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Issues for debate

Learning to be a midwife in the clinical environment; tasks, clinical practicum hours or midwifery relationships

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ABSTRACT

Discussions continue within the midwifery profession around the number of and type of clinical experiences required to ensure competent midwifery graduates. Introduction of the three year Bachelor of Midwifery in Australia, almost two decades ago, was intended to reduce the pressure students were under to complete their academic requirements whilst ensuring students developed midwifery practice that encapsulates the philosophical values of midwifery. Currently, midwifery students are mandated to achieve a minimum number of clinical skills and Continuity of Care Experience (CCE) relationships in order to register upon completion of their degree. To achieve these experiences, universities require students to complete a number of clinical practicum hours. Furthermore students are required to demonstrate competent clinical performance of a number of clinical skills. However, there is no evidence to date that a set number of experiences or hours ensures professional competence in the clinical environment. The aim of this paper is to promote discussion regarding the mandated requirements for allocated clinical practicum hours, specified numbers of clinical-based skills and CCE relationships in the context of learning to be a midwife in Australia.

"Midwifery is a woman centred, political, primary health care discipline founded on the relationships between women and their midwives" (Australian College of Midwives [ACM], 2004) with the midwife "recognised as a responsible and accountable professional who works in partnership with women …" (Nursing and Midwifery Board Australia [NMBA], 2006). However working in partnership with women during their childbearing experience and developing woman–midwife relationships can be problematic within the context of learning to be a midwife in Australia. The implementation of the Bachelor of Midwifery in Australia was portrayed as a means to facilitate midwifery models of care for childbearing women and a midwifery education that provides learning opportunities more closely aligned with the philosophical principles of woman-centred care.

The Bachelor of Midwifery commenced in Australia in 1997. The degree was developed and adapted from similar programs in the United Kingdom and New Zealand. It was proposed that the introduction of the Bachelor of Midwifery degree in Australia would have two professional benefits for Australian midwives and birthing women. Firstly, negating the requirement to complete a nursing degree prior to entering the discipline of midwifery while increasing the length of the midwifery degree would facilitate student learning underpinned by the philosophical values of midwifery; woman-centeredness, and allow greater opportunities for models of clinical practice that aligned with those philosophical underpinnings. Secondly, the three year undergraduate degree would provide comparable academic and clinical practice standards for the Australian midwifery profession to those of the United Kingdom and New Zealand, resulting in reciprocal registrations between these countries. However, reciprocal registrations have not eventuated.

Prior to the introduction of the Bachelor of Midwifery degree in Australia, registered nurses undertook post-graduate pre-registration midwifery program. The term 'pressure cooker course' was often referred to when discussing postgraduate midwifery programs. The three year Bachelor of Midwifery was intended to reduce the pressure students were under to complete their academic and mandated clinical midwifery skills requirements and

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support the development of midwifery philosophies. Although the Bachelor of Midwifery has been in Australia for almost twenty years, midwifery students continue to face the same difficulties to those experienced by students two decades ago. There is evidence that students are still under pressure to achieve the mandated number of clinical experiences required for registration within their allocated clinical practicum hours (Pincombe et al., 2007; Licqurish and Seibold, 2013). Although Licqurish and Seibold suggest there needs to be closer alignment between the number of clinical experiences and practicum hours, midwifery students in Australia already undertake approximately 500 more clinical practicum hours than nursing students. It may not be the hours or experiences that places pressure on students to complete tasks, but the lack of an effective model of work integrated learning that aligns with the philosophical underpinnings of midwifery.

The aim of this paper is to promote discussion concerning the lack of evidence in relation to allocated clinical practicum hours, number of mandated clinical skills and Continuity of Care Experience (CCE) relationships in the context of learning to be a midwife in Australia. This is a timely discussion as the revised National 'Midwife accreditation standards' released in October, 2014 have reduced the number of woman–midwife relationships that students are exposed to by reducing the CCE requirements from 20 to 10 (Australian Nursing and Midwifery Council [ANMC], 2014). It is the CCE relationships that most closely align with the philosophical underpinnings on midwifery, providing students the opportunity to practise a woman-centred model of care, while gaining mandated clinical skills. Reducing the mandatory clinical requirement that underpins midwifery ways of being, while providing students the opportunity to gain clinical skills, suggests the profession remains uncertain as to how to best ensure students can learn to be a midwife in the clinical environment.

Midwifery education in Australia

Although some universities continue to offer post-graduate, pre-registration midwifery programs, the majority of midwifery education programs in Australia are undertaken as three year undergraduate degrees (ANMC, 2014). While there are no specified number of clinical practicum hours required for midwifery degrees the National midwife accreditation standards require all midwifery degrees, undergraduate or postgraduate pre entry programs, to ensure "theory and practice are integrated throughout the program in equal proportions (50 per cent theory and 50 per cent practice)" (ANMC, 2014, p. 15). This means for every hour allocated to learning midwifery in the academic environment, including lectures, tutorials and self-directed study, students, must spend equal time in the clinical environment (ANMC, 2014). However, the number of clinical practicum hours varies between universities according to how hours of study are apportioned to academic activities within programs.

Learning in the clinical environment

While the theory and philosophical underpinnings of midwifery can be taught in the academic environment, it is the clinical environment in which the theory is applied and midwifery ways of being with woman are realised. Midwifery students learn the art of midwifery in the clinical environment through the integration of evidence-based knowledge, personal perception, intuition, and timing to build trusting relationships and support the woman's childbearing experience (Becker, 2003). The clinical practice environment however, can facilitate or impede the student's ability to integrate theory and practice and develop midwifery partnerships with women (Norman et al., 2002).

The nature of the clinical context in which the application of midwifery knowledge occurs is dependent on the health facility's culture and behaviour of midwives working within a socially constructed environment. Begley (2004) ascertains, a maternity care environment governed by medically focused workplace routines that maintain an atmosphere of busyness reinforces the need to provide ritualised or task focused care. Furthermore, the hidden curriculum of clinical workplace cultures fosters the status quo of compliance, obstructing new ways of learning and working in the clinical environment (Pollard, 2011) thus hindering development of the philosophical underpinnings of midwifery; woman-centeredness and CCE relationships.

Studies by Hughes and Fraser (2010)and Longworth (2012), exploring factors that influence student midwife learning in Wales, revealed that emotionally negative clinical environments result in poor learning opportunities for students while supportive environments and behaviours by midwives enhance student learning. Supportive behaviours enable positive relationships between midwives and students; integral to effective learning environments. In Australia, Licqurish and Seibold (2008) concluded, for students to feel safe to learn in the clinical environment they need to work alongside midwives who enjoy teaching, answer questions fairly and are "philosophically similar" (p.488).

Socialisation into the midwifery workforce and being accepted into the midwifery culture impacts on the effectiveness of learning in the clinical environment. However, acceptance of the Bachelor of Midwifery program within maternity services remains in its infancy in Australia with some resistance to the education of midwives through a three year undergraduate degree by those midwives gaining their qualifications subsequent to nursing courses or degrees. Licqurish and Seibold (2008) report that students are aware of a professional bias and that it leads to them having to defend their Bachelor of Midwifery degree to unsupportive midwives. When the culture of the clinical setting is unsupportive or hinders the students' sense of professional acceptance, application of professional ideologies is inhibited. Levett-Jones and Lathlean (2008) explored the concept of belongingness and professional acceptance in relation to student learning in Australia and the U.K.. The authors reported that the behaviour of registered colleagues with whom students spent their work day formed the most influential determinant of student learning, clinical performance and their sense of professional identity. These findings are supported by Bluff and Holloway (2008) who explored the influence of midwifery role models on student learning in England. They reported that observed clinical practice within maternity units is a greater influence on student practice than either verbal or written orders by colleagues. Learning therefore is dependent upon the context and culture in which experiences occur rather than the number of experiences the student is exposed too.

Learning through skill acquisition

When students are required to learn through the accumulation of a set number of clinical skills, the question needs to be asked, "how does quantity relate to quality of clinical experiences?" Licqurish and Seibold (2013) explored the experiences of Bachelor of Midwifery students in Australia in relation to their acquisition of mandated clinical skills. The authors found that students were concerned that because they were "chasing the numbers", mandated clinical experiences took priority over their ability to spend time with women and build relationships (p.664).

Fragmented care episodes that facilitate skill acquisition rather than the establishment of woman-centred relationships devalue the philosophical underpinnings of the midwifery profession. The