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STUDENTS' PERCEPTIONS OF THE FOLLOW-THROUGH EXPERIENCE IN THREE YEAR BACHELOR OF MIDWIFERY PROGRAMS IN AUSTRALIA

Summary

Objective

The aims of this research, which used a qualitative methodology, were to explore the follow-through experience in order to better understand its impact on students and to identify the learning that is associated with this experience.

Design

Data were collected from former and current Bachelor of Midwifery students through telephone interviews. A thematic analysis was undertaken and situated and constructivist theories were used to identify whether learning occurred in the context of the follow-through experience.

Setting

The research was conducted in Australia.

Participants

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

Results

The findings provided a unique insight into the follow-through experience from students' perceptions. This research established that students do learn from their engagement in this experience. This learning was characterized 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 maternity system. These difficulties were identified as having a significant impact on the students' ability to engage in, and to maximize their learning from, this experience.

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.

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 pregnancy, labour and birth, and the early parenting period. 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, attending the woman's birth and meeting with the woman until the early postpartum period.

In Australia, registration as a midwife can be gained through both undergraduate and post-graduate (post-nursing) programs, including double degree programs in nursing and midwifery. In Australia, students in Bachelor of Midwifery programs follow a traditional university pathway where they attend university classes during semester time. Students are

also placed in standard clinical placements organised by the university and the midwifery student where they are allocated to a clinical setting (usually a hospital maternity unit) as part of the midwifery unit roster for a block period of time. During this time, students are unpaid and supernumerary to the staffing of the maternity units. The follow-through experience has the potential to contribute significantly to the midwifery practice experience of students as the time spent in these experiences is additional to standard clinical placements.

The follow-through experience was first seen in midwifery education in Australia when it was written into the 'Standards for Accreditation of Three Year Bachelor of Midwifery Programs' (Australian College of Midwives Inc., 2001). 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 included in most Australian pre-registration midwifery programs including post-graduate diplomas in midwifery. The follow-through experience has been 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., 2001).

The follow-through experience was a new concept for midwifery education in Australia as no pre-registration midwifery programs had placed such emphasis on students developing relationships with women and engaging in midwifery continuity of care. It 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, 2000). 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 of midwifery students had to working with women in this way (ACMI [Victorian Branch], 1999, Brodie, 2002, Leap, 2003).

In the development of the 'Standards for Accreditation of Three Year Bachelor of Midwifery Programs', the ACMI Bachelor of Midwifery Taskforce called on the advice of midwifery educators from other countries where three or four year pre-registration programs existed (Leap, 2002). 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 environment. 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. 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., 2001) 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.

In the most cases, students are the ones who make the first approach to a woman seeking her participation in the follow-through experience, often during antenatal appointments, though this does vary. The actual process of this varies as some health 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 automatically become the student's follow-through participants. Some universities take

responsibility for the recruitment of women and have invested in advertising in order to do this. In other universities, recruitment is left entirely to the students and they are required 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 had met at the shopping centre. They also used websites, brochures and flyers to recruit women.

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, and the follow-through experience is implemented differently in each University program.

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. The introduction of national education standards for accreditation of Bachelor of Midwifery programs in Australia aimed to instill a cohesive national approach to programs with a particular focus on the quality and length of programs. However, a consistent adoption of the ACMI Standards for the Accreditation of Three Year Bachelor of Midwifery programs has still not occurred across Australia and this lack of approach is problematic for the development of the profession. The standards developed by the ACMI required students to complete thirty follow-through experiences during their three year program. However, variation exists across universities.

Due to this inconsistent adoption of these standards and the varied implementation in each university program (Pincombe, 2003), this research has found that requirements related to

recruitment, meeting with women, documentation, and attendance during labour and birth differ across universities. This research, therefore describes the varied experiences of the students who have been with women on their journeys to motherhood.

Objectives

The objectives of this research were to explore the follow-through experience in order to better understand its impact on students, and to identify the learning that is associated with this experience.

Methods

Theoretical framework

This research focused on student learning in the follow-through experience and so it was appropriate that the theoretical framework that provided the research with a structure to approach interpretation and analysis of data are constructivism and situated learning. These theories, with their emphasis on determining ways in which students learn, arise from the cognitive tradition. Cognitive theories of learning argue that learning takes place in the mind, rather than behaviors accrued passively from the environment, whilst constructivism 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 recognizes the learning is not an individual action, but that it occurs through the interaction with the world around us. 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. It is the individual's learning that is central to an understanding of the role of the follow-through experience. These frameworks suggest the

learner develops knowledge through interaction with the learning environment, bringing together knowledge from other situations.

Sample and recruitment

For the purposes of this research and for clarity around the research findings, only three year, pre-registration Bachelor of Midwifery programs were included in this study. At the time of this research, there were six of these programs in Australia. Twenty-eight former and current students were included. Data received from the universities of three year programs indicated that at the Higher Education Contribution Scheme (HECS) census date just prior to collection, there were approximately 150 graduates from these programs, and a further 450 students currently enrolled.

In order to provide a larger sample of students and wider cross-section of students' views, the students were recruited 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 Collective (online discussion forum established in 2001). Only the telephone interview data is presented here as the online survey data is presented elsewhere (Gray, 2010). Students were recruited for an online survey via these three routes about a range of factors associated with the follow-through experience. Each of these invitations for participants provided a web address for the survey, assured anonymity in participation, and provided contact details for the researcher.

Out of the 101 students who responded to the survey, 65 potential interviewees completed an additional section of the survey to indicate their willingness to participate. A random sample was selected across each state where the Bachelor of Midwifery was offered, and from each year of the program, as well as some graduates. The researcher made contact with the students and the timing of the interviews was arranged. The participants were sent a consent

form, information sheet and the questions prior to the interview. All interviews with these participants were done by telephone, recorded by a digital recording device, downloaded to a computer and transferred to a disc, and transcribed verbatim by an independent transcribing service. The use of telephone interviews enabled the inclusion of participants from a wide variety of locations in Australia. Although the interviews used target questions, they were semi-structured as it was important for the student to be able to give their own interpretations of their experiences. Interview length varied with each participant from 10 to 60 minutes. As the researcher (J.E. Gray) was the course co-coordinator of a New South Wales program, to ensure anonymity, a midwifery colleague who had experience working with undergraduate midwifery students conducted the NSW interviews and their recorded interviews were not listened to by J.E. Gray, having only access to the transcribed data. All other interviews were conducted by her.

The interview phase ceased after 28 interviews were undertaken due to data saturation. The sample was representative across all years of student's enrolment, completed students, and the States in which the students were enrolled (Figure 1).

Ethical considerations

Ethics approval for this research was gained from the University of Technology, Sydney Human Research Ethics Committee (HREC approval number 2006-174). Voluntary consent was sought prior to data collection from participants using a written information and consent sheet after potential interviewees self-identified as part of the online survey phase. Confidentiality has been maintained throughout as all identifying factors have been removed. During the telephone interviews participants were informed when the tape recorder was being used. Participants were informed they could withdraw from the research at any time they wished.

Analysis

Inductive analysis of data was conducted using a thematic analysis method to intentionally seek meanings related to this new educational experience. Analysis of interview data occurred in three stages: description, analysis and interpretation (Burns, 2003). Categories were identified within each interview and then grouped to identify key themes. Each transcription was presented as a word document and placed in a table format so that each paragraph was separated. Words used to summarise the paragraph or a copy of the actual words were placed in a column that was situated alongside the paragraphs. The result was a list of words from each interview, copied into a new document, which were colour coded and a number of sub-themes emerged from this coding. These sub-themes were grouped and four key themes were distilled from this data. At the completion of this process, the transcripts were reread to ensure that the final four themes were inclusive and reflective of the data. An audit trail was established to permit for examination of the thematic analysis process. Some data lent itself to description so analysis was not required.

Findings

Table 1 describes the interview participants. Four themes were identified from the data named using participants words: *'You just really get to know what makes her tick'*, *'This woman's care is in your hands'*, *'It was grueling. It really was'*, and *'It is something more meaningful, something different'*. Participants are identified by a pseudonym which refers to either enrolment in a program where MS refers to Midwifery Student and a number indicates year of enrolment e.g. MS2 for a second year midwifery student and MG refers to Midwifery Graduate.

'You just really get to know what makes her tick'

Participants perceived the follow-through experience to be focused on the woman. 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 students 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 important and a necessary requirement in the follow-through experience. Participants felt they really got to know the woman, 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 etcetera. You really get to know that, whereas if you're on a placement situation and you're 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' emerged as a strong theme. Participants recognised that each woman was unique and that in getting to form a relationship with her, they learnt more than just her pregnancy. They came to understand the many factors impacting upon a woman's pregnancy, labour, birth and early parenting. A graduate identified that in building a relationship with a woman, you knew what else she brought to her labour and birth, describing 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).

Another participant, who conceived of the relationship with the women as being central to the role of a midwife, expressed amazement at how she felt that many midwives did not understand the importance of developing a relationship with the women. She felt:

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).

In getting to know the women participants felt they could provide different care centered upon trust. They felt that the women trusted them because they knew them, and this trust was significant for the women. They recognised the value of having a relationship with women prior to labour, as identified by this comment:

There's a better trust there and it feels a bit more like 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).

Participants spoke of how they became more aware of the woman as an individual, and this learning was valued by the participants:

When you watch, it's really easy to see what's happening- like this particular woman is pregnant, but she's a woman first (MS2).

'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 women's care in their hands. Some participants described skills they learnt and others focused more on how and why they learnt:

You actually get to speak to a real person rather than just reading books or just practicing on dolls. It's a lot different in the real world than what is sitting on the floor of the lounge room reading a textbook. And it means that you have a bit more of an understanding what's really going on (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 to arise 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 quote describes 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).

Participants recognised that being with the women in the follow-through experience provided them with the opportunity to see how different practitioners work, and see what it is like to be a midwife, whilst these experiences may 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).

This participant recognised that she gained a lot of confidence from being with the women 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 and recognise the skills that are required in the workplace:

I think it helped to 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 workforce it's a good skill and makes you feel a lot better about it all (MS2).

Another participant found that it was better to practice skills with the woman when you knew her and she reflected that:

It's great to be with women who know you are comfortable when you're practicing things like palpations and blood pressures (MS1).

'It was grueling... 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 due to time commitment pressures, recruitment difficulties, juggling their university requirements with their personal commitments and their awkwardness approaching women. One 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 got 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 grueling. It really was (MG).

Participants described how sometimes they were simple '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. Some participants related their fear of being rejected by women and for others recruitment felt awkward and intrusive. 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).

The follow through experiences required students to commit their time and resources. This was more significant for some students than others. For the following student juggling all the demands due to time and cost hindrances. She articulated that there was:

A huge amount of 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).

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 end up in despair sometimes and it's all too hard (MS2).

Most participants were required to complete 30 or 40, though some only needed to complete ten as the university she attended was approved in the State prior to the ACMI standards being adopted as mandatory. One participant, who was 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 doing 40 like everyone else. I'd just be horrified (MS1).

When asked what would happen to her experience of the follow-through 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, it would probably seem more like a nuisance than a benefit, rather than something I'm enjoying (MS1).

Another participant 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 markedly reduced. 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).

Unfortunately, for some students the course requirements and the need for the completion of 30 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).

Fulfilling requirements became difficult for others when midwives did not ring them for the labour and birth of the women:

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).

'It is something more meaningful, something different'

This theme came from participants identifying that the follow-through experience provided them with an opportunity that was very different from any other in their course. Participants reflected on the unique nature of the follow-through experience and how the connection with women was what made the difference. One participant said:

You connect – and it is something more meaningful, something different (MG).

For this participant the 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 (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 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).

For another, there was a difference because she was seeing everything from a 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).

Key findings of this research are summarized in Table 3.

Discussion

In sharing their thoughts on the follow-through experience, 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. Table 2 provides a summary of those elements that have been identified as those that enhanced and detracted from learning experiences.

The ability to develop relationships was a key finding. Students identified that the relationships they developed with women were central to the follow-through experience. Themes illustrating this included: *'you just really get to know what makes her tick'*, *'this woman's care is in your hands'* and *'it was something meaningful, something different'*. The students recognised they provided different care and they felt connected to the woman, not the hospital. The theme *'it is something more meaning, more different'* articulated how they got to know women, developed relationships, and how this influenced their care and learning. Many commented on the increased satisfaction they received from this experience when compared to working in fragmented models during standard clinical placements.

It has been previously identified that midwives experience work differently when they are able to build relationships with women (Brodie, 1996, Brodie, 1997, Kirkham, 2000). Increased satisfaction for both women and their midwives has been demonstrated in continuity models, as well as shifting allegiances away from the institution towards the women (McCourt, 2006). The midwifery students valued relationships they built with women, despite the challenges they faced at times when they experienced long days being on call. Even those students, who expressed their concerns about the challenges of the follow-through experience, identified the significance of these relationships and the opportunities for learning that occurred. For many it was the best part of the course and the only access to continuity with women.

Little research describes the nature of midwifery student relationships with women and the impact this has on learning. In a study exploring experiences of the first cohort of Bachelor of Midwifery students from one university in Australia, Siebold (2005) noted that students valued developing relationships with women which were provided by the follow-through experience. While there is limited evidence available on any evaluation of 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 the students. Siebold's (2005) research identified that the requirement of 30 to be excessive and the documentation requirement of the follow-through experience to be onerous and complex with students receiving conflicting advice on requirements. This was voiced in this research with some students also reporting that the requirement of 30 follow-through experiences was difficult to complete. Some students adopted a superficial approach to the management of the follow-through experience by taking 'short cuts' to get the work done, not immersing themselves in the experience, not developing in-depth relationships with the women and creating their assessments for submission to the university. Pincombe et al (2007) argued that placing minimum requirements on midwifery students is not evidenced based, asserting that students should not be burdened with these requirements as getting the numbers is the most problematic aspect, and that more student-centred strategies are needed. Although findings from this research question this as the majority of participants were supportive of the follow-through experience, it does bring to the fore the issue of decreasing numerical requirements to enhance learning.

Participants altered the structure of the task in order to meet university requirements. This relates to two approaches of student learning, deep and surface, where surface learning is when a student alters the task and intends to merely complete its requirements (Biggs, 2003, Ramsden, 2003). This may have been done in order for students to meet university requirements with the competing demands of other university work, their personal lives, clinical placements, and work commitments.

Students gained more value from the follow-through experience when supported by midwives, either working alongside them in a continuity model. This made the task of recruiting women easier for the students, which eased the anxiety surrounding recruitment of women. Some students were concerned about the ethics of recruiting women and they wondered whether

they had anything to contribute to a woman's experience of pregnancy. Participants also perceived that the university offered very little support to assist with recruitment. Other causes for concern were when the students spoke of their disappointment when midwives did not contact them when one of 'their women' was admitted to hospital in labour. Missing the birth was disappointing for both the midwives and women. The lack of support affected the students' ability to learn from the follow-through experiences.

Another key finding of this study was the follow-through experience being related to skill development such as abdominal palpation, blood pressure measurement and other midwifery skills such as communication and time management. They reported they were more confident in their skills when they were with women they knew and this helped with learning. Their descriptions are of situated learning as they recognised that their learning occurred because they were involved with the care of the woman and this occurred in the 'real world' of midwifery. Students spoke of learning not only of practical skills, but also of 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 within a culture, where the learner becomes part of that culture and subsequently learns from others. To see how midwives practices and being 'hands-on' themselves within the follow-through experience maximized learning, providing learning experiences that could not have been achieved by textbook or lectures.

Previous research has shown that Australian midwifery students rarely had the opportunity to work with women outside of the hospital maternity system, thus limiting graduates knowledge of any other model of care than the one they had been exposed to (ACMI [Victorian Branch], 1999, Brodie, 2002, Leap, 2003, Waldenstrom, 1996). The value of the follow-through experience is that it provides midwifery students with an opportunity of experiencing

continuity of care across the interface of hospital and community settings. Students overwhelmingly supported the follow-through experience as a compulsory requirement. Even the minority of students who were not so supportive recognised the contribution this experience made to their learning due to experiencing care other than the traditional, fragmented maternity care.

Limitations of the research

The research focused only on the experiences of those students who were currently enrolled in, or who had completed, an Australian three year pre-registration Bachelor of Midwifery program. This research excluded any midwifery students who entered a post nursing midwifery program, and also students from a double-degree program. Despite this, there is potential for findings to be extrapolated across all midwifery students who engage with women in the follow-through experience.

There is also 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. The findings indicated that although some participants held strong views, there were others who were quite reflective and articulated a range of views about their experiences.

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Table 1: Status of participants ($n=28$)

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

Table 2: Elements of the follow-through experience that influence learning

Enable positive learning experiences	Detract from learning experiences
<ul style="list-style-type: none">• Enhances textbook learning• Contextualises care• Allows for evaluation of advice and care given• Stimulated further reading and learning• Allows for repetition of clinical skills	<ul style="list-style-type: none">• Inadequate time allocated to this experience• Limited support from universities• Limited support from midwives• Impact on personal life

Table 3: Summary of key research findings

Key research findings

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'.
 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.
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