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Learning to be a midwife: Midwifery students' experiences of an extended placement within a midwifery group practice

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ABSTRACT

Aim: To investigate the experiences, perspectives and plans of students who had a six-month placement with the midwifery group practice.
Methods: Focus groups were conducted with fifteen third – year Bachelor of Midwifery students who had undertaken an extended placement at a midwifery group practice in a large tertiary referral hospital in Queensland, Australia.
Results: Four main themes were identified in the data: Expectations of the Placement; Facilitating learning within a midwifery group practice model; Transitioning between models of care and Philosophy and culture of midwifery group practice.
Discussion and conclusion: Third-year midwifery students valued the experience of working one-on-one for an extended placement with a midwife providing continuity of care within a caseload model. The experience was the highlight of their degree and they learned 'how to be a midwife'. Most students found reintegrating back into the hospital system of care challenging, reporting that their developed skills of supporting women holistically and facilitating normal birth were not fully utilised when returning to the task-orientated birth suite. Students valued thoughtful, kind and supportive midwifery preceptors who supported them to transition back into the hospital.
Implications and recommendations: Undertaking an extended placement within a midwifery group practice provides students with a rich and holistic learning experience and helps them develop a sense of professional identity. Student placements situated within models of care which provide continuity of midwifery care should be proactively enabled by health services and universities. Research of the longer-term impacts of an extended midwifery group practice clinical placement on midwifery graduates' capabilities and competencies 3–5 years post registration should be conducted.

Statement of significance

Problem or issue

Little is known about the experiences of students undertaking extended placements within a midwifery group practice.

What is already known

Continuity of midwifery care is beneficial for childbearing women and midwives. Negative placement experiences continue to contribute to the attrition of midwifery students. Midwifery students learn from the women themselves during their continuity of care experiences and are enabled to experience different models of care along with various service providers. These experiences provide students with the opportunity to observe the complexities of health service functioning and how they influence outcomes.

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What this paper adds

Midwifery students value the opportunity to undertake an extended placement within a midwifery group practice setting supported by the same midwifery preceptor throughout their placement. Upon completion of the placement, students require a supportive, knowledgeable hospital-based midwifery preceptor who is aware of the challenges some students may encounter reintegrating back into a shift-based model of maternity care.

1. Introduction

In 2018, a university midwifery undergraduate program in partnership with a tertiary referral hospital introduced an optional six-month placement with the midwifery group practice (MGP) for interested third-year students. The MGP consists of ten caseload teams, consisting of four midwives in each team. The midwives are allocated their own caseload of four to five women a month. Two teams provided continuity of care for women designated high risk. The other eight teams provided continuity of care for women who were considered low risk on booking at the hospital. If the women developed complications during pregnancy, the midwifery group practice midwives continued with their care. The midwives work in partnerships of two and provide back up for each other and the other two members of their team. Each team has a designated geographical area for their caseload practice. Two students were allocated to a team that was closest to their homes. Each team met with the students allocated to their team and at that meeting, arranged which midwife would be the preceptor for each student. A preceptor is a competent, experienced person in a one-on-one teaching and learning relationship with a student [1]. Caring and effective preceptors assist students to develop confidence as they acquire knowledge and skills and are socialised into the profession [2]. The midwives who work in midwifery group practice were keen to teach and support students' professional growth.

Midwifery students at the university are required to undertake a minimum of twenty continuity of care experiences; ten of which are completed in the third year of the program. The continuity of midwifery care experience is preferenced as the optimal clinical educational model [3] in the University's Bachelor of Midwifery curriculum as it positions the student 'with woman' [4]. Being 'with woman' in the reciprocal relationship of the continuity of care experience offers the student insights and opportunities to understand and practice woman-centred care [5]. Previously, students had undertaken a short 4–6-week placement in MGP during which time students 'followed the midwife'. Students worked the same on-call roster as their MGP midwife preceptor. Students were undertaking their continuity of care requirements at the same time. Student feedback was very positive about the short placement. The intense nature of the MGP caseload placement was found to be challenging with the added demands of the students' continuity of care partnerships. These continuity of care partnerships were in addition to the work with the MGP midwife.

Final year students are forming a professional identity, honing their midwifery philosophy while gaining competency in applying theory to practice [6]. Positive role models are important as students model their developing professional identity on those midwives whose values, philosophy and practice they appreciate [2,7]. Open and effective communication among team members in practice requires a sense of psychological safety [8]. It also requires the ability to read social cues [9]. When senior staff are inclusive of others, power and status barriers to psychological safety are overcome and trust is promoted [10]. Trust in social interaction is attributed to the neuropeptide oxytocin [9]. Oxytocin is also involved in reducing the stress response in human social interactions. Oxytocin enhances the ability to read the subtle facial cues and determine the affective mental state of others [9]. This capacity enables humans to predict and make sense of another's behaviour [9]. A meta-analysis revealed that midwifery students feel stressed and anxious about making mistakes on placement [11]. Encouragingly, a supportive, positive culture and good relationships with seniors is conducive to learning [12]. The decision to extend the MGP placement to six months was based on the favourable feedback on the students' short term placement by students and MGP midwives. The embedded and supported learning experience with an MGP preceptor would be likely to facilitate the development of the student's professional identity. It would also enable the student to complete all ten of their final year continuity of care experiences within the MGP placement period. Students again 'followed' the midwife and worked the on-call roster with them. Students who chose to remain on call for women with whom they had formed a continuity of care partnership negotiated the on-call arrangements with the on-call midwife and student.

1.1. Background

Work integrated learning opportunities account for 50% of an entry to practice midwifery program in Australia. The content, organisation and focus of this practicum experience are mandated by the Midwife Accreditation Standards [13]. The goal is to ensure that on graduation, newly qualified midwives are skilled to provide woman-centred, evidence-based midwifery care in any setting [13].

There is now overwhelming evidence of the maternal and neonatal benefits of providing women with a 'known' midwife, known as caseload or continuity of midwifery care [14], across the continuum of pregnancy, labour and birth and the early transition to motherhood. The Midwife Accreditation Standards reflect the importance of the continuity experience by stipulating every midwifery student must complete a minimum of 10 continuity of care experiences within their program [15]. The rationale behind this requirement is clear; continuity of care experiences provide the student with the opportunity to work alongside the woman, creating an authentic learning experience and preparing them for contemporary best practice [3,16,17]. Undertaking continuity of care experiences is pedagogically driven and the learning is student directed, controlled and led with the woman as educator [18]. Continuity of care experiences expose the student to different models of care and varied health providers, helping the student learn how the health system functions, while deepening the student's understanding and appreciation of the woman's experience and how that experience is affected by decision-making, support and care [18]. The intermittent nature of these interactions may well hinder opportunities for students to build the meaningful and trusting relationships with health care providers that are integral to professional learning [19]. These constraints mean that students may be less likely to have the learning opportunities associated with professional socialisation, mentoring and coaching available with a known care provider [19].

Several studies have linked the negative experiences of clinical practice to overall dissatisfaction and subsequent attrition for midwifery students [20,21]. Factors that can lead to negative clinical placement experiences include fear [22], lack of organisation, having to respond to changes within the learning environment, competition for learning experiences, and lack of support [22–25]. In addition, Rahimi et al. [25] suggests students' learning can also be adversely affected by having to manage the individual behaviours and personalities of midwives in and across different

practice environments within a shift-based hospital model. Some students have described a phenomenon of having to conform to the more dominant culture in order to be rewarded with educational support, professional experiences and passing assessments [20]. Research is revealing the pervasiveness and extent of the difficulties students face in the maternity workplace. For example, an Iranian study, where maternity care is mainly provided within a medical model of care, identified fear as an inhibitor to midwifery students adopting a professional role within a medicalised and fragmented system leading to attrition from the profession [26]. Similar inhibitions are identified in other student and new graduate midwife populations. An Australian study of workplace culture found that midwifery students and new staff were targets of bullying [27], a known cause of attrition [28]. A UK study found students intentions to leave midwifery were strongly correlated with emotional exhaustion and disengagement [29] with early career midwives most at risk of leaving the profession [30]. Nearly half the early career midwives who responded to a study on Work, Health and Emotional Life of Midwives (WHELM) in Australia said they were dissatisfied with their role as a midwife and had thought of leaving the profession in the previous six months. A possible solution could be offering students an opportunity for whole course or extended placement within a midwifery group practice. Such a placement may avoid the challenges that come with the fragmented system of care that student midwives are often exposed to during their program. There would need to be a corresponding increase in the number of continuity of midwifery care models to accommodate the number of students requiring such placements. This increase in continuity of midwifery care models would thereby provide opportunities for both student midwives and newly qualified midwives to be embedded into such models of care.

An increasing body of evidence demonstrates that providing continuity of midwifery care throughout the childbearing continuum is not only of benefit to women and their infants and sustainable, it also increases midwives' feelings of safety, reduces stress, and improves job satisfaction [32,33]. Traditionally in Australia, only experienced midwives have been permitted to apply for positions in Midwifery Group Practice models. A lack of experience of working within continuity of midwifery care models has excluded them. Graduates or newly qualified midwives have been required to work within a rotation hospital model before they could apply or be considered experienced enough [34]. There are three contemporary areas of concern that are causing health services to reconsider this requirement. The first is the current and future shortages of midwives. The second is the benefits of continuity of midwifery care to childbearing women [35]. The third is the benefits of providing continuity of care to midwives themselves [36–38]. A small number of maternity services in Australia have started to employ graduates/newly qualified midwives into MGP [34]. To support and further advance this new development, it is important that all student midwives are offered the opportunity to work within these models.

Continuity of mentorship in the birth suite is associated with enhanced learning and improved clinical practice experience [39]. Mentors are used as role models by students and can be either positive or negative [40]. Midwives who teach using stories, support birth physiology, use interprofessional communication skillfully and demonstrate woman-centred philosophy and evidence based practice provide positive role models for midwifery students [7]. Early positive socialisation supported professional identity development in nurses [41], and positive role models have been found to contribute to midwifery students identity as a midwife [7]. The provision of a six-month student placement with a midwife in the midwifery group practice was proposed to have a number of benefits. Along with the opportunity to achieve the required number of continuity of care experiences with a known midwifery mentor, reduce stress and improve job satisfaction, a literature review suggested that placing students in a continuity of midwifery model of care with a continuity of midwifery mentor may lead students to work in that model of care upon graduation [37]. Maternity unit management and midwifery academics were interested to discover if the placement was of benefit to the students as proposed.

1.2. Aim

The aim of the study is to investigate the experiences, perspectives and plans of students who had a six-month placement with the midwifery group practice.

2. Method

A qualitative descriptive approach was used in this study. Qualitative research provides a unique opportunity to gain a deeper insight into a particular human experience [42]. Focus group interviews were used as the method of collecting data [43] and the data was analysed using inductive thematic analysis as described by Wilkinson [44]. As this research sought to investigate the experience of the student participants in their MGP placements, the experiential method of thematic analysis was selected. The research project was approved by the University Ethics Committee HREC/2015/331.

2.1. Participants and recruitment

Invitations to participate in this study were sent by email to pre-registration third-year midwifery students (n = 16) who had undertaken a six-month placement with the MGP midwives at a tertiary referral hospital. The placement was undertaken in the first six months of the third year of their Bachelor of Midwifery program. The invitations to the study were accompanied by a detailed information sheet and consent form. Confidentiality, ability to refuse to participate or withdraw from the study at any time without any impact on their academic studies, and anonymity in publications and reports were assured. Interested participants were invited to adopt a pseudonym and return their consent forms directly to the primary researcher. Of the sixteen students invited, fifteen volunteered and participated in one of four focus groups. One student was on holidays and out of contact range at the time of the interviews.

2.2. Data collection

Four focus groups were held at a time to suit participants. The focus group size varied depending upon the student's availability, ranging from 2 to 7 students. The original plan was to conduct two focus groups, but the students wanted to participate and requested other times than those suggested by the researchers. Focus groups are an efficient method of collecting valuable insights into a topic and harnessing the power of a group dynamic to encourage conversation [43].

The focus groups were conducted in a quiet teaching area which is familiar to the students at the university campus. The focus groups were facilitated by two researchers, both of whom were lecturers in the midwifery undergraduate program. The interviews were conducted when all the students had completed all their academic program and clinical hours to ensure the students could speak freely without any bias. The researchers used a semi-structured interview schedule for each focus group and probe questions were used if more information was deemed necessary. At the beginning of each focus group, participants were again

provided with the participant information sheet. Consent forms were signed by those who had not returned the form ahead of the focus group. Participants were reminded of ethical considerations. These considerations included confidentiality, right to withdraw from the research at any time and their right to complain to the university ethics committee if they had any concerns about the conduct of the research. Questions canvassed students' views on their expectations and experience of the placement; whether their educational needs were met and how. Barriers and facilitators to their learning were discussed. The interviews lasted from 45 to 60 min and were digitally recorded. The interview recordings were transcribed verbatim using pseudonyms. No participants withdrew their data from the study.

2.3. Data analysis

The qualitative data from the focus groups were thematically analysed using the techniques associated with the six-stage method outlined by Wilkinson [44]. The six stages involved familiarisation with the data; code generation; searching for and reviewing themes; defining and naming themes and finally, producing a report. All data were examined and coded by two researchers individually and then compared and discussed collectively. Each researcher undertook line-by-line open coding to identify like concepts, which were grouped together to develop the themes. The researchers met and compared and discussed their findings, agreeing on the final themes. Pseudonyms are used to protect the identity of the participants.

2.4. Findings

Thematic analysis identified four main themes: Expectations of the Placement; Facilitating learning within a midwifery group practice model; Transitioning between models of care and Workplace Culture of Midwifery Caseload Practice. Direct quotes from participants are used to illustrate the themes and pseudonyms are used for all quotes. The quotes are included as spoken by the participant and may not reflect what is professionally acceptable. For instance, 'my woman.'

2.5. Expectations of the placement

Most participants agreed that the placement with MGP was the highlight of their three-year program and not as demanding as they had anticipated. Prior to starting the placement, the students had been concerned with what the midwives may have been expecting of them in terms of their availability. The majority found the midwives were respectful of their university and paid work commitments.

All students reported feeling welcomed when they started the placement. Continuity of care was something they all appreciated from their previous experiences during their midwifery program and as Kirsten commented:

> *I really enjoyed my continuity of care [experiences] separate to placement. So, I was looking forward to that in MGP. I just prefer that model of care.*

Students could choose to follow the midwife or follow the women. Some students did a bit of both, as Samantha explains:

> *I started out following the midwife. Then . . . I always had to be aware of my continuity numbers, that we still had to do ten over the year. So, I opted to stay on call to follow some of the women to make sure that I've achieved my continuity numbers. Then I also would stay on call for women that I felt had . . . complexities more in terms of fear and anxiety around birth. There was obvious anxiety about their midwife not being on when they went into labour so I would opt to stay on for those women.*

The MGP midwives were supportive of the students' requirement to complete ten continuity of care experiences during their MGP placement. Elise described how:

> *the actual midwifery teams were really good at helping us manage that [attaining number of continuity of care experiences required]. So, they would make sure, 'I'm on call for your midwife this weekend, do you want us to call you if anything happens with your women?' They would reach out and try and help you manage that . . . I like the whole philosophy of it. I love that individualised care you can give to each woman*

As most of the students had intentions of working in an MGP model in the future, they chose this placement option to gain experience of working within the model. Barbara clarified:

> *. . . because I wanted to work in that model of care at some point in my career, I figured that having that experience as a student is going to be beneficial, not only for the experience but also to know what it actually is like, would I be able to deal with being on call?*

In the second year of the Bachelor of Midwifery program, courses and students' clinical requirements are focused on pregnancy, labour, birth and postnatal complexities. Sandra and Natalie were very keen on the MGP placement because they: "*really wanted to see normal, low-risk care*". Students talked about the challenges they had faced as second year students with the focus on complex care; Susan confided:

> *I think after the second year, it's really hard to actually want to still be a midwife after everything you go through in the hospital system.*

Another student, Krystal was partnered with a midwife who worked with vulnerable women. When talking about her reasons for applying for the placement and her expectations, she responded:

> *My expectations were that I was going to get all these beautiful water births and low-risk women and then I sat down with my midwife for the first time and soon realised that it was not going to be that. But, regardless, I ended up loving it anyway.*

Krystal disclosed that she even felt a *"bit down"* at first at the idea of working with women designated high risk and even "wanted out". However, once she accepted the reality of being placed with a midwife who worked in a complex, high-risk MGP model of care, the experience exceeded her expectations as she realised the benefit for women with complex needs having continuity of midwifery care. She now advocates continuity of midwifery care for all women with complexities because "*they need that support*".

Another reason for most students choosing the midwifery group practice placement was summed up succinctly by Susan, who:

> *wanted to see the full spectrum of midwifery care and see how that can impact on women and their families, during the antenatal period, birth and then in the postnatal period after they've had their babies.*

Madeleine added that she wanted to work with one midwife because:

> *it felt like if I needed to do ten continuity of care experiences . . . , it would be easier for me to be with one midwife following her schedule instead of having ten different women's schedules that I needed to be available for.*

2.6. Facilitating learning within a midwifery group practice model

This theme describes how students effectively navigated working with individual MGP midwives. Each student appeared to have a unique and different experience. For instance the MGP experience enabled Kirsten to understand what it meant to advocate, support, share knowledge and listen; enabling her "*to form a better relationship with the woman in the fragmented system*".

Students valued the opportunity to learn from experienced midwives in the MGP continuity of care model and as Madeleine discovered:

the more we worked together and developed a trusting relationship . . . the more willing the midwife was to allow me to be the primary carer.

As that trusting relationship between the student and the midwife developed, students found *the midwife stood back . . .* and let the student do as much as she [student] was comfortable doing. Several students mentioned the way the midwife approached how they would work together, as Sarah explained:

. . . she embraced having a student, I wasn't an afterthought . . . she said we would work in partnership with each other and the women and plan our week together.

As they worked with their MGP midwife and observed the way they interacted with the women they cared for, students realised that they were learning how to form partnership-based relationships with women. Natalie thoughtfully reflected how:

. . . it really pushed me to be so focused at that point that I've got to take everything in, I've got to learn, I've got to hear what she's saying because I've got to do it next time . . . I had to be engaged the whole time . . .

Students found the involvement of the whole family to be an integral part of the MGP care and as Barbara noted:

. . . [the women's] partners are so much more effective as partners in MGP . . . feeling more confident and comfortable in the space . . . it's been a noticeable difference.

The placement with their MGP midwife enabled both Kirsten and Geraldine to gain a holistic overview of the way midwives can work with women and their families through the childbearing continuum. Kirsten enthusiastically explained:

. . . I could ask my midwife anything . . . I became more confident in what I already knew . . . be a midwife that works autonomously . . .

Geraldine added that her focus was:

. . . on getting continuity of care experiences more than things [numbers of requirements] ticked off because I wanted to just learn how to be a midwife and not be so rigid in concentrating on [numbers]. I wanted to get the full picture of midwifery care from pregnancy, birth and postnatal and just see how it actually all flows . . . I had a lot of continuity of care experiences in that short time.

Several students talked about the awkwardness of the relationship at first and working out how they fitted into providing care. The students felt uncomfortable about disrupting the relationship the women had with the midwife. Krystal spoke about how she:

. . . took the observing role [initially]. I felt very out of my depth when I first started . . .

All the students talked about the trusting relationship they developed with the midwife and for some, like Madeleine, it took time:

. . . It was a bit of a process. I think the more we worked together and the more trust that was developed between the two of us, the more willing I felt that the midwife was to allow me to be the primary midwife

Natalie found the midwife trusted her from the beginning:

. . . I wanted to be . . . independent . . . she told me to do it all . . . we reflected afterwards what I did well, what I didn't do well . . . it boosted my confidence . . . she was really trusting from the beginning . . . very open to anything . . . it was see one, do one sort of thing. So, we'd have the 21-week visit. She would do it. All right, you're doing the next one.

Some students stayed on-call for the women in their caseload when their preceptor midwives were away. The midwives who covered the midwives' leave did not know the women. Students related how the on-call midwives relied on the students' knowledge and the relationship the student had formed with the woman and her family. Madeleine was surprised that when her preceptor went on sick leave:

. . . in her absence, it was almost as if the woman that she had been caring for became my woman and the midwives that would step in to take care of a woman would look for me to get a history . . . they really started to include me, and I felt like one of them really . . . I was a bit apprehensive about her being away, but it was a little bit of a blessing for my learning and my integration into the team.

Travelling together in between home visits was a rich source of learning and development of critical thinking for the students. Kandace explained how she learned a lot from the midwife's holistic approach to working with the woman:

. . . After each appointment we would get in the car and then discuss that woman and how the upcoming birth would be best played out, what we could offer her, what would keep her calm or what we thought she would need . . . [the midwife] would then say to me 'what would you think she needs? What do you think her personality type is like? What's going to make her feel safest?'

After some time, students learned how to read the midwives non-verbal cues as Karen commented:

. . . towards the end of the placement, I would really recognise the subtle differences in my midwife's expressions and she'd just look at me and I would know something else is going on here.

Students discussed how their practice had developed during their placement with MGP and their thoughts about working in the MGP model of care. All agreed it was the best model of care for women and families. Not all could see themselves working in MGP in the short term, although at least six were adamant about applying for a position in MGP straight away.

Krystal, who wanted 'out' at the beginning of her placement with MGP simply said:

It's just changed me and my practice and that's where my passion is now.

2.7. Culture of Midwifery Group Practice

Students observed the way the midwives worked together as a team and how they took care of each other. Georgia observed the way that . . . the midwives "*were happy to do extra things for their partner midwife*" and Sarah added "*they made sure they were all rested and happy and not burned out*". Geraldine pointed out that the midwives made sure that their colleagues, including students, were "*well-rested and safe*".

MGP midwives had a holistic, family-oriented approach which students appreciated. Students noted that fathers were valued and included in the care. The focus on keeping birth normal was

perceived as a positive aspect of the students' placement. The fact that the senior midwives supported the more junior midwives helped the students feel safe. Kirsten identified that:

. . . the midwives were really respectful of each other's skills and experience and were super-approachable to give and get feedback. If my midwife was unsure about anything, she would go to the level sixes [senior midwives] within the team and they would be super-supportive, and I just found we can't know everything as a midwife and having everyone being super-approachable really made a difference in making you feel comfortable to ask questions.

Evidence-based care was important to the midwives. The students noted that the MGP midwives ensured women had the information they needed to make informed decisions about their care. Barbara spoke at length about the way the MGP midwives respected women's choices and everyone supported those choices. All students had similar perceptions of their midwives' ways of working with the women in their care. Geraldine summed it up when she explained:

My midwife informed women of the benefits and the risks of everything so that they could make informed decisions that would benefit them and their baby . . . she . . . really valued consent and informed decision-making . . . aimed at each particular woman's needs and what she was more focused on or less worried about.

Sarah encapsulated the way the students spoke about their MGP midwives taking time to build rapport and trust with the women and families in their care, saying:

. . . my midwife took the time to get to know the woman's inner circle . . . and little things about other family members. It wasn't just all business at every appointment. It was a little bit of talk about 'how's this person doing' and - I think that makes the woman really feel appreciated and really cared for and really heard.

Most students perceived that their midwife had a similar philosophy to their other team members and had developed effective ways of working and handing over care. As Natalie explained:

. . . they all work very similar and they all have the same philosophy and . . . the advice that one midwife would give was . . . similar [to the others] . . . that was really reassuring for all of them as practitioners . . . they made a lot of time for meetings. They had breakfast meetings [in a private social setting] to discuss the caseload and how they're going . . . I think that really helped with the whole morale of everything . . . They always handed over really well to each other. Everyone knew about everything and I think that was good.

Karen was in the same team as Natalie, and agreed with her comments, adding:

. . . in terms of team meetings, students were really encouraged to partake in those, and I really felt like a valued member of the team. So, in that sense, it was incredibly supportive.

Samantha agreed that the midwives worked well together. She remarked that the midwives would call her and let her know that:

. . . I'm on-call for your midwife this weekend, do you want us to call you if anything happens with your women.

The collaboration, sharing and kindness to each other inspired Samantha:

It's where I want to be as a midwife, and I think it reignited some of my passion and my love for this career path . . . it shows you how much that continuity of care and that relationship between midwife and woman improves outcomes.

2.8. Transitioning between models of care

Transitioning back into the hospital shift-based and rotation system was difficult for most of the students. All students reported that they had some anxiety about going back to the birth suite. Linda booked extra shifts in between trimesters to try to get used to the change of pace and practice. Some students experienced a loss of autonomy moving from MGP back to the hospital system.

Barbara explained the loss of autonomy this way:

I think because in MGP I went from pretty independent, where the midwife sits outside the room for the majority of the time kind of thing and just ducks her head in, to no trust [the birth suite midwives didn't trust] that I know what I'm doing, yeah, that was like a big back-pedal.

Students found reorientation into the busyness of birth suite challenging as the pace was very different from what they had experienced in MGP. The birth suite has a fast turn over and students are expected to get women and their babies to the postnatal ward within two hours of birth. With MGP and the birth centre care, women and their babies were generally discharged home four hours after the birth of their babies. There was, therefore, more time to do the documentation and support breastfeeding. The midwives' expectations of students are very different in the birth suite to what they experienced with MGP midwives.

Some students felt *stupid* because they did not meet the expectations of the midwives in the birth suite. They acknowledged that having all the necessary midwifery skills were vital, but felt they needed a few shifts to transition back into the fast pace of birth suite. Kirsten sounded exasperated as she told how she was expected:

. . . to know how to ARM, to know how to get my VEs spot on, to know how to administer IV antibiotics and to know how to set up an epidural trolley. It wasn't about knowing how to facilitate normal birth . . . it was so intimidating . . . at times, I was almost scared to ask questions.

Even though Kandace had a '*fantastic preceptor*' who helped her get *'back up to speed'* she was very nervous going back to the birth suite.

. . . going back in there was just like going from a country town to smack bang in the middle of New York City. You were just inundated with everything and it was just - I think it knocked my confidence That was the bang, straight into birth suite, going 'Oh my God, I have to realign all my thinking again'.

Students reported that a few of hospital-based midwives believed the students should not undertake an extended placement on MGP. Natalie was told by one midwife she was "*wasting her time and setting herself up for a loss*". When Samantha mentioned to her preceptor that she'd been in MGP for an extended placement and may need some extra support on her first few shifts back on the birth suite, the midwife retorted "*well, that was stupid of you wasn't it"!* These reactions increased students' anxiety. Geraldine was very clear that students needed to be confident about their decision to undertake an MGP placement:

. . . a lot of midwives don't respect the placement and are telling the second year [students] not to do it, but I learned so much. I've learnt to be a midwife . . . and I think they just don't get that. I just think you have to be confident and content in your decision.

However, this negative attitude about the MGP placement from midwives was not universal. Other mainstream birth suite midwives were very aware of the challenges that students would face integrating back into the hospital system. These midwives

supported the students to make that transition as Madeleine reflected:

> *. . . the environments are so foreign from each other. . . . [the midwife believed] . . . that's not real, this is real, so I'm going to help you to conform to this norm because this is what you need to be able to do to be able to survive.*

Elise returned to shift-based placement on the postnatal ward. Even although she was worried about going back, she commented:

> *. . . I think it's a whole different thing up on the ward. It's much more relaxed and it's not as crazy [as birth suite]. I have a really great preceptor who . . . said okay, you do what you need to and if you need help come and get me. She was always there if I had questions, really willing to support me.*

2.9. Discussion

The inclusion of continuity of midwifery care experiences in pre-registration midwifery education offers students a valuable learning experience. It also prepares them to work in MGP models upon registration. This study explored third-year midwifery students' perceptions of their experiences in an extended placement with midwives working in a continuity of care model in a large tertiary referral hospital.

The findings from this study found the 6-month placement within an MGP model was highly valued by students in multiple ways. The students believed the extended placement supported their midwifery growth and development. They reported feeling valued and feeling part of a team. Students placed importance on the relationship they developed with the midwife they were working with and the women they recruited as continuity of care experiences [2]. The importance of safe collaborative student/midwife relationships has been explored previously in the literature [2,6,7]. Braun and Clarke [45], suggests a positive learning experience requires a sense of partnership at a personal level within the context of a social and political environment. A safe learning environment provides a safe space for students to observe, learn and practice [2]. Feeling safe and valued are essential ingredients to support the ongoing development of critical thinking, confidence and advocacy of a student [3,46]. Students are more likely to speak up when they feel safe [8]. They are also less likely to feel stressed and anxious [11] when they are supported on placement as these students described [12]. Students in this study talked a lot about creating a sense of safety within the relationship. They discussed how they had built a close and trusting relationship with their midwifery preceptor. They explained how this 'safe space' supported their developing sense of self and confidence as a senior midwifery student [2,7]. Over time, students developed a heightened awareness of subtle changes in the midwives' facial cues. Students came to realise the facial changes indicated some important change in the situation of the woman they were caring for in labour. As Karen said *she'd just look at me and I would know something else is going on.* This awareness is a pointer to the sense of trust and safety students experienced with the midwives. It is also an indicator of the development of their ability to assess and interpret changing situations in practice [9]. According to Longworth [26] there are common elements that support a student to learn and have positive clinical experiences. These elements include the right clinical environment culture, trusting relationships and a sense of belonging. A work culture that supports midwifery students promotes positive learning experiences and enables the student to bring together both theoretical and practical knowledge [20]. Gray et al. [47] suggest this close student-preceptor relationship can facilitate a mutual understanding of learning needs and ways of working that is beneficial to both the student and the midwife. This suggestion is supported by Moncrieff et al. [48], who found that a readiness to learn can only occur if the following three variables are in place. Firstly, the student feels safe. Secondly, the midwife who is allocated to work alongside the student is supportive. Thirdly, the student can work alongside the same midwife within the same setting. The findings from this study confirm the results from Gilmour and colleagues, students talked about 'feeling safe' and 'feeling wanted 'and 'feeling part of the team'.

The continuity of care experience embedded within an extended MGP placement provided students with an authentic learning experience. Students valued the conversations in the car with the midwife as they travelled between visits to women at their homes. These conversations were an opportunity to debrief and problem solve providing a rich source of learning and critical thinking for the students. Students described the MGP placement as having the opportunity to *'feel and act like a real midwife'*. When students are immersed in the world of the pregnant woman through the relational continuity experience, they gain a deeper insight into the woman's lived experience [5]. This deepening awareness is supported by Gray et al. [47] who suggests that students in caseload placements develop deep insight into how continuity works and how decisions and actions are centred around the woman. A recent integrative review by Cramer and Hunter [37], confirmed a connecting association between midwives working to full scope of practice building relationships with women and their sense of confidence and empowerment. Students who participated in the extended 6-month placement aligned with this world view when they talked about 'feeling like a midwife'. Importantly, the students valued the opportunity to be immersed in the relationship with the woman and the midwife. Students observed the skill of the MGP midwife in developing a close relationship of trust and respect with the woman and her family over time. Students witnessed the benefits of psychosocial influences on pregnancy and birth [49]. Subsequently students were able to recreate this relationship with the women they had recruited for their continuity of care experiences.

All the students valued the opportunity to develop a professional midwifery identity. This process is described by Gray et al. [50] as the transformative pedagogy that occurs when students are involved in providing care within a continuity of midwifery care model. Their experiences with continuity of care within the MGP model enabled the students to put into practice all that they had learned throughout their midwifery undergraduate program about the benefits of woman-centred care.

One of the challenges some students encounter is balancing the demands of continuity of care experiences with their university study and meeting the demands of shift work within the hospital setting. Gray et al. [50] suggested one solution would be to ensure students are immersed in a continuity of care model for their practicum. They recommend that pre-registration midwifery programs design their curriculum around the continuity of care experience thereby optimising the learning from this central experience [50]. The extended placement within an MGP model not only provided students with a rich and holistic learning experience, it also supported students to recruit the remaining ten of their required twenty continuity of care experiences. In this study, students found the authentic immersive experience allowed them to develop a much deeper insight into how caseload models work. As a result, most participants expressed a desire to work in MGP model upon registration. This study confirms the suggestion by Gamble et al. [51] that students may feel inspired and motivated to work in continuity of midwifery care models post-registration if they have experienced such models of care as students. However, this will only be possible if there are more opportunities for newly qualified midwives to enter continuity of care models directly from registration.

Following their placement within MGP, some students struggled with their transition back into the hospital-based system of care. This finding is not unique. A study exploring student midwives' experience of carrying a caseload in England also found that at the conclusion of the extremely positive experience, some of the students experienced a sense of loss when they had to return to traditional clinical placements [52]. Sidebotham and Fenwick [52] suggests returning to work within a medicalised model of care from a caseload experience can challenge the values and work ethic of a student. According to Rawnson [53], "contradictory ideologies of midwifery practice" can create the greatest dissonance for qualified midwives and students. Other authors [54,55] agree, adding that the existence of professional hierarchies along with the dissonance between the woman-centred ideal and reality of fragmented care received within busy obstetric units created tension for midwifery students. In addition, Hunter [54] reported that students expressed a sense of being lost, powerless or invisible, juggling inconsistencies to the point of feeling intimidated into complicity. This was certainly evident in this study, where all the students felt they required a short period of transition when returning to the shift-based hospital system. Some students reported that their newly developed skills of supporting women holistically and facilitating normal birth were not utilised in the birth suite which appeared to be more task oriented. Some students were met with negativity by some hospital preceptors. Reassuringly, this was not a universal response, as most of the students were supported by their hospital midwife preceptor to orientate back into the hospital.

This study has demonstrated the benefits of placing students within a continuity of midwifery care model for an extended period. Most students were provided with a positive learning environment which resulted in a rewarding and enriching learning experience. As confirmed by previous studies, continuity of midwifery placement within a continuity model allows for a holistic woman-centered approach to learning and provides unique and valuable facets of learning [37,51,56]. In addition, by placing students within a midwifery continuity model, they are exposed to the full scope of the role of the midwife and how midwives in that model support each other. They also see first-hand how midwives' decisions are centred around the woman and her family. The findings from this study demonstrate that providing opportunities for students to work within MGP models as a student provides a valuable learning experience. It also supports the development of a professional identity and motivates them to work in such models upon graduation.

2.10. Limitations of the study

Limitations of this study include that all the respondents were all placed with midwives in the same MGP in one hospital, therefore generalisability is not possible. All the students who were placed in MGP volunteered to undertake the extended placement, suggesting there was already a degree of motivation for the placement. Despite the limitations, the findings provide an insight into the benefits of an extended MGP placement for midwifery students and therefore this model should be considered by other education providers.

2.11. Relevance to practice

It is critical to develop education programs that support and equip students to transition into continuity of care models as newly qualified midwives. A recent review by McKenna and Boyle [29] found that while most midwifery students would like to work within continuity of care models, many do not feel competent to do so upon graduation. The continuity of care experience embedded within the extended MGP placement described in this paper provided students with an authentic learning experience and supported students to develop the skills required to provide holistic midwifery care. The experience may address the deficiencies as identified by McKenna and Boyle [29]. However, expanding this opportunity to all midwifery students will be a challenge until there is commitment to provide continuity of care models to all pregnant women in Australia.

3. Conclusions and recommendations

This study has highlighted the student's experience of undertaking an extended placement within a midwifery group practice. The extended placement in a continuity of midwifery care model provided students with a rich and holistic learning experience. The placement helped students to develop a sense of professional identity and skills to provide holistic midwifery care to women and their families and facilitate normal birth. The students valued the experience of working alongside a known midwife for an extended placement. Importantly, the students valued the opportunity to embed the recruitment of the women who agreed to be students' continuity of care experience within the MGP placement. For many of the students the placement within the MGP was described as the best part of their three-year program. However, some students found reintegrating back into shift-based care in the hospital and re-adjusting to the different values and processes of care difficult. The reintegration and readjustment was particularly difficult in birth suite.

Midwifery education providers should provide opportunities for all midwifery students to gain valuable experience within a MGP model. Doing so will enable students to learn the skills and knowledge to help them transition into these models following registration. However, before this can happen the implementation of continuity of midwifery care models must be expanded in Australia, thereby meeting women's needs and developing more opportunities for midwifery graduates and students to spend time within these models of care.

Author agreement

On behalf of all authors I wish to advise that the article is the authors' original work, it has not received prior publication and is not under consideration for publication elsewhere. All authors have seen and approved the manuscript being submitted and abide by the copyright terms and conditions of Elsevier and the Australian College of Midwives.

Ethical approval

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References

[1] J.A. DeWolfe, S. Laschinger, C. Perkin, Preceptors' perspectives on recruitment, support, and retention of preceptors, J. Nurs. Educ. 49 (4) (2010) 198–206.
[2] Y. Hilli, H.L. Melender, M. Salmu, E. Jonsen, Being a preceptor—a Nordic qualitative study, Nurse Educ. Today 34 (12) (2014) 1420–1424.
[3] J. Gamble, M. Sidebotham, A. Gilkison, D. Davis, L. Sweet, Acknowledging the primacy of continuity of care experiences in midwifery education, Women Birth (2019).
[4] S. Billett, L. Sweet, P. Glover, The curriculum and pedagogic properties of practice-based experiences: the case of midwifery students, Vocations Learn. 6 (2) (2013) 237–257.
[5] Y. Fontein-Kuipers, E. Romeijn, A. Zwijnenberg, W. Eekhof, A. van Staa, 'ISeeYou': a woman-centred care education and research project in Dutch bachelor midwifery education, Health Educ. J. 77 (8) (2018) 899–914.
[6] L. Ebert, O. Tierney, D. Jones, Learning to be a midwife in the clinical environment tasks, clinical practicum hours or midwifery relationships, Nurse Educ. Pract. 16 (1) (2016) 294–297.
[7] M.J. Nieuwenhuijze, S.M. Thompson, E.Y. Gudmundsdottir, H. Gottfreðsdóttir, Midwifery students' perspectives on how role models contribute to becoming a midwife: a qualitative study, Women Birth (2019).
[8] J.A. Best, S. Kim, The FIRST curriculum: cultivating speaking up behaviors in the clinical learning environment, J. Contin. Educ. Nurs. 50 (8) (2019) 355–361.
[9] G. Domes, M. Heinrichs, A. Michel, C. Berger, S.C. Herpertz, Oxytocin improves "mind-reading" in humans, Biol. Psychiatry 61 (6) (2007) 731–733.
[10] M.A. Rosen, D. DiazGranados, A.S. Dietz, et al., Teamwork in healthcare: key discoveries enabling safer, high-quality care, Am. Psychol. 73 (4) (2018) 433–450.
[11] J. Oates, A. Topping, T. Arias, P. Charles, C. Hunter, K. Watts, The mental health and wellbeing of midwifery students: an integrative review, Midwifery 72 (2019) 80–89.
[12] F. Arundell, J. Mannix, A. Sheehan, K. Peters, Workplace culture and the practice experience of midwifery students: a meta-synthesis, J. Nurs. Manag. 26 (3) (2018) 302–313.
[13] Australian Nursing and Midwifery Accreditation Council, Midwife Accreditation Standards 2014, ACT 2601: ANMAC, Canberra City, 2014, pp. 1–35.
[14] J. Sandall, H. Soltani, S. Gates, A. Shennan, D. Devane, Midwife-led continuity models versus other models of care for childbearing women, Cochrane Database Syst. Rev. (4) (2016).
[15] Australian Nursing and Midwifery Council, Midwife Accreditation Standards, ANMAC, Canberra, 2014, pp. 35.
[16] J. Browne, P. Haora, J. Taylor, D. Davis, "Continuity of care" experiences in midwifery education: perspectives from diverse stakeholders, Nurse Educ. Pract. 14 (5) (2014) 573–578.
[17] E. Uppal, J.M. Mitchell, A. Leyland, J. Sloane, L. Choucri, 'Freedom to flourish': University of Salford student midwives' placement link with the Isle of Man, Br. J. Midwifery 25 (4) (2017) 253–256.
[18] O. Tierney, L. Sweet, D. Houston, L. Ebert, The continuity of care experience in Australian midwifery education—what have we achieved? Women Birth 30 (3) (2017) 200–205.
[19] L.P. Sweet, P. Glover, An exploration of the midwifery continuity of care program at one Australian University as a symbiotic clinical education model, Nurse Educ. Today 33 (3) (2013) 262–267.
[20] F. Arundell, J. Mannix, A. Sheehan, K. Peters, Workplace culture and the practice experience of midwifery students: a meta-synthesis, J. Nurs. Manag. 26 (3) (2018) 302–313.
[21] S. Green, K. Baird, An exploratory, comparative study investigating attrition and retention of student midwives, Midwifery 25 (1) (2009) 79–87.
[22] M. Embo, M. Valcke, Improving student midwives' workplace learning by moving from self- to co-regulated learning!, Women Birth 32 (3) (2019) e384–e390.
[23] C. Seibold, The experiences of a first cohort of Bachelor of Midwifery students, Victoria, Australia, Aust. Midwifery 18 (3) (2005) 9–16.
[24] M. Rahimi, F. Haghani, S. Kohan, M. Shirani, The clinical learning environment of a maternity ward: A qualitative study, Women Birth 32 (6) (2019) e523–e529.
[25] M.K. Longworth, An exploration of the perceived factors that affect the learning and transfer of skills taught to student midwives, Midwifery 29 (8) (2013) 831–837.
[26] G. Ahmadi, M. Shahriari, M. Keyvanara, S. Kohan, Midwifery students' experiences of learning clinical skills in Iran: a qualitative study, Int. J. Med. Educ. 9 (2018) 64–71.
[27] C.J. Catling, F. Reid, B. Hunter, Australian midwives' experiences of their workplace culture, Women Birth 30 (2) (2017) 137–145.
[28] L. McKenna, M. Boyle, Midwifery student exposure to workplace violence in clinical settings: an exploratory study, Nurse Educ. Pract. 17 (2016) 123–127.
[29] J.L. Eaves, N. Payne, Resilience, stress and burnout in student midwives, Nurse Educ. Today 79 (2019) 188–193.
[30] K. Harvie, M. Sidebotham, J. Fenwick, Australian midwives' intentions to leave the profession and the reasons why, Women Birth 32 (6) (2019) e584–e593.
[32] J. Fenwick, A. Lubomski, D.K. Creedy, M. Sidebotham, Personal, professional and workplace factors that contribute to burnout in Australian midwives, J. Adv. Nurs. 74 (4) (2018) 852–863.
[33] J. Fenwick, A. Hammond, J. Raymond, et al., Surviving, not thriving: a qualitative study of newly qualified midwives' experience of their transition to practice, J. Clin. Nurs. 21 (13–14) (2012) 2054–2063.
[34] A.M. Cummins, E. Denney-Wilson, C.S.E. Homer, The challenge of employing and managing new graduate midwives in midwifery group practices in hospitals, J. Nurs. Manag. 24 (5) (2016) 614–623.
[35] M.J.P. Renfrew, A.P. McFadden, M.H.P. Bastos, et al., Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care, Lancet 384 (9948) (2014) 1129–1145.
[36] E. Cramer, B. Hunter, Relationships between working conditions and emotional wellbeing in midwives, Women Birth 32 (6) (2019) 521–532.
[37] J. Carter, E. Dietsch, M. Sidebotham, The impact of pre-registration education on the motivation and preparation of midwifery students to work in continuity of midwifery care: an integrative review, Nurse Educ. Pract. 48 (2020)102859.
[38] J. Fenwick, M. Sidebotham, J. Gamble, D.K. Creedy, The emotional and professional wellbeing of Australian midwives: a comparison between those providing continuity of midwifery care and those not providing continuity, Women Birth 31 (1) (2018) 38–43.
[39] E. Hallam, L. Choucri, A literature review exploring student midwives' experiences of continuity of mentorship on the labour ward, Br. J. Midwifery 27 (2) (2019) 115–119.
[40] A.J. Hughes, D.M. Fraser, "There are guiding hands and there are controlling hands": student midwives experience of mentorship in the UK, Midwifery 27 (4) (2011) 477–483.
[41] K. Hunter, C. Cook, Role-modelling and the hidden curriculum: new graduate nurses' professional socialisation, J. Clin. Nurs. 27 (15–16) (2018) 3157–3170.
[42] D. Polit, C. Beck, Essentials of Nursing Research: Appraising Evidence for Nursing Practice, 8th edition, Wolters Kluwer Health/Lippincott Williams & Wilkins, Philadelphia, 2014.
[43] S. Wilkinson, Analysing focus group data, in: D. Silverman (Ed.), Qualitative Research, Sage Publications, London, 2016, pp. 83–98.
[44] V. Braun, V. Clarke, Using thematic analysis in psychology, Qual. Res. Psychol. 3 (2) (2006) 77–101.
[45] A. Henderson, S. Winch, A. Heel, Partner, learn, progress: a conceptual model for continuous clinical education, Nurse Educ. Today 26 (2) (2006) 104–109.
[46] J.E. Gray, N. Leap, A. Sheehy, C.S.E. Homer, The 'follow-through' experience in three-year bachelor of midwifery programs in Australia: a survey of students, Nurse Educ. Pract. 12 (5) (2012) 258–263.
[47] G. Moncrieff, S. MacVicar, G. Norris, C.J. Hollins Martin, Optimising the continuity experiences of student midwives: an integrative review, Women Birth (2020).
[48] C. Gilmour, M. McIntyre, G. McLelland, H. Hall, M. Miles, Exploring the impact of clinical placement models on undergraduate midwifery students, Women Birth 26 (1) (2013) e21–e55.
[49] J. Gray, N. Leap, A. Sheehy, C.S.E. Homer, Students' perceptions of the follow-through experience in 3 year bachelor of midwifery programmes in Australia, Midwifery 29 (4) (2013) 400–406.
[50] J. Gamble, M. Sidebotham, A. Gilkison, D. Davis, L. Sweet, Acknowledging the primacy of continuity of care experiences in midwifery education, Women Birth 33 (2) (2020) 111–118.
[51] M. Sidebotham, J. Fenwick, Midwifery students' experiences of working within a midwifery caseload model, Midwifery 74 (2019) 21–28.
[52] S. Rawnson, A qualitative study exploring student midwives' experiences of carrying a caseload as part of their midwifery education in England, Midwifery 27 (6) (2011) 786–792.
[53] B. Hunter, Conflicting ideologies as a source of emotion work in midwifery, Midwifery 20 (3) (2004) 261–272.
[54] S. Davies, L. Coldridge, 'No Man's Land': an exploration of the traumatic experiences of student midwives in practice, Midwifery 31 (9) (2015) 858–864.
[55] S.M. Thompson, M.J. Nieuwenhuijze, L.K. Low, R. De Vries, "A powerful midwifery vision": Dutch student midwives' educational needs as advocates of physiological childbirth, Women Birth 32 (6) (2019) e576–e583.
[56] A.G. Carter, A.G. Carter, E. Wilkes, J. Gamble, M. Sidebotham, Midwifery students' experiences of an innovative clinical placement model embedded within midwifery continuity of care in Australia, Midwifery 31 (8) (2015) 765–771.