



To critically analyse the student's perception of how effective were the placement based teaching sessions, undertaken in the current curriculum?

AFIA KHANOM ALI
(DIP in Mid, BSc (HONS) Mid, PGCE)

Supervisors Dr. Russell. Deacon and Junnine Walters -Thomas

**Submitted in partial fulfilment for the award of the degree of
MA (PDET)**

University of Wales Trinity Saint David

2019

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed (Candidate)

Date

STATEMENT 1

This work is the result of my own investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed (Candidate)

Date

STATEMENT 2

I hereby give consent for my work, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed (Candidate)

Date.....

NB: *Candidates on whose behalf a bar on access has been approved by the University (see Note 7), should use the following version of Statement 2:*

I hereby give consent for my work, if accepted, to be available for photocopying and for inter-library loans **after expiry of a bar on access approved by the University.**

Signed (Candidate)

Date

Word Count 14415

ABSTRACT

The focus of this research is to critically analyse the student's perception of how effective were the placement based teaching sessions, undertaken in the current curriculum? Such a study in higher educational establishments is important in order to improve the learning outcome of students. The literature review strongly suggests that students learn in different ways and there is a theory practice gap. The research approach adopted for this study was the use of an online questionnaire, this was delivered to the participants via their emails. The key findings from this research show that the practice based teaching sessions were a very successful method of teaching in order to enhance the learning for the students. Majority of the students responded positively to the fact the sessions helped link the theory they had learnt in the classroom to practice. The majority of the students felt that it had enhanced their clinical skills and better prepared them for the clinical areas. The main conclusions drawn from this study are that the placement based teaching sessions had a big impact on the learning of the students, it had a positive effect in closing the theory practice gap. This dissertation recommends that The University's should look into the cost effectiveness, and benefit in adding placement based teaching to their programmes and further studies into this area should be considered.

<u>Table of Contents</u>	Page Number
Acknowledgements	1
Chapter 1 Introduction / Rationale	2 – 8
Chapter 2 Review of Literature	9 - 22
Historical Perspective	9 - 11
Theory Practice Gap	11 - 13
Themes Emerged from Literature	13 - 17
Theory of learning	17 - 22
Chapter 3 Methodology	23 - 33
Ethical Considerations	27 - 30
Confidentiality and Informed Consent	30 - 31
Data Collection	32 - 33
Chapter 4 Results	34 - 43
Chapter 5 Discussion, Conclusion	44 - 53
Recommendations	
Reference List	54 - 59
Appendices	60 - 69
Appendix 1	
Appendix 2	
Appendix 3	
Appendix 4	
Appendix 5	

ACKNOWLEDGEMENTS

“Never give up on your dreams”

The dream to achieve a masters has been within me, since the completion my undergraduate studies, my father's aspirations was to see me have a master's degree. I would like to dedicate this MPDET to my late father Muhammad Shajid Ali, who gave his daughters the strength to achieve whatever they dreamt off. My mother who I am indebted to for her full strength and support in anything that I have done. My family who are supportive in many ways. My daughter who constantly nags when are you going to finish, who gives me the energy in life.

My dear friends and colleagues who fill me with positive energy in those dark moments where the motivation slumps, with their love, kindness and support. For all those who never gave up on me and knew I could complete it no matter how long it would take.

I would like to thank Mark Flagg (UWSTD) for supporting us relentlessly in the first year of the programme, my supervisor Dr Russell (UWSTD), for his persistence and never giving up on me. To Junnine Thomas-Walters (UWSTD), for always being there in those moments where there seemed no hope. To the university staff for the continuous support. A very special gratitude to all the midwifery students who took the time to complete the survey without whom the research study would not have been rich.

This accomplishment would not have been possible without you all, I owe it all to all of you

CHAPTER 1 – INTRODUCTION/RATIONALE

Whilst working as a midwife at the local hospital, I secured a secondment to teach at the Teaching University attached to the hospital. The secondment was to teach undergraduate midwifery students between the years 2013 – 2015. The post required teaching the students in the classrooms and in the clinical areas (Placement Based Teaching). These posts were introduced on the midwifery course, due to midwifery students graduating whilst lacking the clinical skills required to undertake midwifery care once qualified. Many clinicians and ward managers were raising concerns that the newly qualified midwives were not fully proficient in basic midwifery skills required to give midwifery care. This in turn was creating huge pressures on areas that were already short staffed. The newly qualified staff required far more support from the already overstretched teams. They lacked confidence and proficiency in many areas and it became apparent that there was some deficiency in the teaching of skills prior to graduation of the midwifery students. It became more apparent that there seems to be a theory practice gap.

In order to address the concerns that were being raised by midwifery staff and managers, multi-disciplinary meetings were held to look into what the gaps were in order that they could be managed. The meetings had student midwives, lecturers, hospital and community based midwives and managers. It was pertinent to have as many individuals from all areas to be present so a thorough needs analysis could be undertaken and for issues to be identified. Having the various individuals from all disciplines of midwifery meant that all relevant concerns could be addressed. As a result, it became quite evident where the focus should be in order to make improvements to the training of the midwifery students. Based on the

outcomes from this meeting, the placement based teaching staff were then directed to prepare appropriate and suitable sessions to teach the midwifery students. These sessions were then carried out in small focus groups in the classroom or in a hospital setting depending on the suitability of the relevant taught skills. Following on from the needs analysis, the University started to arrange the sessions for the students, and teach them in order to improve the clinical skills of the students. This was carried out on an ad hoc basis and was not a compulsory part of the curriculum. It seems essential that a research study is undertaken into the Placement based teaching sessions for this masters project, in order to acquire more thorough and concrete information to present to the University midwifery leads. From the above background information the research question evolved, and it can be seen how important it is to critically analyse the student's perception of how effective were the placement based teaching sessions undertaken in the current curriculum.

Working clinically for the past 23 years within the hospital environment, it appeared that some basic standards of care by newly qualified midwives were failing. Many of the newly qualified midwives were lacking in essential skills that would enable them to give basic standards of care to women and their families. This in turn was increasing the pressures on their preceptors, taking them away from valuable time with women and their families. As they had to increasingly support the new comers in the profession, in order to ensure high standards of care were being maintained. As a lecturer, practitioner and being able to provide the placement based teaching sessions in the clinical area appeared to be addressing some of the issues that were highlighted, during the multidisciplinary meeting that was held at the University. Verbal feedback from the students suggested that these placement based sessions were really effective. However, without the written evidence or research of the effectiveness

and efficacy of these placement based sessions it would be extremely hard to fight a case to make it a compulsory component of the curriculum.

Any educational establishment can be deeply rooted in its individual way of providing education. It can often take an issue to arise, or an outsider looking in to an aspect to realise occasionally that things need to be evaluated in order that changes can be made. The placement based teaching sessions were being taught as a result of a needs analysis that was carried out to see what might be effective in equipping newly qualified midwives with the necessary skills to practice efficiently, effectively and safely. The research question for this master's study was developed into something that would be manageable and benefit the midwifery undergraduate course to make some improvements in the way the course is delivered. It is only through researching and analysing issues that any recommendations can be made. The needs analysis showed that the placement based sessions were required. However whether these sessions were effective in achieving the aims would only be possible if some evaluation is made of them. The whole shift towards the learner's needs and their opinions in education creates a further interesting slant whereby it is necessary to find out what students think about their learning and their needs. Therefore it was decided for this research study to evaluate what the learner's thoughts and perceptions were of the placement based teaching sessions. It is only from researching any aspect of the learning that we as educationalists, can seek to improve the curriculum, and assist institutions to gain excellence in their teaching methods and ensure quality of learning in line with government recommendations (Welsh Assembly Government, 2013). Researching into areas can bring valuable information and contributions to that area of study, which might have not been considered before or used as evidence to support a case. As the learners are the key to how this can be achieved.

Education and training has many challenges; not only for the learner but also for those designing the programme of study. There are regular evaluations undertaken by those managing or undertaking any form of teaching, thus continuous improvements and adjustments are made. However, for any substantial change to occur in any curriculum, it is necessary that research is undertaken in institutions. This would inevitably lead to advancements in the learning environment for students in further or higher education. With the increasing voice of students in higher educational establishments, and universities striving to address the learners experience (Welsh Assembly Government, 2013). It has become imperative that universities strive to improve the teaching and learning experience for their students. With a shift by universities towards more business models of working, the competitiveness by establishments, in order to increase and attract the students to the university has become a major factor. Government policies also support this and believe that if institutions become more competitive, this will then make them attractive to potential students which in turn will bring funding with them (Willetts, 2017). The movement away from free education in universities and with students now paying substantial fees for undergraduate courses, they are now pursuing to enter universities where the student experience plays a significant part. The student voice now plays a significant part in how course are delivered (Welsh Government, 2012). The placement based teaching sessions that were taught to the students over a set period of time, verbal feedback from the learners and clinical staff recognised that the students felt more satisfied and confident, however it is essential that a proper research study is undertaken, to get substantial and concrete account from the students. This data, if proved beneficial and worthy, could be used to acquire funding by the University, in order to sustain these sessions long term. The findings from the research could be presented to the course committee, who could then seek funding from the university to establish a permanent solution to add the placement based teaching sessions

within the curriculum. It is clear that in order to change things, it is important to provide evidence of what is required and validate that claim. Presuming something is good from verbal feedback is not as credible compared to having concrete written evidence to initiate the changes in the curriculum. The midwifery leads for the course at the university aim to develop and generate highly skilled midwifery practitioners for the future. These highly skilled and educated practitioners are the future care providers for women and their families. They need to be able to provide high standard in a highly evolving environment with advances in technology and research based practice. Thus any changes to the curriculum that would seek to provide the necessary improvements in the delivery of the learning would only seek to enhance this aim. Therefore, producing high calibre practitioners, providing competent and safe care, which in turn reduce the occurrence of any adverse effects to women and babies in their care is fundamental.

Researching in areas of learning can only strive to improve the quality of teaching and learning provided by an institution. Learning and teaching is constantly evolving, engaging and encouraging the learners by a variety of methods can prove beneficial to the students, which in turn increases staff satisfaction and better outcomes by the department. Midwives are the key to providing high standards of care to women and their families (Nursing and Midwifery Council, 2008). Universities are responsible for providing adequate training and skills to students who will be fully equipped safe practitioners of the future. With the rising standards of health care and demands from women, it is inevitable that the Universities have to move with these trends and the needs of the society. With the increasing number of women becoming pregnant at an older age, falling into the high risk category for pregnancies (Office of National Statistics, 2017), midwives have to be of high calibre and skill. Universities who

are open to these changes can be seen to be the leaders in the provision of high quality education and thus increasing standards, and producing high quality midwifery clinicians.

A recent government report Midwifery 2020, this was commissioned to create a vision for the future of midwifery in Wales, which is to shape the way in which midwives care for the women's physical, emotional and social requirements. In line with current expectations by women (Welsh Assembly Government, 2010). One of the standards this document has put forward is that midwifery courses should be developed, in order that midwives are equipped with necessary skills and knowledge to work in various environments (Welsh Government 2010). Midwifery 2020 highlights many important aspects that the graduate programmes should concentrate on to develop the midwives for the future. These midwives would be fully equipped not just in terms of skills but also in terms of professionalism. It focused on the fact that these midwives should be able to adequately care for women through the whole midwifery care pathway regardless of the fact if they fall in to the low or high risk pregnancies (Welsh Government, 2010). In order to meet the objectives laid out by the government reports, which are the standards that for the Universities have to adhere to. The educational establishments have to prioritise recognising what measures will bring benefit to the students. Therefore, by researching into whether the placement based teaching sessions are beneficial or not, can only support the University to be forward thinking in developing new strategies for learning. Universities have the duty to keep in line with government targets, and thus improve educational standards for students on their courses. Researching into areas will provide the necessary evidence to do this.

Maternity services are frequently in the media, staff shortages causing pressures on services and no short term solution to the issue and the problems expected to last for the next 10 years

(Campbell, 2013, Royal College of Midwives, 2013). With most recently Cwm Taff Maternity services being put on special measures by the Welsh Government (Evans *et al*, 2019). Maternity service also remain one of the areas where increasing litigation claims are being made with millions being paid out, due to substandard care (National Health Service Liaison Authority, 2012). In order to tackle some of the issues above, the future generation of midwives need to be prepared by the Universities to be proficient, and provide excellent care to women and their families. Improvements in the education of midwifery students can only be advantageous, increasing the safety of looking after women and their families, fulfilling the midwives duty to care (Nursing and Midwifery Council, 2008). Researching in any aspect of teaching and learning is beneficial to all concerned as this can assist in improving all provisions in education, to discover if something is beneficial or not. The above introduction and background shows why this research study is important. It is envisaged that this research will help to provide some evidence to support some of the advantages of the alternative teaching methods to produce high calibre midwives.

CHAPTER 2 – REVIEW OF LITERATURE

This chapter will look at the relevant literature around the topic area of the research question.

This aims to critically analyse the student's perception of how effective their placement based teaching sessions that were undertaken for the current curriculum.

For any given research study the literature review is essential to comprehend what already exists in relation to the topic in question. Enlisted are various search engines to carry out this part of this research study: PUBMED, Google Scholar, Moodle, Google books, and Swansea University library search. These tend to give a comprehensive search. The literature search has been divided into sections in order to help structure the review, these are the historical perspective, the theory practice gap, some of the main themes emerging from the literature review such as confidence, belongingness, resilience and bullying in the clinical areas for student midwives and the theory of learning.

Historical Perspective

An historical look at nurses and midwives training was undertaken in the clinical areas; there were no classroom teaching and all training was based in the hospital. With the movement of midwifery into the realms of academia, the priority moved from the practical aspects of the midwifery training, with increasing sessions in the classrooms concentrating on more academic and theoretical underpinnings, which highlighted the deficiencies of the project 2000 nursing (Lord, 2002). This has led to improvements in the education of nurses and

midwives in the last past twenty years. However, this has increased the disassociation of the theoretical learning in classrooms with the practice in clinical areas, which in turn has led to an increase in the undefined role of nurse educator's in clinical areas leading to nurse educators feeling disconnected with the role of nursing care (Smith *et al*, 2010). A report entitled the MINT (Midwives in Teaching), highlighted that the midwifery students appreciated when midwifery lecturers were noticeable in clinical settings. This allowed them to engage in current matters (Nursing and Midwifery Council, 2010). In line with these concerns being raised by midwifery students and clinicians, the University under question during the last three years reviewed its midwifery curriculum and transformed it to fifty percent practical, and fifty percent theoretical content. Higher education institutions can strive to achieve this aim by working collaboratively with clinical areas, thus providing midwifery education that is satisfactory (Cope *et al*, 2000). In an analysis carried out by Burns and Paterson (2005), of a scheme in Dundee which highlighted insufficient support by the clinical mentors that would aid the learning of student nurses in the clinical areas. This point has been supported by other studies which pointed at the fact there is increasing evidence that nurse educators are unable to give importance to the clinical areas (Clifford, 1995. Kirk *et al*, 1996. Phillips *et al*, 1996). Secondly the lack of observing and advancing within the practice areas. Furthermore, the practice areas and the Universities should strive towards working in partnership. With further changes in midwifery education, with the publication of the new standards for pre-registration education by the nursing and midwifery council (Nursing and Midwifery Council, 2018). Education establishments have to keep up with the continuous advances in healthcare provision, and concentrate on implementing a curriculum that is befitting the future needs in midwifery care. Not only will educational institutions have to develop innovative ways of teaching, mentors in clinical areas will have to develop flexible working partnerships, as those stated in the standards for student

supervision and assessment (Nursing and Midwifery Council, 2018). The aim of all healthcare education is to produce practitioners who will be able give safe care as set out by the code of practice and government legislations. Therefore, any developments to uphold this can only be commendable.

Theory Practice Gap

The historical shift in the education of midwifery students has brought many changes with considerable improvements in standards. However, it has also brought about many challenges; one of which is the theory practice gap since the implementation of the nursing and midwifery curriculum into the Universities. Various researchers have highlighted this issue and there has been many studies into this area. This transfer of midwifery education into higher education institutions has also led to changes in the part tutors play (Corlett, 2000. Landers, 2000. Gallagher, 2004. Maben *et al*, 2006). A study carried out by O'Driscoll *et al*. (2010), supported this point further which revealed that there was a lack of presence of tutors in the practice areas. The continuous increase in workloads and the pressures in the clinical areas, the constant evolving of the clinical role, causing clinical mentors feeling increasingly burdened, which left them unable to give the students the standard of teaching that was required.

The theory practice gap has been a matter of much debate. Many have described this concept when there is disassociation of the theoretical elements learnt in academia, and the application into practice (Rolfe, 2002). Allan *et al*. (2011), in her ethnographic study

emphasised this further that the hidden curriculum in clinical areas is leading to a theory practice gap. The nurse mentors had high expectations from the students, and on qualification were expected to be competent. These assumptions were contributing to the theory gap in nursing education. Only by reviewing the relation between theory and practice in the hidden curriculum by educators can the gap be closed (Rolfe, 2002). Corlett (2000), also highlighted the lack of partnerships between Universities and clinical placements for students, expressing concerns around the timing and organisation of placements, causing a theory practice gap. Smith *et al.* (2010), findings showed that the anxieties nurse tutors were expressing, was strengthening the theory that there was a clear division between the educational departments and the clinical settings, this in turn was causing concerns amongst the students and practitioners. This was supported by Hart *et al.* (2001), in which they stated that these issues existed in the midwifery curriculum where there was a deficiency in the integration of what was occurring in the classroom and the practice areas. Additional research has aimed to look at the views of nurse clinicians, nurse tutors, nurse mentors and students in order to analyse the concept of theory practice gap further.

Most recently, researchers have begun to question: is there a theory practice gap? Or is it that the constant changes in clinical practice, the exposure of students to different experiences that make it difficult to make learning equivalent for all. Some have gone a step further by stating that the theory practice gaps facilitates the educators and students to question their practice and therefore continually strive to make changes and improvements (Ousey and Gallagher, 2007). Newly qualified practitioners seek high standards, increased workload, staff shortages, organisational pressures, lack of role models as identified by Maben *et al* (2006), hindering the process of nurses making the theory practice link. The code of professional conduct (Nursing and Midwifery Council, 2015), which stipulates that midwives should provide

evidence based practice, this can only be effectively achieved with exceptional mentorship and role models as identified by Myall et al (2008).

The theory practice gap is a contentious issue, the focus of this research study is to analyse whether the placement based teaching sessions can complement the current curriculum and bridge some of the theory practice gap that midwifery student's face. Although the sessions have been undertaken at the University they are not a compulsory component of the current curriculum. Therefore, a review by exploring what the midwifery students experienced from the placement based sessions can only add evidence to the current knowledge base around the delivery of these sessions. Recent changes at the University in question with the employment of practitioner tutors, developing an innovative curriculum are all measures towards improvements of educating midwifery students. Nevertheless continuous assessments and review of the delivery of educational programmes can only strive to improve outcomes. Therefore, producing high calibre midwifery practitioners who are fit for purpose to care for women and their families in the continually changing maternity care and the challenges it brings.

Themes emerged from literature

There are few other themes that affect student midwives that have emerged from the literature review such as confidence, belongingness, resilience, and bullying in the clinical areas for student midwives. The review will now aim to analyse these points that affect midwifery

students in the clinical placement areas. These are key areas that could potentially affect the learning experience of midwifery students in the clinical practice.

Starting in a new clinical area can be daunting for any student, coupled with lack of hospital exposure and clinical skills can be often challenging and overwhelming. Student midwives have raised concerns of belongingness and feeling confident in clinical practice. According to Seaward (2006), the higher their confidence and self-esteem, the better they cope with stress. Stress for student midwives can lead to feelings of lack of confidence in clinical areas, and not feeling they fit in with the team can cause anxiety and stress that can have negative consequences on the student and their achievement. The educational establishments have a duty to prepare the students to be better equipped to face the clinical environment. A report by the Royal College of Midwives (2014), expressed concerns that the already overworked and stressed midwifery staff in the clinical areas were given additional responsibilities to mentor midwifery students, who were under prepared. This can also can be a source of stress and added pressures on midwifery staff. Which in turn can have negative impacts on students, however with better preparation for clinical areas student midwives can be made to feel useful in these areas and not a burden. The progression of the midwifery profession relies on the outcome of the educational institutions to prepare the midwives to face the challenges of the ever changing and challenging environment. The educational institutions have a duty in recognising what causes stress and anxiety to student midwives, and they need to try to resolve some of these issues as this can only be of long term benefit for the midwifery profession. Many studies have raised concerns around issues of confidentiality, belongingness and students have voiced concerns around these issues. The midwifery schools need to recognise these issues and find suitable ways to resolve them and introduce new ways into the curriculum, in order to benefit the midwifery students. The rising birth rate (ONS,

2015), the shortage of midwives (Royal College of Midwives, 2017) in the NHS, and the increasing number of women with complications in pregnancy can attribute to low morale for midwives, due to added pressure of the workload and inability to provide the care which meets their personal standards, which in turn leads to work related stress. There is now growing research to increase the knowledge base around resilience in midwifery. Hunter and Warren (2014), study showed that midwives stated that resilience was a learned process and a strong professional identity aided in the resilience. The government's strategy for mental health (Department of Health, 2011), recognises the importance of building resilience for the health and wellbeing of individuals, it further encourages employers to recognise and promote these qualities. However, to do this there needs to be a clear understanding of what resilience is and how it can be fostered.

With the increasing work pressures in midwifery strong character formation is almost seen as survival. Midwifery students can be vulnerable when they enter such a working environment, where the qualified midwives are facing such challenges. This can have a huge impact on their clinical experience. Student midwives are already vulnerable to the working environment and facing their own challenges, pressures and on top having to develop resilience in the workplace. With resilience being a learnt process as identified by Hunter and Warren (2014), it is hoped that student midwives with increasing exposure to the clinical area would develop natural resilience. There have been studies that have suggested that if resilience is a learned process then who is responsible for this learning. Jackson et al. (2007) proposes that the 'self-development' of nurses and midwives should not just be the responsibility of the individual but also of educators and the health care institutions. This is supported by Graften et al. (2010), It is also suggested that predictors of resilience such as adaptability and positive identity can be strengthened through education and training

(McAllister and McKinnon, 2009). These authors suggest that the educational implications of resilience research apply equally, to undergraduate nursing and midwifery education and newly qualified registrants. McAllister and McKinnon (2009), specifically propose that educational programmes should focus on enabling individuals to explore and develop their professional identity, as well as building their capacity for coping. They also suggest teaching leadership for change as a way to prepare individuals to better adapt to change. Finally McAllister and McKinnon (2009), suggest that ‘cultural generativity’ should be encouraged within teams. This is achieved by utilising the experiences of resilient practitioners, individuals who can act as role models by providing lessons and insights, as a mechanism to build resilience capacity within the professions.

Clinical placements form a large part of the course for student midwives, besides all the uncertainty and tensions surrounding starting placements in any area, there are issues around the sense of belonging for midwifery students. Baumeister and Leary (1995), argue that belongingness is such a fundamental human motivation that we feel severe consequences of not belonging. If it wasn’t so fundamental, then lack of belonging wouldn’t have such dire consequences on us. This desire is so universal that the need to belong is found across all cultures and different types of people. Abraham Maslow suggested that the need to belong was a major source of human motivation (Maslow, 1943). According to Baumeister and Leary (1995), all human beings need a certain minimum quantity of regular, satisfying social interactions. Inability to meet this need results in loneliness, mental distress, and a strong desire to form new relationships. In order for student midwives to thrive in a clinical area the process of belongingness is significant in the development of their learning and emotional wellbeing. There are suggestions that if there is threat to an attachment then there tend to be feelings of insecurity. Preparing student midwives to function in a multidisciplinary team is

critical for effective health care, a study by Vallint and Neville (2006), in New Zealand showed that student nurses felt unnoticed in practice. Increasing the confidence levels in midwifery students is a key part of their learning, any aspect of the training that supports and encourages this can only be of benefit to the profession.

Another serious theme that has emerged in the literature is issues around bullying in clinical placements, although this matter is not just related to students there are ongoing historical bullying in midwifery (Gilleni et al, 2009. Kirkham, 2007). Midwives have often expressed forms of bullying this can be from issues of undermining others to outright shaming and belittling others. Midwifery students are at the bottom of the hidden hierarchical systems that exists in hospitals, hidden roles and authority are a common place, student midwives are often targets for others to use as a scapegoat to fulfil the power that others often perceive they have and as a result can experience bullying. One report has stated that up to 60% student midwives feared bullying (Heaphy et al, 2015). The fear of saying anything because they will be labelled as a trouble maker, makes them keep things inside and just survive the course, this is counterproductive to all aims and goals of any midwifery school. It seems that the better a student is prepared for the clinical area and the more confident they are, they are less likely to experience bullying.

Theory of learning

This section of the literature review will consider the different ways that individuals learn. The way individuals learn is varied, therefore lecturers should use a variety of teaching styles

which needs to be adapted in to the classroom to be able to meet the needs of the different learners. Teaching strategies would incorporate a combination of the mentioned theories, hence meeting the needs of the various learning styles of the learners. Some of the main theories are behaviourism, cognitivism and constructivism.

Cognitivism is a learning theory: the theory believes that learning happens from the acquisition of information by individuals from surroundings around them, and from this they construct their own understandings (Petty, 2009). It differs from the behaviourists' notion which focuses on positive and negative reinforcements. They maintain that active learning occurs through thinking, which is fundamental in the learning process. This is through the processing of information and linking differing pieces of information to make a connection. The placement based teaching sessions that were undertaken at the university focused on the visual learning for the midwifery students, this would enable them to associate any knowledge they had acquired in the theoretical part of the course to the practical sessions that they were undertaking. This knowledge could have been acquired through various other learning methods such as group work, brain storming and discussions that the midwifery students had. These various methods of receiving and processing of the information will assist in developing the whole schema for the midwifery students, the schema is a process whereby they build and organise the existing knowledge they have which was first recognised by Bartlett in 1932 (Brewer, 2000).

Cognitive perspective is about the complete picture, this continues to change based on the increase of information obtained through various experiences and resources. They define the learning process as: 'A change in cognitive structures; the way in which we perceive events

and organise experiences to arrive at understanding.’ (Gould, 2009 p. 46). This continues to evolve as we receive or are exposed to new information (Gould, 2009). The placement based teaching sessions involve group work, which is based on the cognitive stance: the groups by working together and partaking in discussion would increase their schema. As they would gain new information from each other and retain this information, which would be used when necessary (Glassman and Hadad, 2004). The midwifery students who are attending the practice based teaching sessions are going through a very personal experience; they are going to build a new schema of knowledge and continue to add to it.

The benefits of learning in small groups are that it allows students to discover and engage with a range of perspectives, ideas, and backgrounds. It provides students the opportunity for more active involvement. It gives opportunities for students to receive more immediate feedback on their learning; it encourages students towards self-directed and independent learning. It provides more opportunities for peer learning and sharing responsibility for learning (Jaques, 2004). Some of the disadvantages of group work could be that some students may be more interested in talking about other things than becoming involved in group work. One student may assume a dominant role within the group and the time it takes for feedback (Reece and Walker, 2007). It is very important in group work to allow sufficient time for the activity to be undertaken and feedback to be given by learners, as classroom time is restricted, teaching strategies like this require sufficient time to be allocated to be able to give the group and the subject area enough time for discussion, question and answers, feedback, and for teachers to add new knowledge to the information gathered by the learners. Time needed for such activities can be underestimated, so it is important sufficient time is given to group work. Also group work can be risky if individuals do not know each other, and do not wish to discuss with each other, also leaving out quieter learners. Visual aids can

help stimulate right brain learning for students, using this teaching method in the lesson can be quite effective where the students start questioning themselves (Petty, 2009). One study by Constantinidou and Baker (2002) found that visual presentation through the use of pictures was advantageous for all adults. Individuals use both sides of the brain for learning; each side plays vital parts to learning and thought processes, right brain theory enables holistic learning (Pritchard, 2005). Visual illustration is an excellent way to capture the interest of the learners and engage them to be motivated to learn in the classroom. The teacher can then observe from a distance, and engage when necessary with learners. Placement based teaching sessions are very much based on the students learning through group work, visually and practically. The above theory of learning will help those learners who learn in this way.

The famous theory by Maslow motivation included the hierarchy of needs suggested that students need to feel safe and valued in order to reach their full potential (Wallace, 2007). The placement based teaching sessions were conducted in a safe learning environment where the students were able to freely discuss any issues that arise, and not feel intimidated as this would inhibit the learning of the students. Maslow believed that in order for any student to learn effectively and be motivated to learn their needs must be satisfied (Reece and Walker, 2007). Additionally, during the sessions, the learners undertook a practical and problem solving activity which made them make their own sense of what they are learning; this helps the students to build on the learning which will occur due to any previous knowledge (Petty, 2009). If individuals are motivated to learn this will benefit them as it is a very rewarding experience, thus making it easier for the tutors to facilitate the learning.

The above literature review is as extensive as possible for the current dissertation and word count limitations. It was able to explore the historical view and the theory practice gap that persists in the midwifery education system. The literature highlighted current themes that midwifery students are faced with in clinical placements such as confidence, belongingness, resilience and bullying. These areas were explored briefly as any improved preparation of midwifery training and education can help to address these current issues that have been emphasised. The literature also looked at the theory of learning to help address how different individuals learn. Any educational establishment aiming to enhance the learning experience of student midwives will look to establish different teaching and learning strategies. The above literature review gives some background information as to the necessity of the embedding of placement based teachings into the curriculum, since the introduction of these sessions through the new post of the seconded lecturer practitioners there has been no thorough evaluation whether these sessions have had any impact on the training and learning of the midwifery students. The responses from the midwifery students will help to assess whether the placement based teaching sessions assisted the students to connect the theory to practice in a safe setting. This will equip them to acquire essential skills and knowledge, which will improve the integration of the practice settings with the University's.

The purpose of any research study is to improve standards to any educational institution. Which will in turn help improvements in the training of the midwifery students. Universities have to be responsive and be obliged to increase standards. Any aspect of education that can engage the students in learning can only endeavour to make the whole learning experience positive, which will produce highly skilled and knowledgeable practitioners. The findings from the study will provide the necessary evidence required to justify the consolidation of placement based teaching sessions into the curriculum. Therefore, facilitating the department

to present the findings to pursue further funding to acquire the resources necessary for implementation. The advancement of midwifery lies in the production of competent midwifery practitioners who are able to care for women and their families safely and effectively, and provide care that is suited to the advances in healthcare provision. They need to be fit for purpose and a highly driven workforce. It is envisaged that the findings from this small scale research project will strive to improve the teaching of midwifery students at one University. The next chapter will discuss the research methodology that was used for this research study.

CHAPTER 3 – METHODOLOGY

Chapter three contains a discussion of the research methodology adopted to conduct the study. It will explore the advantages and disadvantages of the survey method that was used for the research study, in comparison to the other methods. It includes the ethical implications for the study and a discussion on informed consent and confidentiality. The chapter will also include details of the pilot study that was conducted and how the data for the study was collected.

Research methodology is a vast subject it would be very difficult to explore all the approaches that could be taken for any given research subject. Research methodology is an approach taken by a researcher to adequately explore the research topic in detail, the approach taken can be in various ways depending on the required research outcome (Polit and Beck, 2008). There are many definitions for research methodology. Some of which can be very confusing and wordy, and hard to interpret exactly what is meant by these definitions. Reading around some of the academic texts around methodology it appears that it is generally the stance or position any researcher takes to base their research approach upon (Nachmias and Nachmias, 1996, Goddard and Melville, 2004).

The main approaches to research methodology are; quantitative, qualitative and mixed methods. Quantitative research is generally focused on measuring figures and facts; being experimental in nature, whereas qualitative approach tends to be based more on feelings and thought processes and nonexperimental (Bavelas, 1995. Punch, 1998. Newby, 2014). Mixed

method approach on the other hand uses both the quantitative and qualitative (Denscombe, 2013). It is very easy to put these approaches on two continuums, however they are interlinked and frequently become intertwined in the research being undertaken. The approach any researcher takes for a study depends on what they have set up to find out from their research question. Each of these paradigms quantitative and qualitative has its own ontology, which means its own beliefs about reality (Newby, 2014). Quantitative is based on the ontology of realism, that there is a truth to be discovered about reality. This approach falls mainly into the positivist philosophy, which generates facts and figures which are then analysed by the researcher (Saunders, 2003). On the other hand the qualitative paradigm ontology is based on relativism, which is basically the belief that there are multiple perceptions to reality, and it is not fixed (Newby, 2014), which falls into the interpretivist philosophy (Johnson and Christenson 2010). Various studies by, Saunders *et al*, 2009. Ritchie and Lewis, 2003. Guba, 1990. Guba and Lincoln, 1989, have expressed the difficulties in these paradigms with frequent overlapping. The methodology that is used is only one aspect of the methodological process.

This research study was undertaken by using a quantitative approach, as it was the most appropriate one to answer the research question: whether placement based teaching sessions were effective, it was essential to collate figures that could be used as evidence to recommend changes to the current curriculum. There had been no data collected in the past in this area and no evidence was available. There are many methods (tools), for data collection which can be adopted for any given study (Bryman, 2012). The method that will be generally applied will be based on the approach that has been adopted, and the type of data that needs to be collected for the study. There is not one comprehensive tool for collecting data, however the ideal one is chosen based on the information and knowledge that needs to be collected. There

are several advantages and disadvantages to any given method, the researcher would have to weigh up the options and choose the relevant one based on many intrinsic and extrinsic factors. In order to gain some understanding about the various methods and the advantages and disadvantages for them, below will follow a brief discussion on interviews, questionnaires and observational studies.

The survey approach which was used for this study is a traditional approach which is embedded in the field of research (Bowling, 2002), it allows the gathering of information from various population and samples. The survey can be conducted via phone, email, text message or face to face. It can be used to gather facts, figures and feelings to some point (Gerrish and Lacey, 2010). The questionnaire that was used for this study was designed on the internet engine survey monkey, these have become popular as it is easier to design and distribute them when there are time constraints. The questionnaire, if designed and piloted properly, can gather vital information that can influence changes. For example large scale surveys such as the census can gather significant statistics about the population, which can give key information to allow services to be planned and delivered. The questionnaires can be quick, easy, cost effective, and distributed to large numbers very efficiently. The questionnaire also reduces interviewer bias as it is self-completed, but can lend itself to individuals giving dishonest answers (Greenfield and Greener 2016, Silverman 2004, Bell 2014). The research study can be replicated again with the use of the same questionnaire, as it will not have the same researcher bias as an observational study. Observational studies tend to be longitudinal, focussing on following ongoing behaviours or trends, it can give deep meaningful understanding to research topics through participant or non-participant observation (Dewalt and Dewalt, 2012). However, similar to interviews it has issues around

time, around observer bias, thus replicating the study is difficult and outcomes are hard to generalise.

As with any method the questionnaire can have some disadvantages. The biggest concern for the researcher being the low response rate, dependent on the sample and the size of the questionnaire can cause people not to respond, which means the data collected might not give enough information to make a general analysis (Bell 2014, Sarantakos, 2012). Part completion of the questionnaire can cause the researcher to be left in a dilemma in how to interpret it, causing issues around the reliability of the data. Closed ended questions might not give enough information to understand the reasons behind the response, and pose further questions (Bell, 2014, Sarantakos, 2012). This can make them very impersonal, and does not allow further probing of any of the responses. Although inserting some open ended questions can resolve some minor issues by gaining further information from a response, it might cause more pressure on the researcher by not being able to interpret the data obtained (Bowling, 2002). It is also difficult to interpret any emotional aspects of the response. Online questionnaires have increasingly become popular again due to the advantages discussed above. However it carries the same disadvantages as paper questionnaires with the added scope of falsification, where Individuals with no interest in the subject might complete questionnaires for incentives.

Using interviews for research studies can give detailed and in depth knowledge of any chosen subject (Mears, 2012). Due to the nature of interviews the sample is generally smaller, owing to the time constraints it poses (Denscombe, 2013). It can give the researcher large amounts of comprehensive knowledge on any area of research, which would require it all to be

interpreted appropriately to give valuable content, by coding the data effectively and efficiently. Interviews are extremely valuable when feelings and thoughts are required for any topic (Mears, 2012). As interviews can be very time consuming, the sample tends to be smaller, and it is often difficult to get participants to commit to a lengthy time that is convenient for the researcher and the participant. Therefore this method tends to be more suitable for those who have longer to undertake a study and require in depth information on a given subject.

For any researcher deciding on the research method for a study is a complex matter which is based on many factors. There are no flawless methods for any given study but a researcher will aim to use the most appropriate one. It is necessary that a discussion of the ethical implications of any research study is undertaken. The next section will explore the ethical concerns of the research study.

Ethical Consideration for the study

Ethical matters are the most fundamental part of any research project. A thorough examination of historical researches will show you the extent of how ethical institutions have strict codes of practice that cannot violate human rights, and place strict guidelines into medical and social research. Due to many research studies that were undertaken by deceptive and forceful means without participants being fully informed, and when benefits were identified such as an effective drug and the participants were not offered them. This led to one of the key codes the Nuremberg Code 1947 to be implemented, which stipulates that

participation in research must be voluntary (Government Printing office, 1949). The Declaration of Helsinki (1964), dictates that all biomedical research projects involving human subjects carefully assess the risks of participation against the benefits, respect the subject's privacy, and minimize the costs of participation to the subject (World Medical Association, 2019).

Research studies have to take ethical matters seriously when conducting any studies, to protect all involved with the study. Ethical concerns are a complex matter a researcher might not be fully prepared as to when an ethical matter might occur during a research study. Ethical matters can arise during any stages of the research study, which makes it imperative on the researcher to remain cautious and vigilant at all times and deal with the issues in a professional manner and rectify them (Denscombe, 2013). There are many aspects to the ethical process from informed consent, anonymity, confidentiality and respecting the privacy of participants. At no cost should this information be identifiable or divulged. The data collected from any given research should not be identifiable to the participant at any stage of the research. Mistakes can occur at any stage of the research especially when publishing the results could lead to persons being identified, the researcher has a moral duty to ensure extra diligence and that at no stage the participants could be identifiable. The researcher has to be sensitive to the participant, and has to carry out the study upholding high standards of honesty and integrity. The researcher should go out of their way to explain the study in detail in written and verbal format. They must clearly highlight any risks that could be associated with the research study whether physical or emotional to the participants (Gregory, 2003). Participants must not be coerced in to any study, they should make their own informed choice to enter a study and be able to withdraw from the study at any time without any

consequences. One of the most crucial components of ethical principles is that the data protection act 2018, is adhered to (GOV.UK, 2018).

This research project was submitted to the institutional ethics committee in order to ensure that it meets the standards. Ethical approval (Appendix 1), was gained and also written permission from the local head of midwifery education was obtained to undertake the study. Informed consent must be implemented when any study includes human subjects. In order for this to be applied to the research project a participant information sheet (Appendix 2), was sent to all participants for the study. This informed them about the nature of the research project, it included information that participation was voluntary and at any point they could withdraw from the study. Their participation would be viewed as giving implicit consent to the study, by completion of the questionnaire.

Consent from the establishment under study; the head of the department of the school being researched would have to be obtained in order to undertake the research study. Ethical approval would have to be then obtained to conduct the research study, from the ethics committee of the organisation. Approval would be given for the study, after thorough review that it would have no effect on the participants. This is to preserve high standards of research ethics and safety for all involved in research. The participant information sheet, questionnaires would have to be approved by the research ethics committee and be robust prior to commencement of any study.

It is a pre requisite for any research study that the potential for harm to participants is overcome; there are various ways in which participants can be harmed: physical harm, psychological harm, emotional harm, embarrassment (i.e., social harm), etc. It is imperative that any research should have minimal, if any, potential for any harm to occur. The research study has been carefully analysed to minimise any harm to the participants, it is envisaged that no issues should arise and that if participants have any questions to clarify issues they can freely contact the researcher via email or mobile phone. As the students remain anonymous there are no risks to them feeling a threat, and that non participation will affect their academic standing.

Confidentiality and Informed Consent

This section contains a discussion on confidentiality and informed consent of the research study. These two issues are big topics in themselves however, it is imperative that they are mentioned as they are one of the most important aspects for research studies. The data protection act 2018 (GOV.UK, 2018), clearly outlines the basis for the way in which any information that is obtained from individuals should be handled. This act gives the clear boundaries any researcher has to conform by with any information that is obtained from a research study. The information gained is highly personal and sensitive to individuals. The researcher has a grave responsibility in maintaining the confidentiality of any participant in the study, they should take all due care and respect to achieve this. They have to provide clear guidelines and assurances in how this is going to be met. The questionnaire for this study did not collate any personal data that could identify individuals. Informed consent is when an individual can freely choose to opt in or out of a study at any point without being coerced to

remain in the study (Polit and Beck, 2008). Participants can voluntarily leave any given study at any given point, without any consequences. Informed consent for this research study was met through the participant information letter which stated this, and allowed the participants to voluntarily participate in the study.

Anonymity and confidentiality of participants are central to ethical research practice. Maintaining confidentiality entails that the data collected from the participants is only identifiable by the researcher to individual participants. This research project maintains both confidentiality and anonymity, as the data collected has no way of identifying the participants as the questionnaire does not ask any personal identifiable data. The completed questionnaires are returned onto a secure website that uploads all the data. Data protection for this study is maintained by the fact that apart from the researcher no one else is able to access the website where that data was. When all the data has been collated, the data can be deleted from the system.

The above ethical discussion is not exhaustive and it only touches the surface of some points that are pertinent to this research study. In any research project it is essential that participants are allowed to voluntarily participate, that informed consent is obtained, ensuring confidentiality and anonymity maintained to utmost high moral standing, with total assurance of data protection.

Data collection

The data for this research was collected by the use of a questionnaire with a recognised website that can be used to develop the questionnaire, aid distribution of the questionnaire and collect responses in an organised manner. The questionnaire was piloted it is beneficial for qualitative approaches, as it allowed errors to be rectified such as grammatical errors, technical errors, wording of questions and various other issues that may arise (Offredy and Vickers, 2010). Five questionnaires were piloted to improve the standard of the questionnaire. Few issues were raised from the questionnaire some were grammatical and these changes were made. There were some technical issues that became apparent during the pilot study this was beneficial, if these were not noted prior to the questionnaire being distributed to a wider audience the questionnaire would have been a failure as respondents would not be able reply to the question being asked. For example questions 3, 4, 5, (Appendix 5), when requested to give an explanation to their answer they were not able to as the format of the design was incorrect and all these questions had to be corrected to allow respondents to answer appropriately. The pilot study prevented this big error from not being noticed and allowed the researcher to correct this before being circulated. This point shows the necessity of undertaking a pilot study for any study to iron out any deficiencies and make improvements to add credit to the research study. Also a set of fresh eyes on a question allows things to be noticed, which the researcher might not have noticed due to familiarity. A subtle grammatical error can change the whole meaning of a question and therefore lead to not collecting the relevant data required for the research study. Also during the pilot process it was noted that a question was not required, it asked the respondents what year of study they were in, and this question was pointless as the questionnaire was being distributed to only one year group. Another question was asking very similar information so this was amalgamated

to one question rather than two. It is unnecessary to add questions that do not gather any necessary information for the study. This reduces the confusion for participants who are being asked similar questions. The pilot study was a fundamental part of the research process to improve the data collection tool.

On completion of the pilot study and all the necessary changes and editing, the questionnaire was ready for distribution. Permission was requested from the head of the department for the distribution of the questionnaire by email to all students in the third year of their academic studies. This process went ahead smoothly as there was mutual cooperation between the department and the researcher. The sample for the study was the whole year group, this consisted of a total of 29 students. A convenience sample (Newby, 2014) was used, as this was the year group that the placement based teaching sessions were delivered to. They were initially sent the participation information leaflet (Appendix 2), informing them of the study and that participation was voluntary. Following this stage they were sent the survey monkey link inviting them to complete the questionnaire. Regular reminders were sent to the participants by email (Appendix 3, 4), to aid an increase to the response rate. Once the questionnaire was completed the responses arrived automatically to the website and data was collected and analysed. In the next chapter the results from the study, will be presented.

CHAPTER 4 – RESULTS

The following chapter will present the findings from the data collection. In total 29 participants were approached for the research and questionnaires were sent via a search engine to the participants through their email accounts directly. In total 20 participants responded over a period of six weeks. Various encouraging posters (Appendix 3 and 4), were sent to the participants to increase the response rate. The questionnaire was distributed during a seasonal period, which might have caused a lower response rate as it was coming towards the end of an academic term where students could have been highly distracted with personal issues. However, despite all this a response rate of 69% seems a fair response to write up the findings for this research project. The questionnaire was short and succinct asking questions pertinent to the study, it focused on six key questions some were open ended and others were closed questions. If a survey is long, research has shown that this can generate a low response rate, other factors that can also influence a response rate is if the questions are too complicated to understand or the questionnaire does not go to the correct target group. The survey that was sent out to the student midwives was not a lengthy questionnaire and the questionnaire (Appendix 5), was piloted prior to reduce any miscommunication of the questions and misunderstanding. Also the questionnaire was emailed to the specific target group, and not to the target audience. Due to only a small sample group a larger response could not be expected. It is believed that any response received can add value to a study as the participant have taken the time to complete it. Below follows a breakdown of all the responses from the questionnaire.

The first question asked the respondent how many placement based sessions did they attend 16 of the students attended two or more sessions (Fig 1).

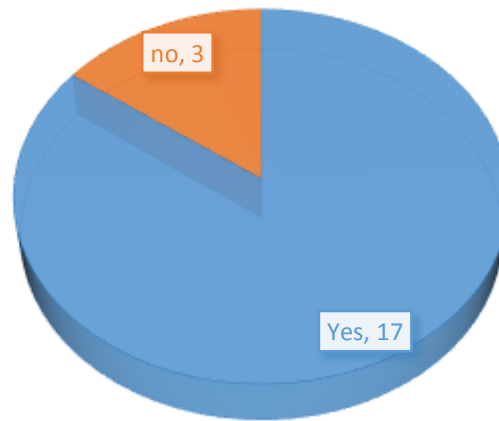
Number of sessions	1	2	3	4	5
Number of participants	6	10	2	1	1

(Fig 1)

All 20 of the respondents had undertaken one or more sessions of placement based teaching sessions. This question sets the base for the rest of the questions as to the experience students had from these sessions. The reason why there might have been a big difference in the number of sessions each student had attended could be due to clashes with students being on clinical placement during the time of the sessions. It could have been due to sickness and absence. Or the location of where the sessions were held at, the students could not participate. As there were four hospital sites that the session could have been undertaken

The second question that followed on from this was, do you think the placement based teaching sessions helped link the theory taught in classroom to clinical practice? This is one of the fundamental questions of the research project of the 20 respondents 17 of them said yes it did and three said it did not. Below is a graphical illustration of this finding.

**DO YOU THINK THE PLACEMENT BASED
TEACHING SESSIONS HELPED LINK THE THEOY
TAUGHT IN CLASSROOM O CLINICAL PRACTICE?**



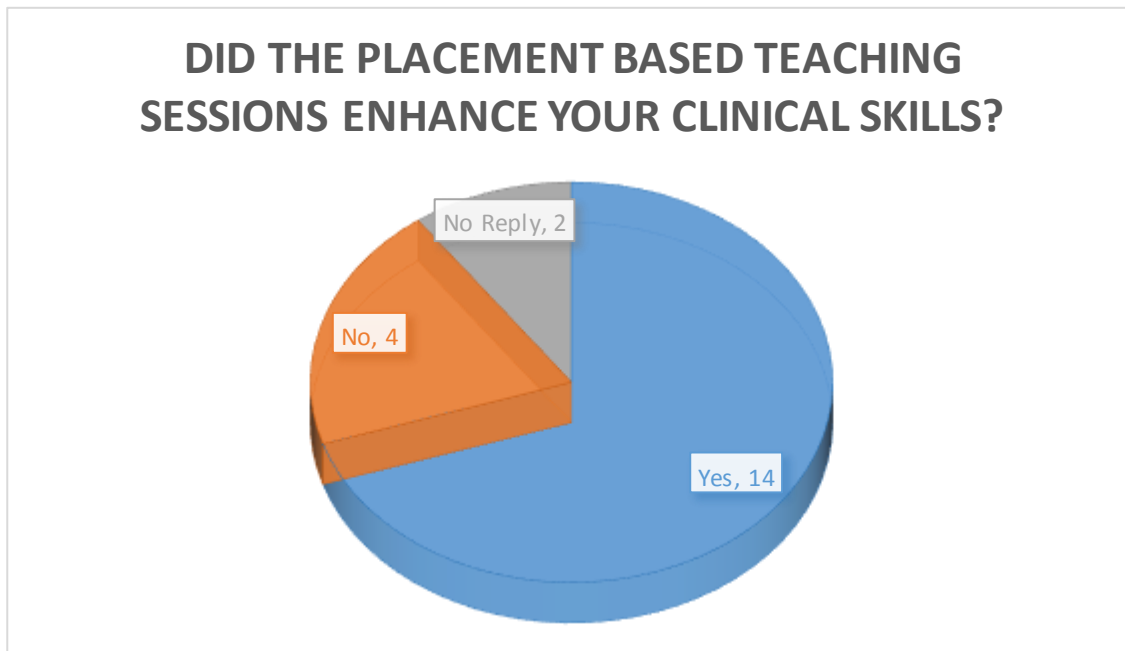
(Fig.2)

From the above responses 13 of the respondents expanded on why they thought that placement based teachings linked the theory they were learning in classroom to practice. The respondents elaborated their answers as stated, below are all the comments due to the limited number all the comments have been listed:-

1. 'It gave me more confidence to go into practice'.
2. 'Having the opportunity to learn a particular skill in practice makes it more realistic for us students. I really enjoyed the practice based teaching sessions'.
3. There is a big gap between theory and practice, especially in midwifery, and being taught in a placement based environment was a really good way to overcome this and was very beneficial to my learning. However I only had the opportunity to attend one placement based session.

4. 'My learning style is predominantly kinaesthetic and therefore practicing the skill helps me to remember how to complete the skill.'
5. 'I carried out the task required on placement with more confidence after the placement based teaching'
6. 'It was easy to link it to reality as we were in the clinical setting'
7. 'Equipment can be shown at the same time and I think being in the environment helped'
8. 'Was good to see it in the real setting'
9. 'It means that your learning in the environment that you are expected to practice, it further improves your educational experience and for me helps me to embed what I have been taught in theory'
10. 'Being in placement areas makes the theory more useful'
11. 'We only attended one session where we visited the ward, in our first year to see a placenta and weren't shown/taught anything else'
12. 'It was interesting to see the surroundings I would be working in as I had never been on a maternity ward'
13. 'It needed more sessions'

Question three on the questionnaire asked, did the placement based teaching sessions enhance your clinical skills?



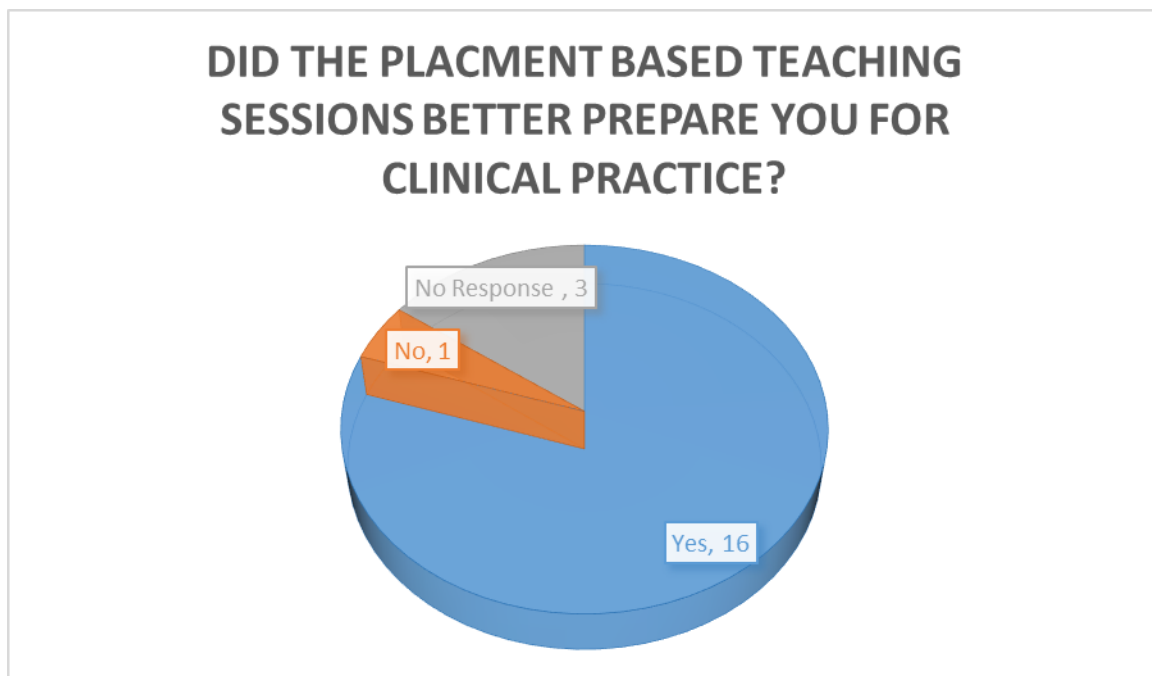
(Fig.3)

The findings above show in Fig.3 that out of 20 respondents 14 of them stated that they found placement based teaching sessions enhanced their clinical practice. Eight respondents elaborated on how they felt this occurred, below is all the responses:-

1. It allowed me to apply the knowledge gained to my practice
2. It gave us the opportunity to try out new skills in a practice environment.
3. It was very early on in my training and was the first time I had set foot in the clinical setting
4. Being in the setting improved my memory for clinical procedures and the equipment

5. I gained confidence in a peer environment, which I found less stressful than 'real life' placement situation.
6. I was shown things and I absorbed them better and retained the information
7. Not enough time to do the sessions
8. Nice to see in reality.

Question 4 on the questionnaire asked did the placement based teaching sessions better prepare you for clinical practice. The findings for this question is presented below.



(Fig.4)

The response for this question was that 17 responded out of 20 and three respondents skipped the question see fig.4 above, it will be very difficult to know why three of the students decided to skip the question. Sixteen of the respondents felt that the practice based teaching sessions better prepared them for practice. From the responses eleven of them made further

comments which have been listed below, one of the respondent felt that it had not better prepared them.

1. Yes as I knew what was expected of me when I was asked to do something.
2. As a student midwife I feel that having some teaching sessions over in practice enhances our learning as it gives us a real perspective of every day midwifery.
3. What we were being taught seemed more relevant when it was being taught in a placement environment, for example we could become more familiar with equipment and resources used in placement, whereas these may not have been available in the classroom.
4. I think it allows you to develop the skill, giving you confidence to use it in practice but because it's impossible to reflect reality completely, I'm not sure that it fully prepares you for some situations. However I feel experiencing the situation having practiced it in a protected environment has given me more confidence when I have needed to perform the skill and react to a situation in real life.
5. Helped me to familiarise myself with the hospital set up and staff.
6. I feel more prepared for speed of laying the bed head down quickly in an emergency.
I will be less likely to flap.
7. Had the opportunity to practice.
8. Bed making
9. Practical skill of examining a placenta and being shown a mews chart helped me.
10. It helped me feel more comfortable in the hospital environment.
11. We need more.

Question five of the questionnaire had ten responses, however only nine made suggestions. It asked the students what other placement based teaching session could you suggest would benefit you? This was an open ended question and the nine responses are listed below:-

1. I feel that by being shown around the unit and being introduced to the staff and where we can find things.
2. University teaching sessions in the hospital in the first year covering basic midwifery skills such as palpation
3. Hospital corners
4. Use of resuscitaires, basic skills such as bed making, I feel this could make a big difference especially for the first years as you are more limited in your practical skills, so simple things such as these would allow you to feel more useful in a busy ward environment.
5. Introduction to theatre.
6. Doing neonatal resuscitation actually on a resuscitaire.
7. Intravenous drugs and setting up drips in the night setting would be very helpful.
Venofer, syntocinon, antibiotics and siting cannulas. Epidural set up to assist doctors.
Parent craft practical.
8. A theatre session if possible. Showing and explaining the tools used for c section for example.
9. Varying clinical sessions.

Question 6 on the questionnaire asked the students can you think of an alternative to placement based teaching? Seven students responded to this question. Out of the seven only five of them gave a response, which have been itemised below:-

1. No I feel it worked really well
2. More equipment that is the same as that used in practice so that the students can gain confidence in using it in a safe environment. For example resuscitaires! Although I have completed my neonatal life support OSCE I do not feel confident in practice as we were only taught with a bag and mask and I do not have confidence in using the resuscitaire.
3. Enhancing our clinical suite in university.
4. A well stocked and genuine looking clinical room at the university, with all the equipment we have in our clinical practice.
5. Have more clinical based sessions.

The last question on the questionnaire asked the students, please provide any other comments you feel are relevant to your own experience of placement based teaching sessions? Six students responded to this question, of those five gave further comments

1. I feel more placement based teaching would have benefitted me hugely and enhanced my confidence before starting my hospital placement. Especially as I had never worked in a hospital environment before.
2. I think more in the first year would be great and may break down my nervousness.
3. My experience of placement based learning prepared me well for the OSCE's.

4. I found them beneficial as I like to see things as I'm not great at envisaging certain things.
5. It's fantastic learning opportunity.

The findings above are presented as they were given by the participants, and the responses to the open ended questions are given in the exact form as written by the research participants.

The responses were not edited in any way, in order not to lose value in anyway of the findings and it is perceived that this enriches the research data. The open ended questions were not grouped into themes as the research sample was small and by doing this it was felt that valuable data from the research would be lost. It is hoped that in the discussion that is to follow a more comprehensive understanding of the findings can be made.

CHAPTER 5 – DISCUSSIONS OF FINDINGS

In this chapter follows the discussion of the findings presented from the above chapter. Although the response rate was average, the findings have added value to the research question being asked. The second question asked the participants do you think the placement based teaching sessions helped link the theory taught in classroom to clinical practice? This is one of the fundamental question of the research project of the 20 respondents 17 of them said yes it did and three said it did not. Further analysis of the responses might give a clearer picture, 17 of the respondents stated that the placement based teaching sessions linked the theoretical knowledge into practice of those responses 13 of them elaborated more why this was the case they made statements like, 'It gave me more confidence to go into practice', 'Having the opportunity to learn a particular skill in practice makes it more realistic for us students, and I really enjoyed the practice based teaching sessions'. There is a big gap between theory and practice, especially in midwifery, and being taught in a placement based environment was a really good way to overcome this and was very beneficial to my learning. These comments fall in line with Allan *et al.* (2011) study which showed that one of the significant findings from this study was that the introduction of placement based teaching sessions has been a positive move within the establishment. Another respondent stated the way that they learnt was, 'my learning style is predominantly kinaesthetic and therefore practicing the skill helps me to remember how to complete the skill.' Others stated 'I carried out the task required on placement with more confidence after the placement based teaching', 'It was easy to link it to reality as we were in the clinical setting', 'Equipment can be shown at the same time and I think being in the environment helped' According to The cognitivist theorists all agree that learning occurs when students construct their own meanings, usually out of their prior learning (Petty, 2009), it is to do with thinking, the cognitivists argue that

thinking is central to the learning process, and that learning is about much more than the modification of behaviour through positive and negative reinforcement, as the behaviourist theorist's claim. They maintain that information is actively processed and learning takes place by organising and finding the relationships that exist between different pieces of information. This theory further reinforces the feedback from respondents on how they were able to process their learning they stated, 'It means that your learning in the environment that you are expected to practice, it further improves your educational experience and for me helps me to embed what I have been taught in theory'. Reece and Walker (2007), have pointed out that psychologists have stated that students through hearing just learn 12% and 75% through seeing. It is interesting to note here that students learn in various ways and the placement based teaching sessions provided a more hands on approach and visual learning that aided those students who learn in this way and therefore was beneficial for them.

The questionnaire continued with asking the respondents did the placement based teaching sessions enhance your clinical skills? The findings showed that out of 20 respondents 14 of them stated that they found placement based teaching sessions enhanced their clinical practice. Of those respondents eight respondents elaborated on how they felt this occurred. Although this was not a large number of respondents elaborating in their responses, the responses added value to the study as it gave a more insight into how the students felt that the placement based sessions enhanced their clinical skills. Again the responses emphasise the importance of learning in the clinical setting. 'Being in the setting improved my memory for clinical procedures and the equipment', 'I gained confidence in a peer environment, which I found less stressful than 'real life' placement situation'. 'I was shown things and I absorbed them better and retained the information'. Maslow described that learners need to feel safe

and valued before they can fulfil their potential for learning, “he used the term self actualisation to express the notion of individuals realisation of their full human potential.” (Wallace, 2007 p. 100). One of the respondents stated that ‘It was very early on in my training and was the first time I had set foot in the clinical setting’. So for individuals to be motivated to learn in any given setting according to Maslow, “Maslow believes that needs must be satisfied before effective learning can take place” (Reece and Walker, 2007 p. 27). A respondent mentioned ‘it allowed me to apply the knowledge gained into my practice’. If individuals are motivated to learn this will benefit them as it is a very rewarding experience, thus making it easier for the teacher to facilitate the learning. Respondents mentioned that there was ‘not enough time to do the sessions’. This response could indicate that the sessions needed to be longer or smaller group sizes in order to allow all students to have sufficient time to watch and then practice tasks. Another respondent stated that ‘It gave us the opportunity to try out new skills in a practice environment’.

Following on from this question further details were requested from the students by asking did the placement based teaching sessions better prepare them for clinical practice. Sixteen out of the twenty of the respondents felt that the practice based teaching sessions better prepared them for practice. Out the responses one of the respondent felt that it had not better prepared them. This could have been for many reasons whether this type of learning did not suit that particular respondent as we know from previous discussions that students learn in various ways, and it does not mean that placement based teaching sessions will suit all students and therefore various teaching methods have to be in place, in any institutions to gain the full potential of all students. Of the sixteen respondents who stated that placements based teaching sessions better prepared them for clinical practice, felt that it was more real

doing things in a clinical environment giving them more familiarity with the equipment in areas. One of the student in the study states, ‘as a student midwife I feel that having some teaching sessions over in practice enhances our learning as it gives us a real perspective of every day midwifery’. Any profession that requires clinical skills such as nursing and midwifery education, which depends largely on the quality of the experiences on clinical placement (Elliot, 2002. Napthine, 1996). In order to allow the application of theory into clinical practice all students require effective clinical placements (Elliot, 2002). These experiences are central to the student’s preparation for entering the workforce as a competent and independent practitioner (Penman and White, 2005. Papp et al, 2003). These studies also support when the respondents stated in the study, ‘I think it allows you to develop the skill, giving you confidence to use it in practice but because it’s impossible to reflect reality completely, I’m not sure that it fully prepares you for some situations. However I feel experiencing the situation having practiced it in a protected environment has given me more confidence when I have needed to perform the skill and react to a situation in real life’. The students being able to practice skills away from the clinical areas made them feel safe and gain in confidence. The students by undertaking any practical activity within the lesson makes them make their own sense of what they are learning, and that learning occurs when students construct their own meanings, usually out of their own prior learning (Petty, 2009). Midwifery is a clinical based profession, the students mentioned in their responses by seeing items such as the placenta, MEWS chart, making the bed, seeing the environment meeting various staff made them feel familiar and more confident. Self-confidence for student midwives is a major aspect in their experiences in their placement areas, these areas can expose the student midwife to feel vulnerable worried and anxious when they appear not to know how systems work, or not used to a particular skill (Rountree, 2016). Like one student mentioned, “Yes as I knew what was expected of me when I was asked to do something”.

Familiarity of an environment is crucial to enhance the experience of student midwives, there have been numerous studies where student midwives can be exposed to bullying (Gilleni *et al*, 2009. Kirkham, 2007), in the workplace environment and by instilling the confidence in student midwives and better preparing them for the clinical areas would pose an added advantage in creating a positive experience for student midwives to have a more fulfilled and positive clinical learning experience. Students want to fit in (Kirkham, 2007), the need to feel part of team and belonging is common apprehensions of student midwives, this coincides with responses on the questionnaire that the placement based teaching sessions “helped me to familiarize myself with the hospital set up and staff”. All these issues raised by the student midwives would have an impact in the retention of midwives on qualification into the profession as majority of the drop out (Owens, 2012), from the profession occurs in the first two years on qualification. This has significant consequences, financially on the Government as the course had a bursary is given for NHS, the time and effort, and the long term issues of staff shortages. It appears that what the student midwives are stating in the study as added comments, is supporting the ongoing difficulties student midwives are facing in the clinical placements. Any additional support that is provided to the student midwives that will enhance their clinical practice and boost their confidence, can only bring added benefits to the profession as a whole, not just in the short term but long term. Better prepared student midwives will prepare the midwives for the future to provide care to women and their families that fits the 21st century. With advancement in new knowledge the expectations of the public for highest standards, appropriate training and better prepared student midwives can only be the way forward. Any aspect of educational provision that can allow this to happen can only be an advantageous to the midwifery profession, all these feedbacks are valuable to the educational institutions to provide an excellent center of learning to prepare the new generation of midwives who are world class care providers.

The next question on the questionnaire further elaborated on the previous point, by asking the students what other placement based teaching session could they suggest that would benefit them. This was an open ended question so the students could elaborate on anything they felt necessary. It is interesting to note from this point that again the midwifery students focused on familiarity and clinical skills. They wanted sessions on being shown around the unit, meeting staff, knowing where equipment is kept and being shown around theatre. As already discussed in the previous point that midwifery students appreciate familiarity as this helps with the confidence building, these responses further emphasize that when midwifery students are exposed to an area that is not familiar it really knocks their confidence and makes them feel vulnerable. All these aspects need to be taken by any educational institution as it is what the learners are feeding back to them. All this can only have positive outcomes for the midwifery profession. Positive clinical placement experiences of the midwifery students will better prepare them on qualification to aid retention within the profession. The clinical skills responses contained aspects of basic midwifery skills such as abdominal palpation, using resuscitaires and practicing resuscitation, setting up IV (Intravenous) drugs, and Epidural set up. As can be noted from the responses the student midwives want to know practical skills, this is suggesting the confidence in clinical areas and appearing to know nothing or made to feel out of their depth. One respondent stated, “basic skills such as bed making, I feel this could make a big difference especially for the first years as you are more limited in your practical skills, so simple things such as these would allow you to feel more useful in a busy ward environment”. This comment addresses the fact that midwifery students want to be useful and not just feel like a spare part. Especially direct entry midwifery students who have not been exposed to any clinical areas before, everything is strange and new. Belongingness and feeling safe in any environment is essential for students to reach their full potential as described by Maslow (1943).

The questionnaire further went on to ask the midwifery students if they could suggest any alternatives to placement based teaching sessions, the main suggestion was having a clinical suite at the university which is fully stocked with all equipment, so can help in simulation. This is most likely where the students feel safe initially in practice as they don't feel they will make any mistakes in front of others or feel out of their depth. Even opening clinical packaging can be a skill in itself, or when trying to put an apron on for the first time can be quite fiddly and intimidating, when this task has to be done in front of others. One of the respondent stated that they need "more equipment that is the same as that used in practice so that the students can gain confidence in using it in a safe environment. For example as stated by one respondent "resuscitaires! Although I have completed my neonatal life support OSCE I do not feel confident in practice as we were only taught with a bag and mask and I do not have confidence in using the resuscitaire". Again this suggesting the student midwives feeling out of their depth when faced with these large equipment and the expectation that they should know. Other respondents stated they need more practice based teaching sessions, this might be suggestive that it is valuable to them in increasing their confidence in undertaking skills in a non-clinical environment first and not patients. So if they make a mistake in the skill in a safe environment they can just re try and learn it efficiently. Additional question on the questionnaire gave the opportunity to the midwifery students to provide any comments relevant to their own experience of placement based teaching sessions. The midwifery students felt that more placement based teaching would have benefitted them hugely and enhanced their confidence before starting their hospital placement, by reducing their nervousness. Again supporting what has been discussed previously around confidence issues. Especially as they had never worked in a hospital environment before. Some respondents felt that they learnt better when seeing things as it is well researched and known that learners learn in different ways which has been discussed in the earlier chapters. The students also felt

that the placement based teaching sessions prepared them well for the OSCE's (Obstructured Clinical Exams). So not only did it enhance them in their skills but better prepared them for the clinical areas, which the majority of the midwifery profession is about. One of the respondents commented about placement based teaching sessions it was a "fantastic learning opportunity". This concludes the discussion of the findings from this research.

Conclusions

The findings from this study showed the importance of placement based teaching sessions for the midwifery students' learning experiences and confidence in their clinical studies. The majority of the midwifery students responses in this research study showed how the placement based teaching sessions was beneficial for them. Clinical skills make up a large proportion of the bachelor in midwifery course. The quality of the provision of these studies is essential in the development of these students to become competent safe practitioners and professional midwives. Gaining self confidence in a non-clinical setting can be of great advantage to the student midwives, prior to having to do these in real life situations which can already be a challenge for midwifery students who have often started the course from non-clinical backgrounds. The student midwives highlighted the importance of being familiar with equipment, areas and various names of medical equipment. This in turn made the student midwives feel less vulnerable in the clinical areas, feelings of belonging, involved, and valued in the clinical placement areas in turn improves the midwifery students' motivation, self-confidence, and self-respect.

The findings from this small scale research study contribute to existing knowledge of what midwifery students' perceive as important aspects for their clinical practice based teaching experiences. The open ended questions provide some rich accounts of the midwifery student experiences. The study sample was small and consisted of midwifery students in the same year group at one university. Even considering these limitations, many of the responses given by the midwifery students correspond to findings in other international and national studies.

Recommendations

The following recommendations are made that can make improvements to the study these are listed below.

- Universities should look into the cost effectiveness, and benefit in adding placement based teaching to their programmes.
- An in depth study of observation should be carried where newly qualified midwives are observed to analyse their confidence in practical skills after qualification.
- A study needs to be carried in a larger scale incorporated with a multi-centre study.
- A longitudinal study could be looked at where all years of study are questioned on their experience.

- A in depth interview or group interviews could be undertaken to draw out further information as to the impact on placement based sessions.
- A study looking at post qualification, and confidence in midwifery practitioners on placement based support sessions could be undertaken.
- A review of dropout rates from midwifery could be analysed to see if the drop outs are linked to lack of confidence in practice due to inadequate practical skills.

Reference List

- Allan, H. T., Smith, P. A. and O'Driscoll, M. (2011) 'Experiences of supernumerary status and the hidden curriculum in nursing: a new twist in the theory-practice gap?', *Journal Clinical Nursing*, 20, pp. 847–855.
- Baumeister, R. F. and Leary, M. R. (1995) 'The need to belong: Desire for interpersonal attachments as a fundamental human motivation', *Psychological Bulletin*, 117, pp. 497-529.
- Bavelas, J. (1995) 'Quantitative versus qualitative?', in Leeds-Hurwitz, W. *Social Approaches to Communication*. New York: The Guilford press.
- Bell J. (2014) *Doing Your Research Project a guide for first time researchers* 6th Ed. Berkshire: Open University Press/McGraw-Hill Education.
- Bowling, A. (2002) *Research methods in health investigating health and health services* 2nd Ed. England: OUP.
- Brewer, F.W. (2000) 'Bartlett's concept of the schema and its impact of theories of knowledge representation in contemporary cognitive psychology', in Saito, K. *Bartlett, Culture and Cognition*. UK: Psychology Press.
- Bryman, A. (2012) *Social research methods* 4th Ed. Oxford: Oxford University Press.
- Burns, I. and Paterson, I. (2005) 'Clinical practice and placement support: supporting learning in practice', *Nurse Education in Practice*, 5, pp. 3 – 9.
- Campbell, D. (2013) 'Midwife crisis will 'let down' a whole generation of new mothers', *The Guardian*, 18th August. Available at: <https://www.theguardian.com/society/2013/aug/18/midwife-crisis-lets-down-mothers> (Accessed: 29th April 2014).
- Clifford, C. (1995) 'The role of nurse teachers, concerns, conflicts and challenges', *Nurse Education Today*, 15, pp. 11-16.
- Constantinidou, F. and Baker, S. (2002) 'Stimulus modality and verbal learning and performance in normal aging', *Brain and Language*, 82(3), pp. 296 –311.
- Cope, P. and Cuthbertson, P. and Stoddart, B. (2000) 'Situated learning in the practice placement', *Journal of advanced nursing*, 31(4), pp. 850-856.
- Corlett, J. (2000) 'The perceptions of nurse teachers, student nurses and preceptors of the theory-practice gap in nurse education', *Nurse Education Today*, 20(6), pp. 499-505.
- Denscombe, M. (2013) *The good research guide* 4th Ed. England: Open University Press.
- Department of Health (2011) *No health without mental health*. London: Department of Health.

- Dewalt, K. and Dewalt, B. (2012) *Participant observations a guide for field workers* 2nd Ed. Plymouth: Rowman and Littlefield Publishers.
- Elliot, M. (2002) 'The clinical environment: A source of stress for undergraduate nurses', *Australian Journal of Advanced Nursing*, 20 (1), pp. 34-38.
- Evans, D. Macphail, S. Hawdon, J. Buckley, M. Kirby, J. and Broderick, C. (2019) *REPORT Review of Maternity Services at Cwm Taf Health Board*. London: RCOG.
- Frankfort-Nachmias, C. and Nachmias, D (1996) *Research methods in the social sciences* 5th Ed. London: Hodder Education.
- Gallagher, P. (2004) 'How the metaphor of a gap between theory and practice has influenced nursing education', *Nurse Education Today*, 24(4), pp. 263-268.
- Gerrish, K. and Lacey, A. (2010) *The research process in nursing* 6th Ed. UK: Wiley Blackwell.
- Gilleni, P., Sinclair, M., Kermohan, G. and Begley, C. (2009) 'Student midwives experience of bullying', *Evidence Based Midwifery*, 7(2), pp. 46-53.
- Glassman, W. and Hadad, M. (2004) *Approaches to Psychology* 4th Ed. Pennsylvania State University: Open University Press.
- Goddard, W. and Melville, S. (2004) *Research Methodology: An Introduction*. Lansdowne: Juta and Company Ltd.
- Gould, J. (2009) *Learning Theory and Classroom Practice in the lifelong learning sector (Achieving QTLS)*. Exeter: Learning Matters.
- Government Printing Office (1949) *The Nuremburg Code*. Available at: <https://history.nih.gov/research/downloads/nuremberg.pdf> (Accessed: 10th November 2017).
- Gov.Uk (2018) *Data Protection act an overview 2018*. Available at: <https://www.gov.uk/government/publications/data-protection-act-2018-overview> (Accessed: 5th May 2019).
- Graften, E. and Gillespie, B. M. and Henderson, S. (2010) 'Resilience: The power within', *Oncology Nursing Forum*, 37, pp. 698-705.
- Greenfield, T. and Greener, S. (2016) *Research Methods for Postgraduates*. London: John Wiley and Sons.
- Gregory, I. (2003) *Ethics in Research*. London: Continuum.
- Guba, E.G. and Lincoln, Y.S. (1989) *Fourth Generation Evaluation*. London: Sage Publications.
- Guba, E.G. (1990) *The Paradigm Dialog*. London: Sage Publications.

- Heaphy, E., Drake, S. and Ring, D. (2015) *Report finds 60% of Midwifery Students Bullied on Placement, and Breach of Working Hours Agreement*. Available at: <http://www.universitytimes.ie/2015/06/report-finds-60-of-midwifery-students-bullied-on-placement-and-breach-of-working-hours-agreement/> (Accessed: 5th May 2019).
- Hunter, B. and Warren, L. (2013) *Investigating Resilience in Midwifery Final Report*. Available at: <https://orca.cf.ac.uk/61594/1/Investigating%20resilience%20Final%20report%20oct%202013.pdf> (Accessed: 20th April 2018).
- Hunter, B. and Warren, L. (2014) 'Midwives' experiences of workplace resilience', *Midwifery*, 30(8), pp. 926 – 934.
- Jackson, D., Firtko, A., and Edenborough, M. (2007) 'Personal resilience as a strategy for surviving and Thriving in the face of workplace adversity: A literature review', *Journal of Advanced Nursing*, 60, pp. 1-9.
- Jaques, D. (2004) *Small Group Teaching*. UK: Oxford Centre for Staff and Learning Development.
- Johnson, B. and Christensen, L. (2010) *Educational Research: Quantitative, Qualitative, and Mixed Approaches*. UK: SAGE.
- Kirk, S., Carlisle, C., and Luker, K.A. (1996) 'The changing academic role of the nurse teacher in the united kingdom', *Journal of Advanced Nursing*, 24(50), pp. 1054-1062.
- Kirkham, M. (2007) 'Traumatised Midwives', *AIMS Journal*. 19(1). <https://www.aims.org.uk/journal/item/traumatised-midwives> (Accessed: 20th February 2018).
- Landers, M.G. (2000) 'The theory-practice gap in nursing education', *Journal of Advanced Nursing*, 32(6), pp. 1550-1556.
- Lord, M. (2002) 'Making a Difference: the implications for nurse education', *Nursing Times*, 98(20), p. 38.
- Maben, J., Latter, S. and Macleod Clark, J. (2006) 'The theory-practice gap: impact of professional-bureaucratic work on newly qualified nurses', *Journal of Advanced Nursing*, 55(4), pp. 465-477.
- Maslow, A. H. (1943) 'A theory of human motivation', *Psychological review*, 50, p. 370.
- Mears, C. (2012) 'In depth interviews', in Arthur J. Waring M. Coe R.J. Hedges L.V. *Research Methods and Methodologies in Education*. London: Sage Publications Ltd.
- McAllister, M. and McKinnon, J. (2009) 'The importance of teaching and learning resilience in the health disciplines: a critical review of the literature', *Nurse Education*, 29, pp. 371-379.

Myall, M. Levett-Jones, T. and Lathlean, J. (2008) '*Mentorship in contemporary practice: the experiences of nursing students and practice mentors*', *Journal of Clinical Nursing*, 17(14), pp. 1834-42. <https://doi.org/10.1111/j.1365-2702.2007.02233.x> (Accessed: 10th May 2019).

Napthine, R. (1996) 'Clinical Education. A system under a pressure', *Australian Nursing Journal*, 3(9), pp. 20-24.

National Union of Students (2017) *The student voice is crucial to education in Wales*. Available at: <https://www.nusconnect.org.uk/articles/the-student-voice-is-crucial-to-education-in-wales> (Accessed: 29th April 2014).

Newby, P. (2014) *Research methods for Education* 2nd Ed. London: Routledge.

NHS Litigation Authority (2012) *Ten Years of Maternity Claims: An analysis of NHS Litigation Authority data*. Available at: <https://resolution.nhs.uk/wp-content/uploads/2018/11/Ten-years-of-Maternity-Claims-Final-Report-final-2.pdf> (Accessed: 20th February 2018).

Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. London: NMC.

Nursing and Midwifery Council (2010) *The MINT project*. University of Nottingham London: NMC.

Nursing and Midwifery Council (2015) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC.

Nursing and Midwifery Council (2018) *Part 2 Standards for student supervision and assessment*. London: NMC.

Office for National Statistics (2017) *Conceptions in England and Wales: 2017 Annual statistics on conceptions to residents of England and Wales; numbers and rates, by age group including women aged under 18 years*. Available at: <https://www.ons.gov.uk/> (Accessed: 28th April 2014).

Offredy, M. Vickers, P. (2010) *Developing a Healthcare Research Proposal: An Interactive Student Guide*. UK: Wiley-Blackwell.

O'Driscoll, M., Allan, H. T. and Smith, P. (2010) 'Still looking for leadership – who is responsible for students nurses' learning in practice?', *Nurse Education Today*, 30(3), pp. 212-218.

Ousey, K. Gallagher, P. (2007) '*The theory-practice relationship in nursing: a debate*', *Nurse Education Practice*, 7(4), pp. 199-205. DOI: 10.1016/j.nepr.2007.02.001. (Accessed: 10th May 2019).

Owens, N (2012) 'Midwife crisis: Third of student midwives quitting because they fear debt and joblessness', *The mirror*, 12th March. Available at: <https://www.mirror.co.uk/news/uk-news/midwife-crisis-third-of-student-midwives-91163>. (Accessed: 14th April 2014).

Papp, M. (2003) 'Clinical environment as a learning environment: student nurses perceptions concerning clinical learning environment', *Nurse Education today*, 23(4), pp. 262-267.
Penman, J. and White, F. (2005) 'Peer-mentoring program 'pop-up' model for regional nursing students', *Journal of university teaching learning practice*, 3(2), pp. 123-135.

Petty, G. (2009) *Teaching Today. A Practical Guide* 4th Ed. Cheltenham: Nelson Thomas.

Phillips, M. Neary, M. and Davies, W. (1996) 'The practitioner-teacher: a study in the introduction of mentors in the preregistration nurse education programme in Wales: part 2', *JAN*, 23(6), pp. 1080 – 1088.

Polit, D.F. and Beck, C.T. (2008) *Nursing research generating and assessing evidence for nursing practice* 5th Ed. Crawfordshire: Lippincott Williams and Wilkins.

Pritchard, A. (2005) *Ways of learning theories and learning styles in the classroom*. New York: David Fulton Publishers.

Punch, K. (1998) *Introduction to Social Research: Quantitative and Qualitative Approaches*. London: Sage.

Reece, I. and Walker, S. (2007) *Teaching, Training and learning: A Practical Guide* 6th Ed. Sunderland: Business Education Publishers Limited.

Ritchie, J. and Lewis, J. (2003) *Qualitative research practice: a guide for social science students and researchers*. UK: Sage.

Rolfe, G. (2002) *Closing the Theory-Practice Gap*. Edinburgh: Elsevier Science Limited.

Rountree, T. (2016) *Student Midwives' Experiences of Clinical Placements in Secondary and Tertiary Hospitals*. Available at:
<http://aut.researchgateway.ac.nz/bitstream/handle/10292/9936/RountreeT.pdf?sequence=3>
(Accessed: 29th April 2014).

Royal College of Midwives (2014) *Report on a survey of heads of midwifery and specialist maternal mental health midwives*. Available at:
<https://www.maternalmentalhealth.org.uk/wp-content/uploads/2015/09/Survey-of-Heads-of-Midwifery-Specialist-Maternal-Mental-Health-Midwives.pdf>
(Accessed: 10th November 2017).

Royal College of Midwives (2017) *New NMC report shows the need for more midwives*. Available at: <https://www.rcm.org.uk/news-views/news/new-nmc-report-shows-the-need-for-more-midwives/> (Accessed: 29th April 2014).

Sarantakos, S. (2012) *Social Research*. Basingstoke: Macmillan.

Saunders, M. (2003) *Research Methods for Business Students*. South Africa: Pearson Education.

Saunders, M., Lewis, P. and Thornhill, A. (2009) *Research Methods for Business Students* 5th Ed. South Africa: Pearson Education.

Seaward, B.L. (2006) *Managing Stress*. London: Jones and Bartlett Publishers.
Silverman, D. (2004) *Qualitative Research: Theory, Method and Practice* 2nd Ed. London: Sage Publication.

Smith, P. and Allan, H. T. (2010) 'We should be able to bear our patients in our teaching in some way' theoretical perspectives on how nurse teachers manage their emotions to negotiate the split between education and caring practice', *Nurse Education Today*, 30(3), pp. 218-223.

Vallint, S. and Neville, S. (2006) 'The Relationship between Student Nurse and Nurse Clinician: Impact on Student Learning', *Nursing Praxis in New Zealand*, 22(3), pp. 23-33.
Available at:
<http://www.nursingpraxis.org/223-the-relationship-between-student-nurse-and-nurse-clinician-impact-on-student-learning.html> (Accessed: November 10th 2017).

Wallace, S. (2007) *Teaching, Tutoring and Training in the lifelong Learning Sector* 3rd Ed. Exeter: Learning Matters.

Welsh Assembly Government. (2010) *Midwifery 2020 delivering expectations*, Cambridge: Jill Rogers Associates.

Welsh Government (2012) *Student voice in Governance Case studies*. Available at:
https://www.hefcw.ac.uk/documents/policy_areas/learning_and_teaching/Student%20Voice%20in%20Governance.pdf (Accessed: 5th April 2014).

Welsh Assembly Government (2013) *Policy statement on higher education*. Available at:
https://www.hefcw.ac.uk/documents/publications/corporate_documents/Policy%20statement%20on%20higher%20education%20English.pdf (Accessed: 31st December 2017).

Willetts, D. (2017) 'It is clear that university expansion changes lives for the better', *The Times Higher Education*, 23rd November. Available at:
<https://www.timeshighereducation.com/features/david-willetts-it-clear-university-expansion-changes-lives-better> (Accessed: 14th May 2019).

World Medical Association (2019) *Declaration of Helsinki 1964*.
Available at: <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/doh-jun1964/> (Accessed: 10th May 2019).