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Translation: Euronet Translation
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# Glossary of Terms

<table>
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<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied learning</td>
<td>An educational strategy that engages students in learning activities that require the direct application of skills, theories, and models. These activities are often held outside the classroom, for example, in a health setting or a simulated lab. Use of case studies and problem-based learning are examples of applied learning in the classroom.</td>
</tr>
<tr>
<td>Assessment</td>
<td>A systematic process for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified outcomes or competencies.</td>
</tr>
<tr>
<td>Assessment methods</td>
<td>Standardised processes used to assess student performance.</td>
</tr>
<tr>
<td>Clinical setting</td>
<td>This refers to the “midwifery care setting” where midwives provide care; for example, in a home, hospital, birth centre, community, midwifery-led units, etc.</td>
</tr>
<tr>
<td>Clinical preceptor/teacher</td>
<td>The clinical preceptor/teacher is an experienced midwife engaged in the practice of midwifery who is competent and willing to teach pre-service students in the clinical setting. A clinical preceptor/teacher works closely with the student midwife to provide guidance, training, support, assessment, evaluation and constructive feedback, and serves as a role model for the student midwife. (Note: Some programmes/schools use the term “clinical mentor/supervisor”. For the purposes of this guide the clinical mentor should meet the ICM definition of the clinical preceptor/teacher.)</td>
</tr>
<tr>
<td>Competence</td>
<td>The combination of knowledge, psychomotor, communication, attitudinal and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency.</td>
</tr>
<tr>
<td>Competency (plural: competencies)</td>
<td>The successful demonstration of essential knowledge, skills, attitudes and professional behaviour on a specific task, action or function to a defined level of proficiency.</td>
</tr>
<tr>
<td>Competency-based curriculum</td>
<td>A competency-based curriculum defines the outcomes needed to meet the needs of the midwifery profession in a specific context.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Competency-based education</th>
<th>A competency-based curriculum is one that is focused on learners acquiring competencies to apply knowledge, rather than knowledge itself. The outcomes are what students can do.¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constructive Alignment</td>
<td>An outcomes-based approach to teaching in which the learning outcomes that students are intended to achieve are defined before teaching takes place. Teaching and assessment methods are then designed to best achieve those outcomes and to assess the standard at which they have been achieved.²</td>
</tr>
<tr>
<td>Criteria Referenced Assessment</td>
<td>This type of assessment compares performance against a pre-defined standard or criterion.</td>
</tr>
<tr>
<td>Curriculum</td>
<td>A systematic organisation of the theoretical and practical content of an education programme to meet specific outcomes. A curriculum contains measurable learning outcomes, the content, the learning experiences, the teaching methods and formats of assessment.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>A systematic process for collecting qualitative and quantitative data to measure or evaluate overall provision of and outcomes of a course of studies.</td>
</tr>
<tr>
<td>Formative assessment (assessment to assist)</td>
<td>Assessment for learning that is primarily used to inform a student about their learning and progression towards the requirements to successfully complete a unit of study. Typically, formative assessment is not assigned a grade.</td>
</tr>
<tr>
<td>Learner (student) centred outcomes</td>
<td>A learner centred outcome shifts the focus from what the faculty are teaching (e.g., content) to what a student is meant to learn.</td>
</tr>
<tr>
<td>Learning outcomes</td>
<td>Statements of the measurable knowledge, skills and behaviours that learners should possess upon completion of a period of study (i.e., programme outcomes and module outcomes).</td>
</tr>
<tr>
<td>Midwife</td>
<td>A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwife educator/teacher</td>
<td>A qualified, experienced and competent midwife with current practice experience who has completed a programme of study and/or demonstrated competence in teaching that includes curriculum development, use of instructional strategies and measurement and evaluation of student learning.</td>
</tr>
<tr>
<td>Midwifery care setting</td>
<td>Also referred to as the “clinical setting,” the midwifery care setting is where midwives provide care. For example, in a home, hospital, birth center, community, midwifery-led units, etc.</td>
</tr>
<tr>
<td>Midwifery Faculty</td>
<td>A group of qualified individuals who teach students in a midwifery programme. Faculty includes the following: midwife head/director; midwife teachers; experts from other disciplines; and midwife clinical preceptors/teachers.</td>
</tr>
<tr>
<td>Midwifery programme</td>
<td>The midwifery programme is a combination of modules/courses and related activities (e.g., clinical practice) organized to meet a set of specified learning outcomes that leads to the award of a qualification in midwifery practice.</td>
</tr>
<tr>
<td>Module (or course)</td>
<td>A discrete unit of study that addresses specific subject areas. Modules (or courses) provide the pathway of learning for a student, which normally results in an increase of knowledge and skill as a student proceeds through a programme.</td>
</tr>
<tr>
<td>Outcome-based education</td>
<td>Specifies what we expect a student to know or be able to do after a period of study. Outcomes may include competencies, or they may just relate to knowledge.4</td>
</tr>
</tbody>
</table>
| Pedagogy                                  | The art and science of teaching, as a professional practice and as a field of academic study. It encompasses not only the practical application of teaching but also curriculum issues and the body of theory relating to how and why learning takes place.  

| Peer-to-peer learning                     | The use of teaching and learning strategies in which students learn with and from each other without the immediate intervention of a teacher.5 |
| Reliable assessment methods               | Measurement tools or strategies that allow different people to use the same tool and come to the same conclusions about progress in learning related to a given learning outcome.  

4 Ibid, p. 3.  
Simulation assessment

Simulation assessment is defined as an assessment strategy that involves students being placed in an environment that mimics real life clinical settings.

Syllabus

The syllabus sets out the specific details and programme of what is to be taught and assessed at defined stages of learning. The syllabus sets out how the curriculum is to be delivered. It is what teachers use to plan and deliver lessons. It provides the operational details of the curriculum.⁶

Summative assessment⁷ (assessment to advance)

Assessment of learning that is graded. This is the assessment that becomes public and results in statements (or grades) about how well the student has learned something. It often contributes to pivotal decisions that will affect the students' future learning.

Valid Assessment

Assessments must measure what they ‘claim’ to measure. Assessments must align with the competencies and learning outcomes that drive learning.

A note on language

This guide uses terms that may be unfamiliar to faculty and clinical preceptors/teachers. We recommend that faculty review the definitions in the glossary and collectively come to a shared understanding that works for everyone involved in the assessment of midwifery students.

We also recognize that some people who give birth do not identify as a woman. For the purpose of this document, we use the term ‘woman’ inclusive of all people who give birth.

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⁶ Ibid, p. 3.
Introduction

Many Midwife educators/teachers develop assessment strategies that must meet the needs of midwifery students and the curriculum. A challenge for midwifery educators is how to ensure that the assessment methods they choose accurately and reliably evaluate midwifery competencies. The purpose of this guide is to provide direction for midwifery teachers/educators with a means to develop assessments that are reliable, valid and consistent when evaluating the ICM Essential Competencies for Midwifery Practice (2019).

A primary goal for developing assessments is to develop strategies that focus on the quality of the learning and assessment experience. Research on the use and development of such assessment strategies recommends that learners be involved in:

- making sense of new knowledge and skills, and developing understanding rather than simply learning a set of facts and information to be reproduced when required;
- looking for what is significant, such as key concepts and principles, relationships between ideas, etc.;
- relating new ideas to previous knowledge and experience;
- finding the link between conceptual knowledge and real-world applications; and
- employing higher order thinking skills through examining issues, clarifying problems, producing their own ideas and thinking critically.

Midwifery educators/teachers benefit from understanding the assessment tools they use and how to adapt them to meet the requirements of the assessment task. This guide is designed to assist Midwife educators/teachers and Clinical preceptors/teachers to design practical assessments that inspire confidence in the quality of the evidence that is collected and the judgements that educators make based on that evidence.

ICM endorses a collaborative approach to assessment development, which means including all faculty and relevant stakeholders (e.g., Midwives’ associations; preceptors, persons using midwifery services; healthcare professionals working with midwives; former midwife graduates; etc.) in the development process. Creating buy-in and acceptance by all faculty is important to the successful delivery of the assessments.
What is in this Guide?

This guide provides midwife educators with information on assessing the ICM Essential Competencies for Midwifery Practice (2019). It contains an overview of competency-based assessment and examples of the most common assessments used in a midwifery curriculum. The guide contains the following:

- an introduction to competency-based assessment,
- assessment guidelines when selecting and developing assessments for the ICM competencies, and
- a list of assessment resources.

If you haven’t already done so, we suggest you review the ICM Essential Competencies for Midwifery Practice (2019) and determine whether or not your midwifery programme addresses some or all of the competencies. Keep in mind that the competencies are not exhaustive and you may need to include other competencies based on the requirements within your context.

If you need to add competencies, please see the eCampusOntario Open Competency Toolkit for information on how to write competencies. If you need information on how to integrate the ICM competencies into your midwifery programme, check out Using ICM Competencies in a Midwifery Curriculum resource. The ICM Curriculum Mapping Tool (and accompanying video) helps to identify where your programme meets the ICM Essential Competencies and where there are gaps.
1.0 Fundamentals of Competency-Based Assessment

1.1 What is competency-based assessment?

“Traditionally, learning concentrated on knowledge, and used assessments such as written or oral exams. There was less assessment of skills and little to no assessment of attitudes.” Competency-based assessment focuses on collecting evidence and making judgements of a learner's performance through the application of the knowledge, skill and attitudes required to achieve competence. Unlike content-based tests, competency-based assessments focus on the learner demonstrating the application of knowledge, skill or attitude through methods such as direct observation of performance in real life or during a simulation; submission of a product (such as a report or project); or an interview providing answers to questions (often based on case studies).

Definition of Competence

Competence is the combination of knowledge, psychomotor, communication, attitudinal and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency.

1.2 How do you know if a learner is competent?

Being competent means “being able to perform a task or an activity consistently over time and in different situations.” A competent midwife graduate can perform the tasks and activities associated with midwifery care to a defined level of proficiency. Performance should be consistent over time and in different situations. For example, just as student drivers must demonstrate that they can drive a car by taking the examiner for a drive on different roads and in different conditions, so too must midwifery learners demonstrate competence by undergoing an assessment process that evaluates performance at different times and in different contexts.

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To determine consistent performance, it's important to consider the following:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing tasks and activities</td>
<td>• Being able to apply specific knowledge and skills to complete work or school tasks and activities</td>
</tr>
<tr>
<td></td>
<td>• Understanding why a task or activity should be done that way</td>
</tr>
<tr>
<td>Managing tasks</td>
<td>• Being able to handle multiple tasks and still get things done on time</td>
</tr>
<tr>
<td></td>
<td>• Knowing how to do a job or task and being able to do the things required to meet expectations of work quality</td>
</tr>
<tr>
<td>Handling contingencies</td>
<td>• Know what to do when things go wrong or if there is a change in scope or in unexpected circumstances</td>
</tr>
<tr>
<td></td>
<td>• Being able to adjust as situations arise</td>
</tr>
<tr>
<td>Working within a role</td>
<td>• Working with others as part of a team, often with defined expectations and responsibilities</td>
</tr>
<tr>
<td></td>
<td>• Doing a job safely and following policies and procedures</td>
</tr>
<tr>
<td>Working within the work or school environment</td>
<td>• “Fitting in or contributing to” the healthcare culture and values</td>
</tr>
<tr>
<td></td>
<td>• Being able to adapt to similar but different situations related to the work</td>
</tr>
</tbody>
</table>
Being a *competent* midwife involves:

- knowing how to do a job and being able to do the things required,
- understanding why it should be done that way,
- being able to do different tasks at the same time,
- knowing what to do if things go wrong,
- having the right approach to do a job properly and safely,
- being able to adapt to similar but different situations at work, and
- working well with others.  

Developing competence takes time and practice. Creating frequent opportunities for multiple types of assessments helps assist learners on their learning journey and achieving competence.

### 1.3 Understanding the competency/learning outcome relationship

Aligning competency-based assessment methods to module/course learning outcomes means that evidence is gathered to verify that each outcome has been met and that the learner is moving towards becoming a competent midwife.

---

10 Ibid.
Because both outcomes and competencies describe what learners can do within the context of real-life roles, they are often thought to be synonymous; however, there is a difference.

**Competencies** are measurable characteristics that are used to differentiate levels of performance (e.g., level of proficiency) in a given job, role or organization. Competence involves the possession of sufficient knowledge and skills to perform job-related tasks, but also incorporates ethics, values, and the capacity for reflective practice. Mastery of competence is evaluated over many lessons and in different contexts.

**A learning outcome** tends to be broader in context than competencies and is future focused (e.g., What should the learner be able to DO out there that we are responsible for teaching here?). It focuses on what the learner can or should be able to do upon completion of the module/course.

In a midwifery curriculum, it is important to identify which competencies are needed to achieve the learning outcome. This can be done by “mapping the curriculum,” which is identifying the competencies covered in each learning module/course. If you don’t know how the ICM competencies relate to the module/course learning outcomes in your midwifery programme, check out the [ICM Curriculum Mapping Tool](#). There is also an [explanatory video](#) on how to fill out the curriculum map. Making clear what ICM competencies are related to your module/course learning outcomes, is the first step towards building good assessments that measure the ICM competencies.

The following diagram shows how the ICM competencies are integrated into a midwifery programme. The competencies help guide what learners do in the classroom and clinical practice and should be developed progressively throughout all the modules/courses. Incorporating the competencies into the learning outcomes, activities and assessments ensures that midwifery learners have opportunities for practice, meaningful feedback, and the achievement of becoming a competent midwife.
Let’s look at one example of how module learning outcomes and competencies are related. The UNFPA Sample Direct-Entry Midwifery Curriculum contains a module on Communication in Health Care that lists the learning outcomes and the associated ICM competencies. These are listed below — note how each of the competencies supports the achievement of the learning outcome.

Figure 2: constructive alignment of midwifery curriculum
## Module learning outcomes and ICM competencies

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>ICM Competencies</th>
</tr>
</thead>
</table>
| 1. Demonstrate effective communication skills when counselling and providing health education to women and their families. | - ICM: 1.g Facilitate women to make individual choices about care  
- ICM: 1.h Demonstrate effective interpersonal communication with women and families, healthcare teams and community groups  
- ICM: 2.f: Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood and change in the family  
- ICM 2.h Assist the woman and her family to plan for an appropriate place of birth |
| 2. Outline the principles of accurate documentation of a woman’s care. | - ICM: 1.f Adhere to the jurisdictional laws, regulatory requirements and codes of conduct for midwifery practice |
| 3. Explain the significance of providing respectful, responsive and appropriate communication when supporting the women during labour, delivery and the postnatal period | - ICM: 1.g Facilitate women to make individual choices about care  
- ICM: 1.h Demonstrate effective interpersonal communication with women and families, healthcare teams and community groups  
- ICM: 1.l Recognize abnormalities and complications and institute appropriate treatment and referral |

### Remember this:

Competencies tend to cross-over many modules/courses and are repeated in multiple contexts. For example, developing competence in problem-solving may be carried out over several modules/courses and associated with various learning outcomes. This means that continuous assessment is required to give the midwife learner the opportunity to develop competence over time.

It's important to remember that in an outcomes-based curriculum, assessment is directly related to the learning outcomes. When developing assessments, you want to make sure that the competencies are incorporated into assessments so that you can meet the requirements of both the learning outcomes and the competencies.
1.4 Aligning competencies to assessments

Learners are judged against outcomes developed to assess whether they are competent. A competency framework, such as the one developed by ICM for midwives, lists all the competencies that can be used for assessment. These competencies provide the essential information needed to assess a learner.

It is up to midwife educators/teachers to develop appropriate assessments that cover all components of the ICM competencies. These are:

- KNOWLEDGE (cognitive)
- SKILL (psychomotor, behavioural)
- ATTITUDE (affective, value, dispositions)

Assessments need to correspond with the module/course outcomes and competencies. This ensures that the learner understands that when they learn a concept or skill during a learning activity that the assessment measures their knowledge/skill against what they've learned. Making explicit the relationship between competencies and assessments creates constructive alignment in a curriculum, which is as a key part of good assessment practice.

Ensuring that the ICM competencies are aligned with your module/course outcomes is a key step in developing good assessments. If you are unsure as to whether or not your module/course contains the ICM competencies, check out the ICM curriculum mapping tool. This tool will guide you through a step-by-step process that identifies where your midwifery modules/courses contain the ICM competencies.

Further Reading

For more information on constructive alignment, check out:

- The University of Tasmania Teaching & Learning website outlines the basic principle of constructive alignment - https://www.teaching-learning.utas.edu.au/unit-design/constructive-alignment
- The Thompson River University references an article by John Biggs describing the benefits and application of constructive alignment in university teaching - https://www.tru.ca/__shared/assets/Constructive_Alignment36087.pdf
- Youtube video on constructive alignment concept by John Biggs and Catherine Tang - https://www.youtube.com/watch?v=OliDjwLWs4I

1.5 Principles of assessment

**What are principles of assessment?** Essentially, these set out the key aspects of assessment practice that should be reflected in all assessments.

**Why use them?** Assessment principles help to guide the selection and development of assessments.
We’ve outlined the most common principles of assessment in the table below. Feel free to add and adapt to this list. It’s important that you identify the principles that will help guide midwife educators/teachers in selecting and developing assessments for the midwifery programme.

Keep in mind that midwifery programmes that address the *ICM Essential Competencies for Midwifery Practice (2019)* need to include assessments:

- that are based on midwifery practise,
- are realistic in scope so that the student can achieve the competencies within the allotted time for the programme; and
- are meaningful to the learning experience.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Valid</strong></td>
<td>Assessments must measure what they ‘claim’ to measure. Assessments must align with the competencies and learning outcomes that drive learning.</td>
</tr>
<tr>
<td><strong>Reliable</strong></td>
<td>Assessment tasks should generate comparable grades across time, across examiners and across methods to ensure academic standards.</td>
</tr>
<tr>
<td><strong>Transparent</strong></td>
<td>Information, guidance, assessment criteria, rules and regulations on assessment should be clear, accurate, consistent, and accessible to all learners, teachers/faculty and examiners.</td>
</tr>
<tr>
<td><strong>Flexible</strong></td>
<td>All learners should have the opportunity to effectively demonstrate their learning and should have the opportunity to be assessed by different, appropriate, and applicable methods across a programme.</td>
</tr>
<tr>
<td><strong>Fairness</strong></td>
<td>No individual should be disadvantaged by the assessment process. The fairness principle also considers the right of a learner to be able to be reassessed if necessary.</td>
</tr>
</tbody>
</table>

**Table 1: Principles of Assessment**

The principles that you (and your institution) select drive the development of all assessments.

**Further Reading**

If you want to see other examples of principles of assessment, check out the following:

- The New Zealand Education Hub provides information on how assessment principles are part of a learning system -
1.6 Assessments and learner progression

Midwife educators/teachers often utilize Bloom's Taxonomy to describe cognitive (i.e. knowledge), affective (i.e. feelings, values, etc.) and psychomotor (i.e. physical movement) learning as expressed in module/course learning outcomes and objectives (See Annex A for an explanation of learning outcomes and objectives).

Scaffolding (i.e., moving learners from beginner level to more advanced levels) of knowledge, skills and attitudes is essential to provide midwife learners with opportunities to acquire the requisite knowledge and skills to achieve competence.

Figure 3: Bloom's taxonomy – cognitive domain

When it comes to selecting assessment methods, it’s important to ‘match’ the assessment to the verb in the learning outcome/competency. The verbs (normally selected from Bloom’s Taxonomy) used in competencies indicate the level and complexity that the learner must achieve, and the assessment should reflect these levels too. For example, at the bottom of the pyramid, ‘remembering’ focuses on simply recognizing and recalling things. So, if a midwife student is in a labour ward and they hear the staff talk about the baby’s station, they remember what that means.

As you progress up the pyramid, the level of cognitive functioning becomes more complex. So, if you design an assessment to ‘evaluate,’ then the learners will be expected to use critical thinking to evaluate things, such as, which care provider makes a good match for a woman.

“Another important model to help visualize assessment is Miller’s Pyramid\textsuperscript{13}. Miller suggests that the achievement of competence involves a hierarchical progression from ‘Knows’ to ‘Knows how’ to ‘Shows how’ to ‘Does’.”\textsuperscript{14} Achieving competence (i.e., independent professional practice) is a process that occurs over time. The [pyramid] shows how assessment methods reflect this hierarchical progression and how objectivity and the resource requirements of the assessment methods, changes as the learner achieves competence.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure4.png}
\caption{Assessment as Learning Progresses through Miller’s Pyramid}
\end{figure}

By identifying the key verbs in the competencies and where they fall on Bloom’s Taxonomy and Miller’s Pyramid, you can develop assessments that are valid and appropriate for assessing learners’ knowledge and performance.

Let’s look at an example.

The following table shows how the assessments are aligned with the learning outcomes and competencies. The bolded text in column 1 identify the verbs that dictate what type of assessment can be used. For example, when the learner conducts the role play to create a collaborative care plan, they are demonstrating the use of effective communication skills by facilitating women's choices; demonstrating effective interpersonal communication; providing anticipatory guidance and assisting the woman to plan. All these verbs require the midwife learner to demonstrate the knowledge and skills through performance.

<table>
<thead>
<tr>
<th>Learning Outcomes and Competencies</th>
<th>Sample Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Demonstrate</strong> effective communication skills when counselling and providing health education to women and their families. ICM: 1.g <strong>Facilitate</strong> women to make individual choices about care ICM: 1.h <strong>Demonstrate</strong> effective interpersonal communication with women and families, health-care teams and community groups ICM: 2f: <strong>Provide</strong> anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood and change in the family ICM 2.h <strong>Assist</strong> the woman and her family to plan for an appropriate place of birth</td>
<td><strong>Collaborative Care Plan – Role Play</strong> Working in partnership with the woman (role play in class), collaborate and construct a comprehensive care plan for her pregnancy, labour and birth. Demonstrate respect for her specific personal, cultural needs and expectations. Identify areas that require further health information and share information in an empowering manner. Document this care plan appropriately.</td>
</tr>
<tr>
<td><strong>2. Explain</strong> the significance of providing respectful, responsive and appropriate communication when supporting the women during labour, delivery and the postnatal period ICM: 1.g <strong>Facilitate</strong> women to make individual choices about care ICM: 1.h <strong>Demonstrate</strong> effective interpersonal communication with women and families, health-care teams and community groups ICM: 1.I <strong>Recognize</strong> abnormalities and complications and institute appropriate treatment and referral</td>
<td><strong>Teaching session in class presentation</strong> Choose a sexual reproductive health topic and conduct an education session for the whole class to participate in. Create opportunities for interactions, questions and feedback for successful knowledge transfer using effective communication and teaching skills.</td>
</tr>
</tbody>
</table>
Consider This

Keep these questions in mind when developing assessments for learners as they progress towards competence:

- **Are you measuring attitude, cognition or skills?**
  Consider the ICM competency 3.a “Promote physiologic labour and birth”: The test of cognitive knowledge could be a multiple-choice test (i.e., anatomy of maternal pelvis and foetus) while the test for facilitating a birth would be a simulation or OSCE. You would not want to allow a midwife learner to facilitate labour and birth if they could not pass the skills test; on the other hand, you would not want to graduate them if they did not know human anatomy.

- **Are you measuring the desired level of complexity?**
  Is the midwife learner applying the knowledge through a skills assessment? Or just recalling information?

- **Does your assessment approach measure what you want to measure?**
  Each competency will have many components to it – do you know which one you are assessing? Knowledge, skill or attitude?

- **What assessment approach best matches the competency?**
  For example, if a competency states that you want learners to outline different perspectives regarding how to facilitate women to make individual choices about care during pregnancy (ICM competency 1.g), multiple choice questions would not be the best fit.

- **Are your assessments supported by the learning activities?**
  Assessments should be in alignment with your learning and teaching activities. Learners should have the opportunity to practice something; the first time they try an activity should not be graded. For example, if one of your outcomes is for learners to be able to identify problems in early pregnancy, then they should practice this as a learning activity, then have a graded assessment where they identify problems.\(^{15}\)

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**Further Reading**

A description of Bloom’s Taxonomy - [https://cft.vanderbilt.edu/](https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/)

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**1.7 Assessment methods**

**Collecting Evidence**

Midwifery educators/teachers use evidence to make a judgement about whether a learner is competent. Assessing competence means going beyond paper-pencil testing.

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\(^{15}\) Adapted from: *Course Design Program* created by the Educational Development Unit of the Taylor Institute for Teaching and Learning, University of Calgary, 2014.
Rather than just looking for the right answer, educators should bring real world experience into the classroom and look for how well the learners perform. Good assessment practice focuses on assigning, guiding and assessing the quality of work products and processes – evidence of what learners are able to do with what they know.

Observing a midwifery learner perform midwifery competencies is called collecting direct evidence. Other types of assessments that provide direct evidence of competence are:

- projects, case studies, essays or written tests that assess knowledge of a topic or concept,
- OSCEs, simulations, role plays, etc. provide direct evidence of skills and behaviours.

Ensuring that you are collecting direct evidence of a midwifery learner’s knowledge and skill is important as part of the assessment and feedback cycle.

**Competency-Based Assessment Methods**

Selecting an appropriate assessment method is part of the fun and challenge of professional teaching practice. Assessment methods are the strategies and techniques (e.g., descriptions of how and when) for collecting information to determine the extent to which learners demonstrate desired competencies.

“There are many different assessment methods to choose from but matching the appropriate assessment method to the progression of competence from “Knows” to “Does” is the important consideration. “16 An assessment tool should reflect the type and stage of learning, as illustrated in Fig. 5 below. In other words, the complexity of the assessment should match the complexity of the learning [outcome]. Multiple [outcomes] may be assessed with the same method, and where appropriate, these can be assessed simultaneously.”17

17 Ibid.
The following table outlines some of the common assessment methods used in a midwifery programme to assess competence.

<table>
<thead>
<tr>
<th>Assessment Focus</th>
<th>Definition</th>
<th>Assessment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>Apply concepts and skills to known and new contexts. Normally this type of assessment imitates a situation or process, to demonstrate learning and practical skills. (Applying theory, experiential learning, documenting, recording, observing, reporting, discussion, diagnosis)</td>
<td><strong>DOES</strong>&lt;br&gt;- Observed structured clinical examination (OSCE)&lt;br&gt;- Checklists&lt;br&gt;- Direct observation of clinical skills&lt;br&gt;- Patient record review&lt;br&gt;- Portfolio/Logbook&lt;br&gt;<strong>SHOWS HOW</strong>&lt;br&gt;- Observed structured clinical examination (OSCE)&lt;br&gt;- Oral case presentation&lt;br&gt;- Skills laboratory&lt;br&gt;- Simulations&lt;br&gt;- Case studies&lt;br&gt;- Problem solving related to an authentic scenario&lt;br&gt;- Role play&lt;br&gt;- Action plan for a specific scenario</td>
</tr>
</tbody>
</table>
| **Knowledge** | Recall facts and basic concepts and explain ideas or concepts to demonstrate knowledge and understanding. (Recalling, describing, reporting, recounting, recognising, identifying, relating and interrelating) | **KNOWS HOW**  
- Oral examination  
- Report  
- Essay  
- Development of care plan  
- Clinical problem solving  
**KNOWS**  
- Multiple choice questions  
- Short answer questions  
- Quizzes  
- Tests |
| **Analytical** | Draw connections between complex ideas, think critically, make judgements and develop solutions. (Developing arguments, reflecting, evaluating, assessing, judging, problem solving) | **KNOWS HOW**  
- Clinical simulation  
- Written task (essay, report, reflective paper, etc.)  
- Oral presentation  
- Journal  
- Response to observation of real or simulated professional practice  
- Portfolio  
**DOES**  
- Project  
- Product co-creation  
- Presentation |
| **Collaborative** | Work with others on a defined task and in ways where every individual contributes. | **KNOWS HOW**  
- Oral examination  
- Report  
- Essay  
- Development of care plan  
- Clinical problem solving  
**KNOWS**  
- Multiple choice questions  
- Short answer questions  
- Quizzes  
- Tests |

Table 2: Adapted from Assessment methods, Division of learning and teaching. Charles Sturt University. Retrieved on November 10, 2022.

For more examples of assessment methods and an explanation of their strengths and weaknesses, see Annex B: Assessment Methods.

**Consider This**

When choosing assessment methods, it’s important to link the assessments to the curricular competencies and content, with a clear connection between criteria on the assessment and what has been taught in the classroom or clinical setting. Learners should be able to explain the relevance of a particular assessment based on its alignment with previous learning.

To ensure that you are selecting an assessment method that is appropriate, ask yourself the following questions:

- What component of the competency(s) will be assessed (i.e., knowledge, skill, attitude)?
- Why am I giving this assessment?
• What are the different types of assessment are required to assess the competencies?
• Does there need to be direct or indirect evidence gathered?

Consider the practicality:

• The testing approaches you can use in a large class often differ from those that work well in a small class.
• Assessment items need to be manageable for learners as well. Have you included so many assessment items and approaches that learners can’t complete them all?

Consider variety:

• Are all your assessment methods the same, or have you included the variety that will allow more learners to succeed? Some learners have greater strength in written work while others do better in multiple choice exams, and still others do better at oral presentations, group projects, or solving real problems or projects.  

1.8 Continual assessment

To assess competence, it’s important that learners have good opportunities for continual assessment over time. It’s a good idea to move away from depending on final exams to using assessments such as observations, simulations, case studies, role plays, clinical documentation, etc. that provide learners with multiple practice and assessment opportunities to develop their competence.

To facilitate an ‘assessment over time’ approach it’s best to incorporate two primary forms of assessment: formative and summative.

**Formative assessment (or assessment for learning)** occurs when learners actively engage in work where they can be observed doing a task or creating products that can be reviewed while they are practicing. This type of assessment provides feedback to learners so that they can self-correct and practice more to develop competence. Formative assessments support the learner to identify areas of weakness. The formative assessment should provide feedback that supports the learner to improve.

Throughout the midwifery programme it is expected that learners undertake a series of formative assessments that may consist of short quizzes, group discussions, presentations, completion of workbook exercises, self-directed learning activities, reflection exercises, and general in-class contributions. These informal assessments

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18 Adapted from: Course Design Program created by the Educational Development Unit of the Taylor Institute for Teaching and Learning, University of Calgary, 2014.
provide learners opportunities to demonstrate acquired skills, knowledge, and behaviours in a variety of formats and help identify areas that require strengthening. Formative assessments may be graded; however, the ‘grade’ is only used for providing information to the learner. It is not used towards the summative grade at the end of the module.

**Summative assessment (or assessment of learning)** is more familiar to educators. Otherwise known as the practice of ‘grading’, it is about making a professional judgement, based on evidence, regarding the learner's readiness to move on to the next level. Normally assessment for advancement asks us to determine if the learner is:

- A – more than ready to advance.
- B – is ready.
- C – will get by (like they have here in the course).
- D – isn't ready, really.
- E – should not go on, not now.

The following table outlines the characteristics of each type of assessment.

<table>
<thead>
<tr>
<th></th>
<th>Formative</th>
<th>Summative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>To improve learning – assessment for learning or assessment to assist.</td>
<td>To prove learning– assessment of learning or assessment to advance.</td>
</tr>
<tr>
<td><strong>Use</strong></td>
<td>Provides feedback to students to help them build skills to achieve outcomes. Helps with the learning process.</td>
<td>Measures how well students have achieved outcomes. Helps with final judgement about learning.</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
<td>Occurs during an instructional segment.</td>
<td>Occurs at the end of an instructional segment.</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Occurs on a continuous basis (e.g., daily, weekly) – ‘of the moment’.</td>
<td>Occurs at a particular point of time to determine what students can do at that point of time.</td>
</tr>
<tr>
<td><strong>Role of teacher</strong></td>
<td>To make decisions and monitor teaching based on student performance.</td>
<td>To measure level of performance and determine mark/outcome/result.</td>
</tr>
<tr>
<td><strong>Role of learner</strong></td>
<td>Active involvement. Can assess performance of self, or peers. Can use either assessment type to improve and prove their learning.</td>
<td></td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>Observations, interviews, quizzes, work samples, group discussions,</td>
<td>Portfolios, final and mid-term exams, standardized tests, OSCEs,</td>
</tr>
</tbody>
</table>

Midwife educators/teachers use both types of assessment – formative and summative – to help the learner acquire the knowledge, skills and behaviours in becoming a competent midwife. Finding the ‘right’ balance of number of assessments is important to avoid ‘over-assessing,’ which can cause both learner and educator stress. It’s good practice to ‘check-in’ with learners on a regular basis to determine if more/less assessment is required.

Using formative assessments such as observations, simulations, case studies, role plays, clinical documentation, etc. will assist learners in developing competence and provide meaningful feedback.

Once the learners are ready for summative assessment, selecting the assessment methods that are most suited to the final evaluation of the learner’s competence is an important consideration. For example, if you want to evaluate a learner’s interpersonal skills, using a role play to assess the related competencies is a good assessment method. If skills are the primary focus, an OSCE or clinical simulation are well suited to summative assessment.
2.0 Creating Competency-Based Assessments

Assessments should be meaningful, manageable and sustainable. Developing assessments that actually assess what the learner has learned in the classroom and the clinical/midwifery care setting is the most important consideration. Too many times, educators create assessments that have nothing to do with assessing the midwifery competencies. Ensuring that your assessments are aligned with the competencies is crucial in developing the student midwife's competence.

There are three fundamental steps in developing quality competency-based assessments:

1. Identify what needs to be assessed.
2. Choose the most appropriate assessment method for the competency(s) being measured.
3. Create the assessment.

Most problems encountered in assessing competencies are caused by misaligned assessments. Knowing what you are assessing means looking at the competencies and determining which part of the competency you are assessing and what level the learners are at so that you can calibrate the assessment accordingly. Getting this ‘right’ means that your assessment is valid, reliable, and appropriate.

We’ll take you through each step of developing competency-based assessments and provide some tips on how to ensure that your assessments are aligned with what you want to measure.

2.1 Identify what needs to be assessed.

This first step is crucial in developing reliable assessments and consists of determining what needs to be assessed. Many guides for educators recommend that you start by testing your own understanding of the requirements of a competency by visualizing a competent midwife in practice.

Identify the specific competency(s) that you want to assess. (Remember to also identify the corresponding learning outcomes associated with the competencies.)

Think about the assessment you are designing:

a. What are the key concepts, skills, methods, etc. to be integrated in the assessment?

b. What will serve as evidence of accomplishment of the competency(s) related to the assessment?

c. What skills are required to demonstrate competency?
When determining what to assess, you need to consider:

- How can you know that the learner demonstrates effective interpersonal communication?
- What behaviours are you looking for?
- What skills need to be demonstrated?
- Is there any knowledge that needs to be assessed?
- Which audience are you using for the assessment? Women and families? Healthcare teams? Community groups?

Once you have considered these questions, you will be able to create a list of performance criteria that illustrate how a competent midwife performs this competency.

**What are performance criteria?**

Criteria referenced assessments compare a learner’s performance against a pre-defined standard benchmark, or criterion. Learners use the criteria to guide their work and for self-assessment. Midwife educators/teachers use the criteria to judge learner performance.

**Criteria:**

- are qualitative indicators of an integration of ability and knowledge as seen in performance.
- result from breaking open a competency into specific components.
- need to be specific enough for a learner at a given level to understand and use, without being so specific that the performance is limited to following directions.
- focus on what is essential to demonstrate that the learner has achieved the outcome/competency.

These criteria form the basis rubrics (more information on rubrics is in the next section below), which provide clear performance indicators for varying levels of understanding and proficiency. Clearly defined criteria that are aligned with the learning outcomes enable defensible and reliable assessments.
Here are some examples of the criteria that you would look for in the assessment of effective communication when counselling and providing health education to women.

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>ICM Competencies</th>
<th>Performance Criteria</th>
</tr>
</thead>
</table>
| Demonstrate effective communication skills when counselling and providing health education to women and their families. | 1.h Demonstrate effective interpersonal communication with women and families, health-care teams and community groups  
1.g Facilitate women to make individual choices about care  
2.f: Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood and change in the family  
2.h Assist the woman and her family to plan for an appropriate place of birth | Use positive body language, maintain eye contact where appropriate and remain focused on the woman while communicating  
Use open ended questions, reflective listening, non-judgemental approach to communicating  
Provide evidence-based health information to women and their families in a group and in a one-on-one session  
Facilitate interactive group participation, encouraging expressions of diverse opinions respectfully  
Demonstrate empathy and kindness to women experiencing grief and loss  
Demonstrate legible, concise, and accurate note taking and record keeping |

Once you’ve established the performance criteria you can move onto choosing how you will gather evidence of learner performance.

### 2.2 Choose the assessment method.

Now that you have identified the criteria for assessing the competency(s), it’s time to choose the method(s) you will use to gather evidence of competence. For example, you may use an Objective Structured Clinical Examination (OSCE), a role-play, or a professional conversation. It is important to keep in mind that when measuring competency there will likely be an opportunity to measure other competencies at the same time, as many often occur simultaneously. Being aware of this will help decide your assessment method.
Things to consider when choosing your assessment method

- What part of the competency, knowledge, skills, attitude, or behaviour is being assessed? Are there more than one?
- Will it meet your learners' needs? It is important to consider the learner circumstances while also maintaining the integrity of the competencies.
- Who will collect the evidence? The learner, a trainer/assessor or a third party?
- Where will you gather evidence? Is the workplace appropriate or accessible? If not, how else could you gather evidence? Would a simulation work?
- When will you gather evidence? Have learners had enough practice time before being assessed? Do industry timeframes and deadlines have an impact? What are the learners' family commitments?

Other things to consider are:

- the number of learners, the diversity of learners, the location of learners, access to equipment and facilities, costs, stress to learners, and staff.

Whatever methods of assessment you choose, be sure that they are:

- Valid (the methods assess what they say they do)
- Reliable (other trainers/assessors using the methods would come to the same conclusion with the same evidence)
- Flexible (learners' needs are taken into account in terms of the methods, the time and the place)
- Fair (the methods allow all learners to demonstrate their competence)

Sample assessment – methods to assess interpersonal communication skills

There are several ways in which to assess effective interpersonal communication skills. The use of simulation by the way of role play (e.g., ‘shows how’ on Miller's Pyramid) is one way used to assess and evaluate student communication competence.

Setting up role plays and interactive activities for students to practise communication skills in a variety of scenarios is useful for both formative and summative assessments. Learners can present, receive feedback from peers and educators, and repeat the role play multiple times, improving and becoming more proficient over time. Repetition allows students to reflect on their experience of learning and the transfer of skills, knowledge, and behaviours. Having educators and peers provide constructive feedback enhances a learner's deep understanding of the skills required and allows for shared learning experiences.

Other methods to assess effective communications skills include:

- **Direct Observation:** Clinical preceptors observe and assess learners in real life clinical settings and submit formal feedback, documented in Logbook
2.3 Create the assessment tool

Once you have identified what you are going to assess and the assessment methods to use, you can begin to create the assessment tool.

Assessment tools contain both the ‘instrument’ (the tool for measuring performance) and the instructions or procedures for gathering and interpreting evidence. They provide clear guidance and support for learners so that it is clear what is required of them and the basis for decision making. Assessment tools generally contain the following:

- the learner’s name,
- the assessor’s name,
- the date of assessment,
- the procedure for the assessment,
- the list of knowledge/skills to be assessed,
- the competence achieved of the assessment,
- feedback for the learner, and
- the resources required for the assessment.

Part of the assessment tools is the “assessment instrument,” which is used to measure the performance. These are often called “proficiency scales and rubrics”.

Proficiency Scales and Rubrics are key to the assessment of competencies and help remove subjectivity from the assessment process. They are based on the performance criteria and clarify how the performance during the assessment meets or does not meet the competency. They do this by providing a proficiency scale which can be very simple – such as a competent/not competent or met/not met approach or could be more complex by having multiple levels such as the beginner, developing, proficient. Some assessment approaches will use a numerical scale (e.g., from 1-5 or 1-10, or a percentage). Whichever scale is used a rubric is necessary to set the assessment criteria for those administering the assessment.

The type of scale used is linked to the nature of the competency – for example, the assessment of competencies related to safety and high-risk activities often have a pass/fail scale attached. You either work safely or you don't and there may be a specific threshold that needs to be met to ensure the safety of everyone. While low-risk activities may use a grading system.
Rubrics are also helpful for people using competency frameworks for ongoing professional development or performance reviews, as they provide detailed information about what is expected.

Deciding the type of rubric to use depends on the type of competency and assessment activity that you will be assessing.

Sample Assessment Tools

The following assessment tools provide two different ways to assess a learner's knowledge, skills and behaviours in demonstrating effective interpersonal communication (ICM competency 1.h).

The first is an OSCE in a formal setting (shows how on Miller's Pyramid), which would be used after multiple practice runs in the simulated environment.

The second is the marking criteria for an oral presentation in class (knows how on Miller's Pyramid). Learners present a health education session and are assessed on the ways they engage with the group, encourage active participation, and provide information that is pertinent and accessible.

Note how each assessment tool contains both the information for the learner and the midwife educator/teacher (e.g., performance criteria and rubric).

Example 1: OSCE for Interpersonal Communication Skills in the clinical setting

ICM COMPETENCY 1.H: Demonstrate effective interpersonal communication with women and families, healthcare teams, and community groups

SCENARIO: The midwife is in an antenatal clinic and is assessing a pregnant woman who is 34/40 in her first pregnancy. The woman has come to the clinic to express her concern over the birth and how she will cope with labour.

INSTRUCTIONS TO STUDENT: Demonstrate developing a rapport with the woman and explore her concerns in an empathetic and respectful manner using effective interpersonal communication skills. Provide evidence-based information to support her preparation for birth. Use open ended questions, appropriate body language, reflective listening skills and provide reassurance.

OSCE for Interpersonal Communication Skills in the Clinical Setting

<table>
<thead>
<tr>
<th>Midwife Learner Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessor</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Venue/Facility</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment Rubric**
Score learner according to the appropriate application of each performance criteria.
### Performance Criteria

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce yourself to the woman, welcome the woman warmly and provide a private space for her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate strategies to build rapport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respectfully enquire about the woman’s concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate open body language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use open ended questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use reflective listening techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate empathy and kindness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate care without bias</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summarize the woman’s concerns and seek clarification for accuracy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer evidence-based information in clear language that is easy for the woman to understand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allow time and opportunity for the woman to ask questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concluded the session respectfully and arrange follow up appointment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Document accurately in the woman records

**LEARNER SCORE**

Remarks and feedback to student:

**Example 2: Oral presentation in class**

This marking rubric is to be used for assessing a learner’s ability to present a short education session to address a health issue in a woman's pregnancy. Learners are assessed on their ability to effectively communicate the information in an engaging and appropriate way, facilitate group involvement and encourage active participation.

The midwife learner’s classmates will act as pregnant women.

1. Choose a relevant health issue during pregnancy, i.e., GDM, High BMI, Hypertension.
2. In an oral presentation, provide current evidenced based information to a small group of pregnant women.
3. Deliver unbiased health education in a way that allows the person to make an informed choice.
   - Use woman-centred language that is appropriate for the woman’s level of comprehension and understanding of the issue.
   - Present the evidence-based information in a clear manner that is easy for the women to understand.
   - Be aware of the attention and engagement of the group.
   - Speak with confidence and clarity.
4. Ensure that the pregnant person understands the information and can make an informed choice.

The way in which the information is shared should be clear, logical and delivered at an appropriate pace. Presentation styles such as ability to connect to the audience and relate the material with impact is evaluated. Voice, eye contact, body language and tone of delivery in relation to confidence levels in the learner are also assessed.

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Below Standard 0</th>
<th>Basic Skill 1</th>
<th>Competent (Meets Standard) 2</th>
<th>Exceeds Standard 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based</td>
<td>Low quality evidence – not research based</td>
<td>Acceptable evidence, few</td>
<td>Some good examples of current</td>
<td>High level current evidence, from</td>
</tr>
<tr>
<td>Robustness of data &amp; information</td>
<td>or reputable source.</td>
<td>current or high standard.</td>
<td>evidence (like cohort studies results).</td>
<td>peer reviewed source (like clinical trials or metaanalysis).</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Peer reviewed Hierarchy of evidence</td>
<td>Not appropriate or relevant for women – not relatable nor useful for their experience.</td>
<td>Some relevance and interest to women. Limited impact to their experience.</td>
<td>Of significant interest and use to women. Relatable and appropriate.</td>
<td>Very relevant and applicable to experience, important informative and valid.</td>
</tr>
<tr>
<td>Relevance of topic Presented in logical order of significance to the women Makes sense</td>
<td>Unable to engage with audience in a meaningful way Lacked connection to material and lacks confidence.</td>
<td>Some active interest from presenter and connection to audience. Lacked true relationship to material and audience.</td>
<td>Mostly engaged and motivated to connect with the audience for the majority of presentation.</td>
<td>Excellent sense of engagement perceptive of interest levels of audience and able to adapt accordingly. Confident in delivery and with material.</td>
</tr>
<tr>
<td>Presentation Style Speaking skills Eye contact Engagement with audience</td>
<td>Inappropriate not woman centred. Unclear. Used jargon. Not motivating for woman to change health seeking behaviours.</td>
<td>Acceptable for the audience but lacked mindfulness in choice of words and way they were delivered.</td>
<td>Appropriate use of language and mindful of women's needs and level of comprehension</td>
<td>Thoughtful use of language, highly sensitive to the woman's needs and comprehension of issues.</td>
</tr>
</tbody>
</table>

Educators can assess the criteria against this rubric and to give an overall mark that reflects the learner's knowledge, skills and behaviours around effective communication techniques, demonstrated in their presentation.

**Further Reading**
For more information on how to create rubrics, check out the following:

- The DePaul University Teaching Commons website provides information on different types of rubrics - [https://resources.depaul.edu/teaching-commons/teaching-guides/feedback-grading/rubrics/Pages/types-of-rubrics.aspx](https://resources.depaul.edu/teaching-commons/teaching-guides/feedback-grading/rubrics/Pages/types-of-rubrics.aspx)
- The NC State University Teaching Resources webpage outlines best practices for developing rubrics, examples and templates - [https://teaching-resources.delta.ncsu.edu/rubric_best-practices-examples-templates/](https://teaching-resources.delta.ncsu.edu/rubric_best-practices-examples-templates/)
- The MGH Institute of Health Professions provides a good description of rubrics - [https://www.mghihp.edu/faculty-staff-faculty-compass/rubrics](https://www.mghihp.edu/faculty-staff-faculty-compass/rubrics)

2.4 Develop Feedback

The final step is to consider how you will provide feedback (e.g., oral/written/face-to-face/skype, electronic, individual/group).

**Purpose of feedback is to:**

- Describe and judge the performance in relation to criteria to help the learners better understand and analyze their performance using the criteria.
- Document distinctive performance.
- Diagnose and prescribe remediation.
- Motivate learners.

**Questions to consider in giving feedback:**

- Will the feedback incorporate explicit behaviours from the performance? (Is the learner able to make links between what they did and what you are communicating about the performance?) How useful is the feedback over time?
- Will the feedback explain your judgments about performance, using criteria and explicit evidence?
- Will the feedback be timely?
- Will the feedback be focused, clear, and well organized? Will it communicate what the learner needs to do next (what, when, where)?
- Will the feedback make suggestions that reinforce effective performance and that identify areas for development?
- Will the feedback focus on the amount of information that the learner can use, rather than all the information you have?
- Will the feedback affirm, describe, suggest alternatives, and ask questions rather than scold, edit, or impose the instructor's style?
Will the feedback be legible and written in words the student learner understands?  

Final Thoughts on Competency-Based Assessment

The shift to competency-based assessment supports midwifery learners in the practice and acquisition of midwifery competencies. Ongoing assessment helps midwifery educators/teachers track learner achievement and provides formative feedback to students. When appropriately designed, assessment is valid, reliable and consistent.

Things to consider during course planning that affect assessment:

- How will course content offer opportunities for learners to achieve the competencies?
- What learning experiences will you build into the module/topic to integrate the knowledge and abilities learners must demonstrate in the assessment?
- What activities or experiences will learners need in the module prior to doing the assessment?
- What assignments will be meaningful and contribute to the development of the learning outcomes?
- What diverse types of assessment will be used across the module to give learners ample opportunities to demonstrate the competencies? This is an important question, given that the competencies are too complex to assess in a single context through a single mode.

The next section provides a short list of resources on competency-based assessment.

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20 Ibid.
3.0 Competency-Based Assessment Resources

The number of resources available on competency-based assessment can be overwhelming. ICM lists some a few of these resources throughout this guide, which are compiled below. This is not an exhaustive list, and we encourage you to seek out and find resources that fit your context. The midwifery learning community continues to grow and develop as do the assessment resources.

Assessment Methods and Tools

Charles Sturt University

- DESCRIPTION: A description of different assessment methods with examples.

Australian Midwifery Standards Assessment Tool

- DESCRIPTION: The Australian Midwifery Assessment Tool (AMSAT) assesses midwifery practice in authentic situations and workplace settings. ASMAT assesses the Australian Midwife Standards for Practice; however, the assessment tool can be adapted.
- ACCESS: https://midwives.org.au/Web/Web/Professional-Development/AMSAT/Australian_Midwifery_Standards_Assessment_Tool.aspx?hkey=1f4d6206-c8f1-450d-8e35-42d705d9b28d

Bloom’s Taxonomy

Vanderbilt University

- DESCRIPTION: A description of Bloom’s Taxonomy
- ACCESS: https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/

Case Studies

Midwife Career (website)

- DESCRIPTION: A free list of real-life examples of challenging midwifery scenarios that can be used for competency-based assessment.
- ACCESS: https://training.midwifecareer.com/topic/midwife-case-studies/

Courses

Pan American Health Organization
• **DESCRIPTION:** Online course, “Assessment strategies training on competency-based education for health professionals focused on maternal and perinatal health”

  This is a free online course that focuses on competency-based assessments for midwifery programmes. The sections on how to develop multiple-choice questions, OSCEs, rubrics and checklists are particularly helpful.


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### Curriculum

**ICM Direct-Entry Midwifery Programme Guide**

**ICM Post-Nursing Midwifery Programme Guide**

• **DESCRIPTION:** ICM programme guides provide instructions (and examples) on how to develop a midwifery programme of study – either direct-entry or post-nursing. The guides contain information on how to develop the programme mission, vision, philosophy statements and programme outcomes using ICM competencies and position statements. The guides are developed in conjunction with the UNFPA sample curricula.

  • **ACCESS:**
    - ICM Direct-Entry Midwifery Programme Guide
    - ICM Post-Nursing Midwifery Programme Guide

**UNFPA Sample Direct-Entry Midwifery Curriculum**

**UNFPA Sample Post-Nursing Midwifery Curriculum**

• **DESCRIPTION:** The UNFPA sample curricula provide an example of the modules for midwifery direct-entry and post-nursing curriculum that are based on the incorporation of the ICM Essential Competencies for Midwifery Practice (2019). These curricula are meant to be reviewed in conjunction with the ICM Midwifery Programme Guides.

  • **ACCESS:**
    - UNFPA Sample Direct-Entry Midwifery Curriculum
    - UNFPA Sample Direct-Entry Midwifery Curriculum

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### Guides on how to write competency-based assessments

**International Confederation of Midwives (ICM)**

• **DESCRIPTION:** *Using ICM Competencies in a Midwifery Curriculum* – This resource provides information on how to integrate the ICM Essential Competencies for Midwifery Practice (2019) into a midwifery education programme. It also covers how to design competency-based assessments.

  • **ACCESS:** [Using ICM Competencies in a Midwifery Curriculum](#)
World Health Organization (WHO)

- **DESCRIPTION:** *Family planning and comprehensive abortion care guide for the primary healthcare workforce. Vol. 2: Programme and Curriculum Development Guide* – This document presents a systematic approach to developing programmes and curricula for implementation of family planning and comprehensive abortion care competencies. The guide contains good information on the fundamentals of developing competency-based assessment.
- **ACCESS:** [https://www.who.int/publications/i/item/9789240063907](https://www.who.int/publications/i/item/9789240063907)

Learning Outcomes, Competencies

DePaul University Teaching Commons

- **DESCRIPTION:** A webpage describing the primary difference between learning outcomes and objectives. This website explains how to write measurable learning outcomes.
- **ACCESS:** [https://resources.depaul.edu/teaching-commons/teaching-guides/course-design/Pages/course-objectives-learning-outcomes.aspx](https://resources.depaul.edu/teaching-commons/teaching-guides/course-design/Pages/course-objectives-learning-outcomes.aspx)

eCampus Ontario Open Competency Guide

- **DESCRIPTION:** A globally available open education resource book that guides people through the development of a competency framework. The book also reviews how to assess competence and create learning activities that are aligned with competencies.
- **ACCESS:** [Open Competency Guide](https://resources.depaul.edu/teaching-commons/teaching-guides/course-design/Pages/course-objectives-learning-outcomes.aspx)

Royal College of Physicians and Surgeons of Canada

- **DESCRIPTION:** A comprehensive website that outlines how to develop a competency-based programme for healthcare professionals. Much of the information can be applied to a midwifery programme.
- **ACCESS:** [https://www.royalcollege.ca/rcsite/cbd/competence-by-design-cbd-e](https://www.royalcollege.ca/rcsite/cbd/competence-by-design-cbd-e)

OSCEs

United Kingdom Nursing & Midwifery Council

- **DESCRIPTION:** A fully developed OSCE for midwifery learners that provides a good example of performance criteria and rubrics.
- **ACCESS:** [https://www.ulster.ac.uk/__data/assets/pdf_file/0011/385697/Midwifery-Mock-V1.pdf](https://www.ulster.ac.uk/__data/assets/pdf_file/0011/385697/Midwifery-Mock-V1.pdf)
Principles of Assessment

The New Zealand Education Hub

- **DESCRIPTION:** Provides information on how assessment principles are part of a learning system
- **ACCESS:** [https://theeducationhub.org.nz/category/school-resources/principles-of-assessment/](https://theeducationhub.org.nz/category/school-resources/principles-of-assessment/)

The Taylor Institute at the University of Calgary

- **DESCRIPTION:** A downloadable PDF that outlines evidence-based assessment principles
- **ACCESS:** [https://taylorinstitute.ucalgary.ca/resources/guiding-principles-assessment-of-students-learning](https://taylorinstitute.ucalgary.ca/resources/guiding-principles-assessment-of-students-learning)

The University of Southampton

- **DESCRIPTION:** lists the principles of assessment for all programmes
- **ACCESS:** [https://www.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/EA72C9CD1A9C4941955F6C2DDEEECEFE/Assessment%20Principles.pdf](https://www.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/EA72C9CD1A9C4941955F6C2DDEEECEFE/Assessment%20Principles.pdf)

Rubrics

Women and Birth: Journal of Australian College of Midwives

- **DESCRIPTION:** Using an assessment rubric to develop and assess teamwork skills in midwifery students A research article outlining a rubric used to assess midwifery teamwork skills.
- **ACCESS:** [https://www.womenandbirth.org/article/S1871-5192(13)00348-X/pdf#relatedArticles](https://www.womenandbirth.org/article/S1871-5192(13)00348-X/pdf#relatedArticles)

NC State University

- **DESCRIPTION:** A website providing information on how to create rubrics for competency-based assessments.
- **ACCESS:** [https://www.womenandbirth.org/article/S1871-5192(13)00348-X/pdf#relatedArticles](https://www.womenandbirth.org/article/S1871-5192(13)00348-X/pdf#relatedArticles)
Annex A: Learning Outcomes and Objectives

Learning Outcomes identify what the learner will know and be able to do upon completion of a module/course—the essential and enduring knowledge, abilities (skills) and attitudes (values, dispositions) that constitute the integrated learning by a graduate of a module/course.

Characteristics of Learning Outcomes

- Output/product-oriented
- Terminal
- Performance-centred
- Transferable to real world
- Macro level
- Explains “what”

Learning Objectives are specific statements of what you expect the learner to be able to do as a direct result of a lesson. Objectives usually focus on the specific knowledge acquisition or development of discrete skills and so describe the process rather than the intended result. They are often used as an instructional tool for educators to develop lesson plans.

Characteristics of Learning Objectives

- Input/process oriented
- Enabling
- Behavior-centred
- Specific to context and conditions
- Micro level
- Explains “how”

Usage

In everyday usage, the terms “outcomes” and “objectives” have similar meanings. A LEARNING OUTCOME describes the intended skills and abilities that a student should have acquired and/or developed upon exiting a module/course. A LEARNING OBJECTIVE is a statement usually more focused on specific knowledge acquisition or development of discrete skills and so describe the process rather than the intended result.

Outcomes and objectives complement one another. The key is to capture both the learning process (objective) and the intended result (outcome) so that learners are provided with complete and transparent expectations.

Learning outcomes describe the final destination—objectives provide the stepping-stones to reach the destination.
Steps in Developing Learning Outcomes

Define the significant and essential concepts, skills and abilities that are necessary for successful performance at the end of the module/course.

Write the Learning Outcome statements focusing on the integration of concepts and skills and abilities that a student is expected to demonstrate at the end of a course of study.

Writing Learning Outcomes

<table>
<thead>
<tr>
<th>Action Verb</th>
<th>Learning Focus</th>
<th>Purpose/Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>What the learner will do that demonstrates learning</td>
<td>What is demonstrated or performed</td>
<td>Purpose of the demonstration or performance OR the quality/level of performance considered acceptable</td>
</tr>
</tbody>
</table>

Poor Example:

Demonstrate ability to conduct an in-service training session

Good Example:

Conduct an in-service training session for midwives on working with health care teams and community groups.

Outcome/Objective Checklist

- Is it clearly stated?
- Uses verbs that reflect the level of learning required
- Describes learning that is meaningful & significant
- Describes learning that is achieved at the end of the course
- Is measurable through performance or demonstration
- Reflects what the learner does, not what the instructor does
Annex B: Assessment Methods

Midwifery Care/Clinical Setting Assessment

These types of assessment take place in the midwifery care/clinical environment. They are normally used to assess technical skills or more complex tasks such as time management, care planning or listening skills. For effective midwifery care setting assessment, it is necessary to engage trained assessors and to clearly identify the competencies for evaluation.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Description</th>
<th>Criteria for accuracy and reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mini Clinical Evaluation Exercise</strong></td>
<td>A 10-20 minute observation of clinical placement</td>
<td>Multiple mini-CEXs should be conducted over the course of student learning</td>
</tr>
<tr>
<td>(Mini-CEX)</td>
<td></td>
<td>Different elements of care should be assessed (antenatal care, intrapartum, well woman, etc.)</td>
</tr>
<tr>
<td><strong>Clinical Practice Review</strong></td>
<td>May take two forms: chart audit or chart-simulated recall (CSR) review with discussion of management applied to assess clinical reasoning and judgement</td>
<td>Chart audit requires 25-35 charts for reliability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chart simulated recall requires 2-3 charts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requires standardized system of documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requires standardized tool to review the chart</td>
</tr>
<tr>
<td><strong>Directly Observed Procedural Skills</strong></td>
<td>A direct observation of student in placement for performance of procedural skill</td>
<td>Requires standardized checklist for each step comprising the procedural skill</td>
</tr>
<tr>
<td><strong>Portfolio</strong></td>
<td>A collection of information about clinical practice collected over time and used to self-reflection</td>
<td>Requires scale for competency acquisition (i.e. 1 – 5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Requires a clear process to guide reflection</td>
</tr>
</tbody>
</table>
Simulation Based Assessment

These assessments use artificial environments which mimic real-life situations. Simulation may use patients, actors/learners or virtual or computer-generated applications. They are well-suited for assessing situations which occur rarely in clinical practice, such as emergency scenarios.

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Description</th>
<th>Criteria for accuracy and reliability</th>
</tr>
</thead>
</table>
| **Objective Simulated Clinical Exam (OSCE)** | A simulated exam utilizing standardized patients and task trainers. Uses multiple scenarios which the student moves through, each assessing a different skill in a set timeframe, assessing several different elements of clinical competency. | Requires multiple, trained assessors  
Requires multiple appropriately structured scenarios which mimic real-life clinical scenarios  
Requires standardized checklists                                                                 |
| **Case Study Simulations & Role Plays** | The use of a trained actor/assessor who poses as a patient. The learner may or may not be aware that the patient/client is a standardized patient.                                                                 | Requires access to standardized patient programme.                                                                 |

Written Assessment

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Description</th>
<th>Criteria for accuracy and reliability</th>
</tr>
</thead>
</table>
| **Multiple Choice Questions** | An assessment comprised of questions which give 3-4 options from which to choose the best or correct answer.                                      | Used to test knowledge quickly  
Requires properly constructed questions using stem and root                                                                 |
| **Short Answer Exam** | Assessment comprised of short questions requiring a few sentences to provide the correct answer.                                             | Used to test knowledge and clinical reasoning  
Must be carefully constructed to ask about identified competencies in order to be valid.              |
| **Case Studies** | Based on a clinical scenario or client in which the learner creates a management plan or answers questions. | Used to demonstrate integration of knowledge. |
| **Oral Exam** | An exam in which the examiner poses questions to the learner, who responds orally. | Used to test oral communication, the main method of communication in the health sciences
Can test both knowledge and clinical reasoning
Requires a rubric for grading
Must be focused on knowledge, skills and attitude rather than the language skills of the learner |
References

ICM Resources:

- ICM Essential Competencies for Midwifery Practice (2019)
- ICM Global Standards for Midwifery Education 2021
- Using ICM Competencies in a Midwifery Curriculum
  Using ICM Competencies in a Midwifery Curriculum 2022
- ICM definitions, including definitions for the following: midwife, scope of practice, midwifery, philosophy and model of midwifery care, bill of rights for women and midwives and international code of ethics for midwives


https://ecampusontario.pressbooks.pub/competencyguide/chapter/defining-competencies/


UNESCO International Bureau of Education (IBE) publication: *What Makes a Quality Curriculum?*

