

EDUCATION SERIES

# 7. OPERATIONALISING DOMAIN 2

## SAFE AND EFFECTIVE MIDWIFERY CARE: PROMOTING AND PROVIDING CONTINUITY OF CARE AND CARER

In this seventh article of *The Practising Midwife's* education series, we discuss the new Nursing and Midwifery Council (NMC)<sup>1</sup> standards for midwifery proficiency – Domain 2: 'Safe and Effective Midwifery Care: Promoting and Providing Continuity of Care and Carer'. This article provides support and guidance for midwifery educators to enable them to prepare and embed Domain 2 into their pre-registration midwifery curricula. Drawing on our experiences at Bournemouth University, practice challenges are provided and offer practical guidance in examining existing and new frameworks that will enable students to work in continuity models. Emphasis is placed on ensuring that students and the women they care for are safeguarded and protected at all times and that high standards of care are promoted and maintained.



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### INTRODUCTION

Globally the importance of continuity of maternity care for women and their families has increasingly been recognised.<sup>2</sup> The Royal College of Midwives (RCM) has stated that continuity of care is critical to improving the physical, psychological and social wellbeing of the birthing person and their family across the childbearing journey.<sup>3</sup> In recognition of these crucial advantages of continuity of care, models of services provision within UK maternity services are changing.<sup>4</sup> Domain 2 recognises the key role the midwife plays in continuity across the whole childbearing journey, in all settings and communities, with the ability to be the coordinator of care within the wider multidisciplinary and multi-agency teams. The new standards for midwifery proficiency address these changes and the importance of developing the emergent workforce to work in continuity of carer models on qualification. It requires provision for students to experience and promote continuity with women and their babies across a diversity of settings and care needs.

### CONTEXT CONSIDERATION: RECOGNISING THE IMPORTANCE OF A SUPPORTIVE ENVIRONMENT

Student allocation to fragmented placements across different care settings forces prioritisation of requisite skill acquisition and accumulation of NMC<sup>9</sup>-mandated clinical experiences, rather than focus on establishment of woman-

centred relationships.<sup>10</sup> Workplace staffing challenges, lack of time and high workloads will also place emphasis on and reinforce a task-orientated approach to care. Development of the emergent workforce within this care context mitigates the central values of Domain 2, and the Better Birth agenda for change.<sup>11,12</sup> Nationally, service providers are developing maternity services to meet the Better Birth recommendations for continuity of care. As a result, the face of maternity care is being transformed with a multitude of widely diverse models of continuity being introduced within and across trusts.

Bournemouth University (BU) pioneered student caseloading in 1997 as a method of enabling students to work in continuity of care models.<sup>13</sup> Reflecting on this experience, a number of recommendations are made. It is suggested that midwifery educators scope the existing model(s) of continuity of care in their placement area and discuss in detail the practicalities of student placements with key stakeholders and the midwifery forum. This will enable midwifery educators to develop a common and shared understanding of the components of the continuity of care model and how this might be best introduced in practice as well as education.<sup>14</sup>

### PRACTICE CHALLENGE 1



Have you read the requisite Domain 2 outcomes that the new midwife should demonstrate at the point of registration?

It is useful for all midwifery educators to review the documents, via the NMC website. For UK midwifery educators, it is essential reading, to enable you to prepare for the journey ahead.

Are you up to date with the International Confederation of Midwives (ICM) Global Standards for Midwifery Education,<sup>5</sup> the ICM Competencies,<sup>6</sup> the International Definition of the Midwife<sup>7</sup> and the International Code of Ethics for Midwives?<sup>8</sup>

How does your curriculum map to these standards?

Are you using these standards as a framework to ensure your curriculum is appropriate and will promote and enable the student continuity of carer experience?

### COMPLEXITIES OF SUPERVISION

The central aim of Domain 2 is to prepare the emergent workforce to work in models of continuity on qualification. Midwifery educators must therefore develop a practice curriculum that enables students to experience the reality of what it is like to work in this way. This will include developing the student for autonomous working on qualification. The conundrum within this is that all care provided by the student must be carefully monitored within a safely supervised setting. It is imperative that the safety of the woman, her family and the student are paramount and mechanisms are put in place to safeguard all involved.



*Domain 2 recognises the key role the midwife plays in continuity across the whole childbearing journey*





**PRACTICE CHALLENGE 2**



Are you aware of how your local partnership hospital plans to meet Better Births continuity of carer requirements?

How will student placements allocation be affected as a result of these changes in service provision?

In the new models of care, how will students be mentored and supported to achieve the requirements of Domain 2?

Will the models of service provision enable students to experience continuity within the diversity of settings set out in Domain 2, for example, supporting birthing people with different social and health needs and provision of care within a variety of settings?

These concepts are embedded within a structured core theoretical module of education and assessment at BU, which students undertake prior to commencing the continuity of care experience.<sup>15</sup> If students are referred for re-submission of the module written assessment, which integrates both theory and practice, their continuity of care experience is delayed until its successful completion. This is because the assessment requires students to demonstrate their understanding and assimilation of principles essential to safe practice during the experience and their role and responsibilities in this. A further pre-requisite to the experience is the requirement for students to set up and attend a preparatory tripartite planning meeting with their supervising midwife and a midwifery educator.<sup>15</sup> The purpose of the meeting is to discuss plans and practical details regarding the student's proposed continuity experience, clarify roles and responsibilities and negotiate and agree ground rules for the experience. To assist midwives, student midwives and midwifery educators in this, a protocol has been developed, which sets out the underpinning principles, curricula expectations and process for the learning experience.

**PARTNERSHIP WORKING**

The ability to see women as individuals with unique needs and contexts and work in partnership with women to facilitate collaborative care provision is central to the 'enabling professionalism' agenda.<sup>16</sup> Midwifery students learn the art of midwifery in the clinical environment, and compassionate person-centred care is central within this.<sup>17</sup> Evidence suggests that continuity of carer learning experiences help students to develop a woman-centred philosophy<sup>10,18-19</sup> and then enables them to embed these values within their personal practice.<sup>10,18,20</sup> Maintaining professional boundaries while developing therapeutic relationships with women can be challenging for students new to working within a continuity of carer model.<sup>10,20-21</sup> The importance of setting boundaries and realistic expectations for the woman as well as the student within the continuity of care relationship is imperative. Midwifery educators must consider how they will prepare students for the experience in a way that is both authentic and realistic. Evidence demonstrates that students struggle

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Continuity of carer learning experiences help students to develop a woman-centred philosophy  
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with professional boundaries; finding it difficult to differentiate between a friendship and a professional relationship.<sup>10,20,22-23</sup> Therefore safeguards need to be in place in practice as well as within education and carefully architected supervision is requisite to ensure both the student and women are protected.

BU's longevity of experience has led to the implementation of a number of strategies to manage these challenges. Education around establishing and maintaining appropriate boundaries with women comprises a core component of the pre-continuity theoretical module of learning.<sup>15</sup> As part of this, women's stories developed via the data analysis of one of the author's doctoral work<sup>10</sup> are shared within a classroom activity for students to hear and analyse. Such practice can be a rich and powerful educational tool promoting reflective insight, and personal and professional development. Using innovative teaching methods such as participative theatre or simulation technology-based learning that enables students to engage in clinical situations within a safe environment through role play could also engender a more authentic and enriched learning experience.<sup>10</sup>

**PRACTICE CHALLENGE 3**



Exactly how will students be directly or indirectly supervised while providing continuity of care?

How will women and their families be informed and their consent to be paired with a student during their continuity of care experience be achieved?

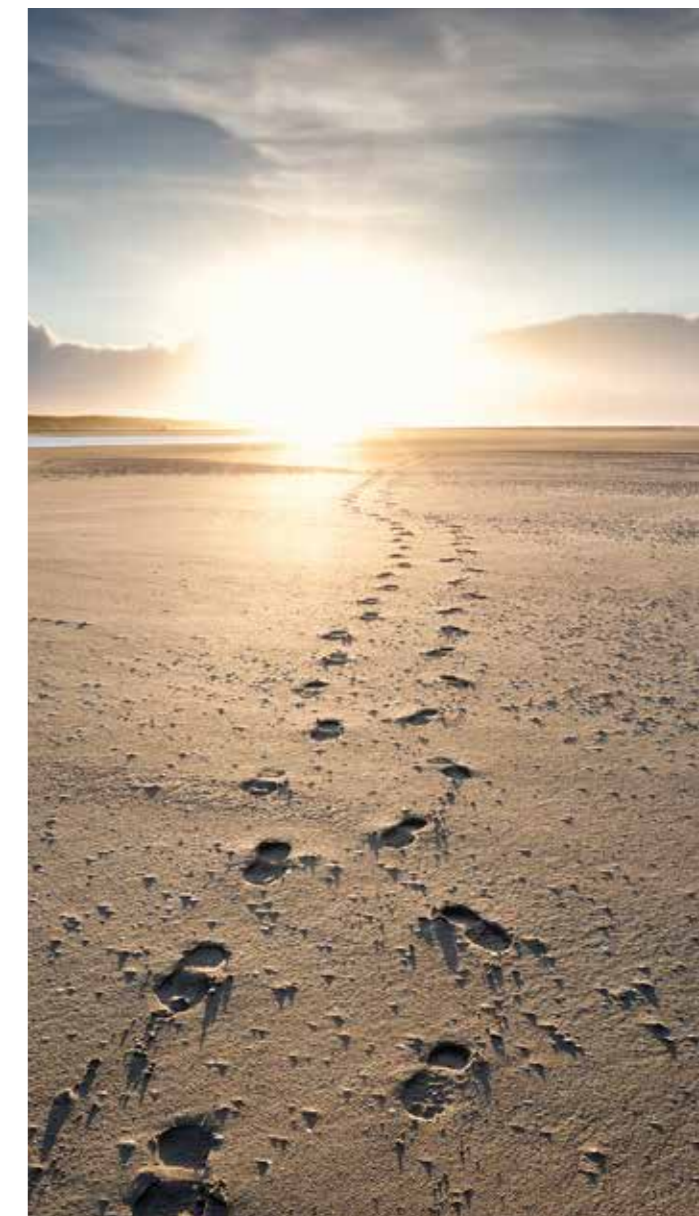
How will the care the student provides be reviewed, documented (in a way that complies with the Data Protection Act) and agreed?

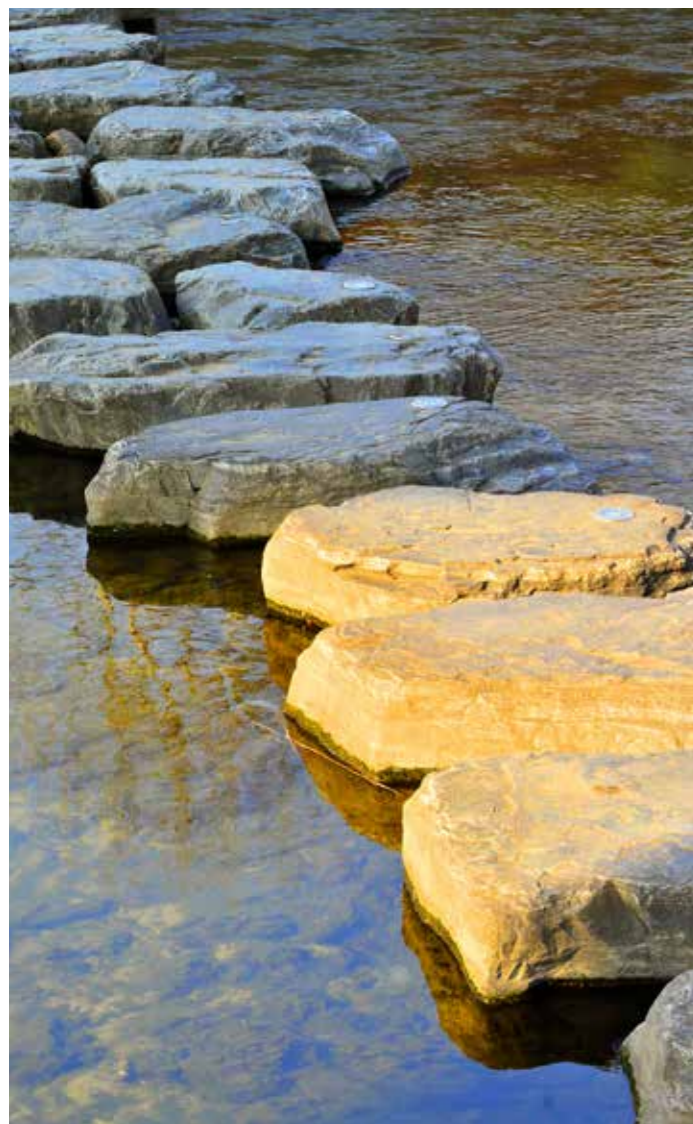
How will the student be safeguarded within your institution? Do you have a lone worker policy?

How will the student be supported to access and comply with the local hospitals' lone worker policies?

At the outset of the continuity experience, women are given an information leaflet, which clearly sets out the boundaries, student role and what they can offer.<sup>14</sup> This clearly articulates the ground rules for the student/woman continuity partnership and is of primary importance in setting realistic expectations for women. At BU the concept of the tripartite meeting is integral to the management of the student continuity experience.<sup>14</sup> These meetings are convened as and when required and provide a forum for the student, supervising midwife and midwifery educator to discuss any issues or concerns that may have arisen and the development and implementation of an appropriate action plan. BU prides itself on its student-centred approach, which is emphasised through the link tutor role (which at BU is performed by the midwifery educator) within the practice placements' environments<sup>15</sup> and education around structures within practice that support pastoral care and support, such as the role of the Professional Midwifery Advocate.<sup>24</sup>

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Using innovative teaching methods enables students to engage in clinical situations within a safe environment  
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### SUPPORTING SKILLS DEVELOPMENT: RESILIENCE, SELF-LEADERSHIP AND SELF-AWARENESS

When students are engaging in the continuity of care practice experience, the emphasis is on the learning to be gained through relationship building and following women throughout the childbirth continuum. The positive impact of working with women in this way has been well documented.<sup>18-20</sup> The very nature of continuity of care where students work flexibly to provide individualised care is likely to promote opportunities for independent working<sup>20</sup> and self-leadership skills. Similarly, this way of working could support students' confidence development, autonomy, resilience and the opportunity to build trusting relationships with women and the healthcare practitioners supervising them. Students experiencing continuity of care models are more present, self-aware, consciously involved and feel a greater sense of responsibility in ensuring care is tailored to the individual woman's needs.<sup>18,20</sup> That said, the stress of working in continuity of care models as a student can be considerable and should not be underestimated.<sup>10,20</sup> It must be remembered that students are simultaneously balancing this way of working with the competing demands of their academic and practice requirements as well as their home and personal lives.

*The face of maternity care is being transformed with a multitude of widely diverse models of continuity*

The student should be facilitated to learn the skills of self-awareness in order to prevent personal burnout. The student's personal safety and security are also vitally important. Students and the midwives supervising should ensure that these are not compromised. At no point should any student feel out of their depth or unsupported. The demands of experiencing multi-agency working, women with complex healthcare needs and those living in a miasma of social determinants cannot be underestimated. Students should know how to access the raft of support available from the university and practice and helped to do so.

Fundamental to the success of student caseloading is communication between the student, supervising midwife and the link tutor (or midwifery educator). In our experience, this tripartite relationship forms the basis for ongoing negotiation and agreement.<sup>14</sup>

## CONCLUSION



In this article we have considered Domain 2 of the Midwifery Standards and offered guidance to assist midwifery educators to prepare and embed the components within the curricula.

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### PRACTICE CHALLENGE 4

How will students be developed to articulate, express and shape the core values that underpin their personal philosophy of care?

Do you have guidance for students regarding what they can and cannot offer women, for example the level of contact and how and when communication/contact with the woman is appropriate?

Do you have mechanisms in place to safeguard and support students in managing their relationship with women, for example enabling students to recognise social and professional boundaries and how they will end the relationship when the woman's care is transferred to the health visitor?

What systems do you have within the practice environment to support and monitor that the student's engagement with the woman is appropriate?



### PRACTICE CHALLENGE 5

Have you considered:

The rigour of your current independent support mechanisms within practice and the university and whether they are commensurate to the student's needs?

Existing peer support mechanisms and whether they enable students to reflect, learn and support each other?

The value of feedback from women in supporting student learning for professional practice and promoting confidence development. Do you have a robust system for gathering this feedback?



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