



Original Research – Quantitative

## Access, boundaries and confidence: The ABC of facilitating continuity of care experience in midwifery education

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## ABSTRACT

**Background:** To register as a midwife in Australia, students must complete minimum requirements of clinical experiences throughout their programme. This includes following women through their childbirth journey in order to gain continuity of care experience. Research suggests that women and students find the continuity of care experience (COCE) valuable. Nevertheless, students cite difficulty in achieving these experiences.

**Aim** This project sought to explore the challenges and identify supportive strategies for midwifery students undertaking the COCE.

**Methods:** This project adopted an action research approach incorporating the four stages of planning, action, observation and reflection. This paper specifically reports the findings from the planning stage in which a focus group with education providers, facilitator and students was conducted and a survey with students ( $n = 69$ ) was undertaken. Key themes were identified through thematic analysis and a number of actions were proposed.

**Findings:** Three main themes, 'access', 'boundaries' and 'confidence' were identified as challenges for students undertaking the COCE. Students raised concern regarding lack of access to women for COCE. They identified a need to establish clear professional and personal boundaries in managing the COCE. Students also highlighted the significance of confidence on the success of their experience. Throughout the study students identified strategies that could assist in the COCE.

**Conclusion:** There is a need for clarity and support around the COCE for all stakeholders. Placing the COCE within a Service Learning model is one response that ensures that this experience is understood as being symbiotic for women and students and enables supportive actions to be developed and implemented.

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### 1. Introduction

In order to register as a midwife in Australia, midwifery students must fulfil minimum requirements of clinical experiences.<sup>1</sup> One of the requirements is to complete Continuity of Care Experiences (COCE). The COCE requires students to actively participate in antenatal, labour and birth, and postnatal care for 20 women.<sup>1</sup> As such, the COCE provides a holistic framework for students to gain diverse midwifery experience and facilitates a

nexus for theoretical knowledge and practice. The aim of this project was to explore the challenges and identify supportive strategies for midwifery students undertaking the COCE.

### 2. Literature review

Research suggests that women find the COCE beneficial. In one study, women claimed it empowered them in their childbirth journey, identifying that the student was there for them, and "bridged the system," providing support beyond that which the maternity services could offer.<sup>2(p151)</sup> Students also find the COCE valuable, enabling them to engage in women centred care through a continuity model that is not always achievable while on standard clinical placements.<sup>3,4</sup> Students agree that these experiences significantly increase their confidence and skills throughout the

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programme.<sup>5–8</sup> Nevertheless, a number of issues have been identified nationwide.<sup>3–5,9</sup> Students cite difficulty in achieving the minimum requirement due to lack of ‘recruitment’ strategies and potential workload.<sup>3</sup> In a study which reviewed COCE in three Australian Universities, Gray<sup>6</sup> identified the complexity of managing these experiences for students, universities and maternity care providers. Students in the study “felt the university offered very little support to assist with recruitment” and it was recommended that universities give time to address this concern.<sup>5(p230)</sup> A further study in Victoria found that students felt the minimum requirement for COCEs was “excessive requiring a huge time commitment.”<sup>7(p11)</sup> One particular concern centred on the time it took students to find women to participate. Additionally, course feedback and anecdotal reports from students indicate that they find this component of the programme challenging. There have been limited efforts nationally committed to considering the logistics of the recruitment process and satisfactorily addressing the issues regarding COCE.<sup>6</sup>

One way forward for midwifery education providers is to position the COCE within the pedagogy of Service Learning. Service Learning is a dynamic learning strategy enabling students to make meaningful connections between theory and practice by deliberately linking course objectives to real life experience through meeting the needs of others through service.<sup>10,11</sup> Kuh<sup>12</sup> describes Service Learning as one of the highest impact practices for the creation of student engagement and particularly important in influencing students personal and professional growth with an emphasis on attributes needed for professional and ethical practice. In the context of Midwifery education, this is about preparing students to embrace the workforce as skilled midwives with a broad perspective regarding their role within contemporary maternity care.

There are defining characteristics of Service Learning<sup>13</sup> and the COCE fits these, as students provide a service to women in the community by providing additional support, and this in turn provides a learning experience for students. Identifying a pedagogical foundation for the COCE is particularly important in light of this requirement being embedded within the national accreditation standards. This model provides a framework to develop curriculum so that the student’s experience and learning are maximised and underpin strategies for managing COCE that provides a more ‘user-friendly’ structure for both students and women. This is cognisant with Gray’s<sup>6</sup> work which concluded that constructively aligning the COCE with course work within Midwifery programmes was imperative. This project sought to identify key issues and provide a streamlined and supportive approach for students undertaking the COCE by situating this experience within a Service Learning model and enabling students to concentrate on the learning outcomes rather than procuring the experience.

### 3. Participants and method

This project adopted a modified action research approach incorporating the four stages of planning, action, observation and reflection as outlined.<sup>14,15</sup>

*Stage 1: Planning:* A project action group (PAG) was established to review the literature and document a model of Service Learning for COCE. The PAG consisted of Midwifery academic staff and a consultant for Service Learning. A focus group and survey were the primary data collection sources during this stage. The focus group informed the development of the questionnaire. The focus group consisted of three students, a clinical facilitator and two academics. Third year midwifery students were invited to participate in a focus group discussion, while students indicated interest, only three students attended the focus group. Facilitators

employed by the hospital and the university were invited to attend the focus groups but only one was able to attend. It was anticipated that a further focus group would be conducted but facilitating further opportunities to meet was problematic. The survey was an anonymous electronic questionnaire which facilitated primarily open-ended comments in response to questions guided by the response from the focus group discussion. The questionnaire was distributed via email link to students undertaking the Bachelor of Midwifery (210) and 69 responded. These findings along with the literature review and feedback from the ARG informed stage two. Ethics approval was gained from the UniSA Human Research Ethics Committee.

*Stage 2: Action* – During this stage a Service Learning model was adopted and a number of actions to address challenges with COCE were developed and implemented with students enrolled in the undergraduate Midwifery programme at UniSA.

*Stage 3: Observation* – Participating students and women completed an anonymous questionnaire to provide feedback regarding the specific actions.

*Stage 4: Reflection* – The analysed data from both the students and women were reviewed by the PAG for evaluation and recommendations.

This paper presents the findings from stage one only and focuses on the results of the focus group and survey.

### 4. Findings

Data from the focus group and survey were analysed using thematic analysis based on the six-stage method outlined by Braun and Clarke.<sup>16</sup> Several members of the PAG and the research assistant reviewed the findings to ensure the integrity of the themes. Additionally, identified themes were discussed with students through an informal session for final comments and validation. Demographic data from the survey are shown in [Table 1](#).

Students found the COCE an excellent learning experience not just for skill development alone, but it taught students how to be ‘with woman’, “COCE really allows us to go through the journey of pregnancy with not only the woman, but her family also... and to learn to provide truly women-centred care.” Many students also felt that the COCE greatly benefited the women, especially first time mothers, those with additional needs or women going through the clinic where they often see a different midwife at each visit. Nevertheless, while students endorsed the COCE they raised numerous challenges. Three main themes, Access, Boundaries and Confidence were identified as areas of challenge for students undertaking the COCE. Throughout the data students’ also identified strategies that could assist in overcoming these challenges and these will be also be discussed ([Diagram 1](#)).

**Table 1**  
Survey student demographics.

	n = 69	%
Year level in the programme		
1st year	24	34.8
2nd year	16	23.2
3rd year	29	42.0
Domestic or international		
Domestic	64	92.7
International	4	5.8
NA	1	1.5
Enrollment		
Full-time	49	71.0
Part-time	19	27.5
NA	1	1.5

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