Midwifery 31 (2015) 765–771

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

Midwifery students' experiences of an innovative clinical placement model embedded within midwifery continuity of care in Australia

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ARTICLE INFO

Article history:
Received 9 September 2014
Received in revised form
20 February 2015
Accepted 7 April 2015

Keywords:
Midwifery students
Satisfaction
Clinical learning
Continuity of care
Midwifery education
Follow through experience

ABSTRACT

Background: midwifery continuity of care experiences can provide high quality clinical learning for students but can be challenging to implement. The Rural and Private Midwifery Education Project (RPMEP) is a strategic government funded initiative to (1) grow the midwifery workforce within private midwifery practice and rural midwifery, by (2) better preparing new graduates to work in private midwifery and rural continuity of care models.

Aim: this study evaluated midwifery students' experience of an innovative continuity of care clinical placement model in partnership with private midwifery practice and rural midwifery group practices.

Method: a descriptive cohort design was used. All students in the RPMEP were invited to complete an online survey about their experiences of clinical placement within midwifery continuity models of care.

Responses were analysed using descriptive statistics. Correlations between total scale scores were examined. Open-ended responses were analysed using content analysis. Internal reliability of the scales was assessed using Cronbach's alpha.

Findings: sixteen out of 17 completed surveys were received (94% response rate). Scales included in the survey demonstrated good internal reliability. The majority of students felt inspired by caseload approaches to care, expressed overall satisfaction with the mentoring received and reported a positive learning environment at their placement site. Some students reported stress related to course expectations and demands in the clinical environment (e.g. skill acquisition and hours required for continuity of care).

There were significant correlations between scales on perceptions of caseload care and learning culture ($r=.87$ $p<.001$) and assessment ($r=.87$ $p<.001$). Scores on the clinical learning environment scale were significantly correlated with perceptions of the caseload model (rho=.86 $p<.001$), learning culture (rho=.94 $p<.001$) and assessment (rho=.65 $p<.01$) scales.

Conclusions: embedding students within midwifery continuity of care models was perceived to be highly beneficial to learning, developed partnerships with women, and provided appropriate clinical skills development required for registration, while promoting students' confidence and competence. The flexible academic programme enabled students to access learning at any time and prioritise continuity of care experiences.

Strategies are needed to better support students achieve a satisfactory work-life balance.

Introduction

In Australia, the National Maternity Services Plan 2012–2013 (Australian Health Ministers' Advisory Council, 2011) outlined the Government's intent to increase access to midwifery led models of care and utilise midwives to their full scope of practice. This major maternity services reform to expand women's access to primary

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http://dx.doi.org/10.1016/j.midw.2015.04.006
0266-6138/

midwife-led continuity of care (CoC) is underpinned by high quality evidence that shows positive outcomes for mothers and babies (Hatem et al., 2008; Sandall et al., 2013). Midwifery students currently undertake CoC experiences in Australia (Gray et al., 2012; Clements et al., 2013; McLachlan et al., 2013; Sweet & Glover, 2013), Norway (Aune et al., 2011), New Zealand (NZCOM) and the United Kingdom (Fry et al., 2008; Lewis et al., 2008; Rawnson et al., 2009; Rawnson, 2011). However there is little evidence to guide the quantity and scope of continuity of care experiences undertaken by students. Ongoing evaluative data about students' CoC experiences is required. This paper reports on a survey conducted with a cohort of midwifery students to evaluate an innovative embedded continuity of care clinical placement model offered in partnership with midwifery private and rural group practices.

Continuity of care experiences

Continuity of care experiences (also known as follow-through or caseload care) require midwifery students to form partnerships with women throughout pregnancy, childbirth and postnatal care. In Australia the accreditation body mandates that students undertake a minimum of twenty CoC experiences with an average of 20 h per woman (ANMAC, 2010). Students' practice during the continuity experience is supervised. However, many practical challenges associated with CoC are evident. For example, the majority of maternity services in Australia continue to provide fragmented models of care limiting opportunities for midwifery students to experience CoC in practice and learn from professional role models. Furthermore, students are often required to independently recruit and follow women in their own time, in whichever clinical setting is chosen by the woman.

An evaluation study in Australia by Gray et al. (2012) found that while current students ($n=93$) and graduates ($n=8$) of a direct entry three-year Bachelor of Midwifery were positive about opportunities to develop relationships with women, some aspects of the follow-through experience were difficult. Students were challenged by the need to recruit women and find time to fully engage with them. University-based support to undertake CoC experiences was often lacking and programme requirements for documentation about CoC varied. Similarly in a state-wide online survey of students ($n=401$) and academics ($n=35$) in Victoria, McLachlan et al. (2013) reported that while the follow-through experience was considered to be unique and valuable, respondents raised major concerns. Students often missed lectures/tutorials as well as designated clinical placements because of the need to spend extensive periods of time on-call both during and outside the university semester timetable. Students and academics also reported concerns about the impact of follow-through experiences on students' personal lives, including diminished opportunities for paid employment and family responsibilities (such as childcare or caring for family members) (McLachlan et al., 2013).

Recently, in a qualitative evaluation of the continuity of care experience of midwifery students in one Australian university, Sweet and Glover (2013) found that although a professional relationship formed between midwifery students and supervising clinicians, this relationship was not always optimal. Students often perceived themselves to be observers and complained of not belonging to the health care team, and having no real role to play. Similar findings have been reported in other studies (e.g., Seibold, 2005; McKenna and Rolls, 2007). In the UK, many programs delay students' experience of holding their own caseload by 18 months, to enable prerequisite skill development (Lewis et al., 2008; Rawnson et al., 2008).

In terms of the student–woman relationship, Rawnson (2011) found that students had an overwhelming desire and concern to meet and facilitate women's expectations. Perceptions of letting the woman down evoked feelings of inadequacy and failure. On-call commitment and carrying a caseload alongside academic and home commitments were emotionally stressful. Carolan-Olah et al. (2014) reported similar concerns by completing midwifery students ($n=10$) which contributed to a lack of confidence and poorer integration and socialisation into the profession. Gray et al. (2013) concluded that challenges associated with CoC experiences need to be addressed at a systematic level and new strategies need to be developed to embed students in CoC models rather than just completing the required 20 CoC experiences.

In order to address the shortcomings of existing clinical models in midwifery education and build midwifery workforce capacity, a project funded by a state health department in collaboration with the university sector and clinical agencies was designed to place midwifery students in continuity models of care for the duration of their degree programme. A multiphase evaluation project was undertaken. This paper reports on students' perceptions of their CoC practicum after 12 months of their two year programme.

Description of the project

The Rural and Private Midwifery Education Project (RPMEP) is a strategic initiative to grow the midwifery workforce and better prepare new midwifery graduates to work in private midwifery practices and rural midwifery continuity models of care. This project was funded by the Department of Health through the Nursing and Midwifery Office Queensland (NMOQ). A private midwifery group practice called *My Midwives* was contracted to manage this project and Griffith University was chosen through a tender process as the preferred education provider (for Cohort 1).

NMOQ determined the criteria for student applications. Expressions of interest were sought from recent graduates with a Bachelor of Nursing who had not secured full time employment within one year of graduation, and had a specific interest in midwifery/women's health. *My Midwives* interviewed and selected candidates who then enrolled in a Bachelor of Midwifery (BMid) programme. The BMid programme is designed around a philosophy of woman-centred care and incorporates reflection and development of critical thinking at each year level. The degree is delivered in blended mode, which involves a combination of face-to-face intensive teaching, interactive on-line material including 'real time' webinars (web-based discussions), supervised clinical practice, and lecturer-led face-to-face tutorials offered in clinical sites. Fifty per cent of curriculum hours are committed to clinical education. Students are required to complete at least 20 continuity of care experiences which are inclusive of a minimum of five antenatal visits, attendance at the birth and three postnatal visits (one of which is at six weeks post partum). The flexible delivery of the BMid programme enables students to prioritise their continuity of care experiences with women. This curriculum feature has been consistently reported by students as paramount to their developing sense of purpose and identity as a midwife (Sidebotham et al., 2015). As RPMEP students possessed a Bachelor of Nursing, they received 80 credit points for prior learning (equivalent to one year of full-time study). RPMEP students were therefore able to complete the BMid in 2 years of full-time study. Under the conditions of the RPMEP, course fees were paid by the government. Students received an education allowance of around $6000AUS per quarter to offset living expenses as many were required to relocate to undertake the programme. The allowance enabled students to focus on CoC experiences without undertaking part-time work whilst studying.