

Transforming
midwifery practice
through education 2018
20-21 September • Gold Coast Australia

CONFERENCE ABSTRACTS



Arundell F, Schmied V, Priddis H, Burns E,
Dahlen H, Elmir R & Sheehan A.

Presenting 1430 – 20/9/18

Introducing Multiple Mini Interviews (MMI) into the selection criteria for admission into a Bachelor of Midwifery program

The Bachelor of Midwifery is a high demand course that can only be offered to a limited number of students due to the small number of available clinical places. Admission into the Bachelor of Midwifery has traditionally been based on academic ranking alone. Midwifery relies on relationships with women that requires a combination of intellectual and social skills, as well as attributes such as empathy, honesty and integrity. There is consensus that the use of interviews is useful for assessing non-cognitive skills such as interpersonal skills, professionalism and ethical judgement. The ability of the personal interview to select candidates who are most likely to succeed in the health sciences has however, been repeatedly called into question. A number of health degrees such as nursing and medicine are now using the Multiple Mini Interview format. Multiple Mini Interviews were introduced by McMasters University in 2002 for selection of Medical students (Eva et al., 2004).

Research suggests that the MMI may be a reliable and valid way of selecting students (Rosenfeld et al., 2008; Perkins et al., 2012). A pilot study by Perkins et al. (2012) even suggests that applicants' characteristics demonstrated at the MMI, matched with subsequent performance. This presentation will discuss the implementation of MMI's for admission into the Bachelor of Midwifery degree at Western Sydney University.



Arundell F, Sheehan A, Schmied V,
Coulton S & Sorensen K.

Presenting 1300 – 21/9/18

South West Sydney is Mentoring Midwifery Students

Background: The clinical placement experiences of midwifery students in Australia and internationally demonstrate, that while some placements offer optimal learning experiences supported by experienced and compassionate midwives, other placements are stressful and unsupportive, offering limited learning opportunities (Green & Jackson, 2014; Arundell, et al 2017). A lack of practice support in the clinical setting has been found to contribute to the attrition rate of midwifery students (NSW Department of Health 2000; Hughes 2013). There is promising evidence that well-designed and supported midwife-midwifery student mentorship programs can make a positive difference to student experience and retention (McKenna et al., 2013; Myall, Levett-Jones & Lathlean, 2008). Mentors too have outlined the benefits of their involvement in mentoring programs including ensuring their practice remains up to date with evidence and increased job satisfaction as they observe their mentees develop and achieve (Myall, Levett-Jones & Lathlean, 2008). There is promising evidence that well-designed and supported midwife-midwifery student mentorship programs can make a positive difference to student experience and retention (McKenna et al., 2013; Myall, Levett-Jones & Lathlean, 2008). There has however, been little evaluation of the impact on the midwife mentors, their work satisfaction and on workplace culture.

The aim of this presentation will be to present a discussion on implementing a mentoring program and preliminary findings of a prospective mixed methods study that is currently evaluating the program known as SWIMMS (South Western Sydney is Mentoring Midwifery Students). SWIMMS is a NaMo Funded joint project between SWSLHD and Western Sydney.



Atchan M & Bowman R.

Presenting 1320 – 21/9/18

Mapping the diversity of clinical support offered by Australian Bachelor of Midwifery programs

Anecdotally, it's been identified that the Midwifery curricula varies across Australian universities. There is no published set of standards to inform the determination of theory and practice hours, despite this being an important curriculum component. Furthermore, there appears to be a variance in the facilitation models and support offered to students. Clinical supervision practices potentially impact on the student's learning environment, which may have a domino effect on their immediate clinical practice and ongoing work with all women, their babies and their families. Contemporary Australian literature has also questioned the efficacy of the current model of work integrated learning in Australia.

We propose that providing quality supported experiences with appropriate ratios of learners to educators are crucial elements to a successful curriculum. The study aims to create a contemporary national profile of Australian midwifery curricula. The objective is to map course requirements, experiences, facilitation and assessment, plus the support and supervision provided to students by individual universities offering midwifery programs. Course coordinators are being invited to complete a specifically designed and piloted ethics-approved electronic audit.

This presentation will present de-identified compiled data on the differences in programs currently on offer across Australia. Enabling factors and challenges to aspects of the course as identified by course convenors, such as determining theory and practice hours, will be highlighted. The findings from this innovative study may be useful to Australian universities seeking contemporary national data to inform their own research or use to inform their own programs.



Austin D.

Presenting 1435 – 21/9/18

Planning a change? – Maximise the impact and capture the learning

We are frequently implementing change in our midwifery programmes, hopefully evaluating the impact but how often do we capture the learning that occurred while making these transformations? When introducing a different pedagogical approach, a new tool or assessment method, each educator is likely to be reflecting on how they will alter their previously learned thinking and behaviour. They will be considering what they may do differently or how they may resist and continue the status quo. Action research, as a methodology, can enable the identification of this practical knowing that comes from enacting change in ways that can enhance the outcomes and benefit future projects.

The aim of this presentation is to inspire participants to consider the use of action research when faced with a situation to improve in their programmes. As a methodology it facilitates collaboration, cycles of action and reflection, and results in relevant solutions to everyday problems. The specialist knowing that exists within teams is valued, activated and used for mutual learning and improvement. Change within individuals occurs through being involved in the change itself. Let us capture and share this practical knowing. As an example an action research study, led by myself, identified 4 characteristics that were required as guiding principles when creating a resource to facilitate health professional wellbeing in women's health following a critical incident, as well as producing the resource itself.



Austin D, Gilkison A & Clemons J.

Presenting 1330 – 20/9/18

Midwifery student's perception of a Practice Development Tool

A qualitative study was undertaken in 2017 to evaluate a Practice Development Tool (PDT) implemented across the three year midwifery programme at Auckland University of Technology, Auckland, New Zealand.

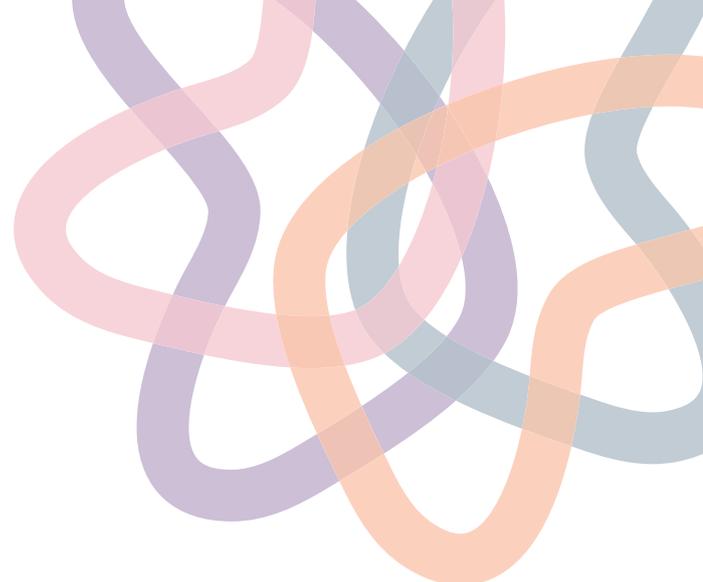
This presentation will outline the evidence behind the tool, its structure and the survey findings relating to the student's perceived effectiveness of the tool, preparation and support in its use.

The PDT, used as part of a practice ePortfolio, was designed to enhance learning in clinical placements that was responsive to the evolving world of practice. Ethics approval was obtained from Auckland University of Technology Ethics Committee (AUTEK) to evaluate the PDT.

Forty one students across year two and three completed an anonymous survey which included closed and open ended questions. Thematic analysis was used to develop themes from the qualitative data.

The survey findings confirmed that most (88%) participants thought the tool achieved the intended aim of developing practice. Students appreciated the structured approach of the PDT, which was shaped around the programme's five practice standards; partnership, competence, practice reasoning, professionalism and communication. The value of individual input from the clinical educators in developing their skills to use the tool was highlighted, more so than any written or video instructions. The students, however, requested clarification of the link between the tool and paper assessments, consistent feedback and highlighted the need for ongoing education during each progressive year.

The findings have initiated further development of the PDT to facilitate student learning in practice.



Baird K, Sidebotham M & Gamble J.

Presenting 0900 – 21/9/18

Promoting employability through the use of innovative capstone formative and summative assessment items

Introduction: There is increasing awareness within the Tertiary sector for the need to include teaching strategies and experiences that promote employability, and effectively prepare graduates to transition into the workforce 1. Despite a predicted shortage of midwives in the future, currently some midwifery graduates fail to secure employment within their discipline field and others report underemployment. In order to maximise the potential for graduate employment a suite of scaffolded authentic capstone assessment items were introduced into the final year of the Griffith BMid program to enable students to consolidate and apply previous learning, strengthen professional identity and demonstrate their readiness for employment to potential employers within an increasingly competitive environment 2 .

Aim: To evaluate the effectiveness and acceptability of a suite of authentic capstone assessments designed to promote employability in third year BMid students.

Methodology: Third year BMid students who completed the summative personalised eportfolio assessment and took part in the formative simulated interview experience assessment were invited to participate in a study to determine the validity and effectiveness of both assessment items. Students completed a survey designed to reflect quality indicators of academic assessment, grouped into eight domains, identified within the literature 3 4. Students were also invited to attend a focus group /and or take part in individual interviews. Quantitative data was analysed using descriptive statistics within SPSS. Qualitative data was thematically analysed.

Results: Quantitative data analysis identified the assessment items were favourably received, valued, authentic and enabled the establishment of personal learning goals in preparation for entry into professional practice. Emergent themes from the qualitative data included; feeling supported, confidence in transitioning from student to midwife and belief in the authenticity of the process.

Discussion: Student evaluation of the eportfolio confirmed it met the quality indicators for an authentic effective assessment experience. The simulated interview experience led to an increased level of confidence and sense of self efficacy as students prepared to attend employment interviews and enter the workforce.

Implications: This scaffolded approach to assessment using authentic 'real-world' strategies should be adopted widely across health programs to effectively prepare students to transition to employment.



**Bass J, Sidebotham M, Fenwick, J
& Sweet L.**

Presenting 1350 – 20/9/18

Developing reflective capacity in midwifery students

Background: Reflective practice is considered an essential aspect of personal and professional development as a midwife, and critical reflection is considered the cornerstone of being an accountable and autonomous practitioner. Therefore it is essential that the midwifery student is well prepared in the pre-registration program to become a critically reflective and reflexive midwife. As reflection does not develop automatically midwife educators should explore strategies that promote the development of reflective capacity.

Aim: Describe midwifery students' expectations and experiences of using the Bass Model of Holistic Midwifery Reflection.

Method: A descriptive qualitative design approach was used to evaluate the expectations and experiences of midwifery students using the Bass Model of Holistic Midwifery Reflection at two Australian Universities. The project was conducted as part of a wider Office of Learning & Teaching project that sought to augment student learning through post-practicum educational processes. Focus groups were conducted with students from both universities to explore the student expectations and experience of using the Bass Model. A total of 30 students participated in the Focus Groups including n=19 from Griffith University, and n=11 students from Flinders University.

Results: Students valued the holistic reflection model as it provided guidance and structure for their reflective thinking and writing. The students' highly valued reflective conversations with peers as an opportunity to debrief about clinical experiences including emotional content that enabled meaning making and identification of learning. However, the quality of the reflexive conversations to challenge student learning were related to the role and performance of the individual facilitator. Furthermore the quality of the student experience of reflective writing and reflexive conversations was related to the feedback provided by the educator.

Conclusion and implications: The project has demonstrated that the use of the Bass Model of Holistic Midwifery Reflection has the potential to enable students to develop reflective capacity. Furthermore, that the role of the educators, was pivotal to levels of student motivation, perception and development of reflective capacity.

POSTER

Beatson, D.

Listening and responding to the experiences of our Māori and Pasifika students

Introduction: The New Zealand indigenous Māori population is predicted to increase to 16.6% of the total population by 2021 and more Māori midwives are needed. Similarly in New Zealand the Pasifika population- from 15 Pacific countries- comprises 6.9 percent of the population and rapid growth in this population is anticipated. Only 2.2 percent of registered midwives identify as Pasifika meaning that most Pasifika women will be unable to access a midwife from their culture. To help address this need for both Māori and Pasifika Otago Polytechnic School of Midwifery has identified Māori and Pasifika student success a priority area.

Aim: The aim of these two research projects was to ask Māori and Pasifika students about their experiences in the Bachelor of Midwifery programme and to identify strategies to optimise their success in becoming midwives.

Methods: For our Māori students a participant research project was designed and undertaken, on behalf of the Midwifery School at Otago Polytechnic in New Zealand, by a Māori researcher, who was guided by Tuhiwai-Smith's seven codes of conduct. Nine of a possible 22 students who self-identified as Māori consented to participate.

The Talanoa and the Kakala research approaches informed the way the Pasifika students were approached by the researcher and how the interviews were conducted. To help frame the research a flexible participatory model 'Spacifichology', was chosen which acknowledges four categories of Pasifika learners.

Ethical approval for both studies was obtained following consultation with the Kaitohutohu's (Māori advisor) office which provided support for the Māori researcher.

Themes and recommendations from each study were returned to the students for verification before the results were presented to the School.

Findings: Both groups of students appreciated the opportunities afforded by the blended midwifery programme model, such as the range of learning modes and being able to study in their home areas.

Challenges for Māori students were particularly around the lack of *Māori visibility in the staff and programme elements*, and aspects of support available for Māori students.

The Pasifika student identified two broad were areas of social experience – *the experience of being Pasifika* and the student experience in the programme. Key findings were the desire to succeed, and *how important it was to find a place to belong* in the programme.

Conclusion: Incorporation of the recommended changes has the potential to improve the learning culture for Māori and for Pasifika students in this midwifery programme. This includes changes to the programme organisation and developing a learning environment that more visibly celebrates cultural identity; thereby decreasing the attrition rate and increasing number of Māori and Pasifika midwives registering, and contributing to the richness, success and enjoyment of the programme by all students.



Burns E, Duff M, Leggett J & Schmied V.

Presenting 1350 – 20/9/18

Connecting up through simulation-based learning: Midwifery and Medical students experience

Background: Interprofessional education (IPE) and interprofessional practice (IPP) enable effective collaboration in the workplace (World Health Organization, 2010). IPE and IPP have become a priority for governments and health care regulators as they attempt to plan strategies to face the many health care system challenges (Aziz, Teck, & Yen, 2011).

Aim: To explore, and evaluate, student experience of interprofessional simulation-based learning workshops, between third year Bachelor of Midwifery students, and, fourth year Bachelor of Medicine students.

Method: This study focussed on a ‘midwife-led’ educational activity designed to enhance interprofessional and collaborative learning between midwifery and medical students. Questionnaire data were collected prior to, and following, a simulation-based workshop and included extended open ended responses. Ethics approval for this study was granted by Western Sydney University HREC Approval code H9989.

Findings: A total of 31 medical students and 14 midwifery students participated in an obstetric emergency simulation day and completed the pre and post questionnaire. Whilst, prior to the workshop, 95% of participants, agreed that “Team-working skills are essential for all health care students to learn” only 36% agreed with the statement “I would welcome the opportunity to work on small-group projects with other health-care students”. Following the workshop however, 91% of participants agreed with the statement “This experience helped me to feel more confident in interacting with a health professional from a different discipline”. Open ended responses, following the workshop, revealed the development of mutual respect for each other’s role in obstetric emergencies and a deeper understanding of role boundaries. Analysis of the data also revealed some underlying assumptions held by each group. The collaborative learning offered an opportunity to dispel myths and improve attitudes towards each other.

Implications: The activities in this midwife-led simulation workshop offered opportunities for midwifery and medical students to get to know each other and interact, share ideas, discuss, and collaborate in a friendly and collegial environment. This approach to learning led to mutual respect and increased understanding of the medical and midwifery contributions to obstetric emergencies. It is anticipated that this will lead to improvements in collaboration in the workplace.

POSTER

Byrom A.

Learning, sharing, caring: building midwifery capital

As time for learning and self-care becomes increasingly limited, we identified the need to develop easily accessible resources to support and connect maternity workers, from student midwives to senior clinicians. Our online platform *All4Maternity* is interactive & engaging and packed with content including eLearn modules and a flip-book version of the prestigious *The Practising Midwife* journal. These resources are available on-the-go, and planned podcasts and a normal birth repository will be just as accessible. Our interaction with the global community is via social media– we are interested in knowledge translation and implementation and have expertise in this area. We have a joint social networking reach of 20,000 on Twitter, and over 10,000 interactions on Facebook per month. Our website has more than 20,000 unique visitors, and 125,000 web page visits per month. As well as providing support and networking, we use these communication channels to share knowledge, to engage with change agents, and to optimise opportunities to motivate and influence.

In addition, our work offers potential for others to grow, to build confidence in sharing their personal knowledge through writing and delivering content for eLearn modules. Being a ‘spring board’ for student midwives, midwives and maternity workers to develop and expand personal capital is important to us, and integral to all we do.

Reaching those who have limited resources is one of our goals, so for every person who joins us from a high-income country, we ‘gift’ a subscription to a midwife from a middle-low income country. We do this via the ICM, and we have donated membership to over 500 midwives so far. This offer is continuing, so that our global connections continue to grow and maximise potential for learning, sharing and caring.



Calvert S & Mcara-Couper J.

Presenting 1530 – 20/9/18

Whose business is it anyway? The role of the regulator in undergraduate midwifery education

Our aim in this session is to critically discuss the role of the regulator in pre-registration education and to consider the value added by regulation. This critical conversation will argue that while regulators have a statutory authority given to them through legislation, internationally the requirements of regulators can differ and this can be dependent on their understanding of what it means to regulate undergraduate education, history and legislative frameworks within which they operate. We will explore key requirements of the regulator on education providers and ask the question “whose business is it really to ensure that undergraduate midwifery education programmes are sound”?.

Entry criteria into midwifery programmes is a good example of whose business is it to decide what constitutes entry and as such a good midwifery student. What value is added by the regulators imposing entry criteria for students to enter into a midwifery programme. This critical conversation will explore issues such as this focusing on what value regulation adds to the quality of midwifery programmes and the graduate. It will also explore boundaries and possible tension points.

There will be engaging dialogue between the presenters and robust discussion with the audience in order to develop key thinking points that consider the place of regulation in pre-registration education. The audience will be asked to consider the impact of different scenarios about the role of the regulator or education. There will be interactive questions as well as short and sharp group work seeking feedback from participants exploring the role of the regulator.

At the end of the critical conversation we will have challenged, explored and had fun deciding ‘whose business is it anyway’ to ensure quality undergraduate Midwifery education.



Carter A, Creedy D & Sidebotham M.

Presenting 1350 – 20/9/18

Applying critical thinking to midwifery practice

Background: The application of critical thinking in midwifery practice is crucial to inform effective clinical decision making and facilitate high quality, evidence based and safe midwifery care. Few studies have explored or measured the cognitive skill of critical thinking in midwifery practice. Aims 1. Develop and test three tools that measure critical thinking development in undergraduate midwifery students through self-assessment, preceptor rating, and faculty assessment of reflective writing. 2. Identify the core concepts of critical thinking in midwifery practice

Methods: A staged model for tool development involved; systematic literature reviews, generation of items, content validity testing by mapping draft items to critical thinking concepts; and expert review. Each tool was administered to a convenience sample of students (n=126) (tool 1), preceptors (n=106) (tool 2), and reflections (n=100) (tool 3). Psychometric and parametric testing was performed.

Key Findings: Ratings by experts confirmed content validity, with content validity index scores of 0.97-0.98 for the three tools. The scales demonstrated good internal reliability with Cronbach's alpha coefficients of 0.92-0.97. A conceptual model of critical thinking in midwifery was then developed involving four phases; explores context, reasoned inquiry, facilitates shared decision making, and evaluation.

Application to Midwifery Practice and Education: The three tools provide another dimension in the assessment of clinical practice that incorporates the application of cognitive skills, as well as clinical skill development. Items within each tool provide explicit examples of critical thinking in midwifery practice, prompting students, preceptors and lecturers to reflect and use these tangible examples to improve their own and students' practice.

Conclusions: These reliable, validated, discipline-specific tools can be used to develop and assess students' critical thinking skills for safe, autonomous, evidence-based midwifery practice. To capture the richness, complexity and depth of critical thinking in midwifery practice it is recommended that a multi-method approach to measurement is adopted.



Catt L & Davies S.

Presenting 1200 – 20/9/18

Cultural safety, cultural competency and partnership

According to the widely accepted CATSINaM (2014) definition of cultural competency, “a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. It is viewed as a developmental process for both individuals and organizations along the cultural competence continuum.” Competency 10 of the ANMC competencies for midwives indicates the need for cultural competency. Many midwives do not get the opportunity to learn, practice or become skilled in cultural exchange in a safe learning environment. They also lack the opportunities to receive feedback in a constructive and non-judgemental way to improve their skill and confidence in the real life situations. To provide a culturally safe maternity services for Aboriginal families, there needs to be a genuine commitment from midwives to increase their understanding and expertise in this competency.

Working in partnership with AMIC practitioners within a cultural model of midwifery, such as the Aboriginal Family Birthing Program, gives the members of the multi-disciplinary team the opportunity to increase their skills and expertise in this area. This process is guided by Aboriginal co-workers who can mentor and monitor midwives on their cultural journey.

This has several flow on effects:

1. Promotes Aboriginal health workers as leaders when they are acknowledged as cultural competence guides and advisers in the workplace,
2. Enables the midwives working with Aboriginal colleagues to track their cultural learning journey.
3. Challenges and impacts institutional care systems and practices that can diminish, disempower and demean Aboriginal families within the healthcare system,
4. The provision of a culturally safe midwifery model leads to better outcomes for Aboriginal women.

The Aboriginal Family Birthing Program in South Australia has great potential to address this issue by providing a partnership model of care. The model provides genuine engagement of Aboriginal health workers who are agents of cultural change and provide primary health care focus in any midwifery setting.



Catt L & Dalgetty C.

Presenting 1140 – 20/9/18

Educating Aboriginal workforce to improve outcomes

The success of the Aboriginal Family birthing program is seated in creating skills and capacity within the group of Aboriginal Maternal and Infant Care (AMIC) workers. Education of this unique cohort of women is provided by a collaboration between Aboriginal based RTO and Country Health SA. The delivery of the education is enabled by the partnership of a midwifery educator and a senior AMIC practitioner. This education is supported through the network of clinical midwives who work in each site that employs the AMIC trainee. The ongoing professional development of this maternity workforce is provided by the same team of midwife educator and senior AMIC practitioner. This same team also provides ongoing cultural education and development for the midwives who are required to partner with the AMIC workforce. The overarching aim is to provide a culturally safe service for Aboriginal women to access. This increases engagement of Aboriginal families with mainstream care, and also improves the clinical outcome for these women. This has been shown through the Aboriginal Family Study (Brown et al, 2013) and the Aboriginal Family Birthing Program Evaluation (Middleton, 2012). The rationale is seated in the improved cultural competency of the midwives working in this model and Aboriginal women being cared for by Aboriginal women. This is achieved through a partnership approach to the maternity services.

To achieve this, a partnership education approach needs to be utilised. The midwife educator and the senior AMIC practitioner deliver the education in a variety of approaches which utilise both traditional and contemporary approaches. This neutralises the educational access and capacity of the trainees who may have difficulties with traditional learning approaches. Additionally, it displays the partnership approach to teaching which is encouraged in the workplace. This is an innovative educational practice that is making a difference. Caroline Dalgetty is a Yamatji Noongar woman from Western Australia. She is the senior AMIC practitioner in Port Augusta, SA and her role is to co-educate, mentor and support AMIC trainees and qualified staff, and cultural competency training to midwives and hospital staff. Lisa Catt is the midwifery educator for the AFBP and works alongside Caroline in her role to deliver training and support to AFBP staff.



Catt L, Davies S & McKenzie J.

Presenting 1530 – 20/9/18

Culturally safe practice of midwifery: what's working in SA

NB: Abstract submitted by non-Aboriginal author. All other panel members are Aboriginal.

The critical conversation panel is made up of Aboriginal manager, AMIC practitioner, Aboriginal midwife and non-Aboriginal midwife and educator. Displaying partnership in this conversation allows conference delegates to hear how that works in practice and enquire about successes and pitfalls in creating an Aboriginal maternity service that can create change in our maternity outcomes. Culturally safe midwifery should involve consultation with Aboriginal and Torres Strait Islander women in the care of Aboriginal and Torres Strait Islander women in maternity care. This is enhanced when employment of Aboriginal and Torres Strait Islander women in varying capacities is employed to This policy can enhance the role of the midwife in their practice. There are great benefits to the client, but also has the capacity to increase the cultural competency of the midwife, and change the attitudes of the collective midwifery psyche. It can also change the attitude at an institutional level.

The Women's and Children's Hospital in Adelaide has adopted the Aboriginal Family Birthing Program model from Country Health SA to utilise Aboriginal Maternal and Infant Care (AMIC) Practitioners as primary care workers alongside midwives in maternity care. The outcomes from this program have been researched in the Aboriginal Family Study (Brown et al, 2013) and South Australian Aboriginal Family Birthing Program Evaluation (Middleton,2012).

Primary care partnership has created vastly different outcomes to patient care. Additionally, the executive, management and education levels are all committed to model partnership. The acknowledgement that an Aboriginal program should have partnership at every level has displayed genuine commitment to embedding and developing a maternity program which is changing the way we do the business of Aboriginal birthing. To engage the audience, we would like to have an 'on the couch' type conversation where the speakers will give an account of why they prefer to work within a partnership, and how this is providing cultural safety.

The audience can then ask questions of the panel. This can be moderated by the non-Aboriginal midwife/educator. Questions can be on notice or planned, or responsive to initial discussion.

POSTER

Cole, M.

Childbirth Education in Australia

Aim: To initiate a conversation about the benefits and risks of childbirth education (CBE) for a woman and her partner in Australia. CBE traditionally involves active birth, breastfeeding and early parenting.

Rationale: CBE is an area that is not well researched (Gagnon & Sandall, 2007) yet it is valued (Hildingsson, Haines, Cross, Pallant, & Rubertsson, 2013). It is expected that maternity services will provide this education. The content of education offered is inconsistent across services and is not well documented or referenced (Lassi, 2016).

Relevance: An active birth culture in a maternity setting reduces the primary caesarean rate (Prince, June 2015). Reducing fear in childbirth has been shown to have impressive results (Fenwick et al., 2015). CBE improves breastfeeding rates and has made parenting less stressful (Lassi, 2016)

Possible arguments:

- CBE reduces the primary caesarean rate, increases breastfeeding rates and confidence with parenting.
- CBE in a maternity service with an active birth culture reduces the primary caesarean rate
- Midwives facilitating CBE are unduly influenced/restricted by the policies of their maternity services.
- Independent childbirth educators offer more evidence based information
- Independent childbirth midwife educators offer the best CBE.
- More research is needed to evaluate the benefits and risks of CBE.
- Childbirth Educators need accredited training to become effective facilitators.
- Childbirth educators need a flexible but structured program that is evidence based

Evidence of originality of topic/discussion: Very little is known about CBE outcomes in a structured model (Lassi, 2016).

Implications for practice: CBE may enhance the childbirth experience for a woman and may reduce the primary caesarean rate.



Coxhead, H.

Presenting 1400 – 21/9/18

What is so important about developing a professional identity? A review of the literature

As educators in the tertiary field we strive to prepare our students for their professional roles in the healthcare industry. Much has been written on the development of the novice practitioner and their advance to clinical expert, but how much is known about the influences that form their perception of professional identity in their chosen field? Professional identity has been strongly linked to how a person sees themselves in the world, with strong links to self-esteem and self-actualisation. It is a cornerstone for understanding personal roles, responsibilities, accountabilities and ethical reasoning. This presentation will review the literature on the concept of professional identity; identify established and proposed influences on the development of identity; and seek to illuminate the role of the Universities in transitioning students from professional work experience to professional practice.

The presentation will draw an analogy between the emerging professional and the developing embryo and fetus, by looking at the choice of university course (pre-conception), the importance of building strong foundations (early cell division and growth of the embryo), harmful influences (teratogens), acquisition of skills and knowledge (nutrients for healthy development) and the final transition as graduates into the healthcare environment (labour and birth). Continuing this analogy, risk factors will be identified throughout the journey, along with the importance of continuity and consistency, with and between, educational experience providers, looking at a collaborative model between the university and the clinical environment.



Cummins, A.

Presenting 0900 – 21/9/18

Sensitive Issues on Midwifery

Aim: To equip students with personal and professional tools to discuss sensitive issues in midwifery and promote self-care. The first workshop focussed on sensitive issues in midwifery and the second on self-care strategies.

Commencing students usually have not had exposure to the realities of studying and working in midwifery, and often have an idealised view of midwifery that may lead to attrition from the course. We introduced first year midwifery students to the concepts in midwifery where a high level of emotion is expressed, such as taking a sexual history, being faced with the body image changes of pregnancy and working with women in the extreme pain of labour. Students were also provided with self-care strategies including identifying the strategies they already use and finding some new ones. The students had not had any other opportunity to engage with each other before and this enabled them to meet peer supports. This is the first time we had offered such a project. The workshops could be replicated in other settings for other first year students to benefit from the concepts of sensitive issues in midwifery study and practice.

Quantitative and qualitative data were collected pre and post workshops using a short paper survey. We found significant increases in the students feeling more comfortable to discuss sensitive issues in midwifery following the first workshop. They found meeting new people, respecting opinions, normalising confronting topics to be valuable and useful. The second workshop found significant differences in being more confident and knowledgeable to access and try new self-care strategies in both their personal and professional life. Students discussed learning to be more mindful in order to prepare for stressful situations.

The workshops have the potential for replication in other universities to support and nurture beginning midwifery students.



Davies L.

Presenting 1320 – 20/9/18

A Values based Approach to Sustainability literacy in a New Zealand Bachelor of Midwifery programme

Global issues such as climate change, population growth and loss of biodiversity have decreed that the broad subject of sustainability is being increasingly integrated into a wide range of programmes at undergraduate and postgraduate level including those in healthcare.

Any application of sustainability literacy needs to be very carefully considered within a specific context. This is particularly important in undergraduate programmes with a focus on professional practice, such as midwifery. In this instance, an epistemological and ontological approach to sustainability that is focused on professional understanding and identity may assist student midwives in applying the environmental, social and economic tenets of sustainability to practice.

The term sustainability literacy has been beleaguered by accusations of failing to provide any guidance for educational practice. Additionally, the subject of sustainability is often approached from an 'Apocalyptic' position with a focus on climate change and global population expansion. This is likely to alienate rather than encourage constructive engagement by creating feelings of futility and helplessness.

It may be that a values based approach could provide an alternative entry point for engagement with the subject of sustainability. Nikki Harre (2011) uses evidence from the positive psychology movement to encourage people to recognise the importance of core values in adopting greater awareness of sustainability. She emphasises the value of positivity, which incorporates creative problem solving and self-affirming rather than negativity which fosters fear and reluctance to change, in order to approach the subject of sustainability.

In this presentation I will present the results of a qualitative study that explores the impact of a values based approach using the "The Infinite Game" created by Harre, with the aim of increasing engagement with the subject of sustainability by using a values based approach.

Harre. N. 2017. *"The Infinite Game."* The Infinite Game. <http://www.infinite-game.net/>



Davis D & Dalsgaard A.

Presenting 1000 – 21/9/18

Midwifery's first MOOC; Evidence-Based Midwifery Practice – #Mooc4Mid

Continuing professional development (CPD) is essential to keep up to date with competences, and online learning can provide flexible possibilities for CPD for midwives. Massive Open Online Courses (MOOCs) are an innovation for providing free and open access to CPD online. However, there is little research studying how professionals such as midwives learn in MOOCs and how the learning is related to professional practice. The purpose of this presentation is to describe the development of the Evidence-based midwifery practice MOOC sharing some of the educational design considerations and teaching and learning strategies. Enrolment and progression data will also be presented.



Davis D, Atchan, M,
Ferguson S & Zakaroff, K¹

Presenting 1340 – 21/9/18

Women centeredness: Walking the walk in midwifery education

Woman centred care is a central practice and foundational philosophy of midwifery. While teaching and learning strategies for knowledge and skills development in for example, anatomy or taking a blood pressure are relatively straightforward, deeply embedding ‘woman centred care’ as a practice and philosophy is not.

A recurring finding in the various research projects we have conducted with stakeholders is that our students and graduates are strongly woman centred. Like many other programs a core component of our curriculum is teaching the philosophy of woman centred care. We propose however, that it is not enough to talk the talk; we must also walk the walk. In the context of midwifery education, for us at the University of Canberra, this means *living* a woman centred philosophy. This presentation focuses on the ways we practice a woman centred philosophy within our School of Midwifery. This includes the ways we role model woman centred care in our clinical practice with childbearing women and in our relationships with students and importantly, with each other.

Cognitive dissonance describes the psychological discomfort brought about by inconsistency in thought, belief and action. If students are only taught the ‘face value’ of woman centred care but do not experience woman-centeredness, do not see this role modelled in practice or have the opportunity to practice in this way, they can experience cognitive dissonance. Learners will seek to alleviate the dissonance by changing their belief or action to bring them into alignment. In addition, any inconsistency between thought, belief and action will undermine a program’s authenticity.

We propose that providing students with a woman (student) centred experience and by role modelling a woman centred approach in all aspects of our teaching and practice, we can help move “woman centred care” from a theoretical concept external to the student’s experience, to a deeply embedded personal and professional philosophy for the budding new midwife.

1. Discipline of Midwifery, School of Nursing, Midwifery and Public Health, Faculty of Health, University of Canberra

POSTER

Davis D.

Online conferences: Are we connecting?

Professional conferences are an important part of the professional calendar for many midwives and online conferences are proliferating. It is surprising then, that there is little research exploring the value of conferences for attendees. The purpose of this study was to gain an understanding of the aspects of the Virtual International Day of the Midwife (VIDM) e-conference that attendees considered to be “highlights”. This helps us to understand what attendee’s value in a conference so as to better provide for their professional needs through conferences in the future.

The VIDM e-conference is evaluated with a questionnaire each year. Open text responses to the question “What was the highlight of the Virtual International Day of the Midwife e-conference?” for the years 2012 to 2015 were analyzed using simple descriptive thematic analysis. Three hundred and fifty questionnaires were completed in the study period with 247 respondents (70.6%) taking the opportunity to describe highlights. Comments were coded into the following categories: specific presentations (for example a presentation on obesity); general aspects of the conference (such as the accessibility of the conference); interaction and connection. Participants highly valued the opportunity to interact with other conference attendees and to feel connected to the wider global midwifery community. Interacting with fellow midwives and feeling part of a global community are important to midwifery e-conference participants.

Opportunities promoting interaction and connection should not be neglected in conference planning and the evaluation of the VIDM e-conference demonstrates that they are possible to incorporate into a conference delivered online.



Dick S, Llewelyn F & Hynes T.

Presenting 1330 – 20/9/18

My story – How educational innovation saved my midwifery career

Aim: The aim of my presentation is to showcase my story of how an innovative educational program not only encouraged me to stay within the organisation but also the midwifery profession itself. Stories are powerful learning tools that capture the heart of midwifery practice.

Description of the innovation including evaluating practice: You as a young midwife, you finish your University degree with incredible hopes and dreams of a wonderful, fulfilling, creative and passionate career ahead of you in midwifery. You get your dream job, in your dream hospital. You are supported throughout your graduate year and then all of a sudden you are no longer a graduate anymore, you are on your own, with minimal support, in a chaotic birth centre environment, with what seems like a mountain of responsibility on your shoulders. This continues ... and then you feel like you aren't good at your job anymore, you can't give the exceptional care that you would like to each patient you look after because you are pushed to your limits, you develop some serious anxiety coming to work and you want to leave not only the job but midwifery all together. This is my story, but sadly this is the case for many midwives in the first five years of their midwifery career. Luckily for me, The Royal Women's Hospital in Victoria has developed a new initiative called the Transition to Speciality Practice (TSP) program, aimed at these nurses and midwives, providing them with a tailored and supported program to further develop their skills, confidence and career pathways. My specific pathway is innovative in itself, targeted to exceptional midwives with as aspiration to transition into Clinical Education. The program is divided into blocks split between the Clinical Education department internally supporting and evaluating students undertaking their clinical placement at the hospital, and the Maternity Services Education Program (MSEP) team which develops and implements education programs to public health facilities throughout Victoria. This has been an incredible opportunity that has given me a renewed faith in my midwifery practice, a belief that I do actually love midwifery and has allowed me to see the many prospects that a career in midwifery has to offer.

Evidence of the originality of the practice: Whilst TSP programs are available in Australia most focus on specialty clinical practice. What makes this program unique is its focus on educational leadership roles both within The Royal Women's itself as well as throughout regional and rural Victoria. Likelihood that this innovation could be applied elsewhere: The TSP program could be replicated throughout hospitals on a variety of scales.

Implications: I hope that my story inspires young midwives that there is confidence to create their own pathway within midwifery, as well as motivates managers and organisations to investigate programs such as the TSP so that they can not only retain midwives who are the future of midwifery but also encourage them to flourish within the organisation.



Donald H, McAra-Couper J,
Witten L & Walker T.

Presenting 1100 – 20/9/18

An undergraduate midwifery clinical education model underpinned by autonomy, partnership, and the Turanga Kaupapa (cultural framework)

This paper presents the development and challenges of establishing a named preceptor programme in a tertiary maternity setting. Midwifery education in New Zealand reflects the Professional Practice Competencies of autonomy and partnership as set by the Midwifery Council (Midwifery Council of New Zealand, 2018). The Turanga Kaupapa, a cultural competence framework (Nga Maia, 2018) is integrated into these competencies. The AUT University works closely with the three Auckland District Health Boards and Lead Maternity Care midwives to provide a wide practice base for the undergraduate students. Although the student has continuity with the same midwife in the primary services it has been different in the secondary and tertiary setting. Neither partnership nor upholding the values of the Turanga Kaupapa could be ensured due to the fragmented nature of how students were placed with many different practitioners in various settings. Literature highlights how a relationship with a registered colleague enhances the student learning experience; creates a safe environment for students to develop practice autonomy; and socialises the student into the midwifery profession preparing her for workforce readiness (Ebert, Tierney, & Jones, 2016; McKellar & Graham, 2016; Rountree, 2016). The Midwifery Education Development Service, a joint collaboration between the AUT University and the health provider, has initiated a clinical practice model that upholds interrelationships of reciprocal respect and value – a practice of whanaungatanga.

Such a model can be transformational for the student who is embraced and nurtured by the organisation to foster growth in competence and autonomy. Ebert, L., Tierney, O., & Jones, D. (2016). Learning to be a midwife in the clinical environment; tasks, clinical prcticum hours or midwifery relationships. *Nurse Education in Practice*, 16, 294-297. McKellar, L., & Graham, K. (2016). A review of the literature to inform a best-practice clinical supervsion model for midwifery students in Australia. *Nurse Education in Practice*, xxx, 1-7. Midwifery Council of New Zealand. (2018). The midwifery scope of practice. 2018, from <https://www.midwiferycouncil.health.nz/midwives/midwifery-scope-practice> Nga Maia. (2018). Turanga Kaupapa. 2018, from <https://www.ngamaia.co.nz/turanga> Rountree, T. (2016). Student midwives' experiences of clinical placements in secondary and tertiary hospitals. (MHSc), AUT University.



Donaldson C.

Presenting 1200 – 20/9/18

“Keeping the flame alive”: exploring and invigorating normal birth practice amongst postgraduate midwifery students

In 2018, we live in a world of fast paced technological advances, with increasing use and promotion of machines with multiple functionalities, 'evidenced' based flow charts to direct practice and algorithms for emergencies. The focus of both midwifery and obstetrics can appear to be more about detecting the abnormal and reducing risk, rather than supporting and enabling normality in childbirth. In a practice context that appears to be increasingly risk averse, and which values technology, a tension exists for all practitioners who strive to promote and support physiological birth.

In New Zealand the professional and regulatory midwifery bodies both actively encourage frameworks that enhance and protect the normal processes of childbirth, where midwives work in partnership with women understanding, promoting and facilitating physiological processes in pregnancy and childbirth.

To help counter this trend towards interventions an on-line postgraduate course focusing upon Physiological Childbirth is offered at the Otago Polytechnic for midwives in practice. The goal is to enable midwives to critically reflect upon their practice context, challenge their practice decisions, explore and critique both the discourse and literature about normal birth, to enable and support informed choice for women under their care.

This presentation, as a response to the current practice climate, will consider the advantages of the on-line environment for midwives from scattered geographical locations and varied practice contexts, to engage with a virtual community of midwives to address this central midwifery issue.



Donaldson C.

Presenting 0800 – 21/9/18

Using social media: An effective pathway for student and midwives' professional development and learning?

A midwife recently said to me 'I use Facebook for my personal life and Twitter for my professional learning'. A WHO bulletin released in 2009, identified the potential of social media platforms to transform the way communication occurs for anyone with access to information technology.

The usage of social media has already radically altered how research and practice information is being shared amongst midwives and student midwives, for their professional development and learning. Engaging with social media does have the added bonus of being available anytime at very little or no cost.

So what are the real or perceived challenges for midwifery educators in the 21st century from social media, and for their students? The traditional methods of finding out information using textbooks and journals or e-mail lists to share practice ideas has partly been superseded by fast responding individuals, based all over the globe, who share their research, thoughts and ideas through social media platforms. This inclusive way of being with instant access, only limited by international time zones, could have its challenges to those that are concerned with academic rigour and traditional process, that are the hallmark of tertiary educational institutions.

A recent literature review however reveals a paucity of empirical research investigating the use of all forms of social media by midwives.

This presentation will focus upon one mode of social media, Twitter for student and midwives learning and development. The presentation will engage the audience in debate with critical questions and will include a segment on 'how to use' Twitter, the 'does and don'ts, tweet chats, the use of #hash tags, twitter trolls and importantly how to use social media without breaching professional standards and regulatory codes of conduct.



Donnellan-Fernandez R, Krouse B
& Jenkins M.

Presenting 1100 – 20/9/18

Using Community Engagement Strategy with Students to Transform Midwifery Practice. How Speed Dating for Pregnant Women to Meet Student Midwives @ The Family Place enabled connectivity with community groups (Young Parents) and primary maternity services

Clinical placement opportunities for student midwives have traditionally been limited to or dominated by institutional acute care settings, such as hospital and clinic environments. While these settings make an important contribution to midwifery education and practice, within these contexts care and communication with women can be episodic and fragmented. In isolation these settings do not provide a holistic framework for primary health care practice or the relational continuity of being “with woman” articulated in national standards, Griffith University meta-values and integrality framework described in The Lancet Midwifery Series for global maternal / newborn health. It is critical to capacity building that students experience clinical placement in a wide range of contexts, including local communities. Furthermore, core requirement of the National Standards for midwifery education mandate each student complete a number Continuity of Care (CoC) follow through experiences with women across the continuum of pregnancy, birth and the postnatal period. Students can be challenged by processes to recruit pregnant women for follow through experience. This presentation showcases an innovative, emancipatory teaching and community engagement strategy undertaken by student midwives from Griffith University in partnership with a local early childhood centre, The Family Place.

Initial planning involved a one off ‘community event’ to facilitate introductions between students and women seeking relational continuity for their pregnancy care. These partnerships were enabled by a midwifery curriculum that is focused on building graduate capacity in leadership, citizenship and social justice. These attributes have been shown to support graduate employability and success. The community event – a speed dating morning tea for pregnant women – offered further opportunities for students, women and the community centre.

The strategy facilitated growth and implementation of other innovative community development activities; e.g. planned midwifery antenatal and postnatal outreach from hospital clinic services involving students, and future implementation of young parent groups to link families with other established services offered at the centre.



Downer T, Gray M & Capper T.

Presenting 0900 – 21/9/18

The benefits and challenges experienced by Midwifery student's when completing their clinical portfolios to meet the requirements for Standard 8 (ANMAC, 2014) and the National Competency Standards for the Midwife

Introduction: In order to gain registration as a midwife in Australia, students are required to demonstrate they have achieved the National Competency Standards for the Midwife and completed a minimum number of midwifery practice experiences outlined in standard 8 (Australian Nursing and Midwifery Accreditation Council (ANMAC 2014). Although research has been undertaken to explore the experiences of students' completion of midwifery practice experiences (Brunstad & Hjälmhult 2014; Fenwick et al., 2016; Licqurish 2011; McKenna et al., 2013) to date no research has been undertaken to explore the students' experiences of completing a portfolio of evidence to meet the requirements of the professional standards (ANMAC 2014, NMBA 2006). Currently, there is no consensus agreement on the best way for students to submit their portfolio of evidence, midwifery programmes currently use either a paper based or an electronic portfolio to record experiences. Anecdotal evidence suggests that many students find the completion of their portfolio to be challenging and burdensome, with students often declaring a preference to complete their portfolio in an alternate form to what is offered at their university.

Aim: To investigate the experiences of two groups of midwifery students at two Queensland universities and compare their lived experience of completing a portfolio of evidence; paper-based or electronic portfolio.

Methods: Data was gathered through a qualitative explorative approach using focus group interviews which investigated midwifery student's experiences of completing a paper based or electronic portfolio.

Result: Midwifery student's experience of the benefits and challenging aspects of each method of recording their midwifery experiences in a portfolio will be discussed.

Conclusion: We anticipate making recommendations to academics and students on the most appropriate form of portfolio for documenting evidence and completing the requirements of the professional standards.

POSTER

Eden, A.

Midwifery and nursing students studying outside their country of origin: a narrative review of their experiences, barriers and coping strategies

Introduction: Australia is host to a growing number of culturally and linguistically diverse students. There is a wealth of literature that reports on the experiences of tertiary level international students; however when the focus is narrowed to those undertaking midwifery or nursing programs, the research is limited. Whilst discourse is informed by the wider body of knowledge, there may be additional discipline specific considerations given the clinical component of their study and, for midwifery students, early involvement in personal therapeutic relationships through 'Continuity of Care' experiences. These students represent an increasingly significant and under-explored population group.

Objective: This narrative review aims to summarise what is known of the experiences of students studying midwifery or nursing programs outside their country of origin and identify the perceived barriers and enablers. It also reports on recommendations for practice and identifies areas for future research.

Review methods: Six databases were searched and results assessed for suitability. Reference lists of relevant studies were also reviewed. After necessary extension of publication date range to 15 years, ten primary qualitative studies met the inclusion criteria.

Results: There was no available data on international students undertaking a midwifery program. For those studying a nursing program, five themes emerged: language and culture, teaching and learning, isolation and segregation, resilience and growth, and services and support. Current recommendations for practice include increased language support, expansion of ethnic nursing student associations, academic and clinical staff training, specialised mentorship and culturally safe social events and programs.

Conclusion: This paper concludes that the available data both affirms the existing body of knowledge around international students and adds industry-specific insight from those enrolled in nursing programs. However, research is required around best practice in teaching methodology for an increasingly diverse cohort, the perspectives held by their teachers, colleagues and clients and perhaps most noticeably – a midwifery voice.



Fenwick J, Gamble J, Baird K,
Griffiths M, Bass J, Carter A.

Presenting 1340 – 21/9/18

Developing and testing a tool designed to measure midwifery students evaluation of practice (MidSTEP)

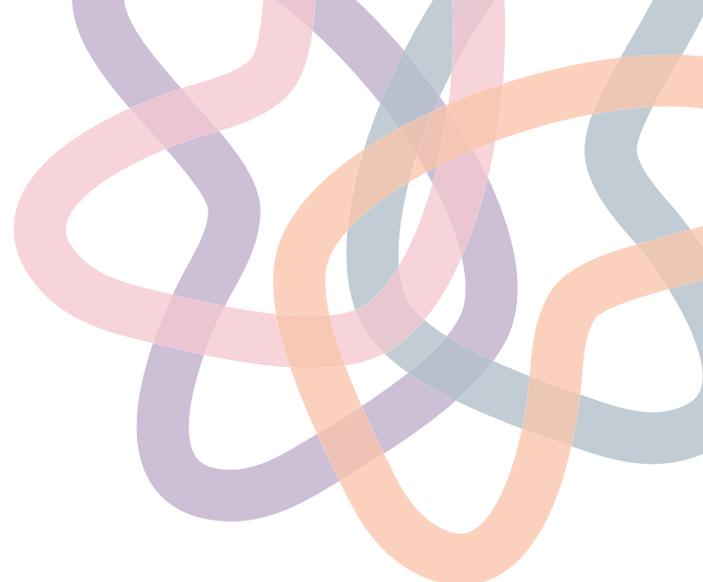
Background: Health service environments have long been identified as a key influence on students' acquisition of clinical competence. Understanding how the clinical experiences of students' impact on their learning and development as health practitioners is fundamental to producing work-ready graduates that can successfully transition to practice, provide quality care and continue to grow both personally and professionally. The ongoing ability to produce evaluation data enables programs to successfully analyse and revise outcomes, structures, processes and to highlight enablers and address barriers to ensure quality experiences support transformational learning.

Aim: The aim of the study was to develop and validate a tool that could measure the impact of a student's clinical practice experiences on their development as a midwife with a focus on the Five Senses of Success (capacity, identity, purpose, resourcefulness and connection)

Method: Development and testing of the tool proceeded using the three phases originally described by Waltz at al (1984). Items for the tool were developed from our previous qualitative study where we explored the Five Senses of Success in our BMid student population. In phase 2 we assessed the developed items and domains for clarity, apparent internal consistency and content validity using a rating panel of midwifery students (considered experts). In phase 3 we assessed the refined tool for internal consistency and test-retest reliability. Students received a link to an online survey via their student email inviting them to complete the survey on two different occasions. Demographic characteristics of the sample were summarised using descriptive statistics. The stability of the instrument over time was measured by a Test-Retest procedure. Tests for scale reliability and validity included item analysis, confirmatory factor analysis, subscale analysis and internal reliability (Cronbach's alpha coefficient with a criterion of greater than or equal to 0.80).

Results: In total, 145 Bachelor of Midwifery students (response rate 72%) completed the questionnaire between late September and early November 2017. The results confirm that the tool and its three subscale (practice environment, midwifery practice preceptors and university support midwives) appear to be reliable and valid measure of how the clinical practice experience effects the development of student midwives confidence, competence and identity.

Conclusions: Further psychometric testing of the MidSTEP Tool with a larger population is needed to confirm the results and explore further construct validity. Future work also needs to be done with diverse student populations as well as determining the extent to which the subscales are culturally relevant and appropriate. We anticipate that the development of such a tool will make a unique contribution to the literature and have wide applicability.



Fleming T, Creedy D & West R.

Presenting 1120 – 20/9/18

Using a cultural capability framework to understand midwifery academics' developing awareness of cultural safety

Aim: To explore midwifery academics' developing awareness of cultural safety. Objective: Analyse data from interviews with midwifery academics about their experiences of a staff development program that aimed to enhance culturally safe teaching and learning practices.

Methodology: The staff development program consisted of two workshops and a series of 5 yarning circles. Eight midwifery academics agreed to be interviewed after completion of the program. Qualitative content analysis of semi structured interviews with midwifery academics used template analysis. Interviews were transcribed verbatim, read and re-read coded through a content analysis process and clustered into themes using the five capabilities of the Aboriginal and Torres Strait Islander Health Curriculum Framework. Respect; Reflection; Communication; Safety & Quality; and Leadership.

Results: Participants' sense of belonging, sense of safety and knowing were expressed as important factors fostered by the yarning circles. These concepts were supportive of transforming participants' developing awareness of cultural safety. Participants also described their sense of receiving 'support and guidance', 'their difference', and challenges to be overcome in learning and teaching.

Conclusion: Yarning circles fostered midwifery academics' sense of belonging, safety and knowing. These concepts were supportive of participants' developing awareness of cultural safety and sense of connection with each other in a safe space. Yarning circles were perceived as protective and enabled midwifery academics to have challenging conversations about difference and privilege. The knowledge gained from these conversations contributed to transformation and development of culturally safe learning and teaching practices.

POSTER

Fleming T.

Best available evidence on cultural safety continuing professional development for midwifery academics

Background: Awareness of cultural safety by midwifery academics is integral to the provision of safe learning and teaching environments, the use of effective adult learning principles and academic success of First Peoples midwifery students. However, little is known about the scope and efficacy of continuing professional development activities that aim to develop awareness of cultural safety by midwifery academics.

Aims: Determine best available evidence through an integrative review of the literature on the scope and efficacy of professional development interventions that aim to increase awareness of cultural safety.

Methods: An integrative review of peer-reviewed literature from 2005 -2017 was undertaken. Documents were assessed using the Critical Appraisals Skills Program (CASP) guidelines. Concepts were mapped thematically.

Results: Eight papers met the inclusion criteria. Five broad themes emerged from the analysis: Cultural Terms, Knowledge of Culture, Cultural Education, Cultural Aspirations/Desire and Culture in Curricula.

Conclusions: Midwifery academics require professional development to raise their awareness of cultural safety and adopt effective learning and teaching practices. There is currently no agreed best professional development strategy to support awareness of cultural safety for midwifery academics. The philosophy of midwifery practice has many synergies with the principles of cultural safety. Cultural safety needs to be embedded into professional development plans for midwifery academics.

Key words: Cultural safety; cultural competence, midwifery, academics, First Peoples, professional development, intervention.



Foster W & Rance S.

Presenting 1410 – 20/9/18

Time Sensitive Activities

Rationale. Students are required to conduct clinical tasks efficiently and effectively, which can seem overwhelming when coupled with time pressures. Activities were strategically aligned with student knowledge, and designed to afford students the opportunity to practice previously acquired skills in a time sensitive environment.

Description of the Innovation. Second year midwifery students were sent into an unknown simulated situation, and were provided clinical handover or direction to a task that required immediate attention. Tasks were delegated in accordance with the individual student's skills and knowledge and became progressively complex as confidence and clinical awareness improved. Academic support was used to ensure the students had a reference point in which they could receive guidance if unsure on how to proceed. Academic staff knowledge of the student's strengths and limitations was paramount for safety

Applicability to practice. The dynamic nature of perinatal care demands that midwives have the awareness, skills and knowledge to work within a team, often under time pressures. As students, clinical tasks are often taken over by the clinical supervisor as it may be undertaken more efficiently; particularly if in emergent situations. Although justifiable, this means that students may be limited in their capacity to extend themselves into completing these roles until they have graduated.

Implications. Although some literature would suggest the use of time pressure in clinical situations may have limited value, the use of the academic staff to direct and support the student through the simulated environment may have the ability to mitigate this issue. We have seen students' progress from supported roles to managing the whole scenario and team independently. This takes the student from a task centric to broad clinical understanding while managing the pressure of the immediate care required; invaluable to their transition from student to graduate.



Gamble J, Sidebotham M,
Schwartz L & Szymanski M.

Presenting 0940 – 21/9/18

Building a community of inquiry: How a MOOC can contribute to the transformation of maternity care to align with the evidence

Aim /Rationale. The Lancet series on midwifery provides powerful evidence detailing how to develop and deliver maternity care to optimise outcomes for women and babies. Easy access to this information and guidance on implementation is essential if we want to see large-scale implementation of evidence-based primary maternity models. This presentation will describe the development, delivery and evaluation of an innovative Massive Open-access Online Course (MOOC) designed to contribute to the transformation of practice globally.

Description. The MOOC platform provides a valuable opportunity to reach a broad audience and disseminate evidence and application to practice. While many MOOCs are developed to attract learners to a host university for further study, the Midwifery@Griffith team wanted to use the MOOC as a platform to reach a global audience committed to reform of maternity services. Built around the concept of integrality and implementation of the Lancet Framework for Quality Maternal and Newborn Care, the MOOC was developed with direct input from international leaders in maternity services reform. The MOOC offered on the Future Learn platform ran for the first time in November 2017 and again in March 2018 and attracted >4500 learners from 136 countries. This presentation will discuss the development, dissemination and evaluation of the MOOC.

Impact. We will present data demonstrating impact on practice using feedback from learners and organisations. The strengthening of relationships and the shared clarity of purpose in building the concepts in the MOOC with members from the Lancet team, JHPIEGO, WHO, WRA is providing opportunity to develop collaborations and provides accessible educational offerings that reach a broad audience. Importantly, we will describe the learnings from within the development team and describe design features to inform audience members interested in developing similar courses in **the future.**

Implications. This presentation shows how teams can use their existing relationships and resources to build accessible education programs that will disseminate best practice widely. Using a clearly defined design process and a collaborative participatory approach are key factors to success.



Gray, M.

Presenting 0940 – 21/9/18

3D Technology: Innovative visual approach to Midwifery Education

Issue: Midwifery students present a diverse cohort of learner types. There is a lack of suitable resources to assist in the teaching of some complex subjects to meet the learning needs of the range of different learner types within midwifery. Textbook illustrations alone lack detailed knowledge to equip learners to understand and grasp fundamental principles such as haemostasis.

Aim: To meet the needs of audio/visual learners and overcome the lack of resources by creating a new medium of customised teaching resources. This audio/visual resource uses 3D technology that appeals 21st century learners.

Product: Using a 320-degree visualisation space that enables the presentation of 3D graphics (Mechdyne website; <https://www.mechdyne.com/>) a learning artefact was created by members of the Visualisation Development Team and midwifery academics at the University of the Sunshine Coast.

The innovation has resulted in the development of a 3D midwifery artefact that has overcome the challenges of illustrating the internal female anatomy and simulating the actions of physiological events following birth of the infant. The Midwifery artefact provides students with a visual representation of the internal anatomical layers of the muscles, blood vessels and placenta and membranes. The artefact simulates the expulsion of the placenta and membranes and shows the normal physiological response of how the myometrium contracts to occlude the blood vessels to prevent haemorrhage. The visual artefact concludes by demonstrating how the uterus involutes and retracts back into the pelvis during the puerperium.

Finally, a follow up artefact illustrates how an incomplete third stage can lead to puerperal infection. The internal and external signs and symptoms of puerperal infection are portrayed by the 3D midwifery artefact to assist students to learn how to recognise and diagnosis puerperal infection.

These innovative learning and teaching resources address the deficit that exists in audio/visual teaching resources.



Griffiths M, Carter A & Fenwick J.

Presenting 1120 – 20/9/19

Expectations and experiences of BMid graduate midwives first year of practice following clinical placement in Rural & Private Midwifery Education Program

Background: The Rural Private Midwifery Education Project (RPMEP) was a 2013 Queensland Government initiative to prepare midwives to work in caseload practice. Students in this project were embedded within private midwifery caseload practices or rural publicly funded midwifery group practices for their entire undergraduate Bachelor of Midwifery program.

Aim: The aim of this study was to explore the expectations and experiences of these midwives as they transitioned to practice as registered clinicians.

Method: Using a qualitative descriptive approach eight RPMEP midwives participated in a digitally recorded telephone interviews at the completion of their first year of practice. Thematic analysis was used to analysis the data set. Ethical approval was granted.

Key findings: Although the midwives expected, and wanted, to work within midwifery continuity on graduation all gained employment in hospital settings. Working within a hierarchical bureaucratic system challenged the students causing a level of frustration and dissonance. Developing time management skills especially around complexity was also initially testing. What became evident, however, was their ability to draw on the 'gifts' afforded to them by their extensive embedded continuity experiences to process what was happening and move forward. Graduating with a strong respect for a woman's ability to give birth, the importance of woman centred care (including concepts such as choice, control and continuity) and the significance of informed decision making ultimately assisted the midwives adapt and 'see' how they could use these 'gifts' to improve the care provided to women.

Conclusion: The study is timely and adds to the growing body of evidence on how to best prepare students to work across their full scope of practice. Knowledge building around what creates a positive clinical experience to support.



Hamilton V, Fenwick J * Baird K.

Presenting 1400 21/9/18

Being in the driver's seat: learning experiences of student midwives caring for women in a student led clinic

Background: A clinical environment that provides meaningful and productive learning experiences is essential for students of all health care professions. To support the learning needs of undergraduate midwifery students and facilitate the continuity of care experiences a student led clinic was established in one South East Queensland maternity unit.

Aim: This study explored the experiences and learning processes of student midwives undertaking clinical practice within a student led clinic.

Method: Qualitative descriptive. Ten students that worked in the clinic were invited to participate in a one off digitally recorded face to face or telephone interview. Thematic analysis was used to analyse the data set. University ethical approval was granted.

Findings: Preliminary findings suggest that the student led clinic placed students in 'the driver's seat'. Overwhelmingly students described the clinic as providing them with an array of opportunities to 'lead' care rather than being forced to 'sit and watch'. The central elements of the experience were having more time to be holistic in their approach, development of enhanced skills, getting to know the woman through the continuity of care relationship and feeling supported, by their university practice lectures, to bridge the theory - practice gap. Students perceived that the experience of working in the clinic increased their midwifery knowledge, skills, confidence, critical thinking, care planning, and ability to advocate for and empower women.

Conclusion / Implications: High quality and supportive clinical teaching and learning experiences are vital for ensuring the student midwife develops into a competent practitioner who is fit for registration. The evidence from this small study highlights the benefits afforded to students of working in partnership not only with pregnant women but also with their university midwifery lecturer. The student's continuity of care learning experiences appeared to foster and cultivate their capability, identity, purpose, resourcefulness and connection; all the five senses of success.



Hastie C.

Presenting 1000 – 21/9/18

Groupwork as the crucible of change in learning teamwork skills

Teamwork skills are a significant factor in the dynamics of health care, influencing the quality and safety of care, the workplace culture and health professional retention; clinical errors, bullying and high turnover of staff are features of the workplace when teamwork is poor. The social, emotional and practical skills required for effective teamwork can and should be taught and developed in undergraduate health students. TeamUP, a curriculum enhancement strategy designed to teach, develop and assess these skills, was introduced into each of the three years of a regional undergraduate midwifery program. The development and refinement of TeamUP involved student participation and was approved by the university's ethics committee. The strategy utilised groupwork assessments as an opportunity to assist students to develop these essential teamwork skills.

This paper will present an overview of the development of the model; outline lectures and tutorials; the rubric developed for teaching and assessment; the structured reflective process and the eight assessments of increasing complexity used as groupwork projects. The project planning tools are described and the method of giving and receiving feedback that students were taught to use is explained. The argument is made that including TeamUP in the undergraduate midwifery program provided students with a safe environment within which they could develop and practice the social and emotional interactional skills which underpin the day to day experience of health professionals in the workplace.

Key words: teamwork, communication skills, emotional and social intelligence, midwifery students, TeamUP



Hawley G & Peacock A.

Presenting 1400 – 21/9/18

Mentoring midwifery students in India – experiences, education and reflections

Background: Educational institutions are keen to promote international placements with an intent to produce culturally sensitive future health care clinicians. In September 2017, midwifery students from the University of Queensland travelled to India on a 4 week clinically focused placement funded by the Australian Governments New Colombo Plan. An academic staff member accompanied the students and continued class lessons following a problem based learning approach and were required to present feedback using innovative methods that did not require e-based technology. While this was a midwifery placement, the intention was to spend time with women in birthing and postnatal units.

Methodology: On return to Australia and using the Gibbs' reflective cycle, there has been an opportunity to think about the planning involved and the experiences that occurred while on placement and also the mode of presenting educational material. The Gibbs cycle affords the structure in which to formulate these thoughts into a meaningful action plan for the next international placement.

Outcomes: As academics and midwives mentoring students on an international placement, reflection has been important in recognising the cultural challenges, managing the different clinical practice encounters and how to present educational material. These reflections are key to enabling student midwives to manage future international placements with caring for women and families on a daily basis. On a practical level and as a group we can incorporate information on cultural expectations, location knowledge and utilise varied non-internet modes of educational material.

Implications: Educational institutions are keen to promote international placements with an intent to produce culturally sensitive future health care clinicians. Students can grow in self-awareness and potentially shape their future practice perceptions. Using reflection is a key step forward in understanding the positive and negative effects of International placement and classes delivered while on placement. The information gathered will also inform future curriculum content development.



Hewitt T.

Presenting 1120 – 20/9/18

Teaching Intact Cord Resuscitation to Birth Practitioners

The aim of this innovative educational practice is to present a way in which intact cord resuscitation (ICR) can be taught as part of newborn resuscitation training to boost the confidence and understanding of birth practitioners.

Evidence for improved outcomes when cord clamping is deferred for at least one minute has been growing over the past 2 decades. Recent changes to local, national and international guidelines encourage longer intervals between birth and cord clamping for healthy term neonates. However, the evidence for optimal cord clamping time is less clear for compromised neonates. Healthcare practitioners need to make rapid and appropriate decisions at birth about when and whether to transfer a baby to a resuscitation table. Demonstrating ICR and providing an opportunity to practice this skill may improve a practitioner's ability make these important decisions.

Teaching ICR is a relatively new practice for most educators and I will demonstrate how this can be included in simulation training. I will discuss the perceived barriers to providing ICR and the reasons why this practice is more likely to be used in primary maternity settings. I will share how newborn resuscitation simulation training may be adapted to encourage health professionals to extend the time for placental transfusion, without compromising the newborn by delaying resuscitation.

The implications are for a wider transfer of the message of ICR to the educators across the Australasian Region and the resulting improvement in neonatal outcomes.



Hewitt T & Robertson R.

Presenting 1435 – 21/9/18

The 3 P's of shoulder dystocia

The most widely used mnemonic for the management of shoulder dystocia is HELPERR from the Advanced Life Support in Obstetrics (A.L.SO.) course. When faced with an emergency we are likely to suffer from “brain freeze” which makes it unlikely that we will remember all 7 letters in H.E.L.P.E.R.R. and what they signify.

The “3 P's” mnemonic devised by the midwifery educators at Canterbury District Health Board in New Zealand simplifies shoulder dystocia management into just 3 letters, listed in a logical order from least invasive to most invasive:

1. P = Positioning. Moving the woman into positions such as abduction of knees to shoulders, rolling into all-fours, running start or lateral.
2. P = Pressure. Suprapubic pressure in a continuous or rocking motion
3. P = P.V. (Per Vaginam). Inserting the whole hand into the vagina via the perineum to try and rotate the baby's shoulder, reach the axilla and/or remove the posterior arm

By sharing the 3 P's with the audience at the 2018 midwifery education conference we hope to simplify shoulder dystocia management and share the message so that it can be used widely by maternity care professionals to improve outcomes.



Jefford E & Jomeen J.

Presenting 0920 – 21/9/18

Transforming Clinical Practice through an on-line Clinical Decision-Making learning package

The NMBA recognise the importance of midwives decision-making during childbirth. Universities have to demonstrate transparent processes and reliable evidence around the obtainment of students' understanding, knowledge and skill developed is commensurate with the academic level of qualification awarded. In this case students of midwifery upon graduation have to comply the Australian Qualification Framework (AQF) level 7 Application of knowledge and skills '...will apply knowledge and skills to demonstrate autonomy and well-developed judgement and responsibility...' Yet to what extent decision-making is taught In Australian Universities or its location in midwifery curriculum is lacking. These inconsistencies have the potential to undermine the effectiveness of and application of theoretical knowledge in to the real world of clinical practice.

In 2015 The Enhancing midwifery Decision-making and Assessment in Midwifery (EDAM) tool underwent national and international validation and psychometric testing. It was found to be a valid and reliable tool to assess midwives decision-making processes. To compliment this, the EDAM on-line learning package was developed. This teaching resource is embedded across the midwifery curricula at Southern Cross University (SCU) and Hull University (UK). This presentation offers an insight in to the approach taken with the on-line learning package design with its aim to facilitate, through reflection, the acquisition of highly salient and context relevant clinical practice knowledge in contrast to 'rote' approaches. The reflective component is of particular relevance, since this psychologically anchors learning within contemporary clinical context thus aiming to facilitate learning relevance and retention of knowledge dynamically. The on-line learning package also aims to inspire students in innovative learning activities that have the potential to increase their engagement.



Kensington M, Davies L, Gilkison A,
Daellenbach R, Rankin J, Deery R
& Crowther S.

Presenting 1430 – 20/9/18

Sustaining rural midwifery practice by enhancing midwifery education

New Zealand and Scotland have different models of maternity care however, both countries face similar challenges when providing rural and remote midwifery care. Currently, the maternity care for nearly one third of pregnancies and births in both countries is provided by rural midwifery services.

In 2016, a collaborative study was undertaken to explore the practice realities of midwives working in remote and rural regions in both countries. The aim of this study is to contribute to the knowledge base informing equitable and sustainable maternity care for rural communities in both countries and provide insights into midwifery pre- and post-registration education curricula. A mixed methods study design was used incorporating an online questionnaire and online focus groups where participants responded to questions around the challenges of rural midwifery and the preparation considered necessary for rural practice. Data analysis comprised of quantitative (SPSS) and qualitative (thematic content analysis) (Braun & Clarke, 2006). Ethics approval and access were granted from all sites before data collection.

This presentation focuses on the responses of the New Zealand and Scottish midwives in relation to pre-registration preparation of student midwives for rural practice and the skills and educational needs rural midwives require post registration. In particular, most participants agreed that pre-registration programmes should include a rural placement for students, rural-specific education with a focus on rural midwifery practice skills and the sharing of the experiences of rural midwives with students. Midwives post registration wanted workshops focussed on their specific needs alongside annual requirements of updates on emergency skills.

Our discussion provides recommendations on how to support sustainable midwifery services and secure the future of the rural midwifery workforce through the preparation of student midwives and practising midwives, which are vital for rural communities.



Kensington M, Davies L & Daellenbach R.

Presenting 1330 – 20/9/18

Transforming the delivery of midwifery education to reflect social change and a sustainable model

The Bachelor of Midwifery at Ara has used an innovative blended learning model for the last nine years. The model has enabled students from rural and provincial areas of the South Island of New Zealand to study theoretical content in their own home and to gain practice experience within their own communities. This has improved access considerably for a previously marginalised group who are now able to study alongside their urban colleagues.

The students use online resources and virtual classroom as the online component and attend a small face-to-face group tutorial (ākonga) weekly regardless of where they are based. The ākonga was introduced to address the potential for the social isolation and higher attrition rates reported within the literature around 'distance' programmes.

In 2009 we commenced an action research project with the aim of critically evaluating the effectiveness of the programme. Students' views on the benefits and challenges for learning within this model were elicited through surveys and focus groups. Ethics approval was gained through Ara Academic Research Ethics committee. Preliminary analysis revealed that students appreciated the flexibility of the online learning and that the ākonga was pivotal in providing social connection. However, almost all commented on feelings of 'isolation' especially in relation to the online learning and they were unsure of how they were progressing with their learning. We replaced the HTML editor authoring tool that we had been using with the web application, OB3 developed by OceanBrowser (OB3).

This presentation focuses on the way that these two important components, the ākonga and OB3 have helped to address the issue of social isolation and increased social connection amongst the students. The findings have relevance for educators involved in the delivery of midwifery education where increasingly the use of technology is a significant component of a blended model.³



Komorowski J.

Presenting 1530 – 20/9/18

Birthing on country: Lessons US midwives must learn from Australia and Canada

Can US midwifery learn from what Australian and Canadian midwives have accomplished among indigenous women? A recent decrease in infant mortality rates among indigenous women of Alaska is attributed to a policy of requiring women in remote areas to travel to hospitals to await labor. Despite the stress caused by requiring relocation for birth, indigenous women of Alaska are increasingly subjected to healthcare policies that purport to know what is best for them and their infants.

In contrast, Australian and Canadian midwives have helped return birth “on country”, back to the traditional communities. For indigenous peoples, birth on country provides benefits that a hospital setting cannot: elimination of stress surrounding a forced separation from family at the time of birth, a sense of connection between the land and the people, and preservation of traditional wisdom about birth. Equally important are the efforts of Australia and Canada to educate indigenous women to provide midwifery care in their own communities. Could a similar effort prove as successful among indigenous women of Alaska?

Further study is critical to determine the effects of relocation for birth upon the indigenous women of Alaska. The speaker will relate her experience as a nurse-midwife in Alaska and the evidence she observed of the need for returning birth to the indigenous communities in Alaska. Australian and Canadian models of midwifery care within indigenous communities should be piloted in remote Alaskan communities. Inter-professional support teams, education of indigenous women as midwives, and the return of birth to remote communities should be integrated into midwifery education in the United States.

POSTER

LaDell H.

Co-designing the “Unpushed Birth” intrapartum perineal care education programme with midwives in the Southern District of New Zealand

In 2014, the Southern District Health Board region had the highest rate of third and fourth degree tears amongst “standard primiparae” in New Zealand (NZ Clinical Indicators 2014, Ministry of Health). An audit of 2015 births in Dunedin identified that 6.3% of all women sustained a third or fourth degree tear, and 70% of these were sustained during normal vaginal birth.

In 2016 I worked with midwives in the Southern District to design a midwifery education programme to improve intrapartum perineal care and improve perineal outcomes for women in our District. The programme is grounded in midwifery philosophy and an appreciation of midwifery ways of knowing. We utilized co-design principles of “with not to” and also focused on “positive deviance” and “social networking” as successful methodologies for practice change.

To design the practice recommendations, we first surveyed midwives about their practice and attitudes, then looked at current best practice evidence and perineal harm prevention strategies from around the world. The course curriculum utilizes and critiques evidence, fosters storytelling and sharing of strategies among midwives, gives practical hands-on advice and practice, and promotes midwives’ confidence in being able to influence their own and others’ outcomes.

Midwife participants in the education programme tell us that there is something different about this style of professional education. Ninety percent of participants reported that they would adapt their practice as a result of attending the programme.

We are starting to see an effect of practice change, with a decrease in severity of harm. We are imbedding practice change by putting perineal intrapartum care into midwifery mandatory education days and sharing our change strategies with other DHBs. A formal audit of results is planned in February 2018.



Lloyd R.

Presenting 1435 – 21/9/18

Ideology versus realism: Navigating the graduate year

Background: Although there is an increasingly clear distinction between the two professions, the majority of research into the experience of healthcare graduates focuses on nursing with limited insight into the experience of midwifery graduates.

Aim: To describe challenges facing the graduate midwife, and identify strategies to overcome them and flourish as a competent, trusted member of the collaborative team.

Methods: Literature review, Survey Monkey survey, unstructured interviews and observation in the clinical setting.

Key findings: Most graduate midwives describe possessing fresh enthusiasm and passion for achieving the ideological tenets of midwifery. However, they often struggle with the realities of the medico-legal environments which house Australian maternity services. The evidence demonstrates recurrent themes of disillusionment and discouragement in the graduate population.

These attitudes are attributed to:

- the theory-practice gap
- feelings of subordination
- limited access to clinical educators and peer support.

Several strategies have been identified to support the transition of the graduate:

- Regular allocated supernumerary time to consolidate clinical skills
- Seeking timely feedback, support and encouragement from midwives, educators and other graduates
- Fostering a sense of belonging through professional advocacy and involvement with consumer groups and professional organisations
- Enacting a proactive rather than passive approach to the graduate program through clear communication and goal-setting, to identify and improve professional limitations and clinical weaknesses
- Seeking to consolidate clinical decision-making skills by remaining abreast of the current evidence through literature subscriptions, attendance at conferences or workshops and attentiveness to the discourse of midwifery in the media
- Involvement in midwifery-led continuity of carer models to explore the midwifery scope
- Self care strategies

Relevance: The conference theme of transforming midwifery through education is strongly linked to this presentation. Graduate midwives are the future of midwifery and their practice can be negatively affected by a disappointing transition. This presentation aims to educate students, graduates and midwives alike on how to develop strategies to ensure efficacy, gratification and growth in the graduate year and beyond.

POSTER

Mahon S.

Embracing student wellbeing

Reduce stress in the learning environment, provide students with useful tools and develop resilience to maximise wellbeing throughout their careers.

At the Royal Women's Hospital, Melbourne, we have implemented a number of strategies to embrace student wellbeing. We are aware that students will have greater understanding and engagement in learning, if they feel safe and supported. We are a motivated team of clinical support midwives, who regularly initiate new ideas in supporting our learners. We feel passionate about sharing these ideas. When we implement new ideas to support student wellbeing in the workplace, we ask students for feedback both verbally and in an online survey. It is from this feedback, that we can understand our student population better and tailor sessions to individual groups. The feedback from our students has been outstanding to date, therefore, encouraging us to share our ideas with other organisations. The tools we use, give midwifery students permission to unload and declutter stressors, while making sense of information and situations.

Some of the strategies we have implemented during clinical placements at the Women's, include relaxation/guided meditation sessions in our sacred space room, walking groups, allocated debriefing sessions, education sessions both implemented by clinical support staff and various topics requested by students. The idea is to make each session creative and engaging, whilst leaving the learner feeling confident to implement their new knowledge in to the clinical environment.

In this poster, we plan to create an appealing visual display of the "Why, What and How's" of embracing student wellbeing. This poster will be displayed in a creative and easy to understand format. The information used in this poster will be relevant, practical and timely.

This poster will provide the midwifery workforce with useful tools to develop and foster resilience in their staff of all experience levels.

POSTER

Mahon S.

Innovative Educational Practice “I am an expert”

Aim: Reduce intimidation in learning, while improving comprehension, confidence and application in the clinical setting.

Description of the innovation including evaluating practice: The “I am an expert” model empowers students to take ownership and responsibility of information. For example, each student is assigned a small component of a larger topic. Each student holds responsibility of learning as much as they can about their component, because they are the expert in that component. This tool includes spatial, auditory, linguistic and kinaesthetic adult learning styles. The “I am an expert” model aims to set an engaging learning environment, for example, improving student comprehension of Cardiotocograph (CTG) interpretation. At the start of each session, students are asked to rate themselves on a “Scale of Confidence” ranging from 0 – 10. 0 suggesting the student feels nil confidence in the chosen topic, and 10 suggesting they feel they are at expert level of confidence. After the session, they are asked to rate themselves on the same “Scale of Confidence” again. The aim of “I am an expert” is that their individual score will improve.

Evidence of the originality of the practice: Journal searches and library research tools were used searching “midwifery learning tools”, and “I am an expert”. Nil information was found during these searches. A similar model has been used in primary school education in Victoria.

Likelihood that the innovation could be applied elsewhere: My team and I have used this teaching tool in multiple areas of midwifery education across the continuum. This model can be applied to any area of learning.

Implications: The implications involve a greater understanding and increased confidence in relevant knowledge. This tool is transferable in any area of learning. For example, “I am an expert in CTG interpretation” sessions, students have a greater understanding of how to interpret a CTG trace in detail, providing greater ability in applying their knowledge and transforming their midwifery practice.



Maude R, Jane K & Holloway K.

Presenting 1140 – 20/9/18

Complex care midwifery – the case for postgraduate education

Midwives require an expanded level of knowledge and skill to meet the complex care needs of women, babies and their families/whanau when pregnancy, labour and birth and the postnatal course becomes complicated. Developing this enhanced level of practice through postgraduate education was the vision for the Postgraduate Certificate in Midwifery (also known as the Complex Care certificate) delivered by Victoria University of Wellington and funded centrally through Health Workforce New Zealand (HWNZ) since 2009. At the end of 2017 nearly 90 midwives have completed the qualification at the Graduate School of Nursing, Midwifery and Health (GSNMH). Understanding the impact of this education on the provision of effective care for women with complex care needs is important.

This descriptive research using an online questionnaire explored how the midwifery Complex Care postgraduate education influenced midwives and their managers confidence in the provision of effective care for women with complex conditions during and after pregnancy in order to improve their health outcomes. Ethics approval for the study was obtained through VUW Human Ethics Committee. In this presentation we will share findings themed around the midwives' motivation for undertaking higher education, their perspectives of the benefits of postgraduate study for their own development, their perceptions about direct benefits to women and babies, and changes they have made to their own practice or role since completing the study.

Key themes from the maternity manager or midwife leader are clustered around meeting organisational midwifery workforce requirements and retention of midwives, provision of clinical leadership, clinical management and mentoring skills and improved interdisciplinary approaches to care.



McChlery S.

Presenting 1410 – 21/9/18

Using creative thinking to encourage deep reflection in a midwifery education program

Reflection is an important aspect of midwifery practice. Reflective practice is identified in the National competency standards for the midwife (NMBA 2006) as vital to exploring how personal beliefs and values can influence the provision of midwifery care. However, reflection on personal attitudes may be difficult to teach and assess in a midwifery education program. One way of addressing this issue is to encourage students to reorganise their understanding of reflection by thinking creatively. Creative thinking is the highest form of cognitive action in Bloom's Taxonomy (revised). Creative approaches in assessment may assist in developing skills of adaptability and critical exploration which, in turn, may contribute to unique ways of knowing.

In this presentation I detail a creative assessment given to first semester midwifery students undertaking a Graduate Diploma of Midwifery. I describe the assessment, and provide examples of some of the students' pieces. The students are required to reflect on the words "midwife" and "midwifery" and to create a piece of artwork which portrays their interpretations of these words. The artwork can be anything of their own choosing, but must reflect their personal beliefs, attitudes and values. The students are also required to provide a short written piece, describing their chosen medium, and detailing their reasons for choosing this medium. The artwork and the written pieces are extraordinary in the depth of reflection, emotion and knowledge displayed by the students, some of whom have not yet been exposed to midwifery practice.

Students completing this assessment state that it enables them to develop a deep understanding of the concept of midwifery, and that the personal reflection involved is of immense value to their own practice.



McIntosh C.

Presenting 0920 – 21/9/18

Evaluating lecturer experience of a video assessment of student practice skills in an undergraduate midwifery degree programme

Background: Undergraduate midwifery education is increasingly provided in a blend of online modules, face to face teaching, online fora and practice placements in a range of maternity settings. Flexible programmes provide better access to midwifery education for rural women and potentially improves recruitment and retention of midwives in rural and hard to staff areas. Blended learning is a preferred option for some indigenous communities, allowing individuals to retain support from traditional networks while gaining a qualification and contributing to the health and wellbeing of the wider community. To enable students to remain in their home areas, a process for online video assessment of midwifery skills (VAMPS) was developed for our students. Students work in local groups, filming each other in a simulated practice setting while undertaking a variety of communication and practice skills from a prepared scenario. Students are then able to review and assess their own work before submitting the video recording for assessment and moderation by midwifery lecturers.

Findings from previous surveys of students in 2014 & 2015 identified increases in skill acquisition and confidence as a result of repetition of the skills. Challenges included the technical aspects of the filming and the time needed to complete the assessment.

Method: A focus group was held in January 2018. Ethics approval, (OPREC #758) Participants The Lecturers involved in teaching first year skills, preparing students for the video assessment, and examining the students' submitted work participated in the focus group. Analysis – Content analysis of the transcripts.

Results: Findings from this research will be available to share at this conference.

Implications: It is anticipated findings will inform the assessment and inspire other innovative assessment strategies.

POSTER

O'Brien S.

Transforming Grief – Healing Hearts

Stillbirth and Miscarriage are devastating events of childbirth which leaves everyone involved shattered from this heartbreaking loss. After the stillbirth of her first son, Finn, in 2002, Stacey O'Brien used writing as a healing tool and created a book, "A Kiss From An Angel" with her husband Gavin. Stacey has spent 13 years offering this inspirational education through workshops and is so passionate that she wrote her second book "The Healer's Workbook" to answer many of the questions that midwives have asked her over and over. As an added gift to midwives this book offers many self-care practices to help to sustain this demanding career and support the industry which cared for her so well.

Through education we can learn to transform grief, to process it, feel it and learn how to allow it to visit our life without destroying our hearts. Grief's best friend is anger and part of the transformational journey of grief is managing this beast called anger and learning ways to feel it, revisit it and manage the destructive way it can develop in your days. Learning how to turn pain and resentment into gratitude and love can be a valuable transformation. This brave and very rare insight into grief and loss has offered midwives a depth of understanding that has transformed the level of compassion they can offer bereaved parents. Stacey offers in depth practical healing tools which educate midwives on ways to help capture memories and honour the family's wishes while making sure to do all the things that the bereaved just simply don't think of during this time of crisis.

Stacey's next project will be to create an educational video series that will support and sustain the midwifery workforce into the future, Transformed with Love and Healing.



Poot A, Downer T, Gray M,
Bradfield Z, Capper T & Griffiths, M.

Presenting 1000 – 21/9/18

Exploring portfolio use in midwifery education

Portfolios have been used for many years by professionals in hard copy format as evidence of self-development, goal setting and reflective practice (McMullan, 2005; Andre & Heartfield, 2008). However, the use of ePortfolios is a relatively new concept in midwifery education. Slade et al. (2014) reported initial difficulties as staff and midwifery students transitioned from a paper-based portfolio to an eportfolio. Despite early implementation challenges, eportfolios have been adopted by Universities internationally.

The use of eportfolios for managing and evidencing learning addresses both the health informatics and recording of clinical experience requirements of midwifery students. This presentation, delivered by a panel of midwifery academics who are experienced in the implementation of portfolios, both paper and electronic, will provide an overview of the benefits and challenges associated with portfolio use in midwifery, examples of the various ways in which they are being used, and recommendations for midwifery education moving forward.

POSTER

Beatson D, Kerkin B and Patterson J.

Listening and responding to the experiences of our Māori and Pasifika students

Introduction: The New Zealand indigenous Māori population is predicted to increase to 16.6% of the total population by 2021 and more Māori midwives are needed. Similarly in New Zealand the Pasifika population- from 15 Pacific countries- comprises 6.9 percent of the population and rapid growth in this population is anticipated. Only 2.2 percent of registered midwives identify as Pasifika meaning that most Pasifika women will be unable to access a midwife from their culture. To help address this need for both Māori and Pasifika Otago Polytechnic School of Midwifery has identified Māori and Pasifika student success a priority area.

Aim: The aim of these two research projects was to ask Māori and Pasifika students about their experiences in the Bachelor of Midwifery programme and to identify strategies to optimise their success in becoming midwives.

Methods: For our Māori students a participant research project was designed and undertaken, on behalf of the Midwifery School at Otago Polytechnic in New Zealand, by a Māori researcher, who was guided by Tuhiwai-Smith's seven codes of conduct. Nine of a possible 22 students who self-identified as Māori consented to participate.

The Talanoa and the Kakala research approaches informed the way the Pasifika students were approached by the researcher and how the interviews were conducted. To help frame the research a flexible participatory model 'Spacifichology', was chosen which acknowledges four categories of Pasifika learners.

Ethical approval for both studies was obtained following consultation with the Kaitohutohu's (Māori advisor) office which provided support for the Māori researcher.

Themes and recommendations from each study were returned to the students for verification before the results were presented to the School.

Findings: Both groups of students appreciated the opportunities afforded by the blended midwifery programme model, such as the range of learning modes and being able to study in their home areas.

Challenges for Māori students were particularly around the lack of *Māori visibility in the staff and programme elements*, and aspects of *support available for Māori students*.

The Pasifika student identified two broad were areas of social experience - *the experience of being Pasifika* and the *student experience in the programme*. Key findings were *the desire to succeed*, and *how important it was to find a place to belong in the programme*.

Conclusion: Incorporation of the recommended changes has the potential to improve the learning culture for Māori and for Pasifika students in this midwifery programme. This includes changes to the programme organisation and developing a learning environment that more visibly celebrates cultural identity; thereby decreasing the attrition rate and increasing number of Māori and Pasifika midwives registering, and contributing to the richness, success and enjoyment of the programme by all students.



Rance S.

Presenting 0920 – 21/9/18

Turn down the volume...

Aim: Due to workplace hierarchy students find it difficult to speak up when confronted by breaches of clinical care standards. Learning activities were designed to explore whether students would have the moral courage to voice their concerns, regardless of the perceived power imbalances.

Description: Third-year midwifery students entered an unspecified simulated clinical situation within campus laboratories and witnessed a senior clinician performing disrespectful or unsafe practice. Students had little pre-briefing except that the scenarios could challenge them, and they were to act as they would in a real-life clinical situation. The role of the senior clinician was played by a staff member who was unknown to the students. Students consented to the interactions being videotaped.

Outcome: Each student advocated to ensure safe practice by using assertive yet non-aggressive communication to relay their concerns regarding the standard of care. They respectfully suggested relevant, alternative actions to improve practice. It was however, during the debrief and video replay, that an audio failure created a new learning opportunity.

This video shows that without the audio, the students' facial expressions, gestures and proxemics became clearer. Students displayed protective behaviours towards the women, placing themselves between the woman and the senior clinician. Most interestingly, changes in the students' body language highlighted the moment when they first realised that they had a responsibility to intervene. The unintended learning through a simple audio failure, rather than providing a disruption, reinforced the power of non-verbal communication and enabled an innovative redirection of teaching and learning.

Implications: Effective communication underpins safe midwifery care; but, if we turn down the volume, a method of communicating that is undervalued but far more important than we suspected is illuminated. Learning activities that extend the student's ability to communicate in situations to enhance safe, respectful practice, irrespective of workplace hierarchy, can improve standards of maternity care.



Reed R.

Presenting 1300 – 21/9/18

Understanding and assessing the progress of labour: conflicting discourses within midwifery curricula

Two competing discourses regarding labour progress are evident in textbooks and clinical guidelines used in midwifery curricula. The authoritative discourse (biomedical) and the counter-discourse (woman centred) often operate within the same texts creating a conflicting discourse. It can be argued that these competing discourses also operate throughout the midwifery curricula, and are transmitted and reflected in teaching resources, simulation activities and placement.

The biomedical discourse is not aligned with physiology, women's experiences of labour, or midwifery philosophy. However, it remains the authoritative discourse regarding labour progress in maternity service settings. This presentation will explore how university learning resources and activities sustain the biomedical discourse. It will encourage discussion about how educators can facilitate a woman centred approach to understanding labour progress; challenge the biomedical discourse; and support students to navigate competing discourses in the practice setting.

POSTER

Reti Waks L.

The Power of Debrief: midwifery students' perspectives

Aim: At The Royal Women's hospital in Victoria, our Clinical Support Midwife team facilitate reflection in practice through the provision of regular student debriefing sessions. These debriefing sessions have been demonstrated to positively impact on the student's ability to bridge the theory practice gap and embed reflective practice.

Important Message: We strongly believe that facilitating these sessions for the midwifery students is highly relevant to their midwifery practice. We believe that one of the tools for being a holistic midwife and maintaining one's own professional development is having the ability to feel safe in a space to debrief in a group setting. Our education department is diverse in its modes of teaching. We have tailored education sessions, thorough orientation days preceding student placement and we value the importance of a facilitated and safe space for students to reflect on the experiences on placement in debrief.

Method: Placement evaluation surveys and included stories that illuminate the positive impact that regular debriefing sessions have on reflection in practice.

Suitability as a Poster: In the poster, qualitative data and the voices of our midwifery students will be utilised to highlight the power of regular debriefing sessions that integrate peer and expert learning, reflection and various teaching modalities. These will be showcased in an original, innovative and visually stimulating format in our poster presentation.

Implications: We hypothesize that this poster will inspire other midwives and reiterate the value in providing student midwife debrief.



Richards K, Cullen D, Tarrant E,
De Araujo V, Mahon S, Houghton H & Baird K.

Presenting 0940 – 21/9/18

Unleashing the potential of a midwifery graduate program to support and sustain the future midwifery workforce

Aim: This research was conducted to evaluate a 12-month graduate support program. 18 newly qualified midwives (NQM's) were supported by a hospital graduate program, graduate development and support midwife and clinical education team in a large tertiary hospital.

Background: Newly qualified midwives (NQM's) face many challenges when transitioning into registered practice. Negative experiences may result in them experiencing negative emotions resulting in high attrition rates. They are often thrust into the busy clinical environment, with some feeling more prepared than others to deal with the role transition.

A mixed methodology research design was adopted. An initial online survey incorporating both fixed and open responses, was followed by in depth exploration of identified concepts within a focus group. Eighteen newly qualified midwives were invited to participate in the survey, seventeen midwives completed the survey. Quantitative data was analysed using descriptive statistics in SPSS. Qualitative data was thematically analysed.

Results: All of the NQM's assessed the program as valuable and supportive with the majority of participants reporting an increased in confidence. 17 NQM's (94% response rate) completed the survey. 76% (n= 13) of the NQM's agreed the program had supported them to achieve their learning goals, and believed the graduate program had prepared them to transition into their second year of practice.

Discussion: The importance of supported mentorship program with the purpose to positively influence and support the transition from a student midwife to a registered midwife cannot be overestimated. Providing NQM's with a robust, evidence based mentorship program, dedicated support from a development and support midwife and team, induction period with supported supernumerary days, supportive clinical rotations with protected opportunities to debrief and reflect has been shown to positively influence their transition.

Conclusion: The research highlights the importance of implementing successful supported programs for new midwives as they transition from student to midwife.



Rigg E, Taylor M, Partridge B & Rattray J.

Presenting 1100 – 20/9/18

Becoming a Breech Expert: An evaluation of maternity service providers attitudes and perceptions to facilitating a vaginal breech birth following education

Background: In Australia, the overwhelming majority of women with a breech pregnancy at term delivery via caesarean section, and there has been a rapid decline in clinician experience with vaginal breech birth (VBB) over the last 15 years. While some women do seek to have a planned VBB, there is a dearth of evidence about the attitudes, knowledge, and confidence of maternity care providers in Australia towards facilitating a VBB. In that context, we surveyed a cohort of maternity clinicians from one hospital who engaged in an educational course designed to increase their knowledge, understanding, and confidence in facilitating women's access to a VBB (a one-day course known as "Becoming a Breech Expert" or "BABE").

Aim: To evaluate the knowledge and attitudes, of maternity clinicians towards various breech management options, and confidence in facilitating a VBB having participated in the Becoming a Breech Expert (BABE) educational course.

Methods: 40 maternity clinicians from Caboolture Hospital completed a pre-course attitudes survey (11=medical officers and 29=midwives), and 38 completed a follow-up survey (10=medical officers; 28=midwives). A descriptive analysis was conducted on responses to open questions.

Findings: Participants were experienced clinicians, although direct experience with facilitating a VBB and an external cephalic version (ECV) was low. Confidence in facilitating a VBB were also relatively low (30%) however, higher for supporting a woman having an ECV (60%). All participants reported feeling more confident in their ability to conduct a VBB, and support a woman undergoing ECV (67%) following completion of the BABE educational course. Support for the women to make informed decisions were highly rated by all participants. Open ended responses indicated that maternity clinicians often feel anxiety when a woman chooses a VBB against recommendations, however, were generally supportive as long as they believe the woman has made an informed choice.



Roache B, Gatling M, Doolan J,
Stelfox S & Schaefer M.

Presenting 1300 – 21/9/18

Accredited midwifery: Programs past, present and future

Background: After a decade of national midwifery education standards influencing the design of entry to practice midwifery programs, it is an ideal time to reflect upon where midwifery education has come from and where it is heading. National midwifery education standards stipulating key features of midwifery programs, has in the past been the responsibility of the Australian College of Midwives. However, national regulatory changes instituted in 2010 has resulted in this batten being passed to the Australian and Nursing and Midwifery Accreditation Council (ANMAC). ANMAC is the independent accreditation authority for all nursing and midwifery education providers and programs of study leading to graduate eligibility for registration or endorsement in Australia. As such ANMAC is responsible for developing midwifery education standards in addition to assessing all entry to practice midwifery programs against the education standards. National accreditation processes have enabled identification of educational shifts in accredited midwifery programs across Australia.

Description: Descriptive statistics has been used to explore what has changed and what has not in accredited midwifery programs over the past decade. Included is a review of key program features such as learning outcomes, program structure, awards, theory and practice ratios as well as midwifery practice experiences. Possible future influences on the midwifery education landscape and effects on program design will also be discussed.

Significance: Offers a review of the midwifery education landscape by identifying educational shifts in Australian accredited midwifery programs in the previous decade and considering potential future influences.

Conclusion: This presentation reviews shifts in key features of entry to practice midwifery programs in Australia since 2010 and discusses possible future influences.



Ross C, West C & Llewelyn F.

Presenting 1140 – 20/9/18

Transforming opportunities for emerging Indigenous Healthcare Students and Professionals through collaboration

The Royal Women's Hospital is committed to the ongoing work of Reconciliation and 'Closing the Gap' by providing culturally appropriate and accessible healthcare to Indigenous communities by Indigenous healthcare workers. The Royal Women's Hospital is collaborating with emerging and current Indigenous healthcare students, our Indigenous workforce and the Indigenous community by providing unique and individualized employment opportunities tailored to the needs of this workforce. There are several initiatives in place to engage with the emerging and current healthcare students. One example is the Cadetship program. The Cadetship program is available to all Victorian Indigenous healthcare students.

The Indigenous healthcare students are employed in a paid work experience model and are able to experience and develop the skills required to work in a large tertiary hospital. The Cadets are supported throughout the recruitment phase. The Cadets gain experience in creating a Curriculum Vita and being interviewed. The Cadet's program is tailored to their needs in collaboration with the Project Officer and they are provided opportunities to experience all facets of the hospital environment. The Cadets are encouraged to regularly meet with their peers to reflect and support each other. These peer support days are collaboratively organised by multiple Victorian partner hospitals and available to all Indigenous Healthcare students and Graduates.

To showcase the importance of this initiative is to hear the stories of our past and current Cadets and what impact the Cadetship program has had on them.



Schwartz L.

Presenting 0800 – 21/9/18

Who we are as midwives matters: transformational education

In order for our maternity system to transform, we need midwifery education and continuing professional development (CPD) programs to address the lived experience of being a midwife. Recent studies have highlighted abysmally high rates of posttraumatic stress (PTS) symptoms amongst midwives with potentially severe impacts on the care provided to women. In fact, one of the cornerstones of midwifery care - empathy - is diminished with exposure to trauma. Trauma and PTS may also contribute to burnout, and midwives leaving the profession.

While key strategies for prevention of PTSD in midwives involve system-wide changes and reducing the prevalence of traumatic childbirth, midwives still need skills and tools to cope with anxieties, fears, and posttraumatic stress symptoms when they arise. Current CPD largely focuses on skills for improving practice, while often ignoring or not addressing the inner world and experience of being a midwife. It's possible for CPD to not just address but create an inner transformation in participants that leads to an improved working experience for midwives.

This session discusses transformational education, and brings participants through an experience of using accessible and effective tools such as heart-centred breathing and energy psychology modalities to give midwives access to pathways that can help clear anxieties and rediscover present moment awareness, offering practical group exercises to give participants some take-home tools to manage the cumulative stressors and traumas that lead to PTS, as well as a beginning understanding of how to bring these strategies into ongoing midwifery education.



Spencer C, Mahar T & Lewis E.

Presenting 1200 – 20/9/18

Midwifing students through a unique and innovative education model

The University of Canberra provides a student centred, unique and innovative model of support to Bachelor of Midwifery Students. The Practice Support Midwives (PSM) provide the perfect nourishment and environment to foster growth by being the lynch pin between theory and practice. This model provides a vital conduit between the University and the Health care setting. The Practice Support Midwives participate in classroom teaching and learning as well as role modelling women centred care across all areas of the Canberra region's Maternity units. Students and health professionals have provided overwhelming support for this model through formal and informal feedback. This model has also enhanced relationships with all health care agencies.

The literature highlights the importance of role modelling, hands on clinical support, providing opportunity to reflect and debrief with a supportive midwifery educator who enjoys teaching and who possesses a similar philosophy. In the University of Canberra Bachelor of Midwifery curriculum, parallels are drawn between midwifery and education. Just as the relationship between women and midwives is considered to be midwifery, so too is the relationship between the teacher and the learner considered to be the foundation for beginning midwifery practice. Just as midwifery is woman-centred and relational, so too are our teaching and learning strategies. Our philosophy is student-centred and connected – just as midwives 'midwife' women through childbearing, our PSM's 'midwife' students through midwifery.

This model was developed in response to industry demand when the Bachelor of Midwifery curriculum was in gestation and has consistently grown work-ready, confident and competent Registered Midwives who have achieved 100% employment. We are keen to share our story that has had such a positive impact on the women and students involved in our program.

POSTER

Stoodley C.

Simulation in midwifery education: A descriptive explorative study exploring students' knowledge, confidence and skills in the care of the preterm neonate.

Introduction: There is limited evidence to determine if simulation improves midwifery student knowledge, confidence and skill acquisition beyond the immediate simulation activity. This study evaluated the impact simulation had on student knowledge, confidence and skills post simulation and on completion of clinical placement. In addition, student satisfaction was explored to gain insight into what was helpful in preparing them for placement.

Methods: A descriptive explorative study was undertaken using two phases:

Phase one: Final year midwifery students (n=60) completed two questionnaires; a purpose-designed questionnaire to assess knowledge, skills and confidence (pre and post simulation) and the Student Satisfaction and Self-Confidence in Learning scale (SSSL) post-simulation (National League for Nursing, 2016).

Phase two: Students (n=47) repeated the questionnaire to assess their knowledge, skills and confidence after completion of a two week clinical placement in a neonatal nursery. Ethics approval was obtained (Application ID: 0000035144).

Findings: A statistically significant increase in midwifery student knowledge, confidence and skill acquisition was demonstrated between the two time points (pre and post-simulation and post-clinical). Students rated the quality of the simulation activity as highly valuable and recognized the contribution to their learning. Key aspects identified were the need for a knowledgeable midwifery demonstrator with current experience and the role the student played during the simulation.

Discussion: Research indicates that simulation is an effective learning strategy. Findings demonstrated benefits to midwifery students practice beyond the immediate simulation activity and suggests the role the student played impacted their learning. It highlighted that demonstrators are a critical resource and must be confident, competent and knowledgeable to positively impact student learning. Further research should focus on measuring the translation of knowledge, confidence and skills to practice over time, and explore how the role the student plays in the simulation activity enhances engagement and learning.



Sweet L & Graham K.

Presenting 1340 – 21/9/18

Enhancing maternal and child health research capacity in Indonesia: a participatory learning research project

Developing research capacity has been identified as a significant area of need by clinical and academic staff in Indonesia. Indonesian clinicians, clinical educators and academics, including midwives, doctors, and nurses have attended two Australia Awards Fellowship programs to build capacity in research and education to improve maternal and child health in Indonesia. During the 2017 workshop we undertook a research study to evaluate the use of an innovative participatory learning activity aimed at building capacity in both research and teaching in an inter-professional and inter-organisational context.

A mixed method approach was used to explore participants' experiences of research participation for developing their own research capacity and ability to teach research skills. Data collection incorporated an online survey and focus group discussions at the end of the participatory activities during the participants' stay in Australia. This was followed up with another online survey and interview and/or focus group discussion 3 months after the activity, during an in-country visit to Indonesia.

Participants were asked to describe their perceptions of research, their developing capacity to undertake research following the workshop content and their research participation. The survey asked them to rate their perceived capacity and provide feedback on the teaching approaches. The interviews and focus group discussions explored the strengths and weaknesses of the teaching and learning approaches used to develop research capacity and strengthen interdisciplinary and inter-organisational understandings of research.

Participants reported that the participatory learning activity was an appropriate and effective mechanism to develop maternal and child health research skills, build confidence in teaching qualitative research methods and strengthen their understanding and appreciation of interdisciplinary and inter-organisational research. Most participants reported having translated resulting skills into their research or teaching activities in the three months following the workshop, with a number stating they would use this method of teaching research themselves.



Sweet L.

Presenting 0800 – 21/9/18

AMSAT – Revalidation to meet the new Midwifery Standards

In 2017, AMSAT, the first valid, reliable and acceptable midwifery assessment tool that enables consistent assessment of midwifery student competence in Australia was published. This assessment tool was designed to meet the Australian competency standards for the midwife, which were originally released in 2006. In 2017 there was a process of review and the new Registered Midwife standards for practice are due for release mid-2018. In order to ensure the availability of a valid and reliable assessment tool, the AMSAT requires to be updated and re-validated to reflect the new standards.

This critical conversation will enable participants to discuss and debate the current strengths and weaknesses of the AMSAT tool, and contribute to the redesign process. Importantly, the AMSAT and associated behavioural cues are based on minimum standards of practice. It is therefore timely to have critical conversations about assisting learning to achieve higher than minimum standards. In particular, we will discuss the potential extra resources that can help supervisors and assessors elevate midwifery students to the highest levels of performance.

The development and validation of the revised AMSAT is an important step for the profession to assist consistency in student assessment, and benchmarking across the country to meet the requirements of the Australian Nursing and Midwifery Accreditation Council and Tertiary Education Quality and Standards Agency requirements. A World Café style process will be used to engage the audience with the facilitators, followed by a collective roving mic session over the 60 minute session.



Teate A, Bowman R & Patrick J.

Presenting 1430 – 20/9/18

Sharing stories getting to heart of midwifery education

Aim: To promote storytelling as a compassionate and transformative educational strategy and to introduce skills to facilitate it safely in a group space.

Rationale: Facilitated storytelling at the University Canberra is an important learning strategy in the clinical based subjects. Proposed argument in the classroom storytelling facilitates students to share and reflect on their continuity of care and clinical experiences. This enables them and their peers to learn about each other's experiences, support each other and realise they are not alone as they transition to a midwife. It enables conversations to take place that a didactic learning environment does not, for example the vulnerability they feel when learning a new skill. Originality Storytelling is reported as an effective teaching strategy and recognised as an effective learning technique in groups but is relatively new in midwifery education. However, doing it in a formal way requires group facilitation skills.

This session introduces the fundamentals of facilitating a group storytelling session and the skills needed to ensure a student's experience of storytelling is beneficial, safe and not harmful.

Implications: Group facilitated storytelling does not replace traditional teaching methods but is another teaching strategy to encourage ongoing engagement with students. Storytelling humanizes students learning through reflexivity and hearing it from multiple perspectives.



Tillbrook V & Catt L.

Presenting 1410 – 20/9/18

Transforming cultural competency education through cultural simulation scenarios

Simulation is a key element of most midwifery undergraduate and workplace inservice education. The 'real-life/real-time' opportunity is often utilised to consolidate and evaluate knowledge, and identify and direct components that require further education. In May 2017, a simulated clinical scenario was conducted with a group of experienced midwives undertaking a scheduled learning day around cultural competency. This scenario focused on the care of an Aboriginal women with a complicated pregnancy. Aboriginal women currently employed as Aboriginal Maternity and Infant Care (AMIC) practitioners were the live patient actors. Competency 10 of the ANMC competencies for midwives describes the need for cultural competency. Most midwives do not get the opportunity to learn, practice or become skilled in cultural interchange in a safe learning environment. They also lack the opportunities to receive feedback in a constructive and non-judgemental way to improve their skill and confidence in the real life situations. The activity was audited to evaluate the effectiveness of combining cultural competency and caring for a deteriorating patient. This was accomplished through scenario simulation. Cultural respectfulness are elements of the midwifery competencies that are generally taught within cultural diversity training. The format for this differs in each institution, few are interactive and many do not give the midwife learner an opportunity to apply this knowledge to practice. This simulation enabled the AMIC workers to demonstrate Aboriginal culture, and portray an Aboriginal woman's perspective of care in an acute incident in a home environment. Utilising Aboriginal actors in simulation has not been conducted at WCH for clinical training purposes, and AMIC practitioners have not participated in simulation learning for midwives.

The development of cultural learning packages – particularly aimed at Aboriginal cultural learning or migrant/refugee cultural learning is a missing component from literature and practice. This 'scenario with audit' session, provided valuable feedback which can be utilised with a view to adjust current training packages to provide education for cultural learning. Possible options also exist to provide a platform for cultural competency assessment utilising the 'simulated consumer' (being a member of the cultural group) to provide constructive feedback for the participants to ensure cultural competency targets are being addressed. A low fidelity simulation was conducted in an Aboriginal home setting. Being low fidelity format enables this scenario to be easily replicated in any situation and transferrable to most learning locations. Barriers to applying this to other environments is the availability and confidence of cultural actors with a strong midwifery knowledge to participate in the scenario. The understanding from this is easily replicated to provide similar simulated scenario for any cultural group utilising patient actors from within cultural groups that access Scenarios using cultural diversity with women representing their own culture are highly recommended to aid in the development of cultural awareness and should be considered the appropriate assessors in their representative cultural awareness capacity.

POSTER

Wilkinson L.

The joy of working as a midwifery educator

Becoming a midwifery educator is not for the faint hearted. With looming deadlines, tight turnaround periods and a user pays system there are different pressures and challenges to those experienced in clinical practice. However, education is a transformative process, one that promotes both self and professional development; facilitating this journey with students is hugely rewarding. Additionally, students and midwives are working in a challenging environment and taking time to look after yourself is paramount to enable midwives to continue to care. As educators we seek to build resilience by establishing clear expectations and ways of working that promote respect and compassion.

This presentation will discuss how we as midwifery educators have worked to look after ourselves and the students and midwives that we work with to promote growth and development in the profession.

He aha te mea nui? He tangata, He tangata, He tangata! What is the greatest thing?
It is people, it is people, it is people!



Woolley R & Lilley D.

Presenting 1320 – 21/9/18

Enhancing the student experience: The role of the Midwifery Practice Coordinator

Background: Stress pervades undergraduate midwifery education programs with resulting implications for students' physical and emotional health. Heavy workloads and demanding practice requirements have been identified as potential sources of stress. Contemporary literature emphasises the difficulties students face in recruiting women for Continuity of Care (CoC) experiences. Currently, students enrolled in the Bachelor of Midwifery at the University of Canberra are required to complete a total of 25 CoC experiences. Being mindful of the demands and commitment required to achieve this number of CoC experiences as well as managing other practice and academic requirements, Canberra developed and implemented the role of the Midwifery Practice Coordinator. Informal feedback from students transferring into the degree suggests that the Canberra model of student support has unique features.

Aim: To describe aspects of MPC role that supports students and enhances their educational experience. The presentation will highlight the unique features that contribute to reducing student stress such as:

- Liaising with birthing women and maternity care services to recruit women for CoC experiences
- Linking women and students based on the woman's needs and student capabilities
- Supporting student engagement in managing their clinical load via 'Shiftboard', an online management system
- Coaching students in accessing, using and demonstrating achievement of practice requirements utilising an Electronic Practice Portfolio'

Implications: The MPC role has the potential to contribute significantly to the sustainability of CoC experiences in Australian undergraduate midwifery education. The support provided by the coordinators enables students to connect with women and make the most of the unique educational opportunities provided by the model. At the same time, some of the challenges identified in the literature are reduced. The relationships fostered in managing the process of recruitment has increased collaboration between the university and maternity care services further improving enhancing the student experience.

POSTER

Wright L

Mindfulness and the potential to increase compassionate care

"If you want others to be happy, practice compassion. If you want to be happy, practice compassion."

– Dalai Lama Wright

LK Gold Coast University Hospital, Gold Coast, Australia

Background: Contemporary healthcare is demanding, globally nurses/midwives work in environments which prioritise financial, measurable targets with efficiency highly regarded. Stress is a prevalent occupational hazard in nursing/ midwifery and clinicians can become overwhelmed. Under increasing pressure at work and at times an economic emphasis on task completion there may be a tendency to operate on 'autopilot' with an apparent lack of compassion. Compassion is the ability to respond to vulnerability and pivotal in the delivery of therapeutic care, the provision of care habitually, detrimentally affects care quality and patient experiences. Stress is unavoidable in care giving professions; however, the way stress is perceived influences how it is processed. The adoption of mindfulness practice may combat negative sequelae of work-based stress, with the potential to positively impact human functioning, increasing compassionate care.

Method: A literature review reveals that mindfulness is developed by contemplative practices and is a way of attending to yourself, others and the world around you that allows one to adopt more positive ways of acting and being.

Results: Mindfulness foundations are in Buddhism, the original purpose of mindfulness in this philosophy was to alleviate suffering and cultivate compassion. Mindfulness has developed into a secular practice with emerging neuroscientific research examining the benefits. Studies demonstrate that mindfulness meditation might cause neuroplastic changes in the structure and function of brain regions involved in regulation of attention, emotion and self-awareness. A systematic review found that mindfulness appeared to improve mental well-being in nurses and nursing students and enhanced the provision of compassionate care by surgeons.

Conclusions: There is evolving need to address the psychological wellbeing of midwives and for this to be given parity with professional competence and physical health to ensure optimal care. Mindfulness is linked to reflective practice and with the ability to exhibit unfailing compassion, symbolic of professional proficiency.



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