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How mentorship affects the transition from student to qualified midwife.

Mentorship: is the fourteenth series of 'Midwifery basics' targeted at practising midwives. It aims to provide information to raise awareness of the impact of the work of midwives on student learning and ultimately on women's experience and encourage midwives to seek further information through a series of activities. In this eighth article Emma Walker and Joyce Marshall consider how mentorship affects the transition from student to newly qualified midwife.

Scenario

Laura is a newly qualified midwife who has now been working on labour ward for three months and she has been reflecting on her progress and the challenges she has encountered during this time. Laura recognises that her confidence has improved immensely in these few months as she has gained experience, particularly in relation to making decisions about clinical care. She recalls how Lindsay, the midwife who mentored her in her third year labour ward placement, supported her to make clinical decisions in a range of different situations which at the time was not always easy. Laura thinks to herself 'I'm really glad she did that now'.

Introduction

Pre-registration education prepares students to become competent autonomous midwives who can safely care for mothers and babies (Nursing and Midwifery Council, 2008; Skirton et al., 2012). However, whilst newly qualified midwives can competently manage a range of situations in clinical practice, this is a stressful time for most and has been described as a 'sink or swim' situation (Hughes & Fraser, 2011a). Studies examining the experiences of newly qualified midwives have identified issues such as: anxiety about not knowing enough or concern about applying their knowledge (Avis, Mallik, & Fraser, 2013); lack of confidence and self-esteem (Skirton, et al., 2012) and difficulties prioritising care especially at times when the clinical area is very busy (Fenwick et al., 2012). A structured preceptorship programme is recommended to support newly qualified midwives through this challenging time (Avis, et al., 2013). However, good quality mentorship throughout undergraduate midwifery programmes, particularly during the final year, also affects the transition to qualified midwife.

Newly qualified midwives vary in the amount of support they need. This can be due partly to the characteristics of the individual but can also be affected by the quality of mentorship they received during their time as a student (Hughes and Fraser, 2011). Students differ in their learning style and the rate of progress they make with some students needing more time to develop knowledge and skills to achieve competence and confidence. It is important for mentors to work flexibly to ensure

learning is individualised and built on continuously throughout each placement. Learning should be planned and coordinated to encourage students to make the most of learning available from clinical situations, to make links between theory and practice and to achieve deeper learning as this will facilitate their transition to qualified midwife.

Activity 1

List 3 activities within midwifery practice that either make you feel anxious or that you recall made you anxious at some time in the past. Create a mind map around each activity to examine how different facets of a student/mentor relationship might affect your feelings about each one.

Building confidence

In the first few months of practice many midwives lack confidence due to the newly acquired responsibility and accountability associated with being a registered midwife (Donovan, 2008; Skirton, et al., 2012). Newly qualified midwives may be more likely to feel confident to care for women in low risk situations. Successfully managing such situations can be helpful to consolidate their knowledge and skills and can increase confidence (Skirton, et al., 2012). However, this does not always happen and new midwives are often expected to care for women in complex situations. In situations where the new midwife feels she has good support this is not problematic but with little support their growing confidence and self-esteem can be undermined. Exposing students to a wide range of clinical experiences whilst supported by a mentor can lead to increased confidence once qualified and effective mentors encourage students to make the most of all learning opportunities (Hughes & Fraser, 2011b). However, inevitably student midwives will be exposed to a range of differing types of clinical experiences during their training. To address this, as well as making the most of every opportunity in clinical practice, it has been suggested that more opportunities for simulated experience, discussion and reflection on different aspects of care could lead to increased confidence in key skills (Donovan, 2008).

The learning opportunities available to students, placement experience, confidence and self-esteem can all be affected by mentorship. The quality of mentorship can be influenced by, for example, the style of teaching by the mentor, motivation to be a mentor and their confidence in their own clinical practice. This is apparent throughout the midwifery course but is particularly important in third year as students are preparing for qualification. Quality of mentorship undergraduate midwifery students receive has a long lasting effect after qualification.

Style of mentorship and role modelling

Any midwife who works with students can be a role model. In its simplest form role modelling can be considered to be teaching by example but it can also involve learning behaviour and being socialised into the role of a midwife (Bluff & Holloway, 2008; Hobbs, 2012). Students recognise the qualities of 'good midwives' as not only having knowledge and skills for safe and accountable evidence-based practice but also being compassionate and caring, having enthusiasm for the role and advocating for women (Carolan, 2013; Hughes & Fraser, 2011b). Throughout their training students will work with a range of different mentors and will internalise how the practices of these mentors affect women adopting some and rejecting others (Linford & Marshall, 2014). This is however not always straightforward and students may benefit from a range of strategies that help them not just to imitate behaviours but apply their learning in a more critical and considered way (Samples & Marshall, 2014). Techniques such as regularly making time for reflection, explaining decision-making by speaking out loud and, for more senior students, using role reversal may enable them to develop communication fluency and the art of delivering high quality sensitive care holistically (Finnerty & Collington, 2013). These kinds of techniques that encourage students to learn more deeply and think more critically will impact on confidence in decision-making once qualified.

Students learn best when they feel well supported by their mentor. Aspects of mentorship considered to be important by students include: supporting hands-on practice, mentors being prepared to share their knowledge, being enthusiastic and motivated and encouraging the student to take on responsibility and make decisions (Licqurish & Seibold, 2008). A good, trusting relationship between student and mentor will maximise learning and enable the mentor to offer honest and constructive feedback. It is important that feedback is offered regularly in a kind and helpful way and that students are provided with the opportunity for reflection. This is then likely to increase not only knowledge and skills but also confidence (Samples & Marshall, 2014).

Activity 2

List 5 clinical experiences you had during a day in clinical practice. Consider how you might have used each of these experiences to: 1) increase knowledge and skills; 2) improve ability to make clinical decisions; 3) encourage enthusiasm and motivation. If you are a mentor think about this in relation to the last student you worked with and if you are a student consider how you might have maximised your learning from these experiences.

Developing decision making

Confident and accountable decision-making is a skill that many newly qualified midwives find particularly challenging and can be profoundly affected by previous mentorship. Skirton (2013 P e664) explains that one newly qualified midwife described that ‘she visualised her mentor on her shoulder when she made clinical decisions’. Young (2012) argues that when mentors discuss and explain their decision-making processes this can help students to learn these skills whereas if these steps are not explained students can feel confused and ‘left in the dark’ (Young, 2012 p826). In this study which involved observation of practice such conversations were not always lengthy but could be brief conversations in the corridor (Young, 2012). Therefore any dialogue which facilitates greater understanding of decision-making processes can be helpful but is likely to be even more so if done soon after the event with the opportunity for the student to ask questions.

It can be helpful if mentorship develops into more of a partnership as students approach qualification. Using role reversal whereby the mentor subtly enables the student to take a lead in care can provide valuable experiential learning (Finnerty & Collington, 2013). The value of experience with indirect supervision (i.e. confidence cases) when students have reached a competent level can be excellent for building confidence in relation to women who are ‘low risk’ (Skirton et al, 2012). Using these strategies to increase experiential knowledge may help to reduce the anxieties that many midwives experience once qualified and therefore facilitate increased confidence and self-esteem.

Confidence and self-esteem in newly qualified midwives	
Increases confidence and self-esteem	Decreases confidence and self-esteem
Mentors who are positive role models (flexible and autonomous) can help newly qualified midwives be confident about decision making.	If a mentor lacks autonomy due to fear of litigation this can reduce opportunities for students to learn and this can continue to impact once qualified.
Mentors who gradually encourage students to experience a broad range of clinical experiences with support broaden experience which helps the transition	Expecting too much of students by exposing them to situations too far beyond their experience level can cause fear which is detrimental to learning.
Mentors discuss and explain decision-making processes as soon as possible after the event.	No discussion of decision-making processes can leave students feeling confused.
Mentors who encourage students to make clinical decisions and prioritise care	If mentor has tendency to ‘take over’ or protect this restricts students’ ability to prioritise care and manage all that is required.
Encouraging caseloading and ‘confidence cases’ can be useful to encourage decision-making skills	
Senior staff in the clinical area providing support, positive reinforcement and encourage newly qualified midwife to ask questions.	Staff in the clinical area criticising publicly can lead to feeling of vulnerability and intimidation and lead to a culture of fear

Table 1: Summary of factors that may influence newly qualified midwives confidence and self-esteem

The next step: Becoming a Mentor

Once a newly qualified midwife has consolidated her knowledge and skills in midwifery practice they will begin to think about becoming a mentor. This is usually expected between a year and two years following qualification and is part of the job description to advance to a Band 6 level in most NHS trusts. High quality mentorship, good mentorship role models and supportive mentoring relationships are likely to enthuse and inspire midwives to take on the mentorship role. The future of the midwifery profession requires commitment, encouragement and continuous education to develop students and newly qualified midwives (Powell, 2005).

Reflection on scenario

It is likely that much has already been done both by Laura's preceptor and her other clinical colleagues in the last three months to support her and enable her to feel more confident in her clinical decision-making skills. Lindsay by providing Laura with high quality mentorship prior to qualification will have laid a strong foundation to support this transition. Laura is determined to help students prepare for qualification and support other newly qualified midwives in the future. What might she start to think about to enable her to do this? How might she start to prepare to become a mentor in the future?

Conclusion

The first few months as a qualified midwife are challenging in terms of developing and maintaining confidence and self-esteem. It is a steep learning curve that can be facilitated by good support from colleagues in the clinical area. High quality, effective mentorship prior to qualification has potential to ease this transition. Newly qualified midwives are likely to be influenced by previous mentors who encouraged them to access a broad range of experiences and helped them to develop decision-making skills to encourage them to become autonomous thinking midwives.

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