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Midwifery Education in Practice

A mixed-method evaluation of a New Zealand based midwifery education development unit

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ABSTRACT

The Midwifery Development Education Service was established in the Birthing Unit at Middlemore Hospital in South Auckland New Zealand in 2007. The service is unique in the New Zealand midwifery context for the way it operates as a collaboration between the education and health provider to optimise the clinical learning experience of student midwives. This paper reports on the evaluation of the Midwifery Development Education Service that was undertaken in 2015. The evaluation captured the views and experience of students and midwives who had been involved with, or had worked alongside, the service. A mixed-method approach was adopted for the evaluation study, comprising of an anonymous on-line survey, qualitative interviews and focus group discussion. Considerable satisfaction with the service was identified. This article draws attention to participants' perceptions of the service as supporting student midwives; the significance of quality time in the provision of the clinical midwifery education; the situating of the service at a unique vantage point (overseeing the needs of the university and the hospital) and its impact upon the learning culture of education within the unit. A potential tension is also identified between the provision of a supportive learning environment and the assessment of student performance.

1. Introduction

The Midwifery Development Education Service (MDES) is a joint initiative between Auckland University of Technology (AUT) (the university) and Middlemore Hospital (the hospital) which is run by Counties Manukau Health (CMH). The hospital is the local maternity hospital for women in South Auckland and includes suburbs with a high proportion of childbearing women. An external review of maternity care in the Counties Manukau District (Paterson et al., 2012) reports that approximately 8500 women living in CMH give birth each year and more than 50% of these women are of Māori or Pacific ethnicity. In 2015 in New Zealand 24.2% of women giving birth were Māori and 10.4% were Pasifika. In 2014 8.95% of New Zealand midwives gave their ethnicity as Māori and 2.12% as Pacific (Midwifery Council of New Zealand (2015)). The geographical location of the MDES in the CMH area was seen as a way of supporting Māori and Pacific women choosing midwifery as a career. The number of Māori students in the programme has steadily increased over the last 8 years and 16% of the Midwifery students identified as Māori in 2016. Pasifika students have also increased but not at the same rate as Māori students, 12% of the Midwifery students identified as Pasifika in 2016. While this is pleasing to see we still have some way to go to ensure that the midwifery workforce is representative of the birthing population so local women receive the most appropriate care.

MDES provides an educational service that integrates practice, education and research in the field of midwifery. MDES, as already mentioned grew out of a need to increase midwifery student numbers in South Auckland, and an acknowledgement that such numbers could not grow without expansion of student access to clinical experience. Midwifery students in New Zealand complete a Bachelor's degree in midwifery. The course is equivalent of 4 years and includes 2400 theory and 2400 practice hours in a wide variety of midwifery practice settings (Gilkison et al., 2016). Students are placed alongside community based midwives or hospital midwives.

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They commence working alongside MDES midwives in the second semester of the second year when they are focussing on complicated childbirth, and may have further placements with MDES midwives through to the end of the programme. An agreement between the hospital and the university was signed in December 2006, and MDES educators are employed by the university to work in the hospital, and the positions are jointly funded.

MDES provides a platform to develop midwifery expertise in a maternity hospital setting. The primary purpose of the service is to develop a competent and confident workforce though the provision of consistent quality clinical education.

MDES midwives work one to one with student midwives who are on shift in the Birthing Unit. If no MDES midwife is available on a particular shift, students work alongside one of the hospital midwives. In New Zealand hospital midwives have come to be known as 'core midwives', as they are central (core) to the hospital based maternity service. The key responsibility of the MDES educator is to facilitate the education and development of midwifery students, actively creating an empathetic, safe milieu which is focused on the learning needs of the student midwife, whether she is working with a core midwife or a MDES educator. MDES educators have a responsibility to ensure that the education reflects current evidence-based practice and to assist students to recognise their strengths and areas requiring further development. MDES educators are also required to be skilled in competency-based assessment and to carry out both formative and summative assessments. The MDES team leader oversees the running of the service and meets with the Birthing Unit management and AUT midwifery Head of Department on a regular basis. The team leader is responsible for the allocations of the MDES midwives to shifts and is the contact point for the AUT students allocated to the service.

This study provides an evaluation of the impact of the service for students, core midwives and MDES midwives and on the culture of education in the birthing unit.

2. Literature review

The development of clinical competence is essential for midwifery practice, and practical experience is seen as the best way to acquire the necessary skills to become a competent practitioner (Benner, 1991). There has been debate as to how to best provide the most effective clinical experience, and help midwifery students connect their theoretical learning with clinical learning (Corlett et al., 2003; Ebert et al., 2016; Scully, 2011). Internationally studies have shown that when student midwives work in an environment that is supportive of student learning, which includes working alongside a midwife preceptor or mentor, their learning is enhanced (Hughes and Fraser, 2011; James, 2013; Licqurish et al., 2013; Longworth, 2013).

The MDES aims to strengthen midwifery students' clinical practice experiences by providing students with a one on one experience with a dedicated midwifery educator in the birthing unit at the hospital. MDES is similar in function and design to innovations such as Dedicated Education Units (DEUs) which were initially developed in the late 1990s in South Australia in the field of nursing (Edgecombe et al., 1999). DEUs operate as a collaboration between an educational institution and the health care provider (Edgecombe et al., 1999; Moscato et al., 2007), and provide a clinical environment with a designated educator (known in the literature as a preceptor, a clinical instructor or a mentor) who works alongside students in their clinical placements. The role of the educator is to facilitate student learning experiences, to teach clinical skills and to assess and give feedback to the student. MDES educators work in a preceptor model which has been found to be effective in midwifery. Preceptorship has been found to be one of the key processes which effectively supports student midwives in their clinical learning (Lennox et al., 2008; O'Brien et al., 2014). MDES educators are provided with ongoing preceptorship courses, as are other New Zealand midwives who work with midwifery students. Studies which have evaluated DEUs have found them to be a positive initiative which improve student learning opportunities in terms of improved participation in clinical experiences and having a greater engagement with the clinical area (Moscato et al., 2007; Ranse and Grealish, 2007). In a two year evaluation of a DEU, nursing students from the University of Massachusetts Boston, found their DEU to be a very effective learning experience because it enhanced their learning and helped them to integrate into the healthcare team (Mulready-Shick et al., 2013). Mulready-Shick et al. also found that education outcomes were the same for students whose experience was in the DEU as for those who were not, however, the DEU had a positive influence on process outcomes by providing greater learning opportunities and building relationships with other health team members. Edgecombe and Bowden (2009) and Moscato et al. (2007) similarly found that students in a DEU developed a greater sense of belonging in the clinical area, the DEU addressed students individual learning needs and that their self-directed learning was enhanced. DEUs have also been found to facilitate students connecting their theoretical learning with clinical practice (sometimes referred to as the theory-practice gap) (Dadgaran et al., 2012; Dapremont and Lee, 2013; Hatlevik, 2012; Scully, 2011).

Along with the learning benefits for the students, benefits for the service and staff have also been found. McKown et al. (2011) found that the DEUs collaboration between education and practice improved quality and safety competencies in the clinical area. In an evaluation of a nursing DEU in Portland Oregon, Moscato et al. (2007) found high satisfaction levels for both students and for the staff nurses who were the clinical instructors. The DEU met the goal of providing and supporting optimal clinical learning for a service that was expanding to meet the required increase in student nurses during a nursing shortage at the time.

Some limitations of the DEU models have also been observed. Limitations include recruitment of registered practitioners to the DEU and potentially preceptor burnout (Dapremont and Lee, 2013). Dapremont and Lee (2013) also found that feedback between the preceptors and students can pose an issue, particularly if preceptors were not prepared for the teaching role, or had inadequate skills to evaluate students. The quality of the educator has been found to be important to the success of a DEU. Students want DEU educators to have up to date knowledge and clinical skills, patience and to give them learning opportunities to practice (Dadgaran et al., 2012). Hughes and Fraser (2011) explored student experiences of their mentor midwives (educators in a DEU), and clearly found that mentors had a profound effect on building students' confidence in clinical practice and enhanced the learning experiences for the student. The qualities of a mentor which students valued were being approachable, acting as a role model, instilling confidence and having realistic expectations of the student (Hughes and Fraser, 2011).

This review of the literature demonstrates that MDES seeks to address many of the challenges that are currently presented in the literature around clinical education, and that it does so in a way that is not dissimilar to the attempts by DEUs to address such issues in the field of nursing. The findings of this evaluation can therefore be expected to have value beyond the confines of CMH and may contribute to a growing body of literature on clinical education models such as DEUs in New Zealand and globally. Furthermore, to date no midwifery education facility in New Zealand, other than MDES, has been developed that resembles DEUs so closely. This