

Midwifery and Neonatal Nursing

August 28-30, 2017 Philadelphia, USA

Learning to be a midwife in the clinical environment- tasks, clinical practicum hours or midwifery relationships

Lyn Ebert, Ms Olivia Tierney and Mr Donovan Jones
University of Newcastle, Australia

Globally the midwifery profession strives to ensure competent and confident graduates that can meet the needs of local birthing women. Curricula around the world varies in the entry pathway to a midwifery career, the scope of practice of a midwife and the contexts within a midwife can practice. While discussions continue within the midwifery profession regarding the number of and type of clinical experiences required to ensure competent midwifery graduates and the theoretical content required to underpin learning in the clinical environment, there is scarce evidence to support the approach to skill assessment, number of tasks or practicum hours required within midwifery degrees. In countries such as Australia, the United Kingdom and New Zealand, three year undergraduate midwifery degrees are the prevailing entry pathway to a midwifery health profession. Introduction of the direct entry degree was intended to separate midwifery from nursing as a discipline, ensuring students developed a midwifery practice that encapsulated the philosophical values of midwifery. However, many aspects of the nursing educational constraints and culture carried forward to midwifery degrees. Professional dissonance in mandated requirements for allocated clinical practicum hours, specified numbers of clinical-based skills and woman-centred midwifery relationships continues. Students are under pressure to meet their academic requirements and develop and maintain a woman centred practice philosophy. The aim of this session is to promote discussion regarding the need for midwifery to be seen as an autonomous discipline and the current dissonance in midwifery education in the context of learning to be a midwife in Australia.

Lyn.ebert@newcastle.edu.au