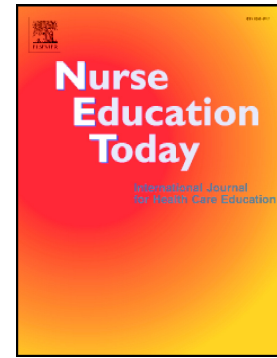


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Midwifery students experiences of their clinical internship: A qualitative descriptive study

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Title: Midwifery students experiences of their clinical internship: A qualitative descriptive study

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Midwifery students' experiences of their clinical internship: A qualitative descriptive study**ABSTRACT**

Background: Globally the safety of mothers and babies is fundamental in maternity care. Central to ensuring this safety is appropriate preparation of midwifery students' to ensure graduates are equipped to assume the responsibilities of delivering safe and effective maternity care. In preparation for autonomous practice Irish midwifery students' undertake a 36 week internship in the final year of the BSc Midwifery programme. Within this paid internship midwifery students' have the opportunity to develop professional behaviours, consolidate knowledge and learn necessary skills to fulfil the role of midwife under the supervision of registered midwives.

Objective: To explore midwifery students' experiences of the internship period

Design and Method: A descriptive qualitative study using focus groups with ethical approval.

Setting and Participants: BSc Midwifery students' in the final year of their programme (n=17) in an Irish University were invited to participate in a focus group interview midway through their internship. All participants (n=13) had experience of working in two sites used for internship at the time of data collection.

Results: Key findings include the importance of the internship period in consolidating clinical skills and building confidence and competence for midwifery practice. Midwifery students' experience considerable stress during the internship period. Demands identified as stressors include providing care in increasingly complex clinical areas, meeting academic deadlines and maintaining a work life balance. Negative interpersonal experiences and dismissive attitudes to reflection on practice were barriers to learning. Midwifery students' articulated the importance of learning through doing, a supportive learning culture and philosophy in the unit, protected time for reflection and being included and valued as part of the midwifery team.

Conclusions: The benefits and challenges associated with internship in midwifery are apparent, particularly when students' are contending with two geographically distant sites. Support mechanisms and suggestions for improvements are considered.

Keywords: internship, clinical placement, transition to practice, midwifery, student midwife

INTRODUCTION

Internationally the safety of mothers and babies is fundamental to maternity care (NHS 2016, RCM 2014) accentuated by recent failures in maternity care (King 2016, Kirkup 2015). Central to safety is appropriate preparation of midwifery students' to ensure graduates are equipped to deliver safe and effective maternity care.

In 2006, Ireland introduced a direct entry BSc Midwifery programme which included an internship period (4th year) to facilitate the development of safe and competent midwives at point of registration (Dept of Health & Children (DoH&C) 2004). During internship students' undertake 36 weeks core midwifery placements providing care over the 24 hour continuum under supervision of registered midwives, and are salaried members of staff within the staffing complement. The internship consolidates theoretical learning and supports the achievement of clinical competence on registration (An Bord Altranais 2005). Midwifery clinical placement co-ordinators (CPCs) and link lecturers support students' during internship. In addition, students' have protected reflective time (PRT) during internship both in University and clinical practice, as stipulated by the DoH&C (2004) and the latter weeks of internship should enable students' make the transition to the role of registered midwife (NMBI 2016).

Within any new programme, the various components of the curriculum must be evaluated which is particularly relevant as midwives are considered autonomous practitioners at point of registration (ICM 2010). The aim of this research was to capture Irish midwifery students' experiences of internship and considers how these experiences promote safe and competent midwifery practice across two distal clinical sites within two geographical regions. These sites were similar in the range of experience provided to students. However one site (Site A) was in close proximity to the university and student accommodation, whilst the second site (Site B) was approximately two and half hours travel time and required students' to obtain new accommodation while on this placement. To the authors' knowledge, this is the first paper exploring the internship experience in Ireland from the perspective of midwifery students.

Background

The clinical context of healthcare education is recognised as essential for students' to engage and learn about healthcare provision (Egan and Jaye, 2009) and clinical learning experiences are considered a hallmark of quality education (Paul et al., 2011). Internationally, internships have a lengthy history in healthcare professionals educational preparation but models of internship vary. Midwifery internship is unique to Irish midwifery education (NMBI 2016). Various terms for internships are used including "clinical clerkships" and "work integrated learning" (Walker et al., 2013). Internships have many benefits including; staff recruitment and retention (Murphy et al., 2004), facilitating a positive learning environment (Low 2008), empowerment (Zanchetta et al., 2013), promoting self-reflection, personal and professional development (Hirsh et al., 2012) and opportunity to acquire knowledge and clinical skills working alongside clinical staff (Lee and Fitzgerald 2008). Disadvantages to internships include; increased workload and lack of time to consolidate theory (Prince et al., 2005), anxiety regarding performing tasks and feeling overwhelmed (Zanchetta et al., 2013).

Implicit within internships is preparation for future practice and to facilitate this, supportive environments are essential for successful transition from student to registered midwife (Skirton et al., 2012). Limited data regarding the transition from student to registered midwife exists (Clements 2012), and it is likely that the experiences are comparable to nursing

colleagues. Historically the transition from student to registered nurse can be challenging. Kramer's (1974) seminal work referred to "reality shock" as newly qualified nurses begin clinical practice and there is evidence that this remains an issue (Henderson et al., 2012, Candela and Bowles 2008). Newly qualified nurses feel vulnerable, disappointed and stressed (Deasy et al., 2011) and reported to "survive despite the organizational culture" (Fox et al., 2005). However, internship is a valuable opportunity for adjustment and preparation for practice (Deasy et al., 2011) and a supportive working environment is required (Doody et al., 2012) as positive reinforcement from midwives has a major role in enabling midwifery students' develop as clinicians (Avis et al., 2013, Skirton et al., 2012).

It is recognised that the skills and knowledge developed at the end of midwifery programmes are those of a novice, and transition to qualified practice brings doubt and uncertainty (Steele 2009). While pre-registration education has been shown to equip newly qualified midwives for autonomous, safe and competent practice they lack confidence in key areas such as management of clinical areas (Skirton et al., 2012) and it can be difficult to ascertain when confidence to practice midwifery is established (Avis et al., 2013). In recognition of this, post registration preceptorship or practice programmes are often provided for graduate midwives internationally including the UK (Department of Health 2010) and New Zealand (Dixon et al., 2015).

METHODS

This study explored midwifery students' experiences of internship, with a descriptive qualitative design chosen to facilitate generation of results that stay close to the data (Sandelowski 2010) and provide information to inform practice (Savin-Baden and Howell Major 2013). A purposive convenience sample of thirteen 4th year midwifery students', halfway through a 36 week internship and had placements in two geographically distal sites participated in the study. Ethical approval was received from the University's Ethics Committee and all students' undertaking midwifery internship (n=17) were invited to participate. Written consent was obtained and the researchers (lecturers) did not have responsibility for assessment of the students. Two focus groups (n=9, n=4) lasting approximately 60 minutes facilitated by two researchers were audio-recorded, transcribed and analysed using Braun and Clark's (2006) thematic analysis framework. Focus groups provided an effective means of uncovering a range of ideas from different perspectives and a topic guide detailed below was used to structure the discussion (Doody et al., 2013a,b).

Table 1: Guide questions for focus groups on internship.

<p><i>Tell us about your experiences of internship to date?</i></p> <p><i>What aspects are you enjoying?</i></p> <p><i>What aspects are you finding less enjoyable?</i></p> <p><i>What has helped you in the internship period?</i></p> <p><i>What has negatively affected your experience of the internship period?</i></p> <p><i>Any suggestions for improvements in relation to your experience of internship?</i></p>

FINDINGS

Data were analysed by two researchers independently and four themes agreed: Interpersonal issues affecting the experiences of the student, Developing confidence and competence in practice, Effect of competing demands on the internship and Benefits and challenges of protected reflective time (PRT).

Interpersonal issues affecting the experiences of students’:

The participants ability to foster and maintain positive relationships with midwives was considered pivotal to their experience of internship and integration in clinical practice. Where such relationships did not exist participants felt excluded:

“I was with a midwife on labour ward and she didn’t actually direct a single sentence to me, she’d answer any questions I asked but she never said hello, her name, nothing.” P5

Participants identified that time was needed to get to know staff and building relationships enhanced the learning experience in practice. Participants saw this relationship as being assisted by continuity of preceptor and was easier to establish on “less hectic” units.

“As the weeks go on you do build that relationship and the friendships with the staff, then they have more confidence in you and we are learning more that way as well.” P3

Feeling valued as part of the team and having responsibility for practice contributed greatly to learning. This responsibility was reflected in care delivery and engagement with the woman in their care.

“I was part of the team, like I should have been there and I belonged” P11.

“The responsibility is what helped me the most. It was a new experience for the women to see me as the caregiver and not the student. This is probably what motivated me to do better and better.” P1

However, participants were aware of their role as interns, the boundaries that existed within that role and within relationships.

“By the end of the first week I knew my boundaries ...and once I knew that boundary was there and not to step over it, I didn’t do it again” P 9

Some participants described a sense of loneliness and isolation in the more distal site (Site B) which could be alleviated by discussing experiences.

“Sometimes you will go home and the rest of the girls are working or away and you might have had a bad day and there was nobody to talk to” P 3

Developing confidence and competence in practice:

The aim of the internship, to facilitate students' to develop and consolidate knowledge, skills and attitudes to fulfil their role as registered midwives, was acknowledged by participants. However, participants noted issues regarding placement on different units, placement length, competing demands, expectations of staff and inconsistent policies and protocols as adversely affecting this process.

"There is confusion about what you are allowed to do and not allowed do" P3

Variations in documentation used e.g. in medication management and different equipment used in the two sites created confusion for participants and inhibited displaying existing skill and competence.

"They have a different IV set up in both sites and they're not impressed that we don't know how to set up IVs by their standards and it's not standard, it's little things but it's not standardised across the board for the programme. So it is very confusing for the student transferring between the two sites" P4

Participants identified that midwives prepared to let students' demonstrate their abilities enabled them to develop confidence and competence and were the practitioners they valued.

"Okay you are the midwife and I am your student, I'll still be in the room but you are making the decisions and you can still consult me if you need help, they were the best days" P4

However, not all midwives allowed students' practice independently and their reluctance was seen as inhibiting development.

"Being assigned to a midwife who won't let you on your own, who won't even let you write on the chart, who'll be just sat next to you and you are literally allowed do a set of obs like a first year student" P2.

Developing confidence and competence was positively affected by pre-internship placements, longer placements and environments where autonomy was promoted whilst still being supported.

"You get more confident that way, the more you are left to do it, but with supervision, the more confident you get" P3

Participants described specific theoretical modules completed prior to internship (e.g. Facilitating parent education and Supporting breastfeeding) as helpful in internship. Doing the "real hours" was seen as beneficial in being perceived as a staff member and seeing the complete care process.

"You actually get to follow through your care, you actually get to have continuity, getting to work after 3pm" P3.

The effect of competing demands on the internship:

Competing demands were articulated by the participants as causing immense stress. Demands included academic assignments which were exacerbated by geographical distance and difficulty accessing resources.

“Doing the Final Year Project (FYP) was stressful enough but even more stressful for girls in Site B, trying to meet supervisors was difficult for them” P3

Travel time to Site B was also a challenge when managing clinical and academic requirements. Participants highlighted the costs of placement on two sites also and maintaining two homes simultaneously.

“The cost of commuting and renting up there (Site A) and I had to rent down here as well(Site B), sure you are getting paid but all of your wages are going on accommodation” P7

Competing demands on participants’ time made participants feel continuously pressurised.

“Under pressure to do your PRT, under pressure to do your competencies, under pressure to do your work” P4

Participants found maintaining a work life balance challenging whilst juggling academic and practice commitments. The demands of working full-time and over twenty-four hours were difficult for some. However, participants recognised the benefits of this flexibility and knowing what 24-hour care entailed. Careful planning was required by the participants, sometimes made more difficult by delays in availability of rosters.

Benefits and challenges of protected reflective time:

Protected reflective time (PRT) to consider clinical practice was referred to by many participants. Participants used PRT in college to share their experiences in a safe place with peers and facilitators.

“we were all nearly crying the first day we were here, we were so upset by our placements and to get it off your chest was just brilliant, you felt much better going home” P5.

Release from clinical practice and insufficient time to organise work with specialist midwives for PRT in the clinical area were sometimes challenging. Negative perceptions to PRT were highlighted, as some midwives dismissed this scheduled time as a rest.

“Some of the midwives when you say you are going for your four hours PRT, isn’t it great for you, have a cup of tea?” P11

DISCUSSION

Midwives at point of registration are expected to be safe, competent and autonomous practitioners (NMBI 2016, ICM 2010). Midwifery education programmes strive to fulfil this remit and equip students' to assume their role and responsibilities as a midwife. The integration of internship into midwifery programmes can contribute to the preparation of safe autonomous midwives by enabling students' to consolidate and build their skills, confidence and competence. There are opportunities for enhancing the internship period evident from this study, including development of structured support mechanisms to reduce competing demands.

Within this study, the internship provided an opportunity to consolidate theoretical and clinical skills and gain mastery in midwifery practice (Department of Health 2012). Participants identified significant learning during internship despite considerable stress such as struggling with competing demands and having to adjust and "fit in" with the culture of the unit similar to other studies (Van der Putten 2008). Participants described being facilitated to work independently helped build their confidence whilst having the security net of preceptors. Learning through doing, having the opportunity to make decisions, having autonomy but under supervision was valued by the participants in this study. The support of clinical placement co-ordinators and preceptors is acknowledged by Cassidy et al., (2011), while Nash et al., (2009) recommends that supervisors should be "stepping back", enabling students' to "take the lead" in care delivery for the "real world" of practice and was similarly appreciated by participants in this study. However, this study also found negative interpersonal issues and staff who took over clinical situations or were overprotective adversely affected students' developing confidence and competence.

For effective clinical learning to occur students' must be integrated into ward activities and staff must engage with teaching and learning (Henderson et al., 2012). While learning was apparent in this study inconsistencies existed, this is evident where occupational socialisation is unplanned and unsupported (Melia 1984). Participants in this study swiftly learnt their role within the organisations and attempted to remain within that prescribed role. This has to be considered in the context of power hierarchies where students' are subjected to disempowering behaviours which act as barriers to learning (Allan et al., 2011) and tolerate these disempowering behaviours with degrees of silence and avoidance (Bradbury-Jones et al., 2011).

In addition, organizational cultures need to be considered, given that the students were working across two geographical sites where students' perceived the distance from University supports affected them in the sense of feeling isolated with a lack of peer support. For this reason, protected reflective time (PRT) which involved all students coming together was invaluable. Six individual days of PRT are provided within the University across the internship period. Midwifery lecturers facilitate these guided reflection days with the midwifery students. This time and space away from practice enabled the students' to come together and share their experiences in order to develop understanding and meaning of their practice and decision making processes. Participants referred to the importance of PRT, affirming that reflective practice remains pivotal within midwifery education programmes to facilitate students' make sense of practice (O'Connell and Bradshaw 2016). Reflection helps develop understanding and awareness of one's abilities and capabilities, enhancing

development of emotional intelligence, essential to collaborative and co-operative working (Steele 2009). Transformation and self-empowerment are identified also as benefits of reflection (Jasper, 2013). A hidden benefit of PRT in this context was the opportunity for participants to share their experiences in a safe environment and perhaps the value of this study is that this “safety valve” is now recognised. In addition, PRT provided space to enhance the sense of group identity, which was significant in alleviating stress among the participants.

Consideration needs to be given to alleviating stress experienced during internship. Transition to the workforce is acknowledged as demanding and personally challenging yet rewarding when graduates are welcomed and supported (Parker et al., 2012). Given this transition has now shifted to internship, transition supports need to be in place during internship. Evidence based supports would include; formal preceptor or mentor positions (Clark and Springer 2012); comprehensive orientations (Dyess and Sherman 2009) and the implementation of transition to practice modules (Clark and Springer 2012). A strong clinical educator presence and use of simulation for skill acquisition (Romyn et al., 2009) and regular, constructive feedback with consistent workplace support by co-workers and managers (Parker et al., 2014) contribute also. Some supports are already in place in the internship but the significance of these in relation to effective learning and preparation of confident and competent practitioners need to be emphasised and further developed.

Challenges exist in preparing students’ for autonomous midwifery practice (Keating and Fleming 2009) particularly when the medical model is dominant (Healy et al., 2017). To assist, guidance and standards have been advocated in Ireland to support preceptors in their role of preparing midwives for practice (DoH. 2012). In addition, NMBI (2016) provide preceptors with a competency assessment framework which guides the incremental development of the midwifery student over the four-year programme. Whilst such guidance should facilitate midwives in promoting autonomy in the emerging graduate, these guidelines need to be adopted across all practice settings.

There is an expectation that new graduates can operate at the level of more experienced staff (Ellerton and Gregor 2003). Unrealistic expectations of new graduates create a tension between what is expected in practice and the transition time needed to move from student to midwife role (Romyn et al., 2009). It may be time to acknowledge that pre-registration midwifery programmes will not result in an autonomous practitioner with the ability to “hit the ground running” immediately post-graduation.

In this study participants described the support of their peers as crucial to their survival, knowing that they were not alone facing challenges. The significance of social support that students’ receive from student groups has been recognised (McIntosh et al., 2013). The integrated social identity model of stress (Haslam and Reicher 2006) with its emphasis on buffering group members by virtue of the salience of social identity of the group may be of value when considering alleviating stress among students. Participants described stressors, which were shared by the group during internship, as contributing to a stronger sense of social identity resulting in an increase in social support from the group. Group identity is often increased in the presence of a shared threat (Brewer 1999) and participants described providing physical and psychological support to one another when encountering personal/professional challenges during their internship, facilitated particularly by PRT sessions within the University.

Limitations:

This study is unique in describing midwifery students' experiences of internship in Ireland and illustrates the impact competing demands have on the experience of students. Despite the small sample, the study provides the first overview of Irish midwifery students' experience of internship and in the context of two different clinical placement areas. A limitation of this study is that it took place midway through the internship. Further follow-up studies would be required to build on these findings, in particular on completion of internship. An on line survey was administered to the students on completion of their programme to determine if their views on internship had changed. However only five responses were received despite two reminders and consequently the findings aren't reported here. This limited response may be indicative of survey saturation, particularly of students. The findings of this study may have resonance with other pre-registration midwifery and nursing programmes and serve as a baseline for further research of internship.

IMPLICATIONS FOR PRACTICE

Perspectives of newly graduated midwives of their internship period should be explored as should preceptor midwives experiences of supporting, supervising and assessing midwifery students' in the internship period.

Recommendations include:

- Further development of a pre-internship placement to include mechanisms which facilitate development of resilience among midwifery students'
- Careful scheduling of academic and clinical assessments in the internship to reduce competing demands.
- Enhancing social support mechanisms e.g. via PRT could alleviate stress for students'.

CONCLUSION

Practice placement provides an ideal environment for mentors to encourage students' to relate theory to practice (RCN 2015) and final placement is crucial in the transition to registered practitioner. This can increase self-esteem and self-efficacy through positive clinical learning experiences with supportive role models (Bradbury-Jones et al., 2011). Thereby it is important that students' are supported during internship to refine their clinical skills and to assist them in transition to registered practitioner (Thomson et al., 2017). Preceptors are central to the supervision of students' in clinical practice but they too need support in their role (Morgan and Keogh 2005). Protected reflective time enhances the experience of internship and may have an important role in augmenting support from group for the student in practice. This study highlights the importance of the internship period in consolidating clinical skills, developing autonomous decision making and building confidence and competence in practice.

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