

# Celebrating twenty years of Midwifery Education at the University of Southampton: still at the forefront of Midwifery Education

Maggie Duckett

When the first midwifery four year degree programme was introduced in October 1994 by the University of Southampton, the first intake of 12 students enjoyed similar holidays to that of other degree students and likewise survived on a government grant. This paper includes brief notes of the major developments since the inception of the midwifery degree, and celebrates 20 years of undergraduate study in midwifery, culminating in the recent introduction of the Master's level pre-registration programme. This paper also presents the musings and memories of a midwifery lecturer who completed her own degree in Nursing in 1979 and was active prior to the introduction of midwifery education at degree level at the University of Southampton.

The initial midwifery degree curriculum included anatomy and physiology which was taught by lecturers from the University of Southampton's Faculty of Medicine and Biological Science. The humanities were taught by lecturers in Social Sciences with profession related topics taught by the midwifery lecturer of the Universities' department of Nursing Studies who has inaugurated a degree in nursing in 1982. Shared learning opportunities with undergraduate nursing students, such as models of health care and research methods supported lateral thinking and alternative perspectives which were important for the preparation of flexible and adaptable midwives.

Midwifery theory was taught by Dr Jo Alexander one of the first ever UK midwives to gain a PhD and she was

supported by the midwifery team who taught in the local National Health Service College of Nursing and Midwifery. Midwifery practice, with regards to preparing women during the antenatal period for breast-feeding, was completely revolutionised following the multi-centre randomised control trial which emanated from Alexander's doctoral study (Alexander 1991).

A reduction of the overall course length from four years to three occurred in 2001 subsequent to the amalgamation the local college of Nursing and Midwifery with the Faculty of Medicine's Nursing Studies Department in 1995. This amalgamation resulted in all midwifery, nursing, health visiting, medicine, social and allied health care education being under the same faculty governance and this paved the way for significant strides in inter professional education.

Inter professional education at the University of Southampton began initially as a series of shared seminars between student midwives, nursing students and medical students and later allied health professional students.

Whilst midwives are autonomous practitioners no profession is an island and the new inter professional educational aims were for the students to have fun and share perspectives.

It is important to stress that power of shared educational experiences cannot be underestimated, although as with other conceptual learning initiatives, the evidence of effect is and was difficult to prove. This leading edge enterprise took place between two Universities (Portsmouth and Southampton) and eventually 14 professions, aimed for



students to demonstrate mutual respect for all members of the inter-professional team without stereotypical and discriminatory behaviour. Inter professional modules provided insightful learning and would today be considered contemporary, using audit and service enquiry to contribute to service development.

The programme outcomes (see Table 1) were axiomatic to every professional but, the last one is key to midwifery practice – *Practice in a client (woman/family for student midwives) centred manner*. The intellectual discussions of patient versus client versus service user, using medical and social models of care were a delight to behold; the midwifery students being recognised for their contributions and excellent results.

Such common learning emphasised how an undergraduate educated healthcare workforce pulled together as a team. The undergraduates consistently achieved higher marks than sub degree level students for clinical, practical, caring aspects of teamwork as marked by each other as part of an 'on-line' peer assessment strategy. These

## Author details

**Maggie Duckett,**  
Midwifery Lecturer,  
University of Southampton  
email: med2@soton.ac.uk

peer assessments were verified by the mentor/facilitators of each group and were perhaps the embryos of future 360 degree clinical appraisals; they certainly contributed to the commencement of a system of being able to apply numerical values to clinical competencies.

Clinical competency assessments had, in addition to the EU Midwifery practice requirements, been the basis of Southampton's assessment for qualification and registration as a midwife. The Nursing and Midwifery Council subsequently requested the development of grading in practice and Midwifery education led the way in developing one of the first formats, utilising educational and performance level descriptors to delineate grades for practice. The most recent development of this is the electronic assessment of professional practice (eAoPP). The greatest benefit of this electronic resource is that it is available 24/7, 365 days a year. Students, mentors or lecturers can check or add information whenever it is required. Removal of data is extremely limited so that *"things cannot be lost"*. Hence data entry is protected by several server backups in order to prevent *"electronic or malicious"* losses.

However, computers and internet access in the clinical arena is sometimes a challenge and understanding the programme, as always with something new, is not straight forward for the practitioners operating it. This system benefits from not succumbing to the paper driven assessments of practice problems e.g. *coffee spillage, accidental burning, the dog ate my portfolio etc.*

Furthermore the capacity afforded by electronic recording of student's experiences is significant and has considerable potential as a resource for their

future reflection on care and competence development.

Competence and confidence are key to novice midwives: For example one of the contemporary midwifery teaching team's doctoral study investigated the experience of becoming a qualified midwife (Kitson-Reynolds, 2015). As a result of this the University of Southampton's (UOS) degree programme now includes several preparatory steps to enhance student transition to qualified status, e.g. The assessment and confirmation of medicine management (Kitson-Reynolds et al 2015). The confidence student's gain from planned transition is almost palpable and senior midwives working in local maternity units have voiced their pleasure at employing University of Southampton newly

qualified midwives.

Striving for greater potential has led to midwifery education's most recent development, the introduction of a pre-registration Master's degree in Midwifery.

In conclusion, graduate midwives from the University of Southampton are recognised and celebrated for their skills of scientific enquiry. These graduates fully recognise, understand and appreciate the science behind their achievements. Their artistry (care, compassion, kindness, intuition, flexibility, adaptability, consistency, constancy and commitment) and being woman centred is at the forefront of their competent care delivery, something to be truly celebrated!

**Table 1** Learning outcomes for the Common Learning Programme (Common Learning, 2003)

1. Respect, understand and support the roles of other professionals involved in health and social care delivery.
2. Make an effective contribution as an equal member of an inter-professional team.
3. Understand the changing nature of health and social care roles and boundaries.
4. Demonstrate a set of knowledge, skills, competencies and attitudes which are common to all professions, and which underpin the delivery of quality patient/client focussed services.
5. Learn from others in the inter-professional team.
6. Deal with complexity and uncertainty.
7. Collaborate with other professionals in practice.
8. Understand stereotyping and professional prejudices and the impact of these on inter-professional working.
9. Practice in a patient /client centred manner.

### References

Alexander J., (1991) The prevalence and management of inverted and non-protractile nipples in antenatal women who want to breastfeed PhD thesis Southampton: University of Southampton

Common Learning Committee (2003) Common Learning Handbook – New Generation Project, Common Learning:

University of Southampton: University of Portsmouth

Kitson-Reynolds, E., Ferns, P., and Trenerry, A., (2015) Transition to midwifery: collaborative working between university and maternity services British Journal of Midwifery 23(7) pp. 510-515

Kitson-Reynolds, E., (2010) The lived

experience of newly qualified midwives University of Southampton, School of Health Sciences. Doctoral Thesis 358: Southampton: University of Southampton

Modern Matron (Southampton University Hospitals Trust – recently retired) 2015 Personal Communication