

‘Placements with women, not institutions’

**Learning and the follow-through experience in three
year Bachelor of Midwifery programs in Australia.**

By Joanne Elizabeth Gray

A thesis submitted in fulfilment of the requirements for the Degree of Doctor of
Philosophy at the University of Technology, Sydney

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Certificate of Authorship/Originality

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student

Joanne Gray

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Abstract

Background

This research explored the follow-through experience in three year, pre-registration Bachelor of Midwifery programs in Australia. The follow-through experience involves midwifery students following women on their journey through pregnancy, labour and birth and into the early parenting period. The concept was introduced to midwifery education in Australia in 2001 when it was embedded in the foundational Australian College of Midwives' National Education Standards for Bachelor of Midwifery programs. The inclusion of the follow-through experience in Bachelor of Midwifery education programs was a deliberate strategy to ensure midwifery students would experience midwifery continuity of care.

Aims

The aims of this research were to:

- explore the follow-through experience in order to better understand its impact on students, midwifery education providers and midwives, and,
- to identify the learning that is associated with this experience.

Setting

This research was conducted in Australia. Students from all three-year pre-registration Bachelor of Midwifery programs were invited to participate.

Design

A qualitative study was undertaken. In-depth interviews were conducted with key stakeholders who had been involved in the development and implementation of the follow-through experience. Data were collected from former and current Bachelor of Midwifery students through an online survey and telephone interviews. A thematic analysis was undertaken and situated learning and constructivist theories were used to identify whether learning occurred in the context of the follow-through experience.

Results

The findings provided a unique insight into the follow-through experience from the perception of students and stakeholders. This research established that students do learn from their engagement in this experience. This learning was characterised by the primacy of the relationship with the women. Students also identified the challenges they faced in undertaking these experiences, including problems with recruitment and time commitment. Difficulties were identified around requirements of the follow-through experience, the lack of support at times for students, and the lack of congruence with the existing Australian maternity system. These difficulties were identified as having a significant impact on the students' ability to engage in, and to maximise their learning from, this experience. A conceptual model was developed to provide a synthesis of the results of this research and a framework for effective implementation and management of the follow-through experience.

Implications

This research has implications for midwifery education, particularly in Australia but also internationally. This experience does indeed provide unique learning opportunities for students. It is however essential that the student is given adequate support to aid their learning and to ensure they gain the most from these experiences.

Conclusions

The follow-through experience is an innovative education strategy and this research identified that learning occurred within this experience. This learning was identified as being situated in the context of students being placed with women. This research clearly identifies the value of the follow-through experience as an important component of student learning.

Presentations

- Gray, J. (2005). *The follow-through experience: Balancing on the waves of change*. Paper presented at the NSW Midwives Association Annual State Conference: 'Midwifery by the sea', Bondi, Australia.
- Gray, J., Homer, C., & Leap, N. (2007). *How bold is this! – The follow-through experience in midwifery education*. Paper presented at the 15th Australian College of Midwives Biennial Conference: 'Big, bold & beautiful', Canberra, Australia.
- Gray, J., Homer, C., & Leap, N. (2008). *Student learning and the follow-through experience in Australian Bachelor of Midwifery programs*. Paper presented at the 28th International Confederation of Midwives Triennial Conference: 'Midwifery: A Worldwide Commitment to Women and the Newborn', Glasgow, Scotland.
- Gray, J., Homer, C., & Leap, N. (2009a). *'A golden opportunity: The follow-through experience'*. Paper presented at the Australian College of Midwives (NSW Branch) Annual State Conference: 'Midwifery - Going for Gold', Homebush, Australia.
- Gray, J., Homer, C., & Leap, N. (2009b). *Midwifery students working with women: Relationships, learning and the follow-through experience*. Paper presented at the Australian College of Midwives 16th National Conference: 'Midwives and women: A brilliant blend.' Adelaide, Australia.
- Gray, J., Homer, C., & Leap, N. (2009c). *Placements with women: Innovation in student midwifery education and practice*. Paper presented at the Northern Sydney Central Coast Health inaugural nursing and midwifery research and innovative practice conference: 'Research for health', Sydney, Australia.

Introduction

The follow-through experience is an innovation in midwifery education in Australia. This experience potentially provides midwifery students with their only opportunity to form more extended relationships with women and be with them during their journey through pregnancy, labour and birth, and the early parenting period.

The follow-through experience is defined and described in this introduction. My parallel journey with the implementation of the follow-through experience also begins in this chapter. In addition, an overview of the chapters of this thesis is provided.

This research explored the follow-through experience in three-year Bachelor of Midwifery programs ¹in Australia. The follow-through experience was first seen in midwifery education in Australia when it was written into the 'Standards for the Accreditation of Three Year Bachelor of Midwifery Programs' (Australian College of Midwives Inc., 2001a) and was defined as follows:

Follow-through means the ongoing midwifery relationship between the student and the woman from initial contact in early pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and hospital settings. Where the program is a three (3) year Bachelor of Midwifery, in the second and third year 'follow-through' will include students providing midwifery care to women with appropriate supervision (Australian College of Midwives Inc., 2001a).

The standards developed by the Australian College of Midwives (2001a) required students to complete thirty follow-through experiences during their three year program. The follow-through experience was a new concept for

¹ The term program and course are used interchangeably throughout this thesis. Nomenclature for courses and programs is not consistent across the midwifery education literature, nor within midwifery education in Australia. I have therefore chosen to use both words to describe a program or course of study.

midwifery education in Australia as no previous pre-registration midwifery programs had placed such emphasis on students developing relationships with women and engaging in midwifery continuity of care.

In Australia, registration as a midwife can be gained through both undergraduate and postgraduate (post-nursing) programs, including double degree programs in nursing and midwifery. The follow-through experience was developed initially for inclusion in pre-registration three year Bachelor of Midwifery programs. These programs began in Australia in 2002 and provide a pathway to midwifery registration without a pre-requisite for nursing registration. The follow-through experience is however now included in most Australian pre-registration midwifery programs. For the purposes of this research and for clarity around the research findings, only three year, pre-registration Bachelor of Midwifery programs were studied. At the time of this research there were six of these programs in Australia. At the time of writing, I am the coordinator of the University of Technology, Sydney program which is the only program offered in New South Wales.

A description of the follow-through experience

The follow-through experience is implemented differently in each University program. This research has found that requirements related to recruitment, meeting with women, documentation, and attendance during labour and birth vary across universities.

The follow-through experience, essentially, requires the student to meet with a woman during her pregnancy, and then continue to meet with her on a regular basis until the early postpartum period. In most cases, students are the ones who make the first approach to a woman seeking her participation in the follow-through experience, though this does vary. Information that I have received from the interviews as part of this research with both course coordinators and Bachelor of Midwifery students indicated that the 'recruitment' processes vary considerably. The differences in recruitment requirements arise from different

university requirements, different hospital requirements and sometimes the student's preferred method of recruitment.

With such variations in mind, and in order to provide an overview of the follow-through experience, I will describe this experience as it is implemented in the Bachelor of Midwifery program at the University of Technology, Sydney (UTS) as one example.

For UTS students, recruitment of women usually occurs during antenatal appointments. The actual process of this varies as some health care settings ask midwives to initiate the recruitment process, others encourage the students to approach the women themselves, whilst others place students alongside midwives in caseload models and the women are automatically part of the student's 'caseload' with the midwife. Some universities take responsibility for the recruitment of women and they have invested in their own advertising in order to do this. In other universities, recruitment is left entirely to the students and they are required therefore to recruit women from wherever they can. In this research, students identified that they recruited friends, women they met through their child-care centre or school and women they met at the shopping centre. They also used websites, brochures and flyers to recruit women.

At UTS however, students are only able to recruit women who are 'booked' at the hospital where the student has been placed for the duration of their midwifery program. Students in the UTS program are placed in a 'home hospital' which is, ideally, one that is close to their home so that they are able to be on call for births. Whilst some of these hospitals do have midwifery continuity of care models, most do not and students are therefore often recruiting women who are experiencing pregnancy care through the antenatal clinics, shared care² with a general practitioner or sometimes with an obstetrician. Students are encouraged to recruit women who are from 'all risk' categories. Anecdotally students have reported difficulties in establishing

² Shared care refers to antenatal care that is shared, usually between a general practitioner (GP) and a midwife.

relationships with women who have limited English language skills. Conversely, students who have a first language other than English are often very comfortable recruiting women with whom they share this common language.

At UTS, students are required to complete a consent process where the woman is given a brochure (Appendix One) and an information sheet (Appendix Two) about the follow-through experience. The information sheet provides contact details of the course coordinator at the University so that the woman can make contact if required. This has happened for example, where the woman wishes to pass on her enjoyment of the experience and positive feedback about the student. The midwife who is conducting the antenatal visit completes a form that remains in the woman's medical record indicating that the woman received this information. Students are also provided with labels that have their name and contact details on them and these are placed on the woman's maternity record. This information is then used by the midwife to contact the student when the woman presents to the maternity unit.

Students usually meet women when they attend antenatal appointments and they then exchange contact information. A student will then follow the woman on her journey through her pregnancy by either regularly meeting with her and/or making telephone contact. The type and regularity of contact that is involved will depend on the availability of the woman and student, and geographical considerations. Most contact with the woman will occur at her antenatal appointments and this gives the student an opportunity to conduct this visit under the supervision of a registered midwife. In this way, the woman begins to establish a relationship with the student during her pregnancy. Sometimes a student will also attend any other appointments or antenatal information sessions with the woman and spend time with her before or after the antenatal visit. It is often the student who provides the only continuity for the woman during her journey through pregnancy, labour and birth, and the early postnatal period.

Students will also attempt to attend the woman's birth, though this will depend on the woman's wishes, and the availability of the student. The student is usually contacted by the midwife when the woman presents to the delivery suite and the student then comes in to be with the woman. Following the birth, the student will continue to meet, or speak with the woman regularly until a few weeks after the birth of her baby. The responsibility for maintaining contact with the woman rests with the students who are usually required to keep a reflective journal of this experience, though these requirements will vary between universities.

An essential part of this experience is reflection so that the student gains an understanding of the experience. The intent of this experience is for the student to develop a relationship with, and provide care for, an individual woman, and for the woman to have an opportunity for a known midwifery student to be involved in her care throughout her pregnancy, childbirth and early parenting experiences. However, the requirement for reflection, or any other documentation around the follow-through experience, lies with the individual universities.

The overview of the follow-through experience that I have just provided does not, however, fully explain what happens during this experience. Many students describe this experience very differently as their focus is on the relationship that is developed with the women. This research, therefore, describes the experiences of the students who have been with women on their journey through pregnancy, labour and birth and the early parenting period.

As the course coordinator of the Bachelor of Midwifery at UTS, I was responsible for developing guidelines for the implementation and integration of the follow-through experience into our program. During the program curriculum development phase I visited two polytechnics in New Zealand that offered a three year Bachelor of Midwifery program and spoke to the program coordinators and lecturers. These discussions influenced my thinking about the follow-through experience and I recognised that the follow-through experience

in the UTS program would certainly 'look different' to the New Zealand programs.

Essentially this difference was related to the midwifery models in which the students are placed. In New Zealand, students spend considerable time working with independent midwives, and only limited time in hospital placements (Davis & McIntosh, 2005). The Australian midwifery landscape is entirely different to this with limited midwifery continuity of care available to women. Students would therefore be in the position of being with women who were experiencing care from a number of different providers. The follow-through experience would be one of the few opportunities for students to develop relationships with women and follow them on their journey through pregnancy, labour and birth, and into the early parenting period. Indeed, the follow-through experience occurs most often with women who are not receiving midwifery continuity of care. As such, the follow-through experience in Australian Bachelor of Midwifery programs is a significant part of the education of midwifery students.

In Australia, students in Bachelor of Midwifery programs follow a traditional university pathway where they attend university classes during semester time, and there are quite lengthy periods of time when the university is in recess. Students are also placed in standard clinical placements³ where they are allocated to a clinical setting (usually a hospital maternity unit) for a block period of time. During this time, students are unpaid and supernumerary to the staffing of the maternity units. The actual period of allocation to standard clinical placements varies between universities. At UTS students are allocated 880 hours of clinical placement across the duration of the program.

The follow-through experience has the potential to contribute quite significantly to the midwifery practice experience of students as the time spent in these experiences is additional to standard clinical placements. This does mean

³ Standard clinical placement refers to those placements that have been organised by the university and the midwifery student is part of the midwifery unit roster. These placements usually occur in a block period.

however that many students are required to complete these experiences 'in their own time'. In order to understand how these experiences had been implemented in Australia I contacted a university in South Australia, prior to the commencement of the UTS program, to discuss their implementation model. I became aware of the significant impact that the follow-through experience has on the students' time and the commitment that the achievement of these experiences required. In discussions with the midwifery academic staff at UTS, and mindful of my discussions with midwifery academics in New Zealand and Australia, we established guidelines for this experience at UTS.

These guidelines included such requirements as the number of contacts that the student should have with each woman, the number of births they should attend, and the hours that they should ideally spend with each woman. My experience now over the four years of the UTS program is that some students engage completely with the follow-through experience, whereas other students experience difficulties with meeting these requirements. This is discussed further in this thesis.

Initially the UTS guidelines were relatively relaxed as I wished to make this experience as valuable as possible and wanted to avoid punitive measures that would perhaps limit the ability of the student to engage in these experiences. I soon learnt however that the students and the hospital midwives preferred to have clear guidelines to assist them manage these experiences. I also found that many maternity units wished to have more control over these experiences. A number of maternity units therefore introduced their own requirements, such as a midwife verifying all visits by signing a log book, and requiring students to speak with the woman only in the presence of a midwife. Some of the difficulties that students reported in this research have occurred because of the ways in which this experience has been implemented and managed both by the university, and by the maternity units. This will be discussed in more detail in the research findings chapters.

My journey with the follow-through experience

As the researcher I think it is important that I describe my journey with the follow-through experience as part of the context of this study in order to provide an audit trail of reflexivity. It was inevitable that this research would influence my implementation and ongoing management of the follow-through experience at the University of Technology, Sydney (UTS), in the same way that I would have an influence on this research. I continue this reflexive approach throughout this thesis.

When I initially considered a topic for this doctoral research I was particularly interested in researching student experiences in the Bachelor of Midwifery program as this was about to commence at UTS. I was the course coordinator, and, as such, played a significant role in implementing the curriculum. During discussions with my doctoral supervisors I began to focus more on studying the follow-through experience as this was something quite unique in Australian midwifery education and I was aware this requirement would have a significant impact on the Bachelor of Midwifery students.

In reviewing a doctoral student presentation that I gave in December 2004 during the time that I was beginning to refine this research proposal, I note that I was already aware the follow-through experience was the cause of some concern in those states where Bachelor of Midwifery programs had already commenced. My abstract for this presentation, written in November 2004 indicates some of these key concerns:

The follow-through experience is one of the key components of the midwifery practice experience for Bachelor of Midwifery students studying at UTS. This experience, whilst clearly defined by the Australian College of Midwives Inc., creates a number of challenges, for example: what does the experience actually involve; how much time is the student required to spend with the woman during this experience; how do we evaluate the quality of learning that is associated

with this experience and what is the most effective way to guide the student during this experience?

At this stage the UTS Bachelor of Midwifery curriculum was written, and had received approval from the State regulatory authority, the Nurses and Midwives Board of New South Wales.

My field notes summarised some of my thinking around this time:

The midwives who were involved with the course development and offered to have our first intake of students were concerned about the follow-through experience requirement, in particular that there would not be sufficient women for all the students. They were also concerned about recruitment and how this would be managed.

In order to assist the students with the follow-through experience at UTS, we put a number of strategies in place. I visited each of the hospitals where students were to be placed and spoke to the midwives about the Bachelor of Midwifery program and about the follow-through experience. This information was new to the midwives who were mostly prepared for midwifery registration themselves through a post-nursing registration program. These midwives have, for many years, worked alongside post-nursing, pre-registration midwifery students who, in New South Wales, are concurrently employed in a maternity unit for a 12 month period whilst undertaking their midwifery education program. The notion of Bachelor of Midwifery students in a three year program, with no nursing experience, and the requirement of the follow-through experiences was very new to these midwives.

To assist with the implementation of the follow-through experience, the midwifery teaching team at UTS developed a brochure and posters (Appendix Three) for recruitment of women.

I documented my initial thoughts about the follow-through experience in my journal. The key points that I noted were as follows:

- *Initially I thought it seemed like a good idea and I did not really think that there would be too many issues.*
- *The hours seemed to be quite a commitment, but I thought they were realistic.*
- *I was taken by the opportunity the follow-through experience would give to students to understand, and work in midwifery continuity of care.*
- *There were limited opportunities otherwise to ensure students could experience continuity of care with individual women.*

The Bachelor of Midwifery commenced in February 2005 at UTS along with the follow-through experiences. In August 2005 I conducted an evaluation of this experience and presented these findings at a New South Wales Midwives' Association Annual State Conference (Gray, 2005). The student evaluation provided a snapshot of their experiences and, even at that early stage students identified the importance of their relationships with women. They also identified however some challenges associated with recruitment of women.

Throughout subsequent chapters of this thesis, I will continue to reflect on my personal journey with the implementation and the ongoing management of the follow-through experience. I will discuss how this research both influenced and was influenced by my involvement in the research process.

Chapter Overview

Chapter One: Background to this research

Chapter One of this thesis explores the background to the research. A description of maternity services within Australia provides some of the context for this research. This is further articulated through an overview of the midwifery education environment in Australia, the history of the introduction of Bachelor of Midwifery programs and the challenges that this provided. The disparate nature of midwifery education in Australia, the lack of consistency in

regulation and the concerns around the lack of any national standards for midwifery education are also discussed in this chapter.

This context is important for an understanding of the impact of the follow-through experience on Australian midwifery education programs.

Chapter Two: Literature review

Chapter Two of the thesis presents a review of literature in relation to the follow-through experience. Whilst the literature on this experience is limited, similar midwifery education strategies have been developed overseas and these are discussed.

The literature around a range of midwifery education strategies is reviewed to identify those activities that have been utilised to assist midwifery students in their learning, and the learning frameworks that have supported these activities have been discussed.

Philosophy of midwifery continuity of care is integral to the follow-through experience and this literature is therefore explored in this chapter.

Chapter Three: Theoretical frameworks, research design and methods

This research used a qualitative methodology and this is described and discussed in this chapter. Data were collected through traditional qualitative methods such as surveys and interviews and thematic analysis was undertaken. This methodology was determined to be the most suitable for this research due to the nature of the research questions. Studying the experiences and perspectives of the participants was vital in this research and the use of qualitative methods, such as interviews, enabled this.

As this research sought to determine student learning in the follow-through experience, the use of an educational learning theory was considered essential to assist with data interpretation. Two theories were utilised that were considered to be most relevant; situated learning and constructivism.

The ethical considerations inherent in this research are described in this chapter. This includes identifying the issues concerning my integral role as both researcher and course coordinator.

Chapter Four: ‘Placements with women, not placements with institutions’

This chapter presents the findings from the analysis of the data collected from participants who were members of the Australian College of Midwives National Education Standards Taskforce (ANEST). The background to the strategy behind the inclusion of the follow-through experience in the foundational Australian national midwifery education standards is described from the perspective of these key stakeholders.

This chapter provides the first findings of this research and, as such, gives a foundation to the remaining chapters. In this chapter the intention behind the follow-through experience is explored and identified as being a deliberate professional and educational strategy. The ANEST participants also describe the challenges that have occurred with the implementation of this innovation.

Chapter Five: ‘It is a really valuable learning experience’

The analysis of data collected from participants who were the course coordinators of three year Bachelor of Midwifery programs is presented in this chapter.

The Bachelor of Midwifery course coordinators identified the process of incorporation and implementation of the follow-through experience into the programs. These participants also described their understanding of the follow-through experience. They identify their interpretation of the rationale for the inclusion of this in the Bachelor of Midwifery Education Standards and highlight their concerns in regards to implementation. Findings from these interviews with the course coordinators are discussed in terms of the indication of a disparity between the ideology of the follow-through experience, and the pragmatics of its implementation.

Chapter Six: ‘The women themselves were our greatest teachers’

Chapter Six provides a description and discussion of the data collected via an anonymous online survey from former and current Bachelor of Midwifery students. These data are presented quantitatively and qualitatively. The survey was completed by 101 participants and provides important information about the student experiences of the journey in the follow-through experience.

The survey asked for demographic information, as well as responses to specific questions about recruitment of women, learning, support provided and documentation requirements. Participants were also able to provide responses to open-ended questions to enable them to describe their personal experiences.

Chapter Seven: ‘It’s all about them – the women’

This chapter presents the findings of data from telephone interviews which were conducted with former and current Bachelor of Midwifery students. Data were collected from twenty eight participants who indicated that they were willing to participate in this phase of the data collection. Participants for the interview phase self-nominated as part of the online survey.

These data revealed four key themes that identify the key aspects of the follow-through experience from the perspective of the students who undertook these experiences. These themes are described and discussed.

Chapter Eight: ‘The real “job” of midwifery is the journey with the woman’

This chapter brings together the findings from an analysis of all the data collected in this research. The findings are discussed in relation to the research questions and the literature. As further articulation and description of the findings of this research, I have developed a conceptual model related to learning and the follow-through experience. This conceptual model provides a useful tool for those who are implementing the follow-through experience as it brings together aspects of the experience that relate to the student experience of learning.

Chapter Nine: Conclusions and recommendations

This chapter provides the conclusion to this research. Limitations of the research are identified and discussed. This chapter also provides the conclusion of the reflexive process that has occurred throughout this thesis and re-visits the positioning of my role as the researcher in this study and the possible impact on the research itself.

Recommendations that have arisen from this research are also presented in this chapter.

Chapter summary

The follow-through experience was introduced into pre-registration midwifery programs in Australia with little evidence of contribution to the learning of midwifery students. The aim of this research was to identify, explore and analyse the learning that occurred in the follow-through experience. This research provides a unique insight into the development and implementation of the follow-through experience in Australian Bachelor of Midwifery programs and the learning that occurs as part of this experience.

A conceptual model that presents a synthesis of the results and a framework for the implementation and effective management of the follow-through experience was developed from the findings. This model aims to assist those charged with the implementation of the experience to ensure student learning is maximised during these experiences

Chapter One: Background to this Research

Introduction

This chapter reviews the background to the implementation of the follow-through experience in Australian midwifery education programs and sets the scene for this research. It explores the context of midwifery education in Australia, including the development of midwifery education standards and the development of Bachelor of Midwifery programs. These developments cannot be viewed in isolation from the maternity services environment in Australia and this chapter provides that context.

Midwifery in Australia can, arguably, be viewed as an emerging profession. For many years midwifery has been subsumed within nursing, and it is still frequently viewed as a specialisation of nursing. The positioning of midwifery as a distinct profession within Australia is occurring slowly. The implementation of Bachelor of Midwifery programs can be seen as a key strategy in the development of midwifery as a distinct profession in Australia. This perspective is explored in this chapter.

The introduction of national education standards for Bachelor of Midwifery programs in Australia was a major change for midwifery education. The inclusion in these standards of new requirements, such as the follow-through experience, continues to present challenges for midwifery education providers. Within the Commonwealth of Australia, the six states and two territories each operate their own Health Professionals Registration Board and each defines their own requirements for midwifery education programs. Consistent adoption of the Australian College of Midwives Standards for the Accreditation of Three Year Bachelor of Midwifery programs (Australian College of Midwives, 2006) has still not occurred across Australia and this lack of a cohesive approach to midwifery education is problematic for the development of the profession.

The follow-through experience

The follow-through experience has been previously defined and described (see Introduction). This experience was introduced to Australian midwifery education in an attempt to provide midwifery students with an opportunity to work within, and come to understand, midwifery continuity of care and the midwife-mother relationship (Kirkham, 2000b). The midwives who formed the Australian College of Midwives Inc., (ACMI) Bachelor of Midwifery Taskforce in 1999 were aware of the importance of midwifery continuity of care and they were also mindful of how little exposure midwifery students had to working with women in this way.

The embedding of the follow-through experience in the Australian College of Midwives Standards for the Accreditation of Three Year Bachelor of Midwifery Programs (Australian College of Midwives Inc., 2001a) was therefore a deliberate professional strategy to facilitate midwifery student exposure to continuity of care with women in the absence of maternity service models providing midwifery continuity of care. The follow-through experience was recognised as being one of the only opportunities midwifery students would have to develop a midwife-woman relationship.

Maternity Services in Australia

The following discussion provides an overview of the context of maternity services and midwifery education in Australia within which this professional strategy was introduced.

Maternity services in Australia have undergone, and are still undergoing, significant change. In 1989, a Ministerial Task Force on Obstetric Services, known as the Shearman Report (NSW Department of Health, 1989), presented a review of obstetric services in New South Wales. This report was one of the first reviews of maternity care in Australia and many of its recommendations were implemented (NSW Department of Health, 1991). The Shearman report clearly identified the need for the introduction of midwifery continuity of care models and articulated the key role that midwives should play in the provision of care for women.

Following the release of the Shearman Report (1989) a number of other national reports in the late 1990s (National Health and Medical Research Council, 1996; 1998; Senate Community Affairs References Committee, 1999) indicated that while a shift had occurred in the provision of maternity services in Australia over the past decade, there was still much that needed to be changed. Some key areas that were investigated within these reports focussed on the woman and her family, and the quality of their experiences of pregnancy, childbirth and parenting. Other key issues identified were the positioning of midwifery within a primary health care framework and the need to review the ways in which maternity services were being delivered to women.

Arising, in part from recommendations in these reports, new models of maternity care were developed in Australia including a range of midwifery continuity of care models where midwives provided care to women throughout their pregnancy, labour and birth, and into the postnatal period (Biró, Waldentröm & Pannifex, 2000; Brodie, 1997; Homer et al., 2001; Rowley, Hensley, Brinstead & Wlodarczyk, 1995). Central to these models of care were the concepts of midwifery continuity of care, and woman centred care (Leap, 2009).

Despite the recommendations from these reports, and the successful introduction of some midwifery models of care, the implementation process was slow. In 2000, the NSW Framework for Maternity Services (NSW Health, 2000) responded to the tardy implementation of midwifery models and indicated that there needed to be sustained collaborative and consultative work to ensure that women received midwifery care that focussed on choice, continuity and control. At the same time, maternity consumers were collaborating to develop their recommendations for changes in the provision of maternity services. In 2002, a national committee of peak consumer and midwifery advocacy groups released the National Maternity Action Plan (NMAP) (Maternity Coalition, Australian Society of Independent Midwives & Community Midwifery WA Inc., 2002). This

report indicated a strong consensus for the reform of maternity services and for the introduction of midwifery led⁴ and community midwifery programs.

More recently, the Commonwealth Government released a discussion paper on maternity services in Australia (Australian Government Department of Health and Ageing, 2008) in preparation for a national maternity services plan (Australian Government Department of Health and Ageing, 2009). In the same year, the Australian Health Ministers Advisory Council published a report on Primary Maternity Services in which they stated that 'women must be the focus of care' and identified a commitment '... to extending and enhancing primary maternity service models as a preferred approach to providing pregnancy and birthing services to women with uncomplicated pregnancies' (Australian Health Ministers' Advisory Council, 2008, p. 1). The proliferation and focus of such reports can be seen as an indication that Australian maternity services have reached a 'tipping point' where reform of maternity services with a key focus on women and their desire for midwifery continuity of care should begin to occur. At the same time as these Government reports advocating midwifery continuity of care were released, midwifery academics, educators and leaders identified the changes that needed to occur in the education of midwives in order to ensure that they were best prepared to work in these emerging models.

Midwifery Education in Australia

Occurring concurrently with debate about the state of midwifery education in Australia was the groundswell of support for the development of Bachelor of Midwifery programs. This section provides an overview of midwifery education in Australia and describes the background to the introduction of the first Australian Bachelor of Midwifery programs.

Midwifery Education in Australia has rather a chequered history. Many registered nurses gained their midwifery registration, not because they desired to work as a midwife, but because this 'second certificate' was seen to be a

⁴ Midwifery led care is defined by Hatem et al (2008) as an underpinning philosophy of normality and being cared for by a known and trusted midwife during labour.

requirement for work in rural and remote Australia, and, for some, as career advancement. For many years midwifery was subsumed within nursing and nurses were often been seen to be the most relevant spokespeople for midwives. It is argued that due to the strength of the nursing workforce in Australia, midwifery found it difficult to have a 'voice' separate to nursing (Barclay, 1998; Brodie, 2002; White, 1999a). Indeed, Brodie refers to the 'invisibility of midwifery' in her doctoral dissertation that explored this concept in the Australian midwifery environment. She described midwives as not having a political or strategic voice in activities that impact on maternity services in Australia (Brodie, 2003) and suggested that doctors and nurses most often represent midwives in important decision-making forums.

Changes to nursing education in Australia forced similar changes to midwifery education. Indeed, any changes to midwifery education were not regarded as needing to be considered separately to nursing as midwifery was viewed as a post-nursing speciality. Therefore, in 1984 when the Federal Government announced a move of nursing education from the hospital setting to the tertiary education setting, a parallel move occurred with midwifery education programs. By the end of 1993 all nursing education programs in Australia had moved to the tertiary sector (Department of Education Science and Training, 2002). Midwifery education moved alongside nursing, and most midwifery programs were consequently established within university Schools of Nursing. White (1999a) observed that the move of midwifery education to the higher education sector was conducted with no cohesive approach and this led to programs being established that were widely different in terms of nomenclature and clinical practice requirements (Leap, 2002). White (1999a) further stated that no consideration was given to anything other than a post-nursing registration midwifery qualification. Barclay (1998) also argued that there remained much uncertainty about the quality of the education programs that were developed with the move to the higher education sector. She expressed concern that these programs would not be able to adequately prepare midwives to work within developing midwifery models of care in Australia (Barclay, 1998).

The subordination of midwifery within nursing in Australia was thus well established and it is notable that within both National Reviews of Nurse Education reports (Australian Department of Human Services and Health, 1994; Department of Education Science and Training, 2002) midwifery, the role of midwives, and midwifery education and workforce were discussed with no acknowledgement of midwifery as a distinct and separate discipline. This occurred despite the inclusion in the 2002 report of a comprehensive discussion and literature review on midwifery education in Australia with comparisons made to midwifery education programs in other countries (Leap & Barclay, 2002).

This history of midwifery in Australia being subsumed within nursing and often seen as a specialisation of nursing had a significant impact on the development of Bachelor of Midwifery programs. Much of the opposition to Bachelor of Midwifery programs arose from those who could not understand the need for midwifery to separate from nursing and to develop a pre-registration program that did not have nursing as a pre-requisite qualification. There is a long history in Australia of midwifery registration being gained as a post-nursing registration. Although a 'direct entry midwifery program' briefly existed in Australia around the 1970s (Barclay, 1995) it was not well received as it was considered to be inadequate preparation for midwifery. Midwifery education quickly reverted to the model of programs occurring for a post-nursing qualification.

The nature of midwifery education in Australia had caused concern for midwives and midwifery academics for some time. During the 1980s Barclay (1984; 1985a; 1985b) questioned the education of midwives in Australia and noted the differences between midwifery registration requirements. Barclay (1985a, p. 93) further argued that direct-entry⁵ programs should be considered in light of the 'dubious cost effectiveness of current training methods'. Despite these doubts having been raised about the midwifery education system, there was initially little support for the introduction of alternate midwifery education

⁵ 'Direct-entry' refers to programs where students can prepare for midwifery registration, without first registering as a nurse. In Australia, the term Bachelor of Midwifery programs is now used instead of direct-entry programs.

programs such as a Bachelor of Midwifery in Australia (Barclay, 1995). Barclay (1995) suggested that this was perhaps due to the lack of financial and regulatory support for such programs. Furthermore Glover (1992) maintained that midwifery academics were not supportive of the introduction of these programs and they showed little interest for the development of a working party to explore a Bachelor of Midwifery that was proposed during the early 1990s.

Similar analysis of the state of midwifery education continued during the 1990s with midwifery academics expressing concerns about the midwifery education climate in Australia (ACMI [Victorian Branch], 1999; Barclay, 1995; Glover, 1999; Hancock, 1992; Waldenström, 1996; 1997; White, 1999b). This analysis led to calls for a review of midwifery education.

In 2001, the Australian Midwifery Action Project⁶ (AMAP) (Barclay et al., 2003) acknowledged the need to review midwifery regulation, workforce and education. The work done in this project identified that changes were required in order for midwives to provide safe and effective care for women. The results of this project identified that midwifery education programs in Australia were not adequately preparing midwives to work within the new midwifery models of care that were being developed. The AMAP research reviewed midwifery regulation and education through a survey of midwifery course coordinators and found that considerable inconsistencies existed between midwifery education programs (Leap, 2002; Leap & Barclay, 2002; Leap, Barclay & Sheehan, 2003a; 2003b). The results of this survey of midwifery course coordinators also found that although the Australian College of Midwives Inc. (2002) had developed midwifery competencies, these had not been adopted by all the states and territories, leading to different competency standards across Australia. This review of midwifery education as part of the Australian Midwifery Action Project (Leap et al., 2003a) depicted a disparate approach to the education of midwives at a time when there was concern regarding the adequacy of the midwifery

⁶ The Australian Midwifery Action Project (AMAP) was a three year collaborative project between industry and research sectors to explore midwifery education, regulation and policy in Australia. This project sought to identify and investigate barriers to the development of midwifery in Australia and to determine strategies to address these barriers.

workforce in respect to a projected shortage of midwives, and inappropriate preparation for work in rural and remote communities, and for innovative models of care (Tracy, Barclay & Brodie, 2000).

Following the move to the tertiary sector, midwifery education programs were offered at certificate, diploma, bachelor and masters level (Glover, 1999). Glover (1999), in her review of midwifery programs in Australia identified that there was a lack of consistency and a need for national standards. This was further supported by Tracy, Barclay and Brodie (2000), who found that whilst there were a number of post nursing midwifery programs available, there was no consistency in how these programs were designed, or in the level of award and this occurred at both state, and national levels. In 2009, the education of midwives in Australia continues to occur with no national approach and with inconsistent adoption of the Australian College of Midwives national education standards.

The Bachelor of Midwifery in Australia

Alongside the AMAP research, the argument for the development of a Bachelor of Midwifery was gaining ground in Australia. During the late 1990s the introduction of a Bachelor of Midwifery was being more widely discussed and debated within Australian midwifery education and there seemed to be developing support for this initiative (Barclay, 1998; Grieve, 1997; Leap, 1999a; 1999b; White, 1999a; 1999b).

Leap (1999a) in an attempt to dispel some of the myths around 'direct entry' midwifery programs argued for a national, collaborative approach to the development of a framework for the introduction of these programs. In her article she discussed the direct entry programs in the United Kingdom and New Zealand and sought to dispel some of the myths around the suitability and safety of direct entry programs (Leap, 1999a). In reflecting on this article in her doctoral dissertation, Leap (2005b) discussed the difficulties she faced in writing this as she herself was a direct entry midwife from the United Kingdom and she did not wish to alienate the readers of the article.

Despite emerging support for a Bachelor of Midwifery in Australia, the discussions around the introduction of these programs and midwifery education in general, occurred within a climate that was fraught with concerns and misunderstanding. There were some in midwifery education who would not consider the notion of a Bachelor of Midwifery program, and for many who engaged in this debate there were fears expressed over the future of midwifery, and a general lack of awareness of the potential impact of a Bachelor of Midwifery (Game, 1998; Hancock, 1992; 1996; Leap, 1999a; 1999b; Waldenström, 1996; 1997).

The purpose of a Bachelor of Midwifery was to provide an alternate education pathway for midwifery registration in Australia, one that did not first rely on a nursing qualification (ACMI [Victorian Branch], 1999). Anecdotally, many concerns were expressed about the nature of the graduates from these programs and whether they would be employable in remote and rural Australia where nursing qualifications were deemed to be essential. Midwifery educators were unsure of the implications of the follow-through experience and were concerned that they would be unable to support the students in this experience due to issues around workload, and access to pregnant women. Another major barrier to the implementation of Bachelor of Midwifery programs was professional indemnity insurance as there was an awareness that this insurance would be difficult and costly to obtain for students who were not nurses. Further concerns extended to nomenclature with many referring to the proposed three year pre-registration programs as 'direct-entry' programs. While this was a common term in other countries (Leap, 1999a), in Australia it was associated with a program that existed over thirty years ago and was viewed negatively by the midwifery profession (Barclay, 1995).

Standards for Midwifery Education

Within the context of reviews of maternity services and debates about midwifery education in Australia, it was becoming clear that national standards for midwifery education were required. It was also becoming evident that the way in which midwives were prepared for entry to practice needed to be changed.

The Australian College of Midwives responded to these requirements and articulated the need for the implementation of 'direct-entry' midwifery programs (ACMI [Victorian Branch], 1999; Leap, 1999a).

The report by the Victorian Branch of the Australian College of Midwives advocating the introduction of Bachelor of Midwifery programs into Victoria was a landmark report (ACMI [Victorian Branch], 1999). The notion of a three year Bachelor of Midwifery program in Australia was not without its protagonists and this report provided counter arguments to many of the concerns that had been discussed previously. At the same time as the release of the report, Flinders University and the University of South Australia decided to commence a collaborative process of planning for a Bachelor of Midwifery program (Pincombe, Thorogood & Kitschke, 2003). Funding for a project officer was made available by these universities and an initial working party was formed. One of the early tasks of this group was to hold two forums, one for stakeholders and for the public. The working party quickly grew to realise that the development of a Bachelor of Midwifery program needed to have a national approach and they therefore invited individuals with curriculum expertise, and who had expressed an interest in this process to a two-day planning workshop in Adelaide in late 1999. At the completion of this workshop, the Australian College of Midwives Incorporated (ACMI) Bachelor of Midwifery Taskforce was formed and membership was representative across the States and Territories and from midwives with a range of expertise in education, practice and regulation (Leap & Barclay, 2002; Pincombe et al., 2003). The members of this inaugural taskforce made a commitment to represent their state/territory and to disseminate information.

The ACMI Bachelor of Midwifery taskforce was therefore established in 1999 and work commenced on the collaborative development of national midwifery education standards to guide the commencement of Bachelor of Midwifery programs (Leap, 2002; Pincombe et al., 2003). It was in these standards that the follow-through experience first appeared. In 2000, on International Midwives Day, the Australian College of Midwives announced, through a

national press release, its commitment to the development of Bachelor of Midwifery programs in Australia (Owen, 2000) and gave support to the newly formed ACMI Bachelor of Midwifery Taskforce. Table 1 provides a chronological overview of these developments.

The aims of the ACMI Bachelor of Midwifery taskforce were to:

- *Develop national standards for the accreditation of midwifery programs with a particular focus on the quality and length of programs;*
- *Promote high standards for midwifery education and the use of the ACMI Competency Standards for Midwives, and*
- *Encourage the use of these Standards and work with State registering authorities regarding the accreditation of midwifery programs (Pincombe et al., 2003).*

The taskforce developed an international reference group to assist with their work and ensure the ACMI standards would be internationally compatible. These representatives came from the United Kingdom, New Zealand and Canada.

Table 1: Overview of the development of Bachelor of Midwifery Education Standards in Australia

Year	Activity
1999	Publication of 'Reforming Midwifery: A discussion paper on the introduction of Bachelor of Midwifery Programs into Victoria' by the Australian College of Midwives Inc., Victorian Branch.
1999	Two South Australian Universities interested in developing a Bachelor of Midwifery. Formed a working party.
1999	The South Australian working party held forums to bring together interested stakeholders (Direct Entry Midwifery Stakeholders' Forum) and a public forum was also held.
1999	Employment of project officer (Jackie Kitschke) by the South Australian Universities.
1999	Project officer contacted midwifery education providers across Australia and organised inaugural meeting in Adelaide.
1999	Commitment to the development of an Australian College of Midwives Incorporated Bachelor of Midwifery Taskforce.
2000	Australian College of Midwives Incorporated announced its commitment to the development of Bachelor of Midwifery programs

Year	Activity
	and officially established the ACMI Bachelor of Midwifery Taskforce.
2001	Australian Bachelor of Midwifery Student Collective. Online group established.
2001	ACMI Bachelor of Midwifery Education Standards developed.
2001	Development of Australian Bachelor of Midwifery information pack.
2002	Commencement of first Bachelor of Midwifery program in Australia.
2003	Formation of the Australian College of Midwives National Education Standards Taskforce (ANEST).
2007	Formation of the Midwifery Education Standards Advisory Committee (MESAC).

(Leap, 2000; Leap & Barclay, 2002; Pincombe et al., 2003)

Challenges in the development of the standards

One of the difficulties confronting this taskforce was the diverse nature of midwifery education in Australia. Each State and Territory had different regulations and midwifery competency standards, and therefore, very different midwifery education programs (ACMI [Victorian Branch], 1999; Leap, 2002).

In a determined effort, the Australian College of Midwives Incorporated Bachelor of Midwifery Taskforce worked to develop agreed national standards to guide the development of three year pre-registration midwifery programs (Brodie & Barclay, 2001; Leap, 2001). The Taskforce prepared an information pack that was widely available in order to address concerns about the introduction of Bachelor of Midwifery programs (Australian College of Midwives Inc., 2001a) and they published the 'Standards for the accreditation of three year Bachelor of Midwifery programs' in 2001 (Australian College of Midwives Inc., 2001a). Brodie and Barclay (2001, P. 120) indicated that the commitment to the development of these standards by the ACMI was part of an '...attempt to develop standards and a national framework to ensure excellence and compatibility in the accreditation of midwifery education programs used across the country'. The first Bachelor of Midwifery programs commenced at universities in South Australia and Victoria in 2002, with the first New South Wales program commencing in 2005.

The ACMI Bachelor of Midwifery Taskforce continued its work until 2002 when it was re-formed and renamed the Australian College of Midwives⁷ National Education Standards Taskforce (ANEST). Subsequently, ANEST was reformed and renamed in 2007 and is now known as the Midwifery Education Standards Advisory Committee (MESAC) and exists as a sub-committee of the Australian College of Midwives National Board.

It is argued that one of the driving forces behind the development of national standards for three year midwifery education programs by the Australian College of Midwives was to ensure that the disparate approach that existed to post nursing midwifery qualifications did not continue with Bachelor of Midwifery programs. Bennett (1997) urged midwives in Australia to take control of their profession and suggested that some of the characteristics of a profession are control of education, practice and legislation. The development of the ACMI standards provided a much needed move towards a national approach to midwifery in Australia and was thus seen to be important, not only to midwifery education, but also to the midwifery profession as a whole.

In spite of all the work to develop national midwifery education standards, there still exists an inconsistent approach to their adoption across Australia (Australian College of Midwives, 2006). In 2008, Victoria (Nurses Board of Victoria, 2008) and South Australia (Nurses Board of South Australia, 2009) were the only states where the registering authority has endorsed the Australian College of Midwives (ACM) standards for pre-registration midwifery programs. All other states have developed their own standards with NSW identifying the ACM standards as 'aspirational' (Nurses and Midwives Board of New South Wales, 2008). The NSW aspirational standards reflect the current ACM standards but the Nurses and Midwives Board of NSW have recognised that the adoption of these standards may prove to be financially difficult for the tertiary sector and have not moved to make these mandatory.

⁷ The Australian College of Midwives Incorporated (ACMII) changed its name to Australian College of Midwives (ACMI).

The follow-through experience in the standards for Midwifery Education

The follow-through experience was first seen in midwifery education in Australia after it was placed in the 'Standards for the accreditation of three year Bachelor of Midwifery programs' in 2001 (Pincombe et al., 2003). Prior to this, the follow-through experience was not a concept used in any midwifery education program in Australia.

In the development of these standards, the ACMI Bachelor of Midwifery Taskforce called on the advice of midwifery educators from other countries where three and four year pre-registration programs existed (Leap & Barclay, 2002). This panel of international experts all expressed support for the introduction of Bachelor of Midwifery programs in Australia and had an ongoing role in reviewing these standards (Leap & Barclay, 2002). It was these educators who suggested that the follow-through experience be written into the Australian standards in order to provide midwifery students with an opportunity to work with women in midwifery continuity of care (Leap, 2005a, personal communication).

There was recognition that students in these programs would have limited experience of midwifery continuity of care as few of these models exist in Australia, and that the requirement for students to participate in the follow-through experience would, in part, address this. The opportunity to work within midwifery continuity of care was seen to be fundamental to the practice experiences of all students in pre-registration midwifery programs. Essentially, the follow-through experience in Australia is based on similar experiences in New Zealand, Canada and the United Kingdom, but the concept needed to be adapted for the Australian midwifery education environment. The follow-through experience, and similar strategies, will be reviewed in the next chapter.

Chapter summary

This chapter has provided the context for this study. The embedding of the follow-through experience in the standards for midwifery education by the ACMI Bachelor of Midwifery Taskforce was a deliberate professional strategy to optimise the potential for midwifery students to gain exposure to midwifery continuity of care. It was recognised that midwifery students had limited, if any exposure to continuity of care and the incorporation of the follow-through experience was one way to maximise the potential for students to gain this exposure.

The adoption of the national standards for midwifery education remains inconsistent across Australia. The follow-through experience, as part of these national standards, has therefore, also received inconsistent support and this is further explored in this research.

The following chapter provides a review of the literature that informs the research. This includes a synthesis of literature related to key education strategies, midwifery continuity of care models and similar initiatives to the follow-through experience in midwifery education.

Chapter Two: Literature Review

Introduction

This chapter discusses and analyses the literature that provides the context for this research. Literature was sourced through searching CINAHL, ERIC, MEDLINE, INTERMID, MIDIRS and Science Direct databases. The search covered a twenty five year period from 1984 to 2009. This period of time was chosen as some of the first published papers on midwifery education began to appear in midwifery journals in Australia in the early 1980's. A range of search terms were used including 'follow-through experience', 'student caseloading', 'student midwives', 'midwifery education', 'women', 'relationships' and combinations of these. The review extends across the international literature from the United Kingdom, Canada, the United States of America, New Zealand and also from Australia.

This review begins with an exploration of literature on the follow-through experience. As this is a new concept in midwifery education in Australia evidence relating specifically to the follow-through experience was limited. However, in recent years more has been written about this experience and this review has identified similar experiences, for example – 'student caseloading' from the United Kingdom.

A broader review of midwifery education strategies in Australia, and overseas is then provided. A range of different strategies is discussed. Literature on midwifery continuity of care is also reviewed as the follow-through experience is essentially about the exposure of students to this core midwifery philosophy.

The follow-through experience

A review of the literature related to the follow-through experience in Bachelor of Midwifery curricula in Australia was undertaken and it was found that while there are some exceptions, little has been published on this particular type of experience. This is not entirely surprising as Bachelor of Midwifery programs

only commenced in Australia in 2002. In Australia, the follow-through experience was mentioned by Leap (1999a; 1999b) in her early work on the development of midwifery education standards and this will be described further in this chapter.

Literature from Australia (Brook & Barnes, 2001; Glover, 2003; Seibold, 2005), New Zealand (Davis & McIntosh, 2005) and the United Kingdom (Henty & Hartley, 1997; Pusey, 2004) mentioned some aspects of the follow-through experience and other similar strategies, however detailed analysis has not been conducted. Recently however, comprehensive discussions of the student caseloading project at Bournemouth University in the United Kingdom have appeared in the literature (Fry, Rawnsdon & Lewis, 2008; Lewis, Fry & Rawnsdon, 2008; Rawnsdon, Fry & Lewis, 2008).

The New Zealand experience

Davis and McIntosh (2005) described the follow-through experience in New Zealand midwifery education programs when they explored the ways in which they involved women in their three-year program. They described the history of the partnership model of midwifery care, identifying that, since the development of this model, midwives have sought ways to work with women, both at an individual level, and also within midwifery education. Davis and McIntosh (2005) further identified how they implemented the follow-through experience by 'attaching' the student to the woman, rather than to a midwife. They explained the reasons for the inclusion of this experience as '...assisting students to understand the woman's experience of childbirth and maternity services' (Davis & McIntosh, 2005, p.277). The focus of the follow-through experience in the New Zealand programs however is not on the need for the student to gain experience of midwifery continuity of care in the absence of other opportunities. These students experience this model continually throughout their program since midwifery care in New Zealand is primarily midwifery-led with the majority of women choosing midwives as their lead maternity carer (Davis & McIntosh, 2005). Davis and McIntosh (2005) did not provide a deeper discussion of the follow-through experience in relation to student learning, though they did identify

the limited evaluations on the role of women in midwifery education. They explained how many midwifery education curricula promote a woman-centred philosophy but limited details are provided on how this plays out in reality. The authors warned of the need to ensure that the involvement of women is not simply tokenistic but that they have a deeper and more meaningful engagement in the curricula. This is in keeping with the partnership model that is the key philosophy in New Zealand midwifery practice and education (Guilliland & Pairman, 1995).

In describing midwifery education in New Zealand, Pairman (2000) identified the importance of partnership in education and described a woman student midwife partnership as one where the student follows a woman through her pregnancy, birth and early parenting period. Pairman (2000) referred to the relationship that is involved in this partnership and argued that the learning that students' gain from these experiences is powerful.

The United Kingdom experience

Other countries have described a student learning process similar to the follow-through experience. The Student Caseloading Project at Bournemouth University in the United Kingdom provided some early evidence of students undertaking continuity of care experiences. In 1997, Henty and Hartley, two midwifery students from Bournemouth University decided that they wished to work alongside midwives who carried a caseload of women (Henty & Hartley, 1997). They recognised that this model of care provided continuity to women and was something that they wished to experience. They described their enjoyment of working in this way and they thought they would be able to dispel many of the myths that are associated with caseloading (burnout, stress and being on call twenty four hours a day, every day). As a result of their request, the student caseloading project at Bournemouth University was developed by midwifery academics (Anderson & Lewis, 2000) who also recognised the benefits that students could gain from working alongside midwives who carry a caseload of women. This project involved the student following individual women through their pregnancy, labour and birth and early parenting period.

This experience was not mandatory and so students self-nominated, found a supervising midwife and then worked together to recruit women. This experience differs from the Australian follow-through experience model as it was not a mandatory requirement and therefore students could choose the number of women whom they wished to caseload.

Pusey (2004), also a student at Bournemouth University, wrote of her experiences preparing to work in the caseloading project and she identified the benefits of caseload midwifery for women. Recently, further discussion on this innovative strategy at Bournemouth University has been published (Fry et al., 2008; Lewis et al., 2008; Rawnsdon et al., 2008). The authors, all from Bournemouth University, described the rationale behind the inclusion of student caseloading, the preparation of students and the embedding of this experience in the curriculum. Rawnsdon et al. (2008) acknowledged that little has been done in regard to research of this project and identified this as a gap in the understanding of the value of student caseloading. When considering the description of this project (Lewis et al., 2008), it is evident that the student caseloading initiative at Bournemouth University is very similar to the follow-through experience in Australia.

The Australian experience

In Australia, Glover (2003) referred to the follow-through experience as an integral part of Bachelor of Midwifery programs and encouraged midwives to assist students in their practice with their follow-through women. She acknowledged however that no research has been done to evaluate this experience. Glover (2003, p. 6) stated that 'the follow-through experience is valuable for learning and students can learn from women'. While this statement has face validity, it is not yet known whether students do indeed learn from this experience. In this editorial piece, Glover (2003) recognised the considerable time commitment for students, though there is no mention of whether this is viewed as onerous or excessive.

Only one article described an evaluation of a follow-through experience in Australia (Brook & Barnes, 2001). These authors evaluated a number of learning experiences that were incorporated in a one year postgraduate pre-registration midwifery program for registered nurses. The experiences included interviews with women, attending childbirth education classes and engaging in one follow-through experience. Brook and Barnes (2001) described the role of these experiences as an opportunity for students to engage with and develop relationships with women. They described students being able to engage more deeply with women than they otherwise would during their hospital placements. The evaluation of these learning experiences used informal feedback from the students, formal subject and program evaluations, learning logs and focus groups. Students were required to use reflective techniques such as drawing on their own experiences. It was argued that the use of these learning experiences encouraged students to understand midwifery knowledge from the personal perspective of the woman and her family. The evaluation identified three themes associated with these experiences as '...relationships with women; learning tolerance; and knowing and sharing' (Brook & Barnes, 2001, p. 24). Whilst there was no formal exploration of how students learnt from these experiences, the authors claimed that, by engaging in experiential learning at a personal level, students would develop an understanding of the childbearing experience.

Brook and Barnes' (2001) evaluation described the students' experiences with a presumption that learning actually occurred. It is clear that students experienced continuity of care as described by the theme 'relationships with women'. Brook and Barnes' (2001) findings support the assumptions discussed previously as underpinning the contribution of the follow-through experience in Australian Bachelor of Midwifery programs. These assumptions are related to the development of relationships with women.

In 2005, Seibold (2005) conducted an evaluation of the first cohort of students from the Bachelor of Midwifery programs conducted in Victoria. Seibold's paper identified that students felt the follow-through experience provided an

opportunity for them to develop partnerships with women. Students also indicated, however, that the requirement of thirty experiences was excessive, the required paperwork was complicated, the recruitment of women was difficult, and that they received conflicting advice about the requirements. This evaluation did not analyse or identify specific learning from this experience. Furthermore the authors did not provide any discussion of how these perceived difficulties could be better managed in order to improve the student experience.

Gobbe and Cutts (2007) were students in a one year pre-registration midwifery program for registered nurses in New South Wales. As part of their program they were required to complete 15 follow-through experiences. They felt that being able to experience midwifery continuity of care was beneficial. Despite the challenges of completing these experiences, the follow-through experience provided the most rewarding and positive part of their midwifery learning (Gobbe & Cutts, 2007).

In another Victorian study, Rolls and McGuinness (2007) explored the follow-through experience from the perspectives of the women involved. Seven women were interviewed and analysis of this data indicated that the women gained benefits from having a student partner with them. Four themes were identified from the analysis which centred on the relationships that the women formed with the students. The Victorian study is consistent with other literature on the follow-through experience where the relationship that is developed with the woman is at the core of the follow-through experience (Brook & Barnes, 2001; Henty & Hartley, 1997; Pairman, 2000; Rawnsdon et al., 2008).

It is worth noting at this stage of the literature review that the definition of the follow-through experience provided by the ACMI (2001a) gave only limited guidelines for how this experience should be managed within curricula. Individual universities therefore adopted their own methods of implementation. In addition, universities and maternity units also chose different nomenclature for the follow-through experience. Gobbe and Cutts (2007) referred to it as

‘total case management’ and Rolls and McGuinness (2007) used the term ‘follow-through journey’.

Anecdotally, the introduction of the follow-through experience has caused heated debate amongst midwifery academics in Australia. A constantly voiced criticism is that the follow-through experience was incorporated into the Australian College of Midwives Standards for the accreditation of three year Bachelor of Midwifery education programs (Australian College of Midwives Inc., 2001a) with little research evidence of the value of such an initiative or the associated practice requirements. These standards required midwifery students to complete thirty of these experiences during their program. In addition, these standards specified number of births and other clinical requirements and these were argued to be largely based on education requirements from other industrialised countries (Leap, 2003; Pincombe, McKellar, Grech, Fedoruk et al., 2007; Pincombe et al., 2003).

Pincombe et al (2007) conducted a systematic review of the literature to find evidence for the inclusion of minimum numbers of clinical requirements for midwifery registration. This systematic review was only able to include three relevant studies and their discussion identified the difficulties students found in attempting to achieve these requirements, in particular the follow-through experiences. Despite the authors’ assertion that there was no evidence to support the use of numbers of clinical requirements, they did not identify any evidence that rejected this, and in fact, they recognised that many other countries used a similar approach to midwifery registration requirements. (Pincombe, McKellar, Grech, Fedoruk et al., 2007). In their article the authors give an unusual view of the follow-through experience and describe it as providing an opportunity for students, with a women-centered (sic) approach to gain diverse experience in midwifery practice. The Pincombe et al (2007) definition, somewhat surprisingly, does not focus on the relationship between the woman and the student that is the key focus of the ACMI definition (Australian College of Midwives Inc., 2001a) and its focus on ‘*woman-centred* approaches.

In a further attempt to determine the evidence behind the use of numbers of clinical requirements Pincombe et al (2007) conducted a Delphi study to gain consensus for the appropriateness of the use of the number-based registration requirements for midwifery students in Australia. Despite the results of the quantitative data indicating that 70% of respondents agreed that thirty follow-through experiences were a desirable number to achieve, the authors concluded that the required numbers should be reviewed as they were too difficult for students to achieve (Pincombe, McKellar, Grech, Fedoruk et al., 2007).

In a letter to the editor of the British Journal of Midwifery in response to this study, Fahy (2007) argued that the inclusion of numbers of clinical requirements in the Australian College of Midwives Incorporated Standards for the accreditation of three year Bachelor of Midwifery education programs (Australian College of Midwives Inc., 2001a) followed extensive consultation with midwives in Australia and from midwives in comparable overseas countries. She concluded that the use of numbers of clinical requirements was appropriate in midwifery education.

This part of the literature review focused primarily on the follow-through experience and similar models. The main finding was that the follow-through experience is a key educational strategy in Bachelor of Midwifery education programs in Australia. However, it is not the sole means of midwifery practice experience, and students also undertake supervised midwifery practice experience in home, community and hospital settings and individual universities implement educational strategies in accordance with their curricula. In order to provide a comprehensive view of midwifery education literature on other midwifery education strategies is now discussed.

Midwifery Education Strategies

Within the literature on midwifery education, different educational strategies to facilitate student learning are discussed. A number of these publications focus on the clinical learning experience and theory-practice gap (Bewley, 1995;

Chamberlain, 1997; Cioffi, 1998; Finnerty & Pope, 2005); curriculum issues such as problem based learning (McCourt & Thomas, 2001); imagery for role transition (Kvale & Romick, 2000); educational models of program delivery (Johnson & Fullerton, 1998), enquiry based learning (Brown, Wilkins, Leamon & Rawnsion, 2008) and models for developing autonomous practitioners (Currie, 1999). A number of articles (Begley, 1999; 2001) related more specifically to the experiences of student midwives were also found when reviewing the literature and these will also be discussed. A common theme that will be explored is how the clinical experiences of midwifery students are analysed and reflected upon in order to determine how learning occurs, and what it is in practice that enhances learning. Given the lack of literature that related specifically to the follow-through experience, it is important to review literature related to other midwifery education strategies. This section focuses on this literature, with emphasis on the importance of reflection to enhance learning in informal learning situations.

Cioffi (1998) explored clinical knowledge development for midwives in Australia and argued for the use of tools such as ‘...simulation, thinking aloud, reflection and incorporation of decision rules of experienced midwives...’ to encourage deep learning and the development of clinical decision making skills. While not articulating a situated learning framework, Cioffi (1998) in her discussion of the development of procedural knowledge, recognised that it is difficult for students to develop this knowledge in isolation from the clinical environment. Procedural knowledge is the doing of a task (practice), whereas declarative knowledge describes the understanding of the task (theory). She argued that using such strategies as thinking aloud encouraged the student to ‘place’ themselves in the clinical environment to reduce any theory practice gap. The use of simulated learning opportunities recognises the role of the clinical environment for learning. Whilst Cioffi (1998) focused on simulation, there was a clear identification that immersion in clinical experiences contributed to student learning. However, this study has not provided an evaluation of this education strategy, but rather presumed that students who demonstrated decision-making

abilities in a simulated environment were therefore able to translate this into the clinical setting.

In recognition of the importance of autonomous practice for midwives, Currie (1999) spoke with midwifery students (and their supervising midwives) in an 18 month, post nursing midwifery education program. This grounded theory study aimed to determine those factors that influenced a student's ability to become an autonomous practitioner. Currie (1999) suggested that autonomous midwifery practice within the United Kingdom, whilst supported through legislation, can often be blurred within the hospital setting. She expressed concern regarding how students gained the required skills to work autonomously while working alongside their supervisors in the hospital setting. Interestingly, she noted that whilst students were immersed in practice there were many instances where the opportunity for shared reflection with a supervisor was lost. Currie (1999) identified that reflection on practice is an important element in linking theory to practice and that it enhances the learning experiences of the student. She concluded that there was limited opportunity for reflection and that those midwives who were supervising the students were unaware of the need for purposeful dialogue.

Chamberlain (1997) also studied the clinical learning of post-nursing midwifery students in England using a grounded theory research design. She identified a range of ways in which the students learnt including indirect learning, trial and error and observation. She established that midwives made many assumptions about how students learnt and that one such '...assumption about student learning was that exposure to the clinical environment could be equated with experience and learning' (Chamberlain, 1997, p. 89). She concluded that reflection is an essential form of learning and that this would also reduce the stress and anxiety that students feel at times during their clinical placement.

Research conducted by Bewley (1995) supports some of the findings in Currie's (1999) work. Bewley (1995) conducted a small study of midwifery students and recent midwifery graduates to determine how they viewed clinical teaching.

She also explored the nature of learning as it occurs in clinical practice and found that, in a similar manner to Currie (1999) and Chamberlain (1997), many opportunities for enhancing clinical experiences were not utilised. Bewley (1995) suggested that the use of reflection has the potential for turning the experiences of midwifery students, into learning. It is of interest to note that even though the students were involved in clinical practice, they did not always perceive that this equated to learning. Indeed, Bewley (1995, p. 132) noted that 'despite the failure to connect learning with working alongside an experienced midwife, students placed great emphasis on the input of the mentor'.

Finnerty and Pope (2005) used discourse analysis to study the non-formal learning that occurred in the professional practice of student midwives in the United Kingdom. This was a national study that required students to use an audio diary to record their experiences of practice-based or non-formal learning. The sample was of students across a range of pre-registration programs (including 18 month programs for those with a nursing qualification) who had completed one year of study at the time of the research. The authors used a sub-sample of three students for this article and found that students learnt from their mentors through a range of subtle methods. They suggested that 'there needs to be protected time for mentors to use this information and share their experiential stories, thereby promoting reflection on and in practice' (Finnerty & Pope, 2005, p. 315)

Begley (1999; 2001) conducted a comprehensive study of midwifery students in Southern Ireland who enrolled in a post-nursing program. These students were asked to reflect on their working roles by recording their views in a diary, or through interviews. Overwhelmingly students reported feeling unsupported in the midwifery practice environment and they felt their learning was not important. Their diary entries revealed ambivalence to women and this was attributed to the need for students to simply 'get the job done'. Begley (1999; 2001) concluded that students required further exposure to the midwifery practice setting, and that there also needed to be greater opportunities for students to have their learning facilitated by the midwives. The students

themselves reflected that much of their learning was by 'trial and error'. This is similar to the findings of Chamberlain (1997) who also found that students, after performing a task unsupervised, often received no feedback about whether the task that they performed was completed correctly. Students were unable to debrief on the completion of tasks and this lack of reflection left them uncertain about their level of competence.

Leamon (2004), in recognition of the importance of reflection on practice, introduced a story-telling session in the pre-registration midwifery program at Bournemouth University. This was done in order to encourage students to reflect on their experiences and to be able to learn from each other. Lyons (1999) also used a reflective technique to explore midwifery students' experiences in an Australian post-nursing midwifery program. She concluded that this reflective writing process enabled students to link theory and practice. Both these studies focused on reflection on practice outside of the practice setting and it is difficult to determine whether this made a difference to students' learning when they returned to the practice setting.

Phipps (2003) is supportive of reflective practice in midwifery as one means to remove the theory-practice gap in midwifery. She ventured however that reflection alone would not be sufficient to ensure that what is taught in midwifery education is translated to practice. In conclusion Phipps (2003) encouraged change in the organisation of midwifery care in the United Kingdom so that midwives are able to practise woman-centred care and therefore provide positive role models for midwifery students.

These studies raise important questions about the value of a clinical placement where there is limited support for reflection while highlighting the importance of students being situated in practice for effective learning. There is, however, recognition that it is not simply a matter of being in the practice environment for learning to occur, rather that reflection on practice is integral to learning. This lends support to the use of the situated learning framework as a means of understanding learning in the follow-through experience. Several authors

(McLellan, 1996; Taylor & Care, 1999; Woolley & Jarvis, 2007) argued for the use of reflection on practice as a key technique within situated learning. McLellan (1996) in an analysis of the techniques used to enhance situated learning described reflection as a key activity.

It can be deduced from these studies that merely positioning the student in midwifery practice does not necessarily lead to learning. Learning that occurs in clinical practice is often unrecognised by the student and, if not reflected upon, may not become knowledge for that student. For learning to take place, a number of other factors need to be considered including the opportunity for reflection. These findings will inform this research as they recognise the necessity to go beyond a simple exploration of the midwifery practice placement and the students' experiences of this, to a deeper investigation of whether learning is actually occurring, and how this can be determined.

Women in Midwifery Education

Much of the literature that focuses on midwifery education rarely mentions the role of the woman or her experiences. In the context of this study it is essential that this theme is explored as one of the previously stated assumptions of the follow-through experience is that it has the woman's experience as its focus. The follow through experience provides an opportunity for women to develop a relationship with a student so, in this regard, can be seen to be meeting the needs of women.

In many countries women are recognised as being the drivers for changes to maternity services and the experiences in New Zealand are a key example of the influential role that women play (Pairman & Massey, 2001). Davis and McIntosh (2005) clearly identified the role that women play in one midwifery education program, but also identified the dearth of literature that explores the notion of women's involvement at any level other than as an incidental part of the student's clinical experiences. As they argued, given the centrality of women to midwifery care, women should be recognised as integral to midwifery education programs.

Brook and Barnes (2001) in their study of learning experiences, discussed woman centred care and the importance of placing women at the centre of midwifery practice. Fraser (1999, p. 100) explored women's perceptions of midwifery care in order to inform midwifery curriculum development, and designed a study to '...determine how competence in midwifery might be defined from the woman's perspective and how the curriculum could be developed to address the expectations and needs of the local, multicultural childbearing population'. Fraser (1999) found that women identified good communication skills to be of primary importance but that some women also wanted more than this and expected midwives to have a special relationship with them. The women also expected midwives to be clinically competent and to have a midwife who was known to them and Fraser (1999) further found that women, whilst understanding that they may not always have the same midwife with them throughout their pregnancy, were more anxious when there was a change in midwife during their labour and birth. These findings from women led to the development of a curriculum that would strengthen these identified skills in midwives (Fraser, 1999).

Women who have participated in the follow through experience did not form part of this research. It is clear though that women have a significant role in the follow through experience as they, essentially, partner with the midwifery student. The follow through experience does provide an opportunity for women to have an involvement in the education programs for midwifery students. However, the women's participation is mostly as a partner with the student and they have no further engagement in the midwifery programs. The exception to this would be in instances where women are invited as consumers of maternity services to be involved in curriculum development.

Midwifery Continuity of Care

The follow-through experience was introduced in Australia in order to provide students with an opportunity to experience midwifery continuity of care. It was recognised that, as few of these models exist in Australia, the opportunities for students to experience continuity of care were limited (ACMI [Victorian Branch],

1999). The follow-through experience was introduced to address this gap by providing a structure in which students could 'go on the journey' with the women even when midwifery models of care were not available.

Given the clear emphasis on providing students with these experiences, it is essential to identify why continuity of care has such importance for midwifery students. Homer, Brodie and Leap (2008, p. 3) define midwifery continuity of care as '...care that usually begins in early pregnancy (sometimes following pre-conceptual care) and continues through pregnancy, labour and birth, to the end of the postnatal period...'. They further explain that this means '... that care is provided by the same midwife, or by a small group of midwives who the woman is able to get to know throughout this pregnancy' (Homer et al., 2008, p. 3).

The most recent evidence on midwifery continuity of care comes from a Cochrane Review (Hatem, Sandall, Devane, Soltani & Gates, 2008). This review evaluated 11 trials (12,276 women) where midwifery-led care was provided. Women who had midwifery-led care were less likely to experience antenatal hospitalisation, the use of regional anaesthesia, and instrumental delivery, and more likely to have a spontaneous vaginal birth, a known midwife at birth, and to initiate breastfeeding (Hatem et al., 2008). The review concluded that 'midwife-led care confers benefits for pregnant women and their babies and is recommended' (Hatem et al., 2008, p. 3).

Prior to this review, many reports, both in Australia and from the United Kingdom had identified the benefits of midwifery continuity of care (Australian Parliament Senate Community Affairs References Committee, 1999; Department of Health, 1993; House of Commons Health Select Committee, 1992; National Health and Medical Research Council, 1996; NSW Department of Health, 1989; NSW Health, 2000). Within Australia one of the earliest midwifery continuity of care models was established at John Hunter Hospital in Newcastle. A randomised control trial of this model (Rowley et al., 1995) revealed positive outcomes for women, as have other Australian studies (Biró et al., 2000; Homer et al., 2001; Kenny, Brodie, Eckermann & Hall, 1994;

Waldenström, Brown, McLachlan, Forster & Brennecke, 2000). Despite this evidence, significant change has been slow to arrive and women and midwives are still lobbying for changes to maternity services to enable midwifery continuity of care (Australian Government Department of Health and Ageing, 2008; 2009; Australian Health Ministers' Advisory Council, 2008). Midwifery continuity of care, while clearly proving to be of benefit to women (Benjamin, Walsh & Taub, 2001; Biró, Waldenström, Brown & Pannifex, 2003; Hatem et al., 2008; Homer et al., 2001; Kenny et al., 1994; Rowley et al., 1995; Waldenström et al., 2000), still remains to become the standard model of care in Australian maternity services.

An earlier Cochrane Review on continuity of caregivers identified a range of benefits for women and recognised a number of advantages with this model (Hodnett, 1998). Waldenström, McLachlan, Forster, Brennecke and Brown (2001) in a randomised control trial of a team midwifery program in Australia, found that this model of care was a safe alternative for women. Their trial found no statistical differences in outcomes for either mother or baby compared to standard care. Biró, Waldenström, and Pannifex (2000) conducted a similar study in another centre in Australia and found that women who received team midwifery care experienced a shorter length of stay and a reduction in medical procedures in labour. Further analysis indicated in addition, that women were more satisfied with team midwifery care and this was partly attributed to the women having met the midwife who then provided care during her labour and birth (Biró et al., 2003).

In contrast, Green, Renfrew and Curtis (2000) reviewed the evidence on continuity of carer and found that women did not necessarily value continuity of care from one person (continuity of carer), however they valued '...consistent care from someone whom they can trust' (Green et al., 2000, p. 195). The authors questioned how satisfaction was measured in these studies and considered that continuity of carer does not necessarily ensure quality of care. This review identified that the findings could have implications for midwives,

some of whom were finding difficulty in sustaining the on-call requirements with some midwifery models of care (Green et al., 2000).

Other research (Hicks, Spurgeon & Barwell, 2003; Sandall, 1995; Todd, Farquhar & Camilleri-Ferrante, 1998) also focussed on how some models of midwifery care were impacting on midwives. Indeed, Page (2003, p. 122) found that it was not surprising that the provision of continuity of carer caused such concern and suggested that 'the provision of true continuity of carer is difficult to achieve in maternity services where most midwives have become accustomed to working shifts, and where midwifery as well as birth have become institutionalised'. In an attempt to identify the factors that affect midwives satisfaction with working in midwifery continuity of care models, Sandall (1997) identified three themes from her study that reduce midwives 'burnout'. She suggested that occupational autonomy, development of relationships with women, and social support at work and at home, led to higher job satisfaction for midwives and, if present in midwifery models, would prevent burnout.

Cognisant of some of the difficulties in implementing a midwifery model of care that provided satisfaction for both women and midwives, Page (2003) developed, implemented and evaluated midwifery continuity of carer in a caseload practice model referred to as 'One-to-one' midwifery (McCourt, Page, Hewison & Vail, 1998; Page, 2003; Page, McCourt, Beake, Vail & Hewison, 1999). This initiative was found to provide intense satisfaction for midwives and women and both groups valued the relationships they formed with each other (Page, 2003). Sandall (1995) also explored the impact of midwifery continuity of care for midwives from a sociological perspective in order to understand the effects of these models on midwives. She found that thought needed to be given to how midwives were able to integrate into these new models so that a professional duality did not emerge with some midwives having access to this new way of working with women, and other midwives, because of personal or professional constraints, became marginalised within the profession. She expressed concern that a divide could occur in the midwifery workforce. Some midwives would be able to work in midwifery continuity of care and develop

partnerships with women, whilst others, the 'rank and file' would be excluded from these new ways of working.

The importance of the relationship that develops between a midwife and a woman in a midwifery continuity of care model has been highlighted by Coyle, Hauck, Percival and Kristjanson (2001) and Brodie (1996) both of whom describe the importance of this relationship to the woman, and to the midwife. Walsh (1999b) also explored the nature of the relationship between women and their midwives and found that this was akin to a friendship and that these relationships were often quite personal. Limitations to this qualitative study included the use of a small, discrete sample of women of whom 50% chose homebirth. Despite these limitations, the findings of this research are important to consider in respect of the follow-through experience as Walsh (1999b) identified the woman/midwife relationship as being a key theme arising from the data.

Homer, Davis, Cooke and Barclay (2002a) in a randomised control trial of women in a midwifery continuity of care model similarly found that women who experienced continuity with a known midwife were more satisfied with their care and rated their experiences more positively than those women who did not have continuity of carer. Whilst this research did identify limitations due to the possible 'halo' effect of surveys being administered eight to ten weeks following birth, the researchers concluded that continuity of carer provided benefits to women. The findings of this research differ from that conducted by Coyle et al (2001) and Brodie (1996) as the study did not focus necessarily on the nature of the relationship. However, Homer et al (2002a) provided important quantitative analysis of the benefits for women of 'knowing' their midwife. These benefits included a higher sense of control during labour and birth and a more positive birth experience.

The nature of the relationship that forms between a woman and a midwife is a key aspect of continuity of care. Green, Curtis, Price and Renfrew (1998) and Green et al (2000) sought to identify whether continuity of carer actually

mattered to women and they found that women did not necessarily feel that knowing the midwife who was with them in labour was beneficial. This finding has been questioned with a number of studies (McCourt et al., 1998; Page, 2003; Sandall, Davies & Warwick, 2001) identifying that women, when given the opportunity to experience care from a known midwife do value this relationship. The most recent review of midwifery-led care (Hatem et al., 2008) identified that it is difficult to measure satisfaction for women and the environment of a midwifery led unit can be a confounding influence on women's outcomes of midwife-led care. The authors further identified that there needs to be a robust tool to measure women's views and experiences of care (Hatem et al., 2008). Homer (2006) contributed further to this discussion within the Australian literature and suggested that there may need to be system-wide changes in order for midwives to work with women in continuity of care models where they are able to develop meaningful relationships with women.

Developing a relationship with a woman is a key tenet of the follow-through experience. Relationships with women are fundamental to midwifery continuity of care and, if midwifery students are not given an opportunity to work in midwifery continuity of care, they will have limited opportunity to develop these relationships. Whilst there are critics of the requirement for midwives to develop relationships with women (Carolan & Hodnett, 2007; Green et al., 2000) there are other authors (Kennedy, Shannon, Chuahorm & Kravetz, 2004; Leap, 2009; Page, 2003; Walsh, 1999b) who argue strongly that the ability to develop a meaningful relationship with women is fundamental to midwifery care that is satisfying for both the woman, and the midwife. Hunter (2006) argued that the relationship between a woman and a midwife deserves careful attention and this aspect should be addressed during midwifery education programs. The follow-through experience has the potential to provide midwifery students with perhaps their only opportunity to develop relationships with women and to understand this way of working as a midwife.

This overview of some key aspects of midwifery continuity of care provides an essential context for this research. The follow-through experience was

embedded in the 'Standards for the Accreditation of three year Bachelor of Midwifery Programs' (Australian College of Midwives Inc., 2001a) to enable students to work within midwifery continuity of care. The introduction of the follow-through experience has impacted on midwifery students and midwifery education providers. As has been identified, there have been concerns raised about aspects of this requirement including the number of experiences required and the time and workload commitment of the students (Glover, 2003; Pincombe, McKellar, Grech, Grinter et al., 2007; Seibold, 2005). The literature on midwifery continuity of care firmly establishes this as an important development in midwifery practice with significant benefits to women. It can be argued therefore that midwifery students need to value midwifery continuity of care and their ability to engage in the follow-through experience is seen as one of the only ways that this may occur in midwifery education programs in Australia.

Chapter summary

This review provides an analysis of the literature that has informed this research. A discussion of a range of midwifery education strategies identified the necessity of reflection on practice. I have discussed literature related specifically to the follow-through experience and argued that while there is some evidence to support the inclusion of this learning experience in Bachelor of Midwifery programs, more research does need to be conducted on the value of this in relation to learning.

The research that has been conducted on midwifery models of care and the concomitant impact on midwives will inform this study where the follow-through experience will be explored as an opportunity for midwifery students to experience continuity of care.

In the next chapter I will provide a discussion on the theoretical frameworks, research design and methods that I have used in this research.

Chapter Three: Theoretical frameworks, research design and methods

Introduction

This research, using a qualitative methodology, aimed to explore the follow-through experience in three year pre-registration Bachelor of Midwifery programs in Australia. Theoretical frameworks, research design and the methods that guided the collection and analysis of data are described in this chapter.

The theoretical frameworks that guide this research are constructivism and situated learning. The use of theoretical frameworks provides the researcher with a structure to approach interpretation and analysis of data. This research focused on student learning in the follow-through experience, so it was appropriate that learning theories were utilised as the theoretical frameworks. These theories, with their emphasis on determining the ways in which students learn, direct the researcher to explore the research questions from an interpretive approach. This approach requires the researcher to use a social or practice setting for the study of the research problem and a qualitative research approach is therefore considered to be the most appropriate (Cohen & Manion, 1994; Schneider, Whitehead, Elliot, Lobiondo-Wood & Haber, 2007).

This chapter also discusses the use of a qualitative approach, the methods by which data were collected and analysed, and the issues related to these methods. The ethical considerations of this research will also be explored and the role of the researcher in this research will be considered.

Research Aims

The aims of this research were to:

- explore the follow-through experience in order to better understand its impact on students, midwifery education providers and midwives, and,
- to identify the learning that is associated with this experience.

Research Questions

In order to meet these aims, this research addresses the following questions:

1. ***What is the student's experience of the follow-through experience?***
2. ***What learning is associated with the follow-through experience?***
3. ***What is the value to students of the follow-through experience?***

Theoretical Frameworks

There are a number of learning theories that support, or seek to explain the ways in which an individual learns. Both constructivism and situated learning are used in this research as these frameworks arise from the cognitive tradition which views the learner as an active participant in their learning rather than, as behaviourists believe, simply a passive recipient of knowledge. Cognitive theories of learning argue that learning takes place in the mind, whereas behaviourist theories view learning as taking place through the behaviour of an individual (Cust, 1995).

Constructivism provides just one way of viewing learning. Its attraction, in relation to this research, resides in the underlying cognitive approach that recognises the active participant role of the student in their learning, rather than viewing the student simply as a 'sponge' for knowledge (Peters, 2000).

Constructivism also recognises the learning is not an individual action, but that it occurs through the interaction with the world around us.

Situated learning is another learning theory that comes from the cognitive paradigm and, in discussing this theory, Wenger (1998) identified the need to shift the focus of learning from the individual, to the wider social context which is in keeping with a constructivist approach to learning. As the follow-through experience occurs within a social context where the student is actively involved with a woman, these learning theories are congruent with this research.

Learning occurs differently in different contexts. For example, the learning that occurs during a formal didactic lecture differs from the learning that occurs

through experiential modes. Furthermore, we all learn differently and each individual responds to a learning situation dependent on the individual's preference for learning. As the follow-through experience is essentially about the engagement of the student with a childbearing woman, the use of theories from the cognitive paradigm is appropriate as they identify that social interaction is intrinsic to learning. Other learning theories do not necessarily focus on the importance of social interaction as a contributor to learning, thus these were not suitable for this research.

Behaviourist and cognitive views of learning

Behaviourists believe that learning occurs through the passive transfer of knowledge to the recipient and that learning also occurs as a response to, rather than an engagement with, the external environment (Phillips & Soltis, 2004). Behaviourists believe that the learner plays a passive role in their learning and they 'disregard mental activity and view learning as a response to the external environment in which behaviours are built up through contiguity, repetition and reinforcement' (Cust, 1995, p. 280). Interestingly, the very notion of a behaviourist paradigm suggests that it is the acquisition of behaviours that are of interest when examining learning whereas cognitivists are more concerned with the actual process of learning and how learners construct new knowledge (Phillips & Soltis, 2004).

The behaviourist view of learning became the dominant theory from the late 1800s after Darwin's theory of evolution was published in 1859 (Phillips & Soltis, 2004). It was considered that, based on Darwin's theory of humans evolving from the animal kingdom, behaviour that was observed in animals could be applied to humans. Pavlov's theory of classical conditioning was one such behavioural theory to emerge at this time with the focus on the stimulus for behaviour. Adding to this work, Skinner suggested that the stimulus response, that is the behaviour that occurred following the stimulus, was also worthy of study. However Skinner believed that what occurred in the mind as a private event was not relevant, unless there were observable behaviours arising from this (Phillips & Soltis, 2004).

The work of the behaviourists was criticised due to their view that behaviour occurs as a response to the external environment and what occurs within the mind of the individual is not necessarily of consequence (Cust, 1995). Theorists from the behaviourist paradigm depicted '...the learner...as a lone investigator' (Phillips & Soltis, 2004, p. 53). Phillips and Soltis (2004) recognised that some behaviourists (for example, Pavlov and Skinner) acknowledged the impact of the wider environment on learning, however behaviourists viewed this role as a passive one that was not particularly influential on the learning of the individual.

As the theories arising from the behaviourist tradition received further criticism, the cognitive view of learning gained popularity. Piaget is credited with the early work in this area and he was influential during the mid 1900s (Piaget, 1950). His theory of cognitive development suggested that learning occurs as multiple 'schema' are constructed by the learner (Phillips & Soltis, 2004). Piaget, along with other constructivist theorists such as Vygotsky and Werner, believed that learners seek to understand and adapt to their environment. This is a view that is in contrast to that of the behaviourists who view the learner solely as responding to the environment (Bee, 1995; Cust, 1995). The cognitive view of learning gained ground within education during the 1960s and 1970s and is now dominant in the body of learning theories (Cust, 1995; Phillips & Soltis, 2004).

Cognitive theorists, as opposed to behavioural theorists, do not disregard the learner as integral to learning but depict learning as '...an active, constructivist process in which learners strive for understanding and competence on the basis of their personal experience' (Cust, 1995, p. 280). Cognitive theorists acknowledge that the learner brings to their learning their own experiences and body of knowledge and that these contribute to the ways in which they interact with and perceive their learning. They support the view that the learner as an active, engaged and integral part of the learning process. They see learners as active explorers of their world who examine objects and people, and seek an understanding of the world (Bee, 1995). Cognitive theorists view the learner as part of the social world, where their interaction with the environment around them is vibrant and lively and is central to their learning (von Glasersfeld, 1989).

Other cognitive theorists include Dewey, Vygotsky, Lave and Wenger. Dewey (1958) is considered to be one of the leading theorists whose work fits within the cognitive tradition. Dewey argued for a problem solving approach to learning. He believed that, unless the learner struggled with some problem, then the learning from this problem, was lifeless and was 'static, cold-storage' knowledge (Dewey, 1958, p 179). Dewey (1958) also claimed that the social world was important to the learner as this is where the learner engages in order to find meaning and to build knowledge. Vygotsky (1978) was also aware of the social world of learning. His work is viewed as the inspiration behind the development of the situated cognition (learning) theory of Lave and Wenger (Phillips & Soltis, 2004).

Situated learning (also referred to as situated cognition) recognises that learning takes place when it is situated in the 'real world' or in an applicable context and does not occur simply within an individual's mind. Proponents of this theory argue that learning must be contextually based in order to be remembered and understood by the learner. Moreover, unless the learning is situated in this way, it will neither be transferable to a real setting nor incorporated into the learner's body of knowledge (Lave & Wenger, 1991). They suggest that learning occurs best, and is most relevant, when it is situated in context. Situated learning is where the learner is a legitimate peripheral participant, likened to an apprentice, engaging with a community of practice to develop new knowledge (Lave & Wenger, 1991). Social interaction is a critical aspect of this theory and, as the learner becomes more engaged with the community of practice, their knowledge increases. Situated learning fits within the cognitive tradition and it is useful to explore this theory of learning further in relation to its relevance to this research.

Some argue that situated learning is not a learning theory as such, as it does not articulate the acquisition of propositional knowledge but rather a way in which to understand the process of learning (Bradley & Postlethwaite, 2003; Hanks, 1991). This is a useful way to view situated learning as this theory helps to understand how students learn, though not how what is learned then

becomes knowledge. Constructivism, on the other hand, integrates with situated learning as it describes how learners assimilate what they learn, and how this is then transformed to knowledge. These two theories are now discussed in more detail.

Situated learning

Cognitive scientists such as Lave and Wenger (1991) and Brown, Collins and Duguid (1989) proposed that learning occurs when there is interaction with others in the natural environment. Lave and Wenger (1991) explored the notion of a 'community of practice' to explain how learning can occur within a situated learning framework and recognised that these communities can exist in a range of learning environments. Wenger (1998) asserted that we all live in a community of practice and, it is through engagement with this community, that we learn. Within these communities, the role of the legitimate peripheral participant is one of careful watching, practicing and then learning, as the participant moves from the periphery of the community, to its core (Lave & Wenger, 1991).

One of the communities studied were a community of midwives in Yucatec. Lave and Wenger (1991) observed that learning that was situated in a natural environment required more than simply placing a learner in the setting. What they observed through observation of the Yucatec midwives, and other groups of apprentices, was that learners, who were situated in a 'community of practice', were considered to be legitimate in that setting. As legitimate learners, they were slowly incorporated into the world of the community as they learned from the masters and gradually became accepted. This notion of legitimate peripheral participation is portrayed by Lave and Wenger (1991) as a way of understanding how learning occurs when situated within a social context.

This community of practice where new learners can learn from old is similar to an apprenticeship. Brown et al. (1989) further used the apprenticeship analogy and explored the notion of 'learning through cognitive apprenticeship' explaining this as a process where students, through social interaction, were introduced to

authentic practices. They used the analogy of 'knowing' and 'doing' to describe how learning and cognition are '...fundamentally situated' (Brown et al., 1989, p. 20). They suggested that knowing is not separate from doing and that these two activities cannot be separated. The activity in which knowledge is gained is not independent of the learning, but integral to it.

Brown et al (1989) argued that cognitive apprenticeship differs from the more traditional notion of an apprenticeship. They suggested that cognitive apprenticeship reveals the thinking behind the task, whereas traditional apprenticeship models are more concerned with task development. The work of Brown et al (1989) has been considered within nursing where Woolley and Jarvis (2007), concerned about the development of skills in nursing students, explored cognitive apprenticeship as a model for skill development. Their work considered the need for nursing students to have both an ability to undertake a task and to also understand the cognitive process of the task. They used the six key techniques of cognitive apprenticeship; modelling, coaching, scaffolding, articulation, reflection and exploration (McLellan, 1996) and applied these to teaching moving and handling skills for nursing and midwifery students. They concluded that the cognitive apprenticeship model ensured the link between the 'psycho' and the 'motor' components of this skill. This model provided a useful framework for this task as it encouraged the knowledge behind and the performance of a task in an environment where experts were able to model the skill, and then coach the students (Woolley & Jarvis, 2007). This study provides a practical application of the situated learning theory where cognitive apprenticeship is used for skill development. It can be seen that the use of activities such as this, within a learning framework, are similar to what would occur with midwifery students in their practice placements.

Andrew, Tolson and Ferguson (2008) reviewed the work of Lave and Wenger (1991) in relation to the nature of communities of practice. They analysed literature related to academic and business communities and argued that a community of practice could exist within a discipline such as nursing where practitioners and academics can come together to integrate theory and practice.

Their notion of a community of practice bringing together academics and practitioners within a discipline as a collaborative strategy recognised that need to reconcile the perceived theory-practice gap in nursing. Field (2004) reviewed the literature in relation to the theory-practice gap in nursing and determined that the situated learning theory provided a useful model to bring together theory and practice. However, she further acknowledged that the student requires support to ensure that learning is situated and she proposed a system of mentoring and coaching. Furthermore she argued that both the constructivist and situated approaches to learning support the importance of learning being situated in clinical settings (Field, 2004). Cope, Cuthbertson and Stoddart (2000) studied the practice experiences of nurses in Scotland to identify how they learnt in the clinical setting. They used the techniques identified by Brown et al (1989). Their discussion indicated that situated learning fits closely to the clinical learning environment where learning occurs within a community of experts (Cope et al., 2000).

Situated learning theory informs my research and this cognitive learning theory is an appropriate framework for the analysis of the data to determine whether learning occurred due to the contextual nature of the follow-through experience.

Situated learning does describe the importance of a social environment for learning and clearly views the learner as an active participant, who engages with this social setting, in order to learn. It is necessary though to also review the constructivist learning theory as constructivism goes further than situated learning in its recognition of how what is learned is transformed by the learner into new knowledge.

Constructivism

In a similar manner to situated learning, constructivism arises from the cognitive theorists who believe that learning occurs from complex human thinking. Piaget is considered to be the earliest proponent of constructivism and he depicted learning as the construction of schema or processes through which knowledge is learnt and developed (Phillips & Soltis, 2004; Piaget, 1950). The learner

arrives at their learning with their own ideas and experiences, and they construct new knowledge by taking it on, combining it with what they already know, and then forming new ideas, or schema (Daley, 2003).

Constructivism puts the student or learner at the centre of the learning process where learners are responsible for building new knowledge through their own interaction with their learning, environment, and existing understandings. It is largely understood that all learners will organise knowledge in their own way, though the constructivist view takes this notion further recognising that the learner will constantly construct and reconstruct their learning in order to make sense of it (Brooks & Brooks, 1999; Cust, 1995; Daley, 2000; Nuthall, 1997; Peters, 2000; Phillips & Soltis, 2004).

Biggs (1996, p. 348) provides a useful description of constructivism and states that ‘...learners arrive at meaning by actively selecting, and cumulatively constructing, their own knowledge, through both individual and social activity.’ The notion of social activity is where the applicability of constructivism as a learning theory is apparent in the follow-through experience. As students engage in the social activity of the follow-through experience, the potential for learning to occur is apparent. This research explored whether this potential for learning was indeed realised.

The pedagogical approach to learning depicted by constructivists is one of knowledge construction, or building. It is an approach that challenges the teacher as it recognises the learner is active throughout the learning experience, constantly thinking, rethinking and reforming their ideas in interaction and engagement with their environment. Constructivism has informed a range of professional learning situations including nursing (Cust, 1995; Peters, 2000) and medical education (Colliver, 2001), school education (Brooks & Brooks, 1999; Colliver, 2001; Hendry, 1996; Lerman, 1989), continuing professional education (Daley, 2000), and higher education (Biggs, 2003). There was, however, no literature found that discussed constructivism in midwifery education.

Daley (2000), in her studies of how learning occurs in the context of continuing professional education, explored constructivism. She used this framework to conclude that learning occurs when the learner is able to build upon their existing knowledge, incorporating new knowledge and arriving at a new way of understanding and applying their learning. Daley (2000) questioned whether participants in continuing professional development actually learnt anything from these activities, or used any of the information in their work environment and she advocated for the use of constructivism as a foundation for continuing professional development activities. Daley's (2000) work is relevant to the follow-through experience as it explores how learners integrate new knowledge with existing knowledge and transfer this learning to their practice context which is the basis for the follow-through experience in midwifery education programs. Constructivism provides the theoretical understanding of how learning occurs within a social context and how this new knowledge is developed by the learner.

Within the school education environment, Brooks and Brooks (1999) explored the constructivist theory of learning and critically evaluated the system of school education which they claim, in being driven by testing to determine understanding, does not value the learning of individual students. They argued that the very nature of constructivism, which recognises the central role played by the learner in learning, is undermined when there is an expectation that students will learn on demand (Brooks & Brooks, 1999). Perkins (1999) similarly examined the constructivist view of learning in school education and argued that whilst constructivism is indeed a useful theory for education, there is a need to be pragmatic in its use so that the needs of all learners are met. Furthermore, Phillips (1995) described three distinct roles that occur within a constructivist model as the active learner, the social learner and the creative learner. The work of Phillips (1995) is much more complex than the identification of these three roles suggested and he began his critique of constructivism by viewing the adoption of this theoretical framework as being similar to a religious fervour. He argued that whilst constructivism is a valuable way of viewing learning, learning is not entirely based on how the learner constructs knowledge, but that learning also is impacted by nature, or by

elements that can be controlled (Phillips, 1995). The use of constructivism within the school education environment is useful in relation to this research as it is recognised that there is more to learning than simply being taught and that it is essential that other factors, such as the learning environment, are considered.

Constructivism, whilst playing a role in exploring learning within school-based education, has also featured in nursing education with only a few examples in the literature on midwifery education. Peters (2000) supported the development of constructivism within nursing education and linked this to what is known of adult education. He argued that constructivism brings to nurse education a new way of viewing learning that is congruent with the development of contemporary nursing practices that encourage nurses to analyse, critically reflect on and evaluate individualistic care (Peters, 2000).

Constructivism fits well with adult learning where it is recognised that the learner will inform their new learning with what they already know and have experienced. Adults bring to their learning considerable life experiences, different knowledge that has been acquired through many ways, and adults will negotiate any new understandings with respect to this existing knowledge. Within nurse education, Peters (2000), argued that the teaching, historically, came from a traditional pedagogy where the teacher was the focus. This more traditional view of learning fails to consider the substantial body of knowledge that learners bring with them. Previously held knowledge and life experience is largely ignored and not considered relevant to the development of new knowledge. In adopting a cognitive perspective, such as constructivism, Peters (2000, p. 167) identified that this approach to learning was a different educational pedagogy and one that would promote the application of adult learning principles.

Constructivism is an appropriate theoretical framework by which to explore learning of students from the follow-through experience in my research. Essentially, a student engages with the woman in the follow-through experience, bringing with them a range of different prior experiences. Some

students will have had exposure to disciplines other than midwifery, others will have their own personal experiences, and others will have limited relevant experience. It can be imagined then, within the constructivist framework, that each student will build a different understanding of pregnancy and birth from their individual engagement with women in the follow-through experience.

As learners are actively engaged in their learning and in the development of new knowledge, there is the opportunity for them to take a range of understandings from the learning situation. Learners can therefore derive different meanings from the same learning situation. Constructivism therefore has important implications for how learning is determined in particular situations, such as midwifery practice.

How do these learning theories support this research?

Two learning theories that arise from the cognitive tradition, constructivism and situated learning, were used as the theoretical frameworks in this research. These theories were deemed appropriate as they recognise the learner as an active participant in gaining new knowledge, through interaction with the social world.

The follow-through experience is a new learning activity that was included in Bachelor of Midwifery programs in Australia from 2002. The follow-through experience in these programs has not been studied and there is no research that indicates whether any learning actually arises from this experience, and, if there is learning, what is learnt and how this learning occurs. The current evaluations of the follow-through experience in the literature (Brook & Barnes, 2001; Davis & McIntosh, 2005; Glover, 2003) do not explore whether learning occurs in this experience.

What is known about the follow-through experience is that the student is situated with the woman and the midwife. The follow-through experience can be examined from a situated learning perspective so that it can be determined whether there is evidence of learning occurring.

In constructivism, it is argued that learning occurs through the construction of new knowledge by incorporating that which the learner brings with them to the learning situation in a social environment. It could be presumed that the follow-through experience is an important learning opportunity. However, it is not known whether the student is actually constructing new knowledge from this experience.

Used in combination, situated learning theory and constructivism can inform this research through the identification of learning. Both these theoretical frameworks can provide an insight into what is occurring as students engage in the follow-through experience with women and midwives. Neither framework on its own provides the necessary structure by which to explore the data. Each framework will provide a different lens for exploring the follow-through experience in order to determine whether learning is occurring in this experience.

Situated learning argues for the importance of context-based learning and this is evident in the follow-through experience as the learning of the student is clearly situated with the woman. However, there is more to the learning than just what happens in the follow-through experience. Students, whilst engaged in the follow-through experience, concurrently contribute knowledge gained from other practice based experiences, and through classroom learning. This exploration of learning could be limited if the follow-through experience was viewed separately from the other aspects of the students learning, and this is where constructivism will further inform this research. As the students gain knowledge from many sources, and construct and reconstruct their understandings of pregnancy, childbirth and early parenting, an exploration of their learning may indicate the extent of the contribution of the follow-through experience.

The follow-through experience is not inconsiderable when the time and commitment that it involves for the student, for the woman, and for the midwives is understood. The follow-through experience has been included in Bachelor of

Midwifery programs without a clear understanding of how it contributes to the student's learning but with a realisation that being with a woman and talking with her about her experiences is significant in understanding the practice of midwifery.

Qualitative methodology

It is important to now consider the methodology that guided the collection and analysis of data. Historically, research was based on traditional scientific methods where a hypothesis is tested with quantitative methods (Schneider et al., 2007). The underlying approach in this type of research which belongs to the positivist paradigm is deductive reasoning, where a theory is tested. Cohen and Manion (1994), in exploring the nature of social reality and how we understand this, identified that researchers take either an objectivist (or positivist) approach to the social world, or a subjectivist (anti-positivist) approach.

Recently however, Avis (2003) argued that researchers do not need to justify their use of a qualitative research approach and that the positivist paradigm should no longer be viewed as the standard by which all other research approaches are benchmarked. He argued that the three most commonly used qualitative methodologies - grounded theory, phenomenology and ethnography - do not always provide the only means to view research evidence.

Furthermore he suggested that qualitative research can be conducted without the use of any of these methodologies. Sandelowski (2000) urged researchers to consider that qualitative research could be descriptive in nature and that a specific methodology was not always necessary. In a more recent editorial, Sandelowski (2008) again argued for the value of qualitative research and urged researchers to avoid using quantitative (positivist) research as the default methodology.

The methodology used in this research is qualitative. This is the most broad use of the term and it was determined that a specific methodology was not required (Silverman, 2005). In his discussion on choice of research

approaches, Silverman (2005), in agreement with Schneider et al (2007) determined that it is the research question that should, ultimately, determine the research approach. The research questions in this study lend themselves to a qualitative research approach and, in further support of this decision, the use of the constructivist framework is argued to be in keeping with the interpretive paradigm (Schneider et al., 2007; Silverman, 2005).

Schwandt (1998) suggested that the interpretive approach to research merely provides the direction in which the researcher should look, rather than ‘...descriptions of what to see’, and that proponents of this approach ‘...share the goal of understanding the complex world of lived experiences from the point of view of those who live it’ (Schwandt, 1998, p. 221). In this way the methods that are used within a qualitative approach are determined by the research questions and the topic under study. Henwood and Pidgeon (1993) explored this further and stated that the research methods are not valid in themselves, but are valid when they are used for a specific purpose. Silverman (2005) agreed with this and proposed that the research methods should be determined after the development of the research question and should arise from what it is that the researcher wants to know.

Burns and Grove (2003, p. 19) defined qualitative research as ‘...a systematic, subjective approach used to describe life experiences and situations and to give them meaning’. They further identified that ‘qualitative researchers believe that “truth” is both complex and dynamic and can be found only by studying individuals as they interact with and in their sociohistorical settings’ (Burns & Grove, 2003, p. 19). Furthermore, an interpretative paradigm is concerned with the individual and seeks to understand that individual’s world. Cohen and Manion (1994) suggested that interpretive approaches focus on action, and are concerned with how an individual interprets the world around them.

The use of a qualitative methodology is appropriate in this research as the research questions are concerned with the nature of student learning during the students’ engagement with women in the follow-through experiences. It can be

seen that the use of those methods that arise from a qualitative methodology fit within the constructivist and situated learning frameworks used in this study as qualitative research explores the individual's response to their world. In this study, it is the individual's learning that is central to an understanding of the role of the follow-through experience in Bachelor of Midwifery programs. The constructivist and situated learning frameworks suggest that the learner develops knowledge through interaction with the learning environment, bringing together knowledge from other situations.

Research methods

This section describes the research methods related to participant selection and recruitment, data collection and data analysis. The methods used for data collection in this research were a survey, and semi-structured interviews. These two data collection methods were considered to be the most appropriate means to gather data in relation to the research questions.

The qualitative research approach provides guidance for methods that are utilised for data collection. As it is the individual's experience that is paramount within the interpretive paradigm (Cohen & Manion, 1994; Schwandt, 1998), it is essential therefore to gain individual students' understanding and interpretation of their interaction with the follow-through experience. Additionally, information about the history and current interpretation of the follow-through experience in Bachelor of Midwifery was gained through interviews with members of the Australian College of Midwives National Education Standards Taskforce (ANEST) group and University course coordinators.

Research aims

The aims of this research were to:

- explore the follow-through experience in order to better understand the impact on students, midwifery education providers and midwives and
- to identify the learning that is associated with this experience.

The following table presents the research methods that were utilised in order to meet the aims of this research

Table 2: Overview of research methods for data collection

Research aim	Participants	Data collection method
To explore the follow-through experience in order to better understand the impact on students, midwifery education providers and midwives.	Current and Former Bachelor of Midwifery students	Anonymous, online survey Semi-structured telephone interviews
	Midwifery course coordinators	Semi-structured, face-to-face interviews
	Members of ANEST	Semi-structured, face-to-face interviews
To identify the learning that is associated with the follow-through experience.	Current and Former Bachelor of Midwifery students	Anonymous, online survey Semi-structured telephone interviews

Research Participants

The participants in this research were members of the Australian College of Midwives National Education Standards Taskforce (ANEST) group, University course coordinators of Bachelor of Midwifery programs at the time of the research, and former and current Bachelor of Midwifery students.

The following table indicates the number of participants who participated in each aspect of the data collection. It should be noted that 28 participants in the online survey were those who participated in the interviews as the survey was used as a recruitment method for the interview phase.

Table 3: Overview of participants

Sample	Number of participants
Members of ANEST: Face-to-face interview	4
Course coordinators: Face-to-face interview	5
Former Bachelor of Midwifery students: Online Survey	8
Current Bachelor of Midwifery students: Online Survey	93
Former Bachelor of Midwifery students: Telephone interview	6
Current Bachelor of Midwifery students: Telephone interview	22
Total number of participants:	138

Australian College of Midwives' National Education Standards Taskforce (ANEST) group

The Australian College of Midwives established the ANEST group in 2003 after the ACMI Bachelor of Midwifery Taskforce completed its work on the development of national standards. The membership of ANEST comprised a chairperson and a representative from each State and Territory. The nine midwives were identified as being in a significant position to be able to contribute to an understanding of the rationale for the inclusion of the follow-through experience in the Bachelor of Midwifery education standards (Australian College of Midwives Inc., 2001a).

The sample of members from the ANEST group was chosen due to their availability and their location. As members came from each State and Territory across Australia it would be a costly and time-consuming exercise to visit each of them. The sample was therefore one of convenience as I chose ANEST members who resided in the same State as the course coordinators whom I was also interviewing. I was therefore able to conduct personal interviews with these participants.

A purposive sampling technique was therefore used to identify key people who were available during the data collection phase. Cohen and Manion (1994)

described this sampling method as one where the researcher deliberately chooses participants based on their appropriateness for the research. Access to this group was via a written request to the Executive Officer of the Australian College of Midwives. This request was passed to ANEST and contact was then made with four midwives who were identified as key informants. It was initially thought that a focus group would be the best way to speak with these midwives however, there were no face to face meetings of ANEST planned during the data collection phase of this research. Some members of ANEST were also members of the original Bachelor of Midwifery National Taskforce and three of these midwives were identified as being key informants in this research and were therefore invited to participate. A fourth midwife was interviewed as she was a current member of ANEST. A total of four midwives were therefore interviewed and these interviews were conducted in person. The interviews were tape-recorded with permission of the participants, and transcribed verbatim.

Bachelor of Midwifery Course coordinators

Coordinators of Bachelor of Midwifery programs were identified as being able to provide a description of the characteristics of the follow-through experience at their individual universities. At the time of data collection, there were six universities in Australia that offered a three-year Bachelor of Midwifery program and the coordinators of each of these were contacted by telephone and email. Interviews were conducted in person with five course coordinators. I am also a Bachelor of Midwifery course coordinator so the information about the follow-through experience at my university has also been incorporated into the data.

Interviews with the five course coordinators were tape-recorded, with their permission, and transcribed verbatim.

Former and current midwifery students

Former and current Bachelor of Midwifery students were identified as being central to this research as they have intimate knowledge of the follow-through experience and were the topic of the study.

Data received from the universities involved in the research indicated that at the Higher Education Contribution Scheme (HECS) census date⁸ just prior to data collection, there were approximately 150 graduates from these programs, and a further 450 students currently enrolled. These numbers are approximates only due to the difficulties associated with retrieving enrolment data from the universities. However, most course coordinators were able to provide more accurate details in their interviews and when contacted personally by email. These students were recruited for the online survey via advertising in Australian Midwifery News (the Australian College of Midwives newsletter), on the Australian College of Midwives website and via the Bachelor of Midwifery student collective⁹.

Students who responded to the survey were asked if they wished to be interviewed. If students chose to also be available for interview, they were asked to provide their contact details at the end of the survey. This information was collated separately to the survey data so that students could not be identified alongside their responses to the survey. Over half of the respondents to the survey indicated that they would also be available for an interview. Interview data were sorted by year of study. Students were then chosen for a telephone interview by ensuring a mix of students from each State that offered a Bachelor of Midwifery program, and also by year of study. The sample was also chosen to ensure the inclusion of program graduates.

⁸ In Australia, students contribute to the costs of their higher education through a government scheme that was known as the Higher Education Contribution Scheme (HECS). There is a national census date twice a year that is the date on which student enrolment is calculated. This census date provides an accurate point in time to measure student enrolment.

⁹ The Bachelor of Midwifery Student Collective is an online discussion forum for current and prospective students. It was established in 2001 in order to provide information to aspiring Bachelor of Midwifery students.

Data Collection Methods

Data were collected from a number of participants in order to construct an understanding of the phenomena under study from a range of perspectives. Two data collection methods were used; an online anonymous survey, and interviews. From this point on it should be noted that the use of a survey as a data collection instrument in this qualitative research enabled the collection of both quantitative and qualitative data, despite a survey being often classified as a quantitative instrument. These data collection methods are described in more detail below.

Survey

Former and current Bachelor of Midwifery students are the main participants in this research as they have intimate knowledge of the follow-through experience. Consideration was therefore given to the most appropriate method through which to explore their understanding of engaging with women in the follow-through experience and to identify learning that was associated with these experiences. While this research focuses primarily on the learning associated with the follow-through experience, it was also important to study other aspects of this in order to determine what else was happening that may impact student learning.

A survey was therefore designed to collect data from former and current Bachelor of Midwifery students about a range of factors associated with the follow-through experience. The factors were documentation, support, recruitment of women, learning, and challenges associated with the experience. These factors were determined based on my experience working with students and implementation of the follow-through experience. Participants in this survey were able to provide additional comments if desired. A copy of the survey is attached (Appendix Four).

Due to the large number of potential research participants, an online survey was an ideal method by which to contact, and engage with the largest possible sample. It was originally intended that in-depth interviews would be the sole

data collection method from former and current Bachelor of Midwifery students. However, at the time of data collection (October 2006 – February 2007), discussions were occurring at both University and State Registration levels around the follow-through experience. These discussions were concerned with the number of experiences required and some Universities were lobbying to have these requirements reduced as they had expressed dissatisfaction with the requirement of 30 follow-through experiences for Bachelor of Midwifery students. In this context, using a survey to support in-depth interviews could provide a wider cross-section of students' views of the follow-through experience and provide a larger sample of students.

The online survey questions were developed by reviewing the research questions and determining which data would be most relevant to this research. For example, the method of recruiting women used by the students was important to determine as anecdotal discussions with students indicated that they found this aspect to be difficult. Most participants were familiar with the term 'recruitment' of women as the term commonly used. Recruitment was therefore seen to be a key aspect of the follow-through experience and the survey provided participants with the opportunity to reply to questions about recruitment methods and their experiences of recruiting.

Documentation associated with the follow-through experience was also identified as being part of the learning process and specific questions were asked about this requirement. The survey asked participants to indicate whether they were required to complete any documentation associated with the follow-through experience. The survey allowed for a number of options, and a description of each option was also provided. Participants could provide more than one answer.

The questions were designed to gather quantitative data, and also qualitative responses. As the survey was made widely available the questions needed to use language that would be understood by the participants so the use of 'jargon' related to any particular program was avoided. For example, when participants

were asked to indicate what methods were used for recruitment of women to the follow-through experience, a range of options were included as options regardless of whether these options were available at all universities.

Once developed, the survey was pilot tested with a group of midwifery research students and supervisors. This group of twelve midwifery students and supervisors meet regularly as part of the higher degree research student supervision process at the University of Technology, Sydney and they agreed to pilot this survey. The pilot testing process revealed some ambiguities within the survey and it was suggested that there be no word limit on the length of participant responses in order to encourage participants to be as open about their experiences as possible within this survey. It was important also to limit the number of questions on the survey so that it could be completed within a relatively short time period. The pilot test group determined that a period of fifteen minutes appeared to be sufficient time in which to complete the survey. Alterations to the survey were made in line with this feedback and the survey was then made available through the University of Technology (UTS), Sydney's Centre for Midwifery, Child and Family Health website. In order to ensure that legitimate participants completed this survey, the web address was made available only to identified possible participants and it was not possible to access the survey simply by going to the UTS website.

Several methods were used to notify potential participants of the availability of the online survey.

1. A flyer was developed. Permission was received from course coordinators for this to be distributed to midwifery students at the six universities offering a three year Bachelor of Midwifery program.
2. An advertisement was placed in the Newsletter of the Australian College of Midwives (Australian Midwifery News) and also on the website of the Australian College of Midwives calling for interested participants.

3. A request was placed on the Bachelor of Midwifery Student Collective online discussion board¹⁰ after seeking permission from the site moderator.

Each of these invitations for participants provided a web address for the survey, assured participants of the anonymity of their participation, and provided contact details for the researcher.

The research sample was self selected and a snowballing technique was also used as participants informed others that the survey was available (Cohen & Manion, 1994). Indeed some participants who had difficulty accessing the survey electronically requested that I mail a copy to them as they were very keen to be involved in this study. Participants were able to download and complete a hard copy of the survey, or complete and submit it electronically. Ninety eight participants completed the survey online, and three posted their survey.

To further ensure data accuracy, participants could only complete the survey once from the same computer. It is not known however if any participants responded twice from different computers. Participants were required to consent to participation in this survey before being able to move to the next page within the survey. A copy of the survey is included as Appendix Four.

Interviews

This phase of the data collection involved a number of participants including members of the Australian College of Midwives National Education Standards Taskforce (ANEST), course coordinators, and former and current Bachelor of Midwifery students. As has been described, purposive sampling was used to recruit participants from ANEST and the Bachelor of Midwifery course coordinators.

¹⁰ The Australian Bachelor of Midwifery Student Collective ‘...was officially convened on the 6th March 2001, in response to a need for aspiring midwives and midwifery students of B Mid Education, to offer support and encouragement to each other as they travel their journeys towards midwifery’ (<http://health.groups.yahoo.com/group/BMidStudentCollective/>).

Recruitment of former and current Bachelor of Midwifery students for interview was done through the online survey. Students self-selected to participate in the online survey and those who were willing to be interviewed completed an additional section of the survey. All interviews with these participants were done by telephone, recorded and transcribed verbatim by an independent transcribing service.

The equipment that I used for all interviews was a small, digital recording device with an attached microphone. The quality of the interviews was very good and it was helpful to have the interviews available on this device as I was then able to listen to the recording after the interviews and simultaneously write my field notes. These files were also easy to retrieve when I used them to check the accuracy of the transcribing. I downloaded these digital files to a computer and then transferred them to a disc, which I then sent to the transcribing service. I found this to be a safe way to manage this data and the original digital recordings are now kept on my computer that is password protected. Backup discs are kept in a separate location in a locked filing cabinet.

Interviews with members of ANEST

I interviewed four participants from ANEST. Two of the ANEST members that I interviewed were also members of the original ACMI National Bachelor of Midwifery Taskforce and their knowledge of this process from the beginning was informative.

Interviews with ANEST members were conducted at a location of their convenience. One interview was conducted at a coffee shop table in the corridor of a metropolitan hospital, two in the participants' offices, and the fourth interview was conducted in a local café. All these interview locations presented their own environments which were quite conducive to the interviews. I felt that it was particularly important that the participants chose the location of the interview as it was their time and knowledge that I was seeking.

Prior to the interview I emailed each participant with an information sheet about the research, a consent form, and a set of questions. These have been included as Appendix Five.

Interviews with course coordinators

I contacted the Bachelor of Midwifery course coordinators by email and then by telephone to confirm their interest and to arrange the face to face interview. Again, the place of interview was determined by the participants and I conducted four of the interviews in the participants' offices and one interview was conducted in the city library. In a similar manner to the ANEST participants, I emailed each participant with an information sheet about the research, a consent form, and a set of questions. These have been included as Appendix Six.

Interviews with students

Once students identified their willingness to be interviewed, I made contact with them and the timing of the interviews was arranged. These interviews were conducted by telephone. Telephone interviewing is a unique and sometimes challenging method of conducting semi-structured qualitative interviews and a discussion of the use of this method will be presented.

The interviews were semi-structured as it was important for the student to be able to give their own interpretations of their experiences, in their own way. Targeted questions were asked around the detail of the follow-through experience, for example, what were the program requirements? In qualitative interviews, a semi-structured questioning approach allows for the interview participant to reflect on their personal experiences and not be constrained by a rigid questioning technique (Minichiello, 1995; Rubin & Rubin, 1995). The participants were sent a consent form, information sheet and the interview questions prior to the interview (see Appendix Seven).

The interview questions were structured to provide participants with an opportunity to talk about what was important for them in the follow-through experience. They were asked specifically about what they thought they had learnt from the follow-through experience if they had not mentioned this aspect previously during the interview.

I conducted all the interviews of participants who identified as studying in either South Australia or Victoria. As I am the course coordinator of the New South Wales program, it was inappropriate to interview these participants and therefore I asked a midwifery colleague to conduct these interviews. This midwife has experience with qualitative interviews and she has also had experience in working with undergraduate midwifery students. This midwife was not known to any of the participants. I then provided the interviewer with an overview of the research, the interview questions, and instructions on how to use the equipment prior to her interviewing the participants. I also provided the interviewer with suggestions on how to conduct the interviews as I had already completed a number of interviews and was comfortable with the question format and the use of the recording equipment.

The interview phase of the research was initially planned to include approximately 20 in-depth telephone interviews of former and current Bachelor of Midwifery students, with the aim of ceasing data collection when theoretical saturation was reached. Theoretical saturation, in relation to data collection, refers to that time when the research begins to hear similar themes from the participants. Theoretical saturation also refers to that time when category development becomes dense and there is no new data arising from the interviews (Strauss & Corbin, 1998). At the commencement of the interview phase, new information was being heard at each interview but as the interviews continued, it became clear that the same information was being heard again. At this stage with 28 interviews having been completed, I checked to ensure that the sample was representative across all years of student enrolment, completed students, and also the States in which students were enrolled. The interview

phase was then ceased as theoretical saturation was determined to have been reached after the completion of 28 interviews.

In order to maintain the anonymity of the New South Wales student participants I did not listen to their recorded interviews. When these interviews were completed, I downloaded them, sent them for transcribing and then read the transcriptions.

Interviews with former and current Bachelor of Midwifery students were conducted by telephone. Barriball, Christian, While and Bergen (1996) studied the use of telephone interviews in their work with nurses and case management practices. They found that the use of the telephone, as an effective tool in research, had increased over time due to the greater access to this technology within the population. The authors (Barriball et al., 1996) concluded that the use of this method was an effective data collection tool. Other research has also utilised the telephone method (Creedy, Shochet & Horsfall, 2000; Mander, 2001) and the authors indicated that the telephone method was beneficial in their studies. Burnard (1994) described telephone interviews as an effective means of gathering data in qualitative research and suggested that the telephone interview can provide advantages. He outlined these as allowing the researcher to gather data relatively easily and quickly and he also found that many people enjoy the anonymity of telephone interviews (Burnard, 1994).

Having used telephone interviews in this research, I would support these as an effective data collection method. I experienced no difficulties with this method and it appeared to suit the participants as they were able to choose the time and location of the interview. I contacted them initially to arrange a time for the interview and all participants were available and ready for the interview when I rang. The telephone format did not seem to limit interaction with the participants and they all appeared to be comfortable with this method. Some interviews lasted only a short time, for example ten minutes, whilst some others were up to 60 minutes in length. In addition, the use of telephone interviews enabled me to interview participants from a variety of locations as the majority

of these participants reside a considerable distance from me. It would not have been cost-effective to interview these participants in person. I was therefore able to contact a larger and more dispersed group of participants by using a telephone interview method.

Practice interviews were conducted with midwifery educators who were involved with the Bachelor of Midwifery students at the University of Technology, Sydney in order to determine the effectiveness and clarity of the questions used in the semi-structured interview. Cohen and Manion (1994) indicated that it is necessary to give some thought to the preparation of the interview questions and to ensure that the questions reflect what is being researched. Burnard (1994) also recommended that it is useful to pilot the telephone interview as the researcher has an opportunity to refine the technique, as well as the questions. He further suggested that this allowed the research to clarify the style of the interviews and to minimise any problems that may occur (Burnard, 1994).

The use of the practice interviews was worthwhile as it highlighted some issues with the quality of the recording. Initially a device was used which attached to the phone to allow for recording of both voices (interviewer and participant). However, this diminished the quality of the spoken voice. Indeed, after using this device for some of the interviews and listening back to the recording, I decided to abandon the use of this device and instead used the loudspeaker function on the telephone and placed the recording microphone close to this. The recording device consisted of an iPod with a microphone attached. The quality of the recording was much improved with this method.

Data analysis

Two types of data, qualitative and quantitative, have been collected to inform this research. The online survey collected quantitative data related to the participants' current year of enrolment or the year in which the student had graduated. Other quantitative data related to the number of follow-through experiences each participant completed. In addition, several survey questions provided pre-determined responses which were coded and the results from

these are also presented numerically in table format. The results from the quantitative responses are presented as numbers and percentages where appropriate, and a discussion of these results is provided. The results of the online survey are presented and discussed in Chapter Six of this thesis.

Qualitative data were the primary data collected in this research. Analysis of this data occurred in three stages; description, analysis and interpretation (Burns & Grove, 2003). The descriptive phase commenced with the researcher becoming immersed in the data. This involved a process of reading and re-reading the data and thinking about what the data were saying. During this time patterns began to emerge and similarity was seen between participants' responses. The descriptive phase is the phase prior to the commencement of analysis where I familiarised myself with the data and began to recognise emerging patterns and themes. Some data lent itself to description so analysis was not required. This occurred for example, where participants were asked to describe the recruitment methods they used. Thematic analysis was not required here as the data spoke for itself in describing the recruitment methods and this data was reported using direct quotes from the participants.

More frequently however, analysis of data was conducted using the thematic analysis method. This method has been described by a number of researchers including Luborsky (1994), Braun and Clarke (2006) and Aronson (1994). Luborsky (1994) described thematic analysis as having notable benefits for the management of qualitative data. He focussed on the value of this method in discovering lived experiences or meanings through giving more weight to participants' voices. Braun et al (2006) are similarly supportive of thematic analysis and suggested that this method is sufficiently flexible to provide rich accounts of the data. Both these authors advocated a rigorous approach to the use of this method that, whilst still allowing flexibility, to ensure that data analysis is methodologically sound (Braun & Clarke, 2006; Luborsky, 1994). Braun et al (2006) provided a detailed description of thematic analysis and the associated use of a theoretical framework. They suggested that any theoretical framework will, necessarily, guide the researcher using thematic analysis to

view the data from this perspective. This is true in this research where the theoretical frameworks that are used relate to learning. Thus the application of thematic analysis to the data gained, for example, from former and current Bachelor of Midwifery students, intentionally sought meanings related to learning.

Luborsky (1994) also recognised that themes are often seen during the interview process itself. This is certainly what I found as I conducted the interviews and I was then able to actively pursue an identified theme during the interview. As I did not conduct all the interviews I ensured that when I briefed the interviewer for the New South Wales students, I discussed themes that I had noticed during my interviews and encouraged a similar pursuit of these themes. These were particularly in relation to the learning that occurred and also the relationships with the women as these themes were beginning to emerge from the interviews.

Aronson (1994) provided a pragmatic approach to the use of thematic analysis and suggested that the identification of patterns of experiences from qualitative data was a useful first step. The patterns of experiences are then combined and catalogued to create sub-themes. These are then studied to identify meaningful ways that they can fit together. The final result resembles a story line where the themes are merged to tell the story of the results (Aronson, 1994).

The pragmatic process outlined above was applied in the analysis of the data in this research and is described in relation to the interviews with former and current Bachelor of Midwifery students. All 28 interview transcriptions were read in order to undertake the thematic analysis. This was done by identifying categories within each of the interviews and then grouping these to identify key themes. Each transcription was presented as a word document so this document was placed in a table format so that each paragraph of the interview was separated and a column was inserted down one side. As I read the transcription I placed words across into the new column. The words that were

placed in this column were either a summary of what the participant had said or a copy of the actual words used by the participant. The list of words and interview excerpts were then copied to a new document and listed under the participant's pseudonym. After completing this process for all interviews there were twenty one pages of words and quotes from the participants. I then used a process of colour coding these words and quotes and developed a number of sub-themes. Through a process of grouping the sub-themes, I distilled four key themes from this data. At the completion of this process, I then returned to the transcripts and reviewed them again to ensure that the final four themes were inclusive and reflective of the data from the transcripts. An audit trail was thus established so that the thematic analysis process can be checked for thoroughness and completeness.

Thematic analysis can be conducted either inductively, or deductively. Inductive analysis ensures that the themes are strongly linked to the data and that they emerge from the data. Braun et al (2006) warn though that simply allowing themes to 'emerge' is a rather passive technique when, in fact, thematic analysis is a more active process where the researcher is linked to the data and recognises themes from an early stage. The researcher therefore has a role to play in the development of the themes. Fereday and Muir-Cochrane (2006) described a process where they used both inductive and deductive coding techniques for theme development in a social phenomenology methodology. They argued that the use of both processes complemented their research questions. The deductive approach used was a template analysis using the tenets of social phenomenology. Thematic analysis in this research was conducted inductively with the key themes being distilled from the data. The inductive approach was considered to be the most appropriate as this research was exploring a new educational experience and deductive coding requires '*a priori*' coding to form a template for analysis.

Interpretation of the data involves a process of exploring the themes that have emerged and working within the theoretical frameworks to determine how these themes inform the research questions. This interpretive process is in keeping

with Braun et al (2006) who suggested that researcher judgment is necessary in order to determine the importance of a theme and there are no hard and fast rules for how to do this. Braun et al (2006) further suggested that the 'keyness' of a theme was, essentially, about its relevance to the research question. The final chapter of this thesis provides a synthesis of the results from the data.

An essential component in the conduct of this research was the acknowledgement of my role as the researcher. Particularly with the use of the qualitative approach, the researcher is not separated from the research, and it is therefore important to acknowledge, and reflect on my role in this research. Indeed Braun et al (2006) suggested that there needs to be ongoing reflexivity to identify decisions made by the researcher during the data analysis process. The reflective data analysis process is known as reflexivity and is described in more detail in the following section.

Reflexivity: The integral role of the researcher

It is essential, within an interpretive paradigm, to recognise the researcher as integral to the research process. This is termed the reflexive character of research and is described by Henwood and Pidgeon (1993) as the way in which the researcher is part of the research. They asserted that there is a need to identify the interdependence between the research and the researched. Burns and Grove (2005) view reflexivity as a process that requires an awareness of self. This process requires the researcher to explore personal thoughts and experiences and to integrate these into the research.

Reflexivity is essential to qualitative research and it is argued that it is important for researchers to continue to return to the data to check and re-check their interpretations (Pyett, 2003). In doing so, the researcher also places themselves in the research and asks how they themselves may have influenced the analysis. Simply asking a question whilst interviewing a research participant can lead to some analysis and interpretation by the participant, and researcher (Silverman, 2007). Similarly Webb (1992) argued that all research necessarily involves social interaction and the researcher therefore invests in the research.

Furthermore Finlay (2002) argued that the researcher is a central figure and suggested that the behaviour of the researcher will always affect the responses of the participant and could therefore influence the findings.

Reflexivity in qualitative research is therefore, not a choice, but a necessity for the research to be viewed as a whole. The researcher influences the research from the outset of the research process (Pyett, 2003).

The reflexive nature of research will be reflected in this study through a process, referred to by Burns and Grove (2003) as reflexive thought where the researcher integrates their personal feelings and experiences into the study. Henwood and Pidgeon (1993) suggested that this can be done by the keeping of a reflexive journal and maintained that this is an important facet in building up documentation in qualitative research.

I am the course coordinator of the only three year Bachelor of Midwifery program in New South Wales. I am therefore both the researcher, and a research participant and these personas will be intertwined with the data collection, analysis and interpretation. Hammersley and Atkinson (1995) acknowledged that the researcher is an integral part of the research as they cannot separate themselves from the social world they are researching.

During this research, I documented my personal reflections as the study progressed. Resultant documentation included concerns related to the study, sampling decisions, and what is being done and why. The use of a reflective journal adds to the 'paper-trail' that has been created during the research process (Henwood & Pidgeon, 1993). Details from this journaling process are provided throughout the thesis. Reflexive thought is also documented where appropriate.

Ethical considerations

The data collection methods in this study involve the use of people as research subjects and therefore a number of ethical issues need to be considered.

These considerations are consent, confidentiality and right to privacy and costs. Consideration also extends to my role in this research as I am known to some of the research participants. Ethics approval for this research was gained from the University of Technology, Sydney Human Research Ethics Committee (HREC approval number 2006-174, see Appendix Eight).

Consent

Consent is a key issue and was sought from participants using a written information sheet, which was signed by both the researcher and the participant, with a copy being held by both parties. The information sheet detailed the type of data that were collected, the data collection method, how privacy and confidentiality were maintained and in what ways the information being gathered was being used. This consent was obtained prior to the collection of data. Cohen and Manion (1994) suggested that consent has four elements; it must be voluntary, full information must be provided to the research participants and the participants must be competent and able to comprehend the consent. These consent elements were considered during the participant selection process. All participants were informed that their participation was voluntary and the information regarding the study was provided on the information and consent sheet. This information was also discussed verbally with the participants to ensure comprehension. All interview participants were provided with the proposed questions prior to interview. Survey participants were required to indicate consent on the online survey form before being able to move forward in the survey.

Confidentiality and right to privacy

Confidentiality has been maintained by the use of pseudonyms for the names of the participants and for the universities and hospitals that were mentioned in the course of this research. I negotiated with the participants the most appropriate time and means of contact for the telephone interviews. This ensured privacy for the participants as the interviews were conducted at a time that was of convenience to them. They also determined the contact telephone number that

was used to ensure this was the most suitable means of contact. During the telephone interviews participants were informed when the tape recorder was being used as they were not able to see the recording device.

I also assured the participants that all their personal details would remain confidential and that I would not provide their contact details to another party. Participants were informed that they could withdraw from the research at any time if they wished.

Costs

All costs associated with the conduct of the telephone interviews were borne by me as I initiated all contacts by telephone for interviews and other purposes. I also ensured that the face to face interviews were conducted at a location of convenience to the participants and I paid for all travel and other costs associated with this data collection.

Being known to the participants

I was known to the course coordinators and the members of the Australian College of Midwives National Education Standards Taskforce (ANEST) who I interviewed. When I initially made contact with these participants I introduced myself, informed them of my supervisors, and explained my study. I then sent the information form, consent and the interview questions. I reaffirmed how I would ensure confidentiality of their interviews at the time of the interview. I further attended to this during the writing of the results chapters where I removed any words or descriptions that could potentially identify participants.

Former and current Bachelor of Midwifery students from the two states where these programs were offered were not known to me. For these participants I assured them that I would remove any identifying information from the survey and interview data. I organised another interviewer to conduct interviews with the University of Technology, Sydney (UTS) students who were known to me. I ensured their anonymity by not listening to the recorded interview, but rather waited until the interview had been transcribed and I then read the transcription.

Even though I knew the names of the UTS students who identified they wished to participate in the interview phase, I was not able to identify who they were when I read the transcription.

It is difficult to determine whether my relationship, albeit only a professional one, made a difference to the information provided to me during this research. It is not possible to determine whether participants responded to me differently than they would have to a researcher whom they did not know. As a course coordinator of a Bachelor of Midwifery program, the other course coordinators may have felt constrained by the risk of providing competitively sensitive information to me about their programs. This was not my impression at the time of the interviews, but again, this is difficult to determine.

I ensured that the participants knew who my supervisors were. Professor Nicky Leap is well known in midwifery education in Australia. Nicky was the chair of the ACMI Bachelor of Midwifery Taskforce, and a member of the subsequent committee, ANEST. Nicky is acknowledged in Australia as a key influencer in the development of the national education standards and Bachelor of Midwifery programs. It is unclear whether any participants altered their responses to me because of Nicky's supervisory role in my research. My impression was that they did not do so, but this is, once again, difficult to determine. The process of reflexivity that is documented throughout this thesis describes how I may have influenced this research process. This is an important component and whilst not an ethical consideration as such, is essential to articulate.

Chapter summary

A qualitative research methodology has been used in this research. Data were collected using qualitative methods of survey and interviews. Interviews were semi-structured and were either conducted in person, or by telephone. It was found that the telephone data collection method was appropriate and useful in this study. Participants were identified as being those who could provide essential information in relation to the research questions. Data were analysed quantitatively where appropriate. Qualitative data were thematically analysed.

Issues of reflexivity and ethical considerations have been discussed in this chapter.

The findings chapters

The next four chapters of this thesis present the findings of this research. These chapters have been named using a key theme that arose from data analysis. The chapters have been presented as separate studies with each chapter giving a background and describing the research method used for that particular aspect of the data collection. After the four chapters of results, chapter eight synthesises and discusses these findings.

Chapter	Perspective	Research Participants
Four	The ' Concept and Intention ' of the follow-through experience	Members of the Australian College of Midwives National Education Standards Taskforce
Five	The ' Incorporation and Implementation ' of the follow-through experience	Coordinators of three year Australian Bachelor of Midwifery programs
Six and Seven	The ' Student Experience ' of the follow-through experience	Former and current Bachelor of Midwifery students

Chapter Four: Findings from members of ANEST

‘Placements with women, not placements with institutions’

Introduction

This chapter is the first chapter that presents the findings of this research. The findings from interviews conducted with members from the Australian College of Midwives National Education Standards Taskforce (ANEST), are presented and discussed. The chapter perspective focuses on the concept and the intention of the follow-through experience.

Interviews with four of the members of ANEST provides background to this research through personal accounts of the rationale for the inclusion of the follow-through experience in the Australian College of Midwives Standards for the Accreditation of Three Year Bachelor of Midwifery programs (Australian College of Midwives Inc., 2001a). Findings from these interviews are discussed and reveal the inclusion of the follow-through experience in Australian midwifery education programs as a deliberate professional and educational strategy.

The data from the four members of ANEST provides a unique historical insight into the discussions and debates of this influential group of midwives in the years surrounding the commencement of the first Australian Bachelor of Midwifery programs.

Participants have been de-identified and a simple numbering method has been used with the letter A to indicate a member of ANEST.

Background to this chapter

The background (Chapter Two) and the literature review (Chapter Three) chapters have provided the context for the formation of standards for Australian Bachelor of Midwifery Programs, and the concomitant introduction of the follow-through experience into the Australian midwifery education environment. This

section will provide a brief summary of this overview in order to present the context for this chapter.

Findings from the members of ANEST, which are discussed in this chapter, revealed a deliberate professional and educational strategy to ensure that Bachelor of Midwifery programs within Australia met the same education standards, and that these standards were set by the national midwifery organisation, the Australian College of Midwives. The lack of such a national approach to midwifery education had previously been viewed as problematic and was discussed by Barclay over 20 years ago (Barclay, 1985a). At this time Barclay (1985a) described the lack of a consistent approach to midwifery education as being of considerable concern. Ten years later, during the transition of midwifery education to the tertiary sector, Barclay (1995) reflected on the lack of an orderly transition of midwifery education programs and the disparate nature of programs across Australia.

Of an equally disparate nature were the various State and Territory regulations concerning the practice and regulation of midwifery and this was further described in the Australian Midwifery Action Project (AMAP) (Barclay et al., 2003; Brodie & Barclay, 2001; Tracy et al., 2000). The work of AMAP revealed considerable inconsistency in post nursing, pre-registration midwifery education programs with 27 universities across Australia identified as offering such programs. As one example of disparity across midwifery education, within these 27 programs, five different course nomenclatures were identified (Leap, 2001). These were a Graduate Diploma in Midwifery, Postgraduate Diploma in Midwifery, Bachelor of Midwifery, Master of Midwifery and Master of Science (Midwifery) (Leap, 2001). Further inconsistencies within these 27 programs were identified ranging from entry requirements, modes of study, program costs, length of program and midwifery practice requirements (Leap, 2002; Leap et al., 2003a; 2003b).

An opportunity to redress the inconsistency in midwifery education standards came about with the imminent introduction of Bachelor of Midwifery programs in Australia. For this reason, the Australian College of Midwives Bachelor of

Midwifery Taskforce was established and began the work of developing national standards for these programs. The inaugural Standards for the Accreditation of Three Year Bachelor of Midwifery Programs (Australian College of Midwives Inc., 2001a) were released in 2001 and included the requirement for students to complete 30 follow-through experiences.

The concept of the follow-through experience was adopted from countries where access to midwifery models of care for students is more predominant, for example, in New Zealand, the United Kingdom and Canada. In these countries, midwifery continuity of care/carer is the prevalent midwifery model of care and so the follow-through experience dovetails with the clinical practice experiences of these students.

In Australia however, where midwifery models that offer continuity of midwifery care and/or carer for women are limited, the follow-through experience was, of necessity, going to look different. The lack of midwifery continuity of care models meant that the majority of the students' midwifery practice experience would be in hospitals, with a 'fragmented'¹¹ model of care. One of the key strategies behind the embedding of the follow-through experience requirement in the standards for midwifery education was to maximise the potential for midwifery students to be exposed to working with women in a way that enabled continuity with the student whether or not the woman was booked in a midwifery continuity of care model.

The original concept of the follow-through experience is explained by one participant as 'placements with women, rather than placements with institutions' (A1). In this way the student would be with the woman on her journey through pregnancy, birth and into the early parenting period providing an opportunity for the student to experience the midwife-mother relationship (Kirkham, 2000b). The other intention of the follow-through experience was to enable students to spend time with women across the interface with the community so that their

¹¹ Fragmented Care: Refers to care where the woman is seen by many caregivers.

midwifery experience was not limited to the standard clinical placements in the hospital setting.

Method

The sample comprised four members of ANEST who were identified as being able to provide essential information about the original inclusion of the follow-through experience in the Standards for the Accreditation of Three Year Bachelor of Midwifery Programs (Australian College of Midwives Inc., 2001a). Of the four participants interviewed, two were also members of the original ACMI Bachelor of Midwifery Taskforce established in 1999. These interviews were included as part of the data collection phase of this research in order to gain an understanding of the rationale for the inclusion of the follow-through experience in Australian midwifery education programs.

The members of ANEST were chosen as a convenience sample of members who would be available for interview in the states in which I was interviewing the course co-ordinators (see Chapter Five). All interviews were face to face, digitally recorded, and transcribed verbatim by an independent transcribing service.

The findings are discussed and analysed and the participant's words are used to describe key themes that arose from the data. Participants have been given a code to ensure anonymity of the data. Thematic analysis was used to identify key themes arising from the data. Each of the themes arising from the data, as well as the title of this chapter, are named using the words of the participants.

Findings from interviews with ANEST participants

Discussions with members of ANEST revealed a clear rationale for the inclusion of the follow-through experience in the first published Australian standards for midwifery education (Australian College of Midwives Inc., 2001a). These participants described a deliberate professional and educational strategy to provide midwifery students with an opportunity to develop relationships with women that would enable them to experience midwifery continuity of care.

There were consistencies in the recollections of each of the ANEST participants. Each of these participants was asked for their understanding of the rationale for the introduction of the follow-through experience and the responses were very focussed around three key themes - continuity, building relationships, and having a diversity of experience. The participants spoke of the inherent importance of students being able to have these experiences as they were aware they would otherwise not have this opportunity. A fourth theme related to the challenges that the ANEST participants identified in subsequent implementation of the follow-through experience. This theme is titled 'it has been interpreted incorrectly'.

The results are presented and discussed under these four themes and they have been named using the participant's words:

- *'The student is with the woman and not the institution'*
- *'Developing a relationship with a woman'*
- *'Potential for a wide range of experiences'*
- *'Interpreting the follow-through experience incorrectly'*

'The student is with the woman and not the institution'

Participants recognised that the follow-through experience was an essential aspect of the Bachelor of Midwifery program with one participant stating that she was influenced by the inclusion of the follow-through experiences in a New Zealand curriculum and that she identified the follow-through experience as fundamental to a Bachelor of Midwifery program (A3).

The participants clearly recognised that midwifery students should be exposed to working with women with whom they could establish a relationship. They did not feel that this experience would occur if students were simply placed in standard midwifery practice placements within the hospital system. One participant reflected on this and stated that the follow-through experience is

...about creating midwives who can work across a range of models. That's hard to do if you're trained in the traditional system and never exposed to any other models. There's the fragmented care model that you see in hospitals, and if you're only going to put students in there, then there is no impetus to make anything different. There is no way of understanding it because you don't see it, you don't believe in it, you don't know the difference (A2).

The development of a relationship with a woman was central to the follow-through experience so that the student gained an understanding of the woman's experience. One participant described this as '... the crucial shift is a philosophical one; that the student is with the woman and not the institution' (A2). There was clearly a concern that if students were exposed only to midwifery practice within an institution they would lack the skills and knowledge to be able to work with women outside of this setting. This was described as follows:

Students...learn that women don't live in hospitals – that women have lives that are complex and that there are so many things that can happen during a pregnancy, aside from what's her blood pressure today. Sitting behind a desk while someone asks routine questions just gives...the tiniest, weird snapshot compared to actually knowing that person in the context of their life (A2).

Another participant described her surprise at how people simply 'did not get the whole idea' of a follow-through experience. To her it was about the woman, the relationship, and being with the woman on her journey. She described how she explained the experience to students:

It is...to give the students the opportunity, even if they were having fragmented care, to get to know

what it's like for that woman going on that journey. I often say this to students that they were the only constant in that woman's pregnancy, and the women were so aware of that, even the way they talk about them. One of the students said 'oh, it's so nice when I go in there, the look on those women's faces. They are so relieved to see me.' (A1).

The importance of the follow-through experience was providing students with an opportunity to be involved in midwifery continuity of care, so that they experienced this in practice, and not only theoretically. One participant explained how it was vital that the student understand what it is actually like to be involved with midwifery continuity of care and that it is...

...centrally important to them. They come out with a very different perspective. They are able to imagine what it is to be with a woman. They've done it as opposed to not done it at all (A2).

This participant further explained that she felt the follow-through experience was about enabling the students to experience continuity of care with women and not be afraid of what this experience was all about. Her experience of working with midwives was that they were fearful and lacked confidence and were unable to consider working in any other model than the one they were prepared for during their midwifery education programs:

One of them said she was afraid to be alone in a room with a labouring woman – they were coming out of a fragmented care model so unconfident and so unable to imagine any other way of working (A2).

Another participant reflected on evaluations that had been conducted with students and stated that the '...follow-throughs are the things that are the most positive for the students' (A3). Yet another participant identified that from the

woman's perspective 'the feedback is very positive because, of course, they've got a companion on the journey' (A4).

'Developing a relationship with a woman'

Building a relationship with a woman was a consistent theme. One participant strongly promoted the importance of the building of the relationship feeling that the follow-through experience was something to be experienced not studied. She explained her view of the follow-through experience:

It is all about...developing a relationship with a woman who you could be with after she had given birth and you would have known her in the pregnancy, so definitely about relationships. But we never intended people to have to do longitudinal studies¹² on that relationship. It was not a sociological thing, it was an experience (A1).

Another participant reflected in a similar manner and responded that the follow-through experience was introduced to enable students to develop relationships.

...being able to develop a relationship and to socialise students of midwifery into that process was important. And it was very important for them to have an experience of building a relationship with women and having a continuum of care across the full midwifery scope of practice (A4).

Another participant recognised that the students invested considerable time in getting to know the woman and sometimes there was difficulty when the student needed to leave the woman during her labour. This occurred at times when the student had been with the woman for too many hours and there was difficulty...

¹² Longitudinal studies were previously done by midwifery students in the post-nursing, pre-registration midwifery programs. These case studies were, essentially, a follow-through experience with one woman that was then written up and submitted for marking as a case study.

in extricating the students from their follow-through woman when she is in labour. They don't want to go before she's had the baby because they've invested all that in the woman, and they find that very difficult (A3).

The follow-through experience also enabled the student to be with the woman and to understand her perspective.

What happens when you start to build the relationship and follow the woman through is that your agendas go by the wayside as you recognise this is someone else with their own journey and story, and how am I going to support them and what's my role? (A4).

'Potential for a wide range of experiences'

The intention of exposing the students to a wide range of settings and women was also another key theme to arise from this data. Diversity of experience was referred to as a range of settings, working with different care givers, and seeing how different midwives practised. It also clearly referred to students having the opportunity to have experiences outside the hospital setting.

A participant described this key aspect of the follow-through experience as follows:

The idea was that if students could be assigned to women, they would go on the journey with the women regardless of where she was having her baby and with whom, so there was the potential for a wide range of experiences through following the woman (A1).

This concept of giving the midwifery students exposure, potentially, to a wide range of experiences was a key concept of the follow-through experience. One of the issues raised by the participants was their concern that, without the

inclusion of the follow-through experience, students would only be placed in standard, rostered, clinical placements, usually in a hospital. Whilst students would experience some diversity of women, these experiences would remain fragmented. In post-nursing, pre-registration midwifery programs in Australia, midwifery students were provided with little opportunity to work with midwives outside of the hospital setting (Leap, 2002). In addition, as midwifery students usually worked within one hospital for the duration of their program, their experiences were then limited to the women in the hospital's catchment area. Some students then would have limited exposure to women experiencing socio-economic disadvantage and women from diverse cultural backgrounds.

One participant referred to the early discussions that were held around forming the national midwifery education standards. She explained that the follow-through experience was considered to be an innovation that would allow students to work across the whole scope of practice of a midwife, in a range of settings:

So in those early discussions...the follow-through experience was...about what would be the best set up for students to learn and to become midwives who could confidently work across the whole scope of practice for one thing, and across the range of models in continuity. And it was definitely innovative; it was a big shake-up... (A2).

Another participant referred to the diversity of experience that a student could potentially be exposed to with the follow-through experience:

... it exposes students to different cultural groups, different class groups, and I certainly know in the programs here, because they have private and public settings, they can then reflect on what they are seeing in the different venues (A4).

‘Interpreting the follow-through experience incorrectly’

There were challenges associated with the interpretation and implementation of the follow-through experience. Two of the participants acknowledged that recruitment of women was challenging for students, whilst one other was aware that there was discussion around the requirement of thirty experiences being an unrealistic expectation.

The interviews were conducted in 2006 so these participants had already received some feedback from the universities, students and midwives about the impact of implementation of the follow-through experiences. Their comments regarding challenges were therefore based on their knowledge at that time and not necessarily on concerns that may have been expressed at the earlier planning stages.

By 2006, participants had witnessed some of the challenging aspects of the implementation of the follow-through experience. During this research they expressed a sense of frustration that the follow-through experience has been interpreted differently from what had been the intention. As one participant stated:

We probably didn’t spell it out enough. We thought everyone would get it immediately and see it as a really fine idea, to give the students the opportunity, even if the woman was having fragmented care, to get to know what it’s like for that woman going on that journey (A1).

The original intention seems to be different to the actual implementation. ‘...ideally the thinking was that the follow-throughs would be the place that the core education happens, not just some add-on on top of clinical placements’ (A2). One participant also commented on the fact that the lack of adequate professional indemnity insurance for students had caused many of the central tenets of the follow-through experience to be removed. For example, in one program, students were informed that they could only speak with the woman in

the presence of a midwife. This participant wondered whether more creative ways of assisting students with the follow-through experiences could have been implemented:

I think professional indemnity insurance has gotten in the way of a whole range of roles. I think that a couple of people here have not been supportive of the follow-throughs and have not been creative about how they can be used. I have encountered some real distress from students in one program, showing up on their first day and being told they have to go and find themselves 30 women in the next 3 years and it's just mind-boggling, because there are so many techniques for supporting students and finding women... (A2).

She commented further in relation to the expectation placed on students to recruit women and she reflected that to '... tell the poor student that it's all up to them – it's very mean' (A2). She had also spoken with students who had completed the 30 experiences and she felt that overwhelmingly their thinking was that '...yes it was horrid, but I learnt so much, it's where I learnt the most – it's where I felt like a midwife' (A2).

Another participant recognised that there was not sufficient recognition of, or appropriate weighting given to the '...hours and hours that students were putting in to this component of the program...and that there wasn't enough value being placed on that (A4). This participant further reflected that whilst some midwives identified that students were experiencing some difficulties with recruitment, that:

whatever the reasons given, I think the actual practicalities of the follow-through challenge people's communication skills – it challenges their beliefs around what women want (A4).

This participant was also aware that the introduction of the follow-through experience was challenging because it was so new and that:

I think this is the reason the follow-through experience is causing so many problems is because it is so different, and it does look so different to what we had before in education and it challenges different individuals at different levels. (A4).

In keeping with this theme, one of the participants acknowledged:

to us (ACMI National Bachelor of Midwifery Taskforce), it was very clear what the follow-through experience was and I am quite distressed at times the way people have interpreted it and talked about it, and talked about it as an irritant. To me, it makes perfect sense that, in the absence of continuity of care, the follow-through experience is a fine thing (A1).

Summary of findings

The findings of the ANEST interviews indicated a strong commitment to the follow-through experience as being an essential part of Bachelor of Midwifery programs. The follow-through experience was embedded in the ACMI Standards as a deliberate professional strategy to maximise the potential for midwifery students to experience midwifery continuity of care. ANEST members argued that this would be likely to be the only means by which midwifery students would gain this experience. The follow-through experience would also provide an opportunity for students to work with women outside of the hospital setting. Members of ANEST viewed the follow-through experience as a wonderful opportunity and a key strategy. They were informed from midwifery programs in other countries where midwifery students were able to engage with women in similar experiences.

Chapter summary

The findings of the interviews with ANEST members revealed a strong belief that unless students participated in the follow-through experiences they would have very limited opportunity to work within, and value midwifery continuity of care.

The themes identified from the interviews with these participants have been analysed and discussed. The next chapter provided the findings from interviews that were conducted with coordinators of three year Bachelor of Midwifery programs in Australia.

Summary of data themes

At the conclusion of each of the findings chapters (Four, Five, Six and Seven) I will provide a table of the data themes that have been described. This will culminate in a final summary of all data themes at the conclusion of Chapter Seven.

Participants	Themes
Themes from ANEST participants The 'Concept and the Intention'	'The student is with the woman and not the institution' 'Developing a relationship with a woman' 'Potential for a wide range of experiences' 'Interpreting the follow-through experience incorrectly'

Chapter Five: Findings from course coordinators

'It is a really valuable learning experience'

Introduction

Interviews were conducted with course coordinators of three-year Australian Bachelor of Midwifery programs for their perspective of the follow-through experience and to gain an understanding of the method of implementation they utilised in their curricula. Course coordinators were also able to provide a personal viewpoint of the role and the challenges of the follow-through experience in their program.

Analysis of the interviews with these course coordinators found some inconsistencies between their understanding of the intention of the follow-through experience, and their strategies for enabling this experience to be instigated in practice. These findings are presented in this chapter.

Method

Interviews were conducted with the coordinators of three year Bachelor of Midwifery programs in Victoria and South Australia. As the course coordinator of the Bachelor of Midwifery program in New South Wales I was unable to contribute data to this interview phase. However, my contribution to this research is described throughout this thesis in a reflexive process that is integral to this research.

Interviews were conducted with the five course coordinators of existing three year Bachelor of Midwifery programs. One current coordinator declined the request to be interviewed and suggested instead that an interview with the founding course coordinator be conducted as this person had more longevity in this role.

The sample was purposive as it was necessary to include all course coordinators in order to gain a comprehensive view of the implementation of the follow-through experience in Bachelor of Midwifery programs in Australia. All interviews were face to face, digitally recorded, and transcribed verbatim by an independent transcribing service.

The findings are discussed and analysed and the participant's words are used to describe key themes that arose from the data. Participants have been given a code to ensure anonymity of the data. Thematic analysis was used to identify key themes arising from the data. Each of the themes arising from the data, as well as the title of this chapter, are named using the words of the participants.

The findings provided detail around the implementation and management of the follow-through experience in each university.

Findings from interviews with course coordinators

Three key themes have been identified and are expressed using the participant's words and these are:

- *'So while the follow-through experience has got loads of positives...'*
- *'Too many, too many, great idea, but too many'*
- *'It doesn't fit where we don't have that caseload approach'*

All course coordinators were aware of the Australian College of Midwives Standards for the Accreditation of Three Year Bachelor of Midwifery Programs (2001a) and expressed a desire for students to have engagement with women in the follow-through experience. However, they were unanimous in their opposition to the requirement for students to complete 30 of these experiences, and they were empathetic to the challenges faced by the students in trying to achieve this requirement. Moreover, they expressed concern at what they perceived to be incongruence between the very limited number of midwifery models of care available to students in Australia, and the requirement that all students have 30 follow-through experiences with women. These findings are

congruent with the underlying problems identified by ANEST participants of interpretation and implementation of the follow-through experience.

All five participants who were interviewed expressed a clear understanding of the underlying intention of the introduction of the follow-through experience, and they recognised the benefits for the students of working with women in a continuity experience. However, at times their understanding of what the follow-through experience could contribute to the Bachelor of Midwifery program was tempered with concern about the challenges. The following theme explores this in more detail.

‘So while the follow-through experience has got loads of positives...’

The following comment from one of the participants typifies the ambivalence of the course coordinators to the follow-through experience: ‘So while that (the follow-through experience) has got loads of positives, in the first year it is certainly difficult for some students’ (C1). This participant was cautious in support of the follow-through experience though she was aware of the benefits for students:

It does expose them to other experiences, perhaps that they wouldn’t necessarily get, but they’re getting it with that engagement with that woman, so they are part of the experience (C1).

Several other participants were also cautious in their affirmation of the follow-through experience, but they did also indicate the benefits they felt the students gained. Participants reflected on the value of the follow-through experience and commented that

I think the students invest so much in follow-through because of relationship as they get to know that woman, so they then have that bond of trust and honesty and ‘I am there so I will participate with you’. They’ve made that agreement...and they’re with the woman (C2).

We actually found that students are incredibly committed to it and worry about the women (C5).

One participant further articulated her understanding of the follow-through experience as being ‘...a primary health-care strategy because it’s empowering and educating women. Continuity of care is there too’ (C2). Surprisingly this participant identified continuity of care as being secondary to a primary health care strategy in relation to the rationale for the follow-through experience. This does indicate some confusion with the primary intention of the follow-through experience.

Another participant reflected on the role of continuity with the student and the follow-through experience and what they felt the student learnt from their engagement with women:

I think they learn to see pregnancy and having a baby in the continuum and as part of the life-cycle and they don’t see it as antenatal care and then birth-care here and then looking after the baby. I think it reduces some of that fragmentation that is otherwise almost unavoidable. And they learn a lot about what women think and talk about and what’s important to them on the journey (C5).

One participant considered how the students learnt from this experience. She recognised that students learn, because they are with the woman:

...if you interviewed the students they will tell you that the follow-through is probably one of the best learning experiences...that’s what they tell us – because they are following the women through (C3).

She further stated: ‘I just think it’s fantastic and I would hate to see it finish’ (C3). In a similar vein, when asked whether they thought the follow-through experience an important part of the Bachelor of Midwifery program, one participant replied that: ‘Yes...unequivocally. To me it’s the most important part

of the program' (C4). This participant further reflected on the value of students engaging in the follow-through experience and stated that:

The students do gain an understanding of woman-centred-care, continuity, support, the importance of support through pregnancy, all aspects of it, and they see it as more of a journey than fragmented care in the placements. I would do away with all those (clinical) placements if I had my druthers¹³, that is what I would do – I would just sort of run the follow-through program (C4).

Despite such comments though, there were many instances where course coordinators indicated their concerns about the follow-through experiences. One of these concerns was the difficulties associated with trying to balance university requirements with the follow-through experiences. The academic requirements of the program were often in conflict with the requirements of the follow-through experiences. This was revealed through comments relating to, for example, students missing on-campus classes and then having to find time to 'catch up'. An additional workload also fell to the university academic staff if they were required to repeat classes. The comment from this participant reflects these difficulties:

... the difficulty that we have there is that they do two days a week of clinical practice, they're on campus three days a week, so the follow-throughs happen on top of and we're finding that in itself is burning the students out... It's not really good for their academic work either, because they're just getting done what they have to get done and that's frustrating for a lot of the high-achieving students (C1).

Another participant felt students were torn between wanting to be with the woman to attend her antenatal appointments, and knowing that they also had

¹³ 'Druthers' is a colloquial term that means choice, or preference.

to be either at university lectures, or on their standard clinical placement.

The theme 'so while the follow-through experience has got loads of positives...' indicates that the participants have an awareness of the positives of the follow-through experience and the role that this experience has within the Bachelor of Midwifery program. It was understood that the follow-through experience does provide students with a unique opportunity to work within, and come to understand, midwifery continuity of care. There was however, a certain hesitancy and guarded support for these experiences and this is further discussed under the following theme – 'too many, too many, great idea, but too many'.

'Too many, too many, great idea, but too many'

Participants in this part of the research revealed the tension they faced between supporting the intention of the follow-through experience on the one hand, and a desire to 'water down' the requirements on the other. They were cognisant of the follow-through experience and supportive of the need to provide students with access to the opportunities that the follow-through experience provided. However, they thought the challenges associated with the implementation of this requirement, and the difficulties some students faced meant that the experiences should be reduced in number. They felt strongly that the challenges related to the number of follow-through experiences required were a cause for concern.

Participants felt that the requirement to complete 30 follow-through experiences led to some students not being able to participate in the experience as intended. One participant described this as follows:

To actually get ten women each year to actually agree, they may need to talk to 30, but they may get 1 in 3 to participate. So they're grabbing any opportunity rather than having the luxury of being able to look at when they're birthing, they've just got to get them when they can. I suppose one of the issues that

we've been grappling with is the quantity versus the quality (C1).

Another expressed her concern with the number 30:

I think it is important, but I don't think we need so many, and we are actually lobbying...to reduce the numbers...Too many, too many, great idea but too many (C5).

Several participants expressed a view that they did not understand where the requirement of 30 experiences came from, and that this number seemed to be 'arbitrary' (C1). Another participant reflected that there seemed to be no evidence behind the requirement for 30 experiences and stated that

I think there are a certain element of people from overseas and who have it in their curriculum...we actually looked it up to see what evidence there was and we found there was absolutely no evidence at all that we can find that says 'how many?', or 'is it a good thing?' ...And I definitely believe in it as a learning experience, but whether 30 is the true number, who knows? (C4).

Another participant also commented:

I wouldn't like to see them take it away entirely and the students really value it. I get lots of positive feedback about it and the women really enjoy it. I think it is win-win – but we could just reduce the requirements and look at quality rather than quantity (C5).

The requirement for 30 experiences was seen to be a heavy workload for students:

...it's a huge pull for the students, I think, and it's a huge workload, a huge commitment, and they'll tell

you they're buggered (exhausted). And the other thing is that they're basically doing that stuff on call 24 hours a day, 365 days of the year and that's another issue that needs to be taken into account (C3).

A further participant questioned the reason for the requirement for 30 experiences:

Why are we putting ourselves and them through it? I think 15 – although I'm a bit of an idealist because I do like 30 - but 15 could be competency assessed...an enormous amount of learning could happen in 15 (C2).

There was concern about the incongruence of the follow-through experience where students have only limited access to midwifery models of care. This is discussed under the next theme 'It doesn't fit where we don't have that caseload approach'.

'It doesn't fit where we don't have that caseload approach'

Some of the course coordinators considered the follow-through experience inappropriate for the Australian midwifery context. As one participant commented 'I know why it was introduced, but I do not see how it can be possible in a fragmented system of care' (C5). Another participant, whilst recognising that the follow-through experience provided students with an opportunity to be engaged in midwifery continuity of care felt that the follow-through experience '...doesn't fit where we don't have that case-load approach' (C1).

This participant further explained that:

And look, I'm not against that, and I think the midwifery model of care is the ideal way to go – a caseload model – but we need a clinical setting that's

going to support that caseload model and actually give the students that continuity of care (C1).

Yet another participant commented that:

From my understanding...I think it came out of New Zealand where there is a very strong move toward caseload midwifery and that's pretty well established and somebody there may have decided that 30 is appropriate for that environment. I'm not sure that anyone has really thought about what's appropriate for an Australian setting (C1).

This particular comment indicated the concern that the follow-through experiences, and the number required, were imported from another country where midwifery care was quite different. Similar comments to these were made by other course coordinators and there was a strong impression that, while the follow-through experience was working in New Zealand, it was not appropriate for Australia:

Look, it was a very good idea but it just doesn't translate well into our system here because our system is, unfortunately, reasonably fragmented. It is very difficult to have it otherwise. If we had caseload midwifery there would be no real need for follow-through experience, because they actually would have this sort of continuity with women and they would know the women well by the time the baby was born (C5).

As a counter to this misinterpretation of the original intent of the follow-through experiences though, some participants did recognise their value and felt students were able to manage even when the woman was not attached to a midwifery model of care. This participant spoke of the importance of the

relationship that the student builds with a woman and how valuable this was in relation to learning:

...so if a woman asks a question, then the student is going to find that information and therefore they are learning, they're researching, they are getting the best information for that woman, because of the relationship (C2).

The same participant though, whilst acknowledging the importance of the follow-through experience in midwifery education also expressed concerns about the incongruence with both the maternity system, and the university system:

I think it would be ideal if we had a health system that it wasn't clashing with. So if we had a system of continuity of care with midwifery and maternity services, then it would work brilliantly and I think it's the brilliant basis for the education of a midwife, but it clashes with university systems too (C2).

For this participant then, it would appear that the concern regarding the appropriateness of the Australian maternity system is apparent, with the addition of a clash with the university system. This fits with the previous theme as well, where course coordinators recognised the difficulties students faced when trying to meet their university commitments, and also complete the follow-through experiences.

Hospitals were not always supportive of the follow-through experience and some hospitals refused to allow students to attend the woman, unless the student was placed at that hospital for their clinical placements. One suggestion was that this was due to a lack of understanding on the part of over-stretched midwives practicing in fragmented systems of maternity care:

...the midwives find it difficult. I think most of the midwives out there haven't had to do that as part of

their own midwifery education, so they don't see that as having any point to it and they're probably more task oriented in their approach to it anyway and they are looking at it more as a tick-off thing. And the hospitals won't grapple with that change either. So there are a whole lot of issues out there, but I think the midwives out there are busy anyway and it's just another thing that's just too hard to think about at the moment (C1).

This comment provides another insight into the challenges that the course coordinators identified with the follow-through experience. The comment here that midwives in the hospitals find it difficult is relevant as findings from the student participants in this research also reflected the feeling that the hospitals and midwives were not always supportive. Another course coordinator also reflected on the lack of understanding of midwives who preceptor students:

It was difficult in the beginning because they didn't see the benefits and it wasn't current when they were doing their midwifery and we have some excellent clinical preceptors but they really didn't see the function of this – they thought this was a more sociological part of this – a nicety, or something extra – it wasn't really a part of being a midwife and so that's been a little bit harder to crack, that level of thinking (C5).

For many midwives, the follow-through experience was an entirely new requirement for midwifery students and one that they had little prior exposure to. Not only were they coming to terms with the Bachelor of Midwifery as a new education program, but also with the concomitant requirement of 30 follow-through experiences.

My experiences as a course coordinator were different from those that are reported here. This is likely due to the fact that the five course coordinators that were interviewed for this research were the first to commence their programs in 2002. These course coordinators were working with the original definition of the follow-through experience and with an understanding of this that was different to the intent. During the interviews it became clear that the course coordinators grappled with the implementation of the follow-through experiences and whilst they articulated an understanding of this experience, some appeared to have little enthusiasm for this requirement.

In terms of misunderstandings about the intent of the follow-through experience, the course coordinators, through their comments, indicated that the follow-through experience was about the student working in midwifery continuity of care models. When reviewing the initial documentation, the follow-through experience, was originally defined as follows:

'Follow-through' means the ongoing midwifery relationship between the student and the woman from initial contact in early pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and hospital settings. Where the program is a three (3) year Bachelor of Midwifery, in the second and third year 'follow-through' will include students providing midwifery care to women with appropriate supervision.' (Australian College of Midwives Inc., 2001a)

In 2005 the Australian College of Midwives (ACM) convened a workshop in Canberra to review the ACM Standards for the Accreditation of Three Year Bachelor of Midwifery Programs (2001a). I was present at this workshop and there was discussion around the follow-through experience and the challenges that this was causing. These ACM standards were then revised and the definition was altered to read:

*'Follow-through experience' means the ongoing midwifery relationship between the student and the woman from initial contact in early pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and hospital settings. **The intention of the follow-through experience is to enable students to experience continuity with individual women through pregnancy, labour and birth and the postnatal period, regardless of the availability of midwifery continuity of care models.***

(Australian College of Midwives, 2006, p. 4)

The addition of the sentence that has been highlighted above was in response to the misunderstanding about the need for students to be placed in midwifery continuity of care models in order to achieve the follow-through experiences.

The course coordinators, as midwifery educators and leaders, were likely to be cognisant of the research on midwifery continuity of care. In addition, many reported students' enjoyment of the experience. However, it would appear that the point of contention for some of them was the perceived incompatibility with the existing maternity services environment in Australia. Whilst articulating an understanding of the need for students to experience midwifery continuity of care, some of the course coordinators did not appear to see this as achievable in the absence of midwifery continuity of care models. This is a key finding and appears to be at the centre of the misinterpretation of the follow-through experience.

I wonder therefore whether the interpretation of the follow-through experience that they gave me was, what they believed I should hear, that is, the 'correct' one. However, even if the course coordinators were giving me the 'most correct' interpretation of the follow-through experience, it was quite evident that they all had concerns about this requirement and they were willing to express these to me. My field notes at the time of the interviews indicated that all

participants were willing to be involved in this research. I did note the concerns expressed about the number of experiences required and even at this stage of data collection, it was obvious that this was a key concern.

In an interview with Professor Nicky Leap in 2005 in preparation for this research, she indicated that the members of the ACMI Bachelor of Midwifery Taskforce (and later ANEST) were required to report the work of this group to midwives in the State or Territory that they were representing. In addition, the Taskforce developed an information pack on the implementation Bachelor of Midwifery programs. Despite these attempts to disseminate the information about the standards, there was clearly either a lack of understanding of the intent of the follow-through experience, or a lack of willingness to embrace this experience and find ways for effective implementation.

Summary of chapter findings

The results from analysis of data from the five course coordinators of Bachelor of Midwifery programs that existed in Australia at the time of data collection has been presented and discussed under three key themes. The course coordinators expressed concerns about the number of experiences required and the impact that this requirement has on the student, both in terms of time commitment and affect on their study load. There was also unease with the lack of congruence of the follow-through experience with the existing maternity services in Australia where there is only limited availability of midwifery continuity of care models. However, all the course coordinators indicated their support of the follow-through experience. They all acknowledged that these experiences provided some of the only opportunities for students to experience midwifery continuity of care and they recognised the importance of students being able to develop relationships with women.

Chapter summary

Background information about the history of the follow-through experience in Australian midwifery education programs has arisen from the data, particularly

the deliberate professional and educational strategy to ensure midwifery students were exposed to midwifery continuity of care. Course coordinators, whilst cognisant of the rationale for the follow-through experience, were cautious about the requirements for students to complete thirty of these experiences. The participants were also concerned that these experiences were difficult for students to achieve within Australian maternity settings. The course coordinators were, however, also supportive of the follow-through experiences and they recognised the importance of the experiences in providing students with unique opportunities to build relationships with women.

The following chapter presents and discusses the results of the anonymous online survey that was made available to former and current Australian Bachelor of Midwifery students.

Progressive summary of data themes:

Participants	Themes
Themes from ANEST participants The 'Concept and the Intention' of the follow-through experience.	'The student is with the woman and not the institution' 'Developing a relationship with a woman' 'Potential for a wide range of experiences' 'Interpreting the follow-through experience incorrectly'
Themes from course coordinator participants The 'Incorporation and Implementation' of the follow-through experience.	'So while the follow-through experience has got loads of positives...' 'Too many, too many, great idea, but too many' 'It doesn't fit where we don't have that caseload approach'

Chapter Six: Findings from online survey

‘The women themselves were our greatest teachers’

Introduction

This chapter presents and discusses the findings obtained through an anonymous online survey (see Appendix Four) that was made available to former and current Australian Bachelor of Midwifery students. Participants in this survey were recruited through a variety of methods in order to engage a sample that was representative across all states that offered a three year Bachelor of Midwifery program at the time of data collection.

The anonymous online survey allowed participants to express their views of the follow-through experience freely. The survey provided an opportunity to collect quantitative data such as year of enrolment or graduation and the number of follow-through experiences completed. In addition, the survey provided an opportunity to gather data on how different universities manage the follow-through experience in their programs.

The survey results demonstrate the positive aspects of the follow-through experiences, particularly in relation to the learning that students identified. This chapter is titled ‘the women themselves were our greatest teachers’ - a direct quote from one of the participants.

Method

An anonymous online survey was determined to be an effective method in order to collect data from a number of former and current Bachelor of Midwifery students. The survey was not initially identified as one of the data collection methods as the original intention was that I should only interview these students. It was suggested at my doctoral assessment in December 2005 that I consider the use of a wider survey in order to gain a cross-sectional view of impressions of the follow-through experience.

I therefore developed a survey and designed it for online use in order to provide easy access to participants. The application of the survey was developed by a web designer at the University of Technology Sydney and placed on the web page for the Centre for Midwifery, Child and Family Health. The survey was designed with coding linked to a spreadsheet application for easy retrieval of information. The survey 'went live' in October 2006 and was closed in March 2007. This method of data collection proved very reliable and no participant reported any problems to me. Further discussion of the development of the survey questions and recruitment of participants is provided in Chapter Three (Theoretical frameworks, research design and methods).

For the purposes of reporting the findings from these surveys, and in keeping with inductive thematic analysis, the words of the participants will be used where possible to highlight the responses and the participants are identified by the use of a number in brackets after each quote.

Analysis of the data

Data analysis was discussed in depth in Chapter Three (Theoretical frameworks, research design and methods). In summary, data that were able to be quantified were placed into tables and then discussed. These results are reported under categories where the data were able to be grouped into categories simply with no further analysis required. Where data were dense and there were a range of different responses, data were analysed using thematic analysis. Themes were described using the words of the participants. In this way, the words of the participants are brought to life in both the analysis and the reporting of data. Using the words of the participants to both name chapters and to describe themes ensured that researchers remains close to the original data and that analysis did not become so abstract as to be removed from the original intentions of the participant's responses. This is referred to as inductive coding where the codes and themes are closely linked to the data (Braun & Clarke, 2006).

Survey results

The survey was divided into the following sections and the results are reported using these sections:

1. Participant information
2. Documentation associated with the follow-through experience
3. Support to assist with follow-through experience
4. Recruitment of women for the follow-through experience
5. Learning from the follow-through experience
6. Should the follow-through experience be compulsory?
7. Challenges associated with the follow-through experience
8. Further comments

Participant information

There were 101 respondents to the survey. The participants were divided into former and current Bachelor of Midwifery students as indicated in Table 4:

**Table 4: Participant status
(*n* = 101 survey participants)**

Total participants (<i>n</i> = 101)	<i>n</i> =	%
Current Bachelor of Midwifery students	93	92%
Former Bachelor of Midwifery students	8	8%
Year of enrolment (<i>n</i> = 93 currently enrolled)		
1st year	34	37%
2nd year	38	41%
3rd year	21	22%
Year of program completion (<i>n</i> = 8 completed a Bachelor of Midwifery)		
2004	6	75%
2005	2	25%

Participants were asked to indicate how many follow-through experiences they were required to complete during their program. Most universities require students to complete 30 experiences commensurate with the Australian College of Midwives (ACMI) Standards for the Accreditation of Three Year Bachelor of Midwifery programs (Australian College of Midwives Inc., 2001a). Some participants believed they needed to complete 40 experiences as this is the number of births they are required to attend (see Table 5). Additionally, one university only required students to complete ten follow-through experiences in the initial three years of their program. This university had their program approved by the State Registering Authority prior to that state's adoption of the ACMI Standards.

**Table 5: Number of experiences required
(n = 99 respondents)**

Number of experiences required	(n =)	%
40	8	8%
30	81	82%
10	10	10%

Note: Responses represent participant understanding of requirements

Documentation associated with the follow-through experience

Students were required to complete documentation in relation to the follow-through experience. The required documentation varied across universities with 48 participants indicating that they had more than one type of documentation to complete. One participant did not complete this question.

Some participants indicated that they were required to provide a summary about their follow-through experiences at the end of each semester. Others indicated that they were required to get the midwife or doctor to sign to indicate that they had attended a woman's antenatal visit, or birth. Still others indicated

that they needed to record details of the follow-through experience using Page's (2000) *Five Steps of Evidence Based Practice* framework.

One participant indicated that she kept a diary of appointment times and another stated that 'I have a photo album/scrapbook including photos, birth notices, and cards' (99).

**Table 6: Follow-through experience documentation type
(*n* = 100 respondents – multiple responses possible)**

Documentation type	Description	Number of Responses	Number of responses as a %
Personal Diary/Journal	An informal method of recording and reflecting on experiences. This is not formally assessed.	42	42%
Formally assessed Diary/Journal	A record of your experiences that is assessed as part of your course requirements.	47	47%
Workbook	A formal account of experiences with additional description, beyond personal reflection.	26	26%
Logbook	A simple record of your experience.	51	51%

Support to assist with the follow-through experience

Participants were asked to indicate whether they received any support to assist them with the achievement of the follow-through experiences. Fifty eight percent of participants indicated that they did receive support (Table 7).

Participants who indicated that they did receive support were asked to identify who provided this support. Responses to this question were evenly spread across the suggested support mechanisms of a midwifery mentor, a midwifery lecturer, a tutorial group at their University, a facilitator and a midwife. Participants could indicate more than one response.

Some participants also relied on friends and family for support, other midwifery students, and their course coordinators at the University. One participant indicated support mainly came from ‘...Mum (who is a nurse and so understands some of the pressures)’ (33).

**Table 7: Support for the follow-through experiences
(*n* = 59 respondents – multiple responses possible)**

Support mechanism	Number of responses	Responses as a percentage of respondents
Individual Midwifery Mentor	13	22
Midwifery Lecturer	14	24
Tutorial Group at University	15	25
Facilitator/preceptor	18	31
Midwife	16	27
Other	7	12

There were participants who indicated that their support came from ‘other students more than anything’ (57). Support from other students was also evident in the following comment where the participant stated that ‘... mostly I discuss my experiences with other students, nothing formal, but it’s good to compare experiences and learn from each other’ (27). Additionally another participant indicated in her response that the sessions planned at the university were not particularly helpful and ‘... most of the useful support comes from fellow students’ (32).

Description of support measures

Participants were asked to describe the support they received. They described a range of supportive measures that were provided and these support measures are categorised as follows:

- debriefing;
- support from midwives; and
- support from the university

Support measures: Debriefing

Participants described debriefing as an effective support measure. Debriefing was described as a supportive measure where students were able to meet and discuss their experiences. Debriefing, in this context, refers to the opportunity, formal or otherwise, to talk about the follow-through experience. This was usually described as a discussion where a facilitator or university tutor was involved.

A number of participants referred to debriefing as the type of support that they received with the follow-through experiences. Whilst some found this to be very useful, this was not always the case as the following comments illustrate:

We were allocated to one of three groups, each led by a midwifery lecturer. I was lucky and was in a group where the midwife had a clear understanding about what was involved - other students were less fortunate and found their meetings a complete waste of time...We were able to debrief about experiences with that midwife but it wasn't part of the formal structure of the program, which I always thought was a shame (9).

We used to have fortnightly meetings at Uni, but then that stopped because it wasn't formally organised. We were split up into 4 groups and would each meet with a lecturer and talk about the most important group issues. This wasn't always very good though because only the most outspoken members of the group would have their issues discussed. I think that we need ongoing, structured support because it is a huge burden and we need someone professional to talk through the experiences with, who can actually give us good advice (33).

There was another, similar response:

We were supposed to have monthly follow-through meetings to debrief and discuss experiences, however over the course of the three years I attended only 3 such meetings. We were left pretty much on our own (41).

Others though were more positive about debriefing as a supportive strategy as the following comment suggests:

The first semester we had two weekly meetings which was great but now we can ask for a personal meeting or topics can be discussed in our lectures with a tutor (11).

This aspect of support was something students appreciated when it was available, but it would appear that debriefing opportunities were scarce.

Support measures: Support from midwives

Another support measure was the helpful role played by midwives, either as mentors/facilitators, or as part of the student's placement experience. These midwives provided support through being available to the student to discuss practice issues and also by assisting with the recruitment of women:

...I also have gotten (sic) to know two midwives through general placements and they facilitate my recruitment of follow-throughs. They ask women for me and spend extra time with me talking about my follow-throughs, which I really appreciate (13).

My mentor accompanies me to the first visit with each follow-through journey woman and is a wonderful source of ongoing support for all my follow-through journey work, to me, and my women if they need her (62).

Midwives who I spent my first placement with are helping me by allocating women who are happy to have a student to me for follow-throughs and also by guidance and support at antenatal and postnatal appointments and also at birth (63).

This is not always the case though as one participant stated:

Mentors are there to come to the first meeting with myself and the ... woman; they also sign documentation at the end of each semester. Otherwise I get no support from my mentor. My university friends (those in the program) help me more than anyone else to find the women to take part (57).

Support measures: Support from the university

University staff assisted with administrative issues related to the follow-through experiences. These issues related to the recruitment of women and also to other support to assist the student with meeting the requirements of these experiences. Not all the responses from the participants were positive as the following quote indicated:

We have one lecturer who is the follow-through coordinator for our university (none of our other lecturers/tutorial teachers have any knowledge of follow-throughs). She is very unhelpful though. When I and other people in my year have approached her with concerns regarding achieving the 120 hours her standard response is that it is our responsibility, she has no suggestions on how to get more hours (10).

One comment from a participant indicated that the university staff were available to assist:

[There is]...one senior academic assigned to a year group, or a group within a year (depending on numbers). This person keeps track of progress, and is the first person you go to if problems arise (make that when) (15).

There were some positive comments from participants about support from university staff. One participant commented on the support she received through feedback from the university lecturers on her follow-through experience documentation as she stated that:

Some of the follow-through experience records were graded. The lecturers made comments for future reflection. A very good experience (29)!!

Some other participants however found that the University gave little support with administrative issues around recruitment as indicated by the following:

The lecturer responsible for coordinating the follow-through program organises places at antenatal clinics at various hospitals and you go to the clinic with a hospital midwife and ask permission to be there for a woman's appointment, then ask her if she would like to participate at the end of the first appointment. I think it would be really daunting if you were 18 (years old), I don't think I would have had the confidence. Once we have our place at the clinic there is no further support (60).

Often the midwives running antenatal clinic would assist us to enlist women to be part of the follow-through program, however this seemed more out of frustration that we received no support from the university (2).

Other participants however found the university staff to be more supportive in assisting with the recruitment of women for the follow-through experience:

The facilitator at the hospital I am placed at has offered many helpful suggestions for the recruitment of follow-through women. Also the lecturer at university who oversees this part of our learning offers similar help and advice (93).

Our lecturer at university gives us the initial confidence to approach women and follow them through their birth experience (97).

Summary of data related to support measures

These survey responses focused on the participants' views of the support they have received in relation to the follow-through experience. Participants identified a range of people who provided support to them, including family, friends and other students. Participants also found discussion and de-briefing to be a helpful support measure but these were not always provided. Support from midwives in the maternity units was viewed positively. University support around issues such as recruitment was often limited and not always helpful.

The next survey response was concerned with recruitment of women for the follow-through experience.

Recruitment of women for the follow-through experience

There were several questions in the survey around recruitment issues. These focused on methods of recruitment and also on difficulties experienced by the participants. Participants indicated that they needed to be quite innovative in order to recruit the required number of women for the follow-through experience.

Methods of recruitment

Participants were asked to indicate what methods they used to 'recruit' women for the follow-through experiences. They were given a choice of seven responses and could indicate more than one response (Table 8).

**Table 8: Methods of recruitment of women
(*n* = 98 respondents – multiple responses possible)**

Recruitment method	Number of responses	Responses as % of respondents
Antenatal services	85	87%
Midwife's caseload practice	34	35%
Antenatal education classes	26	27%
Doctor's antenatal clinics	14	14%
University was responsible for recruitment	7	7%
Advertisement	8	8%
Flyers / brochures	37	38%

Participants who used advertisements as a recruitment method were asked where they placed these advertisements. Responses indicated a wide choice of placement including schools and school newsletters, kindergartens, and consumer websites such as Homebirth Australia. One participant indicated that:

Some students (not myself) had made business-like cards or magnets to give to women with their student's details to contact them if there were changes or they were in labour etc (31).

Participants who used flyers/brochures as a recruitment method were asked where these were distributed. The responses to this question were quite varied, with some very novel methods, including distributing them at the following venues:

...antenatal classes when I have the woman's consent - at a cafe where I work part-time - through friends that pass them on to pregnant women (3).

...all antenatal clinics with the lecturer's information so when women rang requesting to have a student these women were distributed to the students by the lecturers. I personally have organised with a private obstetrician to leave some brochures in his waiting room and have recruited some women through this (30).

...child minding centres, and anywhere else in the community where there may be a chance of recruiting follow-through women, such as on the local notice board at the library, in shops that sell maternity and baby wear etc (87).

Participants were also able to provide examples of recruitment methods that they used other than those responses suggested in the survey. Again, there were some innovative methods described by the participants, for example:

Approaching women on the street. Approaching friends/ acquaintances. Antenatal yoga classes (4).

I was lucky in that my husband was teaching adults and always asked pregnant students on my behalf if they would allow me to follow them through. It was only a small college but I got a few follow-throughs in this way. I felt uncomfortable about this however, as I felt unsure whether this was professionally appropriate on his part, however I knew that the woman was likely to have a more positive birthing experience having me there so I weighed up that it was in her best interest if she said yes (9).

I have approached a woman at the post office (she was serving me), one I recruited from childcare that we share with our daughters, others have been through friends or if I have met them whilst out and about and been able to strike up a conversation with them (12).

I have approached women out in the general public e.g. supermarkets (38).

The responses revealed the difficulties some students found with the recruitment of women and the innovative methods that they used to ensure they were able to recruit women as required by the university. The next section discusses difficulties with recruitment in more detail.

Difficulties associated with recruitment

Participants were asked to describe difficulties they had with the recruitment of women for the follow-through experiences. Ninety eight participants responded to this question with 71% indicating that they experienced difficulties with the recruitment aspect. Three participants did not respond.

**Table 9: Participant responses to difficulties associated with recruitment of women
(n = 98 respondents)**

Recruitment difficulties	n =	Number of responses as a percentage
Had difficulties with recruitment	71	71%
No difficulties with recruitment	24	24%
No response	3	3%

Due to the volume and complexity of data in response to this question, a thematic analysis was undertaken in order to identify the main themes. Themes were named using the words of the participants to illustrate their key concerns.

These themes illustrate that, for participants, recruitment of women was a challenging experience:

- *'It was very confronting and awkward'*
- *'It takes a lot of time to recruit women'*
- *'It becomes a numbers thing and not a woman-centred thing'*
- *'It is a foreign concept'*

Difficulties associated with recruitment: 'It was a very confronting experience'

A range of personal feelings of discomfort were described by the participants in relation to the recruitment of women. Some of these focused on their perceived lack of knowledge and skills, others on their young age, and others on feeling that recruitment was unprofessional, and potentially an invasion of the woman's privacy.

It was very confronting and awkward much of the time. Occasionally you were lucky and a woman you had followed through would recommend you to a pregnant friend or relative, which happened a few times (9).

At the start of the program I wanted to quit because I hated recruiting so much. I felt it was unprofessional and there was no support. I was young and I found it difficult recruiting older women (13).

At first approaching women 'cold' to ask if you could be a part of one of the most intimate times of their lives! Rejection if woman did not want a student or if you weren't called to appointments, births etc... (31).

It is also a very confronting experience to have to ask women if you can be a part of this very intimate time of their lives (36.)

One participant was particularly fervent in her response to this question and revealed a range of issues that she personally found very difficult with the recruitment of women for the follow-through experience stating that:

I HATE this part of the course. Not because it isn't valuable...it is. And I totally want to be involved. But the recruitment issues SUCK!!! I LOATHE it! It is so artificial to have to go recruiting women to gain experience from. We are new, know very little and have limited experiences...yet somehow we are meant to convince women to allow us to share in one of the most intimate times of their lives. It might work for family or friends....but strangers?? I have no family or pregnant friends and am shy. This recruitment thing is awful. The doctors are not co-operative and look down on non-RN¹⁴ students. They are territorial - I can't even recruit at ante-natal classes. I have been told it is akin to trying to sell AVON¹⁵ to women at the class....it is for my 'gain' and not the 'done' thing (66)!

One of the other reasons why participants described recruitment as 'a very confronting experience' was their awareness of the ethics around recruitment. Participants recognised that some women agree to participate in the follow-through experience because they felt obliged to. Participants did not want to make women feel uncomfortable and this seemed to add to their discomfort with recruiting. Participants described this as follows:

¹⁴ RN – Registered Nurse

¹⁵ Avon – Registered company name. Avon is a direct selling beauty company.

[One of the difficulties I find is]... accessing women without placing them under duress to agree to participation. I find this ethically challenging (19).

You know that in some ways you are putting the women in an awkward position, because they feel they should say yes (60).

[The difficulty was]...Asking women, only to find they had been asked by, and refused several other students, so feeling like I was harassing them (93).

Difficulties associated with recruitment: 'It takes a lot of time to recruit women'

The time taken for the recruitment of women was one of the difficulties, particularly with students who were trying to manage study, work and family life. Participants also spoke of how they felt their time was wasted when they had recruited a woman, only to then find that she did not wish to continue in the follow-through experience. The following responses from the participants illustrate this theme:

It takes a lot of time to recruit women for follow-throughs, sometimes you can sit in an antenatal clinic waiting room for 4 or 5 hours and walk away with no more women (36).

Where do I start! ...finding time to get my ... mentor to meet up with the women to sign them up, especially if they weren't friends of friends or family was hard to organise with the added stress of school work and working 3 jobs to support myself (59).

I guess the major thing is that it is expensive to do this, and wastes so much of our time, and can be

really discouraging and frustrating when we 'lose' women (33).

Participants also commented on how the time taken for recruitment also impacted financially on their lives. This financial impact related to travel and also childcare costs whilst the students attended clinics to recruit women:

The only place the university has an agreement to recruit follow thru [sic] women is over an hour from where I live. The university is not willing to help organise recruitment through any other hospital or clinic. With over an hour traveling time in each direction to attend a half hour clinic session is costly both in time and financially (petrol and car expenses). The university does not allow us to approach hospital or independent clinics ourselves. This has made this part of the course very arduous. As I have small children to care for getting childcare for these visits is no easy task (80).

Difficulties associated with recruitment: 'It becomes a numbers thing and not a woman-centred thing'

This theme highlights some of the frustrations participants expressed in relation to recruitment of women. They found that there was competition between students and that the universities were not particularly supportive. The following comments express the difficulties associated with trying to get the number of women required:

I am scared I will get the degree but spend a year in unpaid work-experience just getting the numbers in order to register for practice. It becomes a numbers thing and not a woman-centred thing. Third years bump us first years out and have some unspoken 'right' to attend (what I call opportunistic births - say a birth while we are on a placement). We get bumped

as they need the 'catches'. So does this just perpetuate as we become those 3rd years needing our bundle of 'catches'? There has GOT to be a better way! We need uni-facilitated follow-through contacts. As we stand we have very limited credibility or validity and it is so hard to recruit, maintain and finally be the one at the birth (for the experience to "count") (66).

We were advised to attend antenatal clinics but this needed to be done by putting your name on a list so not too many people would turn up. This led to a few people who got there first taking a lot of the times [antenatal appointments] which was frustrating (11).

The following participant, whilst recognising the difficulties faced with competition from other students, felt that recruitment of women was possible:

Initially, competition for follow-through women was encountered from fellow BMid students as well as post-grad midwifery students¹⁶. You just have to be creative and be on the ball and work out ways to be one step ahead of the competition.... it can be done (72)!

Lack of support from their university was one of the main difficulties articulated by participants. The majority reflected on how this lack of support just made the task of recruiting so many women that much more difficult. For some participants this related to the literature (for example: brochures, information sheets) that the university provided, and for others it was about the impact this has on their personal lives:

The formal letter provided by my university is not woman-friendly, and in my experience has scared a

¹⁶ Post-grad midwifery students: Refers to those registered nurses who undertake their pre-registration midwifery program via a Post Graduate Diploma in Midwifery.

few women away. I now accompany the letter with my own short informal letter and contact details, which has helped (3).

There are...lots of follow-throughs required. Most women don't know what is involved. Flyers and information provided by university were very primitive (54).

Difficulties associated with recruitment: 'It is a foreign concept'

Many of the participants identified difficulties with recruitment that related directly to misunderstandings by women, to midwives and other health professionals. These difficulties were not necessarily caused by these people, but were related to a perceived lack of awareness of what the follow-through experience was all about:

There needs to be more promotion and an increased awareness of the follow-through experience for women, as a lot of the time, it is a foreign concept that is rejected purely because they haven't heard of it before. The idea of having someone around at appointments and having to remember to call them all the time is not very appealing to some women (37)!

Not a lot of health professionals understand the follow-through experience and as a result, a lot of doors have been closed in my face. Out of those you do then come into contact with, only a few are prepared to be a part of it. It is very difficult and frustrating for us students (100)!!!

One aspect of the difficulties around recruitment associated with the lack of awareness of the follow-through experience was that some women

seemed happy initially to participate, but they then did not continue to communicate with the student as illustrated in the following responses:

Women are often really happy to participate but then do not call regarding appointment times or when they go into labour (6).

Selling yourself and the program is how I have heard another student describe it. Women don't (and I know I didn't too!) generally understand what a midwife does unless they have experienced the joy and connection of midwifery care, not just obstetric care (8).

Not all women however viewed the follow-through experience as 'a foreign concept'. A comment from this participant indicates how pleased she was when a woman approached her to be with her during her second pregnancy after being part of the follow-through experience with her first pregnancy:

The real highlight was following through the same woman twice in the three years - it seemed like the highest compliment of all to be asked a second time (9).

In contrast, another participant related an experience where she found some women had not had such a positive experience of being with a student in their previous pregnancies:

I had a couple of women who had been asked to be a follow-through in a previous pregnancy and the students did not attend any appointments and just wanted the birth! So they were very reluctant to be a follow-through again. This put pressure on me to make sure I was extra supportive and attended as much of the antenatal visits as I could (84).

There were accounts of some women not understanding the follow-through experience, and this added to the difficulties participants faced with recruitment as illustrated in the following responses:

Some appointments are changed, cancelled, forgotten or times are brought forward without warning the student and student travels long distances only to discover that the woman has already been seen. Finally the hospital staff don't call you in for the labour (7).

I think also if the midwife who may be the one who asks doesn't understand it, then she cannot be encouraging and positive about it so the woman is less likely to say yes (33).

The most difficult thing is trying to get the midwives to ring me when the women attend the hospital to have their babies. Some midwives ring and others don't bother (89).

Summary of data related to difficulties with recruitment

The four themes in this section of the survey data concentrated on the difficulties participants found with recruitment of women for the follow-through experience. Recruitment was clearly a major concern. The concerns were around a lack of support, a lack of awareness and the challenges of the time recruitment entails.

Learning from the follow-through experience

A major aim of this research is student learning. In order to collect data related to this aim, participants were asked to respond to questions that specifically related to the learning associated with the follow-through experience.

When asked whether the follow-through experience contributed to learning as a midwifery student the majority (84%) of participants answered in the affirmative (Table 10).

**Table 10: Contribution to learning
(*n* = 101 respondents)**

Did the follow-through experience contribute to your learning?	Number <i>n</i> =	Percentage %
Yes	85	84%
No	16	16%

Participants were asked what they learnt from their participation in the follow-through experience. This question generated significant amounts of data requiring analysis using the thematic analysis technique. The following themes were identified and have been named using the words of the participants. Learning in the follow-through experience was described by participants as being about:

- *‘Being there in the moment’*
- *‘Relationship building with women’*
- *‘The uniqueness of a woman’s journey’*

Learning: ‘Being there in the moment’

The name of this theme came from a participant quote that illustrated the learning that participants described. Being ‘there in the moment’ (69) exemplifies how learning occurred. The participants described many examples of what they learnt and they focused on learning not only the practical skills of midwifery, but also what the ‘job’ of a midwife entailed.

For these participants, learning in the follow-through experience was more relevant than learning at university:

[What did I learn from the follow-through experience?] *How long have you got!! More than I*

did in classroom learning sociology crap and irrelevant compulsory Uni stuff (1).

More than I have learnt at Uni!! Nothing beats hands on experience and continuous practice (20).

Other participants also highlighted how important the follow-through experience was to their learning, and how much more it contributed than learning from a textbook:

It has been a deep learning experience because one gets to see the transformation that pregnancy, birth and motherhood brings and what impacts on this. Not just fragments of this from books or the medical model of care (8).

Words cannot describe how useful these experiences were. Textbooks are almost useless when you are there in the moment (69).

Also, any clinical things I learnt, I REALLY remember, much more than out of a book or in a hospital setting (62).

For other participants, their learning and 'being there in the moment' with the woman was about the development of their midwifery practice skills and not

just about the relationship or continuity:

Depending on the support of the doctor or midwife, the practical skills are also crucial, allowing students to practise abdominal palpations and inspections, blood pressure, fetal heart rates and note writing (16).

I gained a great deal of hands on experience and skills during the follow-through experiences with caseload midwives. The quality of the experience is dependent on the type of 'unit' and the level of involvement you are permitted. I did one follow-through with an obstetrician and was merely a spectator, I did not learn very much at all (18). Attending the antenatal visits of my follow-through women has given me greater exposure to antenatal care than I would get just through placements, particularly learning skills like taking blood pressure and abdominal palpation (82).

Participants also discovered other responsibilities required in the role of the midwife, such as being on call; they recognised that they were learning these as they worked alongside midwives. This participant speaks of her role with women and what she has learnt about the responsibilities of a midwife when juggling the demands of caseload practice:

To me it has been the most 'real' part of my studies. The follow-through is perhaps the only way we get to experience being 'real' midwives. Perhaps the best thing that the follow-through has taught me is to care but also that you can care too much. This is why, despite the demands of 30 follow-through experiences I'm glad we have had so many because of the personal chance to reflect and evolve as a practitioner. The follow-through experience has taught me about taking personal responsibility as a midwife and health professional (8).

Others also recognised how the follow-through experience gave them exposure to the practicalities of being a midwife:

[I learnt] The importance of continuity of care, stresses of being on call, understanding that midwives move close to couples prior to birth to establish mutual trust, the joy of truly 'being with woman' (25).

Births through the follow-through program were the first births I attended. Although only observational (mostly) you get to see how the midwife works and beginning to learn what is expected of you as a midwife (23).

I have become more efficient at time management and have learnt more about the issues surrounding being on call (57).

The following participant listed a range of skills that she learnt from the follow-through experience about being a midwife, and many of these were more than the technical aspects of midwifery care:

[My learning was about] ...a full initiation into the process of managing pregnancy, birth and postnatal care. Exposure to homebirth and services targeted towards disadvantaged women. Social and economic impacts upon family health and well being. A fabulous grounding in thorough postnatal care. How midwifery can be practised outside of a hospital environment with minimum equipment. How to offer women unbiased information and education, supporting their choices (19).

Another participant described what she learnt in relation to what she feels is the real “job” of midwifery. In response to the question about whether the follow-through experience contributed to her learning, she replied:

A qualified yes here - some contributed enormously, others were a merely a number-crunching exercise. Some of my follow-throughs were virtually caseload practice. I was involved with and contributing to antenatal care, attending birth, even caught a couple, and then the post natal follow up. These seem to me to be what a BMID follow-through "should" be about, and put the academic notions of continuity, partnership and one to one care into practice. It reminded me that while we focus on catching those 40 babies, the real "job" of midwifery is the journey with the woman (68).

There were also a few participants who were exposed to some negative aspects of individual midwives' practices which gave them insight into styles of practice that they would strive to avoid:

I also learnt how "not" to treat women when I am a midwife' (65).

It has taught me that not all midwives are 'woman centred' and I have encountered a number who were aggressive. This shattered a real 'myth' for me as I had always envisaged ALL midwives as being warm, compassionate, sensitive and sincere...the majority have been, but there are some who are so 'politically' steered and with very clear intentions...this becomes apparent in their relations with birthing women (75).

We also learnt how suspicious and unkind midwives can be (9).

Learning: 'Relationship building with women'

Participants spoke of such things as building relationships, getting to know the woman deeply, providing holistic care, and seeing the bigger picture. They described how they came to realise that being able to get to know the woman was a valuable opportunity:

[I learnt] So much. Opportunities to really know the woman and her family before she is in labour are so very valuable. Know her personality, likes, dislikes, preferences for the labour including pain relief, company, surroundings, fears, birth plan etc etc. I learnt how women really feel about the system in pregnancy and childbirth. What they really want. What they really think about (13).

[I learnt] about...the feelings of women and their families during pregnancy and the need for holistic care. We are able to focus on the social and emotional aspects of care rather than just the medical (16).

You really get to know the women. You can build a relationship (23).

It's given me a 'bigger picture' approach - holistic care as well as teaching me that my beliefs really have little relevance and it comes down to the woman's own choices that matter (100).

One participant summed this up very well in stating that 'I think it made me look at pregnancy and birth more through the eyes of the woman' (74).

Many other participants described the importance of building a reciprocal relationship with the woman and the following responses demonstrate this:

That relationship building with women is a helpful and rewarding experience for both the women and the midwife/student (17).

My learning was about...developing professional relationships with women and their families, and being a support to these women, especially when they are seen by the mainstream midwifery care models, where there is no continuity of care (32).

It has also been really good being with women from early pregnancy to postnatal - you build up a relationship with them, and can learn a lot from them as they get to know and trust you and then open up to you (70).

Another participant recognised the challenges inherent in such a relationship with women and she spoke of how this was also part of her learning:

It has been a rollercoaster ride. After the initial contact has been made they either depend on you or think 'God I wish I never signed up for this'. If you are able to build a good relationship with your follow-through then all is well but in some cases the experience can feel exhausting and sometimes regretful (49).

Participants identified that coming to understand the importance of midwifery continuity of care was a key learning experience that they gained from their participation in the follow-through experience. One participant reflected that her university placed all students in nursing placements in the first year and '...without doing follow-throughs this year I would not have had any experience in the clinical area (besides nursing placements) as midwifery placements do not start until 2nd year (30)'. Other participants also reflected on the value of

the follow-through experience in providing them with an opportunity to experience midwifery continuity of care and to build a relationship with women:

It is so much easier and rewarding to care for women in a continuity of care model. The birth experience in particular becomes so less scary for women when they feel well supported by a known and trusted person (41).

[I learnt about]...the importance of continuity of care. That pregnancy, childbirth and the postnatal period are a journey and women love having someone to whom they can share their experience with (65).

[I learnt about]...the wonderful experience of continuity of care and seeing the women through their journey (73).

Learning: ‘The uniqueness of a woman’s journey’

Many participants described how they learnt that women all experience their journey through pregnancy and birth differently:

[I learnt]...the uniqueness of each woman’s childbearing experience (62).

I have learnt that pregnancy and birth is a different experience for all women and that one should not make assumptions about how women experience it (5).

[I have learnt]...never to assume anything, and “not to judge a book by its cover”. Women are very different in their personalities, hopes and dreams - you need to adjust your practice and adapt accordingly. There are many women out there with

*big mountains to climb - such vast circumstances
and backgrounds (72)!*

Participants spoke of how their learning occurred when not everything went as the woman had planned. This related to how unique each woman's journey can be:

*[I learnt about]...the importance of continuity,
involvement when everything turns pear shaped (as
a student you are shielded, when it's a continuity you
stay), dealing with stillbirth, dealing with severe
maternal illness, trying to support people through
crisis...(28)*

*They have all been different so far and each and
every one had something 'special'. The issues that
came up woke my curiosity and got me reading up
about them, in order to support the woman more
constructively. It helped theory sink in better. For
example, we have spoken about diabetes during
pregnancy but not in full depth. Then one of my
follow-through women seems to have developed
gestational diabetes. It was a huge learning curve,
finding out what to look out for, how to provide info
and understand the process much better. SO it just
sinks in...theory alone doesn't always do that really
(95).*

The challenges (and learning) in the follow-through experience related also to women who were from culturally diverse backgrounds and who presented unique challenges to the midwifery students as the following participant articulates:

*Impossible to summarise it all. They (the follow-
through experiences) helped you to understand the
full impact on individual women and their partners*

and their families in a way that hospital clinical placements could not. I worked with a Sudanese refugee and became immersed in the struggles non-English speaking women confronted. I worked with a woman who was having panic attacks. Even though she was having care within a continuity model, it was my relationship with her that facilitated her sharing that she had a history of sexual assault as a child. In the end her midwife was not available for her labour. Because I knew the woman's history, we were able to assist the woman to have a fantastic birth experience. I don't believe I would have come to understand the issues facing such women outside a follow-through experience. We learnt so much through these experiences, it is impossible to document it all. (9)

Learning: 'I don't think I learnt anything'

Sixteen percent (n=16) of participants provided negative responses to the question about learning that they gained in the follow-through experience and indeed, some participants felt this experience was of little value. A selection of these responses is provided here to illustrate their experiences.

One participant indicated that they did not learn from the follow-through experience in particular as this information could have been gained from other experiences.

I don't think I learnt anything through the follow-through experience that couldn't have been learnt through a week in an antenatal clinic. I've become more confident/competent in abdominal palpations/blood pressure. The only thing I have learnt from being with the woman is how time

consuming antenatal appointments are if you have gestational diabetes (10).

Some responses to this question related more to the practical difficulties participants faced with the experience, and how these difficulties then influenced their ability to engage with the follow-through experience. One participant felt that there was insufficient time to gain any learning from her involvement in the experiences, with another revealing the pressure that this added:

Although I have had several amazing follow-through experiences there is little time to permit the time required to benefit from them all (90).

I felt is just added a lot of pressure and was not very beneficial to my learning (101).

Several other participants indicated that they did not enjoy their involvement with the follow-through experience for a range of different and personal reasons:

You can never predict how a birth will end up! I also found the women to be more trusting and confident in labour. I actually preferred not to know them well as it interfered with my clinical judgement, I was too emotionally involved. This created problems for me (7).

I am working in a hospital setting that does NOT support continuity of care and that working against set models is extremely hard. I also learnt that I had disappointed women when I could not be with them for birth or even make it to many visits due to Uni. work and hospital commitments and that I was not responsible for this (44).

As a student I felt I was imposing on the women's experience of pregnancy and childbirth through my inclusion. Although the women (most often than not) felt supported and enjoyed my involvement, I felt that there was no benefit to them having a student and often felt uncomfortable having to contact them (52).

These responses indicate some contradictions within the data regarding students' learning. It would seem that dissatisfaction with certain aspects of the follow-through requirement may have influenced some students' ability to engage in, and learn from the experience. Comments from participants also indicated that the time commitment placed pressure on them and that this also affected their ability to learn.

Summary of data related to learning

The learning associated with the follow-through experience has been presented in this section. The majority of participants felt that learning did occur as part of the follow-through experience. Three themes were identified from the participants who expressed that learning occurred with the follow-through experience. These themes related to the participant being with the woman, building a relationship with her, and seeing how unique each woman's journey was.

For those participants who felt they did not learn their experiences were described quite differently. Some of their comments focused on difficulties, which included the pressure of time and their feeling of intrusion when being with the women.

The next section discusses the results from the survey question asking participants what they felt assisted their learning in the follow-through experience.

Assistance with learning

As part of the survey question on learning, participants were also asked to indicate what they felt assisted their learning in the follow-through experience. Participants could indicate responses to the following suggestions:

Table 11: What assists your learning in the follow-through experiences? (n = 99 respondents)

Assistance with learning	Number of responses	Responses as a percentage of respondents
Opportunity to write and reflect	46	46%
Support from a midwife	65	66%
Ability to be with the woman during her labour and birth	81	82%

Note: Respondents could give more than one response so total responses are greater than 99.

These options for the response to this question were selected as they closely reflected the structure (documentation, and midwife support) and intent (continuity of midwifery care) of the follow-through experience.

Participants were provided with a free text box where they could describe any other assistance that they felt contributed to their learning in the follow-through experience. Thematic analysis of these responses indicated that participants gained assistance in their learning in the following ways:

- *‘The women themselves were our greatest teachers’*
- *‘It’s really good when the midwife is helpful’*
- *‘It’s been good to link theory to practice’*

Assistance with learning: 'The women themselves were our greatest teachers'

The role that the women played in assisting with the students' learning in the follow-through experience was significant:

The questions from the woman and the support that she gives you during her pregnancy and afterwards - most are very supporting - and they like to learn with you (12).

Support from the woman- if a woman appreciates your presence at her birth and has enjoyed the follow-through experience; it makes a more worthwhile and enjoyable follow-through (39).

It is just such a different experience to know the woman throughout the pregnancy and then attend her labour. I was more confident and the woman was happy to see me (partners too!). That is very encouraging and rewarding. It has allowed me to follow-through an 'issue' the woman had from beginning to end...Not to just have snippets of women's pregnancy and never hear about them again, wondering how they are, where they are etc. (95).

Assistance with learning: 'It's really good when the midwife is helpful'

While the category of support from midwives was included as one of the pre-determined responses, participants also made additional comments in relation to the support they were given by midwives, and also by other health professionals, including doctors. A supportive midwife or doctor clearly played a key role in assisting the learning the participants gained from the follow-through experience.

This is a key finding and participants clearly indicated the difference in learning when someone provided them with support.

Participants found that the opportunity to learn from midwives/doctors was mostly fortuitous, rather than planned and their comments indicated that support from doctors and midwives was not always forthcoming. However, when support was provided, participants recognised that their learning was enhanced:

Generally having a supportive midwife or obstetrician is a huge help. When they allow you to be hands on and explain procedures and how to do a particular skill is fantastic. There are some doctors however which simply ignore your presence and that you are a student there to learn, if that attitude was eradicated it would be greatly beneficial (Won't hold my breath though) (16).

A supportive midwife who adds to the learning experience while giving encouragement and building confidence in the student (26).

Working with the midwives, particularly our facilitator, is key because we can clarify things we have seen and heard. We can also bounce our own ideas off them (94).

Assistance with learning: 'It's been good to link theory to practice'

Participants reflected on how they pursued their own learning when the woman had an event that they did not fully understand. They also indicated that they were motivated to find out more when encouraged by a midwife or doctor. This is in keeping with the previous theme where participants identified that support from doctors and midwives assisted with learning:

I have had discussions with doctors and not known the answers to questions put. I have gone away and

researched the questions and had further talks about these things at a later appointment which has been really useful (11).

It's been good to link theory to practice when we are learning about something that one of our follow-through women has experienced (45).

Each woman has different needs, concerns and questions, so there is lots of scope to learn and explore topics if you want to get into them: that comes down to self motivation and your own desire to learn I guess... even the most perfunctory follow-through relationship would have at least one topic I could work on (68).

Summary of data related to assistance with learning

This section indicated the type of assistance that students found most useful in assisting their learning with the follow-through experience. These again are key findings in relation to the main aim of this research and will be discussed further in Chapter 8 – the discussion chapter.

Should the follow-through experience be compulsory?

Participants were also asked whether they felt that the follow-through experiences should be a compulsory part of the Bachelor of Midwifery program. All 101 participants responded to this question and 75% indicated that they did feel the follow-through experience should be compulsory, whilst 25% of participants gave a negative response (Table 12).

Table 12: Should the follow-through experience be a compulsory course inclusion?
(*n* = 101 respondents)

Response	Number of responses <i>n</i> =	Number as a percentage
Yes	76	75%
No	25	25%

Participants were asked to provide further comment about this aspect if they wished. A comparison was made between those students (75%) who indicated the follow-through experience should be compulsory and those (25%) who had the opposing view.

Thematic analysis was conducted with these response categories separately. The following themes were identified from an analysis of those responses that supported the inclusion of the follow-through experience as a compulsory course requirement.

- *'It is the most "real" part of the course'*
- *'There are far too many to do them properly'*

Experience should be compulsory: 'It is the most "real" part of the course'

Participants who indicated their support of the inclusion of the follow-through experiences also gave full support of this requirement, without reservation as indicated by the following comments which provided an indication of the learning associated with the experiences:

You learn more following these women through than you ever can in a classroom, being with them for 9 months highlights the impact midwives have, and can have, when they provide decent care (and the damage that is done when they do not) (1).

It is the most 'real' part of the course (8).

You can be taught that a normal pregnancy and birth does not necessarily means that it follows the textbook, but a few follow-throughs will show you the truth of that so clearly that you will never think normal means just one way again. Some things need to be shown, not told (15).

One participant took a particularly optimistic, yet realistic approach to the follow-through experiences:

It should be part of it and I understand how difficult it is to manage time wise. Phone calls, meetings, on call for labour and birth and so forth. It can be challenging added to the rest of the workload. But we are able to organise them however we like, grouping the births within a certain time period (holidays) to be more readily available. So it just gets us to plan a bit. Again, I think this will be easier to manage in 2nd and 3rd year (I hope) as it will be a more familiar concept and we will have found our own methods that fit into our uni schedule and family life (95).

In viewing the follow-through experience as a valuable part of their programs, some participants reflected on the role they played in providing continuity of care for the women:

The follow-through experiences are vital because otherwise BMid students wouldn't have the same opportunity for continuity experiences in the same way as their counterparts do in NZ and the UK. Following women through gives students the best picture of what a caseload experience is all about (9).

They are essential in providing continuity of care (evidence based) (26).

Follow-throughs provide the opportunity to find out what midwifery and continuity of care is all about and gives you the confidence to enhance theory based skills (63).

Experience should be compulsory: 'There are far too many of them to do properly'

Even though these participants believed that the follow-through experience should remain a compulsory part of the course, many of them commented that the workload was excessive and '...sometimes it feels like I am just 'doing' the hours to get them done' (57). Participants whose comments contributed to this theme indicated their support of the follow-through experience, but they strongly indicated that the requirement of 30 experiences was excessive.

I feel that it should be essential for all the midwifery courses but to do 30 is nonsensical. It is too many and the women become just another number that you need get signed off. It would be better to have 10-20 really substantial ones than 30 half assed (sic) ones (59).

I think there is a "value" issue here though - 10 genuine follow-through partnerships taught me more than the other 20 "sign the form, tick the box, would you like sugar with your coffee?" (68).

Participants also commented on their frustration when they were unable to commit the time to the women for the follow-through experience as they juggled their other workloads and responsibilities. Whilst clearly valuing the experience, they also strongly expressed their frustration at what they seemed to regard as an excessive expectation:

There are far too many of them to do properly. In the end you let women down, because at times you can give them a high level of support and involvement, and the next minute you have exams, or clinical placement, and there is no way you can be involved (60).

I truly believe that the usefulness of the follow-through of caseload program cannot be described, it is FANTASTIC. However, 40 women? Come on (69).

I think 30 is too many. If we only had to do 10, more time and energy could be put into these, and we would get more out of it. Sometimes it was purely a chore that was interfering with personal life in a way close to unacceptable. I don't think that is helpful for learning (42).

All students acknowledge the worth in the follow-through program, HOWEVER, the required number of women (30) over 3yrs, coupled with clinical placement requirements, uni contact hours and assessment requirements, plus the fact that we have lives outside our studies, make the follow-through experience extremely stressful and demanding. With 30 it becomes a numbers and juggling game, which detracts from the quality of the experiences... It all becomes about meeting our required numbers rather than the quality of the journey (100).

The following comment is from a participant who was only required to complete ten follow-through experiences and reflected her feeling that the increase in numbers to the Australian College of Midwives requirement of thirty, was excessive, and simply not manageable.

The new regulations in South Australia¹⁷ requiring students to obtain 30 follow-through experiences is troubling. I feel that the learning opportunities and experiences have therefore been severely restricted by this, and the entire process is now a numbers game, with an assembly line type of attitude towards women and their pregnancies. I am very glad that my numbers were only 10...I feel that my experience, while it falls far short of the large numbers, is richer and more meaningful because I lived it with them [the women](19).

Participants, when indicating that they felt the requirement of thirty experiences was too many, also expressed concern at the personal, and financial impact associated with achieving these experiences.

Yes. I understand other students have to do 40 follow-throughs. This is unreasonable. So far for 7 follow-throughs I have driven over 5000 km in my car (keeping a log). The expense is very great, after all, we are only students (23)!

Our requirements were that we followed 30 women through, attending a minimum of 3 antenatal, 3 postnatal and the birth. This was a huge commitment regarding the time spent and is especially difficult for those students with family commitments. Financially it also had a great impact with petrol, parking costs etc. (41).

Yes, although I think the hours: women ratio should be lowered. This year has been the most stressful

¹⁷ In one university in South Australia, students were initially only required to complete 10 follow-through experiences. This was due to the fact that this university had their program approved by the State Registering Board prior to that Board adopting the Australian College of Midwives national standards.

year of my life, and at many points in time I felt I would drop out of the course. The balance between family/social/work and university hours PLUS follow-throughs on top, wasn't allowing me to benefit and excel (86).

Participants, whilst supporting the inclusion of the follow-through experiences, recognised that they needed more support in order to achieve what was required. Some participants felt that this lack of support felt like they were 'thrown in the deep end' (12) and others wished the experiences could be integrated more into the course content.

More support should be given during the first year to ensure students are recruiting happily and successfully before they can fall behind. There should be individual meetings before they begin recruiting... and a plan should be made together with the teacher to help the student allocate a time and a way to get these follow-throughs...in the beginning I really needed help with this (13).

I think they should be compulsory, but we shouldn't have to do so many, because if they honestly want us to do that many, they have to cut back our workload because they have no idea what it's like being a student and having a life while being on call for the whole year, we just really don't get a holiday, really until we graduate, and I didn't know this before I started the course - may have made me change my mind about it (33).

Experiences should not be compulsory: '30 is too many'

The participants who indicated that the follow-through experience should not be included (25%) revealed, essentially, one theme. This was that there were

simply too many experiences required and that they were not always valuable. Interestingly, many of the concerns expressed by these participants are similar to those expressed by those participants who thought that the follow-through experience should be a compulsory component in the course:

It would be great if it were conducted well. 30 are too many to learn from properly. There is an awful lot of pressure in signing up women to join the program, and many of them you lose track of. I signed up 30, but there are only a handful that I could say were done properly and I felt I learnt from (2).

I definitely don't think we should have to do 120 hours a year on the follow-through program as I and others I have spoken to have found that you become stressed out about trying to get your hours and lose sight of what you are supposed to be learning through the program. The women almost become numbers and you forget about their experiences (10).

I find it impossible to be pulled from other areas of the hospital to chase women I am following through. It is very difficult to keep up with appointments at all hours of the day. Additionally this also diminishes my experiences in other areas (17).

Although the concept is great, I believe 30 is too many, and the restrictions placed upon students negate the ideals of the experience. It is an extremely huge extracurricular load, on top of a demanding course (34).

Participants also indicated that as they had already had their own family, and therefore experienced pregnancy and birth, they did not 'need' to be involved

with women in the follow-through experience. They felt though those students, who were not mothers, should have to do the follow-through experience.

I am of the opinion that mature age women who have had their own children, and experienced it with their own friends over the years, have had their own kind of "follow-throughs". However I do think it is invaluable for younger students who haven't had contact with the experience before. I know that discriminates between the two sections, but for many of us "older" students, it was a huge struggle to fit in the 30 women for not a lot of learning reward (47).

For those participants who did not feel that the follow-through experience should be a compulsory course component there were clearly some key concerns around managing the numbers required.

The survey also asked participants to identify the challenges they face with the follow-through experience and the next section presents the results from this question.

Challenges associated with the follow-through experience

Key findings were that the main challenges associated with the follow-through experience were the time that it took to complete these, and trying to juggle this requirement with everything else they are required to do. This theme was evident in most responses. Other themes were also identified in the responses to this question and these will also be presented. The challenges related to:

- 'Time
- 'Getting the numbers'
- 'Lack of support'
- 'It is very expensive'

Challenges: 'Time'

Time was the main challenge associated with the follow-through experience. This indicated the time these experiences took to complete, and also the difficulty with managing this alongside other commitments. These commitments ranged from study, to family commitments, part time work, child care arrangements, university attendance, clinical placements and just having a social life. The following responses illustrate this theme in relation what challenges participants faced:

Time management, particularly in second year.

Juggling study, 64 clinical shifts and the follow-throughs was really difficult (15).

On top of full time uni load and clinical placements, 2 part time jobs and family commitments (1)!!

Finding 30 women to follow is difficult and unreasonable when you also have a part time job, clinical hours, children and family (3).

Having to juggle going to antenatal appointments, postnatal appointments, and going on call for the labour and birth, whilst completing uni assignments, clinical placements, and trying to maintain some kind of personal life at the same time (37)!!

In commenting on the issue of time, participants also referred to the commitment they felt to the woman and how difficult it was at times to provide the woman with the care that they wanted to give to her. They frequently expressed their frustration when they could not give sufficient time to the women. This frustration was evident in responses to other survey questions and participants recognised that they were disappointing the woman when they committed to the follow-through experience, but then did not attend all appointments or the woman's birth.

Participants related much of this lack of time to the fact that they were required to do so many other things, as well as the follow-through experience:

TIME! To build a relationship with a woman you need to attend each antenatal appointment, commit to being available to support her during labour/birth and attend postnatal appointments. This is a big commitment when we all have lives, families and our academic work and placements to complete (18)!

Letting women down - not getting to appointments or births because of other commitments - Uni and personal - women sometimes feel disappointed even though this has been explained to them - and we feel disappointed too (43).

Allocating time to spend with them [the women] so as to feel as if we are contributing rather than intruding into their lives (77).

One participant spoke clearly of the challenges she was currently experiencing with the follow-through experiences and trying to fit them into her life:

Many - it is extremely challenging at times - just fitting everything in - all the obligations (both uni and personal life (family). At times I have been overwhelmed with the sheer volume of assignments and exams alone and frequently felt that I could not give the follow-through experience the due respect it deserved as the academic side of the course, of course, took precedence. As a result, the follow-through experiences felt superficial and onerous at times, but I persevered and made the most of the experience (72).

The issue of time to manage many commitments, as well as the follow-through experiences appeared to be a challenging issue for participants.

Challenges: 'Getting the numbers'

Many responses focussed on the challenges associated with just managing what was required in order to have the follow-through experience 'count' in respect to their university program requirement. Participants spoke of the difficulties with: finding sufficient women to recruit; getting to the appointments; being called in for the woman's birth; and practicalities when women did not wish to continue with the experience once recruited.

The issues around recruitment of women were part of the challenges associated with the follow-through experience. Some participants saw this as a personal issue, others as one concerning lack of support, and others felt that many women did not understand the follow-through experience, and were therefore disinterested. These responses are similar to those found in Section Four of the survey where participants were asked to comment specifically on recruitment:

Recruiting women, attending appointments, having appointments changed and not being told, having women go into hospital and not being told, having women and midwives not call regarding postnatal appointments, tracking down midwives for signatures if you miss the postnatal appointments (6).

Just recruiting numbers - at the expense of seeking experiences of more quality (45).

Participants also spoke of the challenges associated with being called to the labour and births of the women they had recruited. The following participants reflected on how difficult it can be for women when the student is not called to be present:

Making it to the birth. I am from the country and have missed four births. Some women have not called me because it has all happened too fast. I have stuck stickers that I have made in their notes for staff to call me but they never do. It's hard when they are public patients and therefore have an unknown midwife on duty when they are in labour. This is when I have to rely on the follow-through woman to call me herself which is difficult when they are in labour especially with their first baby (20).

Challenges: 'Lack of support'

Participants were aware also of the lack of support for them with the follow-through experiences. This lack of support extended from recruitment, to not being called for the women, to a lack of support from the university as indicated below:

Working with unsupportive midwives, never being called in for births, turning up to appointments that were cancelled (81).

Lack of knowledge and understanding in the hospital settings (68).

Overcoming being ignored by obstetricians (65).

Challenges: 'It is very expensive'

There were personal costs associated with the follow-through experiences. These costs related to travel, parking and child care. Travel in itself was also seen to be a personal cost due to the time commitment, particularly for rural and distance education students:

Travel! I lived out of town so it was very hard and unsafe driving long distances regularly with no sleep (4).

As I live 2 hours away from the hospital we were allocated to recruit women from it was hard to find the time/become motivated/petrol costs to travel so far for a 1/2 hour appointment (10).

It significantly contributed to the hours that I spent on study. Petrol money, time away from home, time spent on the phone, car park fees, after school care, time away from employment. Births in the middle of the night with no child care (single parent). I have a very good mother who got in my bed and then got out when I returned home. I estimated that it cost approximately \$3500 over the three years (29).

Summary of data related to challenges.

The responses of these participants in regard to the challenges they experienced reflected again the frustration they felt with the requirements of the follow-through experiences. Each university has different requirements for recruitment and for the participation of students. Students who chose to study their Bachelor of Midwifery program via the distance education mode often lived considerable distances from the major metropolitan centres and their rural location led to extensive travel time to meet the follow-through requirements. Other costs were associated with the parking at the hospital which was expensive, particularly if the student was only there for one antenatal appointment.

Further comments

The final section of the survey provided the participants with an opportunity to provide additional comments if they wished.

The responses in this section reflect many of those themes that have previously been identified in discussion of the findings from the survey. The following

quote provides an overall summary of the essence of what many of the participants stated:

I hope someone can help make this part of the course more workable. It is something we all desperately want to do, are excited to do and look forward to. It also gives us huge fears and anxieties, we feel alone and unsupported to make it happen, pressured to have numbers, and time-restricted because of other study commitments. WE NEED HELP!!!!!! (66).

Two clear themes from the responses to the option for survey participants to provide further comment were identified. Overall there seemed to be more negative responses to the follow-through experience in this section. The key themes split into two opposing positions with one theme being an overwhelming positive response, and the other group of responses reflecting negatively on this experience.

- *‘The focus was on numbers and not experiences’*
- *‘The follow-throughs were some of my most significant learning experiences’*

Further comments: ‘The focus was on numbers and not experiences’

A number of participants expressed their unhappiness and frustration with the follow-through experience requirement. They felt:

It should be a smaller part of the course (6).

It doesn’t provide the woman with continuity of care, as I think was the intention, we are not able to schedule in more than two or three antenatal visits with these women, and establishing a meaningful relationship in this time is difficult. Recruiting follow-through women is also very difficult for the young

students who find the process of approaching women very intimidating (32).

I felt that as we needed 30 it simply became another aspect of our accreditation that we simply wanted signed off. The focus was on numbers and not experiences (46).

I don't particularly enjoy this part of my course. I find it to be quite a lecherous relationship, with me getting more out of it than the woman (48).

Some students clearly fabricated the follow-through experiences in order to meet the course requirements as they were simply finding it too difficult to manage. Again, this was related to the numbers required, and the time involved in completing these experiences. Whilst there was support for these experiences, participants also reflected their frustrations with the burden of the requirement:

Can't wait to finish. Many students are now starting to "make up" follow-through experiences as they get bogged down in other course requirements. I don't want to do this myself but can see that as some point this may be necessary. I hope not, but as many of us are mature age students with families this aspect of the course could be better organised and supported (80).

Many of the negative comments related to the requirement to achieve 30 experiences:

It was awful and I gained nothing except how to palpate. Having 30 women means you cannot spend quality time with any of them. I would have gained much more from 4-6 women over 3 years. I learnt

much more on clinical placements working with individual women over just an 8 hour shift (81).

Unfortunately the follow-through program sadly becomes a burden for most students and is one thing we spend our time lamenting and whinging about...The number of women is ridiculous and you can only assume that it has been set up to try and test our resolve, patience and sanity in order to achieve all goals of being good woman and wellness-centred midwives. Sorry if I am being cynical, but the follow-through is a very big stress and burden for most students and it is a fine line to be able to get through everything successfully with our dignity and sanity intact! I just want to be a midwife! (100).

Further comments: ‘The follow-throughs were some of my most significant learning experiences’

Responses that gave rise to this theme were positive in relation to the follow-through experience, but participants often gave a caveat to their positive comment.

It is the biggest wild card factor, hardest to juggle time-wise, and I have had some of my most significant learning experiences because of it. Definitely worth the hassle, but I would like to make it clear that it is a major hassle (15).

I learned more from this than any other single component of the course. Both clinically and emotionally (4).

...Personally it's been very rewarding, though demanding, and I still believe it's important. But

some modifications may make it more beneficial to all (55).

I would prefer to be involved in this form of experience throughout the course of my studies rather than clinical placement. Being able to direct my own learning through recruiting women and then forming a relationship with them is much more educational where midwifery is concerned (67).

Summary of data related to further comments

This selection of responses from participants identifies the commitment that they felt towards the importance of the follow-through experience. It also provides further evidence of the frustration that participants felt with trying to achieve these requirements when they perceived they received limited support.

Chapter summary

Results from the anonymous, online survey have been presented in this chapter. There were 101 participants in this survey and large amounts of qualitative data were gathered. Thematic analysis was used to analyse these data and themes arising from the data have been described. It is evident from the data that there are similarities in experiences across participants and across the survey questions. An example is the issue of recruitment of women and participants responses to this issue appear in several areas. The final chapter of this thesis will bring these themes together and also synthesise these themes with findings from the participant interviews.

The next chapter presents results from interviews that were conducted with a number of survey participants.

Progressive summary of data themes:

Participants	Themes
Themes from ANEST participants The 'Concept and Intention' of the follow-through experience.	'The student is with the woman and not the institution' 'Developing a relationship with a woman' 'Potential for a wide range of experiences' 'Interpreting the follow-through experience incorrectly'
Themes from course coordinator participants The 'Incorporation and Implementation' of the follow-through experience.	'So while the follow-through experience has got loads of positives...' 'Too many, too many, great idea, but too many' 'It doesn't fit where we don't have that caseload approach'
Themes from <u>survey</u> of former and current student participants The 'Student Experience' of the follow-through experience'	Survey: Recruitment 'It was very confronting and awkward' 'It takes a lot of time to recruit women' 'It becomes a numbers thing and not a woman-centred thing' 'It is a foreign concept' Survey: Learning 'Being there in the moment' 'Relationship building with women' 'The uniqueness of a woman's journey' 'I don't think I learnt anything' Survey: Assistance with learning 'The women themselves were our greatest teachers' 'It's really good when the midwife is helpful' 'It's been good to link theory to practice'

Participants	Themes
	Survey: Follow-through experience should be compulsory ‘It is the most “real” part of the course’ ‘There are far too many to do them properly’ Survey: Follow-through experience should <u>not</u> be compulsory ‘30 is too many’ Survey: Challenges ‘Time’ ‘Getting the numbers’ ‘Lack of support’ ‘It is very expensive’ Survey: Further comments ‘The focus was on numbers and not experiences’ ‘The follow-throughs were some of my most significant learning experiences’

Chapter Seven: Findings from interviews with former and current Bachelor of Midwifery students

'It is all about them – the women'

Introduction

This chapter presents the results from the 28 telephone interviews that were conducted with former and current Bachelor of Midwifery students. The interviews provided a deeper exploration of the experiences of Bachelor of Midwifery students and their engagement with women during the follow-through experience. Thematic analysis of the data from these interviews revealed four key themes and these will be discussed in detail. Quotes from the participant interviews will be used to illustrate how these themes were distilled from the data.

The title of this chapter 'It is all about them – the women' was taken from a participant interview and represents the focus of the experience from the perspective of the students. In sharing their thoughts on the follow-through experience during the interviews, participants expressed the challenges they faced in undertaking these. Despite many identifying quite significant challenges, a persistent focus was on the woman. Participants clearly recognised the importance of the relationship with the woman and, for many, this relationship sustained them and enabled them to manage these experiences. Participants also recognised that the relationship with the woman was what made the follow-through experience different from their experiences during rostered clinical placements and this will be explored further in this chapter.

Method

Potential interviewees self-identified as part of the survey phase of this research. The final question on the survey asked the participant if they were willing to be contacted for a telephone interview. If participants indicated that they were interested, then they provided their contact details. Of the 101 survey

participants, 65 indicated their willingness to be interviewed. Participants were then contacted through a process of selecting a random sample across each state where the Bachelor of Midwifery was offered, and from each year of the program, as well as some graduates of a Bachelor of Midwifery program. The following table provide an overview of the interview participants.

**Table 13: Status of participants
(*n* = 28 participants)**

Description	Number of participants
Currently enrolled students:	
Completed First Year	11
Completed Second Year	9
Completed Third year	4
Former students:	
Completed in 2004	3
Completed in 2005	1
Total	28
State in which enrolled/completed program	
Enrolled in a program in South Australia	14
Enrolled in a program in Victoria	8
Enrolled in a program in New South Wales	6
Total	28

Data Analysis

The interviews were digitally recorded and then transcribed verbatim by an independent transcribing service. As a quality control of the transcription, I selected at random three interviews and checked the transcription against the recorded interview. There was good correlation between the spoken, and the written word and I cross checked again by listening to the interviews at any time where the transcription seemed unclear.

Results

Thematic analysis of the data collected during the telephone interview phase of this research revealed the following key themes:

- *'You just really get to know what makes her tick.'*
- *'This woman's care is in your hands'*
- *'It was gruelling. It really was.'*
- *'It is something more meaningful, something different.'*

The four themes are named using the words of the participants. These themes will be discussed with the use of interview quotes to illustrate the theme.

Participants are identified by a pseudonym to maintain confidentiality. The pseudonym refers to enrolled students as MS1 (midwifery student 1st year), for first years, MS2 for second years, and MS3 for third year students. Participants who had completed their Bachelor of Midwifery program are referred to as MG (midwifery graduate).

'You just really get to know what makes her tick'

Participants perceived the follow-through experience to be focussed on the woman, rather than anything else. Their comments reflected an understanding that the woman became their priority, and that, in getting to know the woman, she became more than just a pregnancy. Getting to know the woman was more than a simple social activity, or having a 'coffee and a chat' as described by some participants. It involved a deeper relationship that led to the midwifery student learning about the woman's wider environment and personal circumstances. Many participants identified they did not always make the same connection with every woman and their relationship depended on a number of factors, including the woman's willingness to be involved in the experience, and the number of times the student met with the woman. The building of a relationship was an important and a necessary requirement in the follow-through experience.

Participants felt they really got to know the women, and as one participant stated 'you just really get to know what makes her tick'. She clarified this further:

You really get to know, especially with the home visits, what her home environment is like and how that's impacting on the person that she is and the choices that she is going to make – it's not just during the birth, but in her parenting, immunisation etc. You really get to know that, whereas if you're on a placement situation and you're in attending a birth, you've just met them right there and then, you don't know anything else that's happened around them...(MS2).

This notion of 'really knowing the woman' came through as a strong theme. Participants recognised that each woman was different, unique, and that in getting to form a relationship with her, they learnt about more than just her pregnancy. They came to understand how so many other factors in a woman's life impact on her pregnancy and also her labour, birth and her early parenting period. One participant described this in terms of '... the emotional roller-coaster of a pregnancy is more obvious when you're following a woman through' (MS2).

The following quote indicates what a participant was able to learn about the woman, and her individual circumstances:

... because it's such a multi-factorial thing, to be pregnant and to give birth to a baby...she [the woman] talks about her husband taking sides with the doctor, so you're going into that territory of how it's impacting on her family and her relationship with her husband, and how it has affected her physically. She talked also about how, in social circumstances, there is a great deal of shame as she is from an African country,

in having a caesarean. So you're dealing with all that sort of level – it affects women on many levels. How is she going to cope with a second child, who is doing very well now – and how we are going to bring a baby into this? It's all about finding ways to unpack all those things... (MS2).

A graduate of the Bachelor of Midwifery program identified that in building a relationship with a woman, you knew what else she brought with her to her labour and birth. She described this as follows.

You did know the woman and a fair bit about her and her social circumstances and all the rest of the dynamics of what she was enduring (MG).

One participant described how getting to know the woman and what she was feeling was fundamental to the follow-through experience and she felt that

...how she [the woman] feels is a big part of what happens – it's not an add-on, it really is important because it does affect everything. And it may be something that you wouldn't feel in her place but that's not the point – it's how she feels that's important (MS2).

Participants also described how they met many women from different backgrounds, and for one participant, this involved learning about how to work with women when English is not the woman's first language. She described the difficulties in communication with a woman from Sudan and how she needed to use interpreters. She felt it was difficult to know how to support this woman when they did not share a common language. She stated:

It was hugely challenging and it led me to do a lot of reading...So I'm very, very aware as a midwife of the need to involve interpreters, and of the issues that these particular women face; and I don't believe it would have come through in the same way if I hadn't

had the opportunity to do those follow-throughs
(MG).

Another participant expressed amazement at how she felt that many midwives she worked with did not understand the importance of getting to know the woman and developing a relationship with her. The relationship with the woman was central to her concept of being a midwife. She felt frustrated with the lack of midwifery continuity of care models that are available to women and she could not understand how midwives did not value continuity. She felt that 'They [midwives] have been in the system so long that they don't understand how something so simple can actually make such a radical difference to people' (MS2).

The importance of the difference that occurs in a continuity relationship is illustrated also in the following quote where a participant relates the story of a couple who had to tell their story repeatedly as they were seen by a different midwife at every visit.

...One woman had a 3rd degree tear with her first and was pregnant with her second, and the debate about whether she was going to have an episiotomy or not an episiotomy, or whether they were going to send her for a caesar was repeated at every single appointment and I could just see the frustration on her face. Her husband was almost beside himself, he said 'surely you've written it down there. We talked about this at every single appointment.' And you also get the difference of opinion of 'we'll do this,' and the next one says 'no, we'll do this,' and 'no no no, we'll do this.' So they just get such conflicting advice. It's not one who's wrong over another, but I think it makes it difficult in that circumstance. They say to me afterwards 'what it is all about?' and I'd end up trying to explain, which

can be quite difficult to explain when there's no sense of it. How can you be in support of a system that you know is not doing the right thing by women (MS2)!

For this participant it was evident that the system was not supporting the woman and that she could see what was happening for this couple as she was there for every visit. It was the experience of being with this woman in a follow-through relationship that meant the student learnt the frustration inherent in a fragmented system.

In getting to really know the woman, and what 'makes her tick', participants felt they could provide different care and this was centred on the trust that they had developed with the woman. Participants spoke of the knowledge that they had about the woman, and what her wishes were for her labour and birth and how this then enabled them to be more 'in tune with her needs'. As one participant stated when she reflected on the follow-through experiences: 'I just thought, "Wow" I made that whole experience better by remembering just what was important to her [the woman]' (MS1).

The following interview quote describes how participants felt that they were better able to support a woman in labour and birth because they knew her, and her wishes:

...you've had the weeks or months, depending when you picked them [the women] up, to find out what it is that they're looking forward to for the birth and after and what their fears are ...and that you would have more of an opportunity to talk to them during their labour to say 'Did you really want this?' and to know what path they want to go down. Women I've noticed are very vulnerable in birth and if you say to them 'Well, you're not coping with the pain,' they'll just go 'Oh well, give me an epidural.' Whereas if

you've got to know them during the pregnancy and the same situation happened but they've said 'I really don't want to have an epidural,' then if you know her and knew her wishes, then you feel you've got those skills to be able to say, 'Well, did you want to try something else first?' Because you actually know that (MS1).

Other participants also felt the women trusted them because they knew them, and this trust was significant for the women. They recognised the value of having a relationship already established with a woman, prior to her labour and birth as identified by this participant:

There's a better trust there and it feels a bit more like almost a friendship or a partnership with them – it's different from, say, when I've been in delivery suites and you walk in on someone and you're trying to establish a rapport when the woman has come in in pretty much full-on labour. I know it can be done but I don't find it as fulfilling or as rewarding. It just feels very clinical, if I could put it that way (MS2).

Another participant also indicated how different it was to be with a woman during her labour and birth when you already have an established relationship: 'I felt that it just felt like a more genuine experience when you knew the woman' (MG).

One participant reflected on how a strong relationship with a woman was a trusting one and she felt that it was easier then to have an honest relationship:

I think because you can build a relationship you are better able to ask her certain things, she trusts you more, she's more willing to share things about herself with you, and she has a lot more trust in what you do,

the options that you give her when you are giving her choices and it's a lot easier to be a lot more honest with the person, I think (MS3).

Other participants also recognised that they gained more from the follow-through experience when they were able to build a relationship:

The women I've found, whose appointments I have been to more or that I've had a better rapport with, are the ones that I remember the most and found it most rewarding (MS2).

[You get] ...more out of the experience because you know them, so it's important to develop that relationship (MS1).

Participants were keenly aware of the value of the relationship in the follow-through experience and one noted (MS1) how she had recruited a woman at 36 weeks gestation, and then realised that she would need to see her at least weekly to ensure that she had an opportunity to 'get to know her' before her birth. She saw this as being very important and was concerned that her recruitment of this woman at 36 weeks gestation may have affected her ability to build a relationship with the woman. For another participant, the follow-through experience was all about what it meant to be a midwife: '...that spontaneous partnership that grows with making the contact with women, that relationship, that's the real learning that you get' (MS2).

The importance of building a relationship with a woman and the value of midwifery continuity of care are key themes that have been identified in the data. Participants were able to identify many of the benefits of midwifery continuity of care not only for the woman, but also for themselves. Through their engagement in the follow-through experience, they clearly learnt about building relationships and the value this brings to their practice as a midwife.

Participants identified not only the importance of the relationship with the woman but the depth of the relationship and how they become more aware of her as an individual. For example, this participant recognised that getting to know the woman in the follow-through experience ensured you were aware of her as a person and as an individual, and this learning was something that she valued:

When you watch, it's really easy to see what's happening – like this particular woman is pregnant, but she's a woman first. Because you build a relationship first and because you need to learn to do that anyway, it makes it harder for you to consider the woman as a number, which you shouldn't be doing anyway. And because you do it from the word go, it's sort of working against that tendency all through your training and I feel that that is good (MS2).

In the following quote this participant talked about seeing things from the woman's perspective and recognising that, for the woman, everything that occurs in her pregnancy is important to her:

Quite often there are things that medically are not much of a problem, and not always the midwives, but often the doctors have indicated that it's not much of a problem, but when you're following-through somebody who has this and to them it's a problem then you're not going to fall for that one. Just because something is medically easy does not mean it can't be seriously upsetting and scary and it's sometimes a good idea to bring a different perspective to that so you can pick that one up (MS2).

Another participant commented on the intimacy that she felt through being involved with the women in the follow-through experience and how this intimacy then changed the way care was provided. She reflected on how she had seen some midwives treat women, and her comment relates to the fact that the intimacy of the follow-through experience changed the dynamics of what happened in the hospital setting:

In the follow-throughs it's again too intimate a setting to be able to ride roughshod¹⁸ over people and expect them to comply. The women have invited you to come into their experience – you're not there at a follow-through because you're rostered on – she has invited you to join her on her journey (MG).

The following participant also identified how she learnt that the women felt that they had received different care because they had someone with them, someone whom they knew:

They'll come up and say 'Oh, I'm so glad you were there. I feel much better for having someone that I knew there; someone who know what I wanted and someone who could explain what was going on.' Because not everybody will explain what's happening at the time; sometimes people get caught up in their job and whatever. You forget that not everyone understands jargon (MS2).

Knowing the woman and being aware of her choices was also important:

To be with the woman. That's what anybody in midwifery is there for; it is to be with the woman, not to mould her into a pigeon-hole you want her to fit into, and into any system, and to accept the choices that she makes. It should be her choice. And to be able to support her in those choices, which I know in

¹⁸ Idiom meaning to act with complete disregard for the person

the medical model, it's something very hard to do
(MS3).

The following participant described how her experience of being present with a woman for her birth was a different experience because she had a relationship with her:

...my first water birth which was 2 days ago, I will never forget because she was someone I knew intimately, and it was beautiful. If I had seen a water birth, I would have been blown out of the water, funnily enough, but not as intensely, because I knew that that was this woman's dream; I knew that she had been planning for it...without all of this, she might have been just someone who gave birth in the water (MS2).

One participant described getting to know the woman as meeting the woman where she is at. She believed that the follow-through experience reinforced that aspect of individualised care:

...you need to meet the woman where she is at. Glucose testing might be the thing you have to do in this visit but she might be concerned about something totally different. So, it doesn't matter how important the glucose test is to you, you need to meet her where she's at. And I think that's a very important skill with follow-through. It's coming to where they're at (MG).

For the following participant getting to know the woman as an individual made her more respectful and understanding of the choices that a woman may make. She described herself as a strong advocate for breastfeeding but she learnt, through her engagement with the follow-through experiences, that women make decisions for all sorts of reasons. The following is her description of her experience of learning to be '...less judgemental...':

For me... to hear about their experiences and their interpretation of why they weren't going to breast feed, led to a greater compassion for the fact that people make different choices for different reasons, and that their choices and reasons are valid; that we don't have the right to judge other people's decisions. I really felt that that was a huge lesson I got out of the follow-through experience (MG).

Summary of the data theme: 'You just really get to know what makes her tick'

This theme involves the student becoming deeply involved in the follow-through experience and learning from this relationship and intimacy. The participants identified the building of a relationship and getting to know the women as important facets of the follow-through experience, clearly identifying that this meant more than a simple social interaction and involved valuable learning experiences. They also recognised the impact that this had on them and their learning about the value of a relationship with a woman.

Getting to know '*what makes her tick*' included getting to know what else was happening for the woman, what other events and people in her life were significant to her. Participants identified that the development of a relationship and a commitment to the woman allowed them to provide the type of care to the woman that they knew was appropriate for her, particularly during her labour and birth where they already knew what she was hoping for in this experience. Participants also recognised the significance of the relationship to the woman and felt that women enjoyed the relationships they formed with the students.

'This woman's care is in your hands'

The second theme to emerge from the data involved the participants' stories of their participation in the follow-through experience and the learning that occurred for them as they engaged with women and had the woman's care in their hands.

Some participants described skills they learnt, and others focussed more on how and why they learnt.

You actually get to speak to a real person rather than just reading books or just practising on dolls. It's a lot different in the real world than what it is sitting on the floor of the lounge room reading a textbook. And it means that you have a bit more of an understanding about what's really going on. Not every labour is going to be a textbook labour, so you prepare yourself a bit more for complications or whatever when you're out really doing it (MS1).

Learning was described differently by the participants, but the essence of their learning came from being there, seeing what was happening, learning on the job and the 'serendipity [that occurred with]...the follow-through experience' (MS2). Participants considered their learning in the follow-through experience arose through each individual experience with a woman, rather than from the formal structure at university, or from the institutional structure of the maternity unit.

The following quotess described the learning that occurred as the student sees themselves placed in the 'real world' of midwifery:

Just the practical experiences, you just can't fathom how good they are – you can learn out of a textbook as much as you like, but until you're there in that situation and this woman's care is in your hands. A textbook can't really teach you that (MS1).

I can learn about a woman having pre-eclampsia in theory at Uni, I can see someone who's had it on postnatal ward, for example. But if I know that woman and if I see the distress in her eyes at the time that she's told she's got it, if I follow her through and see the consequences of that – or with

gestational diabetes, if I see the commitment that comes with being told she's got gestational diabetes, to do something about that...diet changes, exercise changes and all of that – the reality of the things I've come across - I don't think I could have learned so intensely through any other mechanism (MS2).

Another participant enjoyed her participation in the follow-through experience and she felt that she was learning because she was seeing things as they happened with the women. She explained that '... it's a very real learning experience as opposed to 'Am I learning the right things about hypertension?' or 'Do I really know the right way to do a urine or to read a lab test result?' (MS2). For another participant, the real world was about:

...just doing it, and the real-life experience of it and attending clinic, and the real-life experience of palps etc on a real person who needed it to be done (MS1).

Participants found it helpful when their learning was contextualised with a particular woman. They found it challenging, yet stimulating when they were asked questions by the woman's midwife or obstetrician about what was occurring. One participant described the midwife who '...was in the habit of testing me all the time – she would say 'ok which way is the head, which way is the back,' which is a bit scary but you learn' (MS1). Another participant found a particular obstetrician really encouraged her learning by questioning her about what was happening:

I've had a couple of doctors...who just quiz me on different things, like; a woman may say 'I've had headaches lately,' and he'll say 'has she had any dizziness?' and then he'll say 'OK what am I thinking about?' and 'what are the things we need to look for?'...He'll just sort of quiz me about it in a really easy-going way with me and not be negative if I got something wrong or didn't know the answer - but

that's one doctor in particular, and he's just been really helpful and I guess if you can find someone like that who can really help you learn it can make a lot of difference (MS2).

Participants were able to relate more to what was happening, because they could see the outcomes of their care. The continuity of being with the same woman also made the difference to learning:

...when you turned up to a midwife's clinic or you turned up to a birth suite and you didn't know the women...your learning tasks, for want of a better word, were gained in a very fragmented way. You weren't learning your midwifery decision making in the context of an individual woman, and that's massive learning for the student when you can contextualise it for that woman. Then you're also witnessing the outcomes of this decision made with follow-throughs, but not when having fragmented care, and that's really, really big learning for students (MG).

Participants identified that knowing the woman made a difference to how they learnt. One participant described how the women really supported them to learn:

... because I knew the woman, and she would be saying 'Come on dear, you have a go – you can put your hands on my belly.' They wanted to help you learn as well (MS3).

Another participant found it was better to practise skills with the woman when you knew her and she reflected that:

...it's great to be with women who know you and are comfortable when you're practising things like palpations and blood pressure (MS1).

Another participant felt learning occurred as she had to communicate things to the woman. She felt that even though all these things were in the textbooks:

... to be learning by actually speaking to women about the results of tests etc...helps you to take on board a lot about that which you couldn't learn from just reading it' (MS2).

One participant invested time in the follow-through experience as she recognised how this could contribute to her learning. For each woman she identified one issue that she could focus on. This issue was usually something that the woman asked her about and she researched this to ensure she could give the woman the correct information:

...the first time someone rang me and said 'the doctor did this thing and I've got a bug or something, and he won't give me antibiotics so am I going to get sick?' To actually go and research that and to be able to come back to her and explain the information - that is knowledge that I use every single day in practice (MG).

Yet another participant described how her learning was important because she was involved in doing 'hands on' activities from the beginning of her course. She also described how she learnt because she was with women in all types of settings:

You are getting so much more than you can get just from your classroom time and you're getting it very hands-on and you're getting it from day 1, so you're learning how the hospital works too – how different midwives work – and different doctors work and seeing different settings and different births...(MS1).

Being able to be 'hands on' was very important to the participants as this assisted their learning. Some described situations where they were told to

just 'stand in the corner and watch' (MS1), and these participants commented on how useless this was in relation to learning. One participant felt that she learnt very little at all from the follow-through experiences when she worked with obstetricians and she remarked that '... I didn't learn anything...because I was with an obstetrician who wouldn't let me do anything and wouldn't even make eye contact with me and I didn't get any hands on' (MS3). Participants commented that they felt they were wasting their time if they did not have an opportunity to do anything during their antenatal visit and one remarked:

I guess when you go to those appointments and you don't do anything – you go in and sit down, the midwife talks to the woman, she takes the blood pressure, she measures the fundal height, she asks all the questions and you sit there going 'oh yes, oh yes,' but you're not really challenged to do any thinking for yourself. And you just realised you wasted a couple of hours writing down blood pressure and height etc. I could have rung up for that. I go along for more than that (MS1).

Participants gained more confidence over time:

...obviously 1st Year was very much a watching role, but as the year progressed I got better and more confident at being hands on; but I also was shown lots of things, and at the very end of last year I ended up getting my hands on one baby for the birth' (MS1).

Similarly another participant noted that she initially watched and this is how she then learnt what to do:

You are there for her, but not really to do anything, and that's the main thing; to look and listen and learn. And by the end of 1st year it was really good because I had learnt how to do that; I learnt how to be with the mother – and I know I've still got a long

way to go – but the midwives were able to entrust me with other things, cannulas and having hands-on, and things like that. So you actually get to grow and then later you know what things need to be done as you've seen it done 7 or 8 times before (MS1).

For another participant the 'hands on' made all the difference and she remarked that 'I prefer when they say 'here, you do it, hands on,' because...hands-on you learn a lot more' (MS1). The follow-through experience was critical to the learning of students as described here as they recognised that being 'hands on' with a woman whom they knew was a different experience.

There were instances where the reality of the situation 'in the real world' meant that the participants were not always seeing what they considered to be midwifery practice that they would incorporate into their own practice, and so they recognised that they sometimes learnt how *not* to practice midwifery. These situations varied, but for the students it was the ability to sit back and watch how other professionals interacted with women that was often an important learning journey. This is described by one participant as follows:

...each time you go to a birth you're watching how the different health professionals interact and so you can kind of see what works and what doesn't and that particular woman that you're with might respond to a certain type of communication than another. As you might know, some health professionals can be sort of brusque and brisk, whereas other are a bit more nurturing, so I think it's just watching other people, getting more confidence in yourself (MS1).

Participants also recognised that being with the women in the follow-through experience provided them with the opportunity to see how different practitioners work, and to see what it is like to be a midwife. Whilst these

experiences may also occur with women who were not part of the follow-through experience, participants did identify the difference in knowing the woman. As one participant stated ‘...having the follow-through experiences made you feel you were actually studying to be a midwife’ (MG).

One participant spent time with women who chose shared care and she related that this provided her with an opportunity to see how other maternity care providers practiced:

I’ve gained a lot of confidence from being with the woman. A lot of the women I see do shared care, so you’re learning from the GP. You’re learning from different people, like different midwives etc. Everybody has a different way of teaching you something. So you’re just getting a lot of input from a lot of different people (MS2).

Again, whilst some of this learning could occur in standard clinical placements, this participant recognised that she gained a lot of confidence from being with the woman in the follow-through experience. This gaining of confidence by being with a woman who was known to the student was providing a better environment in which to learn. This is identified in the following comment where the participant reflected on the motivation required organising the follow-through experience and how this built confidence and helped her recognise the skills that are required in the workplace:

I think it helped me be more independent, not relying on other people or the University. You’ve really got to get off your own butt and know you have to be organised...which also builds confidence. I think in the long run when you’re in the work-force it’s a good skill and makes you feel a lot better about it all (MS2).

For another participant, her learning was about how every relationship is different, and you do not always come to have the same depth of relationship with every woman. She reflected:

...it was a huge experience too, to realise that there were women who you would never actually click with; I had follow-through with women that I had very little in common with and couldn't really develop a rapport with, no matter what I tried, so at the time that produced some soul-searching in regards to my communication skills; and also an acceptance that you don't click with everybody, but that doesn't mean you can't provide good support anyway. So I felt that that was valuable too (MG).

Summary of the theme: 'This woman's care is in your hands'

The theme of '*this woman's care is in your hands*' has been explored through a number of quotes from interview participants. The reality of the situation when the student was with the woman in the follow-through experience meant that the student was able to place her learning in the context of a specific woman and this assisted learning. Students also were encouraged by being able to be hands on, and again, it was the 'real world' of this situation, and the act of doing, that really assisted the student with their learning.

'It was gruelling ... It really was.'

This theme is about the difficulties participants faced in managing the process of the follow-through experience. For some the pressures of the requirement of 30 follow-through experiences were overwhelming. Participants identified these pressures as related to the time commitment, the difficulties with recruitment, the juggling of their university requirements with their personal commitments and their awkwardness with approaching women. Many of the comments made by participants were similar to those from the online survey. Data from the survey (Chapter Six) indicated that students struggled with the requirements of 30 follow-through experiences and many found this difficult to manage, along

with their other commitments. One interview participant described these pressures quite clearly:

This was not a course that you could close the books, shut the door and walk away from it. If the phone rang you would say 'Please God, I hope it's not someone in labour'. You get those pressures. I had a young child, I had fantastic family support and friends but you still do have that. I've come out the other end with my marriage still, which is better than some people did – and my child survived! And my hair has stopped falling out and my nails have started to grow back and the dark circles are fading under the eyes. It was gruelling. It really was (MG).

Participants described how sometimes they felt that they were simply 'going through the motions' in trying to complete 30 follow-through experiences. They often described how they were left on their own to manage this, and that the university provided little, if any support. The recruitment process was one of the most difficult requirements and they referred to the difficulty in just approaching women 'cold' to ask them whether they were interested in participating in the follow-through experience. Some participants related their fear of being rejected by the woman, and for others recruitment felt awkward, and intrusive. One participant was concerned about how to recruit women and she articulated this as '...the hard part was the fear of overcoming the rejection you could get' (MS1).

Another participant felt that '...a lot of the women only say yes to you to be nice, and they don't really want to be in the follow-through program, and when you ring them you feel like you're intruding in their lives' (MS2). For the following participant, recruitment was difficult as she felt unsupported:

...originally we were told to go to all the outpatients areas and clinic areas of the hospital, but not all the midwives were supportive there, so it wasn't always

*a pleasant experience to try and pick up women
basically in the waiting room (MS3).*

Other participants described similar negative experiences of recruitment:

*You actually had to walk around the waiting room
and sit next to people cold turkey and try to recruit
them yourself. That was very intimidating (MS3).*

The awkwardness of the situation also made the recruitment of women difficult. For example:

*...the recruitment is the really tough part – having to
walk up to women and put them on the spot and say ‘
hi I’m a student. I really need to see your birth and to
come with you through all your visits. Can I attach
myself to you for the next 9 months of your life?’
(MS2).*

Participants felt they were required to ‘juggle time’ in order to achieve the follow-through experiences. The follow-through experience was organised differently in different universities and some participants were required to travel some distance from their home in order to reach the hospital from where they recruited women. This occurred as some of these students were studying in the distance education mode and they were located some distance from a maternity unit. Juggling time and distance was problematic for some participants, while others found it almost impossible to do this along with family and work commitments.

The following quote reflects some of the challenges faced by participants:

*...the work load is phenomenal and the follow-through
program is part of what makes the work load so huge,
because it’s all extra-curricular activity. It’s not like,
e.g. Wednesday afternoon we have follow-through. If
your follow-through has an appointment here or a visit
there or goes into labour here, it’s too bad if you’re*

sick or you've got exams or you've got sick kids just at that time or whatever. The commitment of it is huge (MG).

The follow-through experiences required students to commit not only their time, but other resources such as travel and childcare expenses, as was highlighted in the survey responses. This was more significant for some students than others. For the following student juggling all the demands was difficult and this had a time, and cost imposition for her. She articulated that there was:

...a huge amount of petrol cost too. Yes, it's a huge expense and a huge time effort for me. I can coordinate study and all the rest of my life, but this coming and going business I found to be really difficult (MS2).

Most participants who were interviewed were required to complete 30 or 40 follow-through experiences, though some only needed to complete ten¹⁹. One participant, who was only required to complete ten experiences, felt that the follow-through experiences were very valuable. She commented though that:

'Some people go 'Oh it's so time-consuming' or so this and that, but I've just learned so much – I do think it's really worthwhile. Although I couldn't imagine having to do 40 like everyone else. I'd just be horrified' (MS1).

When I asked this participant what would make a difference to her enjoyment of the follow-through experience if she was required to complete 30 or 40 experiences, she responded:

It would probably change hugely. I would probably be trying to pick up women who were around 34 weeks, just to do the 3 appointments – I don't know,

¹⁹ At one university, students were only required to complete ten follow-through experiences as this course was approved in that State prior to the Australian College of Midwives standards being adopted as mandatory.

it would probably seem more like a nuisance than a benefit, rather than something I'm enjoying (MS1).

The thought of trying to manage 30 experiences for others was overwhelming and they remarked that this was simply an exercise in '...ticking boxes and crunching numbers because you had to do 30' (MG). It was also apparent that some completed this requirement in the best way they could, and, for some, this meant that the relationships they formed with women were very superficial. One participant noted that, for her, she was not able to always give the women the time she felt they deserved:

I just find the work load quite extensive in the 1st and 2nd Year and found it hard to give the follow-through experiences the respect they deserved really. I felt it was superficial and onerous at times. I found it more challenging than I had anticipated, I really have. I couldn't really give it everything that I'd like to give it and do well academically, you know, because I have to do well academically to pass (MS2).

When participants spoke about getting to know the woman, they also reflected on how important it was to see the woman often, as just meeting her a few times did not allow a relationship to develop. Some experiences were more superficial and this was mostly because they were overwhelmed by the numbers, and unable to focus on the individual women. Other participants made an additional commitment to the follow-through experience and to the women. They spoke about doing this as they felt a strong obligation to helping the woman to have the best experience possible. They gained more satisfaction from the experience when they knew the women better:

I think it's [the follow-through experience] a great idea. I think it's really poorly executed. I think there's a lot of disparity in the experience, but I think, given that you're trying to meet such diverse needs, it does give you the scope to do that. I always thought the numbers were too high – I think 10 meaningful,

valuable follow-throughs would be better than 30 ticked boxes (MG).

For me it just is a very time-consuming, very heavy commitment to do those numbers and to do them properly, and to believe in what I'm doing them for, not just in having to get them ticked off (MS2).

A participant explained the frustration of having to complete thirty experiences and she described how some experiences were 'good', but for others, it was just getting it done. She described the satisfaction she gained from forming a strong relationship with women and described that this only happened:

...with a good follow-through. And my argument with follow-throughs the whole way through was that 30 was such a ridiculously arbitrary number and a lot of them were just number-crunching. Oh damn, I need a follow-through – can you sign this for me to show I've done a couple of visits – friends and family – and I know that the number crunching that I've done is valueless, but I've ticked the box that I've got 30. And of that 30, probably 10 of them were what I think follow-throughs should be (MG).

This issue of the number of experiences that the students are required to complete was one that participants were asked specifically about in their interviews as the survey indicated that this was a concern of participants. Interview participants were asked directly about the number of follow-through experiences they were required to complete, and whether they thought this number was realistic. Responses varied, but were often clarified with a reason for their response. For many, while they expressed concern about having to complete 30 experiences, there was also awareness and an acknowledgment of the importance of the follow-through experience. The following quote typifies this response:

Doing 30; even though it was hard, I think perhaps it would be good to drop it back to 25, but I do think it's absolutely invaluable as part of bringing about midwives who are sensitive to the needs of women and really conscious of the full range of experiences that people can have. I really don't think that any kind of education would offer that in the same way (MG).

Another participant also recognised the importance of the follow-through experiences, and even though she thought 30 were 'a hassle', she did not feel that number should be reduced significantly. She explained:

It's difficult but I think it probably is still realistic. You wouldn't want 10 – it wouldn't be enough...But cutting something good down because it's difficult doesn't really strike me as very sensible (MS2).

Another participant had an alternate point of view - she felt that she gained more from attending every visit with the ten women she was required to follow-through and stated that it is all about:

The quality rather than the quantity. And I don't necessarily think that even 30 women will add up to the amount of experience that we would have gotten from every visit of 10 (MS2).

One participant was quite negative in her interview about the requirement to complete thirty follow-through experiences, however, she did recognise the value in getting to know the women and admitted that:

I guess the only thing is, from a personal point of view, I could see how the women feel through their pregnancies (MS2).

As in the surveys, participants spoke of quality versus quantity:

With 30 women – it was really just ticking off their names, so to speak, and getting them to sign a consent form. There was no accountability for how often you did see them and what you got out of it, so I would have preferred personally to have recruited less women and put in more time with each one so that it was more quality rather than quantity (MS3).

Of particular concern was the difference that occurred due to some universities requiring a certain number of births, but not allowing these to include follow-through experience births. Students were then forced to separate these births. The follow-through experience meant developing a relationship with the woman and spending time with her, but a birth that could be 'counted' towards course requirements was limited to simply 'catching the baby'. A participant described students having to be '...queued up and virtually walking in with a catcher's mitt on to catch the birth then walk out the other side' (MS3). She felt that the notion of having to complete a certain number of births led to this happening and students were under pressure to meet the demands of the course requirements. This was not the situation with other students though as any births that they were present for were able to be 'counted' as a birth.

It would appear that where the university placed restrictions like this on students, they felt that the follow-through experiences were not valued, and were not seen to be as important as other course requirements. One participant described the despair that some students expressed about having to meet all the course requirements and the lack of support they received:

... it was unrealistic and too much. So without support from the education system and from the providers, then us poor old students really get pushed from pillar to post. You just end up in despair sometimes and just feel it's all too hard (MS2).

For another participant her focus was on the lack of integration of the follow-through experience into the course:

...it's an incredibly valuable experience and it would be great if it was a unit of study and be more integrated into the course – and that it almost had a priority in some way, which I don't feel it does at the moment. I don't feel that it's supported enough, because it's such a separate part but you have to do it (MS1).

Unfortunately, for some students the course requirements and the need for the completion of thirty follow-through experiences became too difficult and so they chose to resort to other methods to indicate completion of requirements:

So many people I know have fudged their records. I haven't done it as yet but I've thought about it so many times, just to get rid of it. And I understand why they've done it because it just becomes such a headache (MS2).

Another example came from a participant who revealed that:

I know there were quite a few from our uni that actually regurgitated the same follow-through report. By 3rd year, they plucked out one from 1st year that they had done, and just gave it a new name (MS3).

Other participants indicated that there was a lack of support from the universities in preparing the students for the follow-through experience and that they felt they were left on their own to manage these experiences. One participant described how the university staff '... just give us a whole heap of work-sheets and information, and basically say 'go for it' (MS1). Another participant felt that there was no system in place to assist her. She took on the responsibility of managing this herself and acknowledged that '... I just basically did them myself and wrote them up' (MS3). Other participants suggested that the organisation of the follow-through experience by the

universities was done very poorly and was very 'haphazard' and 'piecemeal' (MG), and that '...the uni was fundamentally very unsupportive of us doing follow-throughs in reality' (MG).

Participants also reflected on how there was no mechanism at the University for discussion about the follow-through experiences. One participant described the follow-through experience as being '... on the side, this thing that we have to do' (MS2). For another participant, she indicated that there was some discussion amongst students, but that this was often casual, and not part of any university structure:

If we are just having a gas-bag²⁰, we talk about it, like we talk about our experiences and everything like that, but nothing relating to any theory or anything. The lecturers are like, well, that's your problem, not ours (MS1).

Lack of support also came from the midwives at times and participants identified that this decreased their confidence and affected their ability to learn. Again, whilst this comment may relate to circumstances in standard clinical placement rather than just with the follow-through experience, it is important as it identifies what can impact on student learning overall. This participant explained that:

I do find that some of the midwives don't really like direct entry midwives. Some of them are terrific, really good, but you do get some that really really don't like the direct entry midwives. ...but some of them take you on anyway and make you pay for it the whole blasted night – and that really does affect your confidence...you're so busy defending yourself you're not taking things in properly...you're anticipating criticism. They think it makes you careful

²⁰ 'Gas-bag' is a colloquial term meaning a chat, or relaxed discussion.

but it doesn't – it actually stops your learning
(MS2).

Another participant described how midwives did not ring them for the labour and birth of the women in the follow-through experience:

There were women who asked that their follow-through student be rung while they were in labour, and the midwife would simply not do it. And so students missed out on being at the birth purely because the midwife refused to ring, and that happened a lot (MG).

Summary of the data theme 'It was gruelling...it really was'.

Under this theme I have identified the many difficulties participants described in trying to achieve the follow-through experience requirements. For some, this was due to their concerns about the recruitment process, for others it was about the overwhelming requirement for completion of 30 experiences, and for others it was the constant 'juggling' of time and other commitments. Participants also expressed that the universities did not provide sufficient support and this added to the difficulties associated with the follow-through experience.

At times this data referred to experiences that impacted on the students' ability to learn. Often this was when the midwives were not supportive and this then caused the students to lose confidence in their skills and abilities. It is worth noting that students referred to knowing the woman as something that gave them increased confidence and they identified that they learnt more effectively when they were with a woman with whom they had developed a relationship.

'It is something more meaningful, something different.'

'It is something more meaningful, something different' came from participants identifying that the follow-through experience provided them with an opportunity

that was very different from any other within their Bachelor of Midwifery course. Participants reflected on the unique nature of the follow-through experience and how the connection they made with women was what made the difference. Participants explained that they felt the follow-through experience was different, because there as an opportunity to make a connection with a woman:

*You connect! – and it is something more meaningful,
something different (MG).*

Another participant described how she focussed on each woman in the follow-through experience as an individual. In developing a relationship with the woman, she described: 'It's just letting them know that I'm there to listen to them, it's all about them, they're not a number, they're a name, no-one else but them' (MS2).

For this participant the follow-through experience helped her to learn that 'normal' is different. She stated that:

I think the really, really, really big positive is that it teaches you so clearly that 'normal' is not 1,2,3, It's all sorts of things and this can still be totally normal. I think that's probably it's [the follow-through experience's] biggest value'. You learn that 'different can be normal...you can tell somebody that, but letting them find out for themselves is much, much more effective (MS2).

One participant spoke of her recognition that the follow-through experience was unique as she did not have that sort of opportunity to make a connection with one woman at any other time during her clinical placements:

So the unique thing about follow-throughs that can't be experienced at any other time is that connection, that continuity that you get with women; you can't get it on clinical... (MS2).

Other participants also recognised that the follow-through experience provided very different experiences from the standard clinical placements:

With clinical placements you see women only for a visit which gives you no understanding of what their needs are throughout their care. And there's a different relationship with the woman, particularly if she's known you and you've known her through the pregnancy (MS1).

For some others it may be the only chance we ever get to work in that way with women for a really long time. And I think, even though now some of the women I meet in birth I have never met before, I think it helps me just to remember them as a person who's had this whole antenatal history and stuff, even if I haven't been privy to it because of the continuity of care experience that I have had as a student. And it helps me kind of try and see the woman a little bit more as not the next object on the assembly line, so to speak (MG).

Participants also recognised that the follow-through experience was 'different' as they were placed with the woman, not with the hospital and this provided them with a unique opportunity to be with the woman:

I think somehow, because you were just connected to the woman, as opposed to the venue, with their care provider you had more opportunities to do things and learn different things. You looked a bit different to when you were just a student just traipsing behind the midwife, like if you came in with the woman and they have seen that you've been there from the beginning or you knew the woman, you were able to get involved a little bit more (MG).

If they [the hospital midwives] see that the woman trusts you and wants you involved in her care, then you will be. And also, because you weren't attached necessarily to the venue – you went in with your plain clothes as it might be the middle of the night on the weekend, so it wasn't like you were necessarily in uni uniform and you weren't attached to the venue – so you could say things like, 'can't she come off this seat and get in the bath now?' without treading on anyone's toes. As a student, you are in this unique position where you can kind of maybe advocate for the woman a little bit more than what you can do when you're on placement at that venue (MG).

Participants reflected also on the opportunity the follow-through experience provided for them to experience midwifery continuity of care with one participant acknowledging that it contributed to her preparation for commencing caseload practice on graduation:

It's really hard, I think definitely the follow-through experience does help prepare you for that a lot better, definitely a lot better and I think obviously continuity of care models are the best for women by far (MG).

Participants recognised the different relationships that they formed with women when they were able to get to know them. This meant that the care they provided to these women was different as they felt more responsible regardless of the setting or model of care:

We were able to support her to have a natural birth, and I know, absolutely, definitely, that that had a huge impact on her and her self-esteem and her sense of who she was as a woman and her strength as a woman. In another situation, her baby would have been dragged out with forceps or Ventouse and

she would have been damaged by this birth experience... I really think many women, because they weren't being offered continuity and they were going through the fragmented care system, they did actually come to appreciate how valuable it is to have a 'known' care-giver, even if that person was a student. Women really enjoyed developing a relationship with someone; having someone across the whole spectrum of their care (MG).

With the women in the delivery suites, you really have little opportunity, you're so busy running around doing all the form-filling out and dotting I's and crossing Ts, that there was very little left to build a relationship with the woman (MS3).

For another participant, there was a difference because she was seeing everything from the woman's perspective:

You are learning how to be a midwife...The practical experience of actually being a part of that experience from the woman's perspective is so valuable and gives you such insight (MG).

A further example comes from a participant who had just completed her course when she was interviewed. She spoke of the essence of the follow-through experience, from her perspective, being that it was all about the woman:

The whole experience is more from the woman's perspective, and that's what I guess I took from it most – not from a midwife's perspective or a clinical perspective – it was all what each woman goes through, throughout her whole pregnancy and birth experience – because everybody's different (MS3).

Another participant expressed a similar view in recognising the particular characteristics of the follow-through experience:

It is very different! Because you're learning to be a midwife, it's a different perspective. When you are doing the follow through, you are truly with the woman in a completely different way. You don't have an agenda; you don't have certain things you have to cover in the appointments; you just have the opportunity to be with them and talk with them and see what the experience is like for them (MG).

Other participants also reflected on this relationship with women and how it made them think about the individual woman, her particular circumstances and situation:

I think the follow-through actually makes you relate – or gives you more initiative to relate to women outside of the clinical situation, so you are having to take on the woman's story in a less clinical way' (MS1).

The following story addresses how the theme 'it is something more meaningful, something different' can conflict with philosophical positioning in maternity care:

I had a birth not that long ago who was a family birth centre transfer, who ended up with a caesarean. A series of events happened through that process, of course, and I was speaking to the doctor who had looked after her, probably 2 maybe 3 weeks after, and I said I've really been thinking about it and maybe I could have done it better and she said 'You know what? What you've really got to learn is to get over them. You've just got to learn to get past them. It happened. It's gone. Don't worry about it.' And that's just not the philosophy that I went into it with

and it's not the philosophy of BMid and it's certainly not the philosophy that you get through follow-through (MG).

Summary of the data theme: 'It is something more meaningful, something different'.

The data that informed this theme spoke to the impact the follow-through experience had on students. Participants recognised that the care they were able to provide for women was very different as they had developed a relationship with the woman. They recognised the difficulty in trying to form relationships with women when you only met them for the first time during their labour.

Elements of the follow-through experience that influence learning

It is useful at this stage to provide a summary of those elements of the follow-through experience that have been identified by the participants as enhancing their learning, and also those that detract from the learning environment. Elements of the follow-through experience that enable a positive learning environment for students can be summarised as follows:

The follow-through experience:

- Enhances textbook learning;
- Contextualises care;
- Allows for evaluation of advice and care given;
- Stimulates further reading and learning;
- Allows for repetition of clinical skills.

The following elements of the follow-through experience that detracted from the learning environment can be summarised as follows:

- Inadequate time allocated to this experience
- Limited support from universities
- Limited support from midwives
- Impact on personal life

These aspects of learning and the follow-through experience will be further explored in the next chapter.

Chapter summary

This chapter 'It's all about them, the women' presented the results of the in-depth telephone interviews that were conducted with 28 former and current Bachelor of Midwifery students. During the interview phase participants responded to a number of questions and they were also encouraged to expand on their own experiences so they could relate their own story, rather than simply responding to set questions.

Thematic analysis was the method used to analyse this data and an audit trail of this process was established. There were four key themes:

- 'you just really get to know what makes her tick';
- 'this woman's care is in your hands';
- 'it was gruelling. It really was'; and
- 'it is something more meaningful, something different'

identified from this data, and these have been presented here with the use of quotes from the interviews to illustrate the themes.

This chapter is the final chapter of four where the research data has been described. The following chapter will discuss and analyse the findings of this research.

Summary of data themes

Participants	Themes
Themes from ANEST participants The 'Concept and Intention' of the follow-through experience.	'The student is with the woman and not the institution' 'Developing a relationship with a woman' 'Potential for a wide range of experiences' 'Interpreting the follow-through experience incorrectly'
Themes from course coordinator participants The 'Incorporation and Implementation' of the follow-through experience.	'So while the follow-through experience has got loads of positives...' 'Too many, too many, great idea, but too many' 'It doesn't fit where we don't have that caseload approach'
Themes from <u>survey</u> of former and current student participants The 'Student Experience' of the follow-through experience.	Survey: Recruitment 'It was very confronting and awkward' 'It takes a lot of time to recruit women' 'It becomes a numbers thing and not a woman-centred thing' 'It is a foreign concept' Survey: Learning 'Being there in the moment' 'Relationship building with women' 'The uniqueness of a woman's journey' 'I don't think I learnt anything' Survey: Assistance with learning 'The women themselves were our greatest teachers' 'It's really good when the midwife is helpful' 'It's been good to link theory to practice' Survey: Follow-through experience should be

Participants	Themes
	compulsory 'It is the most "real" part of the course' 'There are far too many to do them properly' Survey: Follow-through experience should <u>not</u> be compulsory '30 is too many' Survey: Challenges 'Time' 'Getting the numbers' 'Lack of support' 'It is very expensive' Survey: Further comments 'The focus was on numbers and not experiences' 'The follow-throughs were some of my most significant learning experiences'
Themes from <u>interviews</u> with former and current student participants The 'Student Experience' of the follow-through experience.	'You just really get to know what makes her tick' 'This woman's care is in your hands' 'It was gruelling. It really was' 'It is something more meaningful, something different'

Chapter Eight: Discussion

‘The real “job” of midwifery is the journey with the woman’

Introduction

In this chapter I synthesise the findings from this research with the research questions and the relevant literature. Findings from this research were presented descriptively in Chapters Four, Five, Six and Seven. A summary of the themes that arose from analysis of the data collected during this research was provided at the conclusion of Chapter Seven. In this chapter, these themes are integrated and discussed to provide an overview of what this research sought to discover – that is, the learning associated with the follow-through experience. This chapter provides an interpretive analysis of these themes in relation to the research questions.

In this chapter I also describe and discuss the conceptual model (page 236) that I have developed to illustrate the learning in the follow-through experience in Australian three year Bachelor of Midwifery programs.

Summary of data collection

As described earlier, data were collected from a number of key participants and several data collection methods were utilised. The use of a variety of data collection methods was useful to ensure that different perspectives of data were available for analysis. In collecting these varied data perspectives, I have been able to gain a comprehensive view of different aspects of the research questions under study.

Data were obtained from three different perspectives. The members of the Australian College of Midwives National Education Standards Taskforce (ANEST) provided information about the concept and the intention of the follow-through experience. Course coordinators of Australian three year Bachelor of Midwifery programs provided information on the incorporation and implementation of the follow-through experience into their programs. I also

surveyed and interviewed former and current Bachelor of Midwifery students to gain their perspective on the follow-through experience.

The data collection process is summarised in Table 14:

Table 14: Summary of participants and data collection methods

Participants	Number	Data Collection Method
Members of Australian College of Midwives National Education Standards Taskforce (ANEST)	4	Face to face interviews
Australian Three Year Bachelor of Midwifery Course Coordinators	5	Face to face interviews
Former and current students	101	Anonymous online survey
Former and current students	28	Telephone interviews
Total number of participants	138	

The findings from this research are discussed in response to the three research questions initially, with further discussion occurring in relation to the conceptual model.

Research Questions

The research questions that will be used as a guide to my discussion of the findings were:

- 1. What is the student's experience of the follow-through experience?**
- 2. What learning is associated with the follow-through experience?**
- 3. What is the value to students of the follow-through experience?**

Many of the studies reported in the literature review were conducted with midwives, rather than midwifery students. Where relevant, for example in relation to learning, I have focussed on literature that applies to the student learning context. However, where the published evidence has explored the

relationship between the woman and the midwife, I have predominantly used literature that refers to midwives, rather than midwifery students. This is because there is limited published evidence on the nature of the students' relationship with women, though the few studies that do exist are drawn upon.

It is not possible to determine whether the relationship between a student and a woman is particularly different from the relationship that is formed between a midwife and a woman. It is likely though that these relationships do differ, primarily due to the level of responsibility that is carried by the qualified midwife. The findings of my research focus however on how a relationship affects the student learning experience so it is appropriate that the literature on relationships between women and midwives is used to support this research.

Research Question 1:

What is the student's experience of the follow-through experience?

The findings in relation to this research questions are synthesised under two key areas - building relationships with women and challenges associated with the follow-through experience.

Building Relationships with Women

Students identified that the relationships they developed with women were central to the follow-through experience. Themes illustrating this included: *'relationship building with women'*; *'you just really get to know what makes her tick'*; *'this woman's care is in your hands'*; *'it was something meaningful, something different'*. This ability to develop relationships with the women was a key finding of this research.

Building a relationship with a woman made the experience more meaningful for students. The students recognised that they provided different care and they felt connected to the woman, not to the hospital. This is in keeping with the intention of the follow-through experience as described by ANEST participants in the theme *'the student is with the woman and not the institution'*. The theme

from the students: *'it is something more meaningful, something different'* articulated how they got to know the woman, how they developed a relationship with her, and how this influenced their care and learning. Many commented on the increased satisfaction they received from this experience and recognised the difference that the relationship with a woman made when they compared this to working in the fragmented care model during their standard clinical placements.

The midwifery literature has previously identified that midwives experience work differently when they are able to build relationships with women (Brodie, 1996; Brodie, 1997; Hunter, 2006; Kirkham, 2000a; McCourt et al., 1998; Walsh, 1999a). Research on midwives' experiences of working in partnership with women also provides insights into the impact that such a relationship can have on both the woman, and the midwife. Brodie (1996) identified a similar experience in her research on team midwives. She found that 'being with women' was core to the midwives' experiences of working in team midwifery and that the relationship the midwives developed with the women was crucial to them.

Subsequent studies have also shown that as midwives move from providing fragmented care to working in continuity models, there is increased satisfaction for both women and their midwives. The ability to form meaningful relationships means midwives' shift allegiance away from the institution, towards the woman (McCourt, Stevens, Sandall & Brodie, 2006). In a more recent analysis of midwives' relationships with women, Finlay and Sandall (2009) suggested that there can be positive outcomes for women when a shift in allegiance occurs from the organisation to the woman. Stevens and McCourt (2002) described the experiences of midwives who worked in a One-to-One midwifery caseload practice and noted that these midwives described their relationships with women as being a major source of satisfaction for them.

The themes that were identified by Stevens and McCourt (2002) are closely aligned with the findings of my research. They referred to midwives valuing the

relationships they built with women, despite the challenges that they faced at times when, for example, they experienced long days being on call. The midwives also identified that they developed increased knowledge and skills as they could practise midwifery more holistically and felt they were able to practise as real midwives (Stevens & McCourt, 2002). A congruent theme arising from my research was *'it is the most real part of the course'* where participants reflected on the follow-through experiences as providing them with the opportunity to know the job of a midwife and this was also exemplified in the theme *'this woman's care is in your hands'* and *'being there in the moment'*.

Even those students who expressed their concerns about the challenges they faced with the follow-through experience, identified the significance of these relationships and the opportunities for learning that occurred. For many, the follow-through experience provided the best part of their course and this was their only chance to work in continuity with women. Other positive experiences identified were around personal interaction, including being able to learn from women and support them to achieve the birth experience they planned. Several students were asked by individual women to be their follow-through student again in the woman's next pregnancy. Students felt this was an affirmation of their contribution to the partnership that exists and develops with the follow-through experience.

Little research describes the nature of midwifery student relationships with women and the impact this has on student learning. In a study to explore the experiences of the first cohort of Bachelor of Midwifery students from one university in Australia, Seibold (2005) noted that students valued developing relationships with women. She reported a range of themes that arose from interviews with these students and stated that they felt that the success of the follow-through experience was related to the women. The students in Seibold's (2005) study, identified that the follow-through experience provided them with an opportunity to develop partnerships with women. These findings are supported by my research.

In partnering with a woman, students saw the bigger picture and learnt about the woman's family, her circumstances and what her expectations for her pregnancy and birth were. Students valued the ability to develop a relationship with women and identified a range of benefits including knowing about the woman, her personal circumstances and her wishes for her pregnancy. The students indicated that this enabled them to provide different care for the women and the relationship they formed with the woman was important. This notion of 'different care' was related, primarily, to the difference between care provided in their standard clinical placements, and the care they could provide with a woman in the follow-through experience, as they had time to form a relationship with the woman. Students recognised that knowing more about the woman meant that they had a deeper understanding of her wishes and they were therefore able to assist the woman to achieve the outcomes she desired.

Whilst participants did not refer to woman centred care as a philosophy of practice, the findings indicated that this philosophy was apparent when they described their experience of working with women in the follow-through experience. Leap (2009, p. 12) defined woman-centred care as follows:

Woman-centred care is a concept. It implies that midwifery:

- *Focuses on the woman's individual needs, aspirations and expectations, rather than the needs of the institution or professionals*
- *Recognises the need for women to have choice, control and continuity from a known caregiver or caregivers*
- *Encompasses the needs of the baby, the woman's family and other people important to the woman, as defined and negotiated by the woman herself*
- *Follows the woman across the interface of community and acute settings*

- *Addresses social, emotional , physical, psychological, spiritual and cultural needs and expectations*
- *Recognises the woman's expertise in decision making.*

A recent critique on the nature of woman centred care by Carolan and Hodnett (2007) discussed the implications of embracing this philosophy. They suggested that the advent of midwifery-led models of care and the subsequent introduction of 'direct entry' midwifery programs in Australia has contributed to the espousal of woman centred care. The authors questioned whether all women though needed to have a relationship with their midwife. They concluded that the evidence suggests that women do not attach as much importance to this relationship as midwives do.

The findings of my research provide an alternate view point to that espoused by Carolan and Hodnett (2007). Students in this research clearly articulated that the relationships they formed with women during the follow-through experience were important for a number of reasons. This was because they knew about the woman, they knew her wishes and her past experiences, they knew her personal circumstances and they came to understand what impact these may have on her experience of pregnancy, labour, birth and early parenting. For these students, the relationship meant they were able to provide care that was more personal, and in response to that particular woman. They spoke of feeling more responsible which was identified in the theme '*this woman's care is in your hands*'. The relationships that developed between the participant and the woman in the follow-through experience also provided different learning opportunities as described in '*the women themselves were our greatest teachers*'. There was clearly more to the relationship with the woman than just getting to know her.

Carolan and Hodnett (2007) argued that women do not wish to have continuity of carer, but placed more value on the ethos and consistency of care and

respectful engagement. I would argue however, that these tenets of midwifery care are more available when care is provided to a woman by a known caregiver. There exists now ample evidence of the benefits conferred to women when there is a relationship between the woman and her midwife (Benjamin et al., 2001; Coyle et al., 2001; Creasy, 1997; Hatem et al., 2008; Homer, Davis, Cooke & Barclay, 2002b; McCourt et al., 1998; Page, 2001; Walsh, 1999a; Williams, Lago, Lainchbury & Eagar, 2009). The importance of continuity of carer is also supported through the findings of this research where participants identified the multi-layered effects of knowing a woman and the differences this made to the care they provided.

The evidence (Berg, Lundgren, Hermansson & Wahlberg, 1996; Hodnett, 1998; Homer et al., 2002a; Kirkham, 2000b; Walsh, 1999b) overwhelmingly supports the importance of this relationship, both to women, and to midwives, yet many still question its relevance (Carolan & Hodnett, 2007; Freeman, 2006; Green et al., 1998; Green et al., 2000). Notwithstanding this, it is however important to continue to question and discover what women wish to gain from their care during pregnancy, labour, birth and the postpartum period.

In respect of women's views of the follow-through experience, research conducted by Rolls and McGuinness (2007) found that women benefited from this experience. They reported that women perceived the relationship between themselves and the student to be a strong bond, a partnership and they felt the students were 'with them'. They also identified that the presence of the student made a difference and having a student with them helped to 'bridge the system' (Rolls & McGuinness, 2007, p. 151). The findings of my study are complementary in that a strong relationship with women made a positive difference to the experiences of students.

Other research has similar findings in other contexts. Hunter, Berg, Lundgren, Ólafsdóttir and Kirkham (2008) recognised that developing quality relationships with women was an important aspect of maternity care. They argued that, while there are many aspects of maternity care provision that impact on women, the

quality of the relationship between the woman and a midwife was the cornerstone to this care. The work of Hunter (2001; 2004) also provides support to the findings of my research as the nature of the relationship between midwives and women is highlighted as being important. Hunter (2004, p. 268) found that 'midwives considered "knowing the woman" made their work easier...'. Students in my research also expressed similar views expressing the satisfaction they found in getting to know a woman and building a relationship with her.

In essence, the student's experience of the follow-through experience reflected its original intention as identified by the ANEST participants. Students indicated that they understood and valued building a relationship with women and they came to understand how midwifery continuity of care led to a different experience for them. The difference in relationship was related to being with the woman rather than when they were in standard clinical placements where they identified they were placed with the institution, not with a woman.

The challenges associated with the follow-through experience

Whilst students spoke of their positive experiences of being able to develop a relationship with women, they also articulated aspects of the follow-through experience that were difficult. These difficulties related to the management of the experience by both university and maternity care providers and also to the pressures associated with having to complete 30 experiences. The follow-through experience was often poorly organised and students received very little support from the universities, and often little support from the midwives in the maternity units. Recruitment of women was fraught with difficulties. There were other challenges, with students describing how they struggled to manage their commitments of the follow-through experience as well as their study and personal life. The personal investment of time and money into the follow-through experiences seriously affected the quality of some students' education and impacted on their lives. The follow-through experience also appeared to be an 'add on' to other course requirements, rather than integrated into the course

as part of the clinical hours as suggested in the ACMI standards (Australian College of Midwives Inc., 2001a). Students felt that they had been 'thrown in the deep end' and were expected to manage on their own, often with very little support or opportunities to reflect on learning.

Many students commented on the difficulty of completing 30 follow-through experiences. They felt that they were just doing the hours in many cases and it became about quantity, not quality and that '*the focus was on numbers, and not experiences*' and '*it becomes a numbers thing, and not a woman-centred thing*'. This is supported by data from course coordinator participants who also expressed the view that the requirement to have follow-through experiences with 30 women was excessive, and the majority thought this was an arbitrary number that was not suitable for the Australian midwifery context.

The course coordinators, whilst they all recognised the intent of the follow-through experience as providing students with an opportunity to work with women in a continuity relationship, were not all necessarily supportive of students working in this way. Some were concerned that the follow-through experience was inconsistent with the Australian maternity system as so few midwifery continuity of care models existed. They argued that the follow-through experience had been imported from midwifery education programs in other countries where midwifery continuity of care models were prevalent. The 'clash' that occurred with students attempting to fulfil the requirement of 30 experiences whilst working in a system that does not support this model of care was highlighted.

Contrary to these concerns however, is the key premise on which the follow-through experience was originally based – placements with women, not institutions, because of the lack of continuity models. The course coordinators knew the intent of the follow-through experience, and acknowledged that continuity of midwifery care was important to women but there was a lack of flexibility and innovation in the way this experience was implemented. The

ANEST participants supported this and indicated that the follow-through experience *'had been interpreted incorrectly'*.

Serious questions need to be asked about the incongruence between the intention of the follow-through experience, and the student experience of this. Given that the course coordinator participants were clearly able to articulate the intention of the follow-through experience, the themes from my research gave a negative perception of the experience from their perspective: *'so while the follow-through experience has got loads of positives...'; 'too many, too many, a great idea, but too many'; 'it doesn't fit where you don't have that caseload approach'*. It could be presumed that course coordinators found the follow-through experience simply too difficult to implement in the university setting. It is difficult to understand the reasons behind this incongruence and it would seem that the causes are likely to be more than simply a difficulty with the university system.

There appeared to be a resistance to the change that the follow-through experience required from the course coordinators. This experience was quite unique to university settings and previous midwifery students (for example those who completed post-nursing, pre-registration courses) have never been required to complete these experiences. While I am aware that in some Australian states, for example New South Wales and Queensland, students were required to complete a 'longitudinal case study' of a woman, the follow-through experience was quite different to this.

The implementation of the follow-through experience was undertaken differently in each university with some universities placing arduous academic requirements around the follow-through experience. This clearly added to the complexity and challenges. Seibold's (2005) research identified that students found the documentation requirement to be onerous and complex and students stated that they often received conflicting advice on what was expected. As a further example of seemingly punitive requirements, students in this research indicated that the births that they attended with the follow-through women were

not able to be counted as birthing numbers for registration requirements. This is despite what was written in the Australian College of Midwives Incorporated (ACMI) Standards for the Accreditation of Three Year Bachelor of Midwifery Programs (Australian College of Midwives Inc., 2001a, p. 11) where it specifically stated that the follow-through experiences could be counted towards the minimum requirement for being the primary care giver with 40 women giving birth.

In recognition of the challenges that students faced in trying to complete 30 follow-through experiences, many also expressed their disappointment at not being able to spend as much time with the women as they would have liked to. They described the difficulties they faced with trying to achieve many, often competing demands of the Bachelor of Midwifery programs. Many felt the follow-through experience was not supported by the university or the midwives and that many midwives did nothing to assist their learning. The follow-through experience appeared to be an 'add on' to other course requirements, rather than integrated into the course and this did not contribute to the learning experience. Participants described this under the themes: *'it becomes a numbers thing and not a woman-centred thing; and 'there are far too many to do them properly'.*

Participants, in many cases, adopted a superficial, or surface approach to the management of the follow-through experience with some participants identifying that they 'created' their assessments for submission to the university, or simply re-submitted an assessment from a previous year. Surface approaches to learning are limited in their long term beneficial effects. Ramsden (2003, p. 47) in his discussion of student approaches to learning, referred to the two approaches of deep and surface learning and identified the surface approach as 'intention only to complete task requirements' and where the 'student distorts structure of task'. Biggs (2003) also referred to students adopting either a surface, or a deep approach to learning that was often based on the task that is set, rather than the students' choice of learning approaches.

These approaches are useful to consider when addressing the learning associated with the follow-through experience. Students adopted the surface approach at times when they felt they had to simply complete the numbers, rather than immerse themselves in the experience. Some identified that they did not complete the requirements as expected by the university with others taking 'short cuts' in order to get the work done. Their approach can be related to Ramsden's (2003) description of surface learning being where students may distort the structure of the task. Participants did this in order to meet the university requirements. Clearly the issue of the number of experiences required relates not only to the notion of time, but also to the value of the learning associated with the experience.

A related theme from students was that of time management was a concern for them. The students found difficulty in trying to manage the competing demands of university work, their personal lives, clinical placements, work commitments and the follow-through experiences. Where students were asked to identify the challenges associated with the follow-through experiences, the following themes emerged: *'time'*; *'getting the numbers'*; *'lack of support'*; and *'it is very expensive'*. There is no doubt that students struggled with many of the requirements of not only the follow-through experiences, but also of the Bachelor of Midwifery course.

Students felt that not all women were interested in being involved in the follow-through experience and some women did not understand what the experience was about. These findings were discussed in Chapter Six under difficulties associated with recruitment where the theme *'it is a foreign concept'* was identified. The question could be asked then is there anything in this for women? This research did not seek to address this question and again the work of Rolls and McGuinness (2007) provides the only evidence about the views of women who have been involved in the follow-through experience in Australia. It is clear from their findings though that women did indeed value the opportunity to be with the student in the follow-through experience.

As part of the theme '*I don't think I learnt anything*' students also reflected on the difficulties they found with being too personally involved with the women. One participant spoke of finding the emotional involvement with women difficult and others reflected that they felt they were imposing on women and wondered whether the women received any benefits from the experience.

Recruitment of women was a source of anxiety and concern for many participants and this was reflected in the themes '*it was very confronting and awkward*'. Some students were concerned about the ethics of recruiting women and they wondered whether they had anything to offer the woman, or anything to contribute to a woman's experience of pregnancy. Participants also identified that they felt the university offered very little support to assist with recruitment. Clearly this needs addressing so that students and women are not put in difficult positions.

Students gained more from the follow-through experience when they were supported by the midwives. Some had the opportunity to work alongside midwives in a continuity model and they were able to recruit women through this model. For these students, their understanding of the benefits of working with women in a continuity model was enhanced as they actually experienced this for themselves. However, for most students, their relationship with the woman was the only continuity the woman received because of the fragmented nature of most maternity care in Australia. Students clearly identified the benefits of knowing a woman and providing continuity of care, which is also borne out in considerable amounts of evidence.

Students also spoke of their disappointment when midwives did not contact them when one of 'their women' was admitted to the hospital in labour. There appeared to be no clear reason why the midwives did not contact the students, but students clearly found missing the birth to be very disappointing, both for themselves, and for the woman. It could be argued that, as many midwives have not had the opportunity to be with women in continuity models, and therefore develop a relationship with them, that they do not fully appreciate the

importance of the relationship that is formed. Perhaps this lack of understanding of the importance of this relationship led to ambivalence towards contacting the student to be with the woman.

Research Question 2:

What learning is associated with the follow-through experience?

Students identified that there was valuable learning from the follow-through experience. This learning was characterised by the development of a relationship with the woman but it also related to the development of skills, such as abdominal palpation and blood pressure measurement, and other skills associated with midwifery practice such as communication and time management. They reported they were more confident in their skills when they were with a woman they knew and this then helped their learning.

This learning occurred in a situated learning environment. As described earlier in this thesis, situated learning theory (Lave & Wenger, 1991) explains how the situated aspect of the follow-through experience supports student learning, and constructivism informs how this learning is shaped into knowledge about midwifery practice. Situated learning recognises that learning occurs when it is situated in the real world in which there is a joining of activity, context and culture. Learning occurs as the student is able to place their learning within the context where it will be applied. The findings of this research can be understood through the application of the situated learning theory. Situated learning requires more than simply being placed in the context of learning. In order for learning to occur, Lave and Wenger (1991) argued that the learner must be part of a community of practice where they learn from others around them.

Students recognised that their learning occurred because they were involved with the care of the woman and this occurred in the 'real world' of midwifery, rather than simply through reading and listening to lectures. Their description is an example of situated learning. Situated learning theorises that learning occurs through interaction with the social context. Lave and Wenger (1991)

state that situated learning theory is about learning as part of social practice. They theorise that learning occurs when it is based within a social context and that learning occurs during interaction with this social context. In order for midwifery students to develop midwifery knowledge and practice, they need to be involved in practice and learn through interaction with that practice environment in a situated context. Lave and Wenger (1991) refer to learners being legitimate peripheral participants where their interaction in a community of practice enables them to develop the skills of this community, and become a part of the community. Whilst there was definitely evidence in this research where this occurred, this was not always the case and students identified that they valued the guidance of the midwives and doctors with whom they worked to assist them in their learning.

Students spoke of learning not only the practical skills associated with being a midwife, but also the professional requirements. Students were able to observe how midwives practiced and, from this, develop their own identity as a midwife. This supports the seminal work of Brown, Collins and Duguid (1989) who reflected on learning occurring within a culture, where the learner becomes a part of that culture and subsequently learns from others. They stated that this ‘...process may seem informal, but it is nonetheless full-blooded, authentic activity that can be deeply informative – in a way that textbook examples and declarative explanations are not’ (Brown et al., 1989, p. 25). Authentic activity is an aspect of learning that occurred in the follow-through experience where the ability to be ‘hands-on’ with a woman maximised learning. The experience provided learning that the students could not have achieved by simply reading textbooks or listening to lectures. Learning was described as serendipitous by one student. This notion captures the essence of the learning that occurred, and also the essence of ‘learning by doing’. Serendipity refers to things happening by accident. The learning was not planned, but occurred due to the particular individual circumstances of that woman.

Students also described other aspects of the follow-through experience that they thought assisted with their learning. They identified how helpful it was to see how midwives practised and how they could then learn from this. They also

learnt from being coached and questioned by the midwives and doctors that they were working with. Their description is in keeping with the key elements of situated learning as described by McLellan(1996) and Woolley and Jarvis (2007). These key elements include modelling, coaching, and reflection, all of which support learning about practice. In this research, each of these elements was identified by students as they described their learning in the follow-through experience. In particular, debriefing was one type of support they found useful, in keeping with situated learning theory that recognises the importance of reflection. Conversely, they identified that they often felt unsupported with the follow-through experience and that they were '*thrown in the deep end*'. Clearly, the lack of support affected the students' ability to learn from the follow-through experiences.

Elements of constructivism were evident as the knowledge gained from the follow-through experience was assimilated with other knowledge, and this then shaped the students' midwifery practice. Students described this assimilation referring to linking theory they gained from university study with working with midwives in practice. Assimilation of knowledge was described in the theme '*it's been good to link theory to practice*'. Lathrop, Winningham and VandeVusse (2007) identified components of constructivism in relation to simulation-based learning for midwives and argued that constructivist principles related to learning that occurs in a complex social environment where learners are able to reflect on their experiences in order to construct their own interpretation, and therefore knowledge, of what is occurring (Lathrop et al., 2007). Gordon (2009) also argued that constructivism requires learning to be a meaningful process where learners are able to be active participants in an appropriate context. The findings from this research indicated that participants recognised their learning occurred as they were engaged in the real world of midwifery as explored in the theme '*being there in the moment*'. Students spoke of being able to interpret what they had learnt and incorporate this into their practice. They reflected also that the follow-through experience was a unique learning opportunity.

This research has shown that students do learn from their engagement with the follow-through experience and this learning is often 'hands-on' and serendipitous in nature. Biggs (1996, p. 353) warns however that '...high level engagement ought not to be left to serendipity, or to individual student brilliance, but should be actively encouraged by the teacher'. It is important therefore that the follow-through experience becomes integral to midwifery courses, and this experience can then be used by midwifery educators as a framework for activities that will enhance learning.

The work of Biggs (2003) and Ramsden (2003) is useful in relation to student learning and the follow-through experience. Biggs (1996) suggested that learning activities should be constructed in a way that ensures alignment with learning objectives. Simply adding an innovative learning activity to a curriculum will not ensure learning occurs. Instead, learning activities need to be constructively aligned within subjects and courses. I argue that the follow-through experience was introduced to students in Bachelor of Midwifery courses with little consideration of this notion of constructive alignment. This lack of alignment could explain why students have found the requirements so difficult to achieve. Students identified that while the follow-through experience did provide them with unique learning experiences, it was seen to be an 'add-on' to their course, and not well integrated or supported. The risk associated with a lack of constructive alignment is that students will take a surface approach to their learning and not achieve the desired outcomes. In addition, when students perceive a learning activity to be unrelated to their course they do not value the activity. Students were concerned that the follow-through experience was something they just had to get on with and manage on their own.

Course coordinators may also not have engaged with the follow-through experience through a process of constructive alignment. They reflected that the message of the follow-through experience they gave to students was that building relationships with women was an important part of being a midwife, but they did not support this in practice. Instead, they prioritised requiring students to attend university, complete assignments and attend their rostered

placements at the expense of engaging with their follow-through experiences. Participants expressed their frustration over these mixed messages and the difficult situation in which this placed them.

Whilst course coordinators indicated that the follow-through experience was not aligned with the Australian maternity system, in a similar manner participants in this research indicated that the follow-through experience was not aligned with their other course expectations and requirements. This perceived lack of congruence is one way of explaining the difficulties students associated with the follow-through experience.

Whilst there is limited evidence available on any evaluation of the Bachelor of Midwifery programs in Australia it is worth noting that, in the literature that is available, there is constant criticism of the 'number' of requirements placed on students. Siebold (2005), for example, suggests that the requirement of 30 follow-through experiences is excessive. However, her evaluation of the Bachelor of Midwifery program also indicated that students found the documentation around these experiences to be excessive and too demanding. Similarly, Pincombe et al (2007) argued that placing minimum requirements on midwifery students is not evidence based and they asserted that students should not be burdened with these requirements and that more contemporary student-centred strategies should be utilised. The authors though do not explore in any detail the components of the courses that are particularly onerous for students but simply assumed it is getting the numbers that is the most problematic aspect. The findings from this research place this argument in doubt as I have argued that the majority of participants are supportive of the follow-through experience and that this experience provides unique and valuable learning opportunities. However the lack of a cohesive and integrated approach to the incorporation of the follow-through experience in some programs is causing considerable concern for students.

It could be suggested therefore, that a reduction in the documentation requirements is required. A more supportive learning environment that focuses

on interactive reflection may provide better support for students and enhance learning.

Research Question 3:

What is the value to students of the follow-through experience?

The follow-through experience was a deliberate professional and educational strategy that was introduced into Australian midwifery education courses to maximise the potential for students to be exposed to midwifery continuity of care. It was also introduced to ensure that students were able to participate in midwifery care across the interface between hospital and community settings. The ideology behind the follow-through experience was supported by the Bachelor of Midwifery Standards Taskforce where the requirement was seen as a necessity.

Previous research has shown that Australian midwifery students rarely had the opportunity to work with women outside of the hospital maternity system (ACMI [Victorian Branch], 1999; Brodie, 2002; Leap, 2003; Leap et al., 2003a; Waldenström, 1996). Midwifery students on graduation therefore had limited knowledge of any other model of care other than the one to which they had been exposed and no practical experience of working in midwifery continuity of care models that provide care across the interface of hospital and community settings. Whilst this was often excused due to the lack of such models within the Australian midwifery setting, there was also little doubt that exposure to these models was not seen to be a priority.

The value of the follow-through experience is that it provides midwifery students with an opportunity to develop a relationship with women across the spectrum of pregnancy, labour and birth, and the early weeks of motherhood experiencing continuity of care especially when this did not exist in the clinical setting. From this experience midwifery students gain an understanding of the benefits to both women, and midwives, of working in this way and hopefully may be keen to continue working in this way as qualified midwives. Students overwhelmingly supported the follow-through experience as a compulsory requirement in

Bachelor of Midwifery programs. Even the minority of students who were not so supportive recognised the contribution this experience made to their learning. The value lies also in the opportunity for midwifery students to experience care for women other than that which is provided in traditional, fragmented maternity care.

There is no doubt that the follow-through experience has been an important innovation in midwifery education programs in Australia. This research has shown that students enjoyed their participation in this experience, that they valued the ability to build relationships with women, that they understand the nature and importance of continuity of midwifery care, and they learnt from this experience. The findings show that the follow-through experience is clearly viewed as a valuable learning experience.

The value of the follow-through experience is, however, affected by the way in which it is incorporated at the university level and implemented in maternity settings. Students reflected that the challenges associated with the follow-through experience were not insignificant, and where they were unable to manage these experiences effectively, they were forced to take a more superficial approach to their learning. This finding has clear implications for midwifery educators in this country particularly, and it is clear that the follow-through experience must be embedded within midwifery programs and supported within the maternity units to be most effective.

There were many parallels between the concept and the intention of the follow-through experience as expressed by the participants from ANEST and the incorporation and implementation of this experience as described by the course coordinators. However, there appears to be limited cohesion between these two perspectives. This lack of a cohesive and integrated approach to the follow-through experience has affected the student experience.

A conceptual model of the follow-through experience

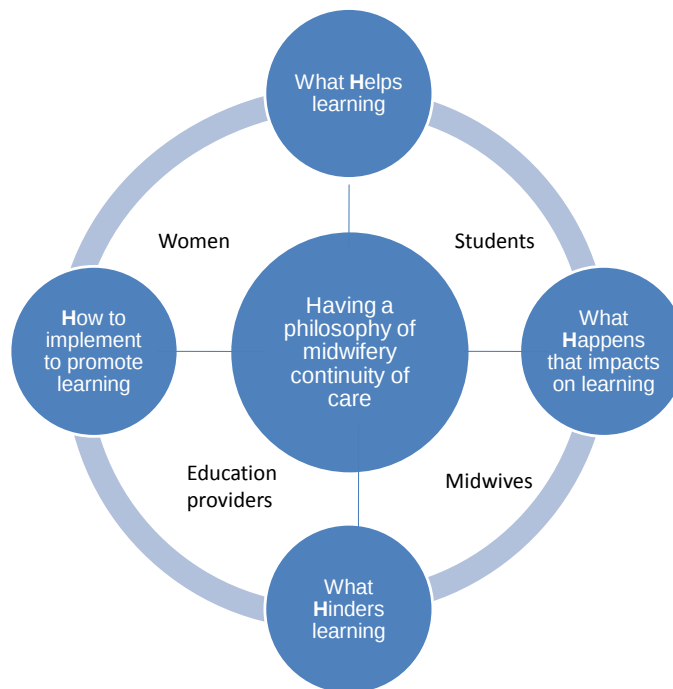
The presented discussion of the findings in relation to the research questions has highlighted the inter-relationship between the views of the key participants – members of ANEST, course coordinators, and former and current Bachelor of Midwifery students. This inter-relationship is depicted in the ‘4H’ model. The ‘4H’ conceptual model is so named as it is based on four key concepts: ‘**H**ow to implement to promote learning’; what **H**elps learning’; what **H**appens that impacts on learning’; and what **H**inders learning’.

The ‘4H Conceptual Model of Learning and the Follow-Through Experience’ illustrates the findings of this research (see Figure 1 over page). This model can also be used as a guide to assist midwifery education providers in the implementation of the follow-through experience in midwifery programs as it highlights the factors that impact on the students learning experiences.

Overview

The core of this model is the construct of ‘having a philosophy of midwifery continuity of care’. This core construct arises from findings from thematic analysis of the data collected from participants who were members of the Australian College of Midwives National Education Standards Taskforce (ANEST) and from course coordinators. ANEST participants clearly identified that the intention of the follow-through experience was to maximise the potential for midwifery students to form relationships with women and to have continuity with women, regardless of the model of care the woman chose. A philosophy of midwifery continuity of care is central to understanding the ‘raison d’être’ for the follow-through experience.

Figure 1: 4H Conceptual Model of Learning in the Follow-Through Experience



Embracing the core of the model is a circle depicting the four key influences on the follow-through experience. These are described as the women, the students, the midwives and education providers. These four groups are the key stakeholders in the follow-through experience and are placed centrally to indicate their influence and impact.

Four circles are connected to the core of the follow-through experience. Each of these four circles represents key findings from the data and they are:

1. What Happens that impacts on learning
2. What Helps learning
3. What Hinders learning
4. How to implement to promote learning

I have called the conceptual model the '4H Conceptual Model of Learning and the Follow-Through Experience' model based on these four circles.

The findings of this research have clearly indicated the value of the follow-through experience in supporting student learning. Students articulated the follow-through experience was about learning the 'real job' of midwifery which was being with women. They also described how they were confident in their skill development when they worked with women with whom they had formed a relationship. This conceptual model therefore has a focus on the learning that has been identified as occurring through the follow-through experience.

The Core of the Conceptual Model: Having a Philosophy of Midwifery Continuity of Care

'Having a philosophy of midwifery continuity of care' is the core of this conceptual model. The embedding of the follow-through experience in the Bachelor of Midwifery Education standards (Australian College of Midwives Inc., 2001a) was not a haphazard occurrence. Members of the Australian College of Midwives National Education Standards Taskforce (ANEST) said this was a deliberate strategy to maximise the potential for midwifery students to be exposed to working with women in continuity of care so they could build relationships. Midwifery continuity of care has previously been discussed in Chapter Two of this thesis. However, a further overview of the available evidence on midwifery continuity of care provides support to the rationale behind the follow-through experience.

During the data collection phase with the course coordinators a number of these participants mentioned the lack of evidence behind the introduction of the follow-through experience. Whilst it is quite true that no evidence existed on the value of the follow-through experience per se, there is a body of evidence on the value of continuity of midwifery care for women and many parallels can be drawn between this body of evidence and the follow-through experience. In addition, the key construct of the follow-through experience was in providing midwifery students with the potential to work within a continuity framework. The notion of midwives providing women with continuity is not a concept that is solely supported through the follow-through experience. The Australian College

of Midwives philosophy statement (Australian College of Midwives, 2004) states that midwifery

aims to follow each woman across the interface between institutions and the community, through pregnancy, labour and birth and the postnatal period so all women remain connected to their social support systems; the focus is on the woman, not on the institutions or the professionals involved.

In further support of the role of midwifery continuity of care, the Australian Nursing and Midwifery Council (ANMC) recognises that the graduate midwife 'supports, and may practise in, continuity of care models (Australian Nursing and Midwifery Council, 2006, p. 2). Given the clear articulation of midwifery continuity of care in these key professional documents, it can therefore be seen as an underlying philosophy of midwifery in Australia.

Having a philosophy of midwifery continuity of care means recognising and believing in this as a way of organising care for women. The concept of placements with women, not institutions is a key component of the core construct of 'having a philosophy of continuity of midwifery care' in my conceptual model. '*Placements with women*' is one of the key strategies of the follow-through experience. Members of the ANEST were aware that few midwifery models of care existed in Australian maternity settings, but considered that it was so important for students to have experience of continuity of care with a woman that the follow-through experience was introduced.

Midwifery students have had limited opportunity to work within any other form of midwifery care, primarily because so few other options of care have been available for women. As part of the Australian Midwifery Action Project (AMAP) (Barclay et al., 2003) the midwifery practice component of all pre-registration midwifery courses in Australia was examined. One of the key findings was that, in many of the pre-registration midwifery courses, students were unable to access placements in the community setting, or in midwifery models of care and

this was seen to be a particular disadvantage for these students (Leap, 2002). Leap argued that this lack of exposure to midwifery practice outside of the fragmented, hospital based system has ‘...serious implications for educating future practitioners to provide continuity of care to women across the interface between hospital and community settings’ (Leap, 2002, p. 21).

The future direction of midwifery in Australia is firmly linked to the development of midwifery continuity of care models. The Australian Government recently released a discussion paper (2008) as part of a national review of maternity services. In this paper it was identified that women are expressing dissatisfaction with the fragmentation of maternity care provision. However, fragmentation of maternity care continues

...despite international and national studies which have consistently demonstrated that continuity of care/r improves satisfaction for both women and health professionals, boosts health outcomes, and reduces intervention rates (Australian Government Department of Health and Ageing, 2008, p. 8)

Midwifery education programs in Australia have focussed for many years on providing a workforce for a maternity system that provides predominantly fragmented care for women. This has been clearly demonstrated through the work of Barclay (1995), Brodie (2002), and Leap(2003). These reviews of existing midwifery education programs identified that programs were not providing students with experiences that would contribute to the development of the requisite knowledge, skills and experience to work in continuity of care models on graduation. Graduates from these courses were often placed in a hospital based ‘transition’ program where they were rotated through the hospital system and often only gained ‘more of the same’ in terms of exposure to midwifery models of care. Graduates of these programs, whilst deemed competent on completion of their courses, were often not confident to work outside of the hospital setting, nor had they the opportunity to build relationships with women and experience the benefits that this can bring (Leap, 2002).

The development of Bachelor of Midwifery programs in Australia provided a 'window of opportunity' for the development of national standards for midwifery education. The Bachelor of Midwifery Taskforce, and subsequently ANEST took this opportunity to develop standards that would meet the needs of midwives for the future of the Australian maternity care system. These standards included a number of educational strategies, though the follow-through experience was, arguably, the most original and innovative strategy that was included. The aim of the follow-through experience was clearly argued and based on growing evidence for the development of midwifery continuity of care models for women.

Despite this, the introduction of the follow-through experience was fraught with misunderstanding of the primary intent of this experience. In this study, course coordinators spoke of an awareness that the follow-through experience was, essentially about providing students with an opportunity to experience continuity of care with women. However, they also expressed a view that this experience was too difficult to implement, and that it was not compatible with the Australian maternity care system. This led then to a variable implementation of the follow-through experience with each university organising this differently, and placing a varying level of importance on the significance of achieving these experiences. This inconsistent approach to the implementation of the follow-through experience is also reflected in the fact that two of the universities chose to change the name of the experience. This somewhat haphazard implementation and the subsequent effects on the students were reflected in the data themes that emerged in this research. Despite the difficulties associated with the implementation and ongoing management of the follow-through experience, the learning gained by students was evident.

What Happens that impacts on learning

What happened in the follow-through experience was that students formed relationships with women, and they learnt from these experiences. Data from interviews with former and current Bachelor of Midwifery students informed exploration of the follow-through experience. The key theme of '*building a*

relationship with women’ was identified strongly. From this relationship participants identified the learning that occurred, the difference in the type of care they were able to provide, and the impact that the relationship had on the provision of care. The learning that participants gained from this experience was different, principally because it was connected to the woman with whom they had formed a relationship. The opportunity for a student to form a relationship with a woman has a fundamental impact on student learning.

What Helps promote learning

Participants clearly recognised that there were things that were potentially helpful to their learning. One example of something helpful was support with the follow-through experiences. This support ranged from assistance with recruitment of women to being given an opportunity to reflect on these experiences at university. The aspects that helped students are similar to those which facilitate satisfying and effective work for midwives practising in midwifery continuity of care models. Sandall (1997) in her study of the prevention of burnout in midwives who were working in midwifery continuity of care, identified three key principles, that, if they were in place, would prevent midwives from experiencing burnout and would sustain this model of practice. These principles were identified as: 1. an ability to develop meaningful relationships with women; 2. occupational autonomy; and 3. support (both at work and at home). I have applied these three principles to the findings of this research to identify what helps promote learning for students in the follow-through experience.

The ability to develop meaningful relationships with women was identified as central to participants’ enjoyment of the follow-through experience. Conversely, participants recognised that when they were not able to develop a meaningful relationship, the follow-through experience was not enjoyable; they felt they were managing the experience in a superficial manner, and did not gain as much from this experience. For example, knowing the woman changed the way care was provided to that woman, and meant the woman was not treated as a

‘number’. Knowing the woman made the experience different, and more meaningful.

The second key principle identified by Sandall (1997) as being critical for midwives in continuity of care was occupational autonomy and flexibility. It is difficult for midwifery students to gain occupational autonomy as they are not yet working as a midwife, but flexibility in the way they engaged with individual women was an important factor identified by these participants in this research. They discussed the lack of flexibility and support provided by the university particularly in relation to not being able to leave lectures to meet the women antenatally. They were constrained by the hospital system at times, especially if the midwives did not call them to be with the woman during their labour and birth. This caused distress to students as they wanted to be there.

Stevens and McCourt (2002) in their research on midwives’ experiences of working with a caseload of women, identified that it was the midwives themselves who wished to be present at the birth of a woman for whom they had provided antenatal care and that the midwives felt ‘cheated’ if they were unable to be there. This parallels with how the participants in this research felt as they also identified their extreme disappointment if they missed the opportunity of being there with the woman for her labour and the birth of her baby. Whilst not being able to be present for the woman’s birth did not adversely affect the students’ learning, students expressed their disappointment with missing this opportunity to be with women and this then reduced their exposure to the learning opportunity that being with a woman during her labour and birth provides – particularly when the student has developed a relationship with the woman.

The third key principle identified by Sandall (1997) was that, in order to prevent burnout, midwives need support from both the work, and home environment. Findings from both the survey and interview phases of this research showed that there was a lack of support for midwifery students undertaking the follow-through experience. This lack of support can be identified as coming from a

general lack of willingness on the part of the universities to implement the follow-through experience in a way that would provide support for students.

What Hinders learning

There were several factors that participants indicated hindered the implementation and ongoing progress with the follow-through experiences. These factors are discussed under the main themes from the analysis. One of the key themes was the issue of time. Participants spoke frequently about not having enough time to participate in all of the follow-through experiences in as much depth as they would have liked. The issue of quality versus quantity was raised as the requirement of 30 experiences in three years was seen to be too difficult to achieve. Participants felt they could only participate in some of the follow-through experiences in a superficial way as there was simply insufficient time to also juggle university requirements, standard clinical placements, and personal lives.

Whilst data from women were not a part of this research, there were some issues related to their role in the follow-through experience that impact on the student's experience. Participants expressed concern about the process of recruiting women for the follow-through experience. Challenges with recruitment were a theme in both the survey and the interview analyses. These issues indicated difficulty with access to women, shyness in making an approach, the ethics of recruitment, feelings of inadequacy with their skills and knowledge, and lack of support from the university and hospital. Many students felt unsupported to recruit women and 'left to their own devices' to manage this aspect of the follow-through experience. This clearly hindered their learning.

Ethical issues were identified with recruitment and students reported being concerned that women may have felt obliged to participate. Students said women initially agreed to participate, but withdrew from the experience once they had an opportunity to reflect further on the requirement. While participants

were mindful of the woman's right to refuse participation, this also hindered learning.

How to implement to promote learning

I have developed a number of 'how to' strategies for effective implementation of the follow-through experience based on the findings from this research. These strategies are my own and are based not only on the research findings, but also on my experiences as a course coordinator in implementing the follow-through experience in the University of Technology, Sydney Bachelor of Midwifery program.

The following strategies provide guidance to course coordinators and maternity units on how to implement the follow-through experience to promote learning:

- Ensuring that the follow-through experience is embedded in the course curriculum and is constructively aligned within course units/subjects
- Ensuring documentation that is required from the students is seen as learning, and not an additional, onerous burden.
- Providing opportunity for students to participate in discussion/debriefing sessions within university subjects so they can gain feedback and support
- Providing support to students with the recruitment process. This may involve liaison with participating maternity settings to enable easier access for students
- Ensuring that the midwives are aware of the follow-through experience guidelines and requirements, and promoting the value of the follow-through experience with midwives.
- Developing guidelines to enable the follow-through experience births to be 'counted' towards the numbers of births required within the course.

Current status of the follow-through experience

The follow-through experience has already undergone some change since this research began in 2005. Some states, via feedback from universities and students have recommended changes to the requirements of the follow-through

experience. These changes focus primarily on the number of experiences required. At the time of writing this thesis (January 2009) the Australian Nursing and Midwifery Council (ANMC)²¹ developed national guidelines for midwifery education programs (Australian Nursing and Midwifery Council, 2009) and the Australian College of Midwives have played a key role in these discussions. The outcome of these discussions and the timeframe for the implementation of national guidelines in line with the development of a national registration body for midwifery remains uncertain. However, the Australian College of Midwives continues to play a key role in, and is committed to the development and implementation of national standards for midwifery education. It appears likely that the follow-through experience will remain embedded within these standards and will therefore reside also in the national guidelines from the ANMC. The number of experiences required have now been reduced to 20 and the name has been changed to 'continuity of care experiences' to more closely reflect the intent of these experiences. As a member of the Australian College of Midwives Midwifery Education Standards Advisory Committee (MESAC) I was involved in the development of these national standards and the findings of my research were important in providing insight into the follow-through experience.

Chapter summary

This chapter has presented and discussed the findings from this research. Answers to the research questions that guided this study have been provided. As a means of presenting the findings from this research, the 4H conceptual model has been developed. This model provides an illustration of the process of the follow-through experience in Australian three year Bachelor of Midwifery courses. This model will be a useful mechanism for midwifery education providers to consider when implementing the follow-through experience into courses and will guide them in ensuring that this experience is constructively aligned with the course in order to maximise the learning potential from this.

²¹ ANMC: The ANMC works with state and territory Nursing and Midwifery Regulatory Authorities (NMRA) in evolving standards for statutory nursing and midwifery regulation.

Chapter Nine: Conclusions and Recommendations

This chapter provides the conclusions of this research. Responses to the research questions were provided in the previous chapter (see Chapter Eight) and this chapter, as a summary, articulates the key findings from this research.

This chapter also includes a concluding section on reflexivity and assesses my presence within the research. Limitations and recommendations arising from this research are also addressed. I am aware that recommendations are often not provided as part of PhD work however, as the follow-through experience is such a new and controversial aspect of Australian midwifery, presenting recommendations as a way forward is clearly important.

Key Findings

This research has provided a unique insight into the follow-through experience in three year Australian Bachelor of Midwifery programs. The research drew on survey data and interviews with some of those who developed the concept, those who implemented it, and those who actually had to 'do it'. Each of these perspectives have provided different understandings about the value and challenges associated with the follow-through experience.

The key findings from this research are:

1. The follow-through experience provides midwifery students with unique and important learning opportunities that they would not experience in standard clinical placements alone.
2. These learning experiences occur, primarily, because the student is placed with the woman. It is this relationship that provides 'serendipitous' learning.
3. The follow-through experience can provide positive learning experiences for students even when the woman is not in a midwifery continuity of care model.

4. Students are likely to learn more from these experiences if they are embedded within courses, where support is provided for reflection, and where they are not forced to take a superficial approach due to an excessive workload.

5. The requirement of 30 experiences is likely to be too many for the majority of students to manage and this number should be reviewed in order to increase the quality of the experience for students.

The impact of the research on me, as the researcher

My role in this research has been both as internal to the research process and external as well. As described earlier, I am currently employed at the University of Technology, Sydney (UTS) as a senior lecturer, and Director of Midwifery Studies. I am also the course coordinator of the Bachelor of Midwifery. I was a key player in the development of this course and was part of the team that wrote the curriculum. I remained in the course coordinator role during the data collection phase and identified myself in this role to all research participants. Additionally, I am a member of the Australian College of Midwives Midwifery Education Standards Committee (MESAC). I have therefore been involved in not only the implementation of the follow-through experience, but also in discussions at a national level.

Throughout this thesis I have described my role as researcher and identified some of the changes that I introduced to the University of Technology Bachelor of Midwifery program. In the introductory chapter I described my journey with the follow-through experience and how I came to research this aspect of midwifery education in Australia. In the research methods, Chapter Three, I have described reflexivity as it appears in the literature, and its integral role in this research. I further explored my role as researcher in Chapter Eight where I discussed the research findings.

My exposure to the data and to the literature, and being engaged in highly contested debates affected how I engaged in the research. This research has also influenced how the follow-through experience has been aligned in the

University of Technology Bachelor of Midwifery program. In addition, I have found that I have become increasingly involved in the politics of midwifery and have come to reflect that even commencing a Bachelor of Midwifery was political in itself.

My role as course coordinator has enabled me to stay closely connected to the Bachelor of Midwifery program at UTS. During the course of this research as I have read more about education strategies in other programs, and more about midwifery continuity of care, I have changed the way that I have approached the ongoing implementation of the program at UTS. For example, we have now introduced more communication sessions into the first year so that students have an opportunity to role-play recruitment of women for the follow-through experience. I find that when I give examples of providing care to women that I am careful to acknowledge the impact that knowing the woman would have on care provision. This becomes evident when I am teaching a session on assessment of a woman in labour and I am able to discuss with the students the difficulty of trying to establish a trusting relationship with a woman you have not previously met, while she is in pain. I also communicate to the students the advantages of the relationship with others who are important to the woman and how this impacts on the woman's experiences.

As a teacher of midwifery students I am conscious of my teaching being perpetuated in how the students will practise as midwives. I believe that it is important, as a midwifery educator, to be a role model for students so that the language I use is woman centred and promotes the best outcomes for women. Having said this, I do not think that I was ever careless in my language, but I now feel a raised level of consciousness about this when I teach.

I have found myself becoming more engaged in the political landscape in Australia and I have gone from attending the 'worker bees' (midwives who work to support our branch of the Australian College of Midwives), to being elected to the role of President! My increasing political awareness and activism is, in part, due to this research.

I continue to practice as a midwife, on a casual employment basis, in the birthing suite of a tertiary maternity unit. My opportunity to engage more completely in midwifery practice is limited due to my full-time position at the University of Technology, Sydney, however I value my role as a midwife and I have worked in this unit since 2001. I also have the opportunity to work alongside midwifery students and to see their commitment to the follow-through experiences by their frequent presence in the maternity unit. I have found that I have become increasingly reflective on my practice as I work in a fragmented system, and only ever get to meet the woman when she presents to the birthing suite.

It is clear to me then, that this research has impacted on me as a teacher, a midwife and as the course coordinator. Conversely, I have also impacted on this research as my understanding of the Bachelor of Midwifery programs, the literature around woman centred care will, necessarily, impact how I view the data.

I also wish to acknowledge that my co-supervisor, Professor Nicky Leap, was a participant in this research as part of her role on the Australian College of Midwives National Education Standards Taskforce (ANEST). Professor Leap is a well known member of the midwifery profession in Australia and has been a key influence on the introduction of the Bachelor of Midwifery into Australia, and the development of national standards for midwifery education. I ensured that I fully informed all participants in this research of my supervisors as both Professor Leap and Professor Homer have national roles with political, and educational influence. It is difficult to fully recognise the impact that their presence may have had on this research, but I believe that it is important to recognise their presence in this research.

The influence of the research on the program I coordinate

As a course coordinator I was also responsible for the implementation and ongoing management of the follow-through experience at UTS. Listening to the experiences of all the participants in this research made me realise that I was

also giving mixed messages to the students about the importance of being with women in the follow-through experience, while still requiring regular class and clinical placement attendance. I therefore attempted to introduce more flexibility into our requirements - a difficult task when class attendance is also an important component of midwifery education programs. One strategy we introduced was to have alternative activities prepared for the students so that if they had to miss a class we had learning activities for them to do to ensure they were aware of the required theoretical content. We also worked with our clinical partners to ensure that students were able to leave their rostered placement to attend, for example, an antenatal appointment with one of their follow-through women. We also recognised that students who had been with a woman overnight or for an extended period for her labour and birth may not be therefore able to complete the next rostered shift. This had some encouraging results. As they became more familiar with the requirements of the follow-through experience, midwifery educators and midwives also provided more flexibility for the students.

After reading the survey responses and talking with the interview participants I became aware of how difficult, and almost excruciating the recruitment process was for some students. I felt compelled to make changes within the University of Technology, Sydney course. Along with a colleague I implemented a tutorial session in a first year subject to enable the students to 'practise' recruiting. I spent time with the students talking about the recruitment process and gave them suggestions to make this process less awkward. I also spoke with the hospital midwifery educators and shared some of the students' experiences. Some hospitals adjusted their recruitment processes and asked the midwives in the antenatal settings to make the initial approach to the woman, and the student then followed up on this if the woman agreed to be part of the follow-through experience. One other hospital placed the UTS follow-through brochure in the woman's 'booking in' package and requested midwives to discuss this with all women when they booked with the hospital. These processes seem to have made this part of the follow-through experience a little more comfortable for students.

Some other exciting initiatives were the commencement of midwifery student antenatal clinics where students were rostered to a particular clinic time and conducted all the antenatal appointments.

Limitations of the research

There are limitations associated with this research, as with all research. At the time of this research the follow-through experience in Australia was creating quite a lot of discussion and there were groups who felt quite strongly about the requirements of this experience. Some participants reflected their very strong views for the continuation of the follow-through experience, whilst others stated the opposite view. While it is usual to see extremes of opinion in research, it is worthwhile to note the concurrent debate within Australian midwifery education and the influence that this may have had on research participants.

This research focussed only on the experiences of those students who were currently enrolled in, or who had completed, a three year pre-registration Bachelor of Midwifery program. This research excluded any midwifery student who entered a post nursing midwifery program, and also any students from a double-degree program (ie a course where both nursing and midwifery registration is taken out on completion). Whilst this study was therefore limited to the three year pre-registration Bachelor of Midwifery programs, there is potential for the findings to be extrapolated across all midwifery students who engage with women in the follow-through experience.

The interviews with course coordinators were conducted in person. There is a possibility that these participants may have deliberately told me particular information that they thought I wanted to hear and because of who my supervisors were. As the follow-through experience has been a controversial inclusion in the Bachelor of Midwifery national education standards there was a potential for this research to be used as a means to make changes to these requirements. This could be a potential limitation of this study.

This research is limited to one country, and to one course. It is not known therefore whether the results of this research are transferable to other pre-registration courses either in Australia, or overseas. This research also only investigated one learning experience within the Bachelor of Midwifery courses and it is not known therefore what impact other concurrent learning activities may have had on the learning associated with the follow-through experiences.

The main group of participants in this study were former and current Bachelor of Midwifery students. There is a risk that those who responded to both the survey and the request for an interview did so because they held strong views about the follow-through experience. I would suggest however that this was not necessarily the case as whilst there were certainly some participants with strongly held views, there were others who were quite reflective and articulated a range of views about their experiences.

Implications of this research

This research raises a number of questions in addition to those that have been addressed. There are implications here for further research and long-term follow up of the participants. There is a concern about the impact of the follow-through experience on the future development of midwifery models of care. For example, will the requirement for students' to undertake follow-through experiences lead to the implementation of more midwifery continuity of care models? As already highlighted during this research will there be dissonance for midwives who have been educated in this model when they continue to work in maternity settings that do not give them the opportunity to develop relationships with women? A number of these questions are addressed in the following recommendations section.

Recommendations arising from the research

Recommendations from this research are focussed on ways to ensure the survival and longevity of the follow-through experience in Australian midwifery education programs and to build on its effectiveness as a learning environment.

Regulation

The follow-through experience provides a unique and often sole opportunity for midwifery students to engage with women and build a relationship with them whilst providing continuity for them during their pregnancy, labour and birth, and into their early parenting period.

1. It is recommended that the follow-through experience continues to form an essential part of all Australian pre-registration midwifery education programs.

Participants spoke frequently of the difficulties associated with the number of experiences they are required to complete. Many articulated the frustrations they felt when they felt that quality was being lost to quantity. In trying to achieve the required number of 30 experiences, some students were forced to take a superficial approach to their learning.

2. The number of follow-through experiences required should be reduced. While it is difficult to state with any accuracy the ideal number, it would appear that a requirement of 20 experiences is likely to continue to offer the benefits to students, with a concomitant reduction in the challenges they face.

Professional Leadership

The Australian College of Midwives have provided leadership in the development of National Midwifery Education Standards.

3. The Australian College of Midwives should continue to provide leadership in the development of national standards for midwifery education in Australia.

Curriculum Development

The follow-through experience provides a significant learning environment for midwifery students. The learning that occurs through this relationship with a woman is supported by the situated learning and constructivist theories of learning. Students identify that the learning they receive from these experiences is unique in that it is related to the individual woman. They articulated that they learnt through the interaction with women, and the ability to be 'hands on' with her.

4. The follow-through experience should be integral to the curriculum of pre-registration midwifery education programs. The follow-through experience should be recognised as a key learning environment and there needs to be greater support from universities and hospitals and flexibility to enable students to maximise their learning from their participation in these experiences.

Implementation and Support

Participants who were former and current Bachelor of Midwifery students clearly indicated the many challenges they faced in undertaking the follow-through experience. Whilst some of these challenges were due to the requirement for 30 experiences, many were related to the way in which these experiences have been implemented by the universities, and the hospitals.

5. It is recommended that universities consider ways in which to align the follow-through experience in their programs to enable students to engage meaningfully to optimise their learning from these experiences.
6. Maternity services, and midwives who work with midwifery students, should also consider how they provide support for these experiences. It is recommended that maternity services work with universities to develop communities of practice to enable students to optimise their learning.

Future evaluation and research

There is an opportunity for further research into learning and the follow-through experience with pre-registration midwifery students. Bachelor of Midwifery programs are relatively new to the Australian midwifery education environment and an evaluation of these programs would provide useful information to inform future planning for midwifery education. The follow-through experience provides just one learning experience for midwifery students and it would be useful to explore other learning experiences within midwifery education.

There is a clear need for future research in this area. Follow-through experiences, or similar, are incorporated into other pre-registration midwifery programs in other countries and it is likely that these also form an important and unique component to the education of midwifery students.

7. Further research into midwifery education in Australia would inform the future development of midwifery education programs and should be conducted to investigate the ways in which learning can be best optimised for midwifery students.

Chapter summary

This chapter has provided the key findings of this research. In addition, this chapter provided a reflexive discussion on the positioning of the researcher within this study. Limitations of this research are identified and recommendations are also provided.

Conclusion

This research has explored the concept, the implementation and the student experience of the follow-through experience in Australian three-year Bachelor of Midwifery programs.

This research has clearly demonstrated that the follow-through experience is a powerful learning environment that provides students with an opportunity to experience midwifery continuity of care where they are able to build a relationship with a woman. The findings of this research indicate that this learning occurs as the student is situated with the woman.

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Appendices

Appendix One: UTS Information brochure for women



ARE YOU HAVING A BABY?

Would you like to share your experience of pregnancy, birth and the early weeks after your baby is born with a midwifery student?

WHO IS A MIDWIFE?

A midwife is someone who is qualified to provide care to a woman during her pregnancy, childbirth and following the birth of her baby. Midwifery care focuses on normal pregnancy and childbirth and midwives work alongside other health professionals if complications arise. Midwives can work in the community, in hospitals, or in women's homes.

WHO ARE MIDWIFERY STUDENTS?

These midwifery students are studying at the University of Technology, Sydney in order to gain the knowledge and skills to be able to register as a midwife in New South Wales. They work under the direct supervision of a registered midwife.

The midwifery students, as part of their midwifery studies, need to gain an understanding of pregnancy and becoming a new mother from a woman's perspective. This is best achieved by sharing some of the experiences a woman has during her pregnancy through to the early weeks after she has given birth.

WHAT WILL THE MIDWIFERY STUDENT DO?

The midwifery student will firstly meet you and your midwife at one of your antenatal visits. If you agree to have the student with you, you will be asked to sign a consent form. The midwifery student will:

- >Attend some of your antenatal appointments
- >Contact you to talk about your pregnancy experiences, thoughts and feelings
- >Be with you at the birth of your baby if you wish to have this happen, and if the student is available at that time
- >Contact and visit you after the birth of your baby.

WHAT ARE THE BENEFITS?

- >You will get to know the midwifery student and they will also get to know you during your pregnancy
- >The midwifery student will be able to offer you support
- >It will be an invaluable experience for the midwifery student to hear about your thoughts and feelings over this time
- >The midwifery student will be able to learn about the experiences of women during the first few weeks with a new baby
- >This experience will also help the midwifery student to understand more about midwifery and how they can work with women.





Remember: This is your pregnancy and it is your decision whether you wish to have a midwifery student with you. What you choose to share with the students is up to you.

UTS

THINK.CHANGE.DO



DOI: 10.1002/anie.200410004

Appendix Two: UTS Information sheet and consent for the follow-through experience

Follow through experience Information sheet for women

What is the follow through experience?

The Nurses and Midwives Board of NSW requires all midwifery students to 'follow through' a number of women who are pregnant. 'Follow through' means that the student has an ongoing relationship with a woman from the initial contact in pregnancy through to the weeks immediately after the woman has given birth. The follow through experience allows the student to gain an understanding of the experience of pregnancy from the woman's perspective.

What does this mean for me?

If you are willing to participate, the student midwife will meet/or maintain contact with you regularly during your pregnancy. If possible the student midwife will attend some of your antenatal visits and if you wish, the student may also be present during your labour and birth. You will be directly contributing to the learning and development of future midwives. This care is in addition to the normal care you receive from your midwife or doctor and in no way replaces that care. The student may provide care for you when under the supervision of a midwife or doctor.

What can I expect if I choose to participate?

- Respect for your privacy and confidentiality
- Freedom to withdraw at any time
- You may choose to share as much or as little information about yourself with the student
- You choose when and if you want the student involved in your care
- Regular contact with the student
- You can expect to develop a professional relationship with the student and to benefit from the experience

Do I have to participate?

You are under no obligation or pressure to participate.

What will happen if I say no?

Nothing. If you do not wish to participate, you will receive the normal care from your chosen provider.

If I say yes, can I change my mind later?

You can change your mind at any time and you don't have to say why.

What if I have concerns or questions about my participation?

If you have concerns or would like to discuss this further, please contact the Course Coordinator at the University of Technology Sydney:

Joanne Gray
Course Coordinator, Bachelor of Midwifery
University of Technology, Sydney
joanne.gray@uts.edu.au
Ph 02) 9514 4912

Follow through experience

Consent to participation in the follow through experience

The woman has received an explanation of the follow through experience and has been given the information sheet.

The woman has made an informed choice to participate in the follow through experience and gives consent verbally.

Midwife or medical practitioner

Signed: _____

Designation: _____

Date: _____

Student midwife's name: _____

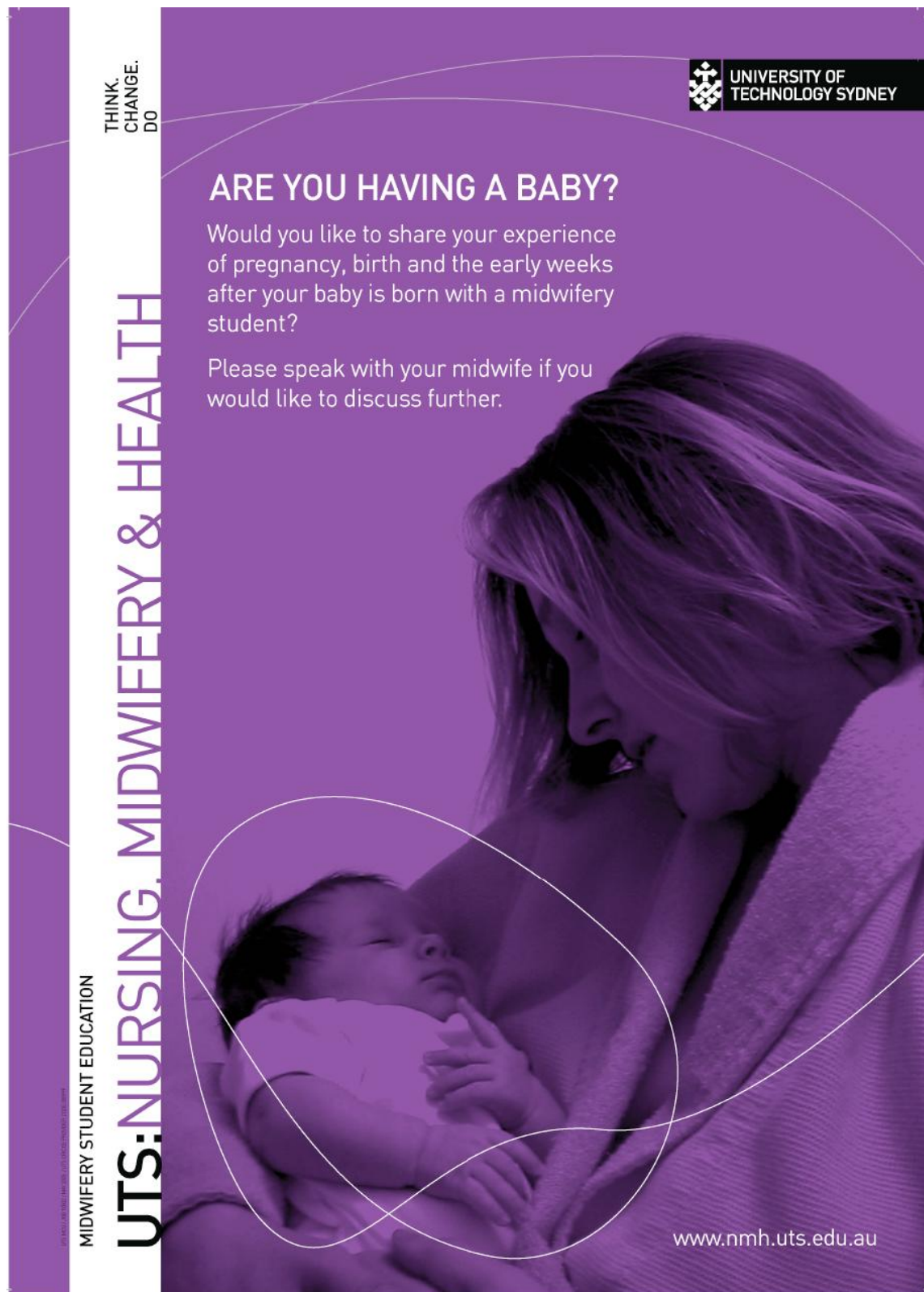
(Print)

Student midwife's signature: _____

Follow through woman _____

(Number or pseudonym)

Appendix Three: UTS Follow-through experience recruitment poster



THINK.
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DO

MIDWIFERY STUDENT EDUCATION

UTS: NURSING, MIDWIFERY & HEALTH

ARE YOU HAVING A BABY?

Would you like to share your experience of pregnancy, birth and the early weeks after your baby is born with a midwifery student?

Please speak with your midwife if you would like to discuss further.

UNIVERSITY OF TECHNOLOGY SYDNEY

www.nmh.uts.edu.au

Appendix Four: Online survey

Return address for completed survey:

Joanne Gray
PO Box 410
Beecroft NSW 2119
or by email:
joanne.gray@uts.edu.au

Introduction

Thank you for logging on to the follow-through experience online survey page.

My name is Joanne Gray and I am conducting this study for a Doctor of Philosophy course at the University of Technology, Sydney. I am a part-time student in this course. I commenced my studies in 2004 and aim to complete in 2009.

I also work in the Faculty of Nursing, Midwifery and Health at the University of Technology, Sydney as a lecturer in Midwifery. As part of my role, I coordinate the Bachelor of Midwifery program.

For my doctoral studies I am exploring the follow-through experience and I am particularly interested in the leaning that occurs in this experience. As you all know, the follow-through experience is an important component of your Bachelor of Midwifery course and these experiences require a considerable commitment from both you, and also the women and midwives with whom you work.

My research is qualitative and I am using both this survey instrument, as well as interviews.

This survey is available to all currently enrolled students, or those students who have completed an Australian Bachelor of Midwifery course.

If you are interested in being involved in the interview phase of this research, could you please provide your details at the completion of the survey. The interviews will be conducted by telephone and will take approximately 30minutes of your time.

If you choose to provide your details for the purposes of the interview, these will be collated separately to your survey responses so that your responses will not be identified as belonging to you.

Thank you again for your participation in this research.

Joanne

Consent Form

Name of Project: An exploration of the follow-through experiences of pre-registration Bachelor of Midwifery students.

HREC approval no: 2006-174

Thank you for taking the time to complete this survey.

As part of my doctoral studies at UTS, I am interested in finding out about the follow-through experiences that are an integral component of Bachelor of Midwifery courses in Australia. In particular, I intend to collect information to help me understand the following.

- How the follow-through experiences are organised in three year pre-registration Bachelor of Midwifery courses in Australia;
- How these experiences contribute to student learning;
- How students integrate this learning into their practise as a midwife, and
- What enhances the learning associated with these experiences?

In order to gain this information, I will be interviewing current and former Australian Bachelor of Midwifery students, coordinators of three year pre-registration Bachelor of Midwifery courses in Victoria and South Australia, members of the Australian College of Midwives National Education Standards Taskforce and facilitators of students enrolled in these courses.

All information that I gather in this study will be:

- de-identified so that no course, or research participant will be identified by name
- stored, in a locked filing cabinet, for a period of five years, with all identification information securely stored separate to this data
- used for the purposes of this study only.

If you have any questions related to this study, or any problems in completion of the survey, please contact me by phone 02 9514 4912, or email Joanne.gray@uts.edu.au. Alternatively, you can contact my research supervisor, Professor Caroline Homer at caroline.homer@uts.edu.au, or by phone on 02 9514 2975.

☐ **I understand and consent to participate in this anonymous online survey**

Date:

Researcher's name: Joanne Gray

Address:

Faculty of Nursing, Midwifery and Health
University of Technology, Sydney
Level 7, Building 10
PO Box 123, Broadway NSW 2007

Email: Joanne.gray@uts.edu.au

Phone: 02 9514 4912

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9615 Research.Ethics@uts.edu.au). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

**The follow-through experience in three-year pre-registration Bachelor of
Midwifery courses**

Online Survey

Thank you for participating in this anonymous survey about your participation in the follow-through experiences as part of your Bachelor of Midwifery program.

This survey should take approximately 15 minutes to complete.

For ease of reading this survey is written in the present tense. If you have completed your Bachelor of Midwifery course, could you please answer these questions as you would if you were still enrolled. Thank you!

1. Are you currently enrolled in an Australian three-year, pre-registration Bachelor of Midwifery course?

1a ☐ Yes (go to question 2)

1b ☐ No (go to question 3)

2. If yes, then what year of study are you currently in?

2a ☐ 1st

2b ☐ 2nd

2c ☐ 3rd

Go to Question 4

3. If no, then when did you complete your Bachelor of Midwifery course (ie the year you completed your final semester of study)?

3a ☐ 2004

3b ☐ 2005

3c ☐ 2006

4. How many follow-through experiences are you required to complete as part of your course? ☐

5. How many follow-through experiences have you completed, as part of your course? ☐

6. What type of documentation are you completing about the follow-through experiences?

You may need to give more than one response.

Key: Personal Diary/Journal: An informal method of recording and reflecting on experiences. This is not formally assessed.

Formally assessed Diary/Journal: A record of your experiences that is assessed as part of your course requirements.

Workbook: A formal account of experiences with additional description, beyond personal reflection

Logbook: A simple record of each experience.

Logbook: A simple record of numbers, dates, etc

(You may need to indicate more than one method of documentation)

Type of record

Part of course requirements?

- | | | |
|---|------------------------------|-----------------------------|
| 6a ☐ Personal diary/journal | ☐ Yes | ☐ No |
| 6b ☐ Formally assessed diary/journal | ☐ Yes | ☐ No |
| 6c ☐ Workbook | ☐ Yes | ☐ No |
| 6d ☐ Logbook of experiences | ☐ Yes | ☐ No |

If you use documentation other than those listed above, could you please provide a description of this:

- 6e ☐ Other (please provide further information) ☐ Yes ☐ No

7. Do you receive any support to assist you with the achievement of the follow-through experiences?

7a ☐ Yes

7b ☐ No support provided (Go to question 10)

8. Who provides this support? (you may need to indicate more than one response)

8a ☐ Individual midwifery mentor

8b ☐ Midwifery lecturer allocated to you specifically

8c ☐ Tutorial group at University

8d ☐ Facilitator/preceptor

8e ☐ Midwife

8g ☐ Other

9. Could you please describe the support that you have listed in question 8?

10. What means do you use to 'recruit' women for the follow-through experiences?

10a ☐ Antenatal services

10b ☐ Through a midwife's caseload practice

10c ☐ Antenatal education classes

10d ☐ Doctor's antenatal clinics

10e ☐ University was responsible for recruitment

10f ☐ Advertisement
Where were these placed?

10g ☐ Flyers/brochures
Where were these distributed?

-

10h ☐ Other (please describe)

11. Did you experience any difficulties with the 'recruitment' of women for the follow-through experiences?

11a ☐ Yes

11b ☐ No

What were these difficulties?

12. Do you feel that the follow-through experiences contribute to your learning as a midwifery student?

12a ☐ Yes

12b ☐ No

13. What did you learn from your participation in the follow-through experiences?

14. Do you feel that the follow-experiences should be a compulsory part of the Bachelor of Midwifery course?

14a ☐ Yes

14b ☐ No

Would you like to make any further comments?

15. What assists your learning in the follow-through experiences?

15a ☐ Opportunity to write and reflect

15b ☐ Support from a midwife

15d ☐ Ability to be with the woman during her labour and birth

16. Please describe any other assistance that you feel contributes to your learning in the follow-through experiences

17. What are the main challenges in achieving the follow-through experiences?

18. Do you have any other comments on the follow-through experiences?

Thank you for your participation in this survey.

If you are interested in being involved in the interview phase of this study, could you please go to the next page for further information.

The follow-through experience in three-year pre-registration Bachelor of Midwifery courses

Participation in an interview

This research aims to explore your thoughts on your participation in the follow-through experience as part of your studies in the Bachelor of Midwifery course.

The researcher will be conducting telephone interviews with current and former Bachelor of Midwifery students. These interviews will be conducted at a time, and in a location that is convenient to you. The length of the interview will be negotiated, depending on your availability, but should take approximately 30 minutes. I will make contact with you for the interview so that no cost is imposed on you for the telephone conversation.

If you are interested in participating in this interview process, could you please provide your contact details below?

Your details will be collected separately to your responses to the online survey so that at no time will your responses be identified as belonging to you.

Whilst your contact details and your identity will become known to the researcher for the interview process, at no time will your details or those of any university, hospital, maternity setting, midwife or woman be identified in any publication arising from this research.

Therefore, your identity, and the identity of any other person or organisation that you mention, will remain confidential throughout this research study and in all publications associated with this study.

Name: _____

Postal address (for sending of consent form and information sheet):

Address: _____

Suburb/Town: _____

City: _____

Postcode: _____

Phone contact: Home: _____

Mobile: _____

email: _____

Preferred method of contact:

☐

Post

☐

Email

☐

Home phone

☐

Mobile phone

Appendix Five: Information sheet, consent form and interview questions: ANEST participants

Information Sheet (ANEST members)

The follow-through experience research study

This study is being conducted for a Doctor of Philosophy course at the University of Technology, Sydney. I am a part-time student in this course. I commenced my studies in 2004 and aim to complete in 2009.

I also work as a midwifery lecturer in the Faculty of Nursing, Midwifery and Health and coordinate the Bachelor of Midwifery course. I am interested in finding out about the follow-through experience that is an integral component of Bachelor of Midwifery courses in Australia. In particular, I intend to collect information to help me understand:

- How the follow-through experience is organised in three year pre-registration Bachelor of Midwifery courses in Australia;
- How this experience contributes to student learning;
- How students integrate this learning into their practise as a midwife, and
- What enhances the learning associated with this experience.

In order to gain this information, I will be interviewing current and former Bachelor of Midwifery students, coordinators of three year pre-registration Bachelor of Midwifery courses in Victoria and South Australia, and members of the Australian College of Midwives National Education Standards Taskforce.

These interviews will be conducted a time, and in a location that is convenient to you. The length of the interview will be negotiated, depending on your availability, but should take approximately 30-60 minutes. The interviews will be recorded.

All information that I gather in this study will be:

- De-identified so that no course, or research participant will be identified by name
- Stored, in a locked filing cabinet, for a period of five years, with all identification information securely stored separate to this data
- Used for the purposes of this study only.

As a participant in this research you

- Can withdraw from this study at any time, and for any reason, without consequence
- Review the transcripts taken from the interview to check for accuracy
- Contact me if you have any questions related to this study

Thank you for your participation in this study.

Joanne Gray

Consent Form (ANEST members)

Name of Project: An exploration of the follow-through experience of pre-registration Bachelor of Midwifery students.

HREC approval no: 2006 – 174A

I, (name of participant) of

.....(address)

consent to my participation in the above research study. I have read the information on the attached to this consent form and I understand my role as a participant in this research. I also understand the following in relation to this study:

- The researcher will make contact with me by telephone to arrange a convenient time for an interview;
- This interview will be recorded;
- The interview time should not exceed that time that was previously arranged and agreed to (30 – 60 minutes);
- The interview with me will be de-identified, accessible to the researcher only, and used only for the purposes of this study;
- This de-identified interview data may be used in publications arising from this research;
- My confidentiality will be maintained at all times, and in all publications;
- I can withdraw from this study, at any time, and for any reason without any consequence;
- I can contact the researcher if I have any questions or concerns about my participation in this study.

Signed Dated
(Research participant)

Signed Dated
(Researcher)

Researcher's name: Joanne Gray

Address: Faculty of Nursing, Midwifery and Health
University of Technology, Sydney
Level 7, Building 10
PO Box 123
Broadway NSW 2007

Email: Joanne.gray@uts.edu.au

Phone: 02 9514 4912 (Work) 0413 31 9869 (Mobile)

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9615 Research.Ethics@uts.edu.au). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

ANEST Members

Interview Questions

1. What was your involvement in the development of the ACM Bachelor of Midwifery Standards?
2. Why do you think that the follow-through experience was included as an essential component in Bachelor of Midwifery courses?
3. Do you feel that the follow-through experience is an important component of Bachelor of Midwifery courses?

Follow-up: Why/why not?

4. How was the requirement of 30 experiences decided?

Follow-up: Do you think this is a realistic number?

Why/Why not?

5. What learning do you think the students gain from this experience?

Appendix Six: Information sheet, consent form and interview questions: Course Coordinator participants

Information Sheet (Course Coordinators)

The follow-through experience research study

This study is being conducted for a Doctor of Philosophy course at the University of Technology, Sydney. I am a part-time student in this course. I commenced my studies in 2004 and aim to complete in 2009.

I also work as a midwifery lecturer in the Faculty of Nursing, Midwifery and Health and coordinate the Bachelor of Midwifery course. I am interested in finding out about the follow-through experience that is an integral component of Bachelor of Midwifery courses in Australia. In particular, I intend to collect information to help me understand:

- How the follow-through experience is organised in three year pre-registration Bachelor of Midwifery courses in Australia;
- How this experience contributes to student learning;
- How students integrate this learning into their practise as a midwife, and
- What enhances the learning associated with this experience.

In order to gain this information, I will be interviewing current and former Bachelor of Midwifery students, coordinators of three year pre-registration Bachelor of Midwifery courses in Victoria and South Australia, and members of the Australian College of Midwives National Education Standards Taskforce.

These interviews will be conducted a time, and in a location that is convenient to you. The length of the interview will be negotiated, depending on your availability, but should take approximately 60 -120 minutes.

I would also like to review any materials that you have about the follow-through experience. For example, your course curriculum and other materials that relate to the follow-through experience. You are under no obligation to provide this documentation to me, but if you choose to, I will organise for the material to be sent to me at no cost to you, and I will return the information to you once I have copied it. This material will be de-identified as discussed below.

All information that I gather in this study will be:

- De-identified so that no course, or research participant will be identified by name
- Stored, in a locked filing cabinet, for a period of five years, with all identification information securely stored separate to this data
- Used for the purposes of this study only.

As a participant in this research you

- Can withdraw from this study at any time, and for any reason, without consequence
- Review the transcripts taken from the interview to check for accuracy
- Contact me if you have any questions relating to this study

Thank you for your participation in this study.
Joanne Gray



Consent Form (Course coordinators)

Name of Project: An exploration of the follow-through experience of pre-registration Bachelor of Midwifery students.

HREC approval no:

I, (name of participant) of
.....(address).

consent to my participation in the above research study. I have read the information on the attached to this consent form and I understand my role as a participant in this research. I also understand the following in relation to this study:

- The researcher will make contact with me by telephone to arrange a convenient time for an interview
- This interview will be tape-recorded;
- The interview time should not exceed that time that was previously arranged and agreed to (60 – 120 minutes)
- The interview with me will be de-identified, accessible to the researcher only, and used only for the purposes of this study;
- This de-identified interview data may be used in publications arising from this research;
- My confidentiality, and that of the university in which I am employed, will be maintained at all times, and in all publications;
- I can withdraw from this study, at any time, and for any reason without any consequence;
- I can contact the researcher if I have any questions or concerns about my participation in this study.

Signed Dated
(Research participant)

Signed Dated
(Researcher)

Researcher's name: Joanne Gray
Address: Faculty of Nursing, Midwifery and Health
University of Technology, Sydney
Level 7, Building 10
PO Box 123
Broadway NSW 2007

Email: Joanne.gray@uts.edu.au
Phone: 02 9514 4912

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9615 Research.Ethics@uts.edu.au). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Interview Questions

Course coordinators

1. How is the follow-through experience organised in your course?

Follow-up: How is this supervised?

What learning strategies are associated with this experience (ie diary, journal, tutorial discussion)?

2. Do you feel that the follow-through experience is an important component of Bachelor of Midwifery courses?

Follow-up: Why/why not?

3. Why do you think the follow-through experience was included as an essential component in Bachelor of Midwifery courses?

4. Do you think that the requirement of 30 experiences is realistic?

Follow-up: If not, what would be a better number?

5. What learning do you think the students gain from this experience?

6. What do you think enhances the potential learning from this experience?

Appendix Seven : Information sheet, consent form and interview

questions: Former and current Bachelor of Midwifery student participants

Information Sheet (Student interview)

The follow-through experience research study

This study is being conducted for a Doctor of Philosophy course at the University of Technology, Sydney. I am a part-time student in this course. I commenced my studies in 2004 and aim to complete in 2009.

I also work as a midwifery lecturer in the Faculty of Nursing, Midwifery and Health and coordinate the Bachelor of Midwifery course. I am interested in finding out about the follow-through experience that is an integral component of Bachelor of Midwifery courses in Australia. In particular, I intend to collect information to help me understand:

- How the follow-through experience is organised in three year pre-registration Bachelor of Midwifery courses in Australia;
- How this experience contributes to student learning;
- How students integrate this learning into their practise as a midwife, and
- What enhances the learning associated with this experience.

In order to gain this information, I will be interviewing current and former Bachelor of Midwifery students, coordinators of three year pre-registration Bachelor of Midwifery courses in Victoria and South Australia, and members of the Australian College of Midwives National Education Standards Taskforce.

These interviews will be conducted a time, and in a location that is convenient to you. The length of the interview will be negotiated, depending on your availability, but should take approximately 30 minutes. I will make contact with you for the interview so that no cost is imposed on you for the telephone conversation. This interview will be tape recorded.

All information that I gather in this study will be:

- De-identified so that no course, or research participant will be identified by name
- Stored, in a locked filing cabinet, for a period of five years, with all identification information securely stored separate to this data
- Used for the purposes of this study only.

As a participant in this research you

- Can withdraw from this study at any time, and for any reason, without consequence
- Review the transcripts taken from the interview to check for accuracy
- Contact me if you have any questions relating to this study

Thank you for your participation in this study.

Joanne Gray

May 2006

Consent Form

Name of Project: An exploration of the follow-through experience of pre-registration Bachelor of Midwifery students.

HREC approval no:

I, (name of participant) of
.....(ad
dress) consent to my participation in the above research study. I have read the
information attached to this consent form and I understand my role as a participant in
this research. I also understand the following in relation to this study:

- The researcher will make contact with me by telephone, and a convenient time and a venue of convenience to me will be arranged for the interview;
- My conversation with the researcher will be tape-recorded;
- The interview time should not exceed 30 minutes and that more than one interview may be required;
- The interview with me will be de-identified, accessible to the researcher only, and used only for the purposes of this study;
- This de-identified interview data may be used in publications arising from this research;
- My confidentiality will be maintained at all times, and in all publications;
- I can withdraw from this study, at any time, and for any reason without any consequence;
- I can contact the researcher if I have any questions or concerns about my participation in this study;

Signed Dated
(Research participant)

Signed Dated
(Researcher)

Researcher's name: Joanne Gray
Address: Faculty of Nursing, Midwifery and Health
University of Technology, Sydney
Level 7, Building 10
PO Box 123
Broadway NSW 2007
Email: Joanne.gray@uts.edu.au
Phone: 02 9514 4912

NOTE:

This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9615 Research.Ethics@uts.edu.au). Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.

Interview Questions

Former and Current Bachelor of Midwifery Students

1. Could you please tell me about how the follow-through experience is/was organised in your course?
2. Did you enjoy your participation in the follow-through experience?
3. What do you feel that you learnt from your involvement in the follow-through experience?

Follow-up: How do know that you achieved learning from this experience?

4. Do you feel that the follow-through experience is/was a necessary part of your course?

Follow-up: Why was this?

5. Do you think that the requirement of 30 experiences is realistic?

Follow-up: If not, what would be a better number?

6. What do you feel are/were the features of this experience that assisted your learning?

7. What do you feel are/were the features of this experience that did not assist your learning?

8. Is there anything else that you like to tell me about the follow-through experience

Appendix Eight: Ethics approval, University of Technology, Sydney

PO Box 123
Broadway NSW 2007
Australia
Tel. +61 2 9514 2000
Fax +61 2 9514 1551
www.uts.edu.au



University of Technology, Sydney

17 July 2006

Professor Caroline Homer
CB08.01.11D
Faculty of Nursing, Midwifery and Health
UNIVERSITY OF TECHNOLOGY, SYDNEY

COPY

Dear Caroline,

UTS HREC REF NO 2006-174 – HOMER, Professor Caroline, LEAP, Associate Professor Nicky (for GRAY, Ms Joanne, PhD student) - "An exploration of the follow-through experience of pre-registration Bachelor of Midwifery student"

Thank you for your response to my email dated 16 June 2006. Your response satisfactorily addresses the concerns and questions raised by the Committee, and I am pleased to inform you that ethics clearance is now granted.

Your clearance number is UTS HREC REF NO. 2006-174A

Please note that the ethical conduct of research is an on-going process. The *National Statement on Ethical Conduct in Research Involving Humans* requires us to obtain a report about the progress of the research, and in particular about any changes to the research which may have ethical implications. This report form must be completed at least annually, and at the end of the project (if it takes more than a year). The Ethics Secretariat will contact you when it is time to complete your first report.

I also refer you to the AVCC guidelines relating to the storage of data, which require that data be kept for a minimum of 5 years after publication of research. However, in NSW, longer retention requirements are required for research on human subjects with potential long-term effects, research with long-term environmental effects, or research considered of national or international significance, importance, or controversy. If the data from this research project falls into one of these categories, contact University Records for advice on long-term retention.

If you have any queries about your ethics clearance, or require any amendments to your research in the future, please do not hesitate to contact the Ethics Secretariat at the Research and Innovation Office, on 02 9514 9615.

Yours sincerely,


Professor Jane Stein-Parbury
Chairperson
UTS Human Research Ethics Committee

Office City campus, No.1 Broadway, Sydney NSW
Campuses City, Kuring-gai, St Leonards
UTS CRICOS Provider Code 00099F