Midwives in Teaching

THE MINT PROJECT

Annex 5.4
Senior Student Midwives
(three year and shortened programmes)

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in collaboration with the MINT Project Team

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1 INTRODUCTION

The aim of the MINT project is to evaluate whether Midwife Teachers (MTs) bring a unique contribution particularly in the context of outcomes for women and their families. This aim is being achieved through:

1. Identifying the various models for delivery of pre-registration midwifery education in the UK.
2. Gathering information about specific contributions made by midwife teachers.
3. Evaluating whether these variables affect the quality of care that qualified midwives can provide to mothers and their babies.
4. Determining the value brought by midwife teachers regardless of the model of education provision.
5. Develop quality indicators to demonstrate the value brought by midwife teachers.

The project is being completed in three phases over the 18-month period (March 2009 – September 2010). Each phase focuses on particular project objectives while still contributing to the overall aim.

**Phase 1**: On-line UK wide survey of Lead Midwives for Education (LMEs), Midwife Teachers (MTs), and Local Supervising Authority Midwifery Officers (LSAMOs) (May – August 2009)

**Phase 2**: Case study research (June 2009 – March 2010) undertaken within six UK universities to include: data collection through questionnaires & Focus Group Interviews (FGIs) with senior students; completion of Activity Analysis Tool & Focus Group Interviews with Midwife Teachers (MTs); and individual interviews with pre-registration Programme Leads (PLs) and Lead Midwives for Education (LMEs)

**Phase 3**: Prospective Diary study (October 2009 – September 2010) of newly qualified midwives during the first three – six months in their first post, supplemented by questionnaires to their respective Preceptors and Supervisors of Midwives (SoMs) and follow up joint validation interviews with a selection of preceptors and preceptees.
This annex report synthesises the findings from all student data obtained from the six case study sites during Phase Two of the MINT project. All three year and shortened programme students in the last six months of their programme were asked to complete a questionnaire survey (Appendix 1). The students were also asked to participate in a focus group discussion with one of the collaborative site researchers (CSRs) who had no connection with that case study site (Appendix 2). The researchers set out to ask student midwives about the value and contribution of midwife teachers to their education and training experiences, and to determine whether these variables affected the quality of care that qualified midwives provide to mothers and babies.

Several themes were identified in the data, however this report concentrates on those themes relating to the contributions and value of midwife teachers, and their impact on care by qualified midwives for childbearing women and their families.
2 METHODS

2.1 The Participants

1.1.1 Student Questionnaires

A total of 111 (80%) students, completing the three-year direct entry programme, responded to the questionnaire, however three returns were incomplete. From the shortened programme there were 54 (76%) completions. All shortened programme students were undertaking a full time degree programme, whereas two thirds of the three-year programme, were registered on a degree programme (68% n=74) with the remainder (32% n=34) undertaking the diploma level route. Of the students studying the three-year programme, 106 were female (98%) and two were male (2%); for the shortened programme there were 52 females (96%) and two (4%) males. Figs 1 & 2 illustrate the age profile of respondents for both programmes; the greatest percentage of students on both programmes are within the 26 – 35 age range, the higher number being on the shortened programme. The dominant ethnic grouping for both programmes is White (93% three-year, 83% short)

Fig 1: Age profile of the 3 year programme students

![Age profile of the 3 year programme students](image-url)
2.1.2 Focus Group Interviews

Six schools from England, Wales, Scotland and Northern Ireland were selected to participate in the study. A total of 120 students registered on three-year or shortened programmes participated in a total of 17 focus group interviews. Demographic data were not collected for three students, therefore the table 1 represents 117 participants. Details of the sampling strategy for the study are provided elsewhere.
Table 1. Demographic information for all FGIs (long & short)

<table>
<thead>
<tr>
<th></th>
<th>All FGIs</th>
<th>Long Programme</th>
<th>Short Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
<td>Count Percentage of total sample</td>
</tr>
<tr>
<td>Schools</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>FGIs/Interviews</td>
<td>17</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Students</td>
<td>117</td>
<td>94 80.34%</td>
<td>23 19.66%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>93 79.49%</td>
<td>22 18.80%</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>1 0.85%</td>
<td>1 0.85%</td>
</tr>
<tr>
<td>Age when started course</td>
<td>28 23.93%</td>
<td>28 23.93%</td>
<td>0 0.00% 0.00%</td>
</tr>
<tr>
<td>18-22</td>
<td>25 21.37%</td>
<td>15 12.82%</td>
<td>10 8.55% 43.48%</td>
</tr>
<tr>
<td>26-35</td>
<td>41 35.04%</td>
<td>33 28.21%</td>
<td>8 6.84% 34.78%</td>
</tr>
<tr>
<td>36+</td>
<td>23 19.66%</td>
<td>18 15.38%</td>
<td>5 4.27% 21.74%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>110</td>
<td>94.02%</td>
<td>89 76.07%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>1</td>
<td>0.85%</td>
<td>1 0.85%</td>
</tr>
<tr>
<td>White &amp; Black Caribbean</td>
<td>2</td>
<td>1.71%</td>
<td>2 1.71%</td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td>2</td>
<td>1.71%</td>
<td>1 0.85%</td>
</tr>
<tr>
<td>Black African</td>
<td>1</td>
<td>0.85%</td>
<td>0 0.00%</td>
</tr>
<tr>
<td>Other ethnic background</td>
<td>1</td>
<td>0.85%</td>
<td>1 0.85%</td>
</tr>
</tbody>
</table>

2.2 Data collection

The senior student midwife questionnaire survey was used to obtain responses to the following questions as well as providing space for free text comment:

- pre-registration midwifery programme enrolled in (i.e. three year, shortened, degree, diploma),
- ways of participating in a university programme,
- estimation of classroom input by Midwife Teachers on specific subject areas,
- estimation on percentage of practice learning time by location,
- practice learning experiences when on placement,
- usual time span spent in each midwifery practice placement,
• areas of support in practice learning provided by midwife teachers,
• areas that midwife teachers provide university based input enabling achievement of NMC proficiencies,

Data were collected from six schools of midwifery across the UK. Sixteen focus groups, and one interview were conducted with students in their last six months of the programme before qualifying to be registered midwives.

A semi-structured interview schedule covered the following topics for discussion:
• preparation for first post as a newly qualified midwife,
• what had the greatest impact on competence in becoming a midwife,
• what role midwife teachers have in students acquiring midwifery knowledge that gives them the confidence to case manage women,
• practice placements,
• reflection opportunities,
• what was of most value about the midwifery programme,
• desirable changes to the course.

Each FGI lasted for between 45 minutes to one hour and were conducted by one or two collaborative site researcher(s) (CSR) from a different institution than the host institution. The interviews were audio recorded and then transcribed verbatim by the researcher. Transcripts were cross-checked by another member of the research team to ensure accuracy of the transcription process, and were submitted to the project co-ordinating research team (the HUB) to organise the process of analysis.

2.3 Analysis

Although there was an on-line option for completion of the questionnaire survey, as a commercial system had been utilized, i.e. Survey Monkey (http://www.surveymonkey.com/.) most students elected to complete a hard copy. These data were then entered onto the system manually. Results were saved to excel files and descriptive statistics were used to present results. A member of the project HUB team with survey analysis expertise provided a report on the survey results to the collaborative research team. The descriptive data, with the
addition of text data where appropriate, formed the main part of a second interim report to the NMC.

Thematic analysis was used by the research team (Braun & Clarke 2006). Guided by the objectives of the MINT project, each researcher generated codes from their own transcripts. These codes were then clustered into potential themes and agreed upon by two members of the collaborative research group using NVivo qualitative data analysis software. Themes were arranged into a matrix (Miles & Huberman 1994) so that consistency could be compared across cases. This report contains the themes that are of specific relevance to the project objectives. Initially separate reports were produced for the three year and shortened programmes to aid subsequent identification of convergence or divergence between the two groups. These three separate reports: questionnaire survey results and the findings from the three year and shortened programme focus groups were then synthesised by two collaborative site researchers to provide a provisional report of all student data. The report was then reviewed by all members of the collaborative research group to form this report.

To differentiate between data from the focus group interviews and the text data on the questionnaire, as well as preserving site identity, a coding system has been used. That is, each three year student focus group (ST3/FG) and shortened programme focus group (STs/FG) has been allocated a random letter. Text data from the student survey is represented as ST3Q (three year programme) and STsQ (shortened programme).
3 FINDINGS
From a synthesis of the data from shortened and three year programme focus group interviews and the results of the student questionnaire the findings are presented under four major headings which address the project’s objectives:

- Curriculum organisation and timetabling
- Midwife teachers’ roles in supporting learning and assessment in both practice and university environments
- Preparing students for competent practice as a newly qualified midwife
- Are there sufficient numbers of midwife teachers?

3.1 Curriculum organisation and timetabling
Students were aware that the majority of their timetable, both university and practice based, was planned by the team of midwife teachers. They discussed whether they preferred discrete blocks of university timetabling and blocks of practice or whether they preferred practice interspersed with university days. There was no real consensus on preference, much depending upon the distance of practice from the university and the accessibility to resources and teachers.

3.1.1 University based curriculum
The majority of students in the case study universities were exposed to the different curriculum elements outlined (see Table 2 for results of questionnaire data) with 70% (three-year) and 62% (shortened) achieving academic credits for their practice learning assessments. While a majority agreed that they experienced inter-professional learning (IPL), comments indicated that this might have been predominantly with the nursing profession only. In comparing the two programmes, there was less skills laboratory learning, IPL and shared learning in shortened programmes but almost equal amounts of E-learning and problem based learning (PBL).
### Table 2. Comparison of curriculum elements between three-year and shortened programmes (Questionnaire data)

<table>
<thead>
<tr>
<th></th>
<th>Three-year programme (n = 108)</th>
<th>Shortened programme (n = 54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem based learning and/or</td>
<td>85.0%</td>
<td>77.4%</td>
</tr>
<tr>
<td>enquiry based learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills laboratory learning</td>
<td>96.3%</td>
<td>73.6%</td>
</tr>
<tr>
<td>Inter-professional learning</td>
<td>81.3%</td>
<td>43.4%</td>
</tr>
<tr>
<td>(structured interaction between</td>
<td></td>
<td></td>
</tr>
<tr>
<td>students of the participating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>professions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-learning</td>
<td>77.6%</td>
<td>77.4%</td>
</tr>
<tr>
<td>Shared learning of core subjects</td>
<td>56.1%</td>
<td>17.0%</td>
</tr>
<tr>
<td>with students from other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>university programmes (e.g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending the same lectures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic credits for your</td>
<td>70.1%</td>
<td>62.3%</td>
</tr>
<tr>
<td>practice assessment document</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The focus group data demonstrated that although most students had some experience of the range of learning and teaching strategies listed in the questionnaire, the amount and effectiveness varied across universities. Students find some strategies more valuable than others. For example problem based learning can be perceived by students as being effective depending on variables such as class size, the support provided and the skills of the facilitators. Problem based learning did not seem appropriate in this case where there were too many students and not enough topics in the class.

‘Only because there were so many of us in a group and by the time you’d split up everything, everyone was doing wee tidbits and by the time you got to the end of the
case scenario, you’d covered a lot of the topics more than once, you were beginning –
maybe it was just our group – but you were beginning to go off the topic a bit, look at
really odd things just to have something to read out and everybody sat and read their
page and then everybody went home, but then maybe it was just our group, but I
didn’t find it very useful at all, but again I would rather just have been given a scenario
and given an exam’. (ST3/FGS)

Not all shortened programme students mentioned problem based learning and where they did
they failed to agree as to its value in a programme that was so intensive (STs/FGH). However,
they seemed particularly to value inter-professional learning whilst two of the three year
programme focus group students struggled to see its relevance to their learning. This may
have reflected registered nurses awareness of the need for team work in the clinical setting,
and their reflection on their experiences as student nurses, whereas the three year students
equated it with different professions being taught together in a lecture theatre.

‘You spend some time on your own with the health visitor but, it’s just hard in 18
months to fit everything in to be honest, but no that [inter-professional learning] would
be good. Would give you a bit of an idea of what other teams you’ve got to work with,
and social services...’ (STs/FGG)

‘Some of the lectures were with a hundred people...So I would say you could write off
most of the first year with the training where we could have actually been doing
midwifery at a much earlier point...’ (ST3/FGX)

‘But law and ethics were with the others but you came into a big lecture theatre...it was
too many people...its not integrated learning is it...it’s not interprofessional...’ (ST3/FGT)

As a result of the intensity of the shortened programme, all these focus group cohorts of
students struggled to see the relevance of sessions which were either theoretical or were felt
to replicate skills which they already had as nurses. There was a body of knowledge which
students felt they ‘needed’ to know, related particularly to practical midwifery skills, and
everything else was seen by some as superfluous:

‘I know that research and evidence based practice is massively important, but the
amount – a research project and a dissertation and that’s fine, but if you don’t want to
be a research midwife then, it’s a bit much. The clinical practice, I totally get it and I
know that will use evidence based practice and that’s fine, but the amount, all these
lecturers on qualitative and quantitative, it’s just, you sit in some of the lectures going
‘I don’t understand why I need this to be a midwife’ It’s really frustrating, and I’m sure
there’s a background for it, but it’s really annoying, it’s just not helpful. I don’t feel it’s
helped me ...’ (STs/FGG)
‘Cos we’ve had some lectures and you sit like, we did that in nursing...but then, pre-eclampsia, we had one morning session on...’ (STs/FGE)

The shortened programme respondents appeared to value the focused midwifery input more and suggested less coverage of generic subject content, except for biological sciences which for some was inadequate for midwifery practice.

‘I know I need more on the biological sciences. That’s where I feel like I need more stuff.’ (STs/FGE)

A few three year programme students also said their curriculum had insufficient biological sciences, especially when a woman had a more complex problem.

‘...we don’t feel we’ve got the basic anatomy, you know, but even having more anatomy and stuff we’d have more understanding of where it fits in...I think it’s more towards knowledge. Because skills is mainly something that you mainly learn from the clinical area from your mentor, but I often feel that I don’t have the knowledge to back this up’. (ST3/FGQ)

‘I think personally, I think we should have more biology in our lessons because I don’t think we have much – just normal anatomy and physiology of things which I think we should know much more as regards to pregnancy.’ (ST3/FGU)

The amount of time allocated to each subject in the curriculum was mentioned on both the questionnaires and in the focus groups. The priority for shortened programme students in particular was for the balance to be on more practice learning and less on subjects they could revise from their nursing courses.

‘More classes dedicated to practice sessions and less time spent on sociology and communication’. (STsQ)

‘I think our complicated module for me (greatest impact on learning) because it grabbed you a bit, it was just more interesting...and its quite practical.’ (STs/FGG)

In contrast, some groups of three year programme students valued all their theoretical content.

‘I think for me it’s the wide range of knowledge that I’ve managed to get from the whole course – from the physiology/biology side to the psychology, we’ve had a very wide range of lectures and different modules on the course.’ (ST3/FGR)
As well as ensuring the balance of subjects met their needs, students who had practice placements at a distance from the university expected their university days to be well timetabled and full to make travelling worthwhile.

‘...some people were two hours drive to get in and it ends up finishing at lunchtime.’ (ST3/FGT)

Learning and assessment strategies such as OSCEs were praised by nearly all groups of students, especially when formative and with other relevant professions. Where students were in universities where assessment OSCEs were not part of the curriculum, they did not want them, thinking they might be too stressful. Overall comments revealed that students felt that increased input on practice simulation sessions with concurrent use of Objective Structured Clinical Examinations (OSCEs) were related to their competence.

‘I think the OSCEs are really good for preparing you for the complications and I think that the lessons that we had and the practice that we had was really good. And then the actual OSCE itself, I think - even though it was really scary and none of us really wanted to do it, I think it was the best way to prepare.’ (ST3/FGV)

‘I mean we’ve done like OSCEs and we have done practical sessions for them, so I know that up in my head I know what I need to do, it’s just doing it when you get there.’ (ST3/FGV)

Free text responses on the questionnaires also praised OSCEs for their relevance:

‘OSCE training extremely useful and felt this was the best part of my training.’ (ST3Q)

There were however students who said their curriculum lacked such opportunities, like OSCEs, to practise skills in a safe environment.

‘I feel I would benefit more from practical experience in the university setting on handling obstetric emergencies. I have read that some universities simulate sessions when students are in their theory block and I feel that myself & other students would benefit greatly from this. Maybe designed as OSCEs or as recently described in the RCM magazine’. (STsQ)

One group of students complained that although they did have practical sessions, insufficient time was allocated to them and very few of the group were given the opportunity for hands-on practise.

‘We did a shoulder dystocia – you do this, you do that...only one girl actually got to do the manoeuvre out of the whole class’. (STs/FGH)
A further issue raised in the questionnaires was the quantity and quality of education resources available for midwifery in the university, although the resource of most importance related to the staff resource.

‘A lot more midwives needed as mentors as not enough on labour ward to cover amount of students on placement and to provide continuity in developing skills as well as awareness of personal development’. (STsQ)

‘Resources such as videos for class demonstrations are completely outdated to the point where teachers have said ‘ignore that bit, that’s not done anymore’ including videos on breech delivery, vaginal repair & care of twins’ (STsQ)

3.1.2 Practice based curriculum

The organisation of practice learning experience, and its effectiveness was also reported by students. Most students recognised that the demands of service had to take priority and that they could not all receive placements in the same place at the same time e.g. labour suite, although this would enhance practice/theory integration. In reviewing the average time allocated to a particular placement, the majority on both programmes indicated that it was specific placement dependent. However the length of student placements to core areas such as ante-natal, delivery suite, post natal and community averaged 4 – 8 weeks (see Fig. 3). Comments indicated that some students felt this was still too short a time span in which to be judged as competent in summative practice assessments.

‘The time span spent in each placement does vary, often with the shorter time span being spent on labour suite - this doesn’t facilitate good continuity of mentorship, doesn’t help students to achieve their required competences and can have a poor impact on levels of self confidence.’ (ST3Q)
The average time spent in hospital maternity placements for the three year programme students was 59% (SD 13%) and for shortened programme 64% (SD 11%); for community midwifery placements the percentages were 30% (SD 9%) and 32% (SD 10%) respectively. In gaining experience in non-midwifery placements (e.g. Med/Surg/Gyn/MH), the mean was 8% (SD 5%). Fig 4 provides an overview of the percentages of all students in gaining specific practice experiences during their programmes.
Although 70% - 80% of the sample in both programmes was able to take and manage their own case load, qualitative comments did indicate that ‘case loading’ and what was meant by the term needed to be clarified. Some did not have what was termed ‘continuity case loading’ which meant taking a mother through the whole experience of pregnancy, birth and postnatal care. Comments on the organisation of the experience of caseload holding, highlighted two very different experiences, one positive and one negative.

'We did case-load 4-5 women which was optional with little instruction and no formal follow through. This could have been planned and organised better to make it work.’ (ST3Q)

'we are required to undertake five case loads during the 3yr programme, and we are encouraged to choose a variety of women to support, so as to promote diversity of women’ (ST3Q)

Students that did describe ‘caseloading’ as giving a woman continuity of care throughout the childbirth continuum found it made a big impact on their confidence.

'I think I’d probably say my caseload, I had five women and I delivered four and they were all very good and I felt like I built up a very good bond with each of my mums, even the one I didn’t – she came on too quick for me to get down to the
hospital...seeing them antenatally and seeing them postnatally and asking me questions and I’m on my own and I’m able to answer them I think was a build up of confidence and being to go in and do the delivery and take the kind of lead role whereas the midwife tends to sit back and say ‘this is your caseload’ tell me what you want to do... ...I’d have to agree with that actually starting caseload was a frightening sort of prospect...it worked out well...’ (ST3/FGS)

‘Caseholding experience really helped (competence)...the knowledge we had prior to beginning the caseholding experience, but I think we gained a lot more experience from doing the caseholding experience...’ (ST3/FGO)

‘I would say the case holding was the main thing only because I had seen a specific woman all through her pregnancy and I could see how things changed with her, and then she ended up being pre-eclamptic and at the end of our emergency module that helped me a lot – because I’ve been there – to put theory and practice together...’ (ST3/FGZ)

Opportunities for practice placements in midwife-led units varied between and within universities. While 40% - 60% had experience in a ‘stand alongside unit’ approximately half that number experienced a ‘stand alone’ unit; 30% for 3 year and 25% for shortened. Comments reflected the fact that experience in a ‘stand alone midwifery led unit’ was viewed positively but was not available in the area and/or they could not be accessed by all students.

’midwifery-led unit - only if requested on flexible placement. Not always guaranteed’ (STsQ)

Tables 3a and 3b present a more detailed breakdown of the pattern of responses for both sets of respondents. It can be seen from Table 3a that 25% of the three year students experienced neither a ‘stand alongside’ nor a ‘stand alone’ midwifery unit, the percentage being much greater at 47% for the shortened programme students (Table 3b). On the other hand, the same percentage (13%) from the two groups of respondents gained experience in both these units within their respective programmes.
Table 3a: Experience in ‘stand alongside’ and ‘stand alone’ units - Three year programme students

<table>
<thead>
<tr>
<th>Stand alongside</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>25% (n=27)</td>
<td>47% (n=51)</td>
<td>72% (n=78)</td>
</tr>
<tr>
<td>Yes</td>
<td>15% (n=16)</td>
<td>13% (n=14)</td>
<td>28% (n=30)</td>
</tr>
<tr>
<td>Total</td>
<td>39% (n=43)</td>
<td>60% (n=65)</td>
<td>100% (n=108)</td>
</tr>
</tbody>
</table>

Table 3b: Experience in ‘stand alongside’ and ‘stand alone’ units - Shortened programme students

<table>
<thead>
<tr>
<th>Stand alongside</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>47% (n=26)</td>
<td>27% (n=15)</td>
<td>75% (n=41)</td>
</tr>
<tr>
<td>Yes</td>
<td>13% (n=7)</td>
<td>13% (n=7)</td>
<td>25% (n=14)</td>
</tr>
<tr>
<td>Total</td>
<td>33 (60%)</td>
<td>22 (4%)</td>
<td>100% (n=55)</td>
</tr>
</tbody>
</table>

Students who had gained experience in midwife led units found it to be of immense value.

“The opportunity to work in a midwife led unit, for me was probably the most valuable, because you don’t have CTGs, you don’t have epidurals, you do have the opportunity to be with women from early labour, through until the point of delivery and you’re seeing them postnatally as well…” (ST3/FGS)

Universities varied as to whether they actually allocated students to different types of maternity units, such as large obstetric referral centres or small rural hospitals or whether this was down to the student to organise. Both three year and shortened programme students found the experiences in units very different.

“If you go from a smaller hospital to a large hospital in the third year it’s quite hard, whereas if you go down – I went to a smaller hospital and found it quite nice…” (ST3/FGP)
‘We’re both here now (big unit). This is a bit different, a bit of a shock...Oh gosh, so busy...I haven’t sweated on a shift since I was in A & E but I sweated this time!’ (STs/FGG)

‘I liked having an opportunity to work in a different labour ward on elective placement because you were put in a different situation, but you were practising the same skills...I found that really confidence building and really reassuring...so I really valued the experience.’ (ST3/FGS)

‘...that is really, really helpful (for competence) you know because it’s a standalone unit and you know...you are responsible...’(ST3/FGN)

‘...in our unit we are lucky enough to get a really good home birth rate and quite a high water birth rate...’(ST3/FGT)

In order to provide three year programme students with more insight into care they might not otherwise experience during their placements in the maternity units, but would need to understand for competent practice as a midwife they had short placements in non-maternity areas. Student comments were not consistent as to how much they valued these experiences but generally they could see the purpose and believed that a key issue was how well they were organized.

‘I do think it’s important as much as I hate it I do think it is important...’ (ST3/FGT)

‘For me it’s the medication side...I got to do a lot of medication rounds...’(ST3/FGN)

‘Then for the non-midwifery placements I had – I think it did make an impact on my practice...there were a lot of skills that it helped just reinforce really... ’(ST3/FGO)

3.1.3 Summary

Clearly, students in both the three-year and shortened programmes felt that the curriculum design, teaching and learning strategies and timetabling had an impact on their competence and confidence as student midwives. In particular they valued: early practice, long placement allocations and a variety of maternity unit experiences, especially midwife-led; a good balance of subjects of relevance to midwifery and with an emphasis on those with most practice application; practice simulation and OSCEs in the safe environment of the university; and caseload holding experience where they were able to give continuity of care throughout the childbearing continuum. Experiences of interprofessional learning were valued if they worked
with other professions in an OSCE type environment or in clinical practice, but shared learning in a lecture theatre was criticized by all groups for whom it had been part of their curriculum experience. Where the university was a long distance from their practice site base then students expected the timetabled sessions to be essential for their learning needs and to be and well taught/facilitated. Students all felt that their curriculum had addressed the importance of normality in childbirth but for some they had received inadequate content related to biological sciences, complications and complexity.

3.2 Midwife teachers’ roles in supporting learning and assessment in both practice and university environments

As well as curriculum design and organisation, data from students clearly identified three aspects of the midwife teacher’s (MT) role that were important for their learning, support and assessment. Depending upon the size of the school and the geographical spread, all three roles could be covered by the same teacher or a mixture of the team of teachers. Although different titles were used by students the activities undertaken by midwife teachers could be clustered under the following main roles:

- University lecturer
- Personal tutor
- Practice link lecturer (called liaison lecturer in some universities)

3.2.1 University lecturer

All student midwives found that their curriculum was most effective when midwife teachers taught most of it, or at least spent time applying generic subjects to midwifery practice. Three year programme students in particular appreciated it when the bulk of their teaching was delivered by MTs:

‘Our midwife teachers have delivered nearly all of our curriculum which has been good as it has been appropriate and relevant to practice.’ (ST3Q)

‘And also I think it’s been really good that we’ve learned, as a midwifery group as opposed to being lumped on, I know in other courses in other places that they’ve been part of a nursing sector to do the biology, and things like that and I think that we’ve really benefitted by being taught as a midwifery group, and with a midwifery purpose because even if some of the biology has been generic, it’s always been tied back to
midwifery and how it can be related to practice. And I think that for us, that's really benefitted.’ (ST3/FGZ)

“They [the teachers] took a lot of time to make sure that we knew everything as well and we got it drummed into our head, every single scenario that we could, you know, pass and get a good percentage out of it, you know.’ (STs/FGF)

Even though students said they preferred it when midwife teachers provided the majority of classroom based teaching, they also valued the contributions from outside experts when it was the midwife teacher who brought in those of most relevance.

‘... we didn’t actually have a lot of input from the midwifery lecturer who was leading the module, but looking back on it, she organized all these outside speakers to come to us, and everyone was really worried about the assignment, but actually what we learned from it, from all the outside speakers was really good. Really good stuff.’ (STs/FGG)

The questionnaire results revealed that the perception of most students is that the midwifery topics are taught by midwife teachers whereas other topics notably numeracy/prescribing, public health and biology have considerable contributions from non midwives. There were some differences in the distribution of student responses to the question of the amount of MT’s contribution to different programme topics depending on whether the programme was three-year length or shortened. However, all but six students said that MTs contributed to all subject areas.

In the case of biological science teaching, it was evident from the qualitative data that shared learning was the norm for most respondents and subject specialists delivered some of the content in the three-year programme. There was however one group of students that did not have shared learning, even for biological sciences.

‘I think the biology module, you know, the midwife teachers that teach the biology really do know their stuff and they are excellent at teaching the biology.’ (ST3/FGZ)

Qualitative comments from some of the three-year programme students highlighted a perception that there was a lack of adequate input on biology and the majority of content was delivered in year one only. However, getting the relevance and quality of content right was seen as most important.

‘Input from other teachers has mainly been in anatomy and physiology which at times was given by consultant doctors etc and wasn’t always appropriate or at the level we
needed. Often it was too in depth and therefore became confusing! Midwife teachers aimed the sessions at the right level and gave us the knowledge we needed.’ (ST3Q)

‘I do feel across the board it has been to a very high standard. Um, and I just think the tutors make it interesting and I learned a lot.’ (ST3/FGR)

Despite their background in adult nursing, shortened programme students were aware of the importance of theoretical as well as clinical education, and valued the opportunity to link theory and practice in the classroom setting:

‘I would say both really [are important], both the university and the clinical placements because, you are out on your placement for four weeks and you have to come in between, and what we learn here we take back to practice. And we look at books, documents, what midwives out there actually do, but (?) have an impact.’ (STs/FGG)

‘...and after some lectures you will go out and have really learned a lot, that was just fabulous. I’ll never forget that now. That will just be implanted’. (STs/FGE)

This was particularly related to subjects which were perceived by students as complications and emergencies they needed to be prepared for but which they rarely experienced during their clinical placements:

‘...we did a lot of practical on complicated didn’t we, like shoulder dystocia and what to do and, it’s kind of a relief because you go to placement, even on your very first placement and see things happening that aren’t supposed to and its only when you get to the complicated module and you think ‘thank goodness; someone’s telling me what I’m supposed to do when there’s a problem’ so I think it was almost a relief to get the complicated module and it was really interesting.’ (STs/FGG)

In the area of clinical skills, some from both groups of students felt that there was a ‘right’ way of doing things which they expected the MTs to teach them or provide them with good feedback and were frustrated if this was not the case:

‘...and you don’t know if you’re learning the right thing, if you’re looking it up... and a lot of it was that...never have it confirmed, that you’ve learned the right thing and to hand in a huge document of everything that you’ve done as a group and nobody to ever say, yes that was right, or actually, no, you’ve taught yourself totally the wrong thing.’ (ST3/FGM)

Although all groups of students valued midwife teachers input to the curriculum they still identified differences in their teaching skills and how well they drew upon the realities of practice. The teacher’s enthusiasm and ability to inspire seemed to be particularly important.
'I would say that one particular lecturer her enthusiasm for things...for some it’s just like a job like, they’re coming in to lecture us is just a job...’ (ST3/FGQ)

'Some are brilliant (midwife teachers)...it’s quite inconsistent...really, really good, or really, really bad (general agreement)...some of them can’t lecture...she inspired me to be a teacher...they just haven’t got the teaching skills...' (ST3/FGP)

One criticism of midwife teachers’ skills was excessive use of PowerPoint presentations in the classroom setting. Whilst they could see the value for students to have the slides as a revision tool or summary, they did not see the value of sitting through such presentations in the classroom setting where more interactive learning and application was viewed as more important.

'And I think PowerPoint...Death by PowerPoint.' (STs/FGE)

'We’re just given PowerPoint handouts to print out, it’s not really knowledge imparted as such.' (ST3/FGX)

It was evident from all focus group discussions that the most value of midwife teachers lay in those who had contemporary experience of the ‘real world’ of midwifery practice. They were critical of those teachers who they felt relied upon practice experience many years ago. This was reflected in both the focus groups and the student questionnaire.

’It’s university and placements are just two worlds apart, and they haven’t been connected properly, so what we learn here, I feel, half the time has got nothing to do with...’(ST3/FGM)

‘The ‘ideal’ that is taught in this course seems so far detached from the reality of practice and this is completely inappropriate.’ (STQ)

‘You could pick...lecturers that have come in and encouraged you to, and actually made you learn something...the rest have this ideal practice that you must learn, but it’s totally detached from...what’s real. ‘(ST3/FGM)

Some groups of students from the shortened course echoed this belief:

’I don’t know how to word it appropriately but because they’ve been out of practice for a while they kind of live on cloud nine and...(Laughter)...and they don’t appreciate...and like you say, ‘Oh but this was happening’...and they say ‘Well no, that’s not how we should be...’ (STs/FGE)

’It would be nice if some of our lecturers had some time in clinical practice...some of the lecturers do and that’s brilliant, but some of the lecturers haven’t done it for a long
Mostly, the students associated the value of their MTs on their ability to link theory to practice, and applicability to the 'real world'.

'No, and the knowledge we're given by our personal tutors when we're in school just enhances the skills really because we know we can start to question why we're doing things, and um, sort of like put a rationale to why we do certain skills...I think it was most because they are all up to date. I think if you had a midwife teacher that was maybe not able to go into practice then that wouldn’t work as easily – as well...just because mainly their information that they give might not be relevant and up to date...'(ST3/FGO)

When asked about MTs effect on their competence and confidence to practise as a qualified midwife, students almost uniformly agreed that teacher’s contemporary experience was essential. They felt that without having recent practice experience the teachers would not be able to make the associations that they needed between what they taught in the class and what students experienced while on placement.

'The lecturers who are still in practice, who can say 'this is what we're supposed to teach you, but in reality, it happens like this.' I think that sometimes helps because they are still in touch with what's going on in practice at the moment, I think that really helps.' (ST3/FGP)

'As well as the knowledge and they bring in their experience of what they've been through...they’re making it real for us because they’ve been there... (ST3/FGN)

I find the best lectures are the ones that are in practice as well, they've got a current view on things...they will mention something that’s happened, so they will put it into real life. '(ST3/FGU)

'It gives you confidence that they know like the culture of the wards and things like that, so it’s very well giving best practice advice in the lecture room, but if it’s not actually practically possible because of different constraints at the moment in the NHS, then you sort of don’t trust their opinion maybe as much. You think, oh well that might be how it was practised ten years ago, but that’s really not right’. STs/(FGF)

'You were taught the perfect way with nothing else happening at the same time. Just you and one woman and they don’t prepare you for that, that everything else is chucked in at the same time and you know more than one thing is happening at the same time, but I suppose how can they teach it, you know?’ (STs/FGE)

A comment received in response to the final open-ended question of the survey highlighted the overall value of MTs input to the curriculum:

'The midwife teachers who have provided our university based lectures particularly - biology, managing major obstetric emergencies, professional, legal and ethical issues
and evidence based research have been extremely knowledgeable and I do not feel this information would have been as successfully gained from non-midwifery professionals or from mentors in practice.’ (ST3Q)

### 3.2.2 Personal tutor

Most focus group students mentioned their personal tutor contributing to their classroom and skills lab teaching and assessment, providing tutorials, visiting them or working with them in practice and monitoring their progress. For the purpose of this analysis the data extracted for this section relates to times when their midwife teacher provided them with personal and academic support, as other aspects of their role have been included in the previous and subsequent sections.

All groups of students identified personal tutors as being key to their learning and continuance on the programme. Within the focus group discussions students compared their personal tutors and the ways in which they were most valued. Three year programme students in particular appear to have needed and valued the support they got from personal tutors, and to have struggled when they did not feel it was forthcoming:

‘We’ve got a really good close working relationship with our personal tutor and I think she’s a big part in giving you confidence and reassuring you that you’re doing - what you know - and if you’re not - guiding you.’ (ST3/FGR)

‘I think they also help your confidence because you see them quite regularly and you’ll go back to them if you’ve had a bad day, or you know something like that and they can talk it through with you…’ (ST3/FGV)

‘Our personal tutor…she knew what you needed to do…she could advocate for a mentor that would be good for you…’ (ST3/FGR)

‘But then my tutor’s very good, she’d call out and just see me randomly as well, a lot of them don’t do that and a lot of them don’t have time to do that.’ (ST3/FGS)

‘I’ve had very little contact with my personal tutor, it’s been very hit and miss, I feel I haven’t been supported, I haven’t really necessarily needed the support but I haven’t always felt that the support has been there if I had needed it…I haven’t had that support necessarily as much as other students…’ (ST3FGZ)

‘I think the tutorial support has been really good…it’s always accessible, but I know it can be different in different...in my (site) the tutorial support has been fantastic’. (ST3/FGZ)
‘I think you know who you can go to, so of the lecturers I know – even though they’re not my tutor – I know I’ll get the answers I need so you kind of pick who you want to go to, who you go to... ’(ST3/FGP)

Comments were also made about the support given by personal tutors when students were having personal difficulties.

‘I valued the support of my personal tutor...because I have had some ups and downs during the course... ’(ST3/FGN)

Students on the shortened programme did not talk so much about the positives and negatives of support by midwife teachers, neither in the university nor as clinical links. This may have been because of their experiences as nursing students, where teaching groups tend to be larger and placements more geographically spread. They did though feel that generally their tutors would be available if required:

‘I think my midwife teacher has only ever come up to one of my placements once to see me, but if you need them then I suppose you would go down and see them, couldn't you.’ (STs/FGF)

Two students compared their experiences as student nurses to the student midwife experience regarding support in practice:

‘I think the other thing, being a student midwife from being a student nurse is really different, it's nothing like...you're just sort of a pain when you're a student nurse and you just have to fit in and it's up to you...I found it quite hard. It's alright cause you're young and all your mates are with you, but here I think being a student midwife, you're a lot better supported and you're more part of the team I think than you were when you were a [student] nurse.’ (STs/FGH)

3.2.3 Practice link role

In questioning students about the activities of MTs and their practice learning support, the majority agreed or strongly agreed that MTs were involved in the assessment processes, advising mentors and advocating on their behalf, and in helping them reflect on their practice learning experience (see Table 4). Areas where students highlighted the lack of involvement by MTs included: supervision of student practice for a shift and taking a case load with a student. There was about 50:50 split in agreement/disagreement around activities such as: visited once during each placement and gave a tutorial session in the practice setting.
Table 4. Activities of MTs that support practice learning

<table>
<thead>
<tr>
<th>Supportive activity</th>
<th>Three-year programme (n = 108)</th>
<th>Shortened programme (n = 54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited once on each of my placements</td>
<td>43.5%</td>
<td>68%</td>
</tr>
<tr>
<td>Gave advice to my mentor</td>
<td>53.1%</td>
<td>71.7%</td>
</tr>
<tr>
<td>Supervised my practice for a shift</td>
<td>12.1%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Represented any concerns I had to my mentor</td>
<td>78.6%</td>
<td>84.6%</td>
</tr>
<tr>
<td>Taken a case load along with me</td>
<td>6.6%</td>
<td>13%</td>
</tr>
<tr>
<td>Gave a tutorial session in the practice setting</td>
<td>41.6%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Participated in making assessment of my progress</td>
<td>78.5%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Reviewed and signed my practice competency documents</td>
<td>90.5%</td>
<td>98.1%</td>
</tr>
<tr>
<td>Facilitated sessions to reflect on practice learning</td>
<td>73.2%</td>
<td>72.3%</td>
</tr>
</tbody>
</table>

The importance of practice learning support from MTs was reflected most in the three year programme focus group data. However the shortened programme students appeared to have quite low expectations of levels of support available. There was a feeling that tutors were supportive over prearranged issues such as tripartite discussion meetings or assessments:
‘Your personal teacher - my personal teacher, because you have to arrange a tripartite with everyone, see her, when you have a block placement, and I think she's really good, I find her really helpful, so yah she's been good.’ (STs/FGF)

‘I think it helped because we have tripartite meetings, where your personal tutor will come to the ward – usually, ideally at the end of your placement, with your mentor and the three of you get to have a chance to sit down and talk about – reflect on placements and talk about whether you’ve met your own aims and objectives and it allows each person to discuss how they feel things are going and how we’re progressing...if there’s anything we feel we want to achieve we can try and work out how we’re going to do that. So that’s good and you feel supported as well.’ (ST3/FGO)

‘With...you know we’ve got a tripartite system here where our personal tutor has to come out and meet our mentor and it’s an assessment between the three of you. Do you know what I would like? I would like...I know it’s probably difficult because of time...I would like our personal tutor to come out and spend time with us on the ward and they can see what we’re doing as well. I think that would make a heck of a difference.’ (STs/FGE)

The level of importance placed on support from MTs may be due to the previous experience of the student.

‘...you get noticed [a] lot more when you’re a student midwife, when you’re a student nurse you can just disappear. ’(STs/FGG)

These reported differences in levels of support in practice may be due to actual differences in support provided, with the shortened programme students reporting a stronger percentage agreement that MTs did ‘visit once per placement’. Slightly more respondents reported being visited or supervised in practice on the shortened programme compared to the three-year route. The almost 50:50 agree/disagree response to giving 'a tutorial in practice setting' was qualified by the additional remark that there were:

‘Not many opportunities for tutorial in practice setting but the couple that have happened were useful’. (STsQ)

The lack of contact between university and practice with students expressing a concurrent need for better contact was reflected in the questionnaire data:

‘I am aware they (MTs) do some things without us actually being aware of them doing it. Only aware of their presence when things are not going quite right but would welcome day clinic or drop in sessions just for re-assurance or questions. There is not much link between university and practice - you are either 'in' or 'out' of university and it very much feels like this’. (STsQ)
The importance of communication and support from MTs while students are in practice is highlighted by the following quote:

‘I feel wholly unprepared and unsupported to become a newly qualified midwife. The ‘ideal’ that is taught in this programme seems so far detached from the reality of practice and this is completely inappropriate. The support provided has been like getting blood from a stone, although we are regularly told support is available, ‘out of office’ replies are the norm.’ (ST3Q)

However, these differences may also be due to the length of programme. Shortened programme respondents had completed just over one year at the time of the questionnaire, whereas three-year students had finished two and a half years. The three-year respondents may be reflecting on recent input from MTs as opposed to the level of input received during their first year.

Both cohorts of students varied in how much they saw a midwife teacher when in placement, but how valuable it was to them when they did see a teacher. It could be that their varied responses related to wanting to see their own personal tutor rather than the midwife teacher who was the link lecturer for that placement. It seems though to have depended on individual lecturers more than actual course structure.

‘...my personal tutor is very good and she’ll come out like my second or third week and just work with me for a full morning, and if she feels there are areas I need to improve on, you have that time whereas I think a lot of the tutors have a very different take on what they need to be doing for their students.’ (STs/FGH)

‘One of the tutors, not ours, not our tutor, she just actually makes sure she does a shift with her students, um, which is very useful and quite beneficial to see when her students are out ...um but that’s not our personal tutor.’ (ST3/FGR)

‘I've not seen my tutor [in practice] in three-years.’ (ST3/FGP)

‘We're never visited by a lecturer when we're out on placement’. (ST3/FGQ)

‘There should be more links...closer links...with the lecturers to the placements...But it’s just that we do need that little bit more support, of someone from the University being with us at some stage on placement.’ (STs/FGE)

‘She’ll come out - yah they're often around because they work in the same hospital, she's obviously around’. (ST3/FGR)

‘I'd usually see mine twice in a seven week placement, once for the midway assessment and once for the final assessment’. (ST3/FGS)
‘But then my tutor’s very good, she’d call out and just see me randomly as well’. (ST3/FGS)

‘My personal teacher, she’s – she only works three days, but she spends one day actually (placement location) so you know that one day a week she will be there, but you might not be doing – working that day, but you know you can always pop in...and see her up there.. ’ (STs/FGF)

The way individual teachers perceived their role could also have an impact on the confidence of students, as in these comments in one of the shortened programme focus groups:

‘...I know whenever my tutor comes out I get all (?) because you know she’s not going to spend a long time, she’s going to be asking questions and you have to know exactly what you’re doing at that time and it’s not really learning for me it’s more scaremongering’. (STs/FGH)

‘That’s why they are all so different, so when ours comes out you don’t feel that pressure, she’s not there to judge you, or panic you, she just wants to see where you can improve or where you excel or what you need to work on. She’s very supportive and doesn’t want you to panic, she just wants to work alongside you and when she hears the feedback from the midwives she can relate to it rather than unnerving you with questioning.’ (STs/FGH)

It seems that the shortened programme students have an understanding of why MTs may not be in practice, while also recognizing how valuable their input is to practice learning.

‘The only one thing I’d say, it would just be nice if some of our lecturers had some time in clinical practice, so they were like... some of the lecturers do and that’s brilliant, but some of the lecturers haven’t done it for a long time, and I know its really hard; how can you be a lecturer and spend time in practice, but sometimes, you just think ‘its busy’ and it would nice to see them around sometime, for just a bit of reassurance that you’re doing it right. But apart from that; it’s been a good course, a lot better than nursing.’ (STs/FGF)

As well as actually providing support for students during their time in placements, students also believed it was important for the midwife teachers to provide support for the mentors and to be aware when there were problems with either the quality of mentorship or the continuity of mentorship and learning opportunities available to them

‘...the lecturer could clarify things with your mentor, see what you are faced against...’ (STs/FGE)

‘...our link lecturer...she’s got a really good rapport with the staff, everybody knows who she is and they all go to her...I think she offers support to the mentors as well as the students...’ (ST3/FGT)
‘I think it depends where you are but I think we need more training in the clinical area as well, cause we’re seeing these things, but unless you get a good mentor as well who’s got the time to explain why you’re seeing these things, what the complications are, what they’re gonna do about it, it’s a waste of time cause you’re seeing these things but no one’s giving you any answers, there should be more training in the clinical areas.’ (ST3/FGP)

‘I think some mentors want you to work their way…but sometimes you feel like – oh god – maybe I haven’t been doing it right for the past year or so…’(STs/FGF)

‘I think a lot of it depends on the midwife that is your mentor…I had a bad experience and I think that has a bearing on your confidence and your exposure to a lot of things…’ (STs/FGH)

‘I had a particularly good one (mentor) on labour ward – and maybe that’s why I’m feeling a bit more confident about going out there, she let let me ask anything…she let me challenge her practice…I had another mentor…she doesn’t teach me anything. And if I challenge, she cannot handle it. …I had a mentor like that one…and maybe that’s why I’m not as confident because I felt I didn’t learn…’ (ST3/FGW)

‘Our midwife teacher, our personal tutor does the whole off duty form with the students, you know she has to take that role on because of the issues, but we then get continuity, just a bit more…but…it’s not her role to do it…’ (ST3/FGR)

‘…it was just that the mentorship wasn’t right. They didn’t give you the confidence or they didn’t give you the direction or allow you to be effective…’(ST3/FGN)

‘When another midwife is on you can feel the hysteria. Everyone’s hysterical. It’s not the uni’s fault though is it, no, but in that situation they need, your own personal tutor needs to help you.’ (ST3/FGN)

‘If you haven’t worked with somebody an awful lot, they can’t actually appraise you, what you have done very well. ’ (ST3/FGN)

‘Then you end up working with ten different people on labour ward and each one asks you to do it in a different way.’ (ST3/FGQ)

‘And there’s a lot of different ways to grade…they are supposed to all go on mentor updates but I don’t know what happens there…it could be an ‘A’ with one mentor and then a ‘C’ with another…’ (ST3/FGQ)

‘I think that’s the problem when you have a lot of different mentors as I had as well because they don’t actually get to know you that well. They won’t trust you…’(ST3/FGX)

‘…it would be easier to approach her (link midwife lecturer) than it would a mentor that’s just doing it because she has to do it or she’s stressed or not a very good
mentor...I have been in situations where you are afraid of just being glad the shift has ended... '(ST3/FGX)

‘...you might have been held back by a mentor... '(ST3/FGT)

The value of support in practice from both midwife teachers and mentors was evident from this statement on one of the questionnaires:

‘My quality of learning has been based on my personal tutor and mentors in practice’. (STsQ)

3.2.4 Summary

Clearly all three key elements of a midwife teacher’s role are vital to the education of student midwives. They expect midwife teachers to deliver most of their curriculum and value those who are not only knowledgeable about the theory and research of their subject but are grounded in the realities of what it is like for students and midwives in today’s NHS. They welcome a variety of teaching strategies, especially interactive and skills based sessions and are critical of those teachers who rely on lecturing using numerous PowerPoint slides. They do however value the slides being posted up as an e-learning resource. There was a desire for students’ personal tutor to also be the teacher that has the link role with their practice base. Where this was not possible there was an expectation that there would be good communication between the two and their personal tutor would be available should they need to make contact while on practice placements. The role of midwife teachers monitoring their progress in practice through tripartite meetings with the teacher, mentor and student was seen as invaluable but the actual involvement of the teacher in one off summative assessments was seen to be of variable value. Students believed it was essential for teachers to know how well they were being taught in practice and whether their mentor provided them with good learning opportunities or held them back. The majority of students would like the opportunity to work with a teacher when in practice and were aware that some students, even in the same university, had these opportunities and some did not. They were also aware that students in a cohort had more supportive personal tutors than others but they recognized that teachers probably had different demands on their time.
3.3 Preparing students for competent practice as a newly qualified midwife

Overall most students felt they had been well prepared to care for women with straightforward pregnancies and births but were anxious about how well they would make decisions and care for women when there were obstetric or social complications. For shortened programme students they felt their programme had been too short to enable them to have sufficient learning opportunities in intrapartum care but because of their nursing they felt confident to work on the wards.

'It's completely different to nursing and because we are such a short programme, I don't think personally it's long enough to learn the amount...I hope I'll be okay, but um, I'm scared...I think the ward I can – I’m quite confident with the ward, but labour suite I don't – just being with a woman on my own and making decisions on my own.’ (STs/FGF)

'And coming from nursing you have got a bit of back up...but you haven’t got the same responsibility, so the scariest bit is labour...' (STs/FGE)

'I think in the normal cases...then I think we would be confident...but when it comes to CTGs and being brave enough to say I need help here, I don’t know, I don't think that I’m ready to make that decision yet.’ (STs/FGH)

'Scary on the one hand and on the other you’re looking forward to it’. (STs/FGG)

'Well I feel like I haven't scratched the surface yet.  I don't feel that we've had quite enough exposure maybe to labour ward.’ (STs/FGE)

The three year programme students expressed similar anxieties about caring for women with complications, whereas they felt competent to provide care for women when childbirth was normal.

'I feel quite excited by doing the job but there is an element of fear as well.  It’s good when it’s normal, but when you learn more about complications and that, that’s when you start to worry...' (ST3/FGP)

'I probably don’t feel prepared, I’m quite scared.  I think it’s quite simple kind of things...just the thought of going on to delivery suite (17 weeks since last there)...even simple things like some of the paper work has changed since the last time I was there and different kinds of policies and stuff…’ (ST3/FGS)

'I’ll be fine if everything’s normal, but it's like...assisting with forceps or when it comes to blood sampling, diabetics or something like that, that’s when I'll get into trouble.’ (ST3/FGQ)
‘I’m as prepared as you can be, but there’s still a lot to learn, which I think is normal – while I don’t think I could be any better prepared, but I’m still scared if that makes sense.’ (ST3/FGV)

‘That’s the easy bit of the job as far as I’m concerned, the nice normal pregnancy…it’s where the complications come in I fall down and think I can’t do this…the hardest bit is child protection…where you feel way out of my depth…’ (ST3/FGX)

Shortened programme students commented that their experience of nursing training left them better able to be prepared for the experience of being newly qualified:

‘I’m looking forward to being qualified because I remember qualifying as a nurse and I never felt ‘yes I know everything so I’m ready to qualify now’.’ (STs/FGF)

Students explained that this confidence stemmed partly from knowing that it was down to them to identify and access the help needed on qualification:

‘I can remember what it was like when I qualified as a nurse, that first six months, it was horrible, and I don’t think - because I’ve had that experience I don’t think I would feel that same way again when I qualify as a midwife - because I know I’m almost expected to know how to deal with it, so I know I’ve got to go and look for help, your preceptors and other members of staff as well.’ (STs/FGF)

‘We said that about nursing as well didn’t we…I felt, Oh I don’t know if I’m prepared, but it’s like driving. You don’t learn till you’ve...until obviously you come across that situation and you’re going to need support… ‘(STs/FGE)

Three year programme students also thought there was a limit to what you could learn before you started to practise.

‘I think the course has prepared us ya, a lot...um, but...you know you’re competent and like you said until you get out there and do it, it’s not until then that you know you realize and people can advise you and support you...’ (ST3/FGZ)

‘I think the thought of it might be more scary than actually...when we go out there and we actually do it...when you speak to other qualified midwives, especially those who have been newly qualified, it is really reassuring to hear from them that they felt the same way and that they did come through it the other side...’ (ST3/FGN)

For three year programme students, the level of support from MTs was crucial in determining their level of knowledge and confidence upon qualification:

‘I think the course, really, taught us to ???a level standard really, I think the education (?) that we’ve had has been really high level. But um, you know, if the information hasn’t been given to us, we’ve been in no doubt where to get it from, and I think the many sites that we all come from, you know we’ve had good mentors and I do think we’ve had a good education and we have been well prepared.’ (ST3/FGR)
'I think in general the tutors, not only just in the classroom...but also in the skills lab. All round, they have helped prepare us for what we need to do...’ (ST3/FGZ)

’...they give us the knowledge behind reflection and how to reflect and then we’re encouraged to reflect by our mentors but without the midwife teacher input we probably wouldn’t have the knowledge...’ (ST3/FGO)

’...the important point was that they teach us as well that everything’s got to be evidence based...the university prepared us well and gave us that information when sometimes the mentor maybe had a lack of it...’ (ST3/FGZ)

’My personal tutor is very good with the academic side definitely, without her I would not have been as successful as I was...’ (ST3/FGT)

Comments were also made by some focus group students that their assessment in practice document helped to ensure that they were competent.

’The practice document pushes you to be competent, because you need your mentors to see that you’re competent to sign you off...’(ST3/FGZ)

’...students from... that qualified from a different university – feel that our education is far superior to the education that they’ve received and they feel that we’re far better prepared for the first six months...our practice document, I think they felt it was quite difficult to fill in, quite time consuming...but...in the end, we actually learned more from it, from what they had to prepare for their course.’ (ST3/FGR)

However, when support from MTs was perceived to have been lacking and where they heard from other newly qualified midwives that they could not expect to receive much support in their first job, it impacted on how one three year programme student focus group felt about qualifying. All participants said they felt really scared or unprepared and concerned that:

’We going in as qualified midwives...don’t feel as if we’re able to give women the care that they really need...’ (ST3/FGM)

’People who have just qualified...they’re so stressed out cos they don’t feel they’re getting enough support or enough time to get enough support because it’s so busy...’ (ST3/FGM)

This lack of support was also mentioned in the open section of the student questionnaire.

’I feel wholly unprepared and unsupported to become a newly qualified midwife.’ (STQ)
These feelings however contrasted with the majority of focus group discussions, both three
year and shortened, where students said they felt well prepared, or as prepared as they could
be, but that they felt anxious about the transition and their employer’s expectations.

‘I just think it seems like quite a big leap from being a student to being a midwife and
there are going to be gaps…it’s a hell of a lot to cram into 18 months. (STs/FGF)
I’d feel happier qualifying if I knew I was going to be mentored and maybe continued to
have support’. (STs/FGH)

‘I think we are prepared for it though as long as we’re not thrown in at the deep end
and that we get the support that we need…but…we need to be thrown in there…I’m just
worried about what their expectations are really going to be, what they expect us to be
able to do.’ (ST3/FGN)

‘I am quite sort of worried about being responsible for my own practice and things but
at the same time I know that I’ve got support out there…’ (ST3/FGT)

One student focus group was aware that maternity units vary in what they allow students to
do before they are qualified and this could affect expectations if their first post is in a Trust
where students had been able to learn these skills.

‘We’re not allowed to do it, to do certain things…obviously we know the theory behind
it, we’ve been taught the mechanisms of it, but actually doing it in the clinical situation
we can’t do it because of the Trust.’ (ST3/FGO)

One issue which seemed to concern students was the issue of autonomous practice:

‘Yeah, looking forward to doing things my way but I’m also just dreading not having the
confidence to do it my way.’ (STs/FGG)

‘It’s challenging really. We’re looking forward to it but there’s still this fear in the back
of your mind that you won’t be able to practise autonomously, you have to be careful
because there’s no one looking over your shoulder, you have to be very careful’
(STs/FGG)

‘…there’s this…between policy and the autonomy of the woman, policy tells us to do one
thing and the woman comes and tells you she wants something…so personally you are
captured between those two…so that’s a challenge…’(STs/FGG)

‘You know that you’re going to be autonomous…but even going back to the place that
you trained in, changes in paperwork, changes in policies, changes in protocols…and
they will expect you…to know how…’ (ST3/FGS)

‘I think it’s about the fact that you’re gonna be the one that is accountable in practice
on your own and there’s no way round that…’ (ST3/FGR)
Students were asked if there were any areas where they felt they had insufficient knowledge and or skills for their first post as a midwife. Although a large number of respondents mentioned needing skills to deal with complications, there were others who believed that they had been well prepared for many emergency scenarios.

‘I was just saying – what (other participant) was saying about normality, but on the other side of that I do think we’re actually very well prepared on the emergency side...the interprofessional learning... we went through some of the OSCE drills’. (ST3/FGR)

‘Not for being a registered midwife. I think, um, with obviously more skills that you can do, as you extend your role, the skills such as suturing and things, like we haven’t had a lot of experience in, but that’s something that you get supported in as a qualified midwife. But for the skills that are required to be a midwife, I feel happy with, and my training has met those requirements.’ (ST3/FGO)

As well as lacking opportunities to become skilled in suturing there was general agreement that as midwives need to, for example, cannulate and administer prostins, then skills such as these should be developed whilst students and this would enhance their confidence as newly qualified midwives.

‘...not much on how you actually administer medicine and you need to practise it because that’s the kind of skills I think I lack...administering prostin, CTG analysis...’ (ST3/FGP)

‘...for me it’s the medication side...’(ST3/FGN)

‘I thought to myself the other day, that I have never flushed a venflon, I have never been shown how to flush a venflon...but we’re going to be out there...’(ST3/FGQ) We need more practice...and maybe it’s because we’re nurses, they think we know more than we do...’ (STs/FGE)

‘...the two things that really scare me are breastfeeding, just because I’m not confident with it yet at all and just not recognizing something that goes wrong in labour and CTGs...’ (STS/FGG)

As well as having opportunities to practise all skills they believed they would need in their first post as a midwife, students found it particularly helpful if they had opportunities to consolidate their learning at the end of the programme and be allowed ‘to be a midwife’ with their mentor taking a background role. In contrast some students said their mentor would not ‘let go’ or allow them to undertake all aspects of care.
‘We’re quite lucky in our base, now we’re just working on our own...it is a step closer to what we will be doing as soon as we’re qualified...’ (ST3/FGZ)

‘And I’ve done it all in bits, but I have not done it all at once. I’ve not done the whole thing...the midwife has always taken part over...and I can do them all apart, but if you try to join them together I get a bit stressed...’ (ST3/FGQ)

‘We take on our own caseload...when you’re on your own you have to think and I know there is that support...but you have to learn and learn under pressure I think is good...’ (STs/FGH)

### 3.3.1 Summary

Overall, shortened programme students were confident of their preparedness for working on the wards but both programme students were equally anxious about their first time on labour ward as a qualified midwife. Those who had received a lot of opportunities to practise emergency scenarios or complex skills in simulation felt more confident of their capability to cope with actual emergencies when qualified. Teachers who facilitated sessions for students to reflect on practice experiences provided students with good opportunities to learn from and share those experiences. All but a very few students said they felt competent and confident to care for women with straightforward labours. This was particularly the case for those who had been allowed to undertake the whole care for specific women with only indirect supervision from their mentor. The role of midwife teachers in knowing how well mentors taught students and how effective they were in enabling students to have these opportunities ‘to be a midwife’ was therefore important so that support could be given where necessary. Experience as a newly qualified nurse made the shortened programme students aware that the transition would be difficult, but both groups hoped that there would be good support available. The most anxious students were those who had been told this support was unlikely.

### 3.4 Are there sufficient numbers of midwife teachers?

Shortened programme students did not make much comment on numbers of teachers. The concerns they had were characterised by the lack of time teachers spent with students in practice:

‘The problem with me is I’m too far away from here I’m on my own, so when my tutor does come she’s always watching the clock because she knows at half three, to get
home again it’s going to be late so it’s not a lot of time between us if there’s two or three students.’ (STs/FGH)

‘My link lecturer normally comes out and sees me towards the end, just to watch me doing an antenatal check or a post natal check or when I was on delivery suite she stayed with me for maybe about an hour, just observing the woman in the first stage of labour and she’d chat to me about things and talk through things and ask me a few questions as opposed to spending a whole morning with me and working with me and I think the reason why she wasn’t able to spend the whole morning or the whole day was because she didn’t have the time and on my last placement she came out and saw me on my second week and then she wasn’t able to come out and see me again and I think it maybe an issue with a lot of our lecturers don’t have the time they would like to spend.’ (STs/FGH)

Three year programme students were more aware of the impact of numbers of teachers on their learning:

‘I think it’s to do with that fact that there's too few of them now... you know, they’ve cut the numbers, and they have so many roles, that they can't fulfil any of them particularly... they’re just covering everything but not actually giving themselves enough.’ (ST3/FGQ)

‘We’ve seen a lot less of them over the last eighteen months than we would have done in our first year, simply because of staff constraints and because the student intake has increased so much.’ (ST3/FGS)
4 CONCLUSIONS
Clearly the role of midwife teacher in fostering competent and confident student midwives is complex and challenging. Data from all three sources demonstrated that individual support from personal tutors was highly valuable, and that the role of personal tutors is important to students. This contribution made by MTs seemed to be vital to three-year programme students feeling competent and confident. While feeling that this support was important, it was not seen as having as much of an impact on competence and confidence for shortened programme students as it did for three-year students. The shortened programme students tended to describe their experiences in relation to what they had experienced as student nurses. Nurse training is conducted on a larger scale than midwifery, with teaching groups being bigger, and individual nurse teachers being responsible for more students. Students therefore described feeling more noticed and supported in midwifery, because there were less of them. This seems to have been relevant in both classroom and practice settings.

The questionnaire results showed that MTs contributed to all subject areas and this was reiterated in focus group discussions. The three-year programme students appreciated that the bulk of their teaching was delivered by MTs because of their ability to relate topics back to midwifery practice. Despite this assertion, some students in both shortened and three-year programmes felt that their classroom learning was not always relevant to the reality of practice. It was clear that students tended to associate the value of their MTs with their ability to make real world links between theory and practice in the classroom. Directly related to this, students in both programmes felt that MTs’ contemporary experience of practice was essential for the development of their competence and confidence. Those teachers who understood the reality of midwifery practice in the NHS were best placed to facilitate reflection on practice learning experiences. Both groups also felt that there was value in seeing MTs in practice both to support and work with them and communicate effectively their mentors. There were concerns from some students that not all mentors understood their curriculum, used best evidence in their practice and did not provide opportunities for them to ‘be a midwife’ at the end of the programme. More involvement of MTs in practice would they thought bring about
better consistency and reliability of mentorship. Three-year programme students placed more importance on this support from midwife teachers while on practice placements than shortened programme students.

The questionnaire data and focus group data indicated that students in both programmes experienced a variety of learning and teaching strategies. However, their perspectives on these strategies differed. Three-year students varied in their views as to the effectiveness of problem based learning. Shortened programme students valued inter-professional learning (IPL), which may be due to experiences of working with other professions when a registered nurse. Some of the three year programme students struggled to see its relevance, but this was mainly attributed to them equating IPL with more than one profession sitting in a lecture theatre together (shared multi-professional teaching).

In relation to curriculum content all students felt that some of the material was irrelevant to their learning needs, and they indicated a preference for practical skills and applied subjects over generic subject content.

Students who had OSCEs felt that they were extremely valuable, especially when they had lots of opportunities to practise manoeuvre themselves. This demonstrates the importance of learning strategies on the perceived levels of competence and confidence of student midwives. Overall, shortened programme students were less anxious about taking up their first post as a midwife because they knew from their first six months as a nurse that they would find the transition difficult initially. They felt confident about working on the wards but were as equally anxious as the three year programme students about their first period of working as a qualified midwife on the labour ward. Students generally and three year programme students in particular felt that the level of support they and their mentors had received from MTs in practice either facilitated or was detrimental to their progress and competence and confidence as newly qualified midwives.

Shortened programme students did not comment specifically about the numbers of MTs, but they did have concerns about the lack of time that MTs spent with students in practice. However, three year programme students felt there were not sufficient numbers of MTs, that they had so many roles to fulfil and that this had an impact on their learning and practice
experience. Two groups specifically commenting that they had noticed a reduction in teachers since they started their programme.

To conclude therefore student midwives highly valued the contribution midwife teachers made to their education and preparation for practice as a midwife. They expected their teachers to be up to date with the realities of practice as well as research and best evidence to better inform their teaching and to support both students and mentors in practice. Where the majority of their university teaching was delivered by midwife teachers they found it to be most relevant. They were critical of those teachers who had not practised midwifery for many years, lacked depth of subject knowledge, overused PowerPoint slides rather than more interactive teaching strategies and did not communicate effectively with midwives in the maternity services. In particular they valued the personal tutor role of midwife teachers for both personal and academic support and advocating for them when experiencing difficulties.

This report demonstrates that in those institutions where the team of midwife teachers were able to fulfil all the roles of university lecturer, personal tutor and practice link lecturer competently and consistently, those students felt well prepared for their role as newly qualified midwives. However, when these roles were not carried out effectively, regularly or with equity, then those students reported feeling less well prepared for midwifery practice.
REFERENCES
APPENDIX 1: QUESTIONNAIRE TO SENIOR STUDENT MIDWIVES

1. Midwives IN Teaching - The MINT Project. Research commissioned by the Nursing and Midwifery Council

A major aim of our study is to identify the various models for delivery of pre-registration midwifery education in the UK with particular focus on the specific contributions made by Midwife Teachers/Lecturers. This questionnaire is being sent to all pre-registration midwifery students who are in the last six months of their programme at six universities within the UK.

Your responses will be highly valued, therefore, we are very grateful for your time and effort in completing this questionnaire.

Definition of Terms:

Midwife Teacher/Lecturer: This term denotes a university employee who is a midwife; she/he has gained or is working towards gaining an NMC recordable teaching qualification. Most universities use the term 'Lecturer' instead of 'Teacher' so we have used Teacher/Lecturer throughout the questionnaire

Lecturer Practitioner: This term denotes a Midwife who is employed in the practice setting but is seconded (often part time) to the university in order to provide input to midwifery programmes in the classroom and also in practice.

This survey is focused on evaluating the work of the Midwife Teacher/Lecturer only.

ALL RESPONSES WILL BE TREATED IN COMPLETE CONFIDENCE. YOU OR YOUR UNIVERSITY WILL NOT BE IDENTIFIED IN ANY REPORTS ARISING FROM THE STUDY
SECTION 1: INFORMATION ABOUT YOUR COURSE

1. Which pre-registration Midwifery Course are you currently undertaking

☐ Degree (F/T)

☐ Shortened Degree (F/T)

☐ Diploma (F/T)

☐ Shortened Diploma (F/T)

Other (please specify)

2. During your course have you experienced any of the following ways of participating in a university programme:

Please tick all boxes that apply

☐ Problem based learning and/or enquiry based learning

☐ Skills Laboratory Learning

☐ Inter-professional learning (structured interaction between students of the participating professions)

☐ E-Learning

☐ Shared learning of core subjects with students from other university courses (e.g. attending the same lectures)

☐ Academic Credits for your Practice Assessment Document

Other/ comments
3. During the pre-registration programme, estimate how much classroom input Midwife Teachers/Lecturers have provided to you on the following subject areas (compare time with delivery of input from lecturers other than Midwife Teachers/Lecturers)

<table>
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<tr>
<th>Subject Area</th>
<th>None (0%)</th>
<th>Some (1-39%)</th>
<th>About half (40-59%)</th>
<th>Most (60-99%)</th>
<th>All (100%)</th>
<th>Do not know</th>
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<td>Midwifery Theory</td>
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<td>Midwifery skills in practice</td>
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<td>Midwifery skills in simulation</td>
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<td>Professional Issues</td>
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<td>Research &amp; evidenced based practice</td>
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<td>Numeracy &amp; Medicines Management</td>
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Any comment or if you wish to add other subjects taught by Midwife teachers/lecturers - please state subject area/s and estimate time
SECTION 2: INFORMATION ABOUT YOUR PRACTICE LEARNING EXPERIENCES

4. Estimate what percentage of your practice learning time is spent in each of the following (your answer must be a number to indicate %)

| Hospital maternity units |   |
| Community midwifery    |   |
| Acute Medicine/ Surgery/ Mental Health services |   |

5. During your programme have you obtained practice learning experience in the following: Please tick all boxes that apply

☐ 'Stand Alone' Midwife-led unit
☐ 'Stand Alongside' Midwife-led unit
☐ Taking your own case load of pregnant women
☐ Learning alongside medical students (in practice placement)

Other/Comment

6. Please indicate the usual time span spent in each discrete midwifery practice placement experience

☐ 1-2 weeks
☐ 3-4 weeks
☐ 5-6 weeks
☐ 7-8 weeks
☐ 9-10 weeks
☐ 11-12 weeks
☐ No fixed time span as mainly case load practice
☐ Varies with placement
7. Midwife Teachers/Lecturers have supported me in practice learning through the following activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Gave a tutorial session in the practice setting</td>
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<td>Represented any concerns I had to my mentor</td>
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<td>Visited once during each of my placement experiences</td>
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<td>Gave advice to my mentor</td>
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<td>Supervised my practice for a shift</td>
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<td>Participated in making assessment of my progress</td>
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<td>Facilitated sessions to reflect on practice learning</td>
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<td>Reviewed and signed my practice competency documents</td>
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<td>Taken a case load along with me</td>
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Other /Comment
### SECTION 3 : INFORMATION ON ACHIEVING MIDWIFERY COMPETENCE

**8. Midwife Teachers/Lecturers, providing university based input, have played a significant role in enabling me to achieve the NMC proficiencies**

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<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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<td>Influence policy decisions in interest of women, babies &amp; families</td>
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<td>Apply research evidence to practice</td>
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<td>Monitor &amp; care for women during labour &amp; delivery</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Diagnose, assess &amp; monitor pregnant women</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Safely administer all medications</td>
<td>☐</td>
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<tr>
<td>Know when to refer to skills &amp; knowledge of others when appropriate</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Communicate effectively with women &amp; families</td>
<td>☐</td>
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<tr>
<td>Provide post natal care for mothers &amp; babies</td>
<td>☐</td>
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<tr>
<td>Ensure safe environment for mother and baby</td>
<td>☐</td>
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<tr>
<td>Ensure professional and ethical practice</td>
<td>☐</td>
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<tr>
<td>Implement programme of care for women</td>
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<tr>
<td>Collaborate effectively across professional boundaries</td>
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<tr>
<td>Deal with maternity emergencies</td>
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**Other/Comment**

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50
SECTION 4: INFORMATION ABOUT YOURSELF

Information collected here is to describe the sample and ensure representativeness. No individual will be identifiable in any reports.

9. Please indicate your gender
   ☐ Female
   ☐ Male

10. Please indicate your age when you started the course
   ☐ 18 - 21
   ☐ 22 - 25
   ☐ 26 - 35
   ☐ 36 - 45
   ☐ 46 or over

11. Please select ethnic background
   ☐ White
   ☐ Black Caribbean
   ☐ Black African
   ☐ Other Black background
   ☐ Chinese
   ☐ Indian
   ☐ Pakistani
   ☐ Bangladeshi
   ☐ Other Asian background
   ☐ White & Black Caribbean
   ☐ White & Black African
   ☐ White & Asian
   ☐ Other Ethnic background
   Other (please specify)
12. Where is your location/university

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<tr>
<td>Yorkshire &amp; Humber</td>
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</tbody>
</table>

13. Please feel free (if you wish) to add any further comments you would like to make about any aspect of your programme and/or this questionnaire

Please feel free (if you wish) to add any further comments you would like to make about any aspect of your programme and/or this questionnaire

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.
APPENDIX 2: GUIDELINES FOR FOCUS GROUP INTERVIEWS WITH
STUDENT MIDWIVES

The MINT Project: Phase 2 Case Studies

Proposal for Focus Group Interviews (FGIs) with students in their final three months of the course

Students on Case study sites will be invited to participate through contact made by the CSL for the site. Suitable place and time for FGIs to be facilitated by site CSL in consultation with the allocated researcher.

The ideal number for each FGI would be 6-8

The researcher will start with introductions and explanation of the project and the processes involved in the FGI. Each FGI should take approximately 60 minutes to complete.

Consent Form, Information Sheet & Demographic Data Sheet will be circulated for completion by all participants. FGIs will be tape-recorded, transcribed and cross validated by the research team.

Content of Interview

A semi-structured interview format will be followed.

There should be a ‘round’ at the beginning of each interview to facilitate introduction of all participants and allow all to speak

Focus 1: Broad Questions on course experiences

Q1 - Recall what motivated each of you to become a midwife

Now coming to the end of your course we are keen to find out how you feel about becoming a qualified midwife.
Q2 – How well do you feel prepared for your first post as a newly qualified midwife
Allow for free responses and follow any leads. Encourage all to contribute
• Suggested sub-question: Do you feel competent to be the lead midwife when caring for
  women with a straightforward childbirth experience during the antenatal, intrapartum and
  postnatal periods
• Are there any areas where you still feel that you have insufficient knowledge and skills for
  being a registered midwife
• How do you think you will fill these gaps in knowledge and skills in the future
• Why do you think there are gaps in your knowledge and skills

Q3 – What is the one thing about your midwifery programme that you feel made the
  greatest impact on your competence in becoming a midwife
Ensure all have a chance to answer this one – perhaps do ‘a round’ again here. Prompt
  questions might include:
• Was it knowledge and skills obtained in the classroom and or skills lab
• Was there any particular experiences of the course that contributed more than others

Explore further your experiences of the course both in theory and in practice

Q4 – Describe the impact your midwife teachers had on you acquiring midwifery
  knowledge that gives you the confidence to case manage women (without a
  supervising midwife)
Again allow for free responses and follow any leads. Encourage all to contribute.
Focus 2: Explore practice learning experiences while on the programme

Q 5 – Tell me about your practice placements during the programme.

Allow free responses but ensure information to answer the following sub-questions

- How were your placements organised
- Were some of them too long/too short – which
- Which placement experiences do you think have best prepared you for being a competent midwife and why
- Who provided support in practice settings?
- Did you have input from midwife teachers when on placements? If yes, what input?
- Who had the most impact on your learning in practice
- Did placements in areas other than maternity care make a difference? If so what impact did they have

Q 6  Were there opportunities to formally reflect on your practice learning experiences

- Did you have reflection on learning sessions
- Who conducted these and how often did they happen
- How do you know what you know

Final section of FGI on Values and Changes.
Perhaps do this as a final ‘round’ so all can speak

Q 7  What did you value most about your midwifery programme

Q 8 – If you were planning the next course, what would you like to have changed about the course

Allow free responses from all

Q 9 - What are your future work plans

Do final ‘round’ and take note of where they plan to be working in future
Any final comments and thank you to all participants.

Information on how they will eventually get feedback on the project outcomes

Recruitment to Phase 3 - Prospective Preceptee Study: Brief explanation and collect the names and contact details of those who are interested for a separate briefing session.

Give ALL the Information Sheet for Phase 3 so they have a time to read and digest before next visit to Site.

Give Date of next visit and contact details for opt in to Phase 3