Original Research – Quantitative

Access, boundaries and confidence: The ABC of facilitating continuity of care experience in midwifery education

Lois McKellar a,*, Samantha Charlick a, Jane Warland a, David Birbeck b

aSchool of Nursing and Midwifery, University of South Australia, Australia
bLearning and Teaching Unit, University of South Australia, Australia

ABSTRACT

Background: To register as a midwife in Australia, students must complete minimum requirements of clinical experiences throughout their programme. This includes following women through their childbirth journey in order to gain continuity of care experience. Research suggests that women and students find the continuity of care experience (COCE) valuable. Nevertheless, students cite difficulty in achieving these experiences.

Methods: This project adopted an action research approach incorporating the four stages of planning, action, observation and reflection. This paper specifically reports the findings from the planning stage in which a focus group with education providers, facilitator and students was conducted and a survey with students (n = 69) was undertaken. Key themes were identified through thematic analysis and a number of actions were proposed.

Findings: Three main themes, ‘access’, ‘boundaries’ and ‘confidence’ were identified as challenges for students undertaking the COCE. Students raised concern regarding lack of access to women for COCE. They identified a need to establish clear professional and personal boundaries in managing the COCE. Students also highlighted the significance of confidence on the success of their experience. Throughout the study students identified strategies that could assist in the COCE.

Conclusion: There is a need for clarity and support around the COCE for all stakeholders. Placing the COCE within a Service Learning model is one response that ensures that this experience is understood as being symbiotic for women and students and enables supportive actions to be developed and implemented.

© 2014 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

1. Introduction

In order to register as a midwife in Australia, midwifery students must fulfil minimum requirements of clinical experiences. One of the requirements is to complete Continuity of Care Experiences (COCE). The COCE requires students to actively participate in antenatal, labour and birth, and postnatal care for 20 women. As such, the COCE provides a holistic framework for students to gain diverse midwifery experience and facilitates a nexus for theoretical knowledge and practice. The aim of this project was to explore the challenges and identify supportive strategies for midwifery students undertaking the COCE.

2. Literature review

Research suggests that women find the COCE beneficial. In one study, women claimed it empowered them in their childbirth journey, identifying that the student was there for them, and “bridged the system,” providing support beyond that which the maternity services could offer. Students also find the COCE valuable, enabling them to engage in women centred care through a continuity model that is not always achievable while on standard clinical placements. Students agree that these experiences significantly increase their confidence and skills throughout the

* Corresponding author at: School of Nursing and Midwifery, City East Campus, Level 6 Centenary Building, Frome Road, Adelaide, SA 5000, Australia.
Tel.: +61 08 8302 1108; fax: +61 8 8302 2168.
E-mail address: lois.mckellar@unisa.edu.au (L. McKellar).

http://dx.doi.org/10.1016/j.wombi.2014.08.005
1871-5192/© 2014 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.
Nevertheless, a number of issues have been identified nationwide.\textsuperscript{1–5,9} Students cite difficulty in achieving the minimum requirement due to lack of ‘recruitment’ strategies and potential workload.\textsuperscript{3} In a study which reviewed COCE in three Australian Universities, Gray\textsuperscript{7} identified the complexity of managing these experiences for students, universities and maternity care providers. Students in the study “felt the university offered very little support to assist with recruitment” and it was recommended that universities give time to address this concern.\textsuperscript{xp230}A further study in Victoria found that students felt the minimum requirement for COCEs was “excessive requiring a huge time commitment.”\textsuperscript{7}(p11) One particular concern centred on the time it took students to find women to participate. Additionally, course feedback and anecdotal reports from students indicate that they find this component of the programme challenging. There have been limited efforts nationally committed to considering the logistics of the recruitment process and satisfactorily addressing the issues regarding COCE.\textsuperscript{9}

One way forward for midwifery education providers is to position the COCE within the pedagogy of Service Learning. Service Learning is a dynamic learning strategy enabling students to make meaningful connections between theory and practice by deliberately linking course objectives to real life experience through meeting the needs of others through service.\textsuperscript{10,11} Kuh\textsuperscript{12} describes Service Learning as one of the highest impact practices for the creation of student engagement and particularly important in influencing students personal and professional growth with an emphasis on attributes needed for professional and ethical practice. In the context of Midwifery education, this is about preparing students to embrace the workforce as skilled midwives with a broad perspective regarding their role within contemporary maternity care.

There are defining characteristics of Service Learning\textsuperscript{13} and the COCE fits these, as students provide a service to women in the community by providing additional support, and this in turn provides a learning experience for students. Identifying a pedagogical foundation for the COCE is particularly important in light of this requirement being embedded within the national accreditation standards. This model provides a framework to develop curriculum so that the student’s experience and learning are maximised and underpin strategies for managing COCE that provides a more ‘user-friendly’ structure for both students and women. This is cognisant with Gray’s\textsuperscript{7} work which concluded that constructively aligning the COCE with course work within Midwifery programmes was imperative. This project sought to identify key issues and provide a streamlined and supportive approach for students undertaking the COCE by situating this experience within a Service Learning model and enabling students to concentrate on the learning outcomes rather than procuring the experience.

3. Participants and method

This project adopted a modified action research approach incorporating the four stages of planning, action, observation and reflection as outlined.\textsuperscript{1,4,13}

Stage 1: Planning: A project action group (PAG) was established to review the literature and document a model of Service Learning for COCE. The PAG consisted of Midwifery academic staff and a consultant for Service Learning. A focus group and survey were the primary data collection sources during this stage. The focus group informed the development of the questionnaire. The focus group consisted of three students, a clinical facilitator and two academics. Third year midwifery students were invited to participate in a focus group discussion, while students indicated interest, only three students attended the focus group. Facilitators employed by the hospital and the university were invited to attend the focus groups but only one was able to attend. It was anticipated that a further focus group would be conducted but facilitating further opportunities to meet was problematic. The survey was an anonymous electronic questionnaire which facilitated primarily open-ended comments in response to questions guided by the response from the focus group discussion. The questionnaire was distributed via email link to students undertaking the Bachelor of Midwifery (210) and 69 responded. These findings along with the literature review and feedback from the ARG informed stage two. Ethics approval was gained from the UniSA Human Research Ethics Committee.

Stage 2: Action – During this stage a Service Learning model was adopted and a number of actions to address challenges with COCE were developed and implemented with students enrolled in the undergraduate Midwifery programme at UniSA.

Stage 3: Observation – Participating students and women completed an anonymous questionnaire to provide feedback regarding the specific actions.

Stage 4: Reflection – The analysed data from both the students and women were reviewed by the PAG for evaluation and recommendations.

This paper presents the findings from stage one only and focuses on the results of the focus group and survey.

4. Findings

Data from the focus group and survey were analysed using thematic analysis based on the six-stage method outlined by Braun and Clarke.\textsuperscript{10} Several members of the PAG and the research assistant reviewed the findings to ensure the integrity of the themes. Additionally, identified themes were discussed with students through an informal session for final comments and validation. Demographic data from the survey are shown in Table 1.

Students found the COCE an excellent learning experience not just for skill development alone, but it taught students how to be ‘with woman’, “COCE really allows us to go through the journey of pregnancy with not only the woman, but her family also... and to learn to provide truly women-centred care.” Many students also felt that the COCE greatly benefited the women, especially first time mothers, those with additional needs or women going through the clinic where they often see a different midwife at each visit. Nevertheless, while students endorsed the COCE they raised numerous challenges. Three main themes, Access, Boundaries and Confidence were identified as areas of challenge for students undertaking the COCE. Throughout the data students’ also identified strategies that could assist in overcoming these challenges and these will be also be discussed (Diagram 1).

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Survey student demographics.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( n = 69 )</td>
</tr>
<tr>
<td>Year level in the programme</td>
<td></td>
</tr>
<tr>
<td>1st year</td>
<td>24</td>
</tr>
<tr>
<td>2nd year</td>
<td>16</td>
</tr>
<tr>
<td>3rd year</td>
<td>29</td>
</tr>
<tr>
<td>Domestic or international</td>
<td></td>
</tr>
<tr>
<td>Domestic</td>
<td>64</td>
</tr>
<tr>
<td>International</td>
<td>4</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Enrollment</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>49</td>
</tr>
<tr>
<td>Part-time</td>
<td>19</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
</tr>
</tbody>
</table>
5. Access

The students raised concern regarding lack of access to women to participate in the COCE. Specifically, they identified a lack of support, as well as a general misunderstanding of what the experience involves. Table 2 provides illustrative quotations to support the subthemes.

5.1. Lack of support from midwives and venues

Students found it difficult to recruit women, especially if there was no direct support from midwives and venues. One student expressed this suggesting students were perceived as ‘rogues.’ It was claimed that unless students have connections within a hospital, or with a midwifery mentor, accessing women for COCE is very difficult. Interestingly some students mentioned that obstetricians enjoy working with students and will often refer women to them. The students however, felt somewhat ‘forced’ to work with midwives instead of obstetricians in order to meet their course requirements.

Table 2: Illustrative quotations for ‘Access’.

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Participants’ quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of support from midwives and venues</td>
<td>“some hospital clinics were not supportive of students recruiting, and the process can be daunting – as if students are just rogues (unattached to hospitals) bothering women in antenatal clinics.”</td>
</tr>
<tr>
<td>Misunderstanding about the COCE</td>
<td>“to meet the requirements for registration there is an additional pressure to try and ‘catch’ the baby for continuity of care women – hence there is a need to try and follow midwifery led care, rather than Obstetric led.” “often, women think that student participation means a student [alone] will care for them and their baby, so are reluctant to accept a student.” “even if women do know about the work of student midwives or have had student midwives present for their previous births, they often do not know how they can acquire one.” “I am concerned that I may not meet registration requirements, and as COCE is a part of this requirement, I am recruiting ultimately with the goal of ensuring by end of 3rd year these requirements are met.”</td>
</tr>
</tbody>
</table>

5.2. Misunderstanding about the COCE

Misunderstanding about the experience is a barrier as women are not always sure of the student’s role. Conversely, the lack of information regarding COCE means many women do not know about the option to have a midwifery student or if they do want a student, it is not always easy for them to find one. Students also stated that the programme requirements made them more focused on numbers than learning to be with the women.

6. Boundaries

The students identified a need to establish clear professional boundaries for the COCE. Issues around this include; recruiting family and friends, managing the COCE, forming relationships with women, and expectations. Table 3 provides illustrative quotations to support the subthemes.

6.1. Recruiting family and friends

Many students found it difficult to recruit without knowing the woman and so began by recruiting family and friends. This was
described by the facilitator as being “significantly problematic” as there can be issues around confidentiality and mandatory reporting, as well as students being personally involved. However, most students identified with this practice, especially in the first year as it was easier than recruiting women through other means.

6.2. Managing the COCE

Once engaged in a COCE, the students felt that there was a lack of explicit guidelines around managing the experience. Many suggested that they did not always know what to do when the women asked for advice or when the woman did not agree with the midwife or doctor. While students recognised that for many women they were a ‘bridge’ in the system, this was sometimes challenging for the student.

6.3. Building relationships with women

Students found that the more time they spent with the woman; the more likely they were to be invited to the birth. Hence, students found themselves forming ‘friendships’ with their women in an attempt to meet all the aspects of the COCE. The facilitator noted, “a lot of times students are disappointed about not being invited to the birth – if they only see them once or twice they don’t have good rapport necessarily and may be hesitant to attend birth”. This encouraged students to do more visits and attend other personal functions with the woman. It was evident that students were getting invited to birthday parties and informal get-togethers, highlighting the lack of clarity around professional boundaries and potentially causing confusion and risk.

6.4. Expectations

Students also commented that some women have unrealistic expectations of the students and professional boundaries were difficult to maintain. Students also made comments on their own personal boundaries with regards to the demands that COCE presented. Many students found the experience very demanding, putting in above the ‘normal’ amount of time for an undergraduate degree programme. Additionally, students felt that there was a lot of time wasted while waiting for appointments, which often run late. They also found that COCE requires money spent on phone calls, petrol and car parking. Other students found the time demands so great that they had to quit their part-time employment, adding to the financial strain.

7. Confidence

The final area identified for students undertaking COCE was the impact of confidence on conducting the COCE. Students felt that midwives were more likely to refer women to the confident students. One student commented, “I think that the confidence level of the student does impact on whether the midwife would refer students.” This was identified as a potential problem for ‘shy’ students, first year students and international students. Table 4 provides illustrative quotations to support the subthemes.

7.1. Lack of confidence due to personality type

The personality of the student seems to impact on whether or not midwives will refer women to them. In addition to referral success, personality also impacts on students own ability to recruit women. The facilitator commented, “if the student is not outgoing, dynamic, confident or comfortable in approaching others, their numbers are always lower.” Hence, it was suggested that students who lack confidence, or describe themselves as shy may find COCE more difficult than other students. This was not always disadvantageous as noted by one student who thought that midwives might be keen to assist shyer students.

7.2. A lack of confidence in first year

First year students tend not to feel as confident about supporting women or knowing what to talk about. It was suggested that this may impact on the student’s confidence in recruiting as they perceive that women may believe the COCE is more for the student than for themselves. Students identified that further into the programme they are able to promote the benefits of the COCE for the woman.

7.3. International students more confident speaking their own language

International students can find it difficult to recruit women particularly early in the programme. Often they recruit women of the same nationality, and this can sometimes result in the student being used as an interpreter. Another potential issue, causing difficulties in practice is when the student has a conversation in their language but the supervising midwife cannot understand what is being said. Despite these potential issues, some students thought that the international students managing their COCE well. Notably, international students (5.8%) were not well represented in this data.

A number of responses to the challenges identified were provided as follows:

8. Responses to issues around access

Students agreed that there needed to be greater understanding about the COCE and a commitment from midwives to support students in this experience. It was asserted that midwifery students and the COCE should be (re)promoted to midwives, obstetricians and women. Several promotional ideas were identified including: flyers, posters, business cards, DVD being played in the antenatal clinic, a COCE website and a take home brochure. The most favoured idea was placing a COCE brochure in the South Australian Pregnancy Record. One student commented “I think the hand held record idea is the best as women see this as an integral part of their pregnancy so they would accept COCE as the same”.

The majority of students commented that establishing a good relationship with a midwife is key to undertaking COCE as indicated in this response “getting hold of a good, supportive midwife who is keen on helping a student has been instrumental in both my confidence as a student in approaching and being with
women.” Midwifery Group Practice (MGP) midwives were repeatedly identified as particularly helpful. It was proposed that the University could work at establishing formal relationships between students and mentoring midwives. Once recruited however, there is still the problem of students not being called in for births when their COCE women are in labour. One student commented how they were, “often not called for births as midwives are unaware or have forgotten.” Students were unsure how this would be best addressed.

9. Responses to issues around boundaries

Many students agreed that it would be helpful to clarify the role of the student very early in the midwifery programme with clear guidelines regarding professional practice. Students also agreed they need to be held accountable for undertaking the COCE by academic staff. It was suggested that a formal review process be implemented, though some students were concerned about additional workload. Additionally, as most students agreed that recruiting family and friends was easier than finding women they did not know, they felt that the University has responsibility in helping recruit women. Further, it was suggested that students need more direction from their lecturers regarding giving advice to women. In addition to clarifying the students’ role, midwives and women need clarity around expectations. Some students expressed that the women sometimes took advantage of the student as highlighted in this response, “I think it is important to ‘sell’ the student midwife to women, but still somehow prevent women from thinking they can have a student at their beck and call.”

10. Suggestions to enhance confidence

It is evident that many students need to be better prepared for the COCE process. Some suggestions included role plays, mentoring from third year students, weekly meetings while on placement and the use of a COCE ‘tool-kit’. Students thought that role plays in their first course at university could help them practice what to say when approaching women. The facilitator explained, “students need to gain skills in being able to promote themselves.” Hearing from other students about their experiences in accessing women for COCE was also identified as being helpful to new students, “it would be so good for new students to hear old students’ hints, practical tips or experiences about how to go about it.” It was suggested that a first year student could partner with a third year student for the first few times in the antenatal clinic. Although the students were happy to mentor or be mentored, the logistics of this were raised. A further idea which was widely supported was to develop a COCE ‘tool-kit.’ The tool-kit would include information about the COCE process, including expectation and detailing minimum clinical requirements. This tool kit could also be developed throughout the programme and be built into assessment requirements. For example, students could be asked to prepare information about a topic that women may ask at their first visit, such as nutrition, folic acid or smoking, and then students can add to this as they progress through the programme. This idea fits well with the concept of Service Learning.

11. Discussion

In 2013, the National Standards for the Accreditation of the Bachelor of Midwifery in Australia were reviewed (ANMAC 2013). One area that elicited considerable discussion was the COCE. A number of studies have explored the COCE for students, women and maternity care providers. Consistently, students identify that these experiences are invaluable in developing their skills and gaining an understanding of women centred care.3-5,9 Nevertheless, education providers, institutions and students find this registration requirement difficult. In particular, the number of experiences required over the duration of the programme has come under question with suggestion that 20 is too high and that this should be reduced.3,4 Regardless of the outcome of the review on the required number, the COCE will remain embedded in programmes leading to registration in Australia. This requires a proactive response in which universities, professional bodies and industry partners acknowledge the difficulties, embrace the benefits and collaborate to harness the potential of this strategy in preparing midwives in the 21 century. While this study identifies many of the same challenges identified in other studies, it also illuminates potential strategies to enhance the experience of continuity of care for midwifery students and women. Notably, accessing women, clarifying boundaries and building confidence were three key areas.

Discussion around “access” in midwifery practice is not unfamiliar. In the National Review of Maternity Services it was recommended that all women should have greater access to a variety of models of care.11 It is interesting that within midwifery education itself access is an issue for students.9 Access was problematic for a number of reasons, but specifically students felt that some midwives acted as gatekeepers for the women as though the students were intruding. This may be due to a lack of understanding regarding the COCE as an education strategy. Undoubtedly, continuity of care has been shown to improve the outcomes for women.5,18 It is possible that students may be a vital link in women experiencing continuity of care in Australia while continuity of care models are still limited. Interestingly, students also perceived that undertaking COCE with an obstetrician was not as acceptable. While this study does not explore the reasons why students believed this, it does suggest that the COCE could provide an opportunity for positive interprofessional experience. There is a need for greater clarity around the COCE as situated within the education of midwives in Australia for all stakeholders including students, women, midwives and other health professional.

Placing the COCE within a Service Learning model is one response that ensures that this experience is understood as being symbiotic for women and students, it also means that it will be recognised as a service provision within which students should be acknowledged as positive partners in maternity care, not as ‘rogues’. It raises questions and a need for further investigation into the place of students in the clinical environment and how best to welcome and enhance their clinical education experience. It is imperative that midwifery students are supported in the clinical environment and that the profession remains committed to facilitating the development of the next generation of midwives. Strategies that make the COCE known and midwifery students accepted in the clinical environment should be implemented and supported.

Boundaries within midwifery practice are clearly defined by the Nursing and Midwifery Board of Australia (NMBA)13 through standards for practice and ethical and professional behaviour, and are foundational theoretical content in Midwifery programmes. However, the very nature of midwifery relies significantly on relationship as the primary conduit through which to provide women centred care. Crafting the skills to develop professional therapeutic relationships can be challenging. Particularly, for students who are placed in the clinical environment in a supernumerary capacity. In guarding their place with the women, students reported going above and beyond, even crossing lines of professional boundaries. It is important that time is given to prepare students to engage in COCE and how to be ‘with women’ as midwifery students and as professionals. Students need clear personal boundaries as well, which enable them to understand how to fulfil the role of a student and not more. Students in this study felt that the education providers were ultimately responsible for them, both in meeting the requirement for registration and also for ensuring their well-being.
Interestingly, confidence was raised by students as essential in being a successful midwifery student. Students perceived that at times they were judged by their ‘lack of’ confidence. This was difficult for some students depending on personality, nationality and particularly their level in the programme. Enhancing student’s confidence is an important component to be considered in education curriculum. ‘Soft’ skills such as communication style, ability to build rapport and work in a team have been identified as being core components of graduates being work-ready. Identifying specific ways in which students can explore and develop these skills early would be beneficial in enabling students to engage confidently in the COCE.

The action stage of this project builds on the planning stage by positioning the COCE within the programme as a form of Service Learning as well as developing, implementing and evaluating a number of actions. These include a website to make the COCE known and available to women in the community, along with student ‘calling cards’, stickers for the South Australian Pregnancy Record to alert midwives that there is a student involved and a brochure which can be used to provide women with information so they can make an informed decision. These resources have been collectively branded “Call the Midwifery Student.” Additionally, as part of embedding the COCE as Service Learning in the curriculum, first year students are provided a workshop specifically on COCE in which professional and personal boundaries are explored, role plays are provided and third year peer mentors are available. The COCE has been included in assessment items. The university has also piloted a COCE Coordinator who provides virtual facilitation and face-to-face support when needed. This role also includes being a point of contact for women who submitted an expression of interest through the “Call the Midwifery Student” website as well as promoting a clear understanding of the COCE within the clinical environment at pre-clinical workshops.

In conclusion, despite the challenges identified, the inclusion of COCE in midwifery education programmes remains a requirement for programme accreditation. One rationale put forward for mandating COCE is that it provides an alternative way for students to gain midwifery experience other than through organised clinical placements. Additionally, in light of the Review of Maternity Service in Australia and the subsequent changes to midwifery practice endorsed by the Federal Government, the knowledge and practice that midwifery students gained through the COCE may prepare them as graduates for the redefined role they will take as midwives in Australia. Certainly, if Australia is to strengthen and enlarge continuity of care models in practice, approaching women and caring for them throughout their pregnancy, birth and early postnatal period are valuable and essential skills learned and practiced through the COCE. It is the responsibility of education providers and more broadly, midwives and professional organisations to ensure that the COCE for midwifery students is supported as a valuable educational strategy and is also understood as contributing to the provision of maternity care in Australia.

There are limitations to this study primarily because participants reflect only one institution and the study is small. Nevertheless, this adds to the growing body of knowledge regarding the COCE for midwifery students and provides a proactive response to COCE in Australian Midwifery Education

Ethical approval

This research was granted ethical approval as a scientific research study. The name of the ethics committee: University of South Australia Human Research Ethics Committee; approval number: 0000022605; date of approval: August 2011.

Conflict of interest

There are no conflict of interest or outside support for the research.

Acknowledgements

The project team would like to thank the students, women, midwives and reference group members for their time and input into this project. We would also like to acknowledge the UniSA Marketing team for their expertise in development of specific strategies.

References