

## RESEARCH ARTICLE

## Planning for co-curricular design—student voice, power dynamics, and threshold learning: A thematic analysis of the student perspective

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## ABSTRACT

A reflexive thematic analysis is applied to focus group data to understand how students experienced working in partnership with university staff and clinical professionals to co-design aspects of the curriculum. A qualitative descriptive approach is used to examine power dynamics, hierarchies, and student voice. Four themes are identified: students felt heard, students understood the relevance of and/or translation to professional practice, students described a shift in their perceived role in the project as well as shifts in hierarchical norms, and they reported feeling a sense of confidence. Insights are offered for applying the students-as-partners (SaP) framework to health education programmes. Relevant threshold learning concepts, cultural competency, and recently announced health system priorities in New Zealand are discussed and presented as both relevant and significant considerations. This analysis intends to offer a unique contribution towards health curriculum discussions, a recognised gap within the growing body of SaP literature.

## KEYWORDS

student voice, person-centred practice, threshold concepts, power dynamics, health and medical education, midwifery

The aim to create experiential learning opportunities in a developing undergraduate programme provided the impetus for introducing principles of students as partners (SaP). These principles include authenticity, reciprocity, inclusivity, empowerment, community, challenge, trust, respect, and responsibility (Cook-Sather et al., 2014; Healey et al., 2014). A SaP approach recognises the expertise and unique perspective of each partner in a relationship (Matthews, 2017). A second-year, one trimester university course of 4 months' duration was selected for the application of collaborative approaches (by students, lecturers, and professionals) to course design. The project was called "Mahi Tahī," which in Māori (Indigenous people of New Zealand) means partnership, building relationships, and collaboration. A qualitative descriptive study was designed alongside the planning phase of the co-design of the course. The study involved focus groups and follow-up reflective sessions, providing researchers the ability to both facilitate and capture change and learning. This paper presents the findings from the study, identifying the impact of discussions with students when they are underpinned by principles of SaP and the application to health practice.

## BACKGROUND

Work readiness is often described as one of the primary goals for higher education. Creating a learning environment that mirrors the reality of future health professional practice is an ever-challenging task (Parker & Grech, 2018). To enter the workforce well equipped, New Zealand's (NZ) graduate midwives are required to satisfy a list of minimum competencies set out by the Midwifery Council of New Zealand (MCNZ)—Te Tatau o te Whare Kahu (MCNZ, 2007). The first of these competencies states: "The midwife works in partnership with the woman/wāhine throughout the maternity experience" (para. 1). It is therefore fundamentally important for midwifery education to impart the concept of partnership, a concept that can be described as collaboratively working together and valuing each person's knowledge in practice. The competency goes further to require midwives to demonstrate an ability to create a functional partnership, work collegially, and possess the skills necessary for negotiating power differentials. The International Confederation of Midwives' (2018) *Essential Competencies for Midwifery Practice* also reflects the notion of working in partnership as an essential skill for professional midwives by stating that members shall "establish and maintain collaborative relationships" and "promote the expression of diverse opinions and perspectives" (p. 10). Relationship building is not unique to midwifery. Other health professional disciplines are investing in education that leads to more effective communication and relationships with consumers<sup>1</sup> (Denniston et al., 2017).

The Mahi Tahī project is based on the SaP framework whereby midwifery students, teaching staff, professional midwives, a learning and development consultant, and a postgraduate student work in partnership. The aim of the project lies in the provision of experiential or threshold learning opportunities which may contribute to a deep understanding of partnership. The notion of partnership is a multifaceted and necessary concept to explore. NZ has an internationally recognised NZ midwifery care model (Freeman et al., 2004; MCNZ, 2021; New Zealand College of Midwives [NZCM], 2020). The profession is guided by the Midwifery Council New Zealand's (2021) *Statement on Cultural Competence for Midwives*, our treaty obligations as citizens of New Zealand under the Treaty of Waitangi (Te Puni Kōkiri, 2002), and Te Herenga Waka—Victoria University of Wellington's (2017) learning and teaching strategy. For students, learning in partnership or collaboratively can

result in improved work-readiness through gaining transferrable skills and an enhanced sense of confidence, capacity, and agency (Cook-Sather & Luz, 2015). These skills are especially important in the field of midwifery where graduates are called to negotiate a traditionally hierarchical sector while maintaining strong adherences to both clinical and cultural partnerships. This study, and the thematic analysis thereof, examines the students' experiences during the planning phase of co-designing a course and asks: How have students' involvement in planning a course impacted their perception of the student role in their learning experience? The analysis will serve to inform directions and priorities for the co-design of other health undergraduate programmes.

## LITERATURE

Health systems are often based on structures and practices that are underpinned by hierarchy and power imbalances. The quality of healthcare can be negatively impacted by the unequal relationships that dominate in this type of environment (Radević et al., 2021). The environment influences the interactions between individual health professionals and consumers as well as the development of services that better meet consumer needs (O'Shea et al., 2019). Consumers' perceptions of where various professionals sit, based on the traditional hierarchy, can also affect who they access for care and how that care is valued (Officer & McBride-Henry, 2021). There is a challenge to shift towards a flattened structure and more balanced partnerships with consumers (Bombard et al., 2018). However, health care professionals are educated in organisations that often model hierarchical structures, perpetuating, rather than challenging, the existing systems. Through students becoming stakeholders in their education and engaging collaboratively with teaching staff, there is the potential for undergraduate health students to develop skills to become change agents in both their education and the provision of future healthcare (Healey et al., 2016; Reinholz et al., 2020).

### **Power relationships and role shifts**

Literature suggests that SaP practice within education institutions may provide an antidote to the rigidity facing the sector's status quo. Reciprocity is a commonly used term in SaP literature to describe the sharing of ideas, goals, and perspectives within a partnership (Mercer-Mapstone et al., 2017). Reciprocity can be used as a tool which "inherently subverts the traditional power hierarchy between learners and teachers by re-positioning partners as learners and teachers" (Mercer-Mapstone et al. 2017, p. 14). Using Foucauldian and Bordieuan philosophies of power, Matthews (2017) explains that accepting power as (a) ubiquitous (therefore it cannot be ignored) and (b) a social resource or capital can be a starting point in which to discuss power relationships within the realm of SaP. By valuing the exchanging of ideas and the sharing of perspectives, SaP-based partnerships can be simultaneously enriching and confrontational experiences as they seek to define and transcend historically accepted striations. This sharing of power is achieved by the repositioning and/or shifting of roles and identities (Matthews, 2017). SaP practice is known to disrupt the assumptions about power within various disciplines, assumptions mirrored in healthcare (Kehler et al., 2017). An example of this disruption can be students becoming co-authors thereby breaking the norms of academia. The question can be asked whether any SaP process can be entirely equal when academic publishing, even within the canon of SaP literature, is still often accomplished by the university lecturer, who has the most to gain from a published article. Exploring power, and its relationship within curriculum co-design

and academia, brings opportunities for experiential learning within the university environment (Englander et al., 2020; Königs et al., 2021).

### **Co-creation of curriculum**

Co-creation within SaP draws on preceding pedagogies of the past 30 years, such as student-centred learning, self-directed learning, student involvement, and engagement. SaP goes further to promote a deeper engagement between students and staff (Lubicz-Nawrocka, 2018). Co-creation of curricula using the SaP approach has been described as a democratising process whereby students are supported and encouraged to develop their voice leading to a deeper and more meaningful participation in their education (Cook-Sather, 2012, 2020). There is the potential of SaP work to draw together people who see the world differently, and it provides a way to respect and value their points of view (Sternberg et al., 2018). These experiences can contribute to an increased sense of confidence and purpose in both their academic and personal lives. It is through this focus on collaborative design that all participants gain a deeper perspective of one another's journeys. Lubicz-Nawrocka (2018) looks at curriculum co-design and student voice in higher education by applying Baxter-Magolda's concept of student *self-authorship* (defined as self-evaluation as a sum of three aspects: the cognitive, interpersonal, and intrapersonal), concluding that student and staff self-authorship is enhanced by engaging in curriculum co-design. Curriculum co-design projects, which have "authentic" and "active" (p. 56) styles of engagement result in "shared responsibility, respect and trust, learning from each other within a collaborative learning community and satisfaction and development for individuals" (p. 55). Co-creation can provide a means for facilitating discourse about one another's wants, needs, and goals, which makes each educational interaction more personalised, diversified, modernised, and relevant. It also becomes a means of preparing students for collegial, professional relationships and relationships with consumers. The principles of SaP align with what consumers are seeking from their healthcare experience (Healey et al., 2016; Reinholz et al., 2020). Engaging students in a SaP-based curriculum codesign model may help students adapt to an evolving and complex workplace (Lubicz-Nawrocka, 2018). A systematic review, focusing on how SaP is presented in the literature, highlighted the need for a shift in higher education to more inclusive relationships, a transformation that is also required in the health arena (Mercer-Mapstone et al., 2017). Students can develop a widened perspective of higher education and provide unique insight because of their direct and personal involvement, becoming subject matter experts (Sternberg et al., 2018). Studies have shown that in a partnership and co-design setting, both students and staff report experiencing significant, irreversible threshold learning (Werder et al., 2012).

### **Threshold concepts**

Meyer and Land (2005) coined the term "threshold concepts" (TC) and define the term as "portals" that, once entered, "lead to a transformed internal view of subject matter, subject landscape or even world view" (p. 19). In this sense, it has been suggested that a new way of knowing or interacting with the world can be attributed to the experience of a student-staff partnership (Cook-Sather & Luz, 2015). TCs are irreversible, meaning that once a student grasps a concept, their self-identity or way of interacting with the world is irreversibly altered (Hill, 2020; Meyer & Land, 2005). Literature suggests that threshold learning is quite often associated with SaP engagement (Barradell & Peseta, 2016; Cook-Sather & Luz, 2015; Werder et al., 2012). There can be an interconnectedness of TCs with

essential workforce requirements when structured into the curriculum (Barradell & Peseta, 2016). Both are centred in respect for the consumer voice. Within the health arena, the very act of considering consumers' points of view can be a transformative experience. These experiences can progress to TCs relating to understanding the reality of inequality and injustice in healthcare (Neve, 2019). Work readiness can be further broadened to include stakeholder networks in curriculum co-inquiry and beyond the realm of student- academic staff partnership to the professionals working in the field (Barradell & Peseta, 2016).

### **Health professional education**

Despite the promise of SaP being a platform for TCs to be introduced into health education, there remains a dearth of literature in comparison to other disciplines (Barradell & Bell, 2021; Pereira et al., 2020). Within the SaP literature, no studies were found specifically relating to midwifery. An alternative model to SaP, the Solihull approach, also promotes reciprocity as a pillar. Using this model, a UK-based midwifery educator has explored supporting student midwives as they transition into the work setting (McKellow, 2019).

The hierarchical nature of medicine creates pressure to perpetuate the status quo, leading to undervaluing the student voice, particularly in the clinical arena (Pereira et al., 2020). A much deeper examination of the power and hierarchical structures may be required (Cook-Sather & Luz, 2015). Another barrier is the knowledge of health educators in being able to set up co-design environments with students (Könings et al., 2021). There are small studies that explore the link between the principles that underpin effective relationships with consumers' healthcare and the learning environment for undergraduate health students (Könings et al., 2021; Lubicz-Nawrocka, 2018). Extending the partnerships beyond the learning institute to also include industry partners has the potential to further strengthen the application to future working environments (Lewis, 2017).

### *New Zealand midwifery*

In the New Zealand context, based on our responsibilities under Te Tiriti o Waitangi (The Treaty of Waitangi), midwifery practice aims to be whānau-focused. Whānau is the Māori word for family or support network and describes any person/persons involved in supporting the pregnant person's care. This whānau focus is a reciprocal approach to midwifery that benefits the pregnant person and acknowledges the integral, cultural ties that families and communities maintain as part of the relationship. It is an aspect of cultural literacy that further emphasises the need for a SaP programme within the midwifery setting. Exemplifying this need is a 2020 Delphi study looking at issues facing midwifery education in both Australia and New Zealand. Eighty six percent of respondents ranked the development of cultural capacity for students as high and urgent priorities (Sidebotham et al., 2020). This added layer of partnership awareness, within the New Zealand cultural context and beyond, is both noteworthy and timely. Creating learning environments which support midwifery students to grasp relevant threshold concepts could contribute to a more collaborative, whānau-focused midwifery practice where an effective partnership is a key responsibility of the midwife (MCNZ, 2007).

## RATIONALE FOR THE STUDY

A SaP approach to course design models partnership and the whānau-focused practice we wish to embody in our students. By shifting the power imbalances within the teacher-student relationship and engaging students in co-design, our intention is to support our students to adapt to the increasing complexity of the workplace. In the process, it is important to understand how students' learning experiences are affected by such an approach. In this study, we contribute to the understanding of the student experience when students are engaged in a SaP project to determine if a student-staff partnership experience has led to threshold experiences for these learners. If this has occurred, then how might these experiences enhance understanding of working in partnership with women, pregnant people, and their families?

## METHODOLOGY

The study used a qualitative descriptive approach with a transformative world view. Questions of historically held power dynamics, hierarchical stratification, and student voice are examined. Through drawing on aspects of threshold learning theory and experience to describe and analyse, voice is given to the student experience. The transformative paradigm, underpinned by notions of equality and justice, is described by Mertens (1999), a transformative scholar, as an “emancipatory, anti-discriminatory, participatory and inclusive” approach to research (p. 4). By exploring social and power imbalances, researchers working in a transformative paradigm seek to foster change within society using the voice of research participants as the paramount ontological position (Mertens, 2017, 2019). By participating in the project with this lens, a postgraduate researcher gave voice and power to the undergraduate student. Traditionally, undergraduate students are situated lower within the university's hierarchical stratification than a postgraduate student, and lower still compared to academic staff (Healey et al., 2014). Bearing in mind these power differentials, highlighting anything that the participants vocalise as being a disruptor to the status quo becomes important.

### Method

The plan to co-design a course was presented to the second-year students, who would subsequently be undertaking the designed course. The purpose was to gain their initial response to applying the principles of SaP within their learning environment with the overall aim of applying these to clinical practice. Ethics approval was gained from Te Herenga Waka—Victoria University of Wellington's Human Ethics Committee to collect data during the planning phase. Students were invited to participate via an online class announcement. Further information was provided to interested students. Five student representatives agreed to take part, alongside three departmental teaching staff, a curriculum development expert, and two professional midwives. The students, staff, and professional midwives were all engaged in a conversation regarding the upcoming course and how working in partnership to develop one of their courses might be achieved. Demographic details were not collected to maintain anonymity. Each participant signed consent forms acknowledging their desire to participate and giving their permission to be audio recorded. The professional midwives were self-employed and worked in the community providing midwifery care. They attended initial meetings with the purpose of providing connection to the work readiness skills that the project proposed. However, it was found that the timeframe of the study was too short to build the needed relationships with

the midwives, who were outside the university environment, and they elected not to participate further.

Three focus group sessions were held at 3-week intervals. The sessions were of 2 hours' duration and undertaken prior to the trimester in which the course was to be delivered. Not everyone was able to attend every session; however, there was a mix of representation from each group. Session one focused on getting to know one another, explaining the research proposal, and discussing partnership. Session two focused on the students' reflections from session one as well as a more specific discussion on how they felt about different types of learning assessments. Session three was a continuation of discussions on fair learning assessments and more detailed scenarios in which the students discussed how they would like to involve the rest of the student cohort. Transcripts from the focus groups identified the responses from each attendee and were provided to all involved for reviewing. Three students consistently attended and made themselves available to me, the lead author, for both group and individual follow-up discussions. It is the transcript data from these three students, from both the focus group discussion and follow-up discussions, that has been used for thematic analysis.

### **Data analysis**

Data analysis and interpretation was guided by the six phases of reflective thematic analysis (Braun & Clarke, 2013). The first step involved me becoming familiar with the data through both reading the transcripts and listening to the recordings. During subsequent reads, anything that related to the research question was considered potential code material. Coding was organised manually with printed transcripts, coloured pencils, and sticky notes. This process was undertaken three times, refining the codes each time. The codes were then grouped into themes and defined, ensuring each was able to stand on its own to answer the research question. The student participants reviewed the themes for accuracy in portraying the story of their experience. The phases are a loose framework and not a prescriptive step-by-step formula. Being a student author, and therefore relatively new to qualitative research, organising and quality checking of this analytic process has proven helpful. Quality was then checked by using Tracy's (2010) qualitative research criteria.

The essence of the research was born from a series of my own experiences as a summer scholar, a paid position awarded to a postgraduate student to undertake research during their university holiday. I worked with educators and student representatives to co-design a course. The research also included personal reflections and conversations with academic staff on the topic throughout the co-design process. Rather than approaching the research with a pretence of utter objectivity, I wanted a valid and academically respected means by which I could openly consider, and thereby acknowledge, these influences. My subjectivity as researcher and that of the student-collaborators on the project only serve to enhance the collaborative co-design ethos, and therefore the research question itself. For this piece of research, a particular interest was highlighting any changes to the students' ontological position stemming from their journeys as partners in the project. In other words, where do these students see their role in the social strata of higher education and, furthermore, within midwifery's unique culture? I examined students' comments throughout the focus groups to answer questions about perceived identity (or role) shifts, and whether they were a result of participation in this project. Areas that proved

challenging in the process of shifting the traditional relationships between students and educators were also noted.

## FINDINGS AND DISCUSSION

The findings are presented under four themes with discussion on how these build on the existing SaP literature. The potential for application to clinical practice through the introduction of SaP in undergraduate health education is discussed. Aspects that were challenging in the project are also outlined, alongside suggestions for further consideration and research.

### **Theme 1: Students felt heard**

“Feeling heard” is a term associated with psychology and social justice movements. This theme tells the story of students, as a marginalised group, who entered a situation rife with traditionally hierarchical roles and came out the other end reporting elements of surprise that they, themselves, added value to the co-design process. These reports of feeling heard are a type of demarcation whereby the students realise a shift in identity or role has occurred. There were 10 instances in the data set where students remark on their voice being an integral consideration. The co-design discussion primarily centred around curriculum and assessment design. Students enthusiastically offered ideas, opinions, and anecdotes, which they described in the focus groups as a true sharing of ideas between academic staff and students. However, the most interesting development was when students were prompted to discuss what was unique about their involvement with this project. The students began to note that they were surprised by the genuine nature in which their thoughts and opinions were solicited. For example, Student B noted: “I don’t think I was ever heard [before this],” Student A said: “My opinions felt considered,” and Student C commented: “I can’t think of a significant time in my life, like in work or school or anything, where I’ve been asked for my opinion, and they [the researchers] wanted to hear it.”

This shift in expectation on the students’ part was acknowledged and discussed at length during the second focus group. The students’ sentiment of feeling heard, listened to, and respected and belonging within the core of the research group had lasted since then, as is evidenced in the transcript from the final focus group. The final focus group was a session designed to capture an overall sense of the students’ perspective. When prompted to discuss how they felt about the Mahi Tahi project and their involvement, the students’ answers continued to reflect an element of surprise. Student A said: “I was surprised and happy to hear that our input had been valuable, and that we will have an opportunity to have our names included in the final published article!,” while Student B noted that “it was about having your opinions considered, thought about, and not blown off.” Student C expressed that they “felt really heard and listened to. It was really nice.”

The students reported feelings of being considered and feeling like they belonged as part of the research group. In their words, they felt “heard.” The phenomenon of feeling heard is far more than a feeling of expressing yourself acoustically (Murdoch et al., 2020). The students in this study reflect Murdoch et al.’s (2020) discussion of the two-fold meaning of feeling “heard.” The term stems from both educational scholarship as well as from a transformative philosophical stance. In terms of the former sphere, the term relates to a means of communication within the classroom eliciting productive and transformative learning to occur (Hintz & Tyson, 2015). In terms of the latter sphere, it is focused on those

who have been historically silenced or marginalised being given the right to have their say (Huey-li, 2001). The students experienced both aspects of this phenomenon, as evidenced by positivity and surprise that their thoughts and opinions were considered. There was also the realisation that, despite common academic publishing norms, they as undergraduate students would be given the opportunity to be included as co-authors in any resulting publication.

Regarding the transformative philosophy-based notion of feeling heard, it is important to note a deliberate distinction between (a) a generalised and (b) a marketized idea of capturing student opinion. SaP has been deemed countercultural to the neoliberal beginnings of student engagement, whereby students are seen as consumers and the student voice is reduced to simply providing an ex-post feedback mechanism or data source on consumer experience (Bovill et al., 2016; Mockler & Groundwater-Smith, 2015). In the co-designing of this university course, students were involved in its shaping from the beginning.

Consumer involvement in healthcare has many parallels to the relationship between educators and students in curriculum development. Input from consumers into the health service has traditionally been retrospective via feedback on the care received, with consumer knowledge being undervalued. A new perspective on a different, yet valid knowledge, is emerging, with services co-designed with the community increasing (Bombard et al., 2018). As the realisation that there needs to be a stronger collaboration grows, future health professionals need both a conviction of the value of consumer knowledge and the skills to develop these collaborations. Without such skills, there is the risk of the involvement of consumers being perceived as tokenism (Bombard et al., 2018). By applying the principles of SaP in the classroom we are building on the work of Englander et al (2020) by creating an experiential learning process that models the future health care environment. Thus, we hope to provide both the determination for change and the ability to achieve it.

The experience of feeling heard and of value to the outcome of the project and its resulting publication may develop a cohort of student representatives who are less apt to waver or feel uneasy when the concept of co-design is raised, either within education or in future healthcare situations with consumers. Conversely, within this specific study, there was the risk that student colleagues would direct criticism towards the student partners who contributed to the design of the course, particularly if they did not feel comfortable with a change in education style.

More specifically, the experiential lesson of feeling heard can apply to the partnership model of care between midwives, women, pregnant people, and families/whānau. If using a professional scenario, one could argue that consumers need to be given a platform in which they feel welcome to state their views, intentions, and opinions, so that they too feel heard, experience a sense of partnership, and therefore a sense of connection. In the same way that the students experienced an enhanced sense of belonging, the sense of feeling heard can take people through aspects of pregnancy, childbirth, and parenting, which can feel uneasy or ungrounded, and lead to potentially better birthing experiences and outcomes.

## **Theme 2: Students understand the relevance and/or translation to professional practice**

Theme two captures the intuitive nature in which students see the relationship to their experience as co-contributors to the Mahi Tahi project and their future selves as professional midwives. In SaP literature, we often see discussions of students responding to marketized student engagement rhetoric and expecting to see value for money or value for effort or engagement (Seale et al., 2015). Within the project, the students' experience tells a positive story of quality assurance assessment. In other words, they see the value added, and they see that time and commitment spent on this project will serve to shape and improve their professional lives as midwives. Students discussed the relevance of the focus group sessions in relation to either their future professional practice and/or future research endeavours. When prompted to reflect on their involvement in the planning, the students saw a benefit to their own professional development. Student A stated, "Just participating in this conversation is enhancing your learning as a midwife". Student C agreed, "I am all for questioning current midwifery practice and how it can be improved. Nothing but positives can come from this [project]."

Students made more direct connections between the project and their work-readiness further into the focus group sessions. One such discussion involved the idea of students engaging with a personality profiling system. It was suggested that, with this information, students would develop a deeper understanding of one another. This was a popular idea with the entire focus group, but Student B succinctly communicated the ultimate goal: "I can see us all out there practicing, working together, supporting each other because we've got this really good understanding about how people work and what makes them tick" (Student B).

The project exposed students and staff to an ethos of partnership, and in doing so, provided students an increased sense of work-readiness for the field of midwifery. Reyes and Adams (2017) have explored the application of a SaP approach in relation to cultural diversity and facilitating skills for working together, further supporting the application for the New Zealand health education arena. Student B's comment on the importance of peer understanding builds on Lubicz-Nawrocka's (2018) argument that co-creation can lead to work-readiness skills of collegiality and professionalism. This idea ties into the International Confederation of Midwives' (2018) *Essential Competencies for Midwifery Practice*, which requires midwives to be able to negotiate collegial workplace partnerships. The students' responses reflect principles of SaP being manifested in a short time frame (Matthews, 2017). In this theme, Student B acknowledges how personality typing done within the realm of a SaP project can translate to long-term benefits towards better collegiality and power-sharing in the workforce. Student A had the "aha" moment whereby students realise that the skills they gain are transferrable. They seem to express the realisation that by committing to being an active participant in this SaP project, they were also imparted with skills they can apply beyond the classroom and learning environment, translating into skills necessary for the workforce. Partnership, as the cornerstone of midwifery practice, gives each student a chance to make more meaningful connections between the partnership exemplified in this educational setting and partnerships in the professional sphere, with pregnant people and family/whānau.

Student C's comments build on Lenihan-Ikin et al.'s (2020) transformative vision of SaP research and their description of an ideal university setting that is fully immersed in the ethos of respect, responsibility, and reciprocity. Students, they imagine, are "fully involved

from inception and design, construction and creation, through to implementation (and even reimagining and discarding, where necessary) of all aspects that affect student learning, wellbeing, and lives" (p. 39). Going further, they support aspects of Sidebotham et al.'s (2020) research where they seek to add direction to midwifery education priorities which better reflects the unique cultural landscapes of Australia and New Zealand. Student C understood that tackling tough issues, such as the questioning of current midwifery practice, can lead to improvements for the field.

### **Theme 3: Students report a shift in their perceived role in the project as well as shifts in hierarchical norms**

Theme three is about the shifting of roles which serve to identify/classify us and about the negotiation of self within an altered power dynamic. Together with the students, I tell the story that introducing the SaP framework had on students and emphasise thought, identity, and role transitions that they expressed during the focus groups.

Students discussed a transition of perception from their initial views of higher education towards a less hierarchical, more collaborative model. When the focus group discussions turned to encouraging cultural diversity amongst the research team, a member of the teaching staff asked how the students might relay their experience of Mahi Tahī back to their colleagues. Participants gave the following responses:

- "It's a collaborative effort" (Student C)
- "I didn't even know that students designing an assessment was a possibility!" (Student A)
- "Traditional roles have been switched at this point" (Student C)
- "We're sort-of starting with a blank slate, and it's not like we are re-designing something that already exists" (Student A)
- "So, we all have an idea of what teaching and learning looks like, I think I'll tell people: 'Chuck that out the window' and we are starting fresh" (Student A)
- "I saw us all as equals working on a project together" (Student B)
- "I very much respect that the hierarchy has been put into question, considered and examined" (Student C)
- "I could see and understand that oh, the conversation switched to us [students] doing the talking" (Student B)

Allowing the students an opportunity to engage in a partnership project based on the tenets of SaP with staff, experienced professionals, and a postgraduate student has given the students a new lens on their programme and arguably their ideas of academia, in which the students expressed a strengthened sense of belonging. There is growing literature on the link between belonging and mental health for students, and the subsequent impact on learning (Moeller et al., 2020). Application of SaP has the potential to both provide experiential learning and create a secure environment in which the student is more likely to achieve that learning.

Midwifery students will face significant stress and hierarchical challenges as they transition to working in the hospital setting. SaP engagement such as with Mahi Tahī exposes these budding professionals to a more cooperative and therefore empathetic leadership style within the stratified system of higher education. Because of, and not despite, the hierarchy that students experience in traditional higher education settings

(which mirror well the healthcare field itself), students who are given the opportunity and agency to develop skills for negotiating complex challenges can only become more work ready. Furthermore, it could be argued that future cohorts of students graduating and moving into a work setting, such as a hospital, have the potential to disrupt and modernise this historical hierarchy, acting as change agents within the workforce.

#### **Theme 4: There was a sense of confidence felt by the students**

Theme four encompasses a sense of ease or empowerment in several areas. The student participants referred to their involvement in the project as “...empowering” (Student C) and that they felt “...more confident speaking to lecturers and educators in the university context now.” (Student A). Student B stated “I would recommend this experience to any student. You get a glimpse into the inner workings of the programme.” Student B went on to say, “It was pleasing to hear from the lecturers that they were able to experience the shift in hierarchy.”

This is further evidence of the findings of Mercer-Mapstone et al.’s (2017) systematic review where an increase in student confidence was identified as a key outcome. Students can develop a wider understanding and perspective of their organisation and reflect on their place within that setting. There comes a realisation, for both the student and teaching staff, of the insights students already possess and can contribute to the shaping of their own education, a finding similar to the study by Sterenberg et al. (2018). On another level, the de-mystification of the research process may have a positive effect on the cohort involved in this project. The authors suggest further inquiry be made on students’ research literacy and how it connects to their self-confidence.

#### **Threshold concepts: Adding meaning and relevancy to themes**

The four themes tell a story of mutually beneficial outcomes, but we also see that the themes weave together seamlessly, becoming interdependent. They tell an even larger, more cohesive story of students gaining a sense of confidence or self-agency which they know will serve them as health professionals. The thematic analysis portrays three students who have indeed experienced this shift in subjectivity and repositioning of self: a threshold concept. Exploration of pedagogy is required so that learning experiences are designed around facilitating students to make this leap of understanding from which they cannot return. There is debate over whether these concepts should be named and explicit, something identified by Natarajan (2013) as creating a sense of anxiety for students. An alternative is creating an environment in which threshold concepts are experienced and reflected on retrospectively in relation to their application in healthcare. There are many parallels between the classroom and clinical arena in relation to how interactions will occur for students as future health professionals. The very process of making changes to the traditional ways of teaching can be challenging. This can be likened to that of the consumer of healthcare who expects to be told what they need to do and when asked to be involved in the decision-making becomes confused about roles.

The four themes derived in this thematic analysis have been related to examples of threshold concepts within healthcare (Table 1). The examples serve to further analyse the students’ experience and applications for their professional development.

**Table 1: Four themes and the relevant threshold concepts**

THEMES	RELATIONSHIP TO THRESHOLD CONCEPTS
Theme 1: <i>The students felt heard</i>	<ul style="list-style-type: none"> <li>• Describes a shift in the students' self-identity and a repositioning of roles.</li> <li>• Shifts can be related to threshold concepts of "considering the whole person," "overcoming bias and stigma," and, even further, "collective competence (the recognition that effective care requires collaboration with other team members)" (Neve, 2019, p. 6).</li> </ul>
Theme 2: <i>Students understand the relevance and/or translation to professional practice</i>	<ul style="list-style-type: none"> <li>• Relates to threshold concept of "understanding the bigger picture" (Neve, 2019, p. 6).</li> <li>• Can be especially rich in its application across NZ health education where a level of bi-cultural respect and understanding is foundational to our society and is aspired to within midwifery and within our wider health and education objectives (MCNZ, 2021; VUW, 2017).</li> <li>• Neve et al.'s (2019) observation whereby students understand "the bigger picture" in relation to a patient's co-morbidities and the complex care these patients may require.</li> </ul>
Theme 3: <i>Students report a shift in their perceived role in the project as well as shifts in hierarchical norms</i>	<ul style="list-style-type: none"> <li>• Students report a role shift which challenges hierarchical norms.</li> <li>• These role shifts parallel with the threshold concepts of "social justice" or the "importance of caring for people who are socially or culturally marginalised" (Neve, 2019, p. 6).</li> </ul>
Theme 4: <i>There was a sense of confidence felt by the students</i>	<ul style="list-style-type: none"> <li>• A shift in confidence, unique to SaP threshold experience, whereby students emerge from a partnership endeavour with an altered notion of their role as a student; a transformation from passive receiver towards a role of participatory colleague who engages, directs, and adds value to the pedagogy.</li> <li>• Cook-Sather and Luz (2015) discuss this threshold concept in an article looking at participation in a SaP project as a distinct threshold concept. They argue that an increased sense of confidence and capacity on the part of the students is a fundamental feature of this threshold concept and that it can "transform higher education into a more democratic space of shared responsibility" (p. 1106).</li> </ul>

The positive shifts have been outlined; however, challenges were experienced during the project. There were concerns raised by all participants about potential issues going forward. As already mentioned, building relationships with professional partners required more time than was possible within the research period. This limited their input into the collaborative design of the course. Further work is required on how best to integrate students and staff with those already in the workplace to create three-way partnerships, something which Lewis (2017) argues increases employability of graduates. Students were also busy with their study, part-time work, and clinical placements, resulting in the final interactions with the researcher being on an individual basis. All parties were aware of the more in-depth relationship that had developed between the student partners and teaching staff and how that could be perceived by the other students in the course. A shift had been facilitated for a small number of students. Students involved in curriculum design projects may feel comfortable promoting their involvement in new models of learning, however they may also choose to maintain their anonymity for fear of criticism from student colleagues. Challenges such as these can be reframed as further learning opportunities for situations that reflect the reality of practice (Lubicz-Nawrocka & Bovill, 2021).

The small number of students whose experiences are captured in this study will not be representative of all students in the class. As students self-selected to participate, they may reflect a particular openness to principles of SaP, and therefore barriers that may be present for other students have not been captured.

## CONCLUSION

Healthcare provision requires effective interactions with consumers, their families/whānau, and the wider community to establish care that meets individual needs. The consumer has knowledge that only they have, and it is integral that this knowledge is valued and understood by the health professional. It is only then that their clinical skills can contribute to the desired outcome for the consumer, which may be different to that of the health professional. Creating health graduates who understand this concept can be difficult, especially when they have not experienced such a reciprocal relationship personally.

During the planning phase to co-design a 4-month course, it became evident that the students engaged in the project were already voicing meaningful transitions in their views, their sense of place, and their confidence levels. In keeping in line with a philosophical worldview and academic, personal, and professional experiences, the researcher applied a qualitative descriptive approach with transformative underpinnings to analyse transcript data to answer this research question: How have midwifery students' involvement in the planning of a course impacted their perception of the student role in their learning experience? The analysis shows that, within a relatively short timeframe, students engaging in pedagogic consultancy experienced substantial ontological shifts and threshold learning experiences.

Through a thematic analysis of the student experience, aspects of power and hierarchy were explored and emerge as ever-present concepts throughout these topics. Our responsibilities under te Tiriti o Waitangi mean that the New Zealand health education landscape is especially suited to further partnership-based learning. The research gap which situates midwifery education within the SaP framework is markedly wide. The feasibility of applying the principles of SaP as a heuristic learning opportunity for midwifery students provides immense possibilities. The transformative ethos of partnership and collaboration are incredibly relevant within this current era of vast societal transformation. Adding SaP-

based research to the body of midwifery, and furthermore to other aspects of health education research, can only serve to create dialogue on work-readiness curriculum design for the health professional.

For students involved in the Mahi Tahi project, threshold concepts introduced in the academic sphere may not only provide them with a new way of being a student, but they may also become permanent aspects of their skill set which will follow students as they metamorphose into professionals.

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#### NOTE

1. The term “patient” does not accurately portray recipients of healthcare who are well, as is the case for consumers of many community-based services, including midwifery. There is much debate over an alternative with there being no agreement, as yet, for a suitable label that portrays a true collaborative partnership (Costa et al., 2019). For this paper the term “consumer” is used to encompass people engaged with the health service (Health Quality and Safety Commission, 2022).

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