# A case study of SWIM with ME: Matching a model of student education to a continuity of care model in midwifery

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A thesis to fulfil the requirements of the

Master of Midwifery (Honours) degree

Faculty of Health

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#### **CERTIFICATE OF ORIGINAL AUTHORSHIP**

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:	 	 
Date:		

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#### **ABSTRACT**

Maternity services are required to provide relevant midwifery education to employed Graduate Diploma of midwifery students, which fulfils the requirements of the Australian Nursing and Midwifery Council (ANMC) for midwifery registration. One of the requirements is for each student to "follow through" a number of women from early in their pregnancy until 4 weeks after the birth of their baby. At the same time the maternity service is also required to provide choice for women in relation to a particular model of care known as 'continuity of care'. Continuity of midwifery care is a consistent philosophy or organisational structure underpinning the care provided by midwives across the antenatal, intrapartum and postnatal periods which is different to the concept of continuity of carer. Continuity of midwifery carer describes care by a midwife whom the woman has previously met, feels she has developed a 'relationship' with and believes she knows' (Homer, Brodie & Leap, 2008). Continuity of midwifery care experience (CoMCE) 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 (ANMC, 2009). The intention of providing the continuity of care experience for the education of student midwives to is to enable students to experience continuity with individual women irrespective of the availability of midwifery continuity of care models (ACM advice to the ANMC National Accreditation Standards project 2008–09). In the context of this study it is the continuity of midwifery care experience (CoMCE) which is being explored. For many organisations, meeting these simultaneous requirements for the care of women and the education of student midwives is difficult to achieve. This study will use case study methodology to describe in detail how one organisation has addressed this issue through a model of midwifery education in clinical practice. Aspects of this case may resonate with midwives and maternity service managers attempting to match the model of midwifery continuity of care with student midwife clinical education.

# PUBLICATIONS AND PRESENTATIONS ARISING FROM THIS THESIS

- Gilroy, G., Sim, J., Foureur, M. & Gray, J. 2012, 'Midwifery education and continuity of care', Midwifery Matters, no. September, pp. 28-9.
- Gilroy, G. & Sim, J. 2012. 'Sink or SWIM? Matching a model of education to a model of care in midwifery: A five year evaluation', paper presented to Midwives Fit for the Future Conference, Australian College of Midwives Queensland branch SeaWorld Queensland.
- Gilroy, G. 2012, 'Sink or SWIM? Matching a model of education to a model of care in midwifery: A five year evaluation', Womens and Newborn Health 3rd Academic Day, Kolling, Royal North Shore Hospital, Sydney.
- Gilroy, G. 2008. 'Sink or SWIM? Midwifery Education in Midwifery Practice', A Showcase of Innovation, Nurses and Midwifery Office, State Library Sydney
- Sim, J. & Gilroy, G. 2008, 'Swim with Me: Collaboratively', paper presented to the 'Minding your P's & Q's' Partnering professionally'. Women's Hospitals Australasia, Manly, Sydney, 19th November.

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#### **GLOSSARY**

**ACM** Australian College of Midwives

**ANMC** Australian Nursing and Midwifery Council

**ANMAC** Australian Nursing and Midwifery Accreditation Council (ANMAC) is the independent accrediting authority for the nursing and midwifery professions under the National Registration and Accreditation Scheme. ANMAC commenced operations on 1<sup>st</sup> July 2010. ANMAC regularly reviews and improves accreditation standards used to assess programs to ensure their continued relevance and effectiveness in contemporary education and health care environments.

Continuity of Midwifery Care Experience (CoMCE) follows the same definition as the follow through experience above and this term has been used throughout this thesis.

Continuity of care 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 continuity of care experience is to enable students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period, where practicable and irrespective of the carers chosen by the woman or of the availability of midwifery continuity of care models. (ACM advice to the ANMC National Accreditation Standards project, 2008–09).

**Continuity of midwifery care** is a consistent philosophy or organisational structure underpinning the care provided by midwives across the antenatal, intrapartum and postnatal periods.

**Core midwives are** Midwives in maternity unit who are not working in midwifery continuity of care. Core midwives are usually based in one clinical area

(antenatal, birthing unit, postnatal) however in Hornsby maternity unit most midwives rotate to all areas of maternity services.

Follow through experience means the ongoing midwifery relationship between the student and the woman from initial contact in early pregnancy through the weeks immediately after the woman has given birth, across the interface between community and hospital settings (Australian College of Midwives Inc. 2001). CoMCE is the term used for this experience in this thesis.

Health service providers are health units or other appropriate service providers, where students undertake a period of supervised professional experience as part of a course, the graduates of which are eligible to apply for midwifery registration (adapted from definition for 'clinical facilities' in the ANMC National Accreditation Framework).

**MESAC** Midwifery Education Standards Advisory Committee

**MGP** means Midwifery Group Practice also known as case load. MGP's are small groups of midwives who provide all antenatal, intrapartum and postnatal care to a defined number of women.

**N3ET** National Nursing and Nursing Education Taskforce

**Professional experience placement** is the component of midwifery education that allows students to put theoretical knowledge into practice within the consumer care environment (adapted from the ANMC Standards for Registered Nurses). It must include but may not be limited to continuity of care experiences. It excludes simulation.

#### **Professional Experience ANMC 2010**

In Standard eight of the National Accreditation Standards and Criteria, the ANMC states:

The course provider is required to demonstrate the inclusion of periods of professional experience in their course so students can complete all these

minimum supervised professional experience requirements, regardless of the length of course:

- 1) Twenty (20) continuity of care experiences. Specific requirements of these experiences include:
- Enabling students to experience continuity with individual women through pregnancy, labour and birth and the postnatal period, irrespective of the availability of midwifery continuity of care models
- b) Participation in continuity of care models involving contact with women that commences in early pregnancy and continues up to four to six weeks after birth
- c) Supervision by a midwife (or in particular circumstances a medical practitioner qualified in obstetrics)
- d) Consistent, regular and ongoing evaluation of each student's continuity of care experiences
- e) A minimum of eight (8) continuity of care experiences towards the end of the course and with the student fully involved in providing midwifery care with appropriate supervision
- f) Engagement with women during pregnancy and at antenatal visits, labour and birth as well as postnatal visits according to individual circumstances.

  Overall, it is recommended that students spend an average of 20 hours with each woman across her maternity care episode
- g) Provision by the student of evidence of their engagement with each woman (Australian Nursing & Midwifery Council 2010).

**Supervision and/or support** is where, for instance, an academic staff member or midwife supports and/or supervises a student undertaking a course for entry to the midwifery profession on a professional experience placement. It includes supervision and/or support provided in relation to the student's participation in continuity of care experiences.

**SWIM with ME** is an acronym for 'Students with Women Innovative Model with Midwifery Education'. This original nomenclature of the model is now referred to as SWIM by the organisation, students and women.

**SWIM** is the student midwifery model of education for the CoMCE for graduate diploma in midwifery students at Hornsby Hospital. SWIM is the title of the model used throughout this thesis.

**Transitional Midwife** is a newly qualified midwife in an educationally supported role in a maternity service. These transitional midwives had been educated through SWIM for their CoMCE.

**Women-centred care is a** concept that implies that midwifery care:

- ❖ Is focused on the woman's individual unique needs, expectations and aspirations, rather than the needs of institutions or professions involved.
- Recognises the woman's right to self-determination in terms of choice, control, and continuity of care from known care givers.
- Encompasses the needs of the baby, the woman's family, her significant others and community, as identified and negotiated by the woman herself.
- Follows the woman across the interface between institutions and the community through, through all phases of pregnancy, birth and the postnatal period, therefore involving collaboration with other health professionals when necessary.
- ❖ Is 'holistic' in terms of addressing the woman's social, emotional, physical, psychological, spiritual; and cultural needs and expectations. (Homer, Brodie & Leap 2008)