Highlights

- A caseload placement was a quality capstone experience for the midwifery student
- The midwife–woman–student relationship resulted in holistic learning and improved confidence
- Students valued being able to apply a woman centred social model of care
- Whilst challenging, students gained an understanding of sustainable caseload practice
- The study reinforced the value of the caseload model for women, midwives and students

Midwifery students' experiences of working within a midwifery caseload model.

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We confirm that we have given due consideration to the protection of intellectual property associated with this work and that there are no impediments to publication, including the timing of publication, with respect to intellectual property. In so doing we confirm that we have followed the regulations of our institutions concerning intellectual property.

Ethical Approval

We further confirm that any aspect of the work covered in this has been conducted with the ethical approval of all relevant bodies and that such approvals are acknowledged within the manuscript.

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ABSTRACT

Background: Work integrated learning opportunities account for approximately half of the Bachelor of Midwifery program with the goal being to ensure that on graduation students are skilled to provide woman centred evidenced based midwifery care within any environment. There is increasing concern, however, over the quality of clinical experiences students are afforded.

Objective: This study explored the experiences of third year Bachelor of Midwifery students in South East Queensland undertaking a clinical placement within a midwifery caseload model.

Design: A qualitative descriptive approach was adopted. Data were collected using semi-structured, digitally recorded telephone interviews. Thematic analysis was used to analyse the data set.

Setting: Midwifery student clinical placement in caseload practice

Participants: Twelve third year Bachelor of Midwifery students from one university who had experienced a clinical placement in a caseload midwifery model of between 4 and 8 weeks.

Findings: Five themes emerged. These were labelled ‘stepping in her shoes’, ‘bringing it all together’, ‘my own captive educator’, ‘knowing the woman’, and ‘it was hard – but it was worth it’. The three-way relationship between midwife, woman and student facilitated deep and active learning leading to a growth in confidence and readiness for practice. Students were afforded the opportunity to constantly integrate theory into practice within a woman centred social model of care where they also grew to understand how midwives operationalise caseload practice in a sustainable way. Students acknowledged the challenges they faced undertaking the placement, but all confirmed the value it had afforded them.

Key conclusions and Implications for practice: This study has provided evidence that situating midwifery students within a continuity of care model facilitated a rich holistic learning experience for students. Not only did the placement enhance student’s confidence and competence it also provided a real-world view of what working in that a caseload model could be like on graduation. This is vital if the profession is to support system level change ensuring all women have access to evidence informed maternity care.

Key words

Students, midwives, caseload, continuity, sustainability

INTRODUCTION

There is now overwhelming evidence of the maternal and neonatal benefits of providing a pregnant woman with a 'known' midwife across the course of pregnancy, labour and birth and the early transition to motherhood (continuity / caseload care) (Sandall et al. 2016). In addition, there is an increasing body of evidence confirming that midwives who work in these models are at lower risk of stress anxiety and burnout (Dawson et al. 2018, Dixon et al. 2017, Fenwick et al. 2018, Jepsen et al. 2017, Newton et al. 2016). Midwives providing continuity of midwifery care report a greater sense of empowerment and job satisfaction and recognise that it is the ability to form meaningful relationships with the women in their care, alongside that of working with supportive colleagues, that sustains them (Dawson et al. 2018, Gilkison et al. 2015, McAra-Couper et al. 2014, Warmelink et al. 2015).

The Australian National Midwifery Education Standards reflect the importance of preparing midwifery students to work within a caseload model by stipulating that every midwifery student must complete a minimum of 10 continuity of care (CoC) experiences within their program (Australian Nursing and Midwifery Accreditation Council 2014). The rationale behind this requirement is clear; CoC experiences provide the student with the opportunity to work in partnership with the woman – creating an authentic learning experience and preparing them for contemporary practice (Tierney et al. 2018).

However, despite the strength of evidence and policy introduced to support transition to caseload models (Commonwealth of Australia 2011), implementation in Australia has been slow. The most recent available evidence reports that less than 10% of women in Australia receive continuity of care from a known midwife (Dawson et al. 2015a). As a consequence, most midwifery students undertaking the mandated continuity of care experiences within their program of education will follow women who are receiving care within the standard

fragmented model. In these circumstances the woman will access multiple carers and often the student is the only constant in the woman's experience. There is a growing body of work that demonstrates that women really value having continuity from a midwifery student (Browne and Taylor 2014, Kelly et al. 2014, Rolls and McGuinness 2007, Tickle et al. 2016) and students enjoy the learning this type of clinical experience provides (Browne and Taylor 2014, Gray et al. 2013, McLachlan et al. 2013). However, as Ebert and colleagues (2016) argue, there is limited evidence as to whether students following women through a fragmented system gain a realistic impression of what working within a continuity of care model would be like.

A review of the literature was undertaken to identify any studies that had explored student's experiences of being placed in a midwifery caseload practice as part of their pre-registration clinical practice requirements. One small study by Australian researchers Carter et al., (2015) reported on the experiences of midwifery students who completed the whole of their practicum experience in a caseload model. The students were able to complete all their CoC experiences by following the midwife as she provided care for her caseload of women across the pregnancy-birth-parenting continuum. The midwifery students in this study were described as building trusting longitudinal relationships not only with the women but with their preceptor midwife as well. The close and sustained mentorship provided within this relationship was a key feature of the students experience and was considered to provide a rich and valuable learning environment (Carter et al. 2015). Another small study undertaken in the United Kingdom reported on an innovative clinical placement model whereby midwifery students recruited and managed a caseload of women with the support of a known preceptor (Rawnsdon 2011). Maternity care was effectively provided within the framework of the caseload model. Similar to Carter et al., (2015) the midwifery students in Rawnsdon's work

found this to be a valuable experience where they not only learned the art and science of midwifery but also how to manage and organise their life and work around the caseload. In this model, however, the midwifery mentor did not always provide labour and birth care alongside the student. Instead, supervision and mentorship at the time of birth was allocated on an ad hoc basis. Rawnsdon (2011) reported that the lack of continuity and support from the mentor at this important time, for both woman and student, heightened student's anxiety. As a result, students described often feeling disempowered and subsequently suffered a lack of confidence.

While not implicitly exploring students' experiences of working within a caseload model a study by Dawson et al. (2015b), surveying graduating midwifery students, identified that where students had observed midwives working in these models they acknowledged the close relationship the midwife had with the woman and how they were empowered to work to the full scope of practice. However, like Carter et al., (2015) found, Dawson's work commented on the difficulties they faced combining this way of working with university and other commitments. Ultimately this affected their motivation to work in caseload on graduation.

A number of studies have been conducted in Australia exploring the students experience of undertaking the mandated continuity of care (CoC) experiences (Browne et al. 2014, Browne and Taylor 2014, Gray et al. 2013, McKellar et al. 2014, Rawnsdon 2011, West et al. 2016). Gray et al., (2013) identified the rich learning potential of the CoC experience. Students valued the opportunity to build relationships with women and appreciated the holistic nature of the learning experience. Gray's et al. (2013) work also highlighted the challenges faced by students in completing the continuity experience alongside other university commitments; confirming the need for resources and support to enable the student to have a positive

learning experience. These findings were echoed within a recent integrated review of the literature. Tierney et al (2017) reported the positive effect on student learning and sense of becoming a midwife that building relationships with women during the CoC experience provided. Despite the challenges faced in “fitting” the CoC requirements into their lives midwifery students valued the CoC experience and recognised the rich learning opportunity it provided.

It is encouraging that students recognise the benefits of working closely with women through the CoC experience and the caseload model (for those that have experienced it). Certainly, there is growing Australian evidence that students want to work in this way when they graduate (Carter et al. 2015, Clements, Davis, and Fenwick 2013, Dawson et al. 2015b, Fenwick et al. 2012). Currently though, few students have the opportunity to experience working within the collaborative respectful interdisciplinary framework that forms the midwifery caseload working model. As Ebert et al. (2016) argue, in order to truly learn how to work in a midwifery caseload model, students need to be immersed in the model during their practicum experience. Students need to see firsthand the practicalities of managing a caseload and the skills midwives use on a daily basis to build collaborative relationships and navigate women through a complex fragmented health system. Preparing graduates for the realities of working across their full scope and within a caseload model is essential to facilitate the wide scale implementation needed to ensure women receive evidence informed care.

STUDY CONTEXT

Within the Bachelor of Midwifery program at the study site students are usually allocated to one of four clinical facilities for the duration of their program. Between 20-30 students per

year are placed in Facility XX in South East Queensland (one of the four) which is a publicly funded tertiary hospital. This hospital is currently redeveloping its maternity services to expand the provision of caseload midwifery. This expansion provided a unique opportunity to routinely place students within a caseload practice. In 2016, all third year Bachelor of Midwifery students undertaking placement at Facility X (20) were provided the opportunity to experience an extended clinical placement within a publicly funded midwifery caseload practice. At the time, the unit provided care for approximately 4,800 women per annum with some 10% receiving care within a caseload model. In this model women receive continuity of care from a 'known' midwife (and partner midwife) across pregnancy, labour and birth and their early transition to motherhood (usually up to 6 weeks postpartum). The woman's midwife provides antenatal and postnatal care in the woman's home/community/hospital depending on the woman's needs. Intrapartum care is provided in the Birth Centre or Birth Suite of the public hospital. Midwives are responsible for organising their own workload and are 'on call' for women in their caseload. Typically, a caseload midwife will provide care for between 38 and 40 women per year which equates to four birthing women per month across a 10 month period.

In this clinical placement model third year BMid students are allocated a 'caseload midwife'. The midwifery student mirrors the work of the caseload midwife for a minimum of four weeks. The midwifery student is on call when the midwife is on call and has the opportunity to work across the full scope of midwifery practice. The placement was designed to integrate the student into the professional world of caseload midwifery practice in preparation for graduation. Capstone experiences of this nature aim to immerse the student within the clinical setting supporting the consolidation of knowledge and skills (Smith and Clarke

2016). In order to maximise the learning potential of this caseload placement we need to better understand students experience of this capstone exercise.

AIM OF THE STUDY

This study aimed to explore the experiences of a small cohort of third year midwifery students undertaking a clinical placement within a midwifery caseload model.

RESEARCH DESIGN

A qualitative descriptive approach was used. Through description, relationships between behaviours, individuals or events can be better understood. Gaining insight into what people think facilitates our understanding of why they behave in ways that they do (Holloway and Wheeler 2017).

Participants and recruitment

All third-year students placed at facility X in 2016 accepted the invitation to undertake placement with the midwifery caseload practice (n=20). On completion of their placement, and after ethical approval was received (NRS 2015/331) all the students were invited to participate in the study via email. Students were provided with written information about the project and were reassured that participation would not affect their standing or progression in the program. Thirteen students signed a consent form agreeing to take part in the study. Twelve students (60%) were interviewed as one student did not respond to a request for a suitable time for the interview to take place.

Data Collection

The consenting students participated in a digitally recorded telephone interview held at a time of their choosing. The interviews followed a conversational style using a semi structured format. This approach was designed to identify and explore perceptions and experiences of the learning opportunities and value of this experience, along with the practicalities and processes needed to enhance the caseload placements efficient and sustainable. The interviews were conducted by a member of the research team not directly involved in teaching /assessing the students.

Data Analysis

All interviews were digitally recorded and transcribed verbatim. Thematic analysis and the techniques associated with a constant comparison were used to analyse the data set. Although data saturation as reached after the first ten interviews the team considered it important to interview all those that had consented to participate.

The researchers worked together commencing the analysis process by immersing themselves in the data through reading and rereading the transcripts. This process is referred to as line-by-line coding or substantive coding (Burns and Grove 2005). Like concepts were clustered together and subsequently grouped into themes and/ subthemes. Relationships or links between themes were then explored with the emerging pattern describing student's experiences. This approach to analysis was inductive in nature and not guided by a priori knowledge (Hansen 2006). Preliminary findings were shared with colleagues at higher degree by research student meetings and audit trails developed to highlight the decision-making process.

FINDINGS

Participant Characteristics

The participants were aged between 20 and 49 with a mean age of 30 and median age of 28 years. Five (45.5%) had children and two (18%) indicated they had other carer responsibilities. Only three (27.5%) were in paid employment. The placement length varied from 4 to 8 weeks with six (54.5%) stating they worked full time alongside their caseload midwife. One participant's demographic details were lost as a result of audio recording failure. See Table 1 for more detail.

(Place Table 1 near here)

Themes

Five distinct themes emerged depicting the student's experience of working consistently with the same midwife within a caseload model of care. The first, 'stepping in her shoes', described the students' realisation of how caseload midwifery is operationalised by a midwife in a sustainable way. The second theme encapsulated the experience of 'bringing it all together' where students acknowledged the depth and breadth of the learning experience. Thirdly, 'my own captive educator' described the close relationship the student built with the mentor midwife and how that relationship facilitated deep and active learning leading to a growth in confidence and readiness for practice. The fourth theme 'knowing the woman' highlighted the students' perceptions that the continuity relationship they shared with women in the caseload, like that of the midwife, was instrumental in facilitating their learning especially critical thinking and their ability to integrate theory into practice. The final theme 'it was hard – but it was worth it' acknowledges the challenges faced but confirms the value of the experience to students.

Stepping in her shoes

In describing their experiences students were adamant that working alongside a midwife in a caseload model extended their learning and provided insight into the role of the midwife. They were able to see firsthand how the midwife navigated the care for all the women in her/his caseload. One aspect clearly identified as important was the ability to explore the midwife's decision-making processes. Coming to understand and appreciate the rationale behind the midwife's actions and interactions with a woman and/ or other health care professionals was something students said they rarely experienced in the same manner within other midwifery-student relationships.

"I enjoyed having a really close relationship with the midwife. In the car I could ask her 'why did you ask that when she said that? Why did you do that?' It gave me a much better understanding of how the midwife thinks and plans rather than just does". (3)

In addition, students noted that midwifery caseload care was, by its very structure and flexibility, quite different. Students quickly came to recognise the level of autonomy caseload midwives had whilst also appreciating the level of responsibility this brought with it.

"I found that the caseload midwives had a lot of autonomy as a midwife and they made a lot of clinical decisions on their own in the community and in the birth. It meant that with the caseload midwife I had a lot of opportunity to practice autonomously whereas on a shift you're always under the wing of the midwife. I found this aspect of the placement really beneficial for my own growth, confidence and independence". (4)

Working consistently in this model enabled the student to develop a greater sense of accountability and recognition of the need to take responsibility for their own midwifery

practice. Students became increasingly “*motivated*” to ensure that they were sufficiently knowledgeable and “*up to speed*” to be able to engage with the woman as their caseload midwife might do.

“You really were the frontline person for all the woman that you were caring for. You know they were constantly calling, texting, seeing you and asking questions. You had to be informed. You had to be able to answer their questions and give them the right advice” (4)

Students talked about how the placement helped “*bridge the gaps*” (12) as well as “*get a grip*” (5) on the roles and responsibilities of a midwife. One student actually expressed this aspect of learning as “*seeing what real midwives do*”. She clarified this by stating, “*You know seeing what midwifery appointments should be like I guess. What midwifery care should be like in an ideal world? That was invaluable*” (7). This also extended to gaining an in-depth understanding of how the caseload practice was organised and how midwives managed their workloads as well as how they collaborated and negotiated care. The following statement was one of many; “*I got to see the bigger picture of how they work and consult with the wider team and all the work that goes on behind the scenes with being a caseload midwife, which was fantastic*” (9). Importantly, students were able to see how midwives created balance within their working day and were able to fit their work around family commitments; this enabled them to see how working in a caseload model could be a possibility for them as described by this student,

“Just the way the midwife that I was working with ... she had young children that were going to school and I could see the autonomy of being able to plan your own caseload. I saw it as a

more sustainable way of working than I thought it was. It gave me a lot of confidence that I could do it” (12)

“Being able to see how the midwives have their days off and how they’re coping how they can move their appointments around to still have a bit of work life balance its really valuable. You get a real understanding of what continuity is and that it is actually doable so it’s something that I’d probably work towards in the future.” (5)

Bringing it all together

Universally students framed their learning experiences as “*extensive*” “*embedded*” and “*all around them*”. Translating theory into practice, on a daily basis and across the full scope of midwifery practice, was considered to be the defining feature of the placement. The phrase, “*I was putting into practice what I was learning at uni*” (2) was repeated by most. This was subsequently recognised as the “*easiest way to learn*” (11). Words such as “*rewarding*” “*great*” “*amazing*” and “*satisfying*” were common in the data set.

When asked to describe their experiences of being placed in a caseload practice all the students highlighted how they were afforded the opportunity to practice “*all of their skills all of the time*” (1). The list of identified skills was extensive and ranged from “*basic procedures*” through to the “*assessing women at home in early labour*”, “*water births*”, “*managing postpartum haemorrhages and complex breastfeeding problems*”, to “*suturing*” and “*cannulation*”. The students learning also appeared to be enhanced by working with women in both the home, community and hospital environments; “*Plenty of antenatal and postnatal visits, at home and in labour. Pretty much full scope of midwifery practice*” (5). As one student summarised;

“As far as the births went we had both natural beautiful water births and we had caesareans and we had vacuum births as well. Every experience was different. I went into them all with fresh eyes and really just making sure I put that woman at the centre of my care and ensuring everything I was doing was for them”. (11)

Commonly students described their experiences by comparing what they did not get when working in shift based clinical placements where the fragmentation of services meant they could go for lengthy periods of time without, for example, undertaking an antenatal booking visit or providing pregnancy care.

Woven into the conversation was evidence that a placement of this nature offered the students *“lots of time”* to spend *“listening”* to women and midwives in meaningful respectful conversations with subsequent opportunities to actively enter into meaningful dialogue. Students spoke enthusiastically about being *“exposed to”* and able to *“explore”* an array of topics and issues with the woman and the midwife that were important to childbearing women. The following extract was reminiscent of many; *“Time to sit down and talk about things to women. One woman opened up about very private things in her life. I’d never had that experience before”* (4).

As the placement progressed and the relationship between the midwife and the student developed participants talked about being encouraged to *“take the lead”* in these conversations where they gained *“valuable”* experience in information sharing, advice giving and care planning. This was affirmative and provided valuable confidence building

opportunities prior to graduation. As one student said, *“I got to do all the assessments, antenatal and postnatal, without being checked or directly supervised”* (1).

As a consequence, and overwhelmingly, students considered the placement *“consolidated”* their knowledge and skills and built their *“confidence”* as a midwife. While the following quote summarises this well; *“I definitely would say it was a lot more satisfying and a lot more beneficial to me, clinically, to consolidate my skills as well and build confidence”* (9) the next statement speaks to the influential nature of the placement; *“I found that the caseload placement was the most valuable learning experience out of all the experiences probably in the whole degree”*. (7)

My own captive educator

The majority of students interviewed articulated establishing a *“close”* relationship with *“their”* midwife. Working alongside the *“same”* midwife for a *“concentrated period to time”* built high levels of trust which students subsequently stated was *“key”* to their positive learning experiences. One strategy that quickly consolidated this aspect of the experience was *“driving around”* with their midwife. Being in the car gave students unprecedented access to the midwife. Having time together in the relaxed environment of the car allowed the student to *“really”* get to know their midwife both personally and professionally. Students expressed the view that they thought this was also true for the midwife. The enforced closeness of being in the car also facilitated an array of ‘teaching moments’ that were a unique feature of the placement. From the student’s perspective the private space facilitated their ability to *“quiz”* the midwife seeking answers to *“numerous”* midwifery practice questions. One student chose to summarise this scenario as; *“I had my own captive educator”* (3). The growth of comfort, understanding and trust between student and midwife had a number of

consequences for the student and their learning. While students used an array of adjectives to describe their midwife the overwhelming sentiment was that they were “*incredibly*” supportive and skilled at “*guiding*” them as they strove to amalgamate knowledge and skills to enhance their practice. Working closely with the midwife and getting to know her practice also meant students could “*relax*” and “*be themselves*”. Once again students commonly drew comparisons with other types of clinical placements to explain what they meant. For example, they talked about “*not having to second guess*” (8) the midwife they were due to work with. They spoke of being less anxious and stressed about what the midwife might “*like*” or “*do*”. In the caseload placement they knew their midwife, they knew their philosophy and they both knew the woman. These sentiments also extended to their midwife’s partner. In addition, students felt their knowledge of the woman was always well received by the partner midwife and thus made a positive contribution even though their own midwife was not present.

“They’re teaching you... you don’t have to worry about going to an appointment or going to a birth where you don’t know the midwife and you have to speak to them prior about what you can do. You don’t have to worry – it puts you at ease... it ensures you are moving forward rather than just standing still”. (5)

Several students also noted that the continuity of midwife offered them constant and consistent reflective opportunities. Most considered this was enhanced by the midwife’s in-depth appreciation of exactly where they were “*at*” in terms of their development and learning needs. The ability to “*debrief*” with their midwife “*all the time*” was considered incredibly valuable and, again, something that was not normally a feature of other midwife - student interactions / relationships they had previously been involved in. The importance and

powerful nature of this activity was often brought home to students when an adverse outcome had occurred and/or a situation had developed that was unexpected. The following two exemplars speak to this;

“I had a woman who developed HELLP syndrome. So being able to look back over her care and look back at the little things. I guess it was more of a reflective critical thinking analysis process which really helped me see the whole picture” (7).

“There were a few times where maybe the birth didn't go exactly as planned. Then just having those conversations afterward with family and the woman. Kind of having to - you know, not just walk away and not think about it again, but kind of going through it with the woman and being open and honest and reflective about it helped me. I felt the caseload model helped me not to run away from the situation. It helped me stay there and learn from it and support the woman, which was really good.” (5).

Similarly, students acknowledged that the close relationship they shared with their midwife meant that she or he was comfortable to “challenge” them. They acknowledged that “forcing them out of their comfort zone” helped them think critically about the midwifery care they were providing: “My midwife would turn to me and say “What are you thinking? What do you think is happening? Put the pieces together”” (1).

There was only one student that expressed some disappointment. This student shared how one of the two midwives she worked with had a tendency to stifle learning by continually relegating her to an “observational role” and/or “taking over even when the situation called for fairly simple advice giving” (10). This student ended up developing a “closer bond” with

her allocated midwife's partner expressing how she "*felt safer*" and more at "*ease*" with this midwife. In this situation the student's comments resonate closely with her student peers;

"After the first couple of births, she was encouraging me to then take over a birth and stuff, which was good, and then trusting what I was saying. I think that helped to develop those critical thinking skills, because the midwife I was working with would often say, oh, so what do you think now or what do you suggest now?" (10)

'Knowing' the woman

The students perceived that the continuity relationship they shared with women in the caseload, like that of the midwife, was instrumental in facilitating their learning. The following quote was reflective of all the students' comments; *"Everything was amazing - very woman-centred. It really makes a difference when you know the women...it was a really great experience"*. (8) All the students subsequently went on to express how developing a sense of relational knowing about the woman's life context played a significant role in developing critical thinking skills. Knowing the 'story' meant knowing the woman, her worries, her expectations, her choices and what was going on in her life. As a result, the students considered they were much more able to provide individualised woman centred care. Knowledge of this nature assisted student's sense of advocacy as they could *"see the bigger picture"* (6). As one student stated; *"Understanding her choices means you have a lot more ability to advocate"*. (2) Another shared;

“I learned more knowing her story. The next time we saw her I responded to her needs rather than just a tick box list of what we should be covering. I was able to think outside the box because I really knew what was important to her” (3).

Student's also highlighted how the level of trust developed between student, woman and midwife promoted the woman's confidence and comfort in their clinical ability. For example, one student said; *“Because I had built that relationship with the woman, she was happy for me to complete any sutures that were needed” (4).* The following extract nicely sums up the impact of knowing the woman on the student's learning.

“I think the antenatal education that I could give women was far better because I saw them regularly compared to the clinic where you've only got a short period of time and you generally don't see the same woman again. I felt that I could understand. I knew what I needed to discuss with her and I knew by the end of the time that she was ready to give birth. I understood exactly what her choices surrounding her birth were. Therefore, you had a lot more ability to advocate for exactly what type of birth that each individual wanted”. (1)

It was hard but it was worth it

Students were asked to identify any difficulties they encountered during their caseload experience. Here responses were somewhat mixed. While most students were cognisant of the potential barriers, difficulties or challenges faced, either by themselves or others, the high levels of satisfaction and the transformational nature of the learning experience generally overcame the negatives. The following comment is a good example of this;

“It was pretty full on. I knew I would be on call and I think juggling my casual work plus my University studies was quite a challenge while also working five days a week and being on call at night. It was a challenge, but it was really good” (1).

Another student stated, *“I can’t really think of any barriers because whatever barriers there were didn’t outweigh the benefits” (3).* This student was a single mother who initially said she *“worried”* about how the placement might impact on her son. However, she concluded *“but he and I thought it was a lot better because the hours were a lot more suited to family life”*.

The impact of completing academic work at the same time as being fully engaged in the caseload practice was something that some students struggled with. There was no doubt that the combination caused a level of stress and exhaustion for some. Interesting, there were students who outlined that actually ‘living’ the application of theory into practice was stress reducing and offered a level of support; *“Didn’t really impact on university studies because the things I was learning at Uni I was putting into practice” (2).*

A couple of students raised the financial implications of the placement. Working in such an intense manner restricted students’ ability to engage in paid employment. Many stated, however, that they had planned ahead for this aspect of their university life *“cutting down shifts”* and *“warning”* their employers. Having said this, their general agreement among the students that most employers were *“less than understanding” (1).*

DISCUSSION

This qualitative descriptive study explored the experiences of a small group of third year undergraduate midwifery students undertaking a clinical placement within a public midwifery

caseload model. The students rated the experience highly with all acknowledging the positive impact it had on their sense of capability, purpose resourcefulness, connection and professional identity; the five senses of success (Sidebotham et al. 2015). Although the finding cannot be generalised and need to be interpreted within the limitations of a small qualitative study, they do provide valuable insight into our understanding of what quality clinical experiences and placements for midwifery students should look like.

Steven Billett (2016), a teaching and learning expert, acknowledges that the workplace provides a valuable learning environment for students, but identifies that in order to maximise the potential of work-based learning attention should be paid to the curricula and pedagogical practices. All Australian midwifery curricula must include opportunities for students to complete 10 continuity of care experiences (CoC) (Australian Nursing and Midwifery Accreditation Council 2014). For many midwifery students, however, the situated reality is that the CoC experience occurs within a less than optimal learning environment. As Ebert et al., (2016) surmised, being supervised by strangers, within a medical dominated maternity culture where ritualistic task-based practices are the norm, has the potential to create stress and anxiety reducing the ability to build confidence and competence. Within this study students were able to be situated in the reality of continuity of care as the norm. Similar to midwifery students embedded within a caseload practice in the work of Carter et al., (2015) participants in our study were able to develop a close working relationship with their supervising midwife who promoted deep and active learning through the use of varied practice pedagogies including debriefing, role modelling, narrative.

Being in a position to work so closely with the midwife afforded students the opportunity to understand the caseload midwives' experiences, challenges, and thought processes. The

positive and trusting student-midwife relationship created a social learning environment that students had not experienced in other practicum experiences. The placement experience enabled students to work holistically and focus on skill building around the woman. Students were also able to witness autonomous practice and subsequently to take on the role of collaborating with other health professionals and advocating for the women. As such the consolidating nature of the practice placement provided students with a 'capstone experience' where they were able to develop confidence in their clinical skills, become socialised into contemporary midwifery practice and confirm their professional identity (McNamara et al. 2011, Shircore et al. 2013). In line with the Midwifery Practice Standards, and the expectations of Nursing and Midwifery Board of Australia (2018), the integrated nature of the experience enabled students to further develop their metacognitive abilities (Pintrich 2002) as they took on a lead role and were exposed to greater accountability around decision making and care planning.

In addition, students were able to observe the realities of working in a midwifery case load practice. Students could clearly 'see' how the caseload midwives were able to work flexibly and arrange their workloads around their family and other commitments. Observing the close relationships the midwives had with women and their practice partners, highlighted how they were able to work with the woman to plan their day. They were also exposed to how the midwives negotiated time off and managed family and other commitments. For some, the experience reaffirmed their commitment to working in this way upon graduation whilst for other students this new insight and understanding helped visualise how they could successfully transition and sustain this way of working on graduation. This finding links to the work of New Zealand researchers Gilkison et al. (2015), who acknowledged the importance of creating sustainable ways of working. Like these authors proposed, the

students in the caseload placement were provided an opportunity to experience how the ‘on call’ component of the work could successfully be managed and how ways of working and expectations could be negotiated and achieved in practice. Based on Bandura’s (1977) theory of social learning, one could argue that students were able to match their patterns of behaviour to their role model midwife. The students’ accounts demonstrated progression from paying attention, through observation of the midwife through to retention, reproduction and motivation to work in a similar role on graduation.

In summary, as Tierney et al argued (2018) it should, being embedded within a continuity of midwifery care model using a caseload approach strengthened the pedagogy optimising the learning that took place. Program delivery should be flexible to maximise the potential of learning from the continuity of care experience. This requires de cluttering of the curriculum and defragmenting clinical placement models. Every effort should be made to use flexible delivery of content to enable the student to fully engage in the practicum experience. Midwifery students need to be able to work within midwifery continuity models to experience “doing continuity as a practice environment” as opposed to completing continuity of midwifery care experiences within a fragmented system. This change in direction of practice placement has the potential to build confidence in graduates and motivate them to work in continuity models on graduation. In addition, and as Arundell et al. (2018) identified in their metasynthesis, examining workplace culture, the practice experience of midwifery students and the practicum environment may have a positive effect on the retention of students within midwifery programs and ultimately within the profession.

Limitations

As previously eluded to this study explored the experiences of a small group of midwifery students at one point in time and within one clinical facility where the opportunity arose to examine an emerging clinical practicum opportunity. The findings may not be reflective of all of the students who completed the experience as not all of them took part in the study. The findings may also have been affected by the positive drive to expand midwifery caseload care that was taking place within the facility at the time of the study. In addition, the research design did not provide the opportunity to examine the impact of other variables including the requirement to maintain paid employment commitments or child care commitments in depth. The findings do, however, provide valuable guidance to programs planning to introduce this placement opportunity and confirm that further research is needed to explore the potential of this model for facilitating active learning.

CONCLUSION

This study adds to the growing body of knowledge on the appropriate preparation of the midwifery workforce. In the study of midwifery work integrated learning opportunities account for approximately half of the program with the goal being to ensure that on graduation students are skilled to provide woman centred evidenced based midwifery care within any environment.

There is evidence that situating midwifery students within a continuity of care model achieves this, providing students with a rich holistic learning experience. Not only did the placement enhance student's confidence and competence it also provided a real-world view of what working in a caseload model could be like on graduation. As Renfrew et al. (2014) argue, midwives prepared to work across their full scope within relational based continuity models are vital if the profession is to support system level change and implement the quality maternal and newborn care framework ensuring all women have access to evidence informed maternity care.

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Table 1: Participant characteristics

Characteristic	Number	Percentage
Age		
< 25 years	4	36.5
25 – 29	3	27.5
30 – 34	0	0
35 – 39	2	18.0
> 40	2	18.0
Total	11	100.0
Missing	1	
Partner		
Yes	7	63.5
No	4	36.6
Missing	1	
Children		
Yes	5	45.5
No	6	54.5
Missing	1	
Other carer responsibilities		
Yes	2	18.0
No	9	82.0
Missing	1	
Paid employment		
Yes	3	27.5
No	8	72.5
Missing	1	
Previous Qualification – Post school (leaving certificate / diploma / degree)		
Yes	8	72.5
No	3	27.5
Missing	1	
Placement length		
4 weeks	2	18.0
5 weeks	1	9.0
6 weeks	3	27.5
7 weeks	2	18.0
8 weeks	3	27.5
Missing	1	
Hours		
Full time	6	54.5
Part time / flexible / varied	5	45.5
Missing	1	