

**Support for pre-registration midwifery students and mentors in clinical practice: a small scale evaluation of the duty teacher role**

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## **TABLE X 1**

### **PHOTO:**

#### **Support for pre-registration midwifery students and mentors in clinical practice: a small scale evaluation of the duty teacher role**

**Rachael Spencer, Onje Yuill**

At least 50% of the pre-registration midwifery education programme in the United Kingdom (UK) is based in clinical practice. Midwifery lecturers are therefore expected to spend a proportion of their time supporting student learning in practice. A duty teacher role was designed to provide indirect support for practice-based learning through placement visits mainly associated with offering pastoral support and academic guidance, narrowing the theory–practice gap, and supporting students and mentors in the use of practice assessment documentation and in the event of failing students. This role involved a visible presence within two maternity units where a ‘duty teacher’ would be available for one day per week at each of the units.

A small scale evaluation was conducted to explore experiences and perceptions of the role. A convenience sample of 26 midwives and six student midwives were interviewed. Thematic content analysis revealed three broad themes: lack of understanding of the role, mismatched ideals, and partnership working. Lack of clarity resulted in the duty teacher not being utilised for the intended purpose, and therefore having limited impact on practice learning. However, the regular and frequent clinical visits were valued particularly by those clinicians who were not working as a sign-off mentor.

#### **Highlights**

- Confusion over the duty teacher role and lack of understanding of the purpose was evident.
- Students did not consider the need for academic guidance when out on placement but identified their mentors as sources of support after a significant event in clinical practice.
- Knowledge and understanding of the practice setting and high visibility from lecturers were regarded as essential characteristics of successful partnership working.
- Accountability appeared daunting for less experienced midwives who were working with senior students when a sign-off mentor was not available.

**Keywords:** student midwives, practice-based learning, clinical placement visits, midwifery education, learning environment, mentors

## **Introduction**

At least 50% of the pre-registration midwifery education programme in the UK is based in clinical practice (Nursing and Midwifery Council (NMC) 2009). The *Standards to support learning and assessment in practice* (NMC 2008) stipulate that midwifery lecturers are expected to be able to support learning and assessment in both academic and practice learning environments, and that lecturers will have contemporary experience in order to support learning and assessment in practice settings. Midwifery lecturers are therefore expected to spend a proportion of their time supporting student learning in practice, which the NMC (2008) suggests is a notional 20%. The role of the midwifery lecturer in practice has been shown to be essential for an effective pre-registration midwifery programme (University of Nottingham 2010). This role includes providing pastoral support for students (in addition to the support they receive from mentors) concerning events that occur during practice placements, facilitation of student attainment of NMC competency, and providing support for both students and mentors during teaching and assessing in practice (NMC 2009). All students on practice placements must be supported and assessed by a registered practitioner who has undertaken an NMC-approved mentor preparation programme (NMC 2008). Midwifery sign-off mentors are required to assess students to ensure they have achieved all prescribed competencies (NMC 2009), and that they are fit for practice and purpose. Midwifery education programmes can only be provided by NMC-approved education institutions, currently all of which are universities. Recent relocation of pre-registration midwifery education at a university in the East Midlands to one central location for the theoretical components, accompanied by centralisation of the midwifery lecturing team from the previous provision of two geographical 'circuits' for both theory and clinical placements, has provided an opportunity to review the relationships between universities and clinical practice. Furthermore, clinical placements and the emotional challenges of midwifery have been identified as contributing to student attrition (Green & Baird 2009). Given the large geographical area and rurality of clinical placements across the East Midlands, incorporating four different host Trusts, ensuring high-quality support for both students and mentors in practice is vitally important (Collington *et al* 2012). This paper presents the findings of a

small-scale evaluation to explore clinical midwives' and pre-registration midwifery students' experiences and perceptions of the duty teacher, a role that was introduced as part of a project to facilitate practice-based learning.

### **Background/literature**

The role of mentors in supporting pre-registration midwifery students in the practice environment has been widely explored (Hughes & Fraser 2011, McIntosh *et al* 2014). There is a consensus that mentors are pivotal to the success of student learning (Jarvis & Marshall 2014). Research evidence has shown that a number of factors affect the quality of mentorship students receive. Studies have demonstrated conflicting demands on mentors between supporting students and caring for women, meaning students are left unsupported (Hughes & Fraser 2011, McIntosh *et al* 2014). Protected time for the mentorship role is rarely provided in practice (Finnerty *et al* 2006), with mentors routinely working outside of standard working hours (Hunt *et al* 2016).

The importance of the midwifery lecturer in supporting practice learning has been highlighted in the NMC-commissioned national research project to establish which roles and responsibilities of lecturers have the most impact on student learning and their capability as midwives (University of Nottingham 2010). A number of studies have highlighted the need for students to be supported in clinical practice, and for mentors to be supported in their mentorship role by lecturers from the university, particularly with underperforming students (Black *et al* 2014, Hunt *et al* 2016). However, little literature exists on how this support should be provided.

### ***Description of the duty teacher project***

The university operated a 'link lecturer' system whereby each midwifery lecturer was assigned to an NHS Trust/midwifery placement area. This provided clinical practice with a named academic to support clinicians in their mentorship role and monitor the quality of the learning environment.

Before the centralisation of the midwifery lecturing team, teaching and placements were organised into two geographical circuits, with teaching occurring synchronously (repeated, with two teaching teams effectively). Both geographical circuits were further divided into satellite bases, each of which were located an hour apart, and between one to two hours away from the central location of the university. Lecturers were based at all satellite sites with

administrative and lecturing staff offices located within each of the hospital premises where students were placed (seven in total). The co-location of midwifery lecturers and students on placement within each geographical circuit facilitated the provision of pastoral support and academic guidance where the lecturers regularly visited the placement areas and provided an open-door policy for both students and mentors.

A department strategy was instigated, incorporating centralisation of academic and administrative staff and all teaching provided at the main university location. Clinical placements were to continue as two geographical circuits. As strategies for the move to centralisation and one circuit of teaching were implemented, midwifery lecturers from one of the geographical circuits were concerned about the withdrawal of readily available, on-site support for both mentors and students, and so designed the 'duty teacher' project, which was introduced in one geographical circuit. This geographical site comprised two satellite bases. Each satellite base was located within a maternity unit which were both part of the same acute hospital Trust, in a large rural county of the East Midlands.

The duty teacher role was designed to provide indirect support for practice-based learning through placement visits mainly associated with offering pastoral support and academic guidance, narrowing the theory–practice gap, providing support for students and mentors in the use of practice assessment documentation and in the event of failing students. This role involved a visible presence within the two maternity units where a duty teacher would be available for one day each week at each of the units, so students and mentors could access them on an *ad hoc* basis. Monthly calendars were completed for each site, naming the specific day of the week, hours of provision, and name and contact details of the midwifery lecturer. The calendars were then emailed to all students and placement areas, so that students, mentors and midwifery management were aware of the arrangements with at least one month's notice. The aim of the evaluation was to explore pre-registration midwifery students' and clinical midwives' experiences and perceptions of the duty teacher role.

## **Methods**

### ***Methodology***

A qualitative descriptive design was used because it is appropriate for studies aiming to describe people's responses (thoughts, feelings, attitudes) to a new event or experience, and reasons for using or not using a service (Sandelowski 2000:339).

### ***Participants***

All participants were selected through convenience sampling. A letter was sent to the two maternity units and to all student midwives on placement within that Trust explaining the evaluation, with an email reminder one week prior to data collection. A total of 26 clinical midwives and six student midwives participated, based on their availability and consent.

### ***Data collection***

Data were collected through interviews with students and clinical midwives. Participants' views on the importance, benefit and utilisation of academic, pastoral and clinical support provided by lecturers when undertaking the duty teacher role were sought. Data were collected by lecturer practitioners who did not practise clinically, or undertake the duty teacher role in that Trust.

The interviews were digitally recorded and transcribed verbatim.

### ***Analysis***

All field notes and digital recordings were transcribed verbatim. Transcripts were then analysed thematically with verbatim quotes supporting the extraction of themes. Thematic analysis proceeded from identifying individual ideas in the scripts which were then grouped into linked categories. Scripts were continually reread as categories were merged into themes. A search for competing evidence and explanations was also undertaken to assess the integrity of themes.

### ***Ethical approval***

Prior to undertaking the study, advice was sought from the Faculty Research Ethics Committee. As an evaluation of the support provided by lecturers in the duty teacher role, the study was deemed not to require formal ethical or research governance approval. However, the principles of informed consent, confidentiality, anonymity and data protection were upheld. Students and clinical midwives were free to choose whether or not to, having been informed of the evaluation on two occasions prior to data collection. Identifying information was not collected. Taking into account that students are considered a vulnerable group, data were collected by lecturer practitioners employed on a part-time basis by the university to facilitate clinical skills teaching sessions, and who did not undertake a duty teacher or link lecturer role.

### **Findings**

## ***Demographics***

Limited demographic data were collected, relating to students' year of study, years qualified and mentorship status of the clinicians. Twenty-six clinical midwives, of which 20 were sign-off mentors and six acted as an associate (non-sign-off) mentor. The clinical midwives had been qualified between one to 32 years. Six student midwives participated, all of whom were on the pre-registration three-year programme, with all years of the programme represented.

<b>Description of participants</b>	<b>Number</b>
Sign-off mentor	20
Associate (non-sign-off) mentor	6
First-year student midwife	3
Second-year student midwife	1
Third-year student midwife	2

Three key themes were identified from the analysis of the interview data. These were: lack of understanding of the role, mismatched ideals, and partnership working.

### ***Lack of understanding of the role***

Both clinicians and students expressed role confusion between the duty teacher, link lecturer and personal teacher. Alongside the role title confusion, the majority of participants were not able to articulate the purpose of the duty teacher visits:

*'I remember seeing the emails about it. The title duty teacher isn't what I have heard before. I assume it is my personal teacher'* (Student midwife D, first year).

*'I am aware that there is a poster up'* (Midwife O, sign-off mentor for 17 years, who returned to the interviewer at the end of the interviews with the link lecturer details poster in her hand).

When considering pastoral support on clinical placement or support needs following a clinical incident, the duty teacher was not identified:

*'You have got your mentor first'* (Student C, first year).

However, some participants were aware of the role and remit of the duty teacher, but despite being able to articulate their key functions, they had never felt the need to contact or utilise the duty teacher:

*'I've never had to use them'* (Midwife A, sign-off mentor for two years).

*'I've only seen them a couple of times'* (Student midwife B, first year).

Both students and experienced mentors indicated that frequent pre-planned visits were not necessary:

*'I wouldn't leave it till that time if I needed to speak to someone if there was something that needed sorting'* (Midwife D, sign-off mentor for 20 years).

*'I haven't booked to see them [on a duty teacher day], but I have had to get them in occasionally to see a student'* (Midwife I, sign-off mentor for 20 years).

*'...as long as they are following up the problems that they come across, I would say I'm sure that's enough for them to deal with'* (Midwife F, sign-off mentor for 20 years).

### ***Mismatched ideals***

The role components that mentors expressed they would value from the midwifery lecturers were not ones that formed part of the duty teacher remit - working clinically with students as part of the ward complement:

*'They don't work with the students looking after patients. I would have thought that they would'* (Midwife O).

Or to narrow the perceived theory-practice gap:

*'...they should get the teachers and lecturers to actually work with them [students] in the practice field, would just marry the two up a bit more'* (Midwife D).

Midwives also wanted midwifery lecturers to work clinically with students under specific circumstances - less experienced midwives who were not working as sign-off mentors felt their registration was in jeopardy when working with senior students who required minimal supervision:

*'It's quite difficult to give them the rein in the third year and not be able to be over their shoulder as such cos it's your PIN'* (Midwife C, qualified for three years, non-sign-off mentor).

Sign-off mentors expressed the challenges of underachieving students:

*'...sometimes if we are having concerns about a student it would be nice to have that more contact with them and them to be more visible in the clinical area... and maybe also, work with that particular student if we are having concerns'* (Midwife Q, sign-off mentor for over 25 years).

Both mentors and students stressed the importance they placed upon midwifery lecturers maintaining their clinical competency, awareness of the current local context in which care is provided, and the challenges to mentors in terms of competing demands for care provision and assessment of students:

*'Everything changes! How do teachers keep up then? How can they, as they aren't even doing the job, are they? I think they should work more as a midwife... If [name of midwifery lecturer] was here and working, she would see, she could honestly see how it's hard to sign them off'* (Midwife C).

*'It would be nice if they were here more... they are supposed to be a midwife'* (Student midwife D, third year)

### ***Partnership working***

Many of the midwives discussed the duty teacher in terms of their working relationships with practice-based staff, emphasising personal qualities as a mechanism for achieving partnership working and good communication:

*'It's just nice for people to put a face and a name together and we know that she's [duty teacher] very down-to-earth and you can speak to her easily'* (Midwife D).

*'I see them quite often and I'm not here very often but I do see them quite a bit on the wards and they seem very approachable and the students all seem to get on with them as far as I can see'* (Midwife F, qualified for 20 years but not a sign-off mentor).

*'I saw one of them the other day come onto the ward. I guess she was just coming to check everything was alright, which is quite nice'* (Midwife L, newly qualified, not a mentor and did not train with the local higher educational institution).

## **Discussion**

Findings from this evaluation indicate that creating a calendar of dates, times and name and contact details for duty teachers, and then sending this out to all students and clinical areas had limited impact on practice learning. Aspects of the duty teacher role, such as pastoral support and academic guidance, were not utilised. Students did not consider the need for academic guidance when out on placement, and identified their mentors as sources of support after a significant event in clinical practice. This concurs with findings from MacIntosh's (2015) study where students reported feeling disloyal to their mentor if they sought pastoral support from their lecturer. Confusion over the role and lack of understanding of the purpose of duty teacher visits reflects findings from other studies (McSharry *et al* 2010, Mawson 2013), which recommend the development of national guidelines for all practice education roles.

The importance of partnership working cannot be underestimated. Clinical environments are highly socialised, and it is therefore important to build good working relationships. Infrequent clinical visits and limited contact have been demonstrated in the literature as not conducive to promoting good working relationships (McSharry *et al* 2010). Whilst the duty teacher role was designed with student and mentor support as its focus, visibility in the clinical area by the clinical management is also of value in building good working relationships to facilitate awareness of the current context in which care is provided. Ramage's (2004) study also found that partnership working evolved through the dynamics of social relationships, but that role potential was defined by clarity of its purpose and the congruence between the role and the expectations of others in practice. Knowledge and understanding of the practice setting and

high visibility from lecturers were regarded as essential characteristics of successful partnership working.

This study revealed mentors' anxiety when they encountered underachieving students. A growing body of knowledge emphasises the importance of a supportive interpersonal network as a mechanism to enable them to award a fail grade. The duty teacher role is an important formal resource for mentors, alongside similar practice-based roles in other institutions.

Whilst these roles are not standardised in the current *Standards to Support Learning and Assessment in Practice* (SLAiP) (NMC 2008), it is suggested that such roles are crucial in any new iteration of the SLAiP standards given the implications for patient safety of 'failure to fail'.

Accountability for final-year students appeared daunting for less experienced midwives who were working with senior students when a sign-off mentor was unavailable. This is not a finding that has been explored in previous research and warrants further investigation. It is imperative that sign-off mentors make valid and reliable assessments based on the whole placement which necessitates taking into consideration feedback on student performance from other midwives who have worked with the student. This study suggests that involving non-sign-off mentors in such discussions, including in mandatory mentor update activities, may help to prepare less experienced midwives for a formal sign-off mentorship role in the future.

Overall it is reassuring to note that mentors did not feel ill-prepared for their mentorship role, and students felt supported by the higher education institution when in clinical practice. However the duty teacher role had not been accessed specifically by students or clinical staff, nor did it seem to be contributing in a meaningful way to supporting learning and assessment. In situations where students were failing in clinical practice, mentors did express that they felt the need for additional support. Whilst the duty teacher role would have been ideally placed for mentors to access additional support with challenging situations, the duty teacher had not been considered.

### ***Limitations***

This project was a small evaluation study. The study was designed to access a convenience sample of participants, and as such, despite three different data collection dates, only six student midwives consented to participate. This in part reflects the small numbers of students on placement at any one time, combined with 12-hour shift patterns. The data represent experiences of a small sample of participants from one higher education institution and

exclude wider stakeholder experience. The rigour and transferability of the findings are therefore limited.

## **Conclusions**

The focus of this evaluation was to explore and evaluate an initiative designed to provide additional support to students on placement and their mentors. Undertaking this evaluation has provided a valuable opportunity to explore clinical placement areas as a learning environment. The duty teacher role has provided a streamlined and structured approach in one specific Trust for the past two years. Overall, students and mentors had not felt the need to utilise the structured support offered by the duty teacher. Both students and mentors reported being able to contact their link teacher or personal teacher about issues relating to practice learning. Whilst the pastoral role of lecturing staff is vitally important, it would appear that, when on placement, students identified their own mentors as a source of support. Evaluation of the duty teacher role has demonstrated a lack of clarity and reinforced the importance of partnership working with both mentors and other clinicians plus the support needs of mentors where students are failing in practice.

It is important that there are strong links and sound channels of communication to ensure quality of placement experience and support for students' mentors (NMC 2008). It is interesting to note that, although students were geographically isolated, they did not report feeling unsupported when in clinical practice, contrary to earlier study findings (Hughes & Fraser 2011). It is argued that with the enhancement of other supportive mechanisms for students and mentors and the current economic climate, lecturers should work in partnership with mentors to avoid duplication of effort. Further exploration of the role of university academic staff in supporting students during placement periods is required.

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