

2019-04-02

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<http://hdl.handle.net/10026.1/13774>

10.12968/bjom.2019.27.4.251

British Journal of Midwifery

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An evidence-based toolkit to support grading of pre-registration midwifery practice

Way, S., Fisher, M. and Chenery-Morris, S., 2019. An evidence-based toolkit to support grading of pre-registration midwifery practice. *British Journal of Midwifery*, 27(4), p251-257 <https://doi.org/10.12968/bjom.2019.27.4.251>

Review: This article was subject to double-blind peer review and accepted for publication on 27 February 2019

Abstract

Grading of practice has been incorporated into the United Kingdom (UK) Nursing and Midwifery Council's midwifery education standards since 2009. The literature identifies that grading practice can be fraught with challenges not least related to subjectivity, inconsistency, lack of transparency and grade inflation. An established group of UK-wide, lead midwife educators recognised these challenges and through completing a three phase project, developed an evidence-based Practice Assessment Toolkit which aims to facilitate consistent, robust and objective grading of student practice. It is suggested that this toolkit may be useful to those developing practice assessment documentation or writing evidence to reflect a student's progress and achievement in practice.

Key points

1. Midwifery practice assessment documents used across the UK Higher Education Institutions are not always easy to interpret and lack parity and consistency.
2. Lead midwife educators across the UK took a strategic approach to address the challenges being attributed to grading practice.
3. Eleven core principles for grading midwifery practice have been developed that aid clarity, fairness and robustness for the student and the midwife confirming the student's performance.
4. An evidence-based Practice Assessment Toolkit has been developed with particular relevance for those supervising students on a daily basis when writing evidence to inform summative assessment of their progress and achievement.

Introduction

It is well documented (Heaslip and Scammell, 2012; Bennett and McGowan, 2014) that grading practice is not an easy task and can be open to subjectivity, ambiguity, confusion and grade inflation (Donaldson and Gray, 2012). As midwives we have a responsibility to support and educate student midwives in practice (NMC, 2018a). For some that may include making a graded assessment of their practice (NMC, 2009), but for all midwives, there will be the need to contribute measurable evidence which focuses on the student's performance during their period of 'practice supervision' (NMC, 2018b). This paper explores some of the specific outcomes of a three phase project that led to the development of a Practice Assessment Toolkit which may be used as a guide when developing practice assessment documents and to assist those writing evidence of student progress and assessment (AUTHORS, 2018). A key emphasis of the toolkit is that "student assessments are evidence based, robust and objective" (NMC, 2018b:9).

Background

The UK-wide Lead Midwife for Education (LME) Executive, is a national group of senior midwife educationalists from all Higher Education Institutions (HEIs) across the United Kingdom (UK) that deliver midwifery programmes leading to registration on the Nursing and Midwifery Council (NMC) register. The group were aware early on of the growing issues attributed to grading practice and challenges that midwives often faced when making a graded assessment of a student's performance. Lead midwives for education were ideally

placed and wanted to take the lead in addressing the issues at a strategic level in order to make a difference for practitioners, students and academics alike. Ensuring the assessment of a student's practice in a robust and consistent way was seen to be crucial in providing safe and effective care that protects women and babies. A working group of interested LMEs was established who embarked on a three phase project (Figure 1) to firstly undertake a scoping exercise of processes and views on current approaches to grading midwifery practice (AUTHORS, 2017a); secondly to identify a set of core principles for grading of midwifery practice (AUTHORS, 2017b), and finally to develop a UK-wide, generic framework for grading midwifery practice (AUTHORS, 2019). It was felt that this action was timely as the NMC were beginning to review the pre-registration midwifery education standards (NMC, 2009) and the outcomes achieved from the project could therefore provide an evidence base for best practice in terms of assessing the knowledge, skills and behaviour of students in the clinical environment.



Figure 1: Three phases of the project

Midwives practising in the UK will be aware of the newly published NMC standards, which set out what the NMC expects for the learning, support and supervision of students in the practice environment as well as how students are assessed for theory and practice. These standards replace the role of the mentor and sign-off mentor (NMC, 2008) with that of practice supervisor, practice assessor and academic assessor (NMC, 2018b).

The new standards resulted from a major review by the NMC of their education standards to ensure they were future proofed and fit for purpose (NMC 2018b, NMC 2018c). A practice supervisor supports and supervises midwifery students in the practice learning environment and may not be a midwife. For example, the practice supervisor may be a paediatric nurse if the student midwife has a placement in the neonatal intensive care unit. However, the practice assessor is a clinical midwife who makes and records objective, evidenced-based assessments on conduct, proficiency and achievement, so it is important that the practice supervisor can document clear and easily understood evidence detailing the student's progress so the practice assessor can make this judgement. An academic assessor is a midwife academic who again makes and records objective, evidenced-based assessments on conduct, proficiency and achievement but also recommends progression (NMC, 2018b). The term "sign-off mentor" is used in this paper to reflect the period during which the study was undertaken, but can equally be applied to these new roles and principles.

The evidence base supporting the toolkit development

Phase 1: How was practice currently being assessed?

The first phase comprised of a descriptive, evaluative survey, which aimed to determine the variety of ways practice was being assessed, the tools that were being used and the views of practitioners using the tools (AUTHORS, 2017a). A response rate of 73% was achieved comprising of 40 of the 55 HEIs represented by the participating LMEs. The results confirmed that there was a significant lack of parity in the process of grading practice. Table 1 identifies some of the similarities and differences under six emerging themes.

| Themes | Similarities | Differences |
|-----------------|---|--|
| People | Mentors; sign-off mentors; lecturers | Supervisor of midwives; student self-assessment |
| Process | Every university had a process but there was limited similarity. | Graded by sign off mentor only; qualitative comments by mentor which were then graded by lecturer; moderated by lecturer; tripartite meeting; written work graded. |
| Point of course | Graded in final week of placement | Range of assessment times throughout the year; continuous assessment; academic level 5 and 6 only |
| Package (tool) | Two regional assessment documents | Novice to expert framework (Benner 1984); Steinaker and Bell's experiential taxonomy (1979); NMC Essential Skills Clusters (NMC 2009); NMC domains; knowledge, skills and attitudes (NMC 2009); Department of Health 6Cs (NHS Commissioning Board 2012). |
| Pass mark | If one element of practice did not pass, the whole assessment failed. | Percentage categories (40%, 50%); pass/refer; five or six descriptors ranging from refer to excellent; A-F and AA-FF; formulaic calculation to convert descriptors into numeric marks. |
| Portfolio | Not every university used a portfolio as part of the assessment of practice so limited similarity | Universities used a variety of portfolios; reflective accounts; OSCE; viva voce; other assessments rather than solely clinical practice to grade students. |

Table 1: Key similarities and differences in how midwifery practice is currently graded across the UK.

Lead midwives for education commented that clinicians were positive, identifying that their contribution to grading practice made them feel valued and that they had a responsibility as 'gate keepers' to the profession. When awarding a student a grade, LMEs reported that many sign-off mentors felt that grading practice gave them legitimacy to highlighting strengths and weaknesses of the student's achievements. There was a perception that sign-off mentors were more discerning with practice grades reserving the higher grades for the outstanding student. Conversely, some participants noted that sign-off mentors were better able to identify struggling students through having a grading process.

Challenges were also highlighted such as the length of time it took to think about and write comments congruent with the grade being awarded, which sometimes led to lack of consistency between the grade and comments. Participants also commented that some sign-off mentors did not appreciate that terminology of level descriptors reflected the stage of the programme and were hesitant to award a higher grade when students were early on in their training. That said, in response to a question asking if there had been any noticeable difference in the students' grade profiles since grading practice had been introduced, half of the respondents (n=20) suggested there had been some degree of grade inflation. This

finding concurs with current evidence identifying that the majority of grades tend to cluster at the top of the grade scale (Edwards, 2012; Chenery-Morris, 2017). The HEIs who did not notice a recent difference in practice grades had often been grading practice prior to 2009.

Concluding this phase of the project it was clear that there were inconsistencies in the interpretation and application of the NMC (2009) standards. It was acknowledged by the project team that complete alignment of documents was not expected due to the inevitability of innovation versus differing HEI regulations in developing curricula across the UK. However there was a view that some of the inconsistencies could be addressed in order to promote greater parity in how the NMC standards were applied as well as taking the opportunity to develop a set of principles to aid clarity, fairness and robustness for the student and sign-off mentor when practice was being assessed. These considerations fed into phase two of the project.

Phase 2: Core principles for grading practice

This phase of the study aimed to identify and agree a set of core principles for grading practice, aiding quality assurance and seeking to address concerns raised about subjectivity and grade inflation. The latter issue continues to be of national interest across all university programmes as the government seeks to address concerns over the growing number of first-class degrees (The Guardian, 2018). The project group also wanted to improve assessment reliability by reducing the identified variations highlighted in table 1. This phase of the study used participatory action research methodology (Freire, 1970; Denscombe, 2010). Data was collected via an on-line survey questionnaire followed by a group discussion with LMEs utilising a mini-Delphi approach (Green et al, 2007), to achieve consensus on terminology. Details of the design, data collection and results are reported by AUTHORS (2017b). Eleven core principles for grading midwifery practice were agreed (Table 2). The study findings recognised the importance of sign-off mentors being involved in developing the practice assessment tools (principle 2) and that clear verbal and written guidance on the assessment tool and the criteria for grading of performance / competence should be a requirement (principle 3). These two core principles have since been identified in the new NMC standards where all curricula need to be developed in partnership with relevant stakeholders (NMC, 2018c) and objective, evidence-based assessments must provide constructive feedback to facilitate professional development (NMC, 2018b:10).

| |
|--|
| 1. The NMC requires clinical practice* to be assessed by clinicians with due regard. |
| 2. Clinicians should be involved in developing and monitoring practice assessment tools/ processes. |
| 3. Sign-off mentors should be given clear verbal and written guidance on the assessment tool and criteria for grading the level of performance/ competence. |
| 4. The full range of grades available should be encouraged. |
| 5. The correlation between qualitative comments and grade awarded should be clearly demonstrated. |
| 6. A common set of grading criteria comprising qualitative comments which would attract different types of scoring (eg: %, mark, A-F etc depending on institutional requirements and programme preferences) will be developed to enhance standardisation of the measure of competence/ performance in midwifery practice across the UK. |
| 7. Assessment tools should explicitly state that performance is being objectively measured against marking criteria which include knowledge, skills and personal attributes in the context of professional behaviour, rather than a subjective judgement on the student her/himself. |
| 8. Academic staff should provide opportunities to support sign-off mentors in their decision-making about a student's competence/ level of achievement. |

9. Specific grades or symbols should be awarded for clinical practice* rather than pass/ refer, reflecting a continuum of development and meeting requirements of the NMC Standards.

10. If a practice-based module includes elements other than clinical practice*, it is recommended that the credit weighting for these additional elements should not exceed 50% within that module.

11. Quality assurance of grading of practice (ie: monitoring of inter-rater reliability) should be undertaken collaboratively by academic staff and clinicians experienced in assessment.

Table 2 Core principles for grading practice in midwifery programmes (AUTHORS, 2017b)

“Reprinted from Nurse Education in Practice, 23 (March), AUTHORS, Core principles to reduce current variations that exist in grading of midwifery practice in the United Kingdom. Pages 54-60., Copyright (2017), with permission from Elsevier”

Phase 3: A generic framework for grading practice

The final phase of the project brought together findings of the previous two phases in order to develop a generic framework for grading midwifery practice using two proposed assessment tools devised by the project team: a ‘Lexicon Framework’ and ‘Rubric’ The Lexicon framework (Table 3) is a tool which comprises key words relevant for UK, undergraduate and postgraduate academic levels, which may be used to indicate levels of performance in practice. These were compiled according to the frequency of words used in existing midwifery practice assessment documentation across the UK. The Rubric (Table 4) comprises of sets of statements representing levels of performance in practice for UK undergraduate and postgraduate academic levels, mapped from the Lexicon Frameworks. One of each, at academic Level 5, is provided in Tables 3 and 4, with examples of their application.

| LEVEL 5 | FAIL <input type="checkbox"/> | PASS <input type="checkbox"/> | GOOD <input type="checkbox"/> | VERY GOOD <input type="checkbox"/> | EXCELLENT <input type="checkbox"/> | OUTSTANDING <input type="checkbox"/> |
|-------------------|---|---|---|---|--|---|
| NOUNS | | | | | | |
| Knowledge | Key words: knowledge, evident(ce), understand(ing), inform (ed/ation), theory(etical), awareness, opinion, insight (ful), research | | | | | |
| Skills | Key words: practice, able/ability, skill, care, act(ion/ive/ively), task, preparation, initiative, decision, competent (ce/ly) | | | | | |
| Attitudes | Key words: behaviour, manner, compassion (ate), approach(able), philosophy, choice, perception, empathy (etic) | | | | | |
| Other | Key words: woman, student, family, partner, colleague, NMC, time(s/ly), supervise(ion), standard, require(ment), midwife(ry), workload, support, resources, situation, team, guidance, prompt, guideline, complication, range, | | | | | |
| ADJECTIVES | Key words: professional, direct, clinical, verbal, individual, own, verbal, written | | | | | |
| | unable poor insufficient ineffective inappropriate(ly) inconsistent unsafe(ly/ty) little limit(ed/ation) unclear inadequate reticent, unwilling | safe(ly/ty) basic essential adequate acceptable | appropriate(ly) accurate(ly) significant(ce) relevant good sound | professional(s) effective(ly) clear(ly) high very good confident(ce/ly) responsive sensitive(ly/ity) | wide excellent complete(d) proactive different positive(ly) collaborative motivated | very high comprehensive(ly) outstanding complex exceptional(ly) reliable(ity) |
| VERBS | Key words: show, document(ation), demonstrate(ion), develop(ment), respond, learn(er/ing), reflect(ive/ion), perform(ance), communicate(ion), lack, need(s), apply(ication), manage(ment), provide, record, work, underpin, seek, make, identify | | | | | |
| | lacks | begin(ning) link | participate recognise (ition) identify (ication) | plans prioritises rationalise | anticipate evaluates | modify (ication) improves (ment) |
| ADVERBS | | occasional(ly) | | | consistently | always |

Table 3 Lexicon Framework example, academic level 5

Practice Assessment Toolkit ©2019 AUTHORS

Example 1: Johan *demonstrates limited knowledge*, however when asked, he can explain the *rationale* for the *care* he is giving using *evidence* from NICE. He is *unable* to *prioritise* his *workload* and *needs direct supervision* at all *times*. He is *professional* in his interactions with *women* and their *families* but *inconsistent* in *recording* his findings.

Example 2: Estefania can *plan* and *prioritise* her *workload*; when the *activity* is high she is *proactive* in *anticipating* the requests of *women* for discharge, *demonstrating awareness* of the *complex* nature of maternity *care*. Her *documentation* is *always* completed to a *high standard*.

For a second-year student at level 5, Johan would refer or 'fail' in practice whereas Estefania would be awarded 'excellent'.

Key: bold = high frequency, plain = medium frequency, *italic* = 'grammar words'

| Level 5 | FAIL | PASS | GOOD | VERY GOOD | EXCELLENT | OUTSTANDING |
|-----------------------------------|--|--|---|---|--|--|
| Knowledge | Unable to demonstrate sufficient knowledge and understanding to underpin safe practice . | Knowledge is limited , but adequate to inform safe practice . | Evidence of sound knowledge and understanding to underpin safe practice . | Evidence of very good theoretical knowledge which is applied to practice . | Demonstrates excellent theoretical knowledge which consistently underpins practice . | Outstanding evidence-based knowledge is consistently applied to practice . |
| Skills | Limited ability to perform common clinical midwifery skills and/or unsafe practice is demonstrated. Demonstrates inadequate skills in woman-centred , compassionate care and/or inappropriate communication. | Occasionally demonstrates limitations in some clinical skills , but ability is overall satisfactory. Student acts and communicates effectively in providing compassionate care to the woman/family . | Demonstrates good ability in performance of normal clinical midwifery skills . Able to provide effective care , seeking to meet the woman's needs through informed choice. | Evidence of ability to perform effective clinical skills in a range of situations . Student demonstrates very good communication skills to underpin professional care and team-work. | Skilled in normal clinical practice and is developing the ability to identify complications under supervision. Demonstrates evidence of excellent professional communication skills and anticipation of needs. | Consistently outstanding performance of normal clinical skills , responding appropriately to risk. Consistently cares for women at a high standard , demonstrating outstanding communication and team-working skills . |
| Attitudes | Evidence of lack of insight in the student's understanding of professional behaviour. Student demonstrates a poor attitude towards guidance and feedback. | Student demonstrates appropriate professional attitudes. Student responds appropriately to guidance and feedback. | Student clearly demonstrates a professional approach and compassionate manner. Student uses initiative to self-assess and seek appropriate support. | Student's behaviour and approach show evidence of appropriate adaptability. Student is competent in reflective practice . | Student demonstrates sensitivity to individual situations , showing a high level of insight. Student critically evaluates their own learning and development . | Student consistently demonstrates sensitivity and empathy in complex situations . Student consistently analyses own performance and rationalises modifications. |
| UNDER MINIMAL SUPERVISION: | Does not achieve all the NMC standards/ requirements | Achieves all the NMC standards/ requirements | Achieves all the NMC standards/ requirements well | Very good achievement of all the | Excellent achievement of all the NMC | Outstanding achievement of all the |

| | | | | | | |
|--|--|--|--|--------------------------------|----------------------------|--------------------------------|
| | | | | NMC standards/ requirements | standards/ requirements | NMC standards/ requirements |
|--|--|--|--|--------------------------------|----------------------------|--------------------------------|

Table 4 Rubric example, academic level 5

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EXAMPLES (please refer to above grid)

Example 1: Community

Jade is compassionate and professional in her approach to women. She uses her initiative and seeks support appropriately. She demonstrates good clinical skills, for instance her abdominal examinations are almost always accurate in antenatal clinics. She shows sound knowledge to support her care.

Grade: Good

Example 2: Antenatal ward

Lizi has demonstrated outstanding knowledge about antenatal conditions such as pre eclampsia. She researches any condition she encounters and provides consistently outstanding evidence based care in complex situations. She is highly reflective of her own practice and evaluates her care, demonstrating sensitivity to individual situations and needs.

Grade: Outstanding

The steps taken to develop the grading practice tool are reported on in more detail by AUTHORS (2019). From the available practice assessment documents used in 37 institutions (67.2%) the frequency of words appearing in the assessment tools were ranked using 'Word Count Tool' (Word Counter, 2017). The words occurring most frequently were then transferred to a 'Lexicon Framework', where they were then converted to a range of generic statements. The statements related to knowledge, skills and attitudes were then ordered into appropriate descriptor levels forming the 'Rubrics'. The Lexicon Frameworks and Rubrics were then tested using an on-line survey targeted at midwifery and nursing students, clinicians and academics across the UK. The inclusion of nursing colleagues was deliberate in order to gauge the transferability of the assessment tools between professions. It was also important to determine if the tools were flexible enough to meet HEI preferences around areas such as awarding percentage grade (70%, 60%, 50% etc) or letter (A, B, C, D etc) as well as to try and future proof as far as possible against up and coming changes in regulatory requirements.

Reports on findings from this final phase (AUTHORS, 2018; AUTHORS, 2019) highlight that the majority of feedback received from clinicians was positive. It was identified that the Lexicon Framework could be used as the primary tool for grading practice particularly when it came to writing evidence, with some suggesting it would enable more transparent and fairer grading. Students also responded positively remarking that they could use the Lexicon Frameworks and Rubrics to help self-assess their own practice. Areas for improvement included simplification of language and provision of examples to aid clarification. Feedback regarding the Rubrics suggested they could aid consistency of grading, even if the assessor had not worked predominantly with the student (as will be the case with the new NMC standards), and there was scope for transferability across professional programmes. Findings strongly supported introduction of a national assessment tool in both midwifery and nursing and many regions are working to develop these.

It was clear from the final phase of the study that there was an emphasis on the importance of learning and that both students and sign-off mentors need to understand and recognise achievement of performance in practice and that grading was only a small part of this. Therefore feedback to students of both their strengths and areas to develop, in a comprehensive and easily accessible format, should be the main focus, rather than the grade.

Conclusion

The initial aim of the project was to understand the similarities and differences between approaches to grading practice by HEIs across the UK and identify if there could be a generic approach to aid consistency of assessment. The three phase project provided the underpinning evidence to develop a Practice Assessment Toolkit to ensure student assessments are evidence-based, robust and objective. The development of the toolkit is timely due to the NMC's recent publication of the standards for student supervision and assessment (NMC, 2018b), and so has particular relevance to practice supervisors and practice assessors on a daily basis when writing evidence to reflect performance of the student which can be objectively used by the assessor.

The Practice Assessment Toolkit can be found on the project website (AUTHORS, 2019). This comprises an explanation of its use, categories of levels of performance which may be relevant in a range of HEIs, Wordles to provide visual representation of terms and the modified Lexicon Frameworks and Rubrics.

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FINAL SUBMISSION