

## **WOMen, Babies and their families research programme [WOMB] meeting 24.5.05**

A small but appreciative audience was present for the seminar run by Dr Rosalind Bluff who kindly provided the following summary of her presentation. Three overseas requests were also received for notes from the meeting. *[Details of the next meeting are given at the end of this document].*

### ***Clinical mentorship: more than sitting with Nellie***

#### **Summary**

'Sitting with Nellie' was all about work based learning or an apprenticeship. Working alongside a role model the learner received instructions on how to perform skills but not the theory to support their practice. The role model was unqualified and could pass on good/bad habits or habits that were never intended to be copied. In addition some aspects of practice such as obstetric emergencies might never be witnessed therefore learning did not take place. In the current educational climate learning the role of midwife is more than sitting with Nellie.

The presentation was based on a qualitative study entitled: Learning and Teaching in the Context of Clinical Practice: The Midwife as Role Model. This was submitted for the award of PhD and can be found in Bournemouth University Library, Bournemouth, UK.

Strauss' grounded theory approach (Strauss & Corbin 1990, 1998) was used to explore how student midwives learned the role of midwife from their midwifery role models. Using semi-structured, tape-recorded interviews a purposive sample of twenty students and seventeen midwives were interviewed on a minimum of two occasions. Data collection took place between 1993 and 1997 and data were analysed using the constant comparative method.

'Interpretation and use of the rules' emerged as the core category. Midwives whom I labeled 'prescriptive' interpreted everything as rules to be rigidly followed while midwives whom I labeled 'flexible' interpreted rules for the benefit of women. Prescriptive midwives usually worked in the hospital setting and adhered to the medical model of care which all women received. These midwives were perceived to rely on doctors for making decisions and were therefore thought to lack autonomy. They did not meet professional expectations and are therefore inappropriate role models for students. In contrast flexible midwives were often found in the community setting and provided care that focused on the individual needs of women. They made decisions in partnership with women and were therefore perceived to be autonomous practitioners. They are appropriate role models for students because they meet professional expectations.

Conflict inevitably occurred when these two types of midwife practised in the same setting. Flexible midwives therefore devised strategies such as 'practising behind closed doors' to enable them to practice a woman-centred model of care. In this way conflict could be avoided.

'Interpretation and use of the rules' also influenced the approach to learning and teaching adopted by these midwives. Prescriptive midwives expected students to passively learn. A pedagogical and behavioural approach to learning was adopted. What students learnt was therefore determined for them. Treated like children students learned how to fit in and stay out of trouble. Junior students perceived these midwives to be good teachers because they learned the rules of practice associated with clear ways of performing skills. They did not learn how to justify their practice as prescriptive midwives relied on traditional knowledge that was often outdated.

Flexible midwives used a humanistic, andragogical and cognitive approach to learning and teaching. Learning was therefore an active process. These midwives used evidence to justify their practice and students learned how to become autonomous practitioners. An education gained in the classroom was thus reinforced in the clinical setting. Students did not, however, learn the rules of practice a necessary requirement if care is to be adapted to meet the needs of women.

**Implications are numerous but include:**

- Mentorship is more than 'sitting with Nellie'
- Students need an education to enable them to identify the evidence, critically evaluate it and determine whether it is appropriate to apply to their practice
- Students need a Nellie but one who:
  - fulfills professional expectations of the role
  - can facilitate the development of skills
  - is educated and can apply theory to practice
  - has the knowledge and ability to identify and adapt their approach to learning and teaching taking into account the needs of individual students
- Mentorship/role modeling should not be left to chance
  - Strauss A, Corbin J 1990 Basics of Qualitative Research Grounded Theory Procedures and Techniques. Sage Publications, Newbury Park.
  - Strauss A, Corbin J 1998 Basics of Qualitative Research techniques and Procedures for Developing Grounded Theory. Sage Publications, Thousand Oaks.

**Next meeting:**

Wed. 5.10.05 10-12MD

Dr Billie Hunter [University of Swansea] 'Exploring the emotion work of midwives'.

Location: B407 (but please check lists nearer the time).

One of her related publications: Hunter B (2004) Conflicting ideologies as a source of emotion work in midwifery. Midwifery 20(3): 261-272