et al., 2016) while the negative aspects can act as stepping stones for improvement, as long as these are written in a constructive manner (Dawson et al., 2019). Moreover, research has shown that feedback is better developed and more comprehensive when the student has not achieved good grades (Perera et al., 2008), which leaves high-achieving students with fewer opportunities for future improvement and development (Weaver, 2007; Budge, 2011). It is essential to acknowledge the motivational aspect of feedback on students and thus not under-construct the feedback provided for those students with higher academic capabilities (Weaver, 2007; Dawson et al., 2019). It is justifiable to point out that the participant who made the aforementioned comment had achieved 74% in her OSCE, and thus, it could be reasonable to extrapolate that the feedback she received might not have been as comprehensive as some of her peers that achieved a lower mark.

Impact of module and assessment

Participants agreed that the revision time and the module teaching were the fundamental factors that impacted their abilities, whilst the assessment acted as a motivator to revise and study. The type of assessment impacts the students' revision methods and the triage of material to be learned; students would only learn content that will be assessed and not what would be expected; (Swanwick et al., 2018). Additionally, teachers in HE expect the adult learners to study and value all the course elements equally and that as adult learners, there is an expectation that they will further develop all aspects of the taught components (Biggs & Tang, 2011). Consequently, considering the driving force assessments have in the learning process, it is essential that this is designed in a manner that maximises students learning journey (Lake and McInnes, 2012).

Midwifery students encounter challenges when consolidating the theoretical and practical knowledge taught at university with the reality of clinical practice (Ironside et al., 2014). Some factors affecting students' learning are staff shortages, difficulty transferring theoretical knowledge to clinical practice, and unsupportive clinical supervisors (Panda et al., 2021). Consequently, the taught material within the university needs to compensate for some of those shortcomings, mainly consolidating the application of theoretical knowledge to clinical practice. The combination of simulation-based learning (SBL), case studies and skill session teaching can partially ratify this shortcoming and positively impact the students' confidence and abilities while developing critical thinking and clinical practice (Ironside et al., 2014; Camacho Carr, 2015; Panda et al., 2021). Practising emergency scenarios within a simulated environment can teach and embed crisis resource management principles and positively impacts clinical and cognitive skills (Lee and Oh, 2015; Lucas and Edwards, 2017).

Simulated Base Learning (SBL) has been shown to increase self-confidence, critical thinking, motor skills and student satisfaction (Maginnis and Craxon, 2010; Lee and Oh, 2015; Kimhi et al., 2016; Lucas and Edwards, 2017; Bliss and Aitken, 2018; Bruce, Levett-Jones and Courtney-Pratt, 2019; Lee et al., 2019; Seaton et al., 2019). However, the crucial evidence of SBL on the students' abilities within a clinical setting and if it narrows the 'gap' between theoretical knowledge and practical skills is not abundant (Weaver, 2011; Panda et al., 2021); therefore, the use and implementation of

SBL within HE could be questioned (Lee et al., 2019). This Study's findings provide a positive answer to that question, as all interviewed students agreed that it was the module teaching and SBL which contributed the most to the students' confidence in emergency management. Arguably, this Study interviewed only five participants, and thus the transferability of the findings could be questioned. However, other research, such as Lee et al.'s (2019) had similar results. Lee et al.'s (2019) study compared two groups of student nurses, one who had SBL and one that did not (control) and showed that the SBL group perceived themselves to be more competent than the control group, despite no difference in clinical performance. Therefore, it is reasonable to assume that SBL could be the best-suited teaching method to impact and increase students' confidence in practice; however, this does not address whether OSCEs are the best assessment form for this purpose.

Acquisition of knowledge

Participants of the Study considered revision time the most valuable and essential when considering knowledge acquisition. It was acknowledged that the type of revision was dependent on the assessment type and that in the case of the OSCE, they used peer groups to study and role play. 78% of undergraduate students form part of a peer study group, which helps with topic discussion, creating flashcards, and practising exam questions (McCabe and Lummis, 2018). Students involved in peer study groups report increased motivation and support (McCabe and Lummis, 2018; Clifford, 2020). However, these are not suitable for all, as some students report increased anxiety while others feel that they would get distracted and lose concentration easier within a group (Clifford, 2020).

Students' revision strategies are generally based on formats that will encourage memory recall more than deep learning and understanding (Clifford, 2020). Considering that most of the assessments in HE are unseen exams (Rawlusk, 2018), it could be argued that memory recall is imperative (Richardson, 2015).

During the COVID-19 pandemic, lectures and teaching sessions have moved online, facilitating the possibility of having them recorded for later recall by the students. The flexibility of rewatching at leisure the recorded lecture is seen as beneficial by the students (Andrew et al., 2015), especially for those students with additional learning needs, such as dyslexia (Bramer, 2020). The usefulness of this and its importance when considering its validity towards knowledge acquisition cannot be underestimated, especially when confronted with complex topics or concepts (Clifford, 2020). One of the participants in the Study commented on this and how they found it very useful.

Ways of improving assessment

Student-centred approach to assessment has been shown to improve their confidence and autonomy and increases deep learning (Dochy et al., 1999; Fitzpatrick, 2006; Brew et al., 2009; Irwin and Hepplestone, 2011; Orsmond and Merry, 2013; Pacharn et al., 2013). Assessments, where the student chooses the format, can increase their engagement and ownership (Irwin and Hepplestone, 2011). At the same time, student allocation of the weight for each graded component within a module has shown to increase motivation and attitudes among students (Pacharn et al., 2013; Rideout, 2018). Therefore, considering this Study's findings, it can be justified that changing and adapting the assessments to suit the students better would increase the level of confidence in their abilities when dealing with real-world emergencies.

Collaborative OSCEs are a concept discussed within the interviews. They are OSCEs where the students are paired and take the

assessment together, sharing the grade (Saunders et al., 2019). This form of assessment has been shown to increase students' course satisfaction and confidence while reducing anxiety associated with assessments (Molsbee, 2013). Collaborative OSCE promotes student learning and engagement while reducing anxiety and improving confidence and teamwork, providing a more realistic atmosphere for the OSCE (Saunders et al., 2019). Moreover, it can reduce demands on staffing and resources as the students are assessed in pairs (Saunders et al., 2019). This Study's participants agreed that they would welcome collaborative OSCEs and coincidentally agreed with some of Saunderson et al.'s (2019) findings regarding the perceived sense of realism within the assessment if collaborative OSCE were implemented.

Conclusion

OSCE as an assessment format has been widely used in healthcare studies (Barry et al., 2012; Muldoon et al., 2014; Grabowski, 2020). This Study's participants undertook an OSCE consistent with a one-emergency scenario which they needed to manage and role-play. They commented on the lack of stations and different assessment formats complementing the SBA within the OSCE, and a consensus was reached that it did not fulfil all the requirements needed to make it a comprehensive assessment.

Additionally, the findings demonstrated that the assessment acted as an incentive to learn and study and had no bearing on their confidence in managing real-world emergencies. Furthermore, all participants agreed that the revision time and the SBL within the module were what impacted their confidence and understanding of HR scenarios the most.

Considering knowledge acquisition as a rationale for assessment, this Study's findings were mixed. While all agreed that the assessment acted as a motivator, the participants had various answers about how they actually learned. Several of them mentioned peer study groups and active role-playing, but all agreed that a combination of SBL, revision and clinical practice cemented their knowledge. Therefore, it could be argued that the assessment format is irrelevant as long as there is one to act as an incentive to revise.

In conclusion, this research has identified that revision and SBL are the key elements for knowledge acquisition, while the assessment acts as an incentive to study and learn. Moreover, a return to a more traditional multi-station OSCE assessment within midwifery would be welcomed by the students as it would allow them to showcase their knowledge in more depth and be more inclusive to students with additional learning needs.

Recommendations

1. OSCEs within undergraduate midwifery should be multi-stationed, similar to the original OSCE format. Several issues arise with this recommendation, some of which are the challenge to the teaching faculty and the resources needed to accomplish it correctly, which could be overcome by careful planning of rooms, stations and equipment, plus the utilization of volunteers as service users and assessment invigilators in the written stations.
2. The introduction of collaborative OSCEs could significantly reduce the time faculty spends assessing simulation stations. Additionally, the reported lack of realism within the simulations could be partially ratified by introducing more than one person undertaking the OSCE simultaneously.
3. To conduct larger-scale research into the link between types of assessments and their impact on students' capabilities and practice confidence within undergraduate midwifery.

Limitations of the study

80% of this study participants had a higher grade than average in their assessment, thus challenging the transferability of the findings to the general population of student midwives.

Additionally, the participants' demographics are not homogeneous enough to conclude a correlation between age and assessment perceptions.

Disclosure statement

The author reports no competing interest to declare
Virginia Planas De Lathawer: conceptualization, methodology, formal analysis, investigation, resources, data curation, Writing – original draft, review and editing, supervision and project administration

Ethical approval

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Declaration of Competing Interest

None declared.

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