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STUDENT MIDWIVES' CLINICAL EXPERIENCES OF HOSPITAL BASED POSTNATAL CARE

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1. Executive Summary

This is an eighteen months study using a combination of qualitative and quantitative research tools to investigate student midwives clinical experiences of hospital-based postnatal care. Focus groups and guided dairies were used to explore student's perceptions of their experiences in preparing them towards achieving their NMC requirements, the support and teaching they received and their perceptions of factors that facilitated or hindered learning during this clinical placement. Views and experiences of ward staff, about their role in supporting, mentoring and teaching student midwives during their clinical placement, were attained using short survey and interviews.

The sample groups consisted of students and staff based on the postnatal ward at the time of the study. Five out of six senior midwives participated in the one-to-one interviews. A total of 41 students were invited to one of the four focus groups of which thirty two (78%) participated. At the time of the fieldwork thirteen MCAs were working on the wards. All were invited to and seven participated in the discussions. Questionnaires were sent to 21 staff (4 were general nurses and 17 were midwives). The response rate, following two reminders, was very poor (9 (43%) returned completed questionnaires).

The analysis of the qualitative data was conducted using an inductive approach and where appropriate the frequency of themes from the responses has been reported. Descriptive analysis, with the use of SPSS, has been used to evaluate the quantitative data. Review of key documents, accounts of first hand clinical experiences and the student midwives' assessment tools have been deployed to provide the description of the hospital-based postnatal clinical learning environment.

Clinical Environment

At the time of the project the maternity unit had two in-patient wards situated on the 4th and 5th floors admitting both antenatal and postnatal women. Women and their babies were generally admitted to one of the wards according to the Consultant they were booked under. At the time of the project the skill mix on the wards was made up of midwives, nurses and health care or maternity care assistants. Staffing on a daily basis varied. Generally there were two midwives, one per side, an MCA and, on some shifts a nurse.

Shift patterns on the wards varied greatly. The majority of day staff appeared to do long days (08.00 –20.30) while a few still did early or late shifts. The students worked day shifts on the ward choosing either short or long days depending on their preference. At the time of the project there was no formal mentoring system on the ward. Students worked with who ever was on duty or if they found a midwife they enjoyed working with they would arrange to work the same shifts.

Since the end of the study a number of changes in the provision of postnatal care have occurred. These include; a redesign of the two postnatal wards, the opening and subsequent closure of an antenatal ward once more resulting in more antenatal women on the postnatal wards, the introduction of a transfer lounge and the expansion of Transitional Care on the fifth floor. The majority of women delivered by caesarean section are now admitted to the third floor where staffing includes

midwives and nurses. Future plans include the move to the new building with subsequent changes to the provision of postnatal facilities. This will include a recovery bay alongside theatre and a high dependency ward. All of these have implications for student allocation and subsequent learning.

The introduction of induction of labour bay and an antenatal ward meant that students could concentrate on learning about postnatal care on the wards. However, the pressure to discharge women and babies early and the reintroduction of antenatal women on the ward has a less positive impact on their learning of the very early postnatal period.

Student/staff perceptions of the clinical experience

Information about students' allocation to the ward is not always passed onto the clinical environment consequently students are not often expected on the ward. This creates a negative atmosphere around allocation to the ward and on student confidence levels. One of the recommendations made, particularly by student midwives, was the introduction of a Clinical Practice Facilitator (CPF). The role of the CPF would be to orientate students to the ward; familiarise them with their learning outcomes and help them identify learning opportunities. Students should also be provided with an up to date guide to the clinical environment.

Midwives stated that matching students learning needs with staffs competence, knowledge and experiences was the key factor influencing their decisions about who students should work with on a daily basis. However, due to the limited number of midwives on duty students worked with whoever was on duty or arranged an alternative day in order to work with the midwife of their choice, which was not often possible.

Overall students expressed that learning on the postnatal ward were good although they preferred the community learning environment. This was mainly due to the time factor and one-to-one teaching style. They felt that in the community learning was more focused on midwifery skills as opposed to the emphasis on nursing skills on the postnatal wards. Senior midwives and students thought that learning experiences on the postnatal wards would be further improved through an extended allocation, a minimum of two weeks at a time, to allow continuity with the women as well as consolidation of learning.

Staff recognised that student needs vary depending on the individual student and their stage on the course. Staff identified students' needs through conversation with students and referral to their skills books and PBAs (Practice Based Assesments). All staff felt able to distinguish the skills and needs of the different student cohort groups.

Students and midwives identified similar Key skills that students should learn on the postnatal ward. An interesting difference was drug administration mentioned only by students while midwives emphasised students learning to differentiate between the care required by women delivered by caesarean section and those who had normal deliveries and the skill of ward management. Both groups identified time management, learning to prioritise workload and caring for more than one woman at a time. Knowledge of drug administration procedures for students and staff could be improved by having more practise sessions either on university sites or by an increased presence of lecturers on postnatal wards.

Student/staff perceptions of the support and teaching received on the ward
All students reported that there were times during their allocation to the postnatal ward that they were left to work on their own on one side of the ward without direct supervision from a qualified member of staff. It is not clear from the data whether this was due to active decisions by midwives to give students the experience of running a part of the ward on their own, or whether it was due to staff shortages. While senior students require the experience of managing a ward area, the implications for junior students working on their own does raises questions about the amount of support, mentorship and teaching these students received. To ensure both a high standard of care for mothers and babies and benefit to students of working in this way there needs to be very clear guidelines to support students working unsupervised. Distance supervision must be robust and students must feel able to ask for help and support when ever needed.

There are were insufficient midwives with a mentorship qualification on the postnatal wards with a mentorship qualification (although all midwives showed particular interest in wanting to be able to do the mentorship course and attend refresher courses).This has repercussions for students in terms of support and teaching as well as the availability of sufficient staff to assess and sign their assessments. Regular auditing of staff skills would help the unit identify gaps where they need to channel their investments (of mentorship courses) to ensure sufficient staff with up-to-date evidence based knowledge to assist student learning on the postnatal ward. As part of the new curriculum students' clinical learning is guided by their personal portfolio. The involvement of the LP/CPF and link lecturer along with the use of this portfolio could provide an opportunity to support the staff and students on the ward.

Students found themselves getting their postnatal skills signed off in other clinical areas which they felt was "wrong" as these were not always the appropriate areas to learn these skills. This was further aggravated by the midwives' lack of time to observe students performing the required postnatal skills in order to sign their skills book and PBAs. Senior midwives recommended that more support is needed from University lecturers. Their attendance on the postnatal ward would be supportive to midwives in their role as mentors. Students also felt that every student should have a named primary mentor and that all midwives should go on a mentorship course in order to learn how best to support students and to raise awareness about the required competencies in the skills book and the PBAs.

Overall students felt it was important and better to work with different midwives than just one midwife. When working with one midwife it is good to do that for a certain period of time to ensure continuity. Individual midwives personal attitudes to mentoring was seen as a key factor contributing to good and bad experiences of mentorship by students.

Ward rounds were viewed as a good learning opportunity and those who did not have the opportunity to join in missed out on this multi-professional learning opportunity. While students felt that the role of the various professionals on the ward were quite clearly defined their status as students was not always as clear.

Overall students found it very difficult to complain about individual midwives due to the perceived repercussions it would have on them. This inability to complain about certain midwives' attitudes meant that poor practise goes unreported.

Student/staff perceptions of factors that facilitate or hinder learning on the ward

Adequate and consistent mentoring facilitated student learning. This is enhanced by staff who are up-to-date, willing to teach, approachable and organised as well as the way in which midwives manage the ward and their own caseload. While the midwives saw the variety of women on the ward as a good resource for learning the students' perception was that too many women on the ward reduced their opportunity to learn. Staffing levels and a busy ward were seen as a major drawback to student learning as staff had no time to teach or facilitate student learning due to the need to prioritise patient over teaching. This meant they could not always give students the type of support they would like to. On the other hand midwives who were well organised and supportive of students facilitated their learning regardless of how busy the ward was.

The uneven spread of student on duty on the postnatal ward inhibited student learning, as sometimes there were six students duty in the morning and none in the afternoon. A more structured rota would ensure that the students were spread across the shifts, facilitating their learning.

Students who were proactive, interested and assertive facilitated their own learning. Having the opportunity to manage their own caseload encouraged student learning. Those who were not being able to follow client care through, and who were "used as an extra pair of hands" did not expand their clinical knowledge and skills as they were left to do routine tasks on their own.

Views of the Maternity Care Assistants (MCAs)

MCAs described their primary role on the postnatal ward as helping to meet the needs of mother and baby in the early postnatal period. They appeared not to work directly or spend a lot of time with students. However, students often turned to them when they felt they are unable to ask midwives for support or needed help making beds or locating things. MCAs felt that student midwives and other staff "undervalued" them. They believe they have a role in teaching student midwives and that this would not require anything extra of their role. Given the current staffing levels on the ward the role of MCA's in supporting student learning, needs to be further explored.

Do student midwives' clinical experience of hospital-based postnatal care enable them to achieve the required NMC proficiencies?

The project identified that students' clinical experiences enable them to achieve the required proficiencies to deliver postnatal care. What is not clear is how much of this learning is achieved in the community and how much on the wards. Due to the nature of one-to-one teaching students felt that the community was a better learning environment. However, accounts from both students and staff suggest that there are specific skills that can only be achieved in a hospital environment. These include administration of medicines, immediate post-operative care of women delivered by caesarean section, care of women and babies with complications and ward management skills.

Given the ongoing changes in the provision of postnatal care questions need to be asked about whether, in the future, the postnatal wards will be a good environment for students to learn about uncomplicated postnatal care. However as this unit will

continue to provide care for women with complicated pregnancies, who may require longer and more intensive postnatal care, students will always require experiences in hospital-based postnatal care.

2. Introduction

Clinical practice is an essential part of the midwifery education programme enabling student midwives to work under the direct or indirect supervision of a practising midwife to deliver postnatal care to mothers and babies. This clinical practice experience must be of a sufficient level to enable students to achieve the standards of proficiency required by the Nursing and Midwifery Council (NMC 2004) as well as those laid down by the Second European Union Midwifery Directive 89/594/EEC.

These Directives require that student midwives are able to supervise, care and examine at least 100 postnatal women and their healthy newborn babies. This includes the ability to work in partnership with women and other health care staff during the postnatal period to plan and provide appropriate care, which is tailored to each individual woman's needs. The student must be able to offer evidence-based advice and support regarding care of the healthy baby and maternal self-care. This advice should also include information on signs of deviation from anticipated normal recovery.

In this particular Trust students appeared to be experiencing difficulty achieving these whilst on their clinical placement on the postnatal wards. Student feedback in their weekly reflective sessions and evaluation of their clinical placement identified a lack of learning, support, mentoring and opportunities to develop and practice new skills. In addition the last education audit (City University London 2005) identified a need for more support and teaching for students on the postnatal wards.

In order to gain a full and inclusive picture of the hospital postnatal environment and its impact on student learning, this study was proposed to examine student midwives clinical experience while on allocation to the wards and explore whether this experience enabled them to achieve the required proficiencies.

Background

Clinical practice comprises 50% of the pre-registration programme and the aim is to enable students to gain learning and theoretical knowledge into practice and acquire skills to plan, provide and assess the need for and extent of midwifery care for pregnant women, new mothers and their babies (NMC 2004).

A review of the literature found no research dealing specifically with student's experiences on the postnatal wards. In their study of student midwives learning experience on (all) wards McCrea et al (1994) found that students felt that the postnatal wards offered them an opportunity to develop skills in management of care and teaching mothers. This study found that students perceived themselves as carrying out most aspects of postnatal care and considered themselves the key workers on the wards. The research highlights students' concerns about the level of responsibility given to junior students. Whilst this study took place in the Republic of Ireland the programme of education was similar to that of UK students.

Concerns that students were 'necessary part of the ward team to perform basic, time consuming task, while trained staff were caught up in administration' has been highlighted in a number of studies (McCrea et al 1994 pg 100, Chamberlain M 1997). Staff shortages were sited as the reason for this and the resultant inadequacy of clinical teaching. In the absence of structured clinical teaching, learning by trial and error was the main method of learning for students on the wards (Chamberlain 1997).

Studies that have focused on midwifery student's clinical experiences have concentrated on clinical placement issues for direct entry midwifery students (Smith, S 1998), the cost of pre-registration clinical placements (Jones and Akehurst, 1999) and discussions about the use of a portfolio as the basis for a clinical assessment tool in a pre-registration midwifery course (Stuart CC 2004).

Learning in the clinical environment has a number of advantages. It focuses on real life issues within the context of relevant professional practice and learning occurs through active participation in patient care (Spencer 2003). Clinical practice provides students with the opportunity to experience 24/7 care in order that they develop an understanding of the needs of women and their babies throughout the 24 hour period. To enable students to achieve the required standards of proficiency, their status in the clinical area should be supernumerary (NMC standards 03 04).

Students

City University London has two midwifery educational programmes, Pre Registration BSc (Hons) Midwifery (3 year) and The Pre Registration Diploma/BSc (Hons) Midwifery (shortened course – 78 weeks). It is recognised that students on these courses have different learning needs, and that learning needs alter as they progress through their educational program.

Students on the shortened course will have gained many of the clinical skills while working as nurses, which will assist them in their learning while on their placements. In contrast, the 3 year students will need to learn and master these and other skills required to give care to new mothers and babies including post-operative management of women delivered by caesarean section.

All students have a skills book that provides a means for them to record the attainment of skills and competencies required by the NMC and the EU directives. Its aim is to help students and staff to understand what is expected of them throughout the course. Within the skills book there are specific sections devoted to achievements of skills in the postnatal period, however there is no directions as to whether these should be achieved on the ward or the community or both.

While many postnatal skills can be gained while students are on their community placement there are some that are best learnt in the hospital environment. These include immediate care of women who have delivered by caesarean section, knowledge and skills pertaining to selecting, acquiring and administering safely a range of permitted drugs consistent with legislation, promoting the establishment of breastfeeding and identifying immediate and early postnatal problems that require midwifery management or referral to other members of the multi-disciplinary team. In addition, senior students require experience of managing a clinical environment.

Challenges in the clinical environment

The challenges facing midwifery units in terms of staffing and other resources clearly has major implications for clinical learning and support of student midwives, as well as having an impact on the experiences of the women that are cared for.

The postnatal environment generates the largest number of both informal and formal complaints. In her study Robinson (1986) found that it was more likely to be midwives on the postnatal wards that stated that there were inadequate staff to cope

with the work (and therefore the teaching aspect) and this has been closely related to the increasing degree of dissatisfaction of care. The unit in which this study is to be conducted has found that a large number of their complaints are related to care on the postnatal ward (Baxter 2005). In her research study Baxter looked at the care given to women before the introduction of surgical nurses and nursery nurses to this clinical environment. A number of areas were identified by women and through a review of the case notes, as needing improvement. These included care following caesarean section, help with baby care, discharge procedures, staff attitudes availability of pain relief, physical support including measurement of vital signs, help with personal hygiene and support with breastfeeding. These are all essential skills that student midwives need to achieve whilst on their placement in this clinical area. The poor care identified raises major concerns for student learning and teaching. Baxter's study found that there was some improvement in these areas following the introduction of the surgical and nursery nurses. However, some areas did not improve notably support with breast-feeding.

All these factors raise questions about student's ability to achieve the required proficiencies required to give care to mother and babies in the early postnatal period. This formed the basis of the study aim.

3. Aims and Objectives

The overall aim of this study was to explore how student midwives' clinical experience of hospital-based postnatal care enables them to achieve proficiencies required to register as a midwife (NMC 2004). A number of objectives were investigated in order to meet this:

- To describe the clinical environment in an Inner London teaching hospital in which student midwives learn postnatal skills.
- To explore student midwives' perceptions of their hospital-based postnatal clinical experience in preparing them towards achieving their NMC requirements.
- To explore student midwives' perceptions of the support and teaching they receive during their hospital-based postnatal clinical experience.
- To explore student midwives' perceptions of factors that facilitates or hinders learning during this clinical placement.
- To ascertain the views of staff (midwives and surgical nurses) about their role in supporting, mentoring and teaching student midwives during their hospital-based postnatal clinical experience.
- To explore the views of support workers (maternity care assistants and nursery nurses) on the postnatal wards about their role in supporting and teaching student midwives during their hospital-based postnatal clinical experience.

4. Ethical Approval

Ethics approval was obtained in June 2005 from the Joint UCL/UCLH Committees on the Ethics of Human Research (Committee Alpha Ref: 05/Q0502/50).

During the fieldwork it became evident that the questionnaires to the staff were eliciting a very low response despite second reminders. A non-substantial amendment was made to the ethics committee to allow a focus group discussion with the staff. This was granted in October 2005.

The student midwives in the study sample were from City University London. Approval for student midwives involvement was obtained from The Associate Dean of Students.

5. Methodology

5.1 Research design

This is a case study involving the use of quantitative and qualitative methods of data collection in an attempt to improve the quality of research and hence maintain a degree of scientific rigour.

Appendix 1 provides an over view of the research protocols.

Review of the learning environment.
Review of key documents and accounts of first hand clinical experiences have been used to describe the hospital-based postnatal clinical learning environment and the assessment tools used for student midwives.

Guided diaries
Three day guided diaries were used to record the student's day to day activities and learning during their clinical placement. This was piloted with four students from different cohort groups with no changes needing to be made.

Focus groups
Focus groups were used to attain the views of student midwives and maternity care assistance about their experience and work on the wards. Due to time and resources it was not feasible to pilot the focus groups and during the course of different focus groups there was no need to make any changes to the interview schedules.

In-depth interviews
Interviews were conducted with senior midwives to explore their management responsibilities for the clinical environment. Due to small numbers the first interview was used as pilot and as no changes were made this was included in the main data collection.

Postal Questionnaires
Midwives and surgical nurses working in the hospital-based postnatal clinical environment were invited to undertake a self – completion questionnaire. The questionnaire was piloted with two midwives and one surgical nurse. One small change was made to the wording of one of the question to make it clearer to understand. Following poor response to the questionnaire ethical approval was sought and granted to invite the staff to one of two focus group discussions. This unfortunately resulted in no attendance.

All research tools were developed with consultation with the research advisory group (Appendix 2).

5.2 Sample

Student Midwives
During this study six cohort groups of students (78 week students from March 04, September 04 and March 05 cohorts and 3 year students from September 02, September 03 and September 04 cohorts) were allocated to the postnatal wards. All were invited to take part in the study by either completing a three day dairy and/or participating in a focus group.

Senior Midwives
There were six senior midwives responsible for postnatal care; a manager, four G grade midwives and a consultant midwife. All were invited to take part in a one-to-one interview.

Staff
Staff included F grade midwives and nurses working on the postnatal wards during the study fieldwork.

Maternity Care Assistants (MCA's)
All MCAs working on the ward.

5.3 Recruitment

Student midwives
Students were identified and invited through the university and sent an invitation letter and information about the study (Appendix 3). A stamped addressed envelop was provided to return to SA (Shamoly Ahmed) and students were asked to return a signed consent form demonstrating their interest in using the diary and or participating in the focus groups (Appendix 4).

Diaries were sent out to all students that showed an interest prior to them starting their clinical placement, followed by a telephone reminder to complete these. Each diary was coded with a number that was linked to a name, only accessible to the researcher.

The dates and times for the focus groups were selected following consultation with midwifery lecturers and staff on the postnatal wards. The discussions were facilitated by SA, who was not known to the students, over a light lunch. Of the four focus groups, two were specifically aimed at senior students. All were tape recorded and lasted no longer than one and half hour.

Senior Midwives
Senior midwives were invited to participate in the study by written invitation which included information about the study. Follow-up contact was made to ascertain their willingness to participate, answer any queries and arrange a mutually convenient time for an interview. All interviews were recorded except one, in which written notes were taken at the participant's request. The content of this interview was validated by the interviewee at the end of the interview.

Staff
A list of staff working on the postnatal wards was provided by the senior midwives. An invitation letter, information about the study and a questionnaire was sent to all staff with a self addressed stamped envelope.

Maternity Care Assistants (MCA's)
A list of MCA's was provided by the senior midwives. Information about the study and an invitation letter was sent to all MCA's. Two focus groups were arranged at lunch time and a light sandwich lunch was provided. The dates were selected on the basis of the numbers of

MCA's working on each day. Consent to participate was gained before discussion commenced.

5.4 Analysis

Focus Group and in-depth interviews
The recorded interviews were sent to an external transcriber who returned the anonymised transcriptions, assigning codes to individual names. The transcribed interviews were stored into NVivo version 2 software for analysis.

The transcripts were checked for accuracy and both SA and DK (Debra Kroll) read two of the transcripts independently and categorised according to the main themes emerging. Once this was done; the content of each of the main themes was revisited applying the same principles of analysis where further issues arising under each main theme were coded. From this stage it was possible to saturate the issues under each theme and quantify the popular issues emerging. This arrangement of analysis also ensured member checking to ensure the validity of themes emerging from qualitative analysis (Miles & Huberman 1994, Lincoln & Guba 1985).

Diaries and questionnaires
The quantitative elements of the diaries and the questionnaires have been analysed using descriptive statistics with the aid of SPSS version 12. The qualitative elements have been analysed according to consistent and repeated themes/issues that have been raised. Where appropriate the frequency of themes from the responses has been reported.

6. Results

6.1 Profile of the learning environment

The maternity unit in which the study took place is part of a busy inner-city teaching hospital that, until recently, was scattered in a number of buildings spread across a wide geographical patch. In June 2005 the majority of hospital services were re-housed in a new modern hospital building.

The maternity unit is based in one of the old stand-alone buildings separated from the main hospital by a number of busy roads. The maternity unit will move to the new hospital site with the completion of building work in 2008.

At the time of the study the unit delivered just over 3000 women a year. It has a level one neonatal unit and a specialised fetal medicine unit. The caesarean section rate was 26%, higher than the national average of 22%. It also attracts women with pre-existing medical conditions and offers a number of joint services with medical specialist e.g. cardiology, renal and haematology.

6.2 Postnatal Wards

At the time of the project the maternity unit had two in-patient wards situated on the 4th and 5th floors. Women and their babies were generally admitted to one of the wards according to the consultant they were booked under. Both wards admitted a mix of women who had normal deliveries, instrumental deliveries and caesarean sections. The wards also had a number of beds for antenatal inpatients, as at the time of the study there was no designated antenatal ward. Induction of labour for low risk women was also commenced on these wards. Therefore on most days there were women on the wards in the early stages of labour.

All women delivered by caesarean section were nursed in the open bays for the first 24 hours.

Both wards are divided into a North and South Side. These two sides are separated by locked doors, accessible only via an intercom or staff security fob. The layout and the description of the wards is illustrated in Appendix 5.

6.3 Staffing

At the time of the project the skill mix on the wards was made up of midwives, nurses and health care or maternity care assistants. Although there were nursery nurse positions, at the time of the project there were no nursery nurses in post.

Staffing on the wards varied. Generally, two midwives staffed the wards, one per side. Additionally there would be one nurse on duty on some but not all shifts. Occasionally, due to staff absence there would be only one midwife and one nurse on duty and the nurse would take responsibility for the bay with newly delivered caesarean section women. The midwife would take responsibility for the remainder of the women but would also need to be available to provide the nurse with midwifery support.

Each ward would also have a maternity care assistant (MCA) on duty each shift.

At the time of the study the midwives were, in the majority, F grade with each ward having two G grade midwives responsible for the day-to-day management of the

ward. Overall management of the wards is the remit of the in-patient midwifery manager. There is one consultant midwife in post with a remit for postnatal care and public health.

The majority of the midwives and all the nurses work permanently on the wards. The unit offers internal rotation so that midwives have an opportunity to work in other parts of the unit if they wish. There is also a one-year preceptorship programme for newly qualified midwives. While on this program the midwives work in each area (delivery suite, antenatal clinic, wards and community) for approximately three months. The majority of staff movement during the project was through midwife resignation, retirement, maternity leave and midwives on the preceptorship programme moving on to their next placement.

6.4 Shift pattern
Shift patterns on the wards varied greatly. Some staff worked only during the week while others only worked weekend or night duty. Some did mostly night duty with some day duty and vice a versa. The majority of day staff appeared to do long days (08.00 –20.30) while a few still did early or late shifts.

The students worked day shifts on the ward choosing either short or long days depending on their preference. At the time of the project the wards still operated self-rostering for students. Senior students were allowed to do night duty on the wards if they felt it would enhance their learning but it was not obligatory.

6.5 Mentoring
At the time of the project there was no formal mentoring system on the ward. Students worked with who ever was on duty or if they found a midwife they enjoyed working with they would arrange to work the same shifts. The midwife in charge allocated students to work alongside the nurses and occasionally the MCA. Three year students in particular were encouraged to work with the nurses, as they had skills that these students needed to learn e.g. post-operative care of women delivered by caesarean section, removing sutures, care of intravenous therapy, catheter and bladder care, drug administration etc.

6.6 Other learners
There are occasionally nursing students from another London university who were on the wards to gain one day's experience. Medical students do not work on the postnatal ward.

7. Focus group discussions and in-depth interviews
Five out of six senior midwives participated in the one-to-one interviews. A total of 41 students were invited to one of the four focus groups of which thirty two (78%) participated in the discussion groups. At the time of the fieldwork thirteen MCAs were working on the wards. All were invited to and seven participated in the discussions.

The results of each phase of the project were initially analysed individually. During this analysis it became evident that similar themes were emerging across each data set. As a consequence the results of some of the data have been merged and presented to demonstrate the similarities in the perceptions of various groups of participants around the issues of student midwives' experiences of hospital based postnatal care.

7.1 Preparation for students coming to the ward

Information about students coming to the postnatal ward was provided to two named senior midwives on the wards via the lecturer in practise. The information consisted of names of students, start date, cohort and year group. This information should then have been passed onto staff working on the clinical area and names put on the duty rota.

Discussions with students, MCA's and senior midwives suggest that this information is not always passed onto the clinical environment and, when it is, staff often do not use it to identify who is expected on the wards. The respondents expressed that this was due to a lack of communication between staff on the ward. Midwives and MCAs often met students for the first when they arrived on duty on the wards.

Students echoed this view and stated this was an experience they had on many other wards in the unit, they were "used to this" and had been warned about this by their fellow students. This created a negative atmosphere around allocation to the wards and had an effect on their confidence which had implications for their learning:

"…want to turn around and go" (DS220007)
"… you just feel like a spare part…" (DS220007)
"In the sense it makes you feel out of place right from the beginning so I guess you're feeling less confident with yourself and that makes you feel negative" (DS220007)

At the start of the students allocation to the Trust they were given information pack which they found very useful as it contained shift patterns and telephone details, although some of this were out of date. The majority of students received an orientation to the postnatal ward. This involved a tour of ward, introduction to staff and the facilities. This helped reduce the student's initial anxiety though they reported having to find their own way round after that. Some students did not receive any orientation and negotiated access to working on the postnatal wards themselves.

If a rota had been prepared for students the name of the student and their allocated mentor was put on the daily staff rota. Two named senior midwives were responsible for this and it was based on who ever (staff) was on duty and their experience, although students often arranged this themselves. A small number of midwives were not aware of the arrangements for student off duty. There were mixed views amongst students about who is responsible for their off duty. Some felt that there was no named person taking responsibility for this, while others reported that this was arranged by senior midwives, lecturer in practice or students themselves.

Because of the lack of a formal student rota many students stated that if they were absent from the ward nobody noticed. If they phoned in sick staff often did not know who they were or what shifts they were expected on. Senior midwives reported concerns about students not turning up to the wards and not providing reasons for lack of attendance. The senior midwives had the impression that the University felt that the onus is on the ward staff to inform them of student absence. However, not all felt that it was "high up on their priority to check up on students".

7.2 Knowledge about different student groups and their needs

Midwives and MCA's were asked how they identified student needs. Table 1 summarises these findings. Midwives in particular acknowledged that students' needs vary depending on the individual student and what stage the student was in the course.

Table 1 How staffs on the postnatal ward identify student needs

By asking students:
- about the areas they had previously worked in - what they needed so that the midwife could arrange the day accordingly
By observing students:
- perform their duties - Quality of student work - How they are with women - by working with students' on a few shift to identify their needs
By listening to students:
- Most students are very vocal and will inform staff of their needs - Some midwives will only know if students tell them - Students are very good at asking questions, type of questions asked helped determine their needs
Students documentation/booklet:
- The skills book informs staff what students need to do and learn on the ward though this is not always possible due to the time factor
Teaching session:
- when it's feasible a teaching session to consolidate what's been done on the workload
Verbal and printed information from lecturer in practise
- Lecturer verbally informing the staff about students' ability - Printed sheet containing information about the stages students are at in their training

Midwives and MCA's were also asked about their knowledge of different student groups. Midwives were more vocal about this than the MCA's and table 2 summarises the findings.

Table 2 Knowledge of skills of different student groups by postnatal staff

18 month students	Three-year students
- In the first week they are able to do vital signs - These students 'pick up' things more easily then a student who is new (i.e. a new 3 yr student)	- They tell us they don't know anything - In their first year they know absolutely nothing, don't know the health service, basic nursing skills - Don't even know how to take a temperature - In their first year these students need a lot more time, almost 'spoon-feeding' - Senior students midwives are able to be given a case load of women to look after alone, with a midwife 'keep an eye on them from far' - These students have far greater needs then those that have done nursing

7.3 Learning postnatal care on the wards and in the community.
Students clarified that they learned about postnatal care in the community, on the postnatal wards and in labour ward. The students perceived some advantages to learning on the postnatal ward as, however busy the wards was, they did have time to spend with women and their babies when difficulties arose. They felt that this was particularly good experience for those students who wished to become core midwives on the postnatal ward when they qualified. Students felt that the fact that the midwife often had "… nine women and babies to care for … that the ward was often understaffed and the staffs were rushed off their feet…" meant that there was little time for teaching.

Overall students preferred the community learning environment. The reason they gave for this included:

Attitudes of midwives:
- Community midwives have more time for students and are perceived as being more "laid back", friendlier and nicer to the students.

Learning and teaching environment:
- They preferred the one to one teaching style in the community.
- Students emphasised that the community midwives acknowledged them as learners.
- Community is seen as midwifery led while the postnatal ward is perceived as being obstetric led.
- Students felt that they learnt more midwifery skills on the community while on the ward they did a lot of nursing tasks.
- In the community there is more opportunity to gain a better understanding of women's needs.

Time:
- On the community there is time to concentrate on giving midwifery care as opposed to the postnatal wards when you "don't really have much time to reflect on what you're doing because you're constantly busy on your feet".
- On the community there was more time for midwives to go through things with the students

Status:
- "In community you are supernumerary on the wards you're not".

7.4 Learning environment and the skills students should learn on the postnatal ward

Senior midwives and students were asked to list key skills students should learn on the postnatal ward. Overall the key skills identified by students and midwives are very similar, although there were some differences. Midwives mentioned skills such as phlebotomy, care of ill babies, care of complicated cases, differentiating between the care required by women delivered by caesarean section and those who had normal deliveries, knowing the ward layout, interprofessional skills and ward management. Students highlighted drug administration, communication with women and teaching new mothers to care for their babies.

Students and midwives were also asked to suggest reasons why they thought the postnatal ward was a good place to learn about postnatal care and what was different about postnatal care compared to the community.

Students reported that certain skills were best learnt on the postnatal wards. These included doing drug rounds, nursing skills, providing 'one to many' care (as opposed to one to one care they had experienced elsewhere) and providing immediate post-surgical care. Senior midwives categorised their suggestions into learning about high risk women and babies that were ill, the chance to practise the application of theoretical knowledge gained at university, experience working with different professionals and learning the emotional and psychological aspects of care.
A list of the skills identified is provided in table 3. (See list of tables).

7.5 Factors that facilitate and reduce student learning
Students and midwives explored their perceptions of factors that both facilitated and reduced student learning on the postnatal ward. A well resourced ward, sufficient staff with up to date knowledge and a willingness to teach and students interested in learning were perceived by both students and midwives as factors that facilitated student learning on the postnatal ward.

Additionally midwives identified the women as a good resource for learning. On the other hand the students emphasis was on supportive mentoring as depicted by one student:

"A midwife that sat down and would talk things through with you and say … 'you've gone off and done this. I've gone and done my own check on this woman as well. Come back and tell me what you've found and I'll tell you what I've found, and then we'll write our notes together'." (DS220006)

While the midwives saw the variety of women on the ward as a good resource for learning, the students' perception was that too many women on the ward reduced their opportunity to learn. The environment, in particular the two locked and separated sides of the ward, was highlighted by both groups as reducing student learning opportunities as students often had to search for a member of staff on the other side of the ward, especially if they were left to work on their own. Students also perceived that they were often overlooked in favour of the nursing staff when there was onsite teaching. Students highlighted the practice-theory gap and lack of available teaching material as factors that reduced their learning.
A full description of these factors can be found in table 4 and table 5.

7.6 Drug assessment
Students have a number of assessments to be achieved while on the postnatal ward. The competencies to be signed off in their skills book and PBAs will be discussed in Findings five. The remaining assessment is the drug assessment which the three year students are required to pass in the second half of their course.

Students learnt about drug administration at university but felt it was the responsibility of both the lecturers and the midwives on the postnatal ward to teach then about this. Some reported learning about drug administration by themselves through studying the content of the drug cupboard, the BNF or purchasing a book the subject. They would then ask a midwife to observe them administering the drug.

Students felt that doing the drug assessment was a good thing but reported difficulties with doing it. This was related to midwives on the postnatal ward not having the mentorship qualification required to do this assessment and trying to negotiate time with a midwife to practice and /or do the assessment. As a result of this the LP or one of the university lecturers often did the assessment. Other difficulties mentioned by the students included the problem of finding that when they came to dispense the drug to the women as part of their assessment a member of staff had already done this. Some students expressed that women were sometimes reluctant to take drugs when given by a student. Being pressurised by midwives to countersign drugs before they've done their drug assessment was also reported by students as a problem. These focus group discussions revealed that there was a lot of confusion amongst staff and students about whether students are able to countersign drugs:

"… you can… but not the controlled drugs like … epidural top ups … because you're a witness … so you can do it … they said I cannot give epidural … this is what I was told by one of the lecturers but … the midwife here they said, it's okay … different people say different things… yes it's very messy … NMC need to bring out some clear guidelines about it though" (DS220012)

The shortened course (78week) students by virtue of being qualified nurses did not have to do the drug assessment because they have previously (during their nurse training) been taught and assessed in this area.

Students expressed concerns about poor practise. They witnessed midwives not following correct drug administration procedures:

"… what you're supposed to do is you're supposed to check their band, give them the drugs in their hand, give them their water, watch them actually swallow it and then sign to say that they've had it and what they're doing … go to the bed, here's your drugs, leave it on the side. So if the woman doesn't feel like it then, she'll leave it another few hours before she takes it and then if you then come along … say at 6.00 she's supposed to have drugs but she actually takes them at 9.00 but then at 12.00 you'll come to do the drugs and you give her them again and you can OD her, because there's not a big enough gap in between when she's had two doses, and it's just left there like sweets. Little kids can come along pop them like smarties." (DS220012)

7.7 Mentorship

Discussions around mentorship involved asking the respondents about mentorship on the ward including allocation of mentors, experiences of mentoring and being mentored and views of the mentorship course.

Mentorship status on the ward

At the time of the fieldwork a large number of the midwives (including some senior midwives) had not completed a mentorship course although some were in the process of either starting the course or applying to do it. This was reflected in the student discussion groups. Students reported that midwives would refuse to sign their PBA or do their drug assessments as they did not have a mentorship course. Students recommended that midwives on the ward need training to help them gain knowledge and improve their ability to support student learning:

"… the newly qualified midwives can't, (do the mentorship course) they don't do it in the first year, and we have a lot of junior midwives. The older midwives have all got the 998 … we're compiling a mentorship database, and for example on Hunter I've got fourteen…no, twelve midwives, twelve midwives and out of the twelve … nine have not done mentorship. Out of the twelve only three have done it." (Senior midwife 2)

"… when I went to do my drug assessment only a couple of weeks ago, however many staff there are on postnatal, not one of them had the mentorship training to be able to do it with me … midwives need to know what is current, what do we need to know now and how they help us to learn it … there should at least be a day of training for them, something where we can go, right, these are the sort of assessments you're going to be faced with when students might come up to you and say, 'can I have a signature', because they're quite suspicious about signing stuff … they're working in large teaching hospitals. They have to take on students, therefore they should have to do the mentorship course … to sign a PBA off there's a bit that says what's their code from their mentorship course and none of them have it …" (Sept 03 3yr student midwife)

"… there should be a course running for midwives just so they know how to support students …" (78wks student midwife)

Allocation of mentors

There appeared to be no formal process for allocating mentors. This was reflected in the responses from both the students and the senior midwives. It appeared to be a flexible system where either the students was given a mentor from who ever was on duty or the students chose a mentor from a member of staff because they liked the way that mentor worked. The students seem to be more proactive in changing their shifts in order to work with their chosen mentor.

Views about mentorship course

Staff recognised that in order to get promotion and for reassurance that 'what they were doing was correct' (in terms of teaching) they needed to do the mentorship course. Views about the course were mixed. Those who found the course useful stated that it helped them to learn the research behind and the techniques for teaching which they could apply in practise. The current mentorship course appeared to be disliked by some respondents particularly the theoretical part of the course. These respondents felt that learning in practice and from experienced colleagues was more valuable than going on a course. As a result the practical part of the course appeared to be more enjoyable and appropriate to their needs.

"… it's teaching about the theories of teaching, pedagogy whatever-gogy and all those things … we are very practical people … we don't like to sit in a classroom and learn these theories… instead… midwives really need to learn how to share practical skills." (Senior midwife 2)

The staff found the mentorship update good but there was a feeling that the lecturer should come in and work with them to do practical ward based updates.

Experiences of mentoring

"*Teaching is a large component of our job. Every midwife is a teacher so every midwife should be able to teach … some better than others."* (Senior midwife 3)

Students' experiences of mentorship on the postnatal ward
Overall students felt it was important and better to work with more than one midwife. When working with one midwife it is good to do that for a certain length of time. Students felt that individual midwives' personal qualities was a key factor that contributed to a good or bad experience of mentorship. The quotes from students in different cohort group summarises these points more clearly:

"*Difficult for midwives too of doing shorter sessions with students, as it makes it hard for them to find out what stages students are at, what they've done with students, how they've done it, what students are used to doing on their own and what students need help with … they mother you too much in some senses… other times they may be busy and you're by yourself. So sometimes the balance I think was probably incorrect. So you didn't always get the support… staff on postnatal ward never take students as part of their team … don't let students do things they should do and learn in the postnatal ward*" (3 yr student midwife)

"(Having different mentors) *you don't know where you stand because another person will say do that, another will say do that and then you get confused … mentors attitude… being professional …being approachable and likeable … talking down to students …midwives who are stroppy and get angry it's difficult to ask* (them for) *any thing* (are qualities liked and disliked by students)" (78 week student midwife)

Procedures with dealing with complaints about mentors
Senior midwives stated that they had procedures to deal with complaints about mentors. Senior midwives clarified that they would not place students with midwives they felt were unable to mentor adequately. If there were concerns about a midwife's ability to mentor they would firstly talk to midwife concerned to explore the issue further. They would identify whether the midwife had completed the mentorship course and if not they would encourage the midwife to go on the mentorship course. They would then discuss the matter with the student.

7.8 Guidelines and Protocols
Both midwives and students reported that there were guidelines and protocols on the postnatal wards. However, they were not up-to-date and were in the process of being updated. Not all students were aware of the existence of these and suggested that these ought to be for all students to access. There were some suggestions from midwives that once the guidelines had been completed and updated it would be useful to develop an "idiots guide" which would be a pocket guide of condensed material of the actual guidelines and protocols.

7.9 Changes to the provision of hospital based postnatal care and how this affects student learning

Senior midwives acknowledged that women were being discharged to the community earlier. This is exacerbated by the increased number of deliveries which put pressure on the need for postnatal beds and hence the increasing pressure to discharge women early. There is also more pressure to teach new mothers basic skills before discharge. The impact of this on student learning is that they have limited experiences of hospital postnatal care. They miss out on learning what happens with

a mother and baby in the first few days and the wards are too busy and "everything is rushed and learned in a rushed environment". Senior midwives felt there was a need for more midwives to support student learning in these early postnatal days.

A daily neonatal clinic run by neonatologist and a nursery nurse and its main aim is to do the discharge examination on the babies. This is a good learning environment for students who can sit in and observe the examination of healthy babies.

There is an ongoing emphasis to improve breastfeeding support in order to work towards UNICEF baby friendly status. At the time of the study breastfeeding support was offered by a group of midwives who took turns to do a day's breastfeeding counselling on the wards. Student midwives were encouraged to work with these midwives.

The planned introduction of an induction of labour bay and an antenatal ward will mean that these women will no longer be on the postnatal wards and students' experiences will be exclusively with postnatal mothers and babies.

7.10 Complaints from women about postnatal care and the impact on student learning

Senior midwives acknowledged that postnatal care attracts a large number of complaints from women. They felt this had to do with women's high expectation of postnatal care, staff attitude and are often related to the fact that the midwife cannot spend time sitting with women and helping them. "They expect one to one care like they had on labour ward … but she (midwife) has 9 women to care for as well as admissions and discharges to do". The senior midwives felt that the numbers of complaints have reduced as a result of the sisters doing a ward round each day and talking to the women and the introduction of the debriefing midwife.

The senior midwives felt that the students do need to be aware of complaints but it can be demoralizing especially for junior three year students. They also sited the complaints as a possible reason why midwives leave the profession.

7.11 Team work and organisational skills

Two other findings emerged strongly during the discussions with student midwives. These were staff organisational skills and team work including intra-staff relationships. The midwives on the ward was perceived as being very disorganised "Midwives on the postnatal ward run around like headless chickens….are disorganised and tend to do 40% of everything...". Students report that this is sometimes due to staffing levels but other times due to individual disorganisation. Midwives often give midwifery duties to the nurses such as "postnatal checks and breastfeeding support which, they are not supposed to do". These would be much better given to students. The impact on student learning is that midwives don't have time to teach and student midwives are not learning the essentials midwifery skills.

Students perceived that staffs on the postnatal wards do not support each other "The postnatal ward appears to have a culture that nobody wants to do anything for any body else ..." Poor staff relationships do not help in student learning and adaptation to the ward particularly for junior students who need a lot of support and teaching. They perceive them as "a bit of a hassle… just somebody who is in the way…"

Senior students seem to find themselves caught between the needs of the women and the needs of the midwives. An example given was if the student is allocated a small case load of women to look after they feel that these women will get adequate care because at least they have a student caring for them. However the rest of the women have to be looked after by one midwife. The students question their loyalty "… do you sympathies with your midwifery colleague who is run off her feet trying to look after twelve women, or do you sympathies with those women who you know aren't getting adequate care". The students perceive that it's not always easy for the midwives to run the ward and give care to the majority of the women as well as support and teach students.

The perceived animosity between staff on the ward and between the staff on labour ward and the postnatal ward makes it very difficult for students especially if they are transferring women to labour ward or vice-versa. This working environment does make students question their choice of profession "…do I really want to become a midwife and have to deal with this kind of staff all the time?"

7.12 Multi-professional learning

Not all students reported that they had opportunities to work with other members of the multi-professional team (MPT). Those who did, mentioned obstetricians, paediatricians, nurses, anaesthetists, social workers, MCAs and transitional care nurses (TC nurses).

Doctor's ward rounds, which included medical students, were viewed as a very good learning opportunity. However a large number of students reported that they have never been on a ward round because the ward was always too busy and their own workload did not allow them to join a whole ward round.

Nurses were good at teaching up to date practical skills. However, some students' thought that the limited role of the nurses on the ward, their inconsistencies in ability and willingness to teach and the fact that their job was more task orientated meant that the students did not always benefit from their teaching.

Working with TC nurses and neonatologists provided very good learning opportunities.

Students' thoughts about working with MCAs were mixed. While some felt that MCAs would like to teach and had time others felt that they had nothing to learn from them.

Students learnt how to initiate referrals to social workers who provided good insight into the various services available to families.

7.13 Concerns about midwives on the ward

Students all reported that if they were concerned about a member of staff they would rather discuss this with a lecturer, the LP or in their debriefing and reflective sessions. Although some felt that as the LP was one of the midwives going to her may not be the best option. The majority of students felt that they would not be able to talk about this with the ward staff. Those who had tried to do this felt that nothing had been resolved. The reasons for this were that students are in vulnerable position making it difficult for them to say anything. They felt that complaining would lead to repercussions, "you would be labelled as a trouble maker… then you become the

student nobody wants to work with". It was viewed as "whistle blowing… and people are frightened to do it…"

7.14 Maternity Care Assistants (MCAs)

Primary role of MCAs on the postnatal ward
MCAs described their primary role on the postnatal ward as one based on an understanding of the needs of mother and baby in the early postnatal period and helping to meet these needs. When women are discharged they ensure that women complete the discharge form correctly, remove the baby's security tag and they escort women to the front door. Their role does not involve completion of any of the paper work.

MCAs role with students
MCAs reported that they don't work directly with the students and don't tend to spend a lot of time with them but felt that students would benefit from spending time with them as they have skills to pass onto students. The little time that they do spend with students is used to support student midwives to become confident in their duties on the ward. They do this by showing them what to do, observing and teaching them, working with them and answering their questions. They reported that students often turned to them when they feel they are unable to ask midwives for support or when they wish to ask a "silly question" and "when the midwives are busy or stressed". Students commonly asked MCAs for help to make beds and where to locate things.

The majority of MCAs reported that they have a good relationship with student midwives and enjoy working with them. They feel students don't know what to expect as everything is new to them but over time they get better. They often find themselves "befriending and looking after them" and discussing their progress on their midwifery course which helps to build up this relationship.

Some MCAs reported that student midwives "undervalue" them and "sometimes they feel undervalued by every one…" For example if students are allocated to work with the MCAs they (students) may feel they are not getting the appropriate teaching and experience. Students often have an attitude that "they are better than" the MCAs and that they "value qualified midwives more than the MCAs". One reason provided for this was that students feel that midwives are more able to provide " a rational for theory".

MCAs feel they have a role in teaching students midwives and they enjoy teaching students when they are interested in learning. They feel teaching does not require anything extra of their role and is part of their everyday activity.

MCA and midwife relationship
MCA's felt that they provided a lot more training to students compared to midwives. MCAs reported that midwives delegation of work to students is inconsistent in that they assign students to do things when they should not be doing (i.e. it's the role of someone else) and don't assign certain jobs when in fact students would gain good experience doing that job. For example midwives and nurses delegate observations to MCAs when in fact it's not part of their role and students would benefit more from

learning to do these as part of their care. They reported that it creates a conflicting environment that is not good for student learning.

MCAs felt that midwives don't have the patience and "don't know how to teach" student midwives and tend to delegate their teaching responsibility to other staff on the ward. A few MCAs reported that midwives don't have time to teach students because they are run off their feet and have too many patients to see. Other MCAs felt that the midwives do have time to teach as the MCAs "take all the observations off the midwives' hands". MCAs felt that if students only work with the midwives they will not be taught to do these observations.

"*I guess most of the them* (midwives) *think 'it's not my place to teach …, I'm not getting paid extra to teach … why should I do it'. Most of them don't have the patience to even start."* (DS220014)

MCAs commented on student midwives being left on their own on the wards. Their observations echoed some of those reported by student in section 9.6.

HCA2: "*incident where a student midwife, she was really nice … There was a senior midwife that just went on lunch break and left this poor girl alone and she didn't know what steps to take and how to get on with things, because she can't do the discharge, she can't do anything, drugs or anything, without the midwife watching over … when the midwife came back she confronted her and it was a whole big row…student midwife, she said 'I'm not confident enough to be alone by myself. Can you bring somebody else from the other side to come in'. She said 'what do you mean? Why don't you want to not be alone?"*

HCA1: "*… I know she's a student midwife but she's a qualified nurse, so may be they thought…"*

HCA3: "*She was finishing very soon (being qualified) that was why she was left alone…"*

HCA1: "*I think the people got in trouble for it? … I think one of the midwives"*

HCA4: "*…it depends why she was left alone, really, and how short-staffed were they.*" (DS220014)

Some midwives really appreciate all the work the MCAs do and recommend that they train up to be midwives

MCAs response to concerns about students

MCAs reported that if they had any concerns about a student midwife's work or attitude they would report it to the midwives after giving the students some chance to adapt to hospital working and culture. Some would feel guilty for reporting students but know that it has to be done for the benefit of everyone. MCAs feel midwives do act upon their complaints about students but don't really know the extent of action taken and that students are usually alright and work well with MCAs after a complaint.

7.15 Suggestions for future improvements

The following are suggestions made by student midwives and MCAs on improvements that can be made to ensure the experience of postnatal care is a valuable one for all students and staff working on the postnatal ward.

Suggestions made by student:

- Midwives on the postnatal wards need to go on a course to become more aware of student needs.
- There should be a proper orientation of students to the postnatal ward.
- All students need a mentor while on postnatal ward who is willing to teach. This should be arranged by the LP.
- There is a need for a CPF besides the LP. The CPF should orientate students to the wards and be accessible for students to talk to and communicate about any difficulties faced while on the postnatal wards.
- Students must be supervised and not left on their own.
- Midwives must interact and provide feedback to students. Midwives should acknowledge their student status and not view students as "another pair of hands".
- All students must have the opportunity to work with breastfeeding specialist.
- All students should be given the opportunity to go to study days and meetings and this should not be limited to those that are "naturally pushy".
- Students should also be given morning and afternoon breaks like the midwives on the wards.
- Students should be given time to study the postnatal guidelines and protocols.

Suggestions made by Senior Midwives:

- Student midwives should spend longer periods on the postnatal wards.
- There should be an even spread of student midwives through out the day, as sometimes all students are on duty in the morning and none in the afternoon. Students need to experience the late shift.
- Students should be encouraged to take part in the neonatal clinic where the neonatologists do a thorough check.
- Would like to learn about the teaching methods other staff use while teaching student midwives.
- Need more LP on the postnatal ward to support staff with students.
- All staff should go on mentorship course and there should be in-house mentorship courses.
- In the last six months of the student training they need extra support.
- A list of all students coming to the ward along with their cohort group details need to be available in the clinical environment.
- To have more team meetings to discuss issues and solve problems.

Suggestions made by MCAs:

- The ward facilities and resources need to be improved. Students and staff need a clean and tidy changing room with lockers to put personal belongings and a "decent" staff room.
- There should be more emphasis on the ward on actual nursing work and less on paper work.
- MCAs should have more in-depth teaching and understanding how to take blood pressure accurately and what the readings mean.

8. Postal Survey
Questionnaires were sent to 21 staff (4 general nurses and 17 midwives). The response rate following two reminders was very poor (9/43%).

This section describes the findings the questionnaires. As there was no attendance at the focus group discussions by midwives there are no results to discuss.

This poor participation of postnatal midwives to midwifery research projects has also been reported in another study (Cattrell et al 2005). In this study, despite being offered time in lieu or remuneration, there was still very poor participation. Catrell et al suggest that this lack of attendance may be due to the high work demands placed on postnatal midwives. This is a area that clearly needs further exploration.

Table 6 Demographic of respondents (total = 9)

Demographic details	Number
Qualifications	
Registered nurses	4
Registered midwife	1
Registered nurse and midwife*	4
Additional qualifications	
RM lapsed, Ophthalmic Diploma, BSc Health Service Management	1
Psychiatry	1
Diploma in nursing education, Bachelor of Education in Adult Education	1
Length of qualification	
More than 10 yrs	5
5-10 yrs	2
2-5 yrs	2
Mentorship course	
ENB 997/998	3
Preparation for mentorship course	1
No course	3
Other: Diploma in nursing education, Bachelor of Education in Adult Education	1
Working patterns	
Day duty long day	1
Day duty short day	2
Mostly day duty with some night duty	1
Night duties	2
Weekends only	2
Mostly night duty with some day duty	1

*working as a midwife
Note: Not all sections of the table add up to nine due to missing data Due to low response rates results have been reported only in numbers.

Of the 9 staff who returned questionnaires five worked as midwives and four as nurses with special responsibility for women who had been delivered by caesarean section. All responded that they worked with student midwives; eight stated this was

on less than half of their weekly shifts and one said she worked with them more than half of her shifts per week.

Four had the mentorship course or equivalent and one had a diploma in nursing education and a bachelor of education in adult education.

The shift patterns of the respondents varied greatly with a number of staff working weekends and nights only. This would mean they were less exposed to student midwives as they tend not to do night duty on the wards and few were doing weekends during the time of the study.

8.1 Preparation for students' arrival on the ward

Overall the staff on the wards appeared to be aware when students were coming to the ward. They gained this information from the weekly off duty rota. Four stated that they sometimes only found out when the students arrive on the ward at the beginning of a shift. The majority of staff felt that this information should be provided by the manager, midwife in charge or lecture in practice and that this information should be displayed on the weekly off duty rota or notice board.

Factors which influenced midwives decisions about who students should work with on a daily basis included: students' learning needs; allowing continuity of mentor and patients; competence, knowledge and experiences of staff as well as allowing students to make their own decision about who they wanted to work with. However because of the numbers of midwives on duty students sometime had to work with who ever was on duty.

8.2 How staff identified student needs

Skills and needs

When staff were asked how they identified student needs the majority stated they would do this through conversations with students, identifying their stage of training, their previous experience and needs and their expectation of this placement. They would also refer to their skills book, objectives and assessment tools

Staff identified the following key skills that students should learn while on the ward:
Communication skills

- communications with women, relative and other staff
- the development of the skills of observation and listening

Care of mother and baby

- daily postnatal check and observations

Managerial skills

- prioritising care
- decision-making
- time management

Post operative care

- wound care

- care of intravenous infusions

8.3 Factors that facilitate and reduce student learning on the postnatal ward

The factors that facilitated learning were:
- availability of teaching tools
- multidisciplinary team on the ward.
- adequate and consistent mentoring
- staff who are up-to-date, willing to teach and approachable.
- students who were proactive, interested and assertive

The factors that reduced learning were:
- busy and noisy wards
- high turn over of mothers and babies.
- lack of protocols and guidelines
- staffing levels

Midwives also perceived that having both antenatal and postnatal women on the ward reduced the students' ability to learn about postnatal care and students who were "used as an extra pair of hands" did not expand their clinical knowledge and skills as they were left "to do the routine jobs and task"

8.4 Learning environment

The majority of staff ranked the hospital based environment as a very good or good place (7) for student midwives to learn about postnatal care. The reasons given were:

"Working in a multidisciplinary team with women with different needs" id 1, 8.

"If the ward is student friendly it can provide students with good knowledge base of both normal and abnormal postnatal care and recovery" id 7.8

One midwife described it as poor because *"allocation is too short, mentors are not organised, too many students are on one shift because there is no proper off duty"* id 6.

8.5 Supporting and teaching students

All respondents felt they could support and teach students as part of their daily role *'a means of keeping yourselves up to date…'.*

However, there were some obstacles that did prevent them from doing this:
- Nursing is only part of the care and they would need midwifery input (response from nurses)
- Shortage of staff meant that patient care had to be prioritised over student learning

- Lack of understanding of the student programme requirements
- Lack of continuity of mentor

8.6 Mentoring
All staff felt that they were, to some extent adequately prepared to mentor students. In analysing section three themes emerged: knowledge of student courses and level of training, staffing issues and mentorship.

Knowledge of student course and level of training
Respondents wanted knowledge about student courses as well as guidance about what students should know and what their needs are at different levels of their course

Staffing
The need for more time and more staff, consistency of mentorship and more input from teaching staff.

Mentorship
Mentorship issues highlighted were the fact that the midwives wanted to do the mentorship course and attend refresher courses. Longer placements would help with mentoring. Staff awareness of current issues in nursing and midwifery would enhance mentoring.

8.7 Student Documentation
The majority of staff were aware of the skills book (6) and understood the purpose of this was to give a guide to what skills students want to achieve and learn. Those who were not aware of the skills book had not worked with students.

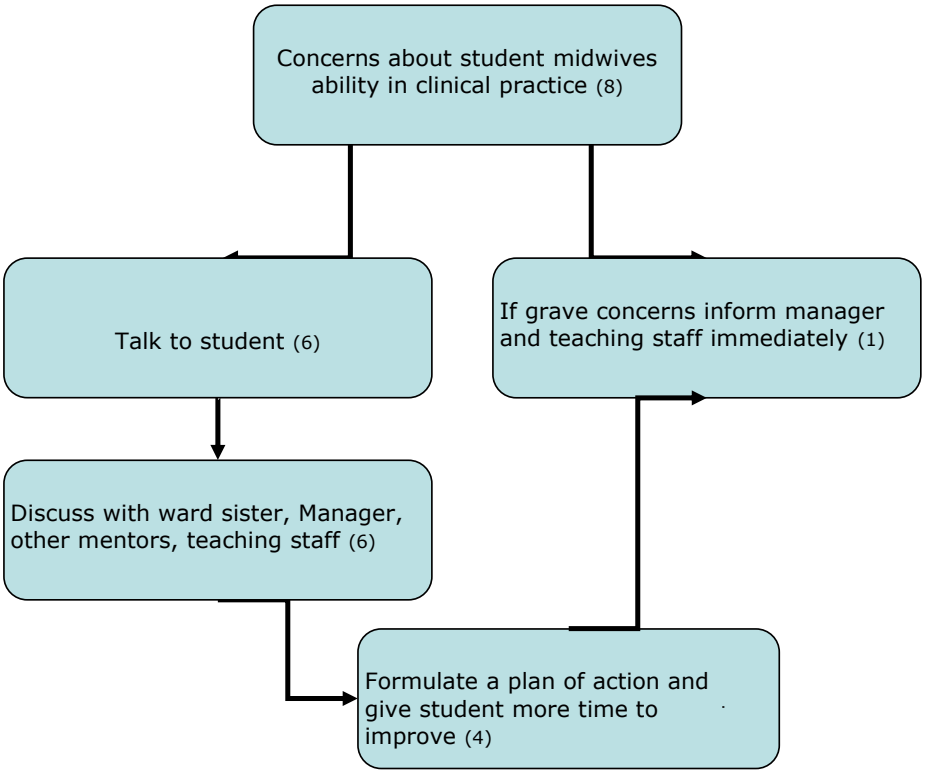
The purpose of the PBA was seen as a way:
"To put skills learnt into practise and be assessed for competence and safety" id 1.
"To enable students to develop practise based research and clinical observations…" id 2.

Staff saw the purpose of signing the attendance record as a means of ensuring students have a record of time spent in clinical placement and sufficient amount of practice hours prior to qualifying.

Two respondents highlighted additional information that would help them with completion of student documentation. These included preparation for student's arrival and the ability to be able to comment on student behaviour or improvements during their clinical placements.

8.8 Dealing with concerns about students
The flow chart below describes the steps staff would take if they had concerns about a student midwife's abilities in any area of clinical practice. The figures in bracket show the number of staff that mentioned each stage. A total of eight staff responded to this question.

Flow chart 1: Steps staff would take to deal with student concerns



Staff made a number of recommendations to facilitate student learning on the wards. Students should be provided with an information pack about the ward similar to that given to the women. They should be allocated to the ward for a minimum of two weeks to allow continuity with the women.

9. Student Midwives Diary

9.1 Background details

Thirty guided diaries were sent to students on clinical placements on the postnatal ward during the time of the study. Seventeen diaries were completed (57%). One student used the diary to describe her experience on another clinical placement and therefore her responses were not eligible for inclusion in the final analysis. Table 7 provides a breakdown of respondents by module and cohort group.

Table 7 Breakdown of students by cohort and module group

Cohort	Module 1	Module 2	Module 4	Module 5	Module 6
78 wk		2	2	4	
3 yr	1	1	1	2	2

Shortened course students (78 weeks):

6 out of 9 students identified the day of the week they worked. The majority worked between Monday and Friday with only one working on a Saturday, one on a Sunday and one on a Bank holiday. The majority of students worked long days with only one doing a night shift.

Three year students:

The three year students all identified that they worked between Monday and Thursday, working long days, early shifts or a combination of the two.

When students were asked to document three things they learnt that day, it would appear that if they learnt something new that it is not a skill identified in their skills book they would not identify that as something new that they learnt. At the time of the study students used a skills book in which their mentors signed off specific skills as they were achieved.

9.2 Three things learnt

The qualitative elements of the dairies for each three days were combined to describe themes emerging using, where relevant, frequency counts and categorised themes.

Students appear to be gaining the required skills in postnatal care, but all the other factors that inhibit learning have to be considered and the effect on the students. Table 8 shows the skills that students identified learning on the ward.

Because at the time of the field work the wards had antenatal patients some of the students have highlighted skills related to antenatal care e.g. care of women with PROM, setting up a CTG machine, care of women with preterm abdominal pain, antenatal assessment and interpersonal skills, care of a woman with antepartum haemorrhage.

In addition to the skills learnt on the wards, students were also asked who or what helped them to learn. Students reported learning mainly from midwives but also from all those they had been in contact with while on the postnatal ward. These included mothers; HCA/MCAs; surgical nurses; neonatologist; nursery nurses; doctors; breastfeeding support workers; drug assessment assessors and their peers.

A combination of factors was reported by students as helping them to learn on the wards:

- previous knowledge and experiences gained elsewhere and through university lectures (reflecting on theory to practice)
- one to one communication with mentors and midwives
- working within a multidisciplinary team
- assessing one's own performance
- having one's own caseload of women
- discussion, reflection and working peers
- just being on the ward
- using the resources available on the ward
- students' own enthusiasm and willingness to learn

9.3 Factors that increased and reduced students' learning opportunities

Students reported midwives on the ward as being one of the key factors that enhanced their opportunity to learn. Staff who were supportive, knowledgeable, willing to teach with good teaching methods and who managed their caseload well were identified as contributing to student learning. Two students mentioned that the presence of newly qualified midwives further helped as they had a better understanding of the student's level of knowledge and needs. Having a mentor and in particular one-to-one mentoring, having the opportunity to work in a multi-professional environment and adequate staffing levels were also identified as factors that increased students' opportunity to learn. Knowledge about what facilities are around the ward and where they are also helped students to increase their opportunity to learn.

A number of students reported that self-initiative was crucial to increasing their opportunity to learn. Having an interest, being able to ask questions, discussion, reflection and working with peers, having a case load of women to care for and remaining alert and focused all helped them to learn.

Others described personal experience as mothers, a nursing background and previous postnatal experience as helping to increase their opportunity to learn.

Providing care to women, clear allocation and the opportunity to manage their own caseload helped students to learn more. The opportunity to have discussions with women and supporting junior students enhanced their experience on the wards.

On the other hand midwives were also seen as a hindrance to students' ability to learn particularly if they were busy or unfamiliar with the ward. Shortage of staff and busy wards reduced student learning as midwives had little time to teach and were too busy to provide adequate one-to-one support. Not being allocated to work with a midwife meant that one-to-one mentorship was further reduced. The ratio of students to midwives affects the support a student received as one student describes:

"…found myself "lost in the crowd". It is frustrating when as a student you acknowledged a learning opportunity but there's no midwife present to aid you" (ID 8, 3yr module 6)

A busy *"but not an hectic"* ward was described as providing a good opportunity to learn as this would allow students to look after different women with different obstetric and medical needs and still have time for discussions and debate.

On the other hand a very busy ward had the opposite affect with a lot of things happening at the same time causing confusion. One student reported that the fact that the ward was split in two reduced learning opportunities as it stretched staff and meant students were not able to work with staff on both sides of the ward. One student felt that being left on her own to manage one side of the wards reduced her learning opportunity:

"I was left to look after Hunter south for the majority of the day on my own…" (ID 21, 3yr module 1)

Other factors that reduced student learning were:

- not having opportunity to self plan care for clients
- heavy caseload
- clients not wanting to be cared by male midwives or students
- clients not requiring assistance
- not being able to follow client's care through

9.4 Knowledge acquired about postnatal care

Students highlighted a numbers of ways in which they had gained knowledge about postnatal care. The majority stated that this knowledge had been acquired from lectures at university (14) and background reading (15). Eleven said this had been gained from previous hospital allocation; thirteen from their allocation to the community and seven had personal experience of postnatal care.

The majority (13) of students said that the care they observed and were involved in reflected their current knowledge most of the time. Working on the wards was an opportunity to reinforce previous skills and knowledge gained, integrate theory and practise and learn a systematic approach to caring for women.

Two students reported that the care they witnessed seldom reflected their current knowledge as the care seem to be provided by a variety of professionals and the students were not always included in providing this care. Some reported "older school" midwives as having different techniques and practices that were not always evidence based.

9.5 How busy the ward was and time spent by midwives with students

The ward was described as being very busy or busy the majority of the time students were on the wards (35 shifts), with only eleven shifts described as being quiet or very quiet. Information was not provided for 5 shifts.

This section aimed to assess whether midwives' time spent with students was affected by how busy or how quiet the ward was. Due to small numbers and the fact that students understanding of the scales provided are likely to vary no firm conclusion can be drawn to assess the link between levels of business on the ward and time spent by midwives with students. The qualitative data collected suggests that a busy ward inhibits learning because staffs don't have time to spend with students supporting and teaching them. On the other hand midwives who were well organised and supportive of students facilitated their learning regardless of how busy the ward was. Table 9 provides (see list of tables) a detailed description of students' reflections depending on how busy the ward was.

"*I worked with a midwife who was competent in mentorship who made me feel encouraged and valued*" student midwife

9.6 Students working on their own

A total of 43 shifts were covered by students that returned their dairies. Eight shift were not described. On 34 (79%) of those shift students worked on their own. The majority were in module 4 or 5 on the shortened course or three year students in module 4, 5 or 6. However, four junior students worked on their own for two out of their three shifts. On 28(65%) of these shifts they felt confident to work on their own and on 5 (12%) shifts they did not feel confident.

The majority students who were either just over half way through their course or very senior (i.e. in the last two modules of the course) felt confident to work on their own because of knowledge gained in previous placements, awareness of limitations, knowing when to ask for help and the awareness that support from a midwife was available. However, some of these senior students did not always feel confident to work on their own. The reasons they gave were lack of orientation to the ward environment, not having adequate skills to cope with the care required and not receiving support and supervision from a midwife when required.

Some students expressed concern about the amount of time they were left alone to care for one side of the ward. The results indicate that in some cases students were left to work on their own because of the confidence the staff had in students to work with distance supervision. However, in a large number of cases students indicated that they were left to work on their own due to staff shortage.

More junior students' levels of confidence to work on their own varied over the three days. One student stated that when left alone she "only had work to do which she already felt confident in". Two other respondents, who had been left alone on their first day in the new clinical environment, did not feel confident, knowledgeable or aware enough of the schedule of care to work on their own. On the second day they were once more left to work alone but felt confident to do so. This was because one was doing more general nursing tasks than midwifery skills and the other had been shown skills by her midwife who ensured she was confident to do them on her own.

On the third day three junior students reported working alone. One felt confident because she felt confident in what she was doing and the reasons for her actions. Two students did not feel confident to work on their own as one felt overwhelmed by the different requests from women and the lack of support from the midwife and the

other did not feel confident enough to answer phone enquiries or deal with an emergency.

9.7 NMC competencies

Students were asked whether at the end of their shifts they felt that the experiences they gained helped to attain any of the competencies required by the NMC. Of the 45 shifts students reported that this occurred on 27 shifts and on 16 shifts they did not feel they gained any competencies. Not all students completed this section on all three days.

The skills gained included postnatal checks on mother and baby, communication, management, care of women who had caesarean sections, team work, documentation, drug assessment, learning about promoting client dignity and autonomy and recognition of deviation from normal. Those that did not achieve any competencies gave the reasons as not being faced with new challenges, not working as a student midwife, not having much client contact, being left alone, "*if you don't have a midwife to seek help… there is no one to assess that you are fulfilling NMC competencies…lack of feedback makes it very hard to know whether what you did today was good or bad or how it can be improved"* (ID 8).

9.8 Reflection

At the end of the three days students were asked to reflect on their involvement in the care of women who presented special/extra challenges with regard to their care needs. This included how these needs were meet, how they felt about the care given and what they learnt from the experience. Table 10 highlights the special challenges and how these were met.

Table 10 Challenges faced by students and how they were met

Challenges	How these challenges were met:
Caesarean section (nausea & vomiting and uncontrolled pain)	Support, empathy, analgesia and anti-emetic, observing surgical nurse's care and involving multidisciplinary team.
Breastfeeding problem	Advising nipple cream, support and encouragement, observing breastfeeding support midwife.
Client registered blind	Communication with family and client
History of DVT	observations, TED stocking and daily INR cheeks
Mothers separated from babies	keeping them up-to-date, ensuring they could visit baby regularly, expressing milk
Congenital abnormality	Reassurance, support, empathy, sensitivity
Cigarette smoking	Information about smoking cessation, discussions and leaflet about benefits of smoking cessation
Frustration with discharge process	Completing postnatal check and arranging for partner to return later for paper work and discharge medication

The following describes how students felt about the care given:

Caesarean section
Pleased & satisfied with the care observed, found surgical nurse helpful but felt midwifery skills were lost, on one occasion felt midwives did not take woman's pain seriously.

Breastfeeding problem
Support from breastfeeding midwife at high standard, pleased with outcome.

Client registered blind
Care was fine

History of DVT
Pleased as women's needs were meet

Mothers separated from babies
Felt there could have been more support for mum from the midwife

Congenital abnormality
Extra emotional support was offered & the care was very good

Cigarette smoking
Pleased & satisfied with the care

Frustration with discharge process
Pleased & satisfied with the care

The following describes **what students learnt from these experiences** and these have been collated to demonstrate the skills students have learnt:

- Pain management
- The need for midwives to have patience, knowledge, skills about breastfeeding and be able to advice and support women
- Effective and clear communication
- Effective team work
- Ability to asses and treat all women as individuals, recognition of women's vulnerability and provision of care and extra support where needed
- Clinical decision making, good follow up of results
- Prioritisation of workload
- Ability to give one-to-one care
- Information giving to enable informed choice
- Client hand over

The opportunity to discuss PBA and skills book
While five students reported having some opportunity to discuss their PBA the majority (8) had no opportunity to do this. The reasons given were no time, no mentor or no opportunity to work with a mentor, midwife could not be bothered, midwives unsure of their role with regard to PBA and PBA already completed.

Half reported having their skills signed off while the remaining half had no opportunity to do this. The reasons provided were no time, midwife did not think student was at right level, student didn't feel she was at the right level, skills book already signed and no mentor.

What students enjoyed about their postnatal experience

Staff:
Supportive, friendly and positive attitude towards students
Having a good team and being involved
Meeting new members of staff

Women:
Talking, building relationship & spending time with women
Caring for women

Environment:
Opportunity to improve skills, build confidence, plenty of learning opportunities
Competencies in knowledge and administration of drugs

Factors, which would improve students' experiences on the postnatal ward
The role of the midwife in supporting students was the main area highlighted when student were asked how their experience on the ward could be improved. This included allocation of mentors and being able to work the same shift as their mentor, the need for midwives to be more aware of the learning needs of different students and allowing students more chance to practise and develop varies skills.

Students also highlighted other areas for improvements.

Midwives should:

- be encouraged to do their mentorship course
- be more supportive and respectful of students
- allow student more chance to practice and develop various skills
- allow more student involvement in care

Students should:

- be encouraged to follow up women whose deliveries they attend
- should not be given repetitive tasks for the convenience of the midwives
- should be given the opportunity to work with different specialist midwives e.g. breastfeeding, smoking cessation
- once competent, be given a group /caseload of women to care for with support

Improving hospital based care for mothers and babies

Twelve students reported that hospital based care needs to be improved for mothers and babies. These improvements included:

More teamwork
More breastfeeding advice & support
Support with baby and self care
More time for midwives to spend with women
Midwives need to be more involved in care of caesarean section women rather than only surgical nurses
More staff on the postnatal ward to spend time with student and the women
Staff should be more approachable
Revision of drug administration protocol
Longer visiting for partners
Single rooms for women with special needs

10. Conclusion and Discussion

10.1 Preparation for students coming to the ward

Results from the interviews and the survey shows that information about student's arrival on the ward is provided to two senior midwives via the lecturer in practise. However this information is not always passed onto the clinical environment and when it does staff often do not use it to identify who is expected to come to the ward. This creates a negative atmosphere around allocation to the ward and on student confidence level which has implications for their learning.

The majority of students received an orientation to the postnatal ward with an information pack, though some of this was outdated. This helped reduce student's anxiety. Some students on the other hand did not receive any orientation and negotiated access to working on the postnatal ward themselves.

There was lack of awareness about arrangement of shift patterns for students on the postnatal ward though some senior midwives were aware that the responsibility lay with two senior midwives. Matching students learning needs with staffs competence, knowledge and experiences was the key factor influencing midwives decisions about who students should work with on a daily basis. However, on the clinical environment due to limited number of midwives on duty student's work with who ever is on duty or arrange an alternative day in order to work with the midwife of their choice which is not often possible.

10.2 Learning postnatal care on the wards and in the community

Students discussed and compared their experiences of postnatal care in the community, labour ward and postnatal ward. Students expressed that learning on the postnatal ward was good in particularly to those that wanted to become core midwives on postnatal ward. Overall students preferred the community learning environment mainly due to time factor. Students felt community midwives have more time for students and so came across friendlier and laid back. There was much more one-to-one teaching style and learning tasks was more focused on midwifery skills as oppose to nursing skills in the postnatal ward. In the community students had more time and a better understanding of women's needs and able to concentrate on giving midwifery care. Time is a key factor identified by students and staffs in our study as a barrier to providing adequate student learning, care of women and baby and staff job satisfaction. This has also been reported in other studies (Cattrell et al 2005), in that time constraints arose from lack of staff on the ward and spending unnecessary time on administration duties which conveys a message to students and mothers not to distract the midwives as they are busy. Resulting in unsatisfactory of mentorship and care of women and not being able to anticipate problems because they are too busy.

The above findings reflect similar experiences of service users found in other studies where the provision of care by community midwives filled the needs of mothers compared to hospital based care. (Ockleford et al 2004).

10.3 Student needs and skills on the postnatal ward

Staff acknowledged that student needs vary depending on the individual student and what stage of the course they were at. Staff identified students' needs through conversation and referral to their skills books and PBAs.

All staff on the ward were able to distinguish clear knowledge of skills that different student group had. They reported the 18 month students (nursing background students) pick up things more easily then a student on the longer programmes (3 year students). The 3 year students have far greater needs and in their first year need a lot more time. For many staff having a range of students with different learning needs working within their clinical area may not enable individual learning needs to be addressed reword. This may be the case particularly for the three year students. Indeed animosity to those students who do not have previous nursing experience has been documented (Yearly 1999) possibly because of their perceived lack of ability to contribute to the work on the wards. The attitudes of midwives and other staff to students and the quality of the relationships formed are crucial factors in the creation of a positive learning environment (Cahill 1996, Andrews & Wallis 1999).

3 yr students were very vocal about midwives attitudes to them and each other and the effect that this had on their learning and their future decisions to stay in midwifery. Some examples quoted were poor care particularly at night after students have worked very hard during the day to give good care, lack of support from other midwives and environment that made students feel anxious, stressed and depressed about their job, the anti climax described by some newly qualified midwives has resulted in students questioning about whether they have made the right carer choice about being a midwife.

Key skills students should learn on the postnatal ward identified by students and midwives are very similar. An interesting differences was the skill of drug administration mentioned only by students and the emphasis made by midwives on differentiating between the care required by women delivered by caesarean section and those who had normal deliveries and the skill of ward management. Both groups specified time management and prioritizing workload and the skill of learning to care for more than one woman at a time.

10.4 Factors that facilitate and reduce student learning

Adequate and consistent mentoring facilitated student learning as do staff who are up-to-date, willing to teach, approachable, organised and the way in which midwives manage the ward and their own caseload. While the midwives saw the variety of women on the ward as a good resource for learning, the students' perception was that too many women on the ward reduced their opportunity to learn. Staffing levels were seen as a major drawback to student learning as reduced staffing meant that the staff had no time to teach or facilitate student learning.

The midwives saw the very different workload (antenatal and postnatal women) as reducing the ability for students to learn about postnatal care. Lack of protocols and guidelines were also identified as reducing their ability to learn.

The environment (in particular the two locked and separated sides of the ward) was highlighted by both groups as reducing student learning opportunities. Practice theory gap and lack of available teaching material was highlighted by students. The qualitative data collected suggest that a busy ward inhibits learning because staffs don't have time to spend with students supporting and teaching them. On the other hand midwives who were well organised and supportive of students facilitated their learning regardless of how busy the ward was. Shortage of staff meant that patient

care had to be prioritised over student learning and they could not always give the type of support they would like to.

Students who were proactive, interested and assertive facilitated their own learning. Having opportunity to manage their own caseload helped students to learn more. Students not being able to follow client's care through, and who were "used as an extra pair of hands" did not expand their clinical knowledge and skills as they were left to do routine tasks on their own.

10.5 Students working on their own

From this research it is clear that at some time during their allocation to the postnatal ward, the majority of students were left to work on their own without direct supervision from a qualified member of staff. It is not clear from the data whether this was due to active decisions by midwives to give students the experience of running the part of the ward on their own, or whether it was due to staff shortages. The responsibility for the provision of care ultimately lies with the midwife who needs to be confident in whom she is delegating work to. While senior students require the experience of managing a ward area this needs to be planned so that the student is well supported and supervised. The implications for junior students working on their own does raise questions about the amount of support, mentorship and teaching these students received. This also raises questions about the standard of care provided to mothers and babies.

10.6 Mentorship

There are insufficient midwives on the postnatal wards with a mentorship qualification (though all midwives showed particular interest in wanting to be able to do the mentorship course and attend refresher course).This has repercussions for students in terms of support and teaching as well as the availability of sufficient staff to assess and sign students' PBA and drug assessments. This restricts students level of learning that could be achieved as was found by Jones (2004) in her evaluation of midwifery mentorship Jones (2004) found that midwives believed that lack of time to teach and conduct student assessments restricted the level of learning that could be achieved. This is supported by Begley's (2004) in which students felt that because they and staff were working as hard as they could throughout the whole shift there was little time left to learn or teach. If time was found, it had to be grabbed out of working time. This can result in conflicts between service and educational needs (Bewley 1995), with educational needs not often seen as a priority by management (Jones 2004).

Students find themselves getting their postnatal skills signed off in other clinical areas which they felt was "wrong" as these are not always the appropriate areas to learn these skills. This was further aggravated by the midwives' lack of time to observe students performing the required postnatal skills in order to sign their skills book and PBAs. Senior midwives recommended that more support is needed from University lecturers as their attendance on the postnatal ward once or twice a week would help them to see how students are getting on and this would be a support to midwives in their role as mentors.

Students on the other hand felt that every student should have a primary named mentor, that all midwives should go on a mentorship course in order to learn how best to support students and awareness must be raised about the required competencies in the skills book and the PBAs amongst the staff on the postnatal

ward. Students reported that some midwives tried to use signing of the PBA and skills book as a means of getting students to do things for them.

There appeared to be no formal process for allocating mentors instead a more flexible system is practised depending on who ever was on duty or the students choosing a mentor. The ward has rigid procedures in dealing with complaints about mentors.

Overall students felt it was important and better to work with different midwives than just one midwife and when working with one midwife it is good to do that for a certain amount of time and that individual midwives personal quality to mentoring students is the key factor which contributes to good and bad experiences of mentorship by students.

10.7 Changes to provision of hospital based care

The introduction of induction of labour bay and an antenatal ward means that students can concentrate on learning about postnatal care on the wards. However, the pressure to discharge women and babies early has a negative impact on their learning of the very early postnatal period.

10.8 Complaints from women about postnatal care and the impact on student learning

Senior midwives acknowledged that postnatal care attracts a large number of complaints from women; however this has reduced as a result of the sister's ward round and the introduction of the debriefing midwife. The complaints from women are demoralizing for all staff and students and this is likely to have an impact on retention of midwives.

10.9 Multi-professional learning

The students perceived that the role of the various professionals on the ward were quite clearly defined "The nurses do certain things, the MCAs do certain things and the midwives do certain things. The only thing that isn't really defined is what the student does and the student does what ever they're told". Ward rounds were viewed as a good learning opportunity and those that did not have the opportunity missed out in this multi-professional learning opportunity.

10.10 Concerns about midwives on the ward

Students recognised that in order for midwifery practise to change it was important to report certain midwives even if it had an adverse affect on the individual midwife. However, overall students found it very difficult to complain about midwives due to the perceived repercussions it would have on them working on the ward and previous experiences showed nothing was resolved. This inability to complain about certain midwives' attitudes meant that a lot of bad practise goes unreported. Staff had a very clear understanding of the processes involved should they have any concerns about student midwives.

10.11 MCAs role with student midwives

MCAs described their primary role on the postnatal ward as one based on helping meet the needs of mother and baby in the early postnatal period. MCAs reported they don't work directly and don't spend a lot of time with the students. Students often turned to them when they feel they are unable to ask midwives for support, help to make beds or where to locate things. MCAs felt that student midwives and other staff

"undervalue" them; other studies have also reported negative attitudes shown by qualified staff towards midwifery assistants (Workman 1996, Francomb 1997 and McKenna and Hasson 2000). MCAs believe they have a role in teaching student's midwives and feel this does not require anything extra of their role. The role of the MCAs in the provision of maternity care is likely to broaden in the future (NSF, 2004). This means that they will be well placed to support students in their learning in postnatal care provision. Their roles in the support of students need to be further explored.

10.12 Changes in provision of postnatal care

During the course of the project a number of changes have occurred both locally and nationally. Local changes include:

- The redesign of the two postnatal wards
- The introduction of a transfer lounge
- The closure of the antenatal ward resulting in more antenatal women on the postnatal wards
- The expansion of TC on the fifth floor
- The transfer of the majority of caesarean section women to the third floor where staffing includes midwives as well as nurses.
- The imminent move to new building where the provision of postnatal facilities will change. This will include no recovery bay along side theatre and a high dependency ward.

National changes include the implementation of the NSF (2004) and women being offered choice about place of postnatal care including introduction of postnatal drop in clinics in Children Centres (Midwifery Matters).

10.13 NMC Competencies with relation to the postnatal ward and the community

Given the fact that women go home early, regardless of the type of delivery, it is clear that the majority of basic postnatal care can be learnt out in the community. However there remain specific skills that can only be learnt in a hospital environment. These include administration of medicines, immediate post operative care of women delivered by caesarean section, care of women and babies with complications and ward management skills.

The project identified that students' clinical experience enables them to achieve the required proficiencies to deliver postnatal care. What is not clear is how much of this learning is achieved in the community and how much on the wards. Due to the nature of one-to-one teaching students felt that the community was a better learning environment. However they did acknowledge that the specific skills mentioned above can only be achieved in a hospital environment. The issues that have arisen out of this study such as perceived staff shortage, disorganisation, heavy work load will inevitably impact on the ability of midwives to teach and student to learn.

Studies looking at satisfaction levels with postnatal care provision included the views of both women and midwives. This literature suggests that there remains dissatisfaction with hospital based postnatal care (Cattrell et al 2005, Wray 2006, Ockleford et al 2004, NSF 2004, maternity matters). The areas identified in the literature included perceived shortage of staff and time, lack of support, increasing

demands on midwives time in particular for non midwifery tasks, high turn over of mothers and babies and midwives ability to anticipate problems because they were too busy to spent time talking to mothers and assessing their needs. Poor quality of the environment also impacted on the provision of postnatal care. All of these were mirrored in our study by students' experiences of hospital based postnatal care.

Given the ongoing changes in the provision of postnatal care questions need to be raised about whether, in the future, the postnatal wards will be a good environment for students to learn about uncomplicated postnatal care. However as this unit will continue to provide care for women with complicated pregnancies, which may require longer and more intensive postnatal care, students will always require experiences in hospital-based postnatal care.

The ongoing changes in staffing on the wards means that regular audits of patient satisfaction and care provision are essential to ensure that improvement in care are maintained and that student are being exposed to care that is evidence based and meets the needs of mothers and babies.

The majority of women whose babies are born in hospital will remain in for a short period following delivery, from six to seventy two hours. The remainder of their postnatal care will be the remit of the community-based midwife. Student midwives therefore require experience of, and the skills to care for newly delivered mothers and babies in a hospital environment in this early postnatal period.

In order to ensure this experience meets students' requirements recommendations from this study will need to be implemented.

11. Recommendations

Today's student midwives are tomorrow's future qualified midwives, they need to be cherished and provided with the best possible teaching that will equip them with the skills and support to enable them in their current and future roles as midwives. The following recommendations from the study data is one step forward in achieving this.

Orientation of students on the ward

In order to ease the student's arrival on the postnatal ward and to help with their ongoing learning, suggestions have been put forward, particularly by student midwives, for a CPF (Clinical Practice Facilitator) with a specific remit for the postnatal wards. The role of the CPF would be to ensure students have a duty rota, monitor attendance, orientate students to the ward; familiarise them with their learning outcomes and help them identify learning opportunities. Students should be provided with an up to date information pack that describes the clinical environment. Senior midwives and students expressed the need for students to spend longer periods on the wards, a minimum of two weeks at a time, to allow continuity with the women as well as consolidation of learning. Students should also work a variety of shifts to allow them to get experience of twenty four hour care and also ensure there is not a glut of students on one particular shift.

Factors facilitating student learning

While students are on the postnatal ward in order to facilitate their learning they should be viewed by all staff in particular midwives as students on postnatal ward to learn and not as "another pair of hands". All students should be given the opportunity to go to study days, meetings and have opportunity to work with multi-professionals rather than being determined by those students who are naturally 'pushy'. There needs to be a co-ordination (possibly by a CPF) of ensuring an evenly spread of student midwives through the day as sometimes there are six students on the postnatal ward in the morning and none in the afternoon. A more structured rota would ensure that there weren't too many students on duty on one shift, as this hinders learning. When too many students did turn up latecomers were usually allocated weekend shifts.

Students working on their own

Given the ongoing staffing issues on the postnatal ward, it's clear that students will continue to find themselves working on their own on part of the ward. To ensure a high standard of care for mothers and babies and to ensure that students benefit from this way of working there needs to be very clear guidelines which explains on what basis students can be left to work unsupervised. Midwives need to have a sound knowledge of individual student's experiences and confidence to work on their own. Distance supervision must be robust and students must feel able to ask for help and support when ever needed.

Drug assessment

More work is needed to educate both students and staff on postnatal ward on correct drug administration procedures. This could be improved by more practise sessions either on university sites or by more presence of lecturers on postnatal wards. Educating midwives about the role of student midwives with regard to drug assessments.

Mentorship

Students need a mentor while on postnatal ward. To ensure that students are adequately mentored more midwives on the postnatal ward need to go on the mentorship course. The role of the LP should be to support midwives to put their mentorship course into practice in the clinical environment. Because of the increasingly heavy workload on the postnatal wards it became clear during this project that mentors cannot always devote the time required to support students in their learning. A more structured support and teaching arrangement need to be in place to ensure students make the best use of available teaching opportunities. As part of the new curriculum students' clinical learning is guided by their personal portfolio. The involvement of the LP/CPF and Link lecturer along with the use of this portfolio provides an opportunity to support the staff and students on the ward. This tripartite support system is well described by Doughty (2007) as a means of facilitating students in meeting their clinical learning outcome. .

Guidelines and protocols

There is an urgent need to update the postnatal guidelines and protocols and consider producing a pocket guide of this material for both students and staff on the ward. NICE has produced a tool to help implementation of the NICE guidelines Routine postnatal care of women and their babies, NICE July 2006.

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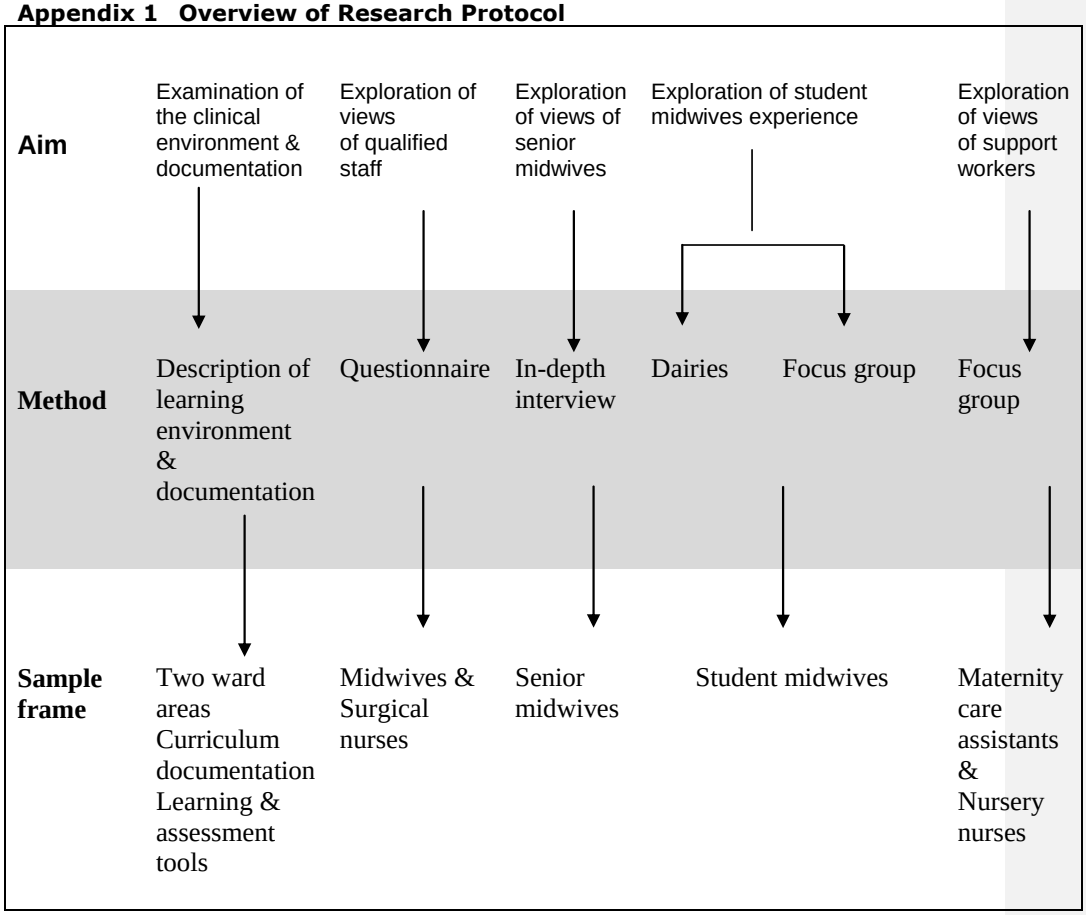
Appendices

Appendix 1 Overview of Research Protocol



Appendix 2 Research Advisory Team

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Midwifery Lecturer, City University

Carolyn Roth
Senior Midwifery Lecturer, City University

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Midwifery Manager Community Midwifery Services, UCLH Foundation Trust

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Alice Earley
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Appendix 3 Student Midwives information about the study

University College London Hospitals NHS
NHS Foundation Trust

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Elizabeth Garrett Anderson Hospital
Huntley Street London WC1E 6DH
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A STUDY OF STUDENT MIDWIVES' CLINICAL EXPERIENCES OF HOSPITAL- BASED POSTNATAL CARE (Version 2 June 2005)
Information leaflet for Student Midwives (Version 2 - June 2005**)**

This is an invitation to take part in the above named research study. The research is supported by the Midwifery Department at City University and University College London Hospitals, and has received funding from City University Research Training Award.

The information contained in this leaflet aims to inform you about what your involvement will be if you decide to participate in this research study. Please take time to read this information leaflet carefully. After reading this if you feel there are further questions you would like answered, please feel free to contact us at the details provided end of this leaflet.

1. What is the purpose of the research project?

Student midwives in clinical practice must achieve certain proficiencies. The Nursing and Midwifery Council (NMC) require this in order for student midwives to qualify. Clinical practice should provide students with the opportunity to provide maternal and infant care, under supervision, throughout the twenty-four hour period.

This project will explore how student midwives' clinical experience of hospital-based postnatal care enables them to achieve these proficiencies.

2. Why have I been chosen?

The changing skill mix within maternity care provision means that support workers have an increased input into care of mother and babies and by virtue of this into student learning. Nursery nurses and maternity care assistants working in the hospital-based postnatal clinical environment are being invited to participate in a focus group to exploring issues related helping student midwives to learn.

3. Do I have to take part?

Participation is voluntary. All data collected will be anonymised. If you chose to participate you can still withdraw at any stage without giving a reason. Research governance advises students to take part in no more than one research project at any one time.

4. What is the purpose of the research project?

Clinical practice must enable students to achieve the standards of proficiency required by the Nursing and Midwifery Council (NMC) as well as those laid down by the Second European Union Midwifery Directive 89/594/EEC. Clinical practice should provide students with the opportunity to provide maternal and infant care, under supervision, throughout the twenty-four hour period.

This project will explore how student midwives' clinical experience of hospital-based postnatal care enables them to achieve these proficiencies.

5. Why have I been chosen?

All student midwives undertaking clinical practice in the hospital based postnatal environment at University College London Hospital NHS Trust are being invited to participate.

6. Do I have to take part?

Participation is voluntary. All data collected will be anonymised. If you chose to participate you can still withdraw at any stage without giving a reason. This is a two- stage project. You may choose to take part in both or only one stage of the project. If you chose not to take part, or if you withdraw, your clinical placement and learning will not be affected in any way.

7. What does participation in the research project involve?

There are two stages to this project, guided diaries and participation in a focus group.

- **Guided diaries**. You will be given a diary, which will have particular questions about your experience of hospital-based postnatal care. You will be asked to complete this diary for three days while on your clinical placement on the postnatal ward. The diaries are anonymous and you will not be asked to provide any personal details about yourself.

- **Focus group**. Following completion of the guided diary you will be invited to participate in a focus group further exploring your experience of hospital-based postnatal care. A researcher, who is not a midwife and is not involved in teaching student midwives, will conduct the focus group at a venue away from the clinical placement. The group discussion, with up to eight participants, will not be expected to last no more than two hours. The focus group will be timed to take place to co-inside with a time when you have been on duty.

8. What are the benefits of participating in this research projects?

There will be no direct benefit to you from this research project. However, your contribution and participation will help in planning the clinical experience for future students. It is anticipated that using the diary will give you the opportunity to reflect on your experience each day and may contribute to your learning.

9. Will the information I provide be confidential?

Yes. The dairies will be anonymous and you will not be asked to provide any personal details about yourself. The research team will number each dairy on its return. It is this number that will be used to identify responses to each

question and hence maintain your confidentiality. The data from the dairies will be extracted and entered onto a statistical spreadsheet for analysis. Only the research team will have access to this data and will not be able to identify your responses to the dairies.

The focus groups will be tape-recorded. This will then be transcribed. During this process any participants name or anything that identifies individuals will be omitted. The data from the transcripts will be analysed using qualitative software called Nvivo and only the research team will have access to the transcripts.

Results from the dairies and focus group discussions will be reported using a combination of frequency counts of the thematic data and direct quotations where appropriate, without compromising confidentiality.

10. What will happen to the results of the research project?

The project has a number of phases. Once all the data has been analysed a report will be prepared. The project has a number of phases. Once all the data has been analysed a report will be prepared. It is anticipated that research findings will inform future student learning. This report will also be available to all participants.

11. Who is organising the research project

The project is being organised by Debra Kroll Midwifery Lecturer in Practice.

12. Who has reviewed this study

The planning of this study has been supported by a multi disciplinary Research Support Group which included lecturers, research midwives, clinical midwives, a health researcher, a statistician and two student midwives, one from the shortened 78 week course and one from the three year BSc course.

The study has been submitted to the UCLH NHS Foundation Trust Research Ethics Committee.

13. Contact for further information

Please retain this information leaflet. If you require any further information about the study please feel free to contact:

Michelle Lyne
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St Bartholomew School of Nursing and Midwifery
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E-mail: m.lyne@city.ac.uk

University College London Hospitals NHS

NHS Foundation Trust

c/o Community Midwives Base
Elizabeth Garrett Anderson Hospital
Huntley Street London WC1E 6DH
Tel: 020 7380 9567 Fax: 020 7383 0592
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A STUDY OF STUDENT MIDWIVES' CLINICAL EXPERIENCES OF HOSPITAL- BASED POSTNATAL CARE (Version 2 June 2005)

Student Midwives Participation

Thank you for reading the information leaflet. If you are interested in participating in this research study please complete the section below and return it in the attached addressed envelope.

Debra Kroll
Midwifery Lecturer in Practice
Date:

Please delete where appropriate:

1. **I am interested in taking part in the research project Yes/No**
2. **I would like to use the guided diary Yes/No**
3. **I would like to participate in the focus group. Yes/No**

Please post my diary and/or invitation to the focus group to the following address:

Name:

Address:

E-mail address:

Signature:

Date:

UCL HOSPITALS

UCL Hospitals is an NHS Trust incorporating the Eastman Dental Hospital, Elizabeth Garrett Anderson & Obstetric Hospital, The Heart Hospital, Hospital for Tropical Diseases, The Middlesex Hospital, National Hospital for Neurology & Neurosurgery, The Royal London Homoeopathic Hospital and University College Hospital.

Appendix 4 Consent Form

University College London Hospitals NHS
NHS Foundation Trust

c/o Community Midwives Base
Elizabeth Garrett Anderson Hospital
Huntley Street London WC1E 6DH
Tel: 020 7380 9567 Fax: 020 7383 0592
E-mail: debra.kroll@uclh.nhs.uk

Consent form
(For participation in a focus group or in-depth interview)

Title of research proposal: A study of student midwives' clinical experiences of hospital- based postnatal care (Version 2 June 2005)

REC Number: REC number:05/Q0502/50
Name of Researcher: Debra Kroll

1. I confirm that I have read and understood the information leaflet dated **June 2005 (Version 2)** for the above study and have had the opportunity to ask questions ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my clinical placement, learning and teaching being affected. ☐
3. I agree to take part in the research project. ☐

_____	_____	_____
Participant's Name	Signature	Date
_____	_____	_____
Name of Researcher taking consent	Signature	Date

1 copy for participant ; 1 copy for researcher

Appendix 5 Layout of Postnatal wards

The 4th floor had a 7 bedded bay and 2 side rooms (one one-bedded and one two bedded) on the South Side. On the North side there were three two-bedded bays. On the landing between each side there was one one-bedded room and a two-bedded room. These were outside of the secured ward areas but protected by the baby tagging security system. The office, where the computers, case notes and other relevant information are kept, was on the North side. The drug trolley, stores and emergency equipment were kept on the south side.

The fifth floor was similarly divided into South and North. The South side had a five- bedded bay and 2 rooms in the corridor, each with one bed. The North side had two bays one four-bedded and one five –bedded. The five-bedded bay is part of Neonatal Transitional Care (TC). The midwifery staffs were responsible for the care of the mothers while the TC staff took care of the babies in this bay. There were two single rooms on the Southside and a single room on the landing between the two sides, protected by a baby tagging security system. The office on this floor was on the south side. However, the printer was on the north side. The drug trolleys and stores were also on the north side.

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Appendix 6 Senior Midwives interview schedule

University College London Hospitals NHS

NHS Foundation Trust

c/o Community Midwives Base
Elizabeth Garrett Anderson Hospital
Huntley Street London WC1E 6DH
Tel: 020 7380 9567 Fax: 020 7383 0592
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A STUDY OF STUDENT MIDWIVES' CLINICAL EXPERIENCES OF HOSPITAL- BASED POSTNATAL CARE
(Version June 2005)

Schedule for in depth interview for Senior Midwives

The following topic areas will be explored:

Preparation for students coming to the hospital-based clinical environment:

- Information about student allocation including identifying student group and time frame of allocation
- Knowledge of where and when this information is provided?
- How this information is passed onto the clinical area?
- Who arranges the students off duty and how is this done?

Knowledge of the different student groups who:

- Do they believe that different students have different needs?
- What are these needs and how do they differ?
- How do they identify individual student needs?

Key skills:

- What do they believe are the key skills that student midwives should learn while on their hospital-based postnatal allocation?

Provision of postnatal care:

- Have any recent changes been made to postnatal care provision within the Unit?
- What are these changes?
- Why were they introduced?
- What effect do these changes have on student learning and teaching?

Factors that facilitate student midwife learning:

- What factors in the hospital-based postnatal environment facilitate student's learning?
- How and why do these factors facilitate learning?

Factors that reduce student midwife learning:

- What factors in the hospital-based postnatal environment reduce student's opportunity to learn?
- How and why do these factors reduce the opportunity to learn?

Learning environment:

- Do they believe that the hospital-based environment is good place for student midwives to learn about postnatal care?
- Why do they believe this?

Guidelines and protocols:

- Are there guidelines or protocols to inform evidence based postnatal care on the wards?
- Are these freely available for staff and students? If so where are they displayed?

Mentorship:
- Do they feel that the midwives are adequately prepared to mentor students? *(A mentor is an appropriately qualified and experienced practitioner who by example and facilitation guides, assists, and supports students in learning (ENB and DOH 2001))*
- How many of the midwives and surgical nurses have been on the preparation for mentorship course or equivalent?
- What do they believe would help midwives and surgical nurses in their role as mentors?

Concerns:
- If they had concerns about a student midwife's ability in any area of clinical practice what steps would they take to address these?
- If they had concerns about a midwife's ability to mentor students what steps would they take to address these?

Complaints:
- Research suggests that hospital-based postnatal care attracts a large number of complaints from women; this is the case in your unit?
- If so, what is being done to address the issues raised in these complaints?
- What impact they believe this has on the student midwives experience of hospital-based postnatal care?

Any other additional information

Background Information

How long have you been in your current post?
Does your post include working on the postnatal wards in a clinical capacity?
If so how often do you work on the wards in a clinical capacity?
Have you done:
The ENB 997/998
The Preparation for mentorship course
Or equivalent teaching course
If you have done any of the above course(s), when was your last update? *(month, year)*
.....
Version 2 - June 2005

UCL Hospitals is an NHS Trust incorporating the Eastman Dental Hospital, Elizabeth Garrett Anderson & Obstetric Hospital, The Heart Hospital, Hospital for Tropical Diseases, The Middlesex Hospital, National Hospital for Neurology & Neurosurgery, The Royal London Homoeopathic Hospital and University College Hospital.

Appendix 7 Student Midwives interview schedule

Focus group with student midwives

Cohort Group: Date: Time: Venue:

Introduction
Welcome and thank you for giving us your time today. I am Shamoly Ahmed a researcher within City University and this is my colleague Carol Dossett who is the research administrator also working at City.

As you know you are here to participate in a focus group discussion about student midwives clinical experiences of hospital based postnatal care. I am aware that you would have learned about postnatal care in a number of settings like the labour ward and in the community. However today's discussion is focusing only on your experiences of postnatal care in the hospital setting.

This is an 18-month research study supported by City University and University College London Hospital. I will also be talking to a number of stakeholders within this area including other students from different cohort and midwives. Our intention is to produce a report at the end of the study that we hope will contribute to future student learning.

Some clarification

- Tape recording – I will be tape recording the interview discussion so that we don't miss out any information you provide. Accept me no one else will have access to this recording.

- Confidentiality and anonymity –please remember that the data I collect from you will be extracted so that you are not identified in any way during the course of the study and in the report we produce.

- Consent form – as you know I cannot proceed with the interview unless I have written consent from you. This allows me to ask you questions and use your data to help us explore issues around student midwives clinical experiences of postnatal care without compromising your confidentiality and anonymity. For those of you who haven't sent me your consent form, please would you sign and leave one behind with Carol. *(Ask if they would like a copy)*

- Please note that there are no right or wrong answers to any of the questions and you will not be judged based on what you say.

- If any one needs to use the ladies, please feel free to do so *(show them where these are).*

- We have a fairly tight agenda today, so I'll apologise in advance if I have to stop any one in the middle of your discussion so that we have enough time to get through all the topics we need to discuss. Also please try and talk one at a time so that it is easier for recording quality.

Please remember this project is based on your experiences of postnatal care in the UCLH postnatal ward. When you talk about your experience please refer those in the UCLH postnatal ward unless you wish to compare this with other areas.

(Turn on the tape recorder and start the interview)

I would like this to be an informal discussion and start by asking you about the:

Preparation for student's placement on the ward:

- Can you tell me the kind of information you received before going to the ward?
- Did you feel that you had adequate information before you went on the ward?
- Were the staffs expecting you when you arrived in the ward?
- Did you have an off duty?
    - If you did, who arranged this?
    - And how was this done?

Learning environment and the skills students should learn:

- I know that you have learned about postnatal care in different places, can you tell me the various areas in then unit where you have learnt about postnatal care?

- Why do students have to go to the postnatal ward?
- What is it about the postnatal ward that is different from other places to learn about postnatal care?

- What do you think are the key skills that you should be learning in the postnatal ward in comparison to the other places?

- Do you believe that the wards in general are a good place for student midwives to learn about postnatal care?
- Why?

- Can you do a comparison of how you learnt about postnatal care on the community and how did this compare with how you learnt about postnatal care on the hospital?
- What was different?

Factors that facilitate student midwife learning:

- What factors in the postnatal ward helped you to learn and gain your competencies?
- How and why did these factors facilitate learning?

Factors that reduce student midwife learning:

- What factors in the postnatal ward reduced your ability to learn?
- How and why did these factors reduce your ability to learn?

Mentorship

- Did you have mentors on the ward?
    - How was this arranged?
    - And who was this?
    - How did this go, can you describe your experience both +ve and –ve?

- When you turned up to work each day how was the decision made regarding who you should work with?
- How did the midwife you were working with assess your knowledge base?
    - Please provide some good examples and bad?

PBA's and skills book:

- Did you do a PBA on the ward?
- Was your mentor able to help you with it?
  - If yes, how helpful?
  - If no, why not?

- Were you able to get some of your skills book signed?
  - If not why not?

Drug Assessment:

While you were on the postnatal ward, you had to do a drug assessment.

- How did you learn about the drugs on the ward?
  - Who helped you?
  - Were the staffs helpful in helping you to learn about the drug?
  - Who was this?

- How did you find the drug assessment?
  - Was it easy or did you find it difficult and if why?

- Was the drug assessment a good thing to do?
- Can you describe your experiences of giving drug to women?

Guidelines and protocols:

- Are there guidelines or protocols to inform evidence based postnatal care on the wards?
- Are these freely available for student midwives? If so where are they displayed?
- And are these up to date guidelines?
- Did this help you with your learning?
  - How?

Multi-professional learning

- Did you have the opportunity to work with the midwives, surgical nurses or MCA's?
  (MCA's -Healthcare assistance)
- Did you think this was good for your learning?
  - How and why?

- Did you manage to do ward rounds with obstetricians and paediatricians (neonatologists)?
- How did you feel this helped you with your learning?
- Did you have contact with any other professionals for example social workers, mental health team; can you try to remember who they were?
- How did this help you with learning?
- Did you work with a surgical nurse? Was there a difference in what you learnt from the different professionals?
  - What in particular?

Concerns/ complaints

- If you had concerns about a midwife on the ward did you feel able to discuss this with any one?
- All student midwives have to do this allocation to postnatal ward; can you each make one suggestion that will help to improve students learning on the postnatal ward?

Ask this if students raise it

- If women are badly treated what impact do you think this has on you as a student midwife?

Any other additional information

Thank them.

Appendix 8 Student Midwives diary

Diary No.

STUDENT MIDWIFE
GUIDED DIARY

Students reflection on practice experience in the hospital-based postnatal environment

Guidance on completing this diary

- **It is intended that this diary should be completed over three clinical days.**
- **They do not have to be consecutive days. However, you may find that once you have started the diary it is easier to continue for the next three days or your next three shifts.**
- **Each day's questions are the same but related to that day's clinical learning and teaching experience.**
- **Please complete each day's diary as soon after that shift as possible, while the events of that day are still fresh in your mind.**
- **Try to be as reflective as you possibly can.**
- **If you feel unable to complete a section leave it blank or write 'unable to complete this' and, if possible, give a reason.**
- **After the last day please complete questions 9-16.**
- **Once you have completed your diary please put it in the stamped addressed envelope provided and return it as soon as possible.**

DAY 1

Day of the week:……
Shift: Early ☐1 Late ☐2 Long day ☐3 Night ☐4

1.1a Please write down up to three things you learnt today:

1. ……..

……..

2. ……..

……..

3. ……..

……..

1.1b Who or what helped you learn the above today?

1. ……..

……..

2. ……..

……..

3. ……..

……..

1.2 What factors (if any) increased your opportunity to learn today?
(Please mention as many that you think of)

……

……..

……

……

……

……

1.3 What factors (if any) reduced your opportunity to learn today?
(Please mention as many that you think of)

……

……..

……

……

……

……

1.4a Have you acquired any knowledge about postnatal care yet?

Yes ☐1 No ☐ 2

If YES where ? *(Tick as many as are relevant to you)*:

Lectures at University ☐ 1 Reading ☐2 Previous hospital allocation ☐3 Community allocation ☐4 Personal experience ☐5

Other (Where): ☐6 …….

1.4b Did the care you observed and were involved in today reflect your current knowledge about postnatal care?

Most of the time ☐1 Some of the time ☐2 Seldom ☐3 Never ☐4

I have not yet learnt about postnatal care ☐5

Can you reflect briefly on the reason for your answer?

……

……

1.5. Today the ward appeared to be:

Very busy ☐1 Busy☐ 2 Quiet ☐3 Very quiet ☐4

1.6 How much time did you feel the staff had to support you today:

Plenty of time ☐1 Some time ☐2 Very little time ☐3 No time ☐4

Please reflect on how you felt about this:

……

……

1.7a) Did you work on your own today?

Yes ☐1 No ☐2

1.7b Did you feel confident to work on your own:
(answer one only)

Yes I felt confident to work on my own today ☐1

Can you explain why?……

……

……

No I did not feel confident to work on my own today ☐2

Can you explain why?……

……

1.8 At the end of today's shift did you feel that the experience you gained helped you attain any of the competencies required by the NMC (and reflected in your skills book)?

Yes ☐1

No ☐2

Please explain the reason for your answer:

……

……

DAY 2

Day of the week:……
Shift: Early ❒1 Late ❒2 Long day ❒3 Night ❒4

2.1a) Please write down up to three things you learnt today:

1. ……..

……..

2. ……..

……..

3. ……

……..

2.1b Who or what helped you learn the above today?

1. ……..

……..

2. ……...

……..

3. ……

……..

2.2 What factors (if any) increased your opportunity to learn today?
(Please list as many that you can think of)

……

……

……

……

……

……

2.3 What factors (if any) reduced your opportunity to learn today?
(Please list as many that you can think of)

……

……

……

……

……

……

2.4a Already answered on Day 1

2.4b Did the care you observed and were involved in today reflect your current knowledge about postnatal care?

Most of the time ☐1 Some of the time ☐2 Seldom ☐3 Never ☐4

I have not yet learnt about postnatal care ☐5

Can you reflect briefly on the reason for your answer?

……

……

2.5. Today the ward appeared to be:

Very busy ☐1 Busy☐2 Quiet ☐3 Very quiet ☐4

2.6 How much time did you feel the staff had to support you today:

Plenty of time ☐1 Some time ☐2 Very little time ☐3 No time ☐4

Please reflect on how you felt about this:

……

……

2.7a Did you work on your own today?

Yes ☐1 No ☐2

2.7b Did you feel confident to work on your own:
(*answer one only*)

Yes I felt confident to work on my own today ☐1

Can you explain why?……

……

……

No I did not feel confident to work on my own today ☐2

Can you explain why?……

……

2.8 At the end of today's shift did you feel that the experience you gained helped you attain any of the competencies required by the NMC (and reflected in your skills book)?

Yes ☐ 1
No ☐ 2

Please explain the reason for your answer?

……

DAY 3

Day of the week:……

Shift: Early ☐1 Late ☐2 Long day ☐3 Night ☐4

3.1a Please write down up to three things you learnt today:

1. ……..

……..

2. ……

……..

3. ……

……..

3.1b Who or what helped you learn the above today?

1. ……

……..

2. ……

……..

3. ……

……..

3.2 What factors (if any) increased your opportunity to learn today?
(Please list as many that you can think of)

……

……

……

……

……

……

3.3 What factors (if any) reduced your opportunity to learn today?
(Please list as many that you can think of)

……

……

……

……

……

……

3.4a Already answered on Day 1.

3.4b Did the care you observed and were involved in today reflect your current knowledge about postnatal care?

Most of the time ☐1 Some of the time ☐2 Seldom ☐3 Never ☐4

I have not yet learnt about postnatal care ☐5

Can you reflect briefly on the reason for your answer?

……

……

3.5. Today the ward appeared to be:

Very busy ☐1 Busy☐2 Quiet ☐3 Very quiet ☐4

3.6 How much time did you feel the staff had to support you today:

Plenty of time ☐1 Some time ☐2 Very little time ☐3 No time ☐4

Please reflect on how you felt about this:

……

……

3.7a Did you work on your own today:

Yes ☐1 No ☐2

3.7b Did you feel confident to work on your own:
(answer one only)

Yes I felt confident to work on my own today ☐1

Can you explain why?……

……

……

No I did not feel confident to work on my own today ☐2

Can you explain why?……

……

3.8 At the end of today's shift did you feel that the experience you gained helped you attain any of the competencies required by the NMC (and reflected in your skills book)?

Yes ☐ 1
No ☐ 2

Please explain the reason for your answer?

……

PLEASE COMPLETE THE FOLLOWING QUESTIONS AT THE END OF YOUR THREE DAYS DIARY.

9. On reflection can you remember being involved in the care of a women/women who presented special/extra challenges with regard to their care needs:
(Please reflect on no more than two women)

a) What were these special/extra challenges? …….

……..

……..

b) How were these needs met? ……..

……..

……..

c) How did you feel about the care given? ……

……..

……..

d) What did you learn from these experiences? …….

……..

……..

10. During your time on the postnatal ward have you had the opportunity to discuss your PBA with the midwives?

Plenty of opportunity ☐1

Some opportunity ☐2

No opportunity ☐3

11. If you answered NO is this because:

You had no PBA due ☐1

There was no time ☐2

The midwives did not understand the PBA ☐3

Your mentor is not on the ward ☐4

Other reason (Please explain) ☐5

……

……

12. During your time on the postnatal ward have you had the skills that you have learnt signed off in your skills book?

Yes ☐1
No ☐2

If NO was this because:

There was no time ☐1

You did not bring your skills book to work ☐2

Your midwife did not think you were at the right level yet ☐3

Other (Please explain) ☐4

……

……

13. What did you enjoy about your hospital-based postnatal experience?

……

……

14. How may this experience be improved for students?

……

……

15. Are there areas of hospital-based postnatal care of mothers and babies that you think need improving?

No: ☐**1**

Yes: ☐2

If yes what?

……

……

……

……

16. Finally please tell us briefly about yourself:

Are you a:

78 week student ☐1 3 year student ☐2

Which module are you in:

Appendix 9 Staff questionnaire

University College London Hospitals NHS
NHS Foundation Trust

c/o Community Midwives Base
Elizabeth Garrett Anderson Hospital
Huntley Street London WC1E 6DH
Tel: 020 7380 9567 Fax: 020 7383 0592
E-mail: debra.kroll@.uclh.nhs.uk

Qst No. [ ]

A study of student midwives' clinical experiences of hospital- based postnatal care. (Version 2 June 2005)

Questionnaire for Qualified Staff

UCL HOSPITALS

UCL Hospitals is an NHS Trust incorporating the Eastman Dental Hospital, Elizabeth Garrett Anderson & Obstetric Hospital, The Heart Hospital, Hospital for Tropical Diseases, The Middlesex Hospital, National Hospital for Neurology & Neurosurgery, The Royal London Homoeopathic Hospital and University College Hospital.

1. How often do you work with student midwives?
Please tick one box

More than half of your shifts per week	□ 1
Less than half of your shifts per week	□ 2
Never	□ 3

2a. Before a student midwife arrives for her/his placement on the postnatal ward are you:

Always informed that she/he is expected:	□ 1
Sometimes informed that she/he is expected	□ 2
Never informed that she/he is expected	□ 3

2b. How do you get this information?

……

2c. Who do you think should provide you with this information?

……

2d. Where should this information be displayed?

……

3. Reflecting on the variety of students who come to the ward, how do you identify their needs?
(Please describe how you identify their needs)

……

……

……

4. In your opinion what are the key skills that student midwives should learn while on their hospital-based postnatal allocation?
(Please list the key skills)

……

……

……

5. In your experience:

a. What factors facilitate student midwives learning of postnatal care in a hospital-based environment?
(Please list the factors and expand as appropriate)

……

……

……

……

……

b. What factors reduce student midwives opportunity to learn about hospital-based postnatal care?
(Please list the factors and expand as appropriate)

……

……

……

……

……

6. When you are in charge of the shift, how do you make decisions about who student midwives should be allocated to work with?
(Please describe your decisions)

……

……

……

……

7. In your experience is the hospital-based environment a good place for student midwives to learn about postnatal care?

Very good □ 1
Good □ 2
Poor □ 3

Please expand on the reasons for your response

……

……

8. Do you feel you can support and teach student midwives as part of your daily role?

All the time □ 1
Some times □ 2
Never □ 3

Why do you feel this?

……

……

9a. Do you feel adequately prepared to mentor students?
(A mentor is an appropriately qualified and experienced practitioner who by example and facilitation guides, assists, and supports students in learning (ENB and DOH 2001))

Yes □ 1
No □ 2
To some extent □ 3

9b. What would help you in your role as a mentor to student midwives?

……

……

……

10. In your experience of working with student midwives which of the following documentation have they presented to you:

a. Skills Book: Yes □ 1 No □ 2 Not sure □ 3

What do you understand is the purpose of the Skills Book?

……

……

b. Practice Based Assessment (PBA): Yes □ 1 No □ 2 Not sure □ 3

What do you understand is the purpose of the PBA?

……

……

c. Attendance record: Yes □ 1 No □ 2 Not sure □ 3

What do you understand is the purpose of the Attendance record?

……

……

d. What additional information would you like to help with the completion of the above student documentation?

……

……

11. If you had concerns about a student midwife's abilities in any area of clinical practice what steps would you take to address these?
(Please describe the steps)

……

……

……

……

Background Information

12a. Are you a:

Registered Nurse and Registered Midwife □ 1
Registered Midwife □ 2
Registered Nurse □ 3

12b. Do you have other relevant professional qualifications?

Yes □ 1
No □ 2

12c. If yes what? ……

13. How long have you been qualified as midwife or surgical nurse (i.e. the role that you are currently working in)? *(Please tick the box closest to your experience)*

1 year or less □ 1
1-2 years □ 2
2-5 years □ 3
5-10 years □ 4
More than 10 years □ 5

14. Do you work?

(Please tick as many as are relevant to you)

Day duty shifts □ 1
Day shifts - Long days (LD) □ 2
Day shifts - short days □ 3
Day shifts - both short and LD □ 4
Mostly day duty with some night shifts □ 5
Only night duty □ 6
Mostly night duty with some day shifts □ 7
Only weekends day shifts □ 8
Only weekends LD □ 9
Only weekends short days □ 10
Only weekends both □ 11
Only weekends night shifts □ 12

15a. Have you done:

The ENB 997/998 □ 1 Date *(Year)* **……**
The Preparation for mentorship course □ 2 Date *(Year)* **……**
Equivalent teaching course □ 3 Title & Date *(Year)* **……**

15b. If you have done any of the above course(s), when was your last update? *(month, year)* **……**

Thank you for your help in completing this questionnaire

List of Tables

Table 3 Keys kills students should learn on the postnatal ward

Skills students identified	Skills midwives identified
Clinical skills: - Breastfeeding - Providing immediate care - Teaching women how to bath and care for their baby - Informing women about what to expect when they get home - How to do abdominal palpation - Explaining findings and results to women - Caring for women who delivered by caesarean section - Wound care - Drug administration - Care of women with an infections	*Clinical skills:* - Breastfeeding - Care of mother and baby - Phlebotomy - Assessment of neonatal wellbeing and learning to look after ill babies - Assessment of jaundice, low blood glucose - How to do a blood test on a baby and what to do with the results - Learning to look after complicated cases - Early care of those who have had caesarean sections and differentiate between them and normal delivery - Safety - Knowing the layout of the ward including where the cardiac arrest trolley and call bells are situated
	Interprofessional skills: - Working with different midwives to learn different things, different ways of doing things and different ways of explaining things - Understand the role of others
Management skills: - How to manage looking after a number of women - How to organise one's time - How to priorities	*Management skills:* - Managing the ward - prioritizing workload - Learning to manage 8 to 9 women - Working under busy conditions - Presentation of information

Table 4 Factors that facilitate student learning

Factors suggested by students	*Factors suggested by midwives*
Staff on the ward	*Staff on the ward*
- "Having a good midwife who explains things, shows you round, supervises students well & willing to teach. This helps in learning and enjoying postnatal ward" - Having a mentor - Working with different people	- The willingness of midwives and other staff to teach & spend time with students - Friendly and approachable staff - Addressing student issues and problems - Lecturers on the ward
Students	*Environment*
- Students enthusiasm to learn - Students knowledge	- Resources on the ward - Equipment that is in good working order
	Materials/documentation
	- Literature on various topics e.g. breastfeeding, health & safety, operational policies, clinical guidelines
	Women & babies
	- Mothers on the ward and teaching them to look after their babies - Having a caseload of women to look after - The learning opportunities presented by variety of cases on the ward e.g. care of caesarean sections, dealing with complaints and breastfeeding problems - Ratio of women to midwives: 1 to many

Table 5 Factors that reduced student learning

Factors suggested by students	Factors suggested by midwives
Staff on the ward	*Staff on the ward*
- Working with different midwives that don't know the student's ability - Not being allowed to do things alone by ward staff - Midwives' practice not evidence based or in line with current research - Understaffed ward - Individual midwives organisational skills - Midwives attitude and skills - The skill mix on the ward means less work for students e.g. having a nursery nurse looking after babies	- The experience of staff; less experienced staff will find it difficult to teach students than more senior midwives - Insufficient qualified staff to work with students
Environment	*Environment*
- Having two sections on the postnatal ward prevents communication with staff and creates an unsafe environment for women in an emergency - Busy ward - Having to look after a number of women - Equipment & technology breakdown e.g. constant freezing of computers while discharging women	- Very busy ward resulting in not having time to teach - No dedicated teaching area within the postnatal ward - Very old building, minimum space making it difficult to keep it tidy and organised
Students	*Students*
- Not being able to say 'NO' to doing things "you do get abuse if you say no" (DS220012)	- Student apprehensive of working with a specific midwife - Lack of knowledge and interest in learning 'can put midwives off teaching' - Frightened to do clinical skills
Materials/documentation	
- Not having access to books that students could refer to	
Other factors	
- Not able to attend additional classes like breastfeeding available on the ward as nurses are sent to them instead - Not able to practice/implement things taught in college	

Table 8 What students learnt on the wards?

Skills learnt
Care of women with: PIH & HELLP syndrome, RH neg requiring anti D, IOL, DVT and Heparin IV, obtain INR for warfrin levels, With Twins and high blood pressure, Women in prem labour- injection of betamethazone and preparing her for theatre, Woman with a Downs syndrome baby, Implementing care for women allocated under my care
Vaginal examination
Documentation of care given
Use of a breast pump
Referrals: How to contact social services re: suspected domestic violence, making referrals to GP, health visitor and community midwives x2
Practise complete mother and baby check x4, postnatal checks x 3, developed postnatal check strategy on mothers and babies.
Post LSCS care e.g. removing a wound dressing, fluid control, post operative care of women following LSCS x5, care of woman vomiting, removing a cannula, preoperative LSCS care x2, Removing a catheter
Giving an anti D injection
Discharge procedures e.g. filling out a discharge form, doing summaries, discharge planning x2, discharge process x6, providing information for women being discharged x2. One did discharge on their own.
Organisational skills: Observe how not to manage a busy ward, prioritisation of daily case load to enable efficient discharge of clients, management roles, how to hand over a patient, continuity of care
Familiarisation of the ward, layout of the ward, fire exit, drug fridge, how to check emergency trolley x2
Jaundice, lowered blood glucose and blood test on babies: How to perform a Guthrie and heal prick test to take blood for SBR & TBG, obtain results and plot on graph x6, implications of raised or lowered results.
Communication skills: dealing with various phone calls to the ward, good communications with team members, communication with anxious relative, respecting client's cultural identity
Skills for breastfeeding, ability to empower mothers to breastfeed, support breastfeeding x4, mother with sore nipples, breastfeeding problems, latching on techniques, reassuring women that babies are receiving enough nutrition through colostrum
Care of preterm babies
Check a sutured perineum
Drug administration, dosage, side effects and hospital guidelines, discussions about pros and cons of paracetamol and frequency of administration, contra indications to drugs, what to do in an emergency, learnt how to administer drugs, learnt the way midwives administer drugs on the ward is not the standard requirements.
Meconium observations- how and when x3
Team work: with paediatrician and obstetric team
Teaching junior students
Admission of women: Admission of different women e.g postnatal and antenatal with medical problems x2

Table 9 Level of ward business and time spent by staff with students

How busy the ward was?	How much time staff had to spend with student?	Students' reflection
Very busy/ busy (35)		
	Plenty of time (8)	staff very good at involving me in the care of mothers & babies. felt in control of care gave to women Felt good as received guidance & opportunity to discuss. Well mentored by recently qualified midwife who understood student needs. Worked closely with midwife, felt confident and positive.
	Some time (16)	Felt confident as being supervised by midwives x6 (consistent, helpful, available, competent mentor, good at involving students, supportive) Don't expect support all the time because of being senior student. Able to work as part of the team. Felt in control. Preferred more time to understand the process of care. Midwives over confidence in student's ability to cope if left on their own can be worrying at times. Understood that if ward is busy there is less time for teaching x2. Staff don't know what to do because there is no teaching structure in place.
	Very little time (8)	Would have gained more practical skills if ward less busy. If staff were able to go over skills gained Initially lost and vulnerable Work load confusing due to no clients being allocated directly to the student Felt very undervalued and patronised because asked to do jobs such as making beds & doing observations despite being a senior student Not enough time for teaching Senior students are independent therefore it is acceptable for staff to have less time to support them. However, there is not enough support for less experienced/confident students which is unacceptable. Felt confused & attached myself to who ever I found around Worked on my own throughout the shift

		with no break
Quiet/ very quiet (11)		
	Plenty of time (4)	Ideal although as ward was quite there was not a lot of clinical experience & opportunities. Felt well supported. Quiet disappointed as left alone therefore not learnt much. Time to develop learning and learn from an expert.
	Some time (4)	Was happy to work independently
	Very little time (3)	not given anything to do despite asking