Midwifery 29 (2013) 661–667

Contents lists available at SciVerse ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

'Chasing the numbers': Australian Bachelor of Midwifery students' experiences of achieving midwifery practice requirements for registration

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ARTICLE INFO

Article history:
Received 6 March 2012
Received in revised form
24 May 2012
Accepted 2 June 2012

Keywords:
Midwifery
Midwifery students
Midwifery education

ABSTRACT

Objective: to explore one aspect of the findings from a qualitative study exploring Australian Bachelor of Midwifery students' experiences of achieving competency for beginning practice.
Design: a qualitative study using grounded theory, incorporating situational analysis. Data were collected by interviews, field observation and students' documents.
Setting: one university in Victoria, Australia, which was a member of a consortium of universities that first implemented Bachelor of Midwifery curricula.
Participants: 19 women, aged 20–40 years, completing the Bachelor of Midwifery course between the years 2005 and 2008.
Findings: data analysis revealed an overarching social process of assimilation, and three related subprocesses namely realisation, adaptation and consolidation. This paper focuses on consolidation in terms of competency achievement in relation to set requirements.
Key conclusions: while generally found competent for beginning practice, the Bachelor of Midwifery students in this study felt that their ability to achieve competency according to professional midwifery standards, was constrained by the restricted nature of midwifery practice and medical dominance in the hospitals where they were placed. Furthermore, they found it challenging to achieve the minimum midwifery experience requirements, as well as their own personal learning objectives, within the clinical practicum hours provided in the curriculum.
Implications for practice: a review of the clinical hours provided by Bachelor of Midwifery curricula is required, with a view to ensure that clinical hours are consistent with recommended hours suggested by Australian Bachelor of Midwifery course accreditation standards. Universities implementing midwifery curricula in Australia need to be cognisant of the theory–practice gap and therefore the applicability of professional competency standards to the education of midwives. The concerns about the reliability of competency standards need to be addressed. Finally, further research is required to validate the current number of, minimum practice experience required for competency for beginning practice and registration as a midwife in Australia.

Introduction

In 2002 an undergraduate three year midwifery degree – the Bachelor of Midwifery – was introduced in Victoria, Australia. Prior to this, midwifery courses were postgraduate and a nursing qualification was an entry prerequisite. Australian Bachelor of Midwifery curricula were developed in response to changing political, economic and workforce needs and expectations of the midwife's role. It was hoped that Bachelor of Midwifery programs would produce graduates able meet these changing needs of women and the profession (Glover, 1999; Leap, 2002; Cutts et al., 2003), as similar courses in overseas countries had been producing competent graduates (Fraser, 2000a, 2000b; Fleming et al., 2002).

This paper will focus on one aspect of findings from a qualitative study exploring the experiences of early cohorts of Australian Bachelor of Midwifery students from a Victorian university, namely, the students' experiences of achieving professional competency standards and meeting minimum practice experiences required for registration as a midwife.

Background and literature review

Australian Bachelor of Midwifery curricula were developed with guidance from the Australian College of Midwives (ACM)

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0266-6138/$ - see front matter © 2012 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.midw.2012.06.006

(2002b) *Draft National Standards for the Accreditation of Three Year Bachelor of Midwifery Education Programs in Australia*. These standards required Bachelor of Midwifery students achieve a certain number of midwifery clinical experiences to achieve competency and register as a midwife. This was not unusual as existing postgraduate courses also had minimum practice experience requirements. However, as they were considerably shorter courses and the students had nursing experience, these requirements were significantly less than the Bachelor of Midwifery.

The minimum midwifery practice experiences for Bachelor of Midwifery students reflected those adopted by the United Kingdom (UK) and New Zealand (NZ) regulatory bodies for courses similar to the Australian Bachelor of Midwifery. Table 1 provides a summary.

In addition, Bachelor of Midwifery students were required to 'follow' 30 childbearing women over the course of their degree during the 'Follow Through Experience (FTE)' (ACM, 2002b, p. 8). With the intention that this would assist students to gain experience in continuity of midwifery care, students were expected to spend an average of 20 hrs with each woman by being available 'on-call' to attend 'at least half' (ACM, 2002b, p. 8) of their labours (ACM, 2002b) and attend 'at least 2 antenatal and 2 postnatal visits per woman' (ACM, 2002b, p. 8). It was the woman's choice if they wanted the student to attend the birth and the attendance was not to interfere with the students' compulsory university commitments or clinical practicum (ACU, 2005c).

Students in this study were assessed as competent according to either the Australian College of Midwives Incorporated (2002a) or Australian Nursing and Midwifery Council (ANMC, 2006) midwifery competency standards. These standards present a perspective of pregnancy and birth which emphasises female autonomy, informed decision making, childbearing as a normal life process and professional collaboration (ANMC, 2006). By the end of their final placement, students were expected to demonstrate their ability to meet all of the competency standards and 'practice in a woman centred, safe, accurate, co-ordinated & effective manner with occasional need for guiding cues' (Australian Catholic University (ACU), 2005b, p. 7). As conceptualisations of competency informed the competency assessment process used to evaluate the Bachelor of Midwifery students, an overview of conceptualisations and competency assessment methods is provided.

Conceptualisations of competency

The conceptualisation and use of the term 'competency' has been a subject of debate and misunderstanding within the nursing and midwifery literature (Girot, 2000; Bartlett et al., 2000; Zhang et al., 2001; Watson et al., 2002; McMullan et al., 2003; Chiarella et al., 2008). Defining competency has been difficult because the terms competence, competency, and performance have been used interchangeably in literature and the inconsistent conceptualisations of competency have raised concerns about the use of competency standards in the education and assessment of students (Watson et al., 2002; McMullan et al., 2003). In light of this confusion, a consistent and relevant definition of competency was necessary for the purposes of this study and the ANMC (2006) definition of competency – 'The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area' (p. 14) – was deemed appropriate.

Table 1
2002 Minimum midwifery clinical experiences required for Australian Bachelor of Midwifery Graduates' practice registration.

(1)	Practice in community organisations, both government and non-government
(2)	A minimum of 30 follow-through experiences (FTE)
(3)	Being with a minimum of 40 women giving birth as primary care giver, through labour and the immediate period following birth. This may include the 30 follow-through experiences.
(4)	Attending a minimum of 100 antenatal visits. This may include the 30 follow-through experiences.
(5)	Attending a minimum of 100 postnatal visits. This may include the 30 follow-through experiences.
(6)	Midwifery practice placements in all areas of midwifery care provision in community and hospitals, appropriate acute care women's health settings, a placement in a special care baby unit.
(7)	Opportunities to gain competence that include antenatal screening investigations; ordering and interpretation of laboratory tests; appropriate prescribing for midwifery practice; perineal suturing; examination of the newborn baby; community midwifery in the 4–6 weeks following birth (ACM, 2002b).

Assessing student competency: issues and challenges

General challenges assessing student nurses and midwives have also been debated in the literature, particularly concerns about assessment subjectivity (Bradshaw, 1997; Priest and Roberts, 1998; Fraser, 2000a; Calman et al., 2002; Watson et al., 2002; Dolan, 2003; McMullan et al., 2003) and consistency (Bradshaw, 1997; Fraser, 2000a; 2000b; Watson et al., 2002). Furthermore, the unproven reliability and validity of competency assessment methods has been discussed (Priest and Roberts, 1998; Fraser, 2000a; 2000b; Watkins, 2000; Watson et al., 2002). There is, therefore, a lack of consensus about acceptable levels of competency for beginning practice (Watkins, 2000; Watson et al., 2002) and understanding about what competency actually entails (Bradshaw, 1997; Girot, 2000; Watson et al., 2002; Cowan et al., 2005; Clinton et al., 2005).

The lack of confidence in competency assessments (Fraser, 2000b; Calman et al., 2002) relates to concerns about the reliability and validity of competency assessment methods (Calman et al., 2002; Watson et al., 2002). Assessors have expressed difficulty objectively measuring qualities such as attitudes, behaviours, interpersonal skills and communication (Chapman, 1999; Calman et al., 2002; Cowan et al., 2005), which are required for competency assessments. Furthermore, assessors have been found to misunderstand assessment documentation and have insufficient preparation time and/or commitment to ensure reliable assessment of student competency (Calman et al., 2002; Dolan, 2003). Lack of preceptorship continuity has also reduced the reliability of competency assessments (Dolan, 2003). Poor continuity of preceptorship, and assessment by assessors lacking critical assessment skills, has contributed to some universities' decision to give midwifery students the 'benefit of the doubt' (Fraser, 2000a, p. 289) rather than failing them.

There have been attempts to improve the reliability of competency assessments, such as using assessment tools with scales to assess sequential stages of competency (Benner, 2001; ACU, 2005b) student reflection (Watkins, 2000; Redfern et al., 2002; ACU, 2005b; Clinton et al., 2005) and student self-ratings of competency, have been used as strategies to improve fairness and accuracy of competency assessments (Watkins, 2000; Norman et al., 2002; Redfern et al., 2002).

Better support of assessors and students has also been proposed as an initiative to improve competency: universities have been advised to thoroughly prepare practice assessors, via preparatory courses, to avoid misunderstandings that potentially lead to inadequate competency assessments (Calman et al., 2002; Dolan, 2003; Seldomridge and Walsh, 2006) or reluctance to fail students (Redfern et al., 2002). It has been proposed that students are also prepared for the competency assessment processes, by advising them about how to gather evidence of competency, time management and keeping an assessment