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KNOWLEDGE, ATTITUDES AND PRACTICES OF STUDENT MIDWIVES TOWARDS CLINICAL LEARNING AT MIDWIFERY TRAINING INSTITUTIONS

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ABSTRACT
According to Fullerton, Thompson and Johnson (2013) Midwifery competence is the intended outcome of a program of midwifery studies. It is the preparation of a clinical practitioner to acquire a combination of knowledge, professional behaviour, competency in the context of midwifery education and practice (World Health Organization, 2013). The performance of student midwives on clinical assessments at midwifery training institutions is declining as from 2011 to date. Statistics from the registers of the midwifery training school show a decline in clinical assessments (8% - 56%). The researchers carried out a preliminary study of forty finalist student midwives using a pre-tested questionnaire. As a result the pattern of poor performance on clinical assessments was the same in most midwifery schools. It is envisioned that the results of the study will benefit the nation at large through the provision of effective and efficient quality midwifery care by knowledgeable and competent midwives. A qualitative research was carried out where a questionnaire was administered to forty (40) finalist student midwives. Findings revealed that there was a shortage of staff to mentor and supervise students during clinical placement and there were few opportunities to update knowledge and skills in order to prepare for clinical teaching as a result mentors fail to supervise students on procedures. What emerged from the study again was that the number of student midwives and the requirements for each student are overwhelming, compromising clinical learning. (234 words).
KEY WORDS: Midwifery competence, Professional behaviour, Proficiency, Global standards.

1. INTRODUCTION AND BACKGROUND

Midwifery is an art and a science, the science needs formal education, and the art of midwifery gives the freedom to act, be creative, and proactive, and function as an advocate for the client (Ball, 2013). Therefore, Pairman and McAra-Couper, (2014) support that midwifery as an art and science build a knowledge basis in order to offer safe, competent, and culturally responsive midwifery care. The Nursing & Midwifery Council (2023) shows that the student midwife's foundation of knowledge is assessed and this includes competence in identifying any complications that may arise, accessing appropriate assistance, and implementing correct emergency measures (Mudokwenyu-Rawdon, Goshomi & Ndarukwa, 2020). The midwife will function confidently, competently, and professionally with appropriate midwifery skills, and knowledge, and function as an independent practitioner. Safe motherhood strategies will be achieved through the accessibility of a competent midwife with precise midwifery expertise resulting in the reduction of the under-five and maternal mortality rates, a move towards achieving MDGs 4 and 5. Added to the above competencies, student midwives

must understand basic medical procedures such as how to maintain a sterile environment, and have a sound background in Pharmacology and Anatomy (Iqbal & Khan, 2020).

Clinical practice is the judicious use of the best evidence available so that the clinician and the patient arrive at the best decision, taking into account the needs and values of the individual patient (Chiappelli, 2019). Access to skilled birth attendance during childbirth and in the immediate postnatal period and access to emergency obstetric care (EMOC) in case of obstetric complications are considered to be effective interventions to reduce the number of global maternal and new born deaths (National Center for Biotechnology Information, n.d.). The United Nations report emphasizes that skilled birth attendance includes both skilled birth attendants and a supportive environment, and studies have linked more births with experienced birth attendants to a lower rate of maternal mortality. For this reason, it is critical to assess student midwives' competencies while they are in training. (Adjiwanou, and LeGrand, 2014).

Assessing student midwives is an important aspect of examining for clinical competency in midwifery education and it is through these clinical assessments that the quality of clinical education can be examined (Muldoon, Biesty, and Smith, 2014). According to published research, midwifery evaluations are carried out to strengthen midwifery globally by training fully certified midwives to deliver high-quality, evidence-based health care for women, newborns, and families with young children. (Luyben, Barger, Avery, Bharj, O'Connell, Fleming, Thompson, and Sherratt, 2017). Bahri, Tabatabaeichehr, and Latifnejad Roudsari (2018) identified updated essential skills for midwifery practice as one of the ICM's pillars. Having international standards for midwifery practice also aids in defining performance expectations (competencies). When evaluating a midwife, the assessor should pay particular attention to how well she understands the fundamentals of client care as well as the procedures as a whole. She should also pay attention to how she interacts with clients, paying attention to both her nonverbal cues and the language she uses (Babiker, El Husseini, Al Nemri, Al Frayh, Al Juryyan, Faki, Assiri, Al Saadi, Shaikh, and Al Zamil, 2014).

Additionally, research demonstrates that the assessor takes into account the client's care and concerns regarding any medical treatments and procedures as well as how the midwifery student addresses those concerns Benbow, Jordan, Knight, and White (2021). As documentation is a crucial component of a student midwife's responsibilities, Chenery-Morris (2017) elaborates that the assessor also determines whether a student midwife knows how to record all observations and findings. Moreover, student midwives are required to document a client's progress at suitable intervals, adhere to all documentation guidelines, and ensure that the next midwife caring for the client during the following shift can accurately follow their notes (Herlihy, 2013).

The training period for the Midwifery Diploma is one year during which the apprentices stand exposed to theoretic education for 15 weeks in the year and 35 weeks in the clinical area. Three assessments—antenatal, postnatal, and labor ward assessments—are completed by each student midwife while they are working in the clinical setting under the supervision of the practitioners (Amod, and Mkhize, 2022). The student midwife's foundational knowledge is also evaluated, and this includes proficiency in recognizing potential difficulties, finding the right help, and carrying out effective emergency measures (Downer and Slade, 2019). Ackerknecht, (2016) enlightens that student midwives must understand basic medical procedures such as how to maintain a sterile environment, have a sound background in pharmacology and anatomy

According to Fullerton, Thompson, and Johnson (2013), midwifery assessments are carried out by practitioners while they are observing the student. A specific criterion is followed in the form of a checklist or rating scale; this serves as a guide for the assessor and enables a second observer to evaluate the same aspects. Assessments in the institution are supervised by the main assessor and one or two co-assessors for objectivity. A checklist normally contains the desired behaviors and rating scales indicating the degree of the amount of a particular characteristic or use numbers. The scale extends from 0 to 10, with 0 (novice) meaning the student cannot perform a particular activity satisfactorily, 10 (expert) meaning the student is able to execute the performance with no help and/ or supervision, at a respectable pace and quality, with initiative and flexibility, and with the ability to mentor others in carrying out this task (Herlihy, 2013).

Literature reveals that a student midwife needs feedback after each evaluation to understand what was successful or poorly done and the results of activities. Feedback is crucial to review whether stated educational goals were achieved or not, to set new goals, and to create action plans to deal with them if they were defined before the evaluation. Feedback informs the student midwife of their current location about where they should be and where they should go, (Dewar, Stulz, Buliak, Connolly, McLaughlin, Newport, Rebolledo, Stephenson, MacBride, Lennon, and Drayton, 2020). Reflection-on-action examines past events or experiences from a critical perspective; it is a learning experience that aims to improve the weakness in the professional practice of the person who reflects (Oluwatoyin, 2015).

The competency level in the clinical learning environment which is expected to be met by the student midwife has been set by NMC (2007) and Zimbabwe has extracted suitable competencies for the client's needs (Kunhunny, and Salmon, 2017). Stuart (2013) articulates that the learning outcomes are related to the competency expected of each student midwife during practice assessment and the student is assessed against the set standards by the regulatory body, whether to progress on the course or to qualify as a midwife. The

midwifery programs offer supervised clinical learning experiences that complement midwifery theory in a variety of contexts, and the midwifery schools provide clinical learning that delivers the information and skills necessary to fulfill the requirements of the population (Mbakaya, Kalembo, Zgambo, Konyani, Lungu, Tveit, Kaasen, Simango, and Bvumbwe, 2020).

2. STATEMENT OF THE PROBLEM

The performance of student midwives on clinical assessments at the midwifery training institution is declining from 2011 to date as Goshomi, Bedwell, Mudokwenyu-Rawdon, Campbell, and Lavender, (2022) enlighten that, "reality shock and grief were associated with students experiencing unexpected failure when performing the clinical assessment". Statistics from the registers of the midwifery training school show a decline in clinical assessments ranging from 8% to as high as 56%. The researcher carried out a preliminary study and found that the pattern of poor performance on clinical assessments was the same in most midwifery schools in the country.

3. JUSTIFICATION/SIGNIFICANCE OF THE STUDY

It is envisioned that the results of the study will benefit the nation at large through the provision of effective and efficient quality midwifery care by knowledgeable and competent midwives. Safe motherhood strategies will be achieved through the accessibility of a competent midwife with precise midwifery skills resulting in the reduction of the under-five and maternal mortality rates, a move towards achieving MDGs 4 and 5. The midwife will function confidently, competently, and professionally with appropriate midwifery skills, and knowledge, and function as an independent practitioner.

4. Methods

The pre-tested questionnaire was used as a means of soliciting information from respondents**.** Forty (40) finalist student midwives were the entire population taken as the sample hence the sample size was equal to the population size.

4.1. Data collection and ethical considerations

The relevant health authorities in the institution were requested for permission to carry out the study following ethical clearance from the ethics committee of the Medical Research Council of Zimbabwe. The data was collected from the student midwives after explaining the objectives and significance of the study. The respondents were assured of the confidentiality of their identity and information. The administration of the informed consent forms was carried out with student midwives who did not object to participating in the study without coercion.

4.2. Findings

Study findings regarding the knowledge, attitudes, and practices of student midwives towards clinical learning at a midwifery training school in Bulawayo are divided into the following: Socio-demographic characteristics; Knowledge and Attitudes.

4.3. Socio-demographic characteristics

Study findings indicated that respondents had worked at different institutions before coming to the present one, 21 (60%) (n = 35) had been exposed to central hospitals, and 10 (28%) to district hospitals. Other respondents 2 (6%) and another 2 (6%) had been exposed to provincial hospitals and rural health centres consecutively. Previous exposure to training institutions might bring a better quality of experience to student midwives' clinical learning and on the other hand, might bring differences of opinion about clinical practice. If the student midwife was from a training institution, he/ she might reflect and use life experiences to better understand the demands of the previous clinical experience and hence perform better on assessments.

4.4. Knowledge of an ideal clinical learning environment

Only 86% (n= 35) of respondents managed to come up with four elements of an ideal clinical learning environment. The most mentioned elements of an ideal clinical environment were staff and equipment which were mentioned by 28 (80%) of the respondents. Other respondents mentioned only one element which was the staff (midwives) 2 (6%)whilst the third most mentioned were patients 3 (8%)and lastly the library was mentioned another 2 (6%). The respondents seemed to lack knowledge of the elements of an ideal clinical learning environment, whereas, if the environment is ideal, the client, student, and institution are assured of a competent workforce and delivery of quality midwifery care. An ideal clinical environment fosters positive learning leading to good performance on assessments. Moreover, most respondents 15 (43%) stated that the clinical learning environment was not ideal for student midwives, 8 (23%) stated that it was ideal and 5 (14%) strongly agreed that it was ideal whereas another 5 (14%) strongly disagreed. Clinical learning involves accessing the tools, peers, learning objects, and experts anytime the student midwife wants to learn or study something (Ravanipour, Bahreini, and Ravanipour, 2015). Standardizing procedures is difficult to put into practice the unconducive learning environment. As a result, the breadth and depth of learning might not be reached, making it difficult to perform as expected during assessments and to meet academic standards.

Most respondents 27 (77%) strongly disagreed that the mentor/ student ratio in the institution was 1:8 to 1:10 as recommended by the midwifery training regulations but further explained that the mentor/ student ratio was as high as 1: 30. Literature connotes that the high mentor/ student ratio makes it impossible to directly manage a student's learning in practice and demonstrate midwifery skills to ensure public protection (Yigzaw, Ayalew, Kim, Gelagay, Dejene, Gibson, Teshome, Broerse and Stekelenburg, 2015). Such a situation does not allow the mentor to work with the student midwife in partnership and ensure that the student is provided with realistic and appropriate experiences. A strong mentor-student relationship not only aids in information and skill acquisition but also helps to create an educational experience that will be remembered (Marshall, McKellow and Muleya, 2019).

Most respondents 30 (98%) strongly disagreed that in the institution, the equipment for procedures was adequate in the wards. The findings seemed to be in line with the researcher's observation that there was a massive shortage of material resources at the participating institution, compromising patient care and student learning. In support of this view, Aronsson, Clarke, Grose, and Richardson, (2020) allude that the learning and the clinical area's lack of educational assistance to student midwives prevented them from acquiring the necessary skills and knowledge for assessments.

4.5. Attitudes of student midwives on clinical learning

From the 34 student midwives who responded to this question, 22 (65%) of the respondents strongly agreed that the student midwives' performance would improve if the learning environment is improved and 12 (35%) disagreed that the student midwives' performance would improve no matter what effort was made to improve the learning environment. The availability of material resources assists in the proper clinical teaching of procedures making it easy for students to transfer theoretical knowledge into practice. What emerged from the study with as that performance of student midwives in the clinical area improves as the clinical learning environment is improved. The respondents 30 (88%) strongly disagreed that they perform procedures under supervision. Supervision has a direct bearing on the student's capacity to work efficiently and apply theory to practice. Peer support is also of benefit in clinical learning due to staff shortage; students can get together and exchange ideas, teach each other, and learn. Through supervision, the mentor assesses the student's growth in clinical ability, confidence, and reasoning. The mentor also conducts continuing formative assessments, confirms the student midwife's findings, and gathers proof of the student's level of independence (Vinales, 2015).

Evaluation and counselling after performing a procedure were supported by only 12 (35%) respondents. Accepting evaluation and counselling1 by the clinical practitioner after the procedure pointed to positive attitudes toward learning. Such a student accepts constructive criticism and is prepared to take responsibility appropriately. Constructive comments on skill performances in an appropriate environment are usually appreciated by student midwives (Stuart, 2013). It is of utmost importance for the student to reflect on their performance as it acts as a sounding board to initiate changes in their performance and improve on practice. It is only in a non-threatening environment that students can feel free to give views on the performance of the procedure. As a learning experience, reflection on action improves weaknesses in the professional practice of the student who reflects (Sweet, Bass, Sidebotham, Fenwick, and Graham, 2019).

Of the 33 respondents, 24 (73%) supported the idea that clinical learning objectives could only be accomplished if the student midwife was self-motivated and initiative. He/she will look for procedures, ask for assistance and carry them out within own ability. Such a student midwife will always be well motivated to learn, for example, ask questions regarding new experiences. The student midwives should be responsible for their learning and the teacher is only the facilitator (Davis, and Richardson, 2017).

5. CONCLUSIONS

For proper performance of procedures and patient care, the ward should have adequate material resources and functional equipment. Improvisation of material resources could be allowed but a limit needs to be set by clinical practitioners to allow for proper learning and midwifery care. The study also established that mentors are thin on the ground. There was a shortage of staff to mentor and supervise students during clinical placement. Some challenges faced by midwives in clinical practice were a lack of opportunities to update knowledge and skills and prepare for clinical teaching as a result mentors fail to supervise students on procedures. What emerged from the study again was that the number of student midwives and the requirements for each student are overwhelming, compromising clinical learning. Material resources were also inadequate, a situation that compromises client care and student learning so making it hard to supervise and mentor students in medical practice due to an ill-equipped practicum site.

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