



Midwifery students' experiences of their clinical internship: A qualitative descriptive study

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ABSTRACT

Background: Globally the safety of mothers and babies is fundamental in maternity care. Central to ensuring this safety is appropriate preparation of midwifery students' to ensure graduates are equipped to assume the responsibilities of delivering safe and effective maternity care. In preparation for autonomous practice Irish midwifery students' undertake a 36 week internship in the final year of the BSc Midwifery programme. Within this paid internship midwifery students' have the opportunity to develop professional behaviours, consolidate knowledge and learn necessary skills to fulfil the role of midwife under the supervision of registered midwives.

Objective: To explore midwifery students' experiences of the internship period.

Design and Method: A descriptive qualitative study using focus groups with ethical approval.

Setting and Participants: BSc Midwifery students' in the final year of their programme (n = 17) in an Irish University were invited to participate in a focus group interview midway through their internship. All participants (n = 13) had experience of working in two sites used for internship at the time of data collection.

Results: Key findings include the importance of the internship period in consolidating clinical skills and building confidence and competence for midwifery practice. Midwifery students' experience considerable stress during the internship period. Demands identified as stressors include providing care in increasingly complex clinical areas, meeting academic deadlines and maintaining a work life balance. Negative interpersonal experiences and dismissive attitudes to reflection on practice were barriers to learning. Midwifery students' articulated the importance of learning through doing, a supportive learning culture and philosophy in the unit, protected time for reflection and being included and valued as part of the midwifery team.

Conclusions: The benefits and challenges associated with internship in midwifery are apparent, particularly when students' are contending with two geographically distant sites. Support mechanisms and suggestions for improvements are considered.

1. Introduction

Internationally the safety of mothers and babies is fundamental to maternity care (NHS, 2016; RCM, 2014) accentuated by recent failures in maternity care (King, 2016; Kirkup, 2015). Central to safety is appropriate preparation of midwifery students' to ensure graduates are equipped to deliver safe and effective maternity care.

In 2006, Ireland introduced a direct entry BSc Midwifery programme which included an internship period (4th year) to facilitate the development of safe and competent midwives at point of registration (Dept of Health & Children (DoH&C), 2004). During internship students' undertake 36 weeks core midwifery placements providing care over the 24 hour continuum under supervision of registered midwives, and are salaried members of staff within the staffing complement. The

internship consolidates theoretical learning and supports the achievement of clinical competence on registration (An Bord Altranais, 2005). Midwifery clinical placement co-ordinators (CPCs) and link lecturers support students' during internship. In addition, students' have protected reflective time (PRT) during internship both in University and clinical practice, as stipulated by the DoH&C (2004) and the latter weeks of internship should enable students' make the transition to the role of registered midwife (NMBI, 2016).

Within any new programme, the various components of the curriculum must be evaluated which is particularly relevant as midwives are considered autonomous practitioners at point of registration (ICM, 2010). The aim of this research was to capture Irish midwifery students' experiences of internship and considers how these experiences promote safe and competent midwifery practice across two distal clinical sites within two geographical regions. These sites were similar in the range

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of experience provided to students. However one site (Site A) was in close proximity to the university and student accommodation, whilst the second site (Site B) was approximately two and half hours travel time and required students' to obtain new accommodation whilst on this placement. To the authors' knowledge, this is the first paper exploring the internship experience in Ireland from the perspective of midwifery students.

2. Background

The clinical context of healthcare education is recognised as essential for students' to engage and learn about healthcare provision (Egan and Jaye, 2009) and clinical learning experiences are considered a hallmark of quality education (Paul et al., 2011). Internationally, internships have a lengthy history in healthcare professionals educational preparation but models of internship vary. Midwifery internship is unique to Irish midwifery education (NMBI, 2016). Various terms for internships are used including “clinical clerkships” and “work integrated learning” (Walker et al., 2013). Internships have many benefits including; staff recruitment and retention (Murphy et al., 2004), facilitating a positive learning environment (Low, 2008), empowerment (Zanchetta et al., 2013), promoting self-reflection, personal and professional development (Hirsh et al., 2012) and opportunity to acquire knowledge and clinical skills working alongside clinical staff (Lee and Fitzgerald, 2008). Disadvantages to internships include; increased workload and lack of time to consolidate theory (Prince et al., 2005), anxiety regarding performing tasks and feeling overwhelmed (Zanchetta et al., 2013).

Implicit within internships is preparation for future practice and to facilitate this, supportive environments are essential for successful transition from student to registered midwife (Skirton et al., 2012). Limited data regarding the transition from student to registered midwife exists (Clements et al., 2012), and it is likely that the experiences are comparable to nursing colleagues. Historically the transition from student to registered nurse can be challenging. Kramer's (1974) seminal work referred to “reality shock” as newly qualified nurses begin clinical practice and there is evidence that this remains an issue (Henderson et al., 2012; Candela and Bowles, 2008). Newly qualified nurses feel vulnerable, disappointed and stressed (Deasy et al., 2011) and reported to “survive despite the organizational culture” (Fox et al., 2005). However, internship is a valuable opportunity for adjustment and preparation for practice (Deasy et al., 2011) and a supportive working environment is required (Doody et al., 2012) as positive reinforcement from midwives has a major role in enabling midwifery students' develop as clinicians (Avis et al., 2013; Skirton et al., 2012).

It is recognised that the skills and knowledge developed at the end of midwifery programmes are those of a novice, and transition to qualified practice brings doubt and uncertainty (Steele, 2009). Whilst pre-registration education has been shown to equip newly qualified midwives for autonomous, safe and competent practice they lack confidence in key areas such as management of clinical areas (Skirton et al., 2012) and it can be difficult to ascertain when confidence to practice midwifery is established (Avis et al., 2013). In recognition of this, post registration preceptorship or practice programmes are often provided for graduate midwives internationally including the UK (Department of Health, 2010) and New Zealand (Dixon et al., 2015).

3. Methods

This study explored midwifery students' experiences of internship, with a descriptive qualitative design chosen to facilitate generation of results that stay close to the data (Sandelowski, 2010) and provide information to inform practice (Savin-Baden and Howell Major, 2013). A purposive convenience sample of thirteen 4th year midwifery students', halfway through a 36 week internship and had placements in two geographically distal sites participated in the study. Ethical approval

Table 1

Guide questions for focus groups on internship.

<i>Tell us about your experiences of internship to date?</i>
<i>What aspects are you enjoying?</i>
<i>What aspects are you finding less enjoyable?</i>
<i>What has helped you in the internship period?</i>
<i>What has negatively affected your experience of the internship period?</i>
<i>Any suggestions for improvements in relation to your experience of internship?</i>

was received from the University's Ethics Committee and all students' undertaking midwifery internship (n = 17) were invited to participate. Written consent was obtained and the researchers (lecturers) did not have responsibility for assessment of the students. Two focus groups (n = 9, n = 4) lasting approximately 60 min facilitated by two researchers were audio-recorded, transcribed and analysed using Braun and Clarke's (2006) thematic analysis framework. Focus groups provided an effective means of uncovering a range of ideas from different perspectives and a topic guide detailed (Table 1) below was used to structure the discussion (Doody et al., 2013a, 2013b).

4. Findings

Data were analysed by two researchers independently and four themes agreed: Interpersonal issues affecting the experiences of the student, Developing confidence and competence in practice, Effect of competing demands on the internship and Benefits and challenges of protected reflective time (PRT).

4.1. Interpersonal Issues Affecting the Experiences of Students'

The participants ability to foster and maintain positive relationships with midwives was considered pivotal to their experience of internship and integration in clinical practice. Where such relationships did not exist participants felt excluded:

“I was with a midwife on labour ward and she didn't actually direct a single sentence to me, she'd answer any questions I asked but she never said hello, her name, nothing”.

P5

Participants identified that time was needed to get to know staff and building relationships enhanced the learning experience in practice. Participants saw this relationship as being assisted by continuity of preceptor and was easier to establish on “less hectic” units.

“As the weeks go on you do build that relationship and the friendships with the staff, then they have more confidence in you and we are learning more that way as well.”

(P3)

Feeling valued as part of the team and having responsibility for practice contributed greatly to learning. This responsibility was reflected in care delivery and engagement with the woman in their care.

“I was part of the team, like I should have been there and I belonged”

(P11)

“The responsibility is what helped me the most. It was a new experience for the women to see me as the caregiver and not the student. This is probably what motivated me to do better and better.”

(P1)

However, participants were aware of their role as interns, the boundaries that existed within that role and within relationships.

“By the end of the first week I knew my boundaries ... and once I knew that boundary was there and not to step over it, I didn't do it again”

(P9)

Some participants described a sense of loneliness and isolation in

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