Mary Sidebotham describes the continuity of care experience aspect of Australian midwifery programmes and explains why this is of importance to midwifery students as well as to women.

It is vital that the student is well prepared and supported to undertake clinical practicum experience reflective of evidence-based practice.

Australian midwifery students and the continuity of care experience – getting it right

SUMMARY: The evidence base supporting the value to be gained by women and babies from receiving continuity of care from a known midwife is growing; it is essential, therefore, that we nurture the future workforce to work within this model of care. The Australian National Midwifery Education Standards mandate that midwifery students provide continuity of care to 20 women as part of their practice requirements. The educational value to students and the degree of preparation this provides for future work patterns is well acknowledged. There is also growing evidence that women, too, benefit from having a student follow them through the pregnancy journey. This paper examines the experience of some students working within this model and comments on the importance of providing a flexible programme delivery model and supportive midwifery educators in order to sustain and develop this innovative approach to completing clinical practice requirements within a midwifery education programme.

Keywords: Continuity of care, midwifery, student, education, practice

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C ommencing clinical practice is a highlight for most midwifery students and, as 50 per cent or more of a typical midwifery programme is spent in clinical practice, it is vital that the student is well prepared and supported to undertake clinical practicum experience reflective of evidence-based practice.

Fragmented care
The clinical practicum experience should include working within caseload midwifery models. However, while there is clear evidence of the value of such models (Sandal et al 2013), many women in Australia and around the world continue to receive fragmented care, in a disconnected way, from multiple carers. In many circumstances the midwifery student is often just another name and face to the woman, and the woman becomes another experience to be ticked off for the student. Consequently, unless a student has the opportunity to provide relational continuity for a woman during her educational programme, her learning will be vicariously achieved by listening to and learning from the experience...
of others providing continuity of midwifery care. This vicarious learning, though valuable, will not provide the student with the lived experience which is essential to expose them to the complexities of managing to balance home, work and study within this model. More importantly the student will not experience the huge benefits to be achieved by building relationships over time with women and families.

**Continuity of care experience**

Despite an active maternity reform agenda in Australia, the number of midwives working in caseload models remains low. One way of bridging the gap between actual and ideal practice in Australia has been the introduction of a mandatory requirement within the Australian Nursing and Midwifery Accreditation Council’s (ANMAC) National Midwifery Education Standards for students to complete 20 ‘continuity of care (COC) experiences’ with women during their programme (ANMAC 2011). This is not a new idea; indeed Professor Paul Lewis was an early adopter of this principle when he introduced caseloading as a requirement into the undergraduate degree at Bournemouth University in 1999 (Lewis et al. 2008). Australia has now taken this concept further.

Ideally the student will work closely with a midwife providing continuity for the woman, but where this is not possible the student can still follow the woman through and provide continuity even when the woman is receiving care within a fragmented model. This enables the student to see the woman navigate her way through a fragmented system, learning from the different care givers she encounters and reflecting on the level of connection, communication and interaction between the woman and the primary carer between the two models.

**Support for students**

Working in this way is not easy for midwifery students, though, and demands commitment and flexibility on their part. Equally the students need the curriculum and the faculty staff supporting them to provide a programme delivery model designed to enable them to complete the required COC experiences. The solution adopted by Griffith University in Queensland is to deliver the Bachelor of Midwifery programme in blended mode. This maximises flexibility for the students whilst recognising the important synergies between theory and practice. Students attend face-to-face sessions at the beginning of each semester; these sessions are recorded and accessible to those students who may be absent, attending a COC birth. The remaining theoretical material is delivered online, but in line with best practice, the course leader facilitates regular synchronous tutorials and discussions in order to enable the students to develop a social network and have the opportunity for discussion and reflection (Mayne and Wu 2011). Additionally students attend weekly tutorials at their clinical site with their personal practice lecturer where the focus is on clinical learning. This enables students to focus on their COC clients and really appreciate the value of providing care in this way. Students are supported by a practice lecturer through the whole experience from recruitment to discharge. Whilst the student is supported and supervised by the midwives in clinical practice, they have access to their practice lecturer at all times if an emergency situation occurs.

There is growing evidence of the benefits of including COC within curricula (Gray et al. 2012), but as the difficulties faced by students in completing mandatory COC requirements emerged in the Australian literature (McLachlan et al. 2013) we looked to our own student experience to see if similar problems were emerging.

**The value of continuity**

The students do have an understanding that their COC experiences and relationship with the woman take priority. They recognise the value of providing this model of care and see that the curriculum is value based and really does put the woman at the centre of care. We do have reports of students being tired and struggling to ‘juggle all the balls’ but they are developing skills in being resourceful and supporting each other through the process. In a recent stakeholder survey sent to all students by an external team reviewing the Bachelor of Midwifery programme, students were asked to:

“Describe aspects of the current programme that you most value and explain why these aspects are important to you.”

The majority of students commented on their clinical experience and emphasised the value of undertaking the continuity of care experiences:

The continuity of care aspect is extremely valuable and is a great learning experience. Continuity is important as it helps shape the midwife I want to

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become. To provide continuity and support to women is the greatest part of the journey.

Students value the experience of working with families and see the relationship between theory and practice:
Continuity experiences have been the overall most amazing part of the course for seeing the bigger picture of maternity and being able to take on the women’s and families’ views of their own journeys rather than just the bird’s-eye view of the ‘carer’. The practical component of the programme has also been extremely valuable when making sense of our theory work.

Importantly, students recognise how the experience prepares them for future contemporary practice:
The COC experience – it prepares the students well for working in caseload models. It shows them the benefits of providing one-on-one care from the beginning of their course.

The experience was particularly valued when working alongside caseload midwives:
The opportunity to experience one-to-one midwifery care in a caseload model, as I truly believe the consumers value this service and, as a midwife, the care you can provide is of a much higher standard than fragmented care.

Students were able to recognise a difference and see a value in working this way:
(I)The contrast between working in a shift with women you don’t know, and caring for a woman that you do know, is striking.

They value having the opportunity to get to know the woman and appreciate the flexibility offered by their programme that enables them to follow the woman throughout the journey: I value the flexibility afforded by ‘online’ study which is vital to accommodate the clinical requirements and personal commitments as the COC experiences are the most valuable part of the course.

The support they get from their named practice lecturer enables them to reflect and discuss potentially challenging situations, and the weekly tutorial sessions facilitate shared discussion which frequently focus on building resourcefulness and capability to enable them to fit it all in.

Conclusion
So should we retain the requirement in the Australian standards? I would say yes – and encourage other universities to recognise not just the value this provides for students as part of their learning journey, but to look to the newly emerging evidence that women, too, benefit from having a student follow them through their pregnancy journey (Browne and Taylor 2014). In a world where few women experience this model of care the student can

be an integral part of reshaping maternity service provision in the future as they look more and more to working in these models on graduation.

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