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Developing an evaluation framework for an online midwifery program: a practical participatory approach

Evaluation framework

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Abstract

AQ:1

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- AQ: 3 AQ: 4 Purpose - This paper aims to generate knowledge about relevant evaluation topics that align with and represent the unique character of the midwifery programme for students living in the rural and remote areas of Scotland.
- AO: 5 Design/methodology/approach - The first two central concepts of Practical Participatory Evaluation
- (P-PE) framed the research design: the data production process and (2) the knowledge co-construction process. The data were collected using a semi-structured approach via online discussions, dialogues and email-based consultation among programme stakeholders. A structural analysis was performed: the units of meaning (what was said) were extracted, listed and quantified in units of significance (what the texts were talking about), from which the key topics for evaluation emerged.
- AO: 8 Findings – A community of 36 stakeholders engaged. The stakeholders identified 58 units of significance. Fifteen subthemes were constructed in five main themes: student profile, student well-being, E-pedagogy, student journey/transition from being a nurse to becoming a midwife and learning in (an online) geographically remote and isolated area. The themes, or topics of evaluation, are dynamic functions and underlying mechanisms of the commonly used evaluation measures student progress and student evaluation.

Research limitations/implications - This P-PE is a single-site study, focusing on a unique programme consisting of a specific group of students living and studying a specific geographic area, affecting the transferability of the findings.

Originality/value - In collaboration with stakeholders, parameters to evaluate the uniqueness of the programme in addition to higher education institution routinely collected data on student progress and satisfaction were systematically identified. The themes highlight that if student progress and satisfaction were the only evaluation parameters, knowledge and understanding of the contributing factors to (un) successfulness of this unique online midwifery programme could be missed.

Keywords Evaluation, Higher education, Distance learning, United Kingdom (UK), Midwives

Paper type Research paper

Introduction

The Scottish Midwifery Workforce Review identified a need to increase access to midwifery education for those who live in the more remote and rural parts of Scotland (NHS Education for Scotland, 2021). Childbearing women in these parts of Scotland experience problems in accessing maternity services, often due to a lack of practitioners organised in centralised

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services - regarded as an inequality in women's reproductive health (Scottish Government, 2021). In addition, Scotland's National Health Service (NHS) recommends that maternity care must be as close to home as possible. This is problematic for childbearing women and their families in the Scottish remote and rural areas due to a shortage of midwives (Scottish Government, 2017). The provision of an accessible programme for registered adult nurses who were already employed by NHS Boards, located in these remote and rural areas, and who aimed to remain living here, were seen as important actors in addressing the rural issues of midwifery shortage and health inequality (NHS Education for Scotland, 2021).

In response to the needs of the Scottish rural and remote areas, Edinburgh Napier University designed a timely online delivered full-time two-year postgraduate diploma/ masters midwifery route, scaffolded by the Future Midwife Standards (NMC, 2019) and the Scottish Higher Education Enhancement discussion paper (Scottish Higher Education Enhancement Committee [SHEEC], 2013). The programme portrays the value of postgraduates to continue their professional development by mastersness, which includes dealing with complexity, abstraction, in-depth learning, research and enquiry, autonomy and responsibility, unpredictability of the real world and professionalism (SHEEC, 2013) – while obtaining a second degree. Mastersness will prepare students for the challenges of contemporary practice – to fit the role and scope of the midwife in the 21st century adapting to changes in society, midwifery, maternity and neonatal care services – and to enhance the postgraduate/master taught student experience (NMC, 2019; SHEEC, 2013). The programme adopts a student-led approach to learning. This approach aims to advance the midwifery profession and meet workforce demands to address the evolving health and social care needs of birthing people, newborn infants and their families. The programme was designed with input from stakeholders, including maternity service users, NHS Education Scotland, practice learning partners, teaching staff and students. The programme consists of theoretical online teaching and self-directed learning alternating with clinical placements. The theory components of the programme are delivered using both synchronous and asynchronous teaching. Clinical skills, such as abdominal examination or examination of the newborn are taught by local midwives employed as associate university lecturing staff (clinical associate) to support the theoretical delivery of the modules (see Supplement 1).

Distance online professional learning has a long history in Anglo-American higher education (Zawacki-Richter and Naidu, 2016) and is the way forward in the digital era, where students from the Millennial generation and Generation Z make up most of the students. These students are known as techno-literate and are accustomed to digital socialising (Hopkins, 2008). Higher education has learned from the COVID-19 pandemic when midwifery education changed substantially as most education, previously delivered face-to-face, was forced online (Kuipers and Mestdagh, 2023). Important for our midwifery programme is that online education appears to improve how students in rural areas prepare, engage and learn (Paudel, 2020).

Quality of learning and teaching is conventionally evaluated by student progress and satisfaction - an integral part of the educational process (Chouinard and Cousins, 2015). Personal and institutional factors influence these parameters that evaluate student achievement and experience and the success and performance of the higher education institution (HEI) itself (Appleton-Knapp and Krentler, 2006; Douglas *et al.*, 2006). Distance online learning, however, might require different evaluation strategies to serve the interests of the HEI and students (Rovai, 2003). Additionally, mature postgraduate students, returning to education, form a unique group in HEI. They are adults with life experience and are generally very motivated but report feelings of impostership, feeling like a digital immigrant and experiencing an identity shift (Aird, 2017). Because the online midwifery

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programme fits the current socio-cognitive landscape, a thorough evaluation of this new programme is needed to assess how it fits with the mature and postgraduate student journey and experience. Evaluation needs to generate actionable knowledge to support, modify or strengthen the future approach, organisation and content of the programme (Chouinard and Cousins, 2015). This led to the following research question:

RQ1. What are the topics for evaluating the online midwifery programme, representing its unique character and the student experience and journey?

To assess the effectiveness or impact of the programme, an evaluation is needed after implementation, starting as early as possible – thus from the start of the programme (Chouinard and Cousins, 2015). Collaboration with professional evaluators is required, those who can contribute valuable expertise, insights and knowledge to the evaluation process – with a strong focus on the student. Professional evaluators are those closest to the programme, generally knowing the most about the programme (e.g. students, lecturers and clinical associates) (Chouinard and Cousins, 2015). Evaluation outcomes will contribute to developing practical knowledge in the pursuit of online education and equipping current and future students to contribute to the midwifery workforce in their remote and rural local areas. Evaluation development will contribute to evaluation capacity building and translating results into evaluation strategies and actions. As such, the evaluation must include an understanding of the practices of the new programme in addition to performance measurement standards. Additionally, methodologically defining unique evaluation outcomes will also contribute to setting an example for higher education in Scotland, the UK and international education that provide similar distance online education.

To explore the unique character of the online two-year midwifery programme, we aimed to generate knowledge about relevant evaluation topics that align with and represent the distinct character of the midwifery programme, informing a practical evaluation framework which enables (future) decision-making about the operationalisation (i.e. design, delivery, impact) of the online midwifery programme.

Methodology

Practical Participatory Evaluation

Practical Participatory Evaluation (P-PE) was chosen as the study design, an approach that involves stakeholders of a programme in the evaluation process (Smits and Champagne, 2008). The P-PE's philosophical and epistemological base lies in a hermeneutic tradition of knowledge creation. Its methodological and ideological roots lie in participatory action research. The coordinators of the evaluation project became partners in the evaluation process. This was important as we wanted to develop a partnership with the stakeholders, ideally for a longer period and not just the period of this evaluation (Springett and Wallerstein, 2008). P-PE is an orientation to enquiry to reveal themes, patterns and insights (Smits and Champagne, 2008; McNiff and Whitehead, 2011); in our case – always with the student in mind. P-PE is characterised by dialogue and the diversity of the roles of the stakeholders in the evaluation process (Smits and Champagne, 2008). P-PE strengthens the evaluation approach and increases impact by requiring deliberate collaboration with the relevant stakeholders (Chouinard and Cousins, 2015). P-PE capitalises on participants' nuanced understanding of cultural, social and political contexts and addresses the most urgent and relevant issues (Cousins and Earl, 1992; Cousins and Whitmore, 1998; Greene, 1998). Findings of P-PE are more likely to be used to refine programme practices and strategy compared to internal institutional constructed evaluation procedures. P-PE builds programme capacity to use data and embed evaluation in ongoing and future programme practice (Bradbury, 2015; McAllister and Geller, 2017).

Evaluation process. The online two-year midwifery programme commenced in January 2022 and simultaneously the evaluation group was formed (YK, GN, SC, CM). At this stage, the activities engaged in under the auspices of the shortened programme were consistent with the routine work of the group members who were involved in day-to-day education. The expertise of the evaluation group included extensive experience in midwifery education and learning and teaching (e.g. curriculum development, planning and leadership, programme approvals, assessment), experience in education research (e.g. innovation, professional identity, student experiences, proactive student behaviour) and writing quality assurance standards as required by both the UK professional regulator and HEIs. Additionally, the evaluation group had experience in student recruitment, student surveys and qualitative measures to evaluate the work of midwife educators. The evaluation group members individually fulfilled roles such as Lead Midwife for Education, steering groups and (international) HEI curriculum boards - allowing the evaluator group to possess technical evaluation skills, interpersonal abilities, awareness and knowledge about the programme (Smits and Champagne, 2008). We used the subjective interpretations of individuals and the collective consciousness of the group of stakeholders, appreciating their information needs, knowledge, capacities and perspectives (Chouinard and Cousins, 2015; Dickson et al., 2020).

At the first meeting, the evaluation group members discussed and identified the stakeholding actors who could fulfil the role of the professional evaluator with a sense of commitment to the programme, knowledge of the programme and involvement in decision-making to obtain perspectives on potential outcomes of the evaluation (see Figure 1). Collaboration with the stakeholders, apart from the students, who had been involved in developing the programme, was re-established, who now fulfilled the role of professional evaluators instead of programme developers. Selection and participation in a certain stakeholder group was by invitation. The stakeholders were invited to identify any programme-related matters through the lens of the student. The first two central concepts of the hypothetical P-PE model were used:

- the data production process, including enquiry and data collection; and
- the knowledge co-construction process, including analysis and interpretation.
 - Students
 - Lecturers
 - Programme team
 - School of Health and Social Care Management, Edinburgh Napier University
 - Academic subject leads Midwifery
 - Line managers NHS boards (Heads of Midwifery)
 - Associate university tutors/clinical associates
 - Practice Education Facilitators
 - Midwives working in various NHS boards (at least at least Highlands, Shetlands, Dumfries and Galloway)
 - Recruitment/placement team
 - NHS Education for Scotland (NES)
 - Edinburgh Napier University Marketing & Communication (student recruitment campaigns)

Source: Authors' own work

Figure 1.
Identified

professional evaluators/ stakeholders F1

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The overall process demonstrated movement between the parts and the whole, intersecting on several occasions of critical dialogue (Smits and Champagne, 2008).

At the time of study (January–May 2022), 19 students, who were employed by the Scottish Health Boards in remote and rural communities, were enrolled on the programme. All were registered adult nurses educated to degree level with a range of post-qualification experience. Many had several years of experience while a few students had qualified more recently. Students had worked in inpatient care, high-dependency areas and primary care community settings.

Enquiry and data collection. We used various data collection methods for our enquiry. Data were collected in an informal (interactive) discussion, dialogue or via a written consultation when participants could not participate in the dialogue. Data from students were collected during online focus group discussions. The students participated twice: before (in the second week of the programme) and after their first clinical experience. The discussions took place on Microsoft Teams[©]. The data from non-student stakeholders were collected via individual face-to-face dialogues at the university or online using Microsoft Teams[©]. Both the focus group discussions and dialogues were led by two evaluators (YK and GN). One evaluator took notes of what was said (after permission of the participants) and the notes of the focus group discussions and dialogues were read and validated by the other evaluator. The written consultation data was collected via email. The emails were used as notes. The notes from one stakeholder group were not shared with the other stakeholder groups. The data was collected between January 19 and May 4, 2022. The discussions, dialogues and written consultation had a semi-structured nature, the questions being:

For students:

- Q1. What in the programme is new for you?
- Q2. What are your expectations of being a student on the programme?
- Q3. What is *characteristic* of the programme?

For non-student stakeholders:

- Q1. What in the programme is new for you and what is new for the students?
- Q2. What are your expectations for the students on the programme?
- Q3. What is characteristic of the programme?

The questions during discussions and dialogues were followed by probing questions to open a deeper dialogue. Stakeholders participating via email were asked to clarify their answers. All participants were instructed to disregard learning outcomes/study progress or student satisfaction as topics for evaluation — as these elements were part of the wider university evaluation mechanisms.

Analysis and interpretation. A structural analysis was performed. The discussion and dialogue notes and the emails were merged randomly into an unstructured document, becoming anonymous and disconnected from the stakeholders. As a result, the focus became an appropriation of the text's meaning rather than a search for participants' unique meanings. The first author organised the text material in units of meaning (what was said). All evaluators read the document and reflected on the units of meaning, subsequently collaboratively constructing units of significance (what the text was talking about). The evaluators used their knowledge and expertise to assign the units of significance. The evaluators' units of significance were merged into a document and quantified by the first author. Three evaluators (YK, SC, CM) reflected on the units of significance, from which the

key and sub-themes emerged (Geanellos, 2000). The findings, the meaning of the findings and the emergent (sub)themes were read by all the evaluation group members. To fuse perspectives, critical conversations, reflecting on and working with the data were key. The (sub)themes were regarded as topics for evaluation. At this stage, the evaluators did not yet consider the pragmatic aspects such as the methods or tools for the evaluation. This is something to be discussed and decided as a next step (Smits and Champagne, 2008), not included in this paper.

Ethical considerations. The enquiry was part of curriculum development and day-to-day routine practice of the evaluators and therefore did not require ethical approval for involving non-student stakeholders (Dickson et al., 2020). We obtained ethical approval from the Edinburgh Napier University Ethics Committee for student participation (Ref. No. 2865761). We adhered to the requirements of data protection legislation including the General Data Protection Regulation 2018 and the Data Protection Act 2018.

Findings

A community of 36 stakeholders engaged in the dialogues and consultations. The stakeholder group consisted of 13 students and 23 individual professional evaluators as listed in Box 1. A total of 97 units of significance emerged from the units of meaning. We recognised fluid, and dynamic functions of the programme (n = 58) among the items of interest, as opposed to static (i.e. functional, fixed) functions (n = 39). We discarded the 39 static units of meaning because these were regarded as unchangeable and beyond the remit or power of the programme staff members, the university, irrelevant for this evaluation or the programme. For example, the quality of Wi-Fi, transport, history of midwifery and portrayal of midwifery in the media. The 39 units of significance also included topics that were already being evaluated as a part of the wider university and NHS evaluation mechanisms, such as employability, finances/ financing the programme, workforce demands, health board management and organisation, university management, NMC standards, professional norms, recruitment strategies, quality assurance, models of care/practice NHS boards, continuous practice development, study success/progress, student satisfaction. After removing the static units of significance, 58 fluid, dynamic and changeable functions remained. From the 58 remaining units of significance, 12 units of significance were mentioned once, 13 were mentioned twice, 13 units were mentioned three times, four units four times, four units five times, two units six times, three units seven times, one unit eight times, one unit nine times, one unit ten times, two units of significance were mentioned 12 times, one unit 13 times and one unit 18 times (see Table 1). The units of significance were constructed in 15 subthemes, making up the final five themes or evaluation topics (see Table 2).

Discussion

To construct a responsive practical evaluation framework including relevant evaluation topics that enable decision-making on the operationalisation of the online midwifery programme, it seems sensible to focus on the student profile, student well-being, E-pedagogy, learning in an isolated and rural environment shaped by distance online environment and the student journey or transition of the nurse becoming a midwife. What became apparent from the units of significance is that it is of interest to know who the students on the programme are and what attributes they bring that might keep them on the programme and can be related to independent learning and completing the programme (Lorenzo, 2012). We believe that, by involving diverse evaluators, we better comprehend the reality of the programme (Chouinard and Cousins, 2015).

T1

Т2

QAE Table 1.	Unit of significance	N^*
	Partnership in learning Developing a sense of community Learner autonomy Accessibility of lecturers, tutors Primacy of physiology Preparation academic staff Student's approach to online learning Total 58 Note: *Number of times mentioned Source: Authors' own work	1 1 1 1 1 1 1 228
	Student profile	Motivation
	Student well-being	Personal qualities, skills, competencies Emotional well-being Self-care
	E-pedagogy	Work/study–(family)life balance E-Learning and teaching strategies E-Programme organisation
	Learning in isolation and rurality	Relationships Social interaction and engagement Online communication/engagement Role clinical area
Table 2.	Student journey of the nurse becoming a midwife	Re-education Role re-development Primacy of physiology
Themes and		

Online education represents the adaptation to the real-world circumstances of students as part of the contemporary cultural context in which learning takes place (Gresham, 2006). The real world of the students in the online midwifery programme is probably more isolated as they live and study in rural and remote areas, a different reality compared to students living and studying in urban areas with student contacts and student facilities within easy access. Therefore, reflection on the impact of isolated learning and what promotes or scaffolds an isolated learning environment is required. Online education needs a pedagogy as a foundation for effective communication, active participation of the student, cooperation in a learning community, student autonomy and socialisation and collaboration in an online environment (Gresham, 2006; Serdyukov, 2015). Evaluation of the pedagogy may serve as a backbone for the online two-year midwifery programme. It seems justified that technological pedagogical content knowledge needs to be part of evaluating the online programme to provide a conceptual base for online education (Koehler and Mishra, 2009; Mishra, 2019; Serdyukov, 2015).

To form a social identity, individuals must categorise themselves as members of a group and establish a level of identification with the group on both a social and emotional level. This is important in career transition as people move into new social groups, suggesting

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that the student journey on the online programme – from nurse to midwife – is a unique transformational aspect in career, role and identity. The students do not only change in terms of the remit of their profession but also their position, that is, being a student again (Aird, 2017). Additionally, identification with a new professional group or status facilitates behaviour consistent with that identity. This transition requires certain coping resources and personality traits, showing the connection with the student profile and student well-being sub-themes (Fernandez et al., 2008). The student journey theme demonstrates transformative learning and career mobility in a health-care career ecosystem. By evaluating this aspect, we will better understand the career transition of our midwifery students. This understanding aids in maximising the future trajectory of the programme in education and health care (Donald et al., 2018). When students transform from nurses to midwives, they will obtain a dual identification, recognised to enhance quality care and the health board's productivity (Bartunek, 2011). The sub-themes: motivation, personal qualities, skills, competencies, emotional well-being, self-care and work/study-(family)life balance are part of human capital. Awareness of students' human capital informs effective recruitment strategies for attracting accomplished students. Consequently, this contributes to the performance and achievement profile of the university (Jackson et al., 2022). Aspects such as disposition, attributes and personality of students might not only be valuable for evaluation purposes but also inform student recruitment and admission, help to better engage with students, a student-centred curriculum and a more holistic approach to quality assurance (Dickson et al., 2020; Frølich and Stensaker, 2010; Tangney, 2014).

Based on our findings we suggest an evaluation approach that includes the topics: students' motivation, personal qualities, skills and competencies as well as student emotional well-being, self-care and study—life balance to be monitored quantitatively, refining and extending existing evaluation measures (Bradbury, 2015; McAllister and Geller, 2017). The meaning and existence of relationships, social interaction, communication and engagement and the student's journey likely need qualitative evaluation methods.

Research implications

The themes and sub-themes that we identified go beyond study progress and student satisfaction and include broader aspects of student experiences on our programme and the more static components of the programme – adding to the body of knowledge. We believe that the student profile, personal-contextual factors, student well-being and learning in isolation are associated with study progress and student satisfaction (Kerr et al., 2006; Cameron et al., 2011; Andrew et al., 2015; Kauffman, 2015; Wach et al., 2016; Haarala-Muhonen et al., 2017; Grøtan et al., 2019; Gadosey et al., 2020; Martin and Bolliger, 2022). Student satisfaction and study progress are important to HEIs, considered as crucial when measuring the quality of education, impacting on the university's image, retention of current students, the attraction of potential students and possible governmental or institutional funding (Rowley, 2002; Clemens et al., 2008). Although student progress and student satisfaction were not included in our themes due to methodological decisions, it is obvious that these are interrelated and thus of importance to include in the evaluation of the shortened midwifery programme. Evaluating the (sub)themes might contribute to understanding unobserved patterns and underlying mechanisms related to study progress and student satisfaction, providing valuable knowledge and a better understanding of the dynamics of the programme.

QAE Strengths and limitations

Because we included only the first two central concepts of the hypothetical P-PE model, we did not provide a contextualised action plan and subsequent instrumental utilisation, which is necessary to facilitate the transformation of the identified (sub)themes from this study into decisions on their practical utilisation and to progress and translate our collaboratively developed knowledge into actionable insights (Smits and Champagne, 2008). Further steps are required to transform this co-constructed knowledge into a plan of action. During the analysis, all researchers relied on their knowledge and expertise. The critical discussions and the breadth of expertise among the research group, allowed sufficient context to limit bias. Only stakeholders who had been previously involved in the development of the programme participated in the study, which might have induced conformity bias or selective perception of the participants. We believe in having minimalised ingroup bias because we did not share information between stakeholders. Although this P-PE is a singlesite study and this paper focuses on a unique programme consisting of a specific group of students living and studying a specific geographic area, affecting the transferability of the findings, it can nevertheless serve as an example for HEIs that provide distance online education.

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Conclusion

This study appraised and generated knowledge to evaluate the fluid and dynamic functions of the operationalisation of the new online two-year midwifery programme in Scotland. The topics of interest not only focus on the underlying mechanisms of student progress and evaluation such as student profile, personal-contextual factors and student well-being but also highlight the unique aspects of the programme such as E-pedagogy, learning in isolation and career transition. If student progress and satisfaction were the only evaluation AO: 10 parameters in higher education, important knowledge and understanding of the (un) successfulness of an education programme such as the online midwifery programme would be lost. Further steps are required to transform this co-constructed knowledge into a plan of action.

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Supplementary material

The supplementary material for this article can be found online.

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