Exploring the STEP-uP to practice: a survey of UK lead midwives for education views of the STudent midwife extended practice placement during the first wave of the COVID-19 pandemic.

COOKE, A., HANCOCK, A., WHITE, H., CLARK, N., GIBB, F., MCNEILL, J., THOMAS, G., LLOYD, C. and FURBER, C.

2021

Exploring the STEP-uP to practice: a survey of UK Lead Midwives for Education views of the STudent midwife Extended Practice Placement during the first wave of the COVID-19 pandemic
Highlights

Midwifery education was affected by national regulatory changes early in the pandemic

There was variation in how the extended placement option was implemented

UK AEIs provided midwifery students with the majority of decisional support

LMEs experienced both internal and external pressures to instigate rapid change

Learning can be taken from the impact of COVID-19 on midwifery education

Abstract

Objective: to assess the effect of implementation of the extended placement option available to midwifery students during the first wave of the COVID-19 pandemic.

Design: Online survey open from 2nd June 2020 to 15th July 2020.

Setting: United Kingdom.

Participants: Lead Midwives for Education (LMEs).

Findings: A total of 38 of 55 LMEs responded (response rate 69%). The majority of Approved Education Institutions (AEIs) offered an extended placement to students, but with some variation in the choices offered, unrelated to geographical location or size of student cohort. AEIs appeared to provide the majority of decisional support for students. Many practice learning environments became unavailable, particularly community, gynaecology/medical wards and neonatal units. LMEs experienced both internal and external pressures to instigate rapid change.

Key conclusions: The impact of COVID-19 on midwifery education is significant and will need continual scrutiny to minimise future detriment. The pressures of providing midwifery education throughout the early phase of COVID-19 were substantial, but it is important that we learn from the immediate changes made, value and pursue the changes that have been beneficial, and learn from those that were not.

Implications for Practice/Research: Student learning experiences have undergone significant change during the pandemic. It is essential to assess what effect the extended placement has had on student readiness for practice, their confidence, resilience, mental health, and attrition and retention. Educators transitioned to remote working, and rapidly assimilated new skills for online education; exploration of the impact of this is recommended.

Keywords: COVID-19, student midwives, extended practice placement, survey, UK

Introduction

A global pandemic was declared by the World Health Organization (WHO) on the 11th March 2020 in response to the evolving coronavirus crisis (Cucinotta and Vanelli, 2020). Worldwide, governments sought to increase their current healthcare workforce recognizing that there were already shortages of health care professionals (Bogossian et al, 2020), and that staff may also succumb to COVID-19 (Renfrew et al 2020). Lead Midwives for Education (LMEs) in the United Kingdom (UK) monitored the developing crisis, mindful of the potential impacts on midwifery education. Concerns about the UK midwifery workforce focused on being able to sustain maternity services, with a shortage of 2500 midwives in England already identified (Royal College of Midwives [RCM], 2019) and similarly in Scotland, Wales and Northern Ireland.

By mid-late March 2020, UK maternity services were rapidly shifting to accommodate changed priorities amid risks from COVID-19 that were not fully understood (Renfrew et al, 2020; RCM and Royal College of Obstetricians and Gynaecologists, 2020), within an emerging wider national healthcare crisis related to capacity and resource (Iserson, 2020). Mobilization of the student workforce therefore became a significant opportunity to substantially increase the immediate workforce and support the fluctuations expected in staffing levels as the pandemic progressed (Bogossian et al, 2020). Several variations to UK education programmes were discussed with the England Chief Midwifery Officer (CMO) (Dunkley-Bent personal communication 17th March 2020) including the potential and limitations of students supporting the NHS workforce. The future workforce is reliant on students completing midwifery programmes, therefore it was important that students were facilitated to graduate as planned (Bogossian et al, 2020). The NMC collaborated with Chief Nursing Officers (CNO) and CMOs of the four UK countries with respective health education bodies, professional organizations and the Council of Deans of Health to publish Emergency Standards (NMC, 2020) that enabled UK nursing and midwifery students to opt-in to an extended practice placement to support the workforce. The 'extended placement' was an option for students

to spend more time in clinical practice than usually permitted by NMC standards and enabled flexibility in the theory/practice ratio , and was renumerated.

Across the globe, many countries were conducting similar discussions in relation to optimizing maternity service and education delivery in response to the unfolding pandemic (Lazenby et al, 2020; Renfrew et al, 2021); however, published evidence is limited. In the UK, the Emergency Standards (NMC, 2020) enabled Approved Education Institutions (AEIs) to make changes to current nursing and midwifery programmes of education based on local need, and availability and safety in practice placements, with their National Health Service (NHS) partners (Health Education England [HEE], 2020b; Health Education and Improvement Wales [HEIW], 2020; NHS Education for Scotland [NES], 2020). Students in the last six months of their education programmes could opt-in to complete their programme on an 'extended placement', providing the learning outcomes required by the NMC (2019) and European Union Directives (Directive 2013/55/EU) were met. Students in their second year or the first six months of their final year, or first year of postgraduate programmes, could opt-in to undertake a split of 80% practice and 20% theory. The respective governments of the four countries of the UK funded these placements, after agreement with local maternity providers (HEE, 2020b; HEIW, 2020; NES, 2020; Department of Health Northern Ireland [DoHNI], 2020). The finer detail of implementation arrangements facilitated by the Emergency Standards (NMC, 2020) was at regional level between respective Departments of Health and AEIs, as there is some variation across England and the devolved countries. The Emergency Standards (NMC, 2020) revoked the mentorship model of student learning and assessment in practice (NMC, 2008) and required implementation of the new Standards for Student Supervision and Assessment (SSSA) (NMC, 2018) in AEIs where this model had not already been adopted. The SSSA model differed to the existing mentorship model of student supervision in that it removed the requirement for a student to work with a mentor for at least 40% of their placement. This provided greater flexibility in working patterns, important in an emergency such as the COVID-19 pandemic.

AEIs across the UK worked with practice partners to enable the implementation of extended placements, while revising programmes to ensure that students still achieved the learning outcomes required by the NMC and the degree regulations for the relevant award. In addition, to adhere to the strict COVID-19 restrictions, AEIs transitioned from face-to-face to online, digital learning. These significant changes generated an unexpected and substantial workload for educators. The transition created a number of challenges related to technical issues, student engagement and home working and many students have required intensive support. The lack of face-to-face peer support and pastoral contact appeared to have caused students to feel isolated and disconnected from their programme of education and the midwifery profession.

LMEs across the UK therefore questioned the impact of the extended placements on the student experience and sought to explore the different options, their immediate advantages and disadvantages, and consider the possibilities and impact on future midwife curriculum design and implementation.

Methods

An online survey sought to assess the effects of implementation of the extended placement option available to midwifery students throughout the UK during the first wave of the COVID-19 pandemic. LMEs were invited to respond to ensure that all AEIs who offer midwifery education could be accessed. This national survey aimed to provide evidence of the extent of variation in what options were offered, and the barriers and facilitating factors in providing those options, in order to support the development of educational curricula and further research in this area.

Development and validity

The survey was developed by five of the authors, and reviewed by all authors. The questions were informed by LMEs to ensure content validity, via several discussions between the lead investigator and the LME UK Network; a group comprising all of the LMEs in the UK. The survey questions were structured on previous successful surveys conducted by the lead investigator. However, there were

no questions that had been used in an identical format previously as this topic has not been investigated before. All authors piloted the survey online prior to distribution to ensure face validity and any issues of ambiguity were corrected prior to 'going live'. An online survey was selected to ensure that respondents could be contacted quickly and easily by email due to COVID-19 restrictions. The email invitation contained a direct link to the survey (30 questions) which took approximately 15 minutes to complete and respondents had the option to leave the survey at any point. Although the survey contained mainly closed questions, free-text questions were also included to obtain more in-depth qualitative responses. Respondents were asked to disclose their specific AEI to avoid duplication and give complete anonymity in the data analysis and dissemination.

Sample

The survey web-link was sent by email to all UK LMEs (n=63). Requests to complete the survey were directed to the LME, but the survey could be delegated to one other member of staff within the AEI if necessary. Of the 63 UK LMEs, 8 were subsequently deducted from the total number eligible (England n=3; Scotland n=4; Northern Ireland n=1), as these AEIs were identified not to have a pre-registration midwifery programme. The total target population was 55 LMEs.

Data collection

Data were collected and managed within the data collection facility of the online survey software SelectSurvey (ClassApps). The survey opened on 2nd June 2020 and closed on 15th July 2020. Responses were regularly examined and three reminders were issued by email.

Data analysis

Data were exported from the SelectSurvey software into Excel and were coded and cleaned by two authors independently (XX/XX). Any discrepancies identified during comparison were corrected. Cleaned data were transferred into IBM SPSS Statistics version 25 and analysed descriptively using

frequency tables. The qualitative data from the open free-text questions were analysed thematically by two authors (XX/XX) independently using the six step process provided by Braun and Clarke (2006). The authors familiarized themselves with the data independently by reading and re-reading the open text responses, generated initial codes and searched for similarities and differences which became suggested themes. These themes were reviewed and refined by discussion between the two analysts and it was evident that a high level of consensus was attained.

Ethics

The study team used the Health Research Authority (HRA) decision tool (HRA, 2020) and consulted the Chair of the University Ethics Panel, both of which confirmed that the study did not require ethical approval. The study was a survey of existing practices, rather than a survey of individual experiences. However, ethical principles of confidentiality and anonymity were applied, for example data were anonymised; where respondents had reported their place of work this was only known to two authors (XX/XX). The lead investigator provided a presentation about the survey to the LME network prior to the survey going live, and LMEs had the opportunity to ask questions. Further information about the survey was also included on the front page of the online survey (prior to any questions). Completion of the survey was voluntary; consent was implied if the survey was completed. It was not mandatory for respondents to complete a question if they did not want to, and they could withdraw from the survey at any time.

Findings

Demography

There were a total of 297 views of the survey, and 43 completed responses of which 5 were duplicated. By the number of views compared to responses, it is clear that some LMEs reviewed the survey first and may have had to source additional information before completion. With 38 valid responses this gave an overall response rate of 69%. The majority of respondents were LMEs (95%, n=36).

Pre-registration three year midwifery programmes were most commonly provided and some AEIs provided more than one type of programme, such as short course for adult nurses and Masters level programmes. The total numbers of students within AEI cohorts varied: 26% (n=10) of AEIs had more than 100 students; 26% (n=10) had between 70 and 99; 29% (n=11) had between 40 and 69 and 18% (n=7) had less than 39 students in a cohort.

The majority of AEIs (92%, n=35) offered students an extended placement option. Pre-COVID-19, some AEIs (8%, n=3) had offered integrated theory and practice programmes (for example, three days practice and two days theory each week), compared to the majority (84%, n=32) who provided block placements (for example four weeks of theory followed by four weeks of practice, or similar). More AEIs had implemented the new Standards for Student Supervision and Assessment (SSSA: NMC, 2018 - see introduction for further explanation) pre-COVID-19 (53%, n=20), compared to those who had not yet implemented SSSA (40%, n=15). Three LMEs (8%) did not provide an answer.

There was some variation between which year groups were offered extended placements across AEIs, with 90% (n=34) of AEIs offering placements to second and third year students but 11% (n=4) to third/final year students only.

Second year student midwives

There was variation in the options offered to second year students across UK AEIs for an average week under the Emergency Standards (NMC, 2020) (figure 1). The most commonly offered choices were '80% practice and 20% theory, paid' (55%, n=21) and 'theory only' (47%, n=18). There were no trends evident in terms of geographical location or size of student cohort.

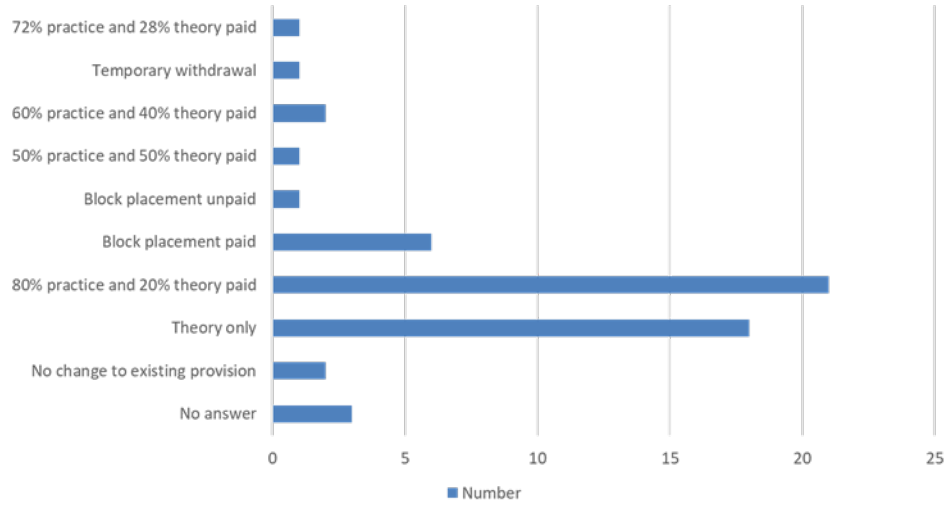

Figure 1: Options available to second year student midwives

The survey also asked LMEs about types of support offered to students of all years to facilitate their decision-making other than usual pastoral support provided pre-COVID-19. AEIs appeared to provide the largest share of decisional support to students (figure 2). There were examples of excellent support from placement providers reported in the open-text responses, but overall were limited in number. In total, 68% (n=26) of AEIs provided decision-making support to students and 13% (n=5) reported a practice provider offering support alongside the AEI. One response indicated the support contribution of the Royal College of Midwives (RCM).

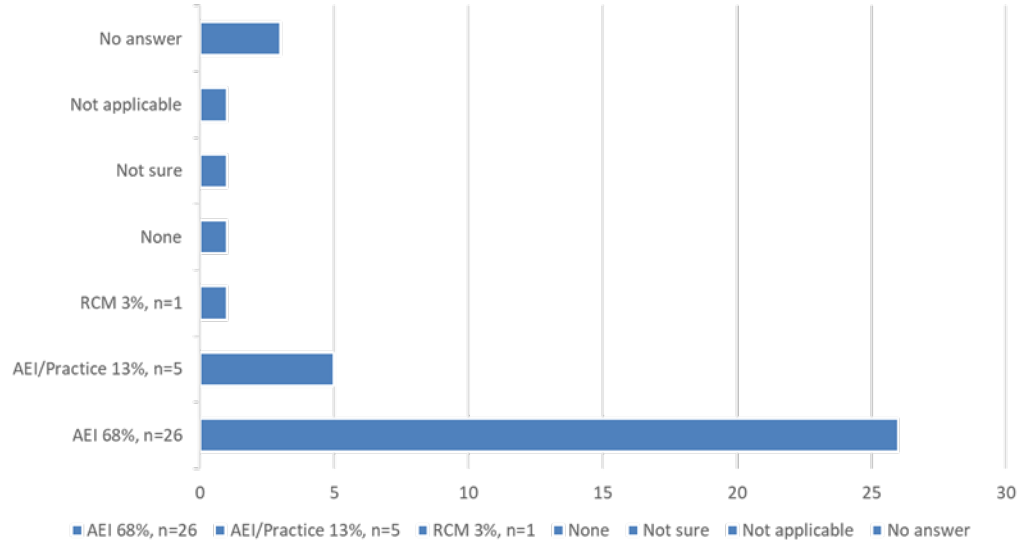

Figure 2: Source of additional support offered to first and second year students

The survey considered in-depth support for specific groups including students of ethnic heritage, those with health issues, those on an action plan/learning agreement and those who were 'shielding' (figure 3). Again, AEIs considered that they were the main source of support to these students in these circumstances.

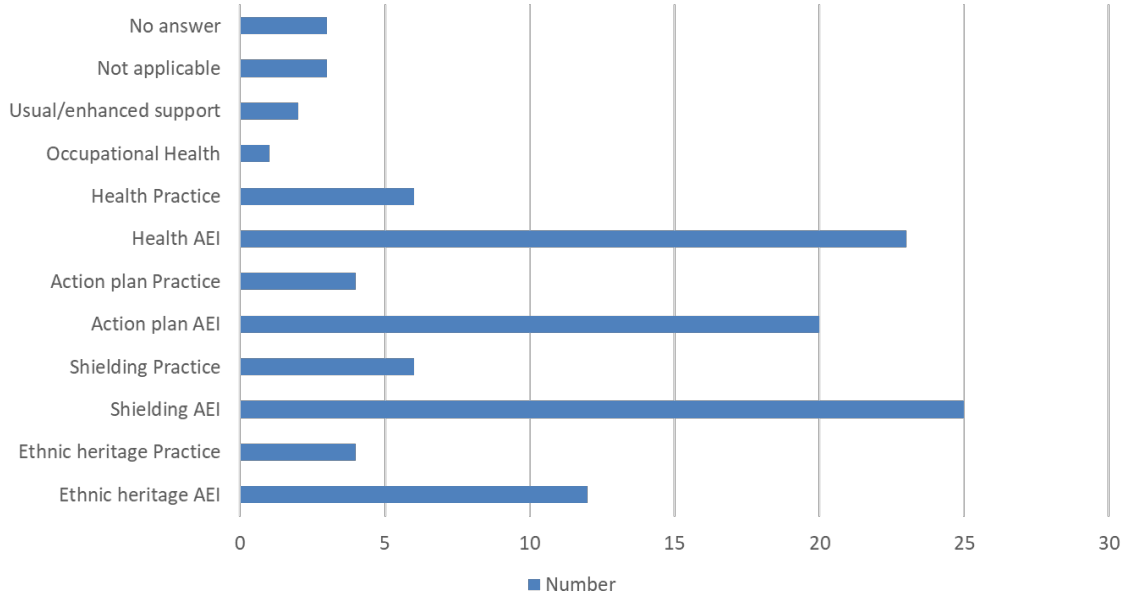

Figure 3: Source of support for special circumstances for first and second year students

Third and final year students

There was variation in the choices offered to third/final year students across AEIs for an average week under the Emergency Standards (NMC, 2020) (figure 4). The most commonly offered choices were '80% practice and 20% theory, paid' (45%, n=17), 'paid block placements' (40%, n=15) and 'theory only' (45%, n=17). No trends were evident in terms of location or size of student cohort.

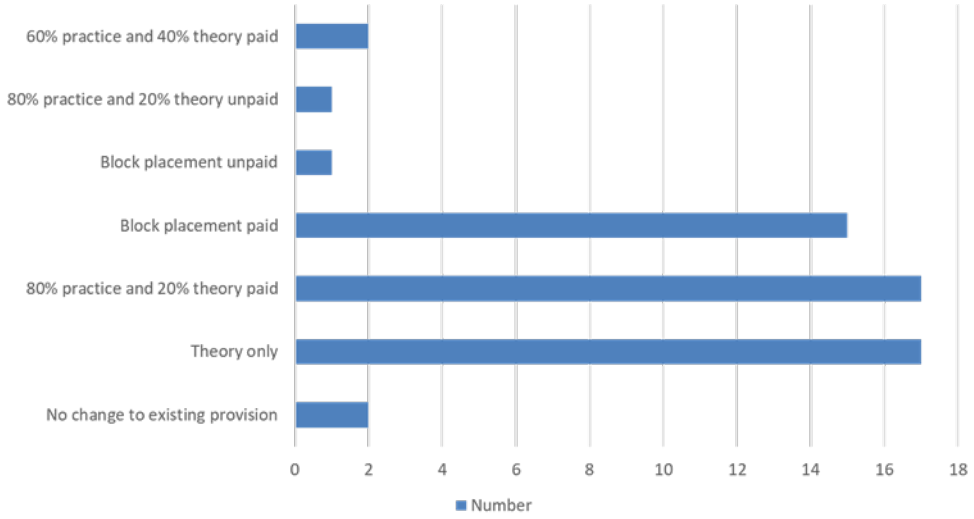

Figure 4: Options available to third/final year student midwives

In terms of additional decision-making support for final year students, other than routine pastoral support provided pre-COVID-19, again AEIs considered that they provided the majority (figure 5). As for first/second year students, there were examples of excellent support from placement providers reported in the open-text responses, but these were limited and in the same areas where support was offered to other students. In total, AEIs provided the decision-making support required by students in 97% (n=37) of responses. Within these, 32% (n=12) of AEIs also had a practice provider offering support alongside, and 3% (n=1) of AEIs had support from Occupational Health colleagues.

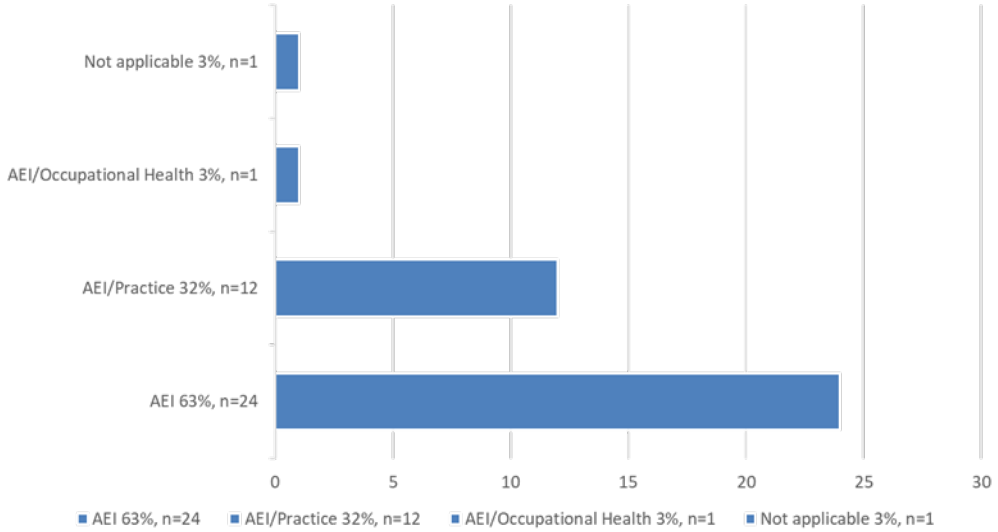

Figure 5: Source of additional support offered to third/final year students

AEIs were the main source of support offered to third and final year students with specific needs, including students of ethnic heritage, those with health concerns, students on an action plan or learning agreement and those who were shielding (figure 6).

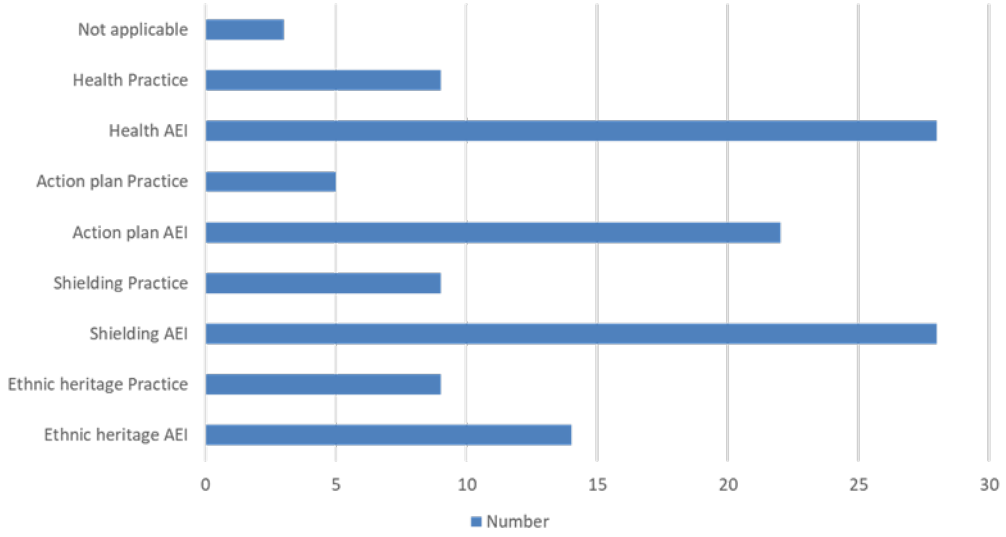

Figure 6: Source of support for special circumstances for third/final year students

Placement restriction and pressures faced

LMEs reported that some placements became unavailable to students during the pandemic. The placement reported as most affected was community (74%, n=28), but it was also noted that gynaecology/medical wards (40%, n=15) and neonatal units (34%, n=13) were widely affected (figure 7).

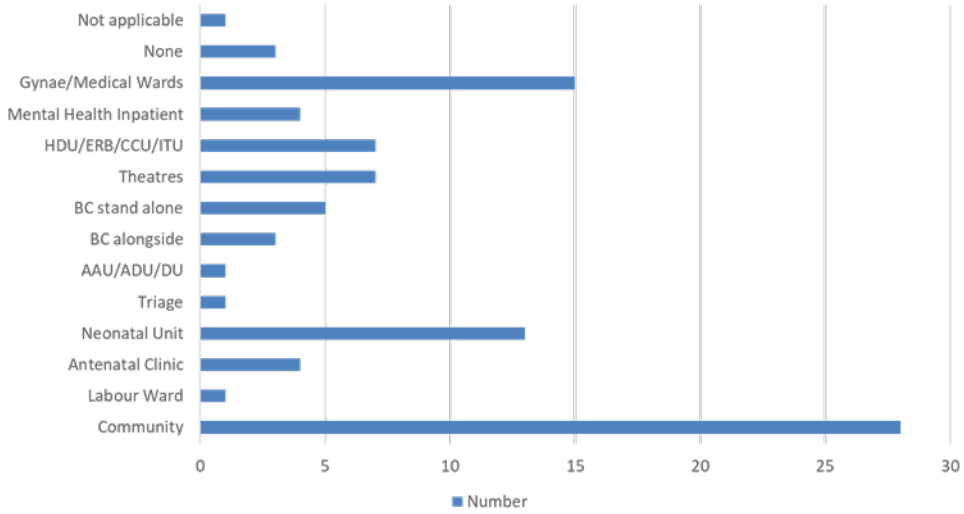

Figure 7: Practice areas that became unavailable for student allocations during the pandemic

LMEs suggested that there were various internal (5%, n=2) and external pressures (37%, n=14) or both (13%, n=5) faced when deciding what deployment options were offered to students, for which they provided additional depth in qualitative open-text responses (covered separately in the next section). A similar number of LMEs reported facing no pressures (42%, n=16) and one LME reported that this question was not applicable to them.

Qualitative findings

The survey asked several open questions with unlimited text availability for LME responses, including: What type of additional support was offered to students? What types of pressures were faced? Any other information or comments? LMEs provided more depth when asked about what pressures they faced when determining what deployment options they could offer with regard to an extended placement. Those who reported facing no pressures felt that they received sufficient direction from placement providers, health education bodies and the NMC and that this guidance was clear, or they reported working concordantly with placement providers.

External pressures

External pressures mainly focused on working with national guidance that was not always clear or timely, placement capacity, working with placement providers, midwifery identity, urgency for students to return to practice, aligning with neighbouring AEIs and placement providers, and protecting the 'student' status.

Working with national guidance: This was the most common pressure reported by LMEs. Reference was made to frequent changes to guidelines and the resultant challenges in 'keeping up' with the guidance. Responses indicated that national guidance conflicted with each other and with placement provider 'demands'. Some implied that national guidance from national health education bodies and the NMC was overly complex, confusing and lacking in clarity, which led to delays in deployment of students and a poor experience for LMEs who were attempting to negotiate and balance demands:

"Trying to keep up with HEE requirements has been a challenge." LME14

Placement capacity: Placement capacity put pressure on deployment of students. Different reasons included certain placement areas being unavailable (community and intrapartum areas were cited), service changes, staff sickness and competing demands on capacity from neighbouring AEIs.

Working with placement providers: Operational issues, such as confusion around student contracts and job descriptions, whether students were supernumerary or not, confirmation of where funding was coming from, and which students would be accepted were reported. Working together was made difficult in some cases due to differences of opinion between placement providers and AEIs about student pay for their protected study time and not deploying students until they had completed their theory:

"difficulties with contracting, job descriptions and timely return to practice" LME17

Midwifery identity: Several responses suggested that the identity of midwifery and student midwives was not distinct from nursing and student nurses in the emergency response to COVID-19. LMEs indicated that having the same guidance and being treated in the same way as student nurses was inappropriate. One LME reported that this caused uncertainty for students, additional work and stress for educators and eroded working relationships. Another felt that the LME role itself was misunderstood and criticised:

"[There was] commissioner pressure with little understanding of midwifery as a profession and maternity services - wanted to treat us the same as nursing!" LME16

Urgency for students to return to practice: Some LMEs felt pressure to return students to practice as soon as possible; in one case prior to risk assessments, assurance of personal protective equipment or contracts providing death in service protection:

"concerns with regard to students entering a potentially dangerous clinical situation." LME21

Aligning with local HEIs and placement providers: Some LMEs reported the pressure of aligning processes with other local AEIs and more than one placement provider, to ensure equity for students.

Protecting 'student' status: LMEs had concerns about their ability to protect the student status, and ensure that students were not deployed to any area as Health Care Assistants (HCAs) or Maternity Support Workers (MSWs):

> *"[Concerns about] Student midwives remaining as such (working towards achievement of competencies etc) and not being HCAs/MSWs."* LME44

Internal pressures

Internal pressures focused on the midwifery identity, aligning with AEI policies and guidance, responsibility and programme changes and remote working.

Midwifery identity: Responses suggest that LMEs were faced with internal, as well as external, pressures to align the changes to their programmes with nursing programmes. LMEs highlighted that this was inappropriate due to programme and calendar differences. Some responses indicated that the midwifery team's decision-making had to align with decisions made for nursing students rather than focus on midwifery needs:

> *"I worked closely with the Head of Midwifery to ensure that placements could support student return. … This plan was supported by the Head of School however, … this decision … did not align with the decision for nursing students. This caused an unnecessary amount of uncertainty for students, work for the team and University and LMEs. In addition, it caused a great deal of stress and eroded working relationships that LMEs nationally had worked hard to improve. There does not appear to be any parity of esteem for midwifery educators nationally (in comparison with nursing colleagues)."* LME15

HEI policies and guidance: Further indication of midwifery educators being prevented from making decisions was apparent in relation to removing students from and returning them to practice, and facing barriers to being able to appropriately support students.

Responsibility: Responses suggest that LMEs felt a personal weight of responsibility to make the best decisions, and had concerns about students entering a potentially dangerous clinical situation.

> *"…general weight of responsibility to make the best decisions in partnership and collaboration with student body."* LME26

Programme changes and remote working: Educators also experienced the added pressure of needing to reformat programmes and work remotely.

Discussion

The aim of the study was to assess the effects of implementation of the extended placement option available to midwifery students throughout the UK during the first wave of the COVID-19 pandemic through the lens of midwifery educators. This survey has established a dataset to understand how midwifery educators in the UK responded to and were impacted by the COVID-19 pandemic during the summer of 2020. Several issues arose from the survey data, including the pressures on AEIs, the variation in provision of choices offered to students, and influences on decision-making. Luyben et al (2020) concur that midwifery education has been greatly affected by the changes implemented during the COVID-19 pandemic.

Pressures on Approved Education Institutions (AEIs)

The survey population was Lead Midwives for Education (LMEs) who each represent a UK AEI. Overall, the data highlighted that the pressures experienced in midwifery education were variable across the UK. LMEs who reported facing no pressures felt that they received sufficient and clear direction from stakeholders. Others who found the situation stressful outlined external pressures,

including guidance that was not always clear or timely, placement capacity, working with placement providers to safely integrate students into practice, lack of midwifery identity, an urgency for students to return to practice, the need to align with local AEIs and placement providers and protecting the 'student' status. Internal pressures also focused on midwifery identity, in addition to aligning with local AEI policies and guidance, personal responsibility, programme changes and remote working. Hunter and Warren (2014) identify the importance of a strong sense of professional identity as a midwife. Some LMEs struggled to highlight the need to address midwifery education separately from nursing, thus adding to the pressures and stifling midwifery leadership. A need to advocate for the creation of cultures where midwifery leaders can thrive, both within placement settings, but also in AEIs was identified.

AEIs perceived that they provided the majority of decisional-support for students. The rapid changes taking place within maternity service made this challenging. Stress levels were high in the midwifery profession pre-COVID (Hunter et al, 2019), therefore it is paramount that we learn from these experiences to develop support strategies that minimise dissatisfaction. Erland and Dahl (2017) reported learning from the experiences of midwives working in Sierra Leone during the Ebola crisis. They note one theme of motivation and support, which influenced the midwives' ability to cope with challenging clinical situations. Renfrew et al (2020) discuss vulnerability of students in these circumstances and suggest taking stock and debriefing; learning from experiences once the immediate crisis allows. A proposed model to aid collective learning from the experience of midwifery education during the pandemic is appreciative enquiry (Cooperrider and Whitney, 2005; Dewar et al, 2020). Understanding and valuing the positive aspects of this period including student motivation to remain in practice, their employment experiences and off-curricular learning, while acknowledging the negative experiences will stand students and educators in good stead for their future careers and curriculum development.

Variation in provision

Our survey demonstrated that there was substantial variation in the choices offered to students across AEIs during the pandemic. The most commonly offered choices were '80% practice and 20% theory, paid', 'paid block placements' and 'theory only'. However, it is unclear which options were the most 'fit for purpose' and how the extended placement option can inform future midwifery curricular (NMC, 2019). Discussions between LMEs and other key stakeholders acknowledged similarities with the apprenticeship style of midwifery education prior to transfer of healthcare education to universities in the 1990s (Le Var, 1997). Considerations noted the potential of the extended placement experience to enhance confidence, competence and skills in team-working prior to qualification similar to the model in Ireland where fourth year student midwives undertake a paid internship in practice prior to employment (Bradshaw et al, 2018). It was noted that these attributes may support students crossing the 'flaky bridge' to become a newly qualified midwife (Lovegrove, 2018), and ultimately lead to minimizing attrition from the maternity workforce. The extended placements also have potential to foster a sense of belonging to the workplace and the profession (Dewar et al, 2020). West et al (2020) report success in minimising attrition in South Wales with an intervention focusing on 'continuity placements' at the end of the programme with first placements as new midwives. While there are many advantages of this approach, it represents a significant change for students. Clarity is required to avoid blurring the students' role with that of a healthcare support worker, and to maintain students' supernumerary status to enable completion of programme requirements.

Influences on decision-making

The qualitative data suggests that midwifery education decisions were influenced by those made for nursing education, which resulted in concern from LMEs about the loss of the midwifery identity. When leadership in nursing and midwifery is considered, often midwifery and midwives are under the nursing umbrella, creating difficulty due to the lack of understanding of the needs of midwifery as a profession. The LME is responsible to the NMC for midwifery education in the AEI (NMC, 2019), hence was in the best position to lead decision-making regarding the changes required due to the

Emergency Standards (NMC, 2020). Having nurse leadership responsible for midwifery decisions is 'increasingly outdated' (RCM 2019, p5). Positively the situation is changing with the introduction of national Chief Midwifery Officers and increasing numbers of Directors of Midwifery providing a midwifery voice at a high strategic level, but there is still work to do, particularly in the devolved countries (RCM, 2019). In Scotland the invitation to opt-in was sent directly to students from the Chief Nursing Officer with the expectation that midwifery students would start placements alongside nursing students. Additional time to consider the impact of differences in nursing and midwifery programmes, along with considering the impact for practice partners of COVID-19 in maternity settings, would have resulted in a more measured approach. From the student perspective, information sent to them directly from national midwifery leaders may have enhanced their perception of deployment, as Erland and Dahl (2017) note the importance of midwives' identity and pride in their roles during a crisis.

Many LMEs reported the difficulty in responding to constant changes in national guidance, requiring numerous amendments to midwifery education programmes. Rapid decision-making without underpinning evidence of effectiveness can be harmful (Renfrew et al, 2020); indeed the challenge of constant change was a significant pressure for LMEs. Viewed positively, unprecedented rapid transfer of knowledge has occurred while globally learning about the virus (Palanica and Fossat, 2020), demonstrated by the development of 22 rapid guidelines (National Institute for Health and Care Excellence [NICE], 2020). Social media has enabled evidence to be disseminated quickly and widely (Chan et al, 2020). There are evident benefits to maternity care and midwifery education resulting from innovative changes driven by the pandemic, such as student-led online parent education resources (Greater Manchester and Eastern Cheshire Local Maternity System, 2020) or the introduction of innovative teaching methods. However, LMEs in our survey questioned whether the rapid changes made to midwifery programmes of education were necessary, and insisted that we must learn from this for future crisis situations. LMEs worked collegially to present evidence to the Nursing and Midwifery Council to request an extension to the 2021 new curricular

implementation, which was accepted; providing an opportunity to use the lessons learned from this unprecedented time to develop responsive and contemporary curricular.

Where LMEs reported no additional pressures there was strong partnership working between placement providers and AEIs. Regular interaction and mutual decision making that ensures consistency in the future may lead to less pressure on AEIs and an equitable learning experience for students.

Strengths and limitations

The survey had a response rate of 69% which is very high for an online survey (Shih and Fan, 2008). The findings are consequently representative of AEIs across the UK providing a high level of understanding of the changes made to midwifery education programmes during the first wave of the COVID-19 pandemic and the challenges faced.

Respondents comprised LMEs (or representatives) only. Of equal importance are the views of practice providers and students, to analyse the extended placement through the experiences of all of those affected. As this was a survey, further probing of qualitative responses to obtain a more in-depth exploration with LMEs was not possible. Future research should include more in-depth qualitative inquiry.

Recommendations for practice, education and research

This survey focused on educators in a leadership role. Only LMEs were approached in order to provide a dataset that could act as a foundation for future research and evidence what provision had been offered under the Emergency Standards (NMC, 2020) implemented during COVID-19. Other stakeholder experiences need to be explored to provide a holistic overview to inform future research and practice, including students and practice providers.

The pandemic has had a significant impact on the students' experience and the students themselves. It is essential that both short and longer term impacts on their experience of midwifery education during the pandemic are explored. Many students were, and still are, facing their own personal challenges of managing studies, caring responsibilities for family, and undertaking employment contracts with minimal flexibility in terms of full-time or part-time hours available. It is unclear what effect the extended placement has had on student readiness for practice, confidence, resilience or mental health, or on midwifery retention. It would be helpful to review student experiences using qualitative inquiry through the lens of the findings of the RePAIR project (Lovegrove, 2018).

Equally, educators have undergone substantial changes in terms of the transition to remote working, and rapid assimilation of new skills to provide online education. It is unknown what the impact of these changes are on educators or on AEIs, which could be explored through qualitative study. Recently, the diminishing numbers of midwifery educators has been raised as a concern with recruitment of lecturers an ongoing challenge (Ross-Davie, 2020) and a recent survey evidenced high levels of stress and heavy workloads amongst midwifery educators (Murphy, 2020). Furthermore, there is a need to assess placement capacity and the impact of increased numbers of students, as many students will need to catch up on missed practice hours, due to COVID-19 isolation or choosing to opt-out of the extended placement option. Placement capacity is also influenced by the NHS England/HEE student expansion programme in England (HEE, 2020a) and the need to accept additional students onto midwifery programmes due to a change in government policy about A level grades (Department for Education, 2020). All national policies, which affect the number of students who require allocations to clinical placements, will have an effect on how well an extended placement option can be facilitated.

Finally, this pandemic has been a serious challenge for global health and a review of the midwifery education response should be urgently undertaken in order to identify what worked well, and what was not as relevant.

Conclusions

It is evident that COVID-19 will continue to affect the provision of midwifery education for some time, particularly the cohorts of students undergoing their education post 2020. It is important to learn from changes implemented, including the extended placement option, value and pursue the changes that have been beneficial, and learn from those that were not. Since March 2020, midwifery education has seen a rapid drive towards major changes, providing the opportunity to embrace change positively. The volume of knowledge that has been acquired during the pandemic has been unprecedented; there are examples of new ways of providing programmes of education to midwifery students and new ways of working that would never have been experienced without this crisis, including the extended placement option and the deployment of students into the NHS workforce. It has also facilitated teams to work more closely and produce quality innovative approaches within midwifery education, with individual AEI implementation responsive to local need. Lessons can be learned from the importance of maintaining the identity of midwifery and midwifery education as separate from nursing. Although there is no doubt that midwifery education has been under substantial pressure, it is important to remain optimistic and keep driving forward so that future midwives will benefit from learning, become even more resilient and strengthened, feel part of the clinical team, and in a position to provide evidence-based, high-quality care for women and their families in any circumstances.

Reference List

Bogossian F, McKenna L, Levett-Jones T. 2020. Mobilising the nursing student workforce in COVID-19: The value proposition. *Collegian*, 27, 147-149.

Bradshaw C, Tighe SM, Doody O. 2018. Midwifery students' experiences of their clinical internship: A qualitative descriptive study. *Nurse Education Today*, 68, 213-217.

Braun V, Clarke V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Chan A, Nickson C, Rudolph J, Lee A, Joynt G. 2020. Social media for rapid knowledge dissemination: early experience from the COVID-19 pandemic. *Anaesthesia*. Available from: https://associationofanaesthetistspublications.onlinelibrary.wiley.com/doi/full/10.1111/anae.15057?af=R [Accessed: 9th October 2020].

Cooperrider D, Whitney D. 2005. Appreciative inquiry: A positive revolution in change. In: Holman P, Devane T, Cady S. The Change Handbook. San Francisco, CA: Berrett-Koehler Publishers Inc.

Cucinotta D, Vanelli M. 2020. WHO Declares COVID-19 a Pandemic. *Acta Biomedica*, 91, 1, 157-160.

Department for Education. 2020. Information for students about GCSEs, AS and A levels and other qualifications in 2020. Available from: https://www.gov.uk/government/publications/summer-gcse-as-and-a-level-results-2020-information-for-students/information-for-students-about-gcses-as-and-a-levels-and-other-qualifications-in-2020 [Accessed: 9th October 2020].

Department of Health (Northern Ireland) [DoHNI]. 2020. Deployment Guidance for Nursing and Midwifery Students. Available from: https://www.health-ni.gov.uk/publications/deployment-guidance-nursing-and-midwifery-students [Accessed: 9th October 2020].

Dewar B, Stulz V, Buliak A, Connolly L, McLaughlin K, Newport K, Rebolledo S, Stephenson L, MacBride T, Lennon K, Drayton N. 2020. Exploring and developing student midwives' experiences (ESME) – an appreciative inquiry study. *Midwifery*, 91, 102844.

Dunkley-Bent J. 2020. Personal communication with Clark N and Furber C in teleconference on 17th March 2020.

Erland E, Dahl B. 2017. Midwives' Experiences of Caring for Pregnant Women Admitted to Ebola Centres in Sierra Leone. *Midwifery*, 55, 23-28.

Greater Manchester and Eastern Cheshire Local Maternity System. 2020. Antenatal Education. Available from: https://www.mybirthmychoice.co.uk/antenatal-education/ [Accessed: 9th October 2020].

Heath Education England [HEE]. 2020a. Health Education England to invest up to £10m in clinical placements across England. Available from: https://www.hee.nhs.uk/news-blogs-events/news/health-education-england-invest-%C2%A310m-clinical-placements-across-england [Accessed: 30th September 2020].

Health Education England [HEE]. 2020b. Deployment of student midwives during the COVID-19 emergency Available from: https://www.hee.nhs.uk/coronavirus-covid-19/coronavirus-covid-19-information-midwives [Accessed: 9th October 2020].

Health Education and Improvement Wales [HEIW]. 2020. Support for nursing and midwifery students able to join the fight against COVID-19. Available from: https://heiw.nhs.wales/news/support-for-nursing-and-midwifery-students-able-to-join-the-fight-against-covid-19/ [Accessed: 9th October 2020].

Health Research Authority. 2020. Is my study research? [online] Available from: http://www.hra-decisiontools.org.uk/research/ [Accessed: 12th February 2021].

Hunter B, Fenwick J, Sidebotham M, Henley J. 2019. Midwives in the United Kingdom: levels of burnout, depression, anxiety and stress and associated predictors. *Midwifery*, 79.

Hunter B, Warren L. 2014. Midwives' experience of workplace resilience. *Midwifery,* 30(8), 926-934.

Iserson K. 2020. Augmenting the disaster healthcare workforce. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*. Available from: https://westjem.com/articles/augmenting-the-disaster-healthcare-workforce.html [Accessed: 9th October 2020].

Lazenby M, Chambers S, Chyun D, Davidson P, Dithole K, Norman I, Tlou S. 2020. Clinical nursing and midwifery education in the pandemic age. *International Nursing Review*, 67(3), 323-325.

Le Var R. 1997. Project 2000: A new preparation for practice – has policy been realized? Part 1. *Nurse Education Today*, 17(3), 171-177.

Lovegrove M. 2018. Reducing Pre-registration Attrition and Improving Retention [RePAIR]. Available from: https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention [Accessed 9th October 2020].

Luyben A, Fleming V, Vermeulen J. 2020. Midwifery education in COVID-19 time: Challenges and opportunities. *Midwifery*. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7263260/ [Accessed: 9th October 2020].

Murphy G. 2020. Targeted action needed to retain and recruit midwifery educators says RCM. Available from: https://www.rcm.org.uk/media-releases/2020/december/targeted-action-needed-to-retain-and-recruit-midwifery-educators-says-rcm/ [Accessed: 23rd April 2021].

NHS Education for Scotland [NES]. 2020. Coronavirus (COVID-19): guidance for medical, nursing and midwifery students. Available from: https://www.gov.scot/publications/student-support-guidance-scotland-during-covid-19-outbreak-medical-nursing-midwifery/pages/3/ [Accessed: 9th October 2020].

National Institute for Health and Care Excellence [NICE]. 2020. Coronavirus (COVID-19). Available from: https://www.nice.org.uk/covid-19 [Accessed: 21st September 2020].

Nursing and Midwifery Council [NMC]. 2008. Standards to Support Learning and Assessment in Practice. Available from: https://www.nmc.org.uk/standards-for-education-and-training/standards-to-support-learning-and-assessment-in-practice/ [Accessed: 9th October 2020].

Nursing and Midwifery Council [NMC]. 2018. Standards for Student Supervision and Assessment. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-

proficiency/standards-for-student-supervision-and-assessment/student-supervision-assessment.pdf [Accessed: 9th October 2020].

Nursing and Midwifery Council [NMC]. 2019. Standards of Proficiency for Midwives. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf [Accessed: 9th October 2020].

Nursing and Midwifery Council [NMC]. 2020. Emergency Standards for Nursing and Midwifery Programmes. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/emergency-standards-for-nursing-and-midwifery-education.pdf (Accessed: 25th March 2020).

Palanica A, Fossat Y. 2020. COVID-19 has inspired global healthcare innovation. *Canadian Journal of Public Health*, 111, 645-648.

Renfrew M, Bradshaw G, Burnett A, Byrom A, Entwistle F, King K, Olayiwola W, Thomas G. 2021. Sustaining quality education and practice learning in a pandemic and beyond: 'I have never learnt so much in my life, as quickly, ever'. *Midwifery*, 94: 102915.

Renfrew M, Cheyne H, Craig J, Duff E, Dykes F, Hunter B, Lavender T, Page L, Ross-Davie M, Spiby H, Downe S. 2020. Sustaining quality midwifery care in a pandemic and beyond. *Midwifery*. Available from: https://www.sciencedirect.com/science/article/pii/S0266613820301315?via%3Dihub [Accessed: 9th October 2020].

Ross-Davis M. 2020. Midwifery numbers are up, but where are the educators? *The Herald.* Available from: https://www.heraldscotland.com/news/18711047.agenda-midwifery-numbers-educators/ [Accessed: 9th October 2020].

Royal College of Midwives [RCM]. 2019. Strengthening midwifery leadership: a manifesto for better maternity care. London: RCM.

Royal College of Midwives and Royal College of Obstetricians and Gynaecologists. 2020. Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic. Version 1: Published Monday 30 March 2020. London: Royal College of Obstetricians and Gynaecologists.

Shih T-H, Fan X. 2008. Comparing Response Rates from Web and Mail Surveys: A Meta-Analysis. *Field Methods*, 20(3), 249-271.

West S, Bailey S, Williams E. 2020. The courage of compassion: Supporting nurses and midwives to provide high quality care. London: King's Fund.

Introduction

The Student Midwife Extended Practice Placement (STEP-uP) Study

Phase 1: a survey to describe what models have been put in place in the UK during Covid-19

Core Study Team:
The University of Manchester
Dr Alison Cooke, Dr Angela Hancock, Dr Helen White, Dr Christine Furber, Prof Dame Tina Lavender

Steering Group:
Core Study Team plus Nicky Clark (England), Grace Thomas (Wales), Fiona Gibb (Scotland), Dr Jenny McNeill (Northern Ireland), Carmel Lloyd (RCM)

Dear Lead Midwife for Education

The purpose of this survey is to assess what models exist for the student midwife extended placement delivered by undergraduate/pre-registration midwifery education programmes and local maternity care providers (NHS Trusts / Health Boards / Health & Social Care Trusts), in response to the Covid-19 pandemic. In particular, we are interested in the choices provided to students, pressures faced from stakeholders and what support has been made available. The survey is being conducted by The University of Manchester.

We only require one response on behalf of each University, so we would appreciate it if you could complete the survey yourself or delegate it to one appropriate person in your department.

Responses will be confidential and any publication of this data will be anonymous. The data collected will be used to inform the development of a larger study to explore the extended placement in greater depth. This survey should take no longer than fifteen minutes to complete. If you have any questions, please contact Dr Alison Cooke at Alison.Cooke@manchester.ac.uk or call 07513275861.

Thank you for taking the time to complete this survey.

Demographic Information

1. Please confirm the region in which your place of work resides.*

- ◯ Scotland
- ◯ North East England
- ◯ North West England
- ◯ Yorkshire and the Humber
- ◯ East Midlands
- ◯ West Midlands
- ◯ East of England

Thank you

- ◯ London
- ◯ South East England
- ◯ South West England
- ◯ Northern Ireland
- ◯ Wales

2. Please confirm which University you work at (results will be anonymised).*

3. Are you the Lead Midwife for Education?*

- ◯ Yes
- ◯ No

4. Please indicate your main job title.*

- ◯ Chair
- ◯ Reader
- ◯ Lecturer
- ◯ Senior Lecturer
- ◯ Principal Lecturer
- ◯ Professor of Midwifery
- ◯ Associate Professor of Midwifery
- ◯ Assistant Professor
- ◯ Other, please specify

5. What type of pre-registration midwifery programmes do you offer at your University? (please tick all that apply)*

- ☐ Direct entry (3 years)
- ☐ Direct entry (4 years)
- ☐ Short courses for Adult Nurses
- ☐ Masters (please specify type in 'other' textbox below)
- ☐ Other, please specify

6. On average, how many pre-registration midwifery students commence within your institution each year? (include both 3-4 year and short course students)*

Thank you

Extended placement provision

This section considers what extended placement model/choices is/are provided in your programme(s).

Programme Information

7. Have you offered an extended placement to any student midwives?*

- ◯ No
- ◯ Yes

Thinking about practice placements ...

8. How would you describe your overall programme provision (pre-Covid)?*

- ☐ Integrated theory and practice (e.g. 3 days practice/2 days theory each week)
- ☐ Block placements (e.g. 4 weeks theory then 4 weeks practice)
- ☐ Don't know
- ☐ Other, please specify

9. Had you already implemented the Standards for Student Supervision and Assessment (NMC, 2018) prior to the publication of the NMC Emergency Standards on 25th March 2020? *

- ◯ Yes
- ◯ No

10. During the current pandemic, to which year groups are practice placements currently being offered? (please tick all that apply)*

- ☐ First Year
- ☐ Second Year
- ☐ Third Year
- ☐ Fourth Year
- ☐ Don't know

11. With regard to year one students only, what options have you offered for an average week under the emergency standards? (please tick all that apply)*

- ☐ 80% practice 20% theory paid placement
- ☐ 80% practice 20% theory unpaid placement
- ☐ 60% practice 40% theory paid placement
- ☐ 60% practice 40% theory unpaid placement
- ☐ 50% practice 50% theory paid placement
- ☐ 50% practice 50% theory unpaid placement

Thank you

- [ ] Block placement paid
- [ ] Block placement unpaid
- [ ] No change to existing provision
- [ ] Theory only (no practice)
- [ ] Don't know
- [ ] Other, please specify

12. For Year One students, how many have left the programme or interrupted their studies since 25th March 2020?*

13. With regard to year two students only, what options have you offered for an average week under the emergency standards? (please tick all that apply)*

- [ ] 80% practice 20% theory paid placement
- [ ] 80% practice 20% theory unpaid placement
- [ ] 60% practice 40% theory paid placement
- [ ] 60% practice 40% theory unpaid placement
- [ ] 50% practice 50% theory paid placement
- [ ] 50% practice 50% theory unpaid placement
- [ ] Block placement paid
- [ ] Block placement unpaid
- [ ] No change to existing provision
- [ ] Theory only (no practice)
- [ ] Don't know
- [ ] Other, please specify

14. If applicable, please can you provide the reason(s) why year two students were not offered an option to opt-in to practice during Covid-19?

15. For Year Two students, how many have left the programme or interrupted their studies since 25th March 2020?*

16. Were first and second year students offered any additional support to make these choices (other than the usual pastoral support offered pre-Covid)? (tick all that apply) If you would prefer to describe an example of the support offered then

please insert this in the 'other' text box.*

- [ ] Yes - from HEI
- [ ] Yes - from NHS Trust / Health Board / Health & Social Care Trust
- [ ] No
- [ ] Not sure
- [ ] Other, please specify

17. Were first and second year students with specific needs offered any additional support to make these choices (other than the usual pastoral support offered pre-Covid)? (tick all that apply) If you would prefer to describe an example of the support offered then please insert this in the 'other' text box.*

- [ ] Yes, BAME students - support from HEI
- [ ] Yes, BAME students - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] Yes, students who were shielding themselves or others - support from HEI
- [ ] Yes, students who were shielding themselves or others - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] Yes, students on learning agreements/action plans - support from HEI
- [ ] Yes, students on learning agreements/action plans - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] Yes, students with other health concerns - support from HEI
- [ ] Yes, students with other health concerns - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] No support offered
- [ ] Not sure
- [ ] Other, please specify

18. What type of additional support was offered to first and second year students?*

Thinking about final year students only ...

19. With regard to final year students only, what options have you offered for an average week under the emergency standards? (please tick all that apply)*

- [ ] 80% practice 20% theory paid placement
- [ ] 80% practice 20% theory unpaid placement
- [ ] 60% practice 40% theory paid placement
- [ ] 60% practice 40% theory unpaid placement

Thank you

- [ ] 50% practice 50% theory paid placement
- [ ] 50% practice 50% theory unpaid placement
- [ ] Block placement paid
- [ ] Block placement unpaid
- [ ] No change to existing provision
- [ ] Theory only (no practice)
- [ ] Don't know
- [ ] Other, please specify

20. For Year Three/Final Year students, how many have left the programme or interrrupted their studies since 25th March 2020?*

21. Were students offered any additional support to make these choices (other than the usual pastoral support offered pre-Covid)? If you would prefer to describe an example of the support offered then please insert this in the 'other' text box.*

- [ ] Yes - from HEI
- [ ] Yes - from NHS Trust / Health Board / Health & Social Care Trust
- [ ] No
- [ ] Not sure
- [ ] Other, please specify

22. Were students with specific needs offered any additional support to make these choices (other than the usual pastoral support offered pre-Covid)? If you would prefer to describe an example of the support offered then please insert this in the 'other' text box.*

- [ ] Yes, BAME students - support from HEI
- [ ] Yes, BAME students - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] Yes, students who were shielding themselves or others - support from HEI
- [ ] Yes, students who were shielding themselves or others - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] Yes, students on learning agreements/action plans - support from HEI
- [ ] Yes, students on learning agreements/action plans - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] Yes, students with other health concerns - support from HEI
- [ ] Yes, students with other health concerns - support from NHS Trust / Health Board / Health & Social Care Trust
- [ ] No support offered
- [ ] Not sure
- [ ] Other, please specify

23. What type of additional support was offered to students?*

Thank you

24. Compared to those placements which were available pre-Covid, did any placement areas become **unavailable** for student placements under the current Covid-19 circumstances? (please tick all that apply)*

- [ ] Community
- [ ] Labour Ward
- [ ] Postnatal Ward
- [ ] Antenatal Ward
- [ ] Antenatal Clinic
- [ ] Neonatal Unit
- [ ] Triage
- [ ] Antenatal Assessment Unit/Day Assessment Unit/Day Unit
- [ ] Birth Centre - alongside
- [ ] Birth Centre - stand alone
- [ ] Theatres
- [ ] High Dependency Unit/Enhanced Recovery Bay
- [ ] Mental Health Inpatient facility
- [ ] Gynaecology Ward
- [ ] None
- [ ] Other, please specify

Pressures faced

25. Did you face any internal (HEI) or external (NHS Trust/Health Board/Health & Social Care Trust/other) pressures when deciding what model/choices to offer to students? (tick all that apply)*

- [ ] Yes - external
- [ ] Yes - internal
- [ ] Don't know
- [ ] No pressures
- [ ] Other, please specify

26. What types of pressures did you face when determining what model/options could be offered with regard to an extended placement?*

Thank you

Page 7

Research Outcomes and Priorities

27. What do you think it is important for us to assess/explore in this research?*

28. What would be the main priority you would want us to address in this research?*

Page 8

Further involvement

29. Would you be interested (LMEs only) in being part of further work?*

- ◯ Yes
- ◯ No
- ◯ Maybe (would like more information)

Page 9

Contact for interest in further work

30. If you would like more information or to take part in further work please insert your email address in the text box below and Alison Cooke (lead investigator) will contact you.

Thank you

31. If there are any comments that you wish to add, please do so here.

This concludes the survey. Thank you for taking the time to complete it.