EVALUATION OF MIDWIFERY EDUCATION COURSES

1989 Annual Cohort Report

May 1991

by

KEITI TIATA

Health Research Services
for
WORKFORCE DEVELOPMENT

106841
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## Bibliography
Acknowledgements

Much gratitude is given to individual heads of department and midwifery tutors at individual polytechnics for their patience and help in the efficient administration of the student questionnaires.

All participants in the evaluation are also thanked for their contributions.

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Many thanks to Cherie Flynn for formatting the whole report.
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INTRODUCTION

New Zealand has a shortage of experienced, qualified midwives and most midwives practicing in New Zealand are from overseas. Two types of midwifery training programmes were set up in five polytechnics throughout New Zealand. One course offered midwifery training as a Separate programme (SEP), the other, as part of the Advanced Diploma of Nursing (ADN).

OBJECTIVE

The purpose of the report was to ascertain if there were differences between the two types of courses so that a decision could be made about which one would be offered to potential midwives in the future.

METHODOLOGY

Students, midwifery tutors, heads of department, graduate midwives and supervisors all participated in the evaluation. Their views were sought by self-complete questionnaires. In 1989 62 students began a year long course of midwifery training. Fourteen were ADN students and 48 were Separate Course students. Fifty-seven students graduated. Throughout the two year evaluation their response rate ranged from 84 to 61 percent. All heads of department of nursing responded. Nine midwifery tutors and nine supervisors also responded.

RESULTS

Description of Student Sample

All the students were female with one basic nursing qualification. Most were well-educated. Eighty percent were under the age of 40 years and 92 percent were of European origin.

Reasons for and Approaches to Course Participation

At the beginning of the course all 52 student respondents ‘wanted to practice midwifery’ and 77% chose a polytechnic ‘because it was geographically the closest’. Common objectives among the students were to qualify as a midwife; to increase their knowledge base and to work towards becoming an independent practitioner.
Course Structure and Content

A high percentage of respondents, as students and as practising midwifery graduates, perceived clinical experience as very/extremely important and very/extremely useful. However, their level of satisfaction was a little lower. The clinical experience students received during their training year had not been enough to consolidate their knowledge base. Tutors explained that some students would have received more clinical experience than others and heads of department felt that there was difficulty in obtaining it where there was no obligation to provide it.

There was much comment on the need for changes to the course structure in terms of having more clinical experience, less assignments and an extended course. The midwifery tutors had responded that where possible changes would be made to accommodate the requests of students.

Course Teaching

Eight (89%) tutors were registered midwives and brought a variety of experiences to the course. At the end of the course, 31 (76%) students felt that midwifery tutors had the most influence on their learning and 37% felt that other nurse tutors had the least influence.

Students rated their tutors as excellent in terms of: their midwifery experiences brought to the post (80%), their competence to achieve the course outcomes (78%), their ability to link the course components to midwifery theory and practice (71%) and their teaching skills (66%).

Student Experience

For 32 percent of the student respondents a change from being employed to becoming a student again meant that they would be facing financial difficulties. Just over half of the respondents were receiving sponsorship. Reasons students gave for their financial difficulties included: decrease in pay, not being sponsored, no penal rates and having to live off savings.

At the end of the course half of the students expected to be ‘competent midwifery practitioners still requiring to develop their knowledge base and clinical practice’. Four (44%) Separate course tutors felt that their students were ‘beginning midwifery practitioners still requiring supervision and peer support’. Three of these were from the one polytechnic.

Graduate Midwives Experience

Few practising midwives in the first follow up (six months after graduation) felt that they needed ‘close supervision’ in antenatal clinics, labour wards, and teaching parentcraft in groups. In the second follow up (12 months after graduation) 15 percent of practising midwives ‘believed they needed close supervision ’ in special baby care units and labour wards.
Graduate Midwife Placement

Some supervisors responded that the number of newly qualified midwives were inadequate, especially for provincial or rural areas.

CONCLUSIONS

The results of the evaluation showed that there were no major differences between the ADN and Separate course of midwifery training. The results however have been useful in evaluating the effectiveness of the courses to train midwives for the workforce.
INTRODUCTION

New Zealand has a shortage of midwives\(^1\) and most of those in practice have been trained overseas. In 1989 a separate midwifery course was offered at three of the five Polytechnics providing midwifery education. The other two Polytechnics continued to offer midwifery education within the Advanced Diploma of Nursing (ADN).

The Minister of Health in 1989 had asked that the education courses be evaluated over three years so that a decision could be made about which type of course would be offered to potential midwives in the future.

A working party consisting of people from service and professional areas of midwifery and education undertook preliminary work in developing questionnaires for evaluating the courses. The project was then taken up by the Department of Health's research unit (now Health Research Services) who further refined the questionnaires and carried out the evaluation.

The report covers areas relating to the course as identified in the questionnaires. The views of students, tutors, head's of department of nursing, practising midwifery graduates and their supervisors were all sought for the evaluation.

In August 1990, the direct entry training option was introduced. It is planned that this option will involve three years midwifery training. Nursing qualifications are not a prerequisite for enrolment in this proposed course. This report takes cognisance of this new development by taking a broader form than originally intended. The evaluation includes an examination of course effectiveness in terms of educating midwives and documents the retention of midwives in the midwifery workforce following graduation.

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\(1\) World Health Organisation Definition of a Midwife: A midwife is a person who is qualified to practise midwifery. She is trained to give the necessary supervision, care and advice to women during pregnancy, labour and the postnatal period, to conduct deliveries on her own responsibility, and to care for the newly born infant. This care includes preventative measures and detection of abnormal conditions in mother and child, the procurement of medical assistance, the execution of emergency measures in the absence of medical help. She has an important task in health counselling and education, not only for parents, but also within the family and the community. The work should include antenatal education and preparation for parenthood, and extends to certain areas of gynaecology, family planning and childcare.
METHODOLOGY

This section includes a description of the sample population and describes the process by which the evaluation is carried out.

OBJECTIVES

1. To evaluate two types of midwifery educational courses so that a decision could be made as to the better course in terms of its contribution to meeting service needs in both community and hospital settings.

2. To identify issues concerning the effectiveness of the courses in educating midwives for the workforce.

DESCRIPTION OF THE SAMPLE

The Sample Population

All students had a basic registered nursing qualification, a prerequisite for enrolment in the course. Students commenced their training in 1989.

Polytechnic heads of department of nursing and midwifery tutors contributed to the evaluation.

Supervisors responsible for midwives who had graduated from a course of midwifery commencing in 1989 also took part.

The Polytechnics

Five polytechnics offering midwifery education in New Zealand took part in the evaluation. Auckland Technical Institute, Wellington Polytechnic and Otago Polytechnic offered a Separate course (SEP) while Waikato Polytechnic and Christchurch Polytechnic offered a course within the Advanced Diploma of Nursing (ADN). Wellington Polytechnic had also retained an ADN component within the Separate programme.

All the polytechnics had been approached while the evaluation was in its planning stages and contact people were established. Four polytechnics began their terms in February and finished in November or December, while Otago Polytechnic began in May and finished in March of the following year.

Supervisors of Trained Midwives

General Managers of relevant Area Health Boards were informed of the evaluation and in particular, of the administration of a questionnaire to midwifery supervisors.

THE QUESTIONNAIRE PROCESS

A total of seven self-complete questionnaires were administered over a two year period for the 1989 annual intake. In the first year four questionnaires
were administered. Two of these were given to midwifery students during their training year. The other two questionnaires were given to Heads of Department of Nursing and the tutors of midwifery students at the end of that year. In the second year, two follow up questionnaires were given to graduate midwives. A questionnaire was also given to supervisors of the graduate midwives who practiced in area health board districts.

All questionnaires were given a code by the polytechnic or researcher to ensure confidentiality and to allow follow up of midwifery students. Each questionnaire was given a code number for the relevant polytechnic, the year of the student intake and an individual code number e.g. 02/MID89/022. Questionnaires were sent together with a self-addressed envelope to encourage a response.

DESCRIPTION OF THE QUESTIONNAIRES

In the first year of the evaluation all 1989 students were sent a questionnaire at the beginning and at the end of their training course. Those two questionnaires aimed to ascertain expectations and opinions of the courses.

Midwifery tutors and heads of department of nursing received a questionnaire during the training course to ascertain their views of student progress.

In the second year of the evaluation graduate midwives received two follow up questionnaires. One was administered six months after graduation and the other, 12 months after graduation. The purpose was to ascertain their views on the usefulness of the course training for the workplace.

The supervisors of graduate midwives also received a questionnaire to ascertain their views on the performance of these graduate midwives. They were contacted through the graduate midwives providing information on their place of employment.

PROBLEMS ARISING DURING THE EVALUATION PROCESS

As would be expected with such a complex process of administering seven questionnaires, there were some difficulties.

The first problem was the late administration of the 1989 Entry Questionnaire which reached students in four of the five polytechnics late in the second term. Planning and organisation of the evaluation had taken longer than anticipated. A pilot questionnaire was administered at Wellington Polytechnic in 1989 some weeks into the 1989 course. The 1989 Entry Questionnaire was subsequently administered. Thus for four of the polytechnics the data do not provide a record of students' views at the beginning of the course. Nevertheless the data are interesting, and for one polytechnic, 'the data do reflect students' views at the beginning of the

2 See Appendix 1 and 2.
3 See Appendix 3 and 4.
4 See Appendix 5.
5 See Appendix 6.
6 See Place of Employment Questionnaire in Appendix 5.
Additionally, ADN students were able to give their views before the start of the midwifery component.

Secondly, not all questions of the Supervisors Questionnaire could be answered by supervisors. This was due to the different organisational structures of area health boards.

Thirdly, a number of questionnaires were returned unanswered or 'address unknown'.

STATISTICAL METHOD

Percent responses are presented for the two types of midwifery training course, the Separate Course (SEP) and the course within the Advanced Diploma of Nursing (ADN). The chi-square test was used to assess statistical differences between the courses.

RESPONSE RATE

The students response rates to the study are shown in Table 1. Sixty-two midwifery students began a course. Five students withdrew. The response rates for students fell over time from 84% to 61%.

Table 1 Student Response Throughout the Two Year Evaluation.

<table>
<thead>
<tr>
<th>Polytechnic</th>
<th>1989 TRAINING YEAR</th>
<th>FOLLOWING YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beginning</td>
<td>End</td>
</tr>
<tr>
<td></td>
<td>n (N) %</td>
<td>n (N) %</td>
</tr>
<tr>
<td>SEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auckland</td>
<td>18 (21) 86</td>
<td>13 (19) 68</td>
</tr>
<tr>
<td>Wellington</td>
<td>11 (16) 69</td>
<td>7 (15) 47</td>
</tr>
<tr>
<td>Otago</td>
<td>11 (11) 100</td>
<td>10 (10) 100</td>
</tr>
<tr>
<td>subtotal</td>
<td>40 (48) 83</td>
<td>30 (44) 68</td>
</tr>
<tr>
<td>ADN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waikato</td>
<td>9 (10) 90</td>
<td>8 (9) 89</td>
</tr>
<tr>
<td>Christchurch</td>
<td>3 (4) 75</td>
<td>3 (4) 75</td>
</tr>
<tr>
<td>subtotal</td>
<td>12 (14) 86</td>
<td>11 (13) 85</td>
</tr>
<tr>
<td>TOTAL (No)</td>
<td>52 (62) 84</td>
<td>41 (57) 72</td>
</tr>
</tbody>
</table>

Nine (90%) tutors responded. Seven (78%) tutors were from the polytechnics offering a Separate course. All Heads of Department from the five
polytechnics responded to their questionnaires. Nine (43%) supervisors nominated by graduate midwives responded.
Description of Student Sample

This section describes the composition of the student sample by age, gender, ethnicity, qualifications and pre-course experience.

AGE

Table 2 Number of Midwifery Students by Age at Start of Course and Polytechnic (n = 52)

<table>
<thead>
<tr>
<th>Polytechnic</th>
<th>Age (Years)</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td>11</td>
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<td>subtotal</td>
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<td>14</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>39</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waikato</td>
<td></td>
<td></td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>2</td>
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<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>subtotal</td>
<td></td>
<td></td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>7(13%)</td>
<td>16(31%)</td>
<td>11(21%)</td>
<td>8(15%)</td>
<td>3(6%)</td>
<td>4(8%)</td>
<td>2(4%)</td>
<td>51*(98%)</td>
</tr>
</tbody>
</table>

*Age data was missing for one (2%) student.

There was a broad range of ages. About two-thirds of the students were aged 25-39 years.

GENDER

All of the students were female.

ETHNICITY

Forty-eight (92%) of the students were of European origin, one (2%) student was of Maori descent, and one (2%) other student specified she was a 'New Zealander'. Two of the students did not provide ethnicity data.

QUALIFICATIONS

At the beginning of the course students were asked about their professional qualifications. 8

8 The range of options were: Registered General and Obstetric Nurse (RGON); Registered Comprehensive Nurse (RCN); Advanced Diploma in Nursing (ADN); School of Advanced Nursing Studies (SANS); University Degree (DEGREE); University Credits (UNICREDS); Diploma (not nursing); or Other (specify).
Table 3 Number and Percentage of Students by their Qualifications (n=52)

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>SEP (40)</th>
<th>ADN (12)</th>
<th>Total (52)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>RGON</td>
<td>22</td>
<td>55</td>
<td>8</td>
</tr>
<tr>
<td>RCN</td>
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<td>45</td>
<td>4</td>
</tr>
<tr>
<td>UNICREDS</td>
<td>15</td>
<td>38</td>
<td>4</td>
</tr>
<tr>
<td>DEGREE</td>
<td>3</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>OTHQUALS</td>
<td>10</td>
<td>25</td>
<td>0</td>
</tr>
</tbody>
</table>

* No student indicated that they had ADN, SANS or other diploma qualifications.

All of the 52 students had the registered comprehensive nurse (RCN) or registered general and obstetric nurse (RGON) qualification. Twenty-four (46%) students had one qualification, twenty-one (40%) had two and four (8%) had three qualifications.

PRE-COURSE EXPERIENCE

Students were asked to identify the settings in which they had obtained maternity experience in the two years prior to starting the course.

Table 4 Number of Students by Pre-Course Experience (n=52)

<table>
<thead>
<tr>
<th>Setting</th>
<th>none</th>
<th>&lt;6mths</th>
<th>6+ mths</th>
<th>Missing Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics</td>
<td>14</td>
<td>14</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Maternity</td>
<td>23</td>
<td>4</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>28</td>
<td>11</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Other Setting</td>
<td>10</td>
<td>3</td>
<td>5</td>
<td>34</td>
</tr>
</tbody>
</table>

For whom there were data, 28 (64%) students had less than six months prior obstetrics experience. There was no significant difference between ADN and SEP students in amount of pre-course obstetrics experience. Students who had prior obstetrics experience tended to have worked full-time in this setting.

The majority (79%) had less than six months prior experience in a maternity unit. There was no significant difference between ADN and SEP students in amount of pre-course experience in a maternity unit.

Prior experience of at least six months duration was least likely to be obtained from a domiciliary setting.

9 Obstetric Unit - usually attached to a Base Hospital, with obstetric and maternal specialist services including neonatal intensive care. Maternity Unit - a hospital inpatient unit without residential medical specialist services, providing beds and facilities for deliveries which do not involve complications. Domiciliary Practice - obstetric nursing care outside of an institution. Other Setting - student to specify.
There were no marked differences between the two courses in terms of pre-course experience in this setting.

Students were also asked whether their pre-course experience had covered several areas of maternity care. Forty (77%) of the students agreed.10

RECOMMENDATIONS FOR PRE-COURSE PREPARATION

At the end of their course, participants were asked to recommend how much time be spent gaining pre-course experience.11

Students tended to recommend that some time be spent in a pre-course setting because they felt students should have some practical and clinical experience to prepare them for the course. Tutors by contrast, tended to dismiss the value of pre-course experience reasoning that such experience could produce entrenched attitudes which conflicted with those encouraged by the training course. A tutor's comment is given to illustrate:

_I believe that pre-entry requirements are not useful. Often students get ideas fixed ... so don't listen after practices [which] we are trying hard to get rid of e.g. complementary feeding of babies._

One head of department's comment was that pre-course experience was necessary but that it was:

_becoming increasingly difficult for people to get this experience where clinical areas were not obligated to provide it._

10 See question 9, Entry Questionnaire, Appendix 1.
11 See question 10, Exit Questionnaire, Appendix 2. See also question 10, Tutors' Questionnaire, Appendix 3 and question 12, HoDs' Questionnaire Appendix 4.
Reasons for and Approaches to Course Participation

WHY CHOOSE TO DO A MIDWIFERY COURSE?

Students were asked why they had chosen to do a midwifery course. All 52 students at the beginning of the course 'wanted to practice midwifery'. Thirty-five (67%) of the students said they also 'wanted to further their career'. 'Better job opportunities' was another reason for 31 (60%) of the students. A similar proportion of ADN and SEP course students cited reasons of wanting to further their career or seeking better job opportunities.

Forty-one (79%) of the students chose 'to practice midwifery' as their main reason. ADN and SEP course students responded similarly.

WHY AT THIS POLYTECHNIC?

Students were also asked why they had chosen to do the midwifery course at a particular polytechnic. Students could choose more than one reason. A polytechnic being 'geographically the closest' was a consideration for 40 (77%) students. Separate course students were more likely to offer this reason. Twenty-two (42%) students chose a polytechnic because 'the course philosophy and teaching approach appealed to them'.

Twenty-two (44%) Separate Course students cited the offering of a Separate course as the main reason for taking the course. For 13 (25%) students, the 'geographical closeness' of the polytechnic was chosen as their main reason.

PERSONAL OBJECTIVES

Students were also given the opportunity to express their personal objectives. Common objectives were: to qualify as a midwife, to obtain and increase knowledge base, to work towards becoming an independent practitioner, to further career options, and to provide women with a choice in the birthing process. Some of the student comments are given to illustrate their objectives.

To develop my knowledge and practice base incorporating a holistic and continuity of care approach to practise.

To gain sufficient knowledge and skills to practise as a safe midwife.

---

12 They were given the following range of reasons to choose from: I want to practice midwifery; I want to further my career; I need midwifery to work overseas; My employer recommended it; Better job opportunities; Needed a change of direction in nursing; I want to increase my knowledge and experience and; Other (specify).

13 See question 12b, Entry Questionnaire, Appendix 1.

14 They were given a range of options to select from: It is a Separate programme; I want the ADN qualification; It was geographically the closest; Others recommended it to me; Sponsorship was available; The course philosophy and teaching approach appealed to me; Other (Specify).

15 See question 13, Entry Questionnaire, Appendix 1.
To become a competent midwifery practitioner.

To take fear and ignorance of pregnancy and childbirth out of women's lives and replace them with knowledge and freedom of choice.

PERSONAL PHILOSOPHY

The personal philosophy of students covered several themes. These are best illustrated by a few responses.

Midwifery is caring for women - to be with women during the childbearing process. Midwifery involves caring, teaching, supporting, guiding, encouraging and being an advocate for women and their families. To promote 'normalcy' during pregnancy, labour, birth and the postpartum. To ensure the well-being of the woman and fetus and physical, spiritual, cultural and social.

Birth is a normal process, not an illness. Women with midwifery expertise are best suited to care for women giving birth.

Midwives are professionals in the field of caring for a woman and her family during a normal pregnancy labour and delivery and puerperium and should practice independently of the medical profession referring women as necessary.

Midwifery is a profession which is concerned with providing excellence of care to the woman and her family during the pregnancy, birth, and postbirth processes. This involves the empowering of women to make their own decisions as regards their pregnancies and births, after receiving sufficient correct information on which to make their decisions. To inform women and give them choice.

EXPECTATIONS OF POST COURSE SETTINGS

At the beginning of the course, students were asked which settings they saw themselves practising: immediately after graduation, one year after graduation and, three years after graduation.16

16 See question 14, Entry Question, Appendix 1.
17 Obstetric Unit; Maternity Unit; Domiciliary Practice; Not in Midwifery and; Other (specify).
Figure 1 shows that the percentage of students who expected to work in an obstetric setting decreased over time from 71 to 17 percent. Fifty-two percent of students expected to work in a domiciliary setting by the third year after graduation.

At the end of the course students were asked again to ascertain changes in expectations.
There were no marked changes in student expectation by the end of the course. Figure 2 shows a decrease in percentage of students who expected to work in an obstetrics setting from 71 to 22 percent three years after graduation. There was a drop in the percentage of students who expected to work in a domiciliary practice, three years after graduation.
Course Structure and Content

This section gives details of the course structure, allocation of resources, views on course components and course elements.

COURSE STRUCTURE

Data were collected from heads of department on the course structure and content. The heads were asked to provide information on the length of the course.

Table 5 Length of Course by Polytechnic In Terms, Weeks, and Hours.

<table>
<thead>
<tr>
<th>Polytechnic</th>
<th>Length of Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Terms</td>
</tr>
<tr>
<td>SEP</td>
<td></td>
</tr>
<tr>
<td>Auckland</td>
<td>3</td>
</tr>
<tr>
<td>Wellington</td>
<td>3</td>
</tr>
<tr>
<td>Otago</td>
<td>3</td>
</tr>
<tr>
<td>ADN</td>
<td></td>
</tr>
<tr>
<td>Waikato</td>
<td>3</td>
</tr>
<tr>
<td>Christchurch</td>
<td>3</td>
</tr>
</tbody>
</table>

Heads also provided data on the proportions of clinical experience and theory.

Table 6 Hours and Percentages of Clinical Experience and Theory by Polytechnic.

<table>
<thead>
<tr>
<th>Polytechnic</th>
<th>Clinical Experience</th>
<th>Theory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hours</td>
<td>%</td>
</tr>
<tr>
<td>SEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auckland</td>
<td>790</td>
<td>60</td>
</tr>
<tr>
<td>Wellington</td>
<td>786</td>
<td>58</td>
</tr>
<tr>
<td>Otago</td>
<td>736</td>
<td>60</td>
</tr>
<tr>
<td>ADN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waikato</td>
<td>750</td>
<td>63</td>
</tr>
<tr>
<td>Christchurch</td>
<td>525</td>
<td>38</td>
</tr>
</tbody>
</table>

For all polytechnics except Christchurch, gaining clinical experience occupied more training course time.

18 See question 3, HoDs Questionnaire, Appendix 4.
19 See questions 4 and 5, HoDs Questionnaire, Appendix 4.
COURSE COMPONENTS

The Students

At the beginning of the course students were asked to rate the importance of course components on a five point Likert scale.

Table 7 Perceived Importance of Course Components by Students at the Beginning of a Course.

<table>
<thead>
<tr>
<th>Component</th>
<th>Not at All Important</th>
<th>Important</th>
<th>Extremely Important</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Holistic</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Clinical</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Natural</td>
<td>3</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Nursing</td>
<td>15</td>
<td>29</td>
<td>22</td>
</tr>
<tr>
<td>Midknow.</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Research</td>
<td>12</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>PHC</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Family</td>
<td>6</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Commun.</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Manage.</td>
<td>3</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Computer</td>
<td>36</td>
<td>69</td>
<td>11</td>
</tr>
<tr>
<td>History</td>
<td>11</td>
<td>21</td>
<td>29</td>
</tr>
<tr>
<td>Profess.</td>
<td>1</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>Bicult.</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Integrat.</td>
<td>33</td>
<td>63</td>
<td>10</td>
</tr>
<tr>
<td>Tutors</td>
<td>15</td>
<td>29</td>
<td>19</td>
</tr>
<tr>
<td>Study</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

The five course components rated highest as very/extremely important were clinical experience (98%), midwifery knowledge-theory (96%), opportunity for study (87%), holistic approach and communications skills (85%). Differences in perceived importance of course components were not marked between Separate and ADN students.

At the end of the course, students were again asked to assess the importance of course components.

The results were that 'Clinical Experience' remained with the highest rating as very/extremely important. This was followed by: 'Midwifery Knowledge-Theory' (97%), Holistic Approach (93%), Communications Skills and Bicultural Skills (80%). Thus the relative importance of course components had changed from that indicated at the beginning of the course. Again,

20 The options were: Holistic Approach; Clinical Experience; Alternative/Natural Health Practices; Nursing Theory; Midwifery Knowledge-Theory; Research Skills; Primary Health Care; Sociology of the Family; Communications Skills; Management Skills; Computer Skills; History of Midwifery; Professional Issues; Bicultural Understanding; Integration With Non-Midwifery Students; Wide Variety of Tutors and; Opportunity for Study.

21 All ratings were: not at all important; of minor importance; important; very important and; extremely important. The results are given by combining the first two ratings and the last two ratings.
difference in perceived importance of course components were not marked between the Separate and ADN students at the end of the course.

At the end of the course students were also asked to rate how satisfied they were with their experiences in the same course components. The results are shown in Table 8.

Table 8 Satisfaction with course components by students at the end of the course.

<table>
<thead>
<tr>
<th>Component</th>
<th>Very Dissatisfied</th>
<th>Ambivalent</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Holistic</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clinical</td>
<td>5</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Natural</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Nursing</td>
<td>6</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Midknow.</td>
<td>3</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Research</td>
<td>3</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>PHC</td>
<td>2</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Family</td>
<td>6</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Commun.</td>
<td>3</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Manage.</td>
<td>7</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Computer</td>
<td>14</td>
<td>34</td>
<td>15</td>
</tr>
<tr>
<td>History</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Profess.</td>
<td>4</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Bicult.</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Integrat.</td>
<td>1</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Tutors</td>
<td>4</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Study</td>
<td>7</td>
<td>17</td>
<td>7</td>
</tr>
</tbody>
</table>

Students were satisfied/very satisfied with their experiences in the following course components: holistic approach (90%); bicultural understanding (88%); midwifery knowledge-theory and primary health care (85%); professional issues (78%); alternative or natural health practices and the history of midwifery (73%).

It is interesting to note that while the course component 'Clinical Experience' rated highest in terms of importance by students at the beginning and end of their course, it did not rate highest in terms of satisfaction. Personal comments provide further insight.

Range of Comments From Students at the Beginning of their Course

I feel in this course there is not enough time allocated for practical experience. I feel the hospital staff are sometimes not as cooperative as they could be and forget that they once were students. Some of the topics studied in the ADN are often pertinent to midwifery and to nursing as a whole. (ADN)

---

22 Students had to rate their satisfaction on a scale of one to five: very dissatisfied; dissatisfied; ambivalent or undecided; satisfied and; very satisfied.
When midwives become independent practitioners it is important that a course provides them not only with adequate knowledge but adequate clinical experience. Clinical experience is the key for midwifery. Such experience can only be gained at a Separate Course. (Sep.)

Even though it is a Separate Course, there still seems to be too much time spent on non-midwifery subjects ... we still don't have enough clinical experience. (Sep.)

The variability in quality of clinical experience concerns me. The quality of clinical experience is to a large extent dependent upon the goodwill of the midwife with whom a student is working. (Sep.)

Range of Comments From Students at the End of their Course

Midwifery students need more clinical time and increased theoretical time. This would not be possible when combined with the ADN. (ADN)

An extended course ... with six months experience ... to develop the vitally necessary clinical experience away from the stress of ADN theoretical workload. (ADN)

Changes in hours spent on some of the course components that were less directly relevant to midwifery practice, so that these extra hours could be given to more clinical experience. (Sep.)

These results illustrate the variation of student opinion.

Practising Midwifery Graduates

At six months and 12 months practising midwifery graduates were asked to rate the usefulness of their course components.23

23 "Usefulness" was defined as of being use to them as practising midwives in their present employment. Practising midwives had to rate the course components on a scale of one to five: not at all useful; of minor use; useful; very useful; extremely useful.
Table 9 Perceived Usefulness of Course Components by Practising Midwifery Graduates at Six Months (n=35) and 12 Months (n=26) After Graduation.

<table>
<thead>
<tr>
<th>Component</th>
<th>SIX MONTHS</th>
<th>TWELVE MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Useful</td>
<td>Useful</td>
</tr>
<tr>
<td>Not Useful</td>
<td>Of Minor Use</td>
<td>Very Useful</td>
</tr>
<tr>
<td>Holistic</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Clinical</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Natural</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>Nursing</td>
<td>69</td>
<td>28</td>
</tr>
<tr>
<td>Midknow.</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Research</td>
<td>28</td>
<td>51</td>
</tr>
<tr>
<td>PHC</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>Family</td>
<td>31</td>
<td>34</td>
</tr>
<tr>
<td>Commun.</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Manage.</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>Computer*</td>
<td>74</td>
<td>6</td>
</tr>
<tr>
<td>History</td>
<td>54</td>
<td>31</td>
</tr>
<tr>
<td>Profess.</td>
<td>11</td>
<td>54</td>
</tr>
<tr>
<td>Bicult.</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td>Integrat.</td>
<td>69</td>
<td>11</td>
</tr>
<tr>
<td>Tutors*</td>
<td>26</td>
<td>40</td>
</tr>
<tr>
<td>Study</td>
<td>9</td>
<td>14</td>
</tr>
</tbody>
</table>

* Data missing for one person.

Six months after graduation, graduates found the following course components very/extremely useful: midwifery knowledge (91%), holistic approach, clinical experience and the opportunity for study (77%). Also, computer studies (74%) and nursing theory and integration with non-midwifery students (69%) were found to be not useful or of minor usefulness.

Ratings at 12 months were similar to those at six months after graduation. Components rated highest as very/extremely useful were midwifery knowledge-theory (100%) holistic approach and clinical experience (85%), opportunity for study (78%) and communications (74%). Again at 12 months computer studies was not seen as being useful or of minor usefulness by 85 percent.

Practising midwifery graduates offered critical comments and suggestions for improvement.

Six Months After Graduation

More practical application, for example, Breastfeeding experience which does take a long time to develop. (ADN)

The present system does not adequately prepare midwives for practice within the base hospital system. (ADN)

Quality clinical experience is necessary. Because of the emphasis on following through one client each time, the student was in a delivery suite, the situation often arose where the student was caring for a woman not in established labour while several other women laboured and delivered in
other parts of the delivery suite. Each hour spent in clinical experience is important as there are a finite number built into the course. To watch the hours ticking away without being involved in good clinical experience is both frustrating and demoralising to the student. (Sep.)

Twelve Months After Graduation

More practical skills especially in the labour ward. (ADN)

I would have liked to have seen less emphasis on midwifery being only in large base hospital. (ADN)

Changes are needed in the clinical area, it is very dependant upon the midwife you are "buddied" with, as to whether you learn anything or not! Some midwives don't like having students and it is very discouraging. (Sep.)

More clinical experience. Quality assurance in the area of clinical experience so that all time spent in the clinical setting is of value. I feel quite strongly that the clinical experience I had as a student midwife was insufficient to prepare me to practice as a registered midwife. The whole area of clinical experience needs to be evaluated so that student midwives can be assured of getting at least a set minimum amount of good quality clinical experience before becoming registered. Perhaps this could best be achieved by returning midwifery training to the hospital setting. (Sep.)

COURSE ELEMENTS

At the end of the course, students, tutors and heads of department were asked to rate the course elements.24

Table 10 Course Elements Seen as 'Right' by Students at the End of the Course.

<table>
<thead>
<tr>
<th>Course Elements</th>
<th>ADN (11)</th>
<th>Sep (30)</th>
<th>Total (41)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Range</td>
<td>10</td>
<td>91</td>
<td>24</td>
</tr>
<tr>
<td>Clinical</td>
<td>6</td>
<td>54</td>
<td>11</td>
</tr>
<tr>
<td>Knowledge</td>
<td>9</td>
<td>82</td>
<td>27</td>
</tr>
<tr>
<td>Mid-Other</td>
<td>8</td>
<td>73</td>
<td>1</td>
</tr>
<tr>
<td>Theo-Prac</td>
<td>7</td>
<td>64</td>
<td>5</td>
</tr>
<tr>
<td>Workload</td>
<td>8</td>
<td>73</td>
<td>22</td>
</tr>
</tbody>
</table>

The top four course elements rated by students as 'right' were the opportunity to develop theoretical knowledge (88%); the range of subjects covered in the course (83%); the overall workload of the course (73%) and the balance

24 These were: the range of subjects covered in the course; opportunities to practice clinical skills; opportunities to develop theoretical knowledge; the balance between theory and practice; the overall workload of the course. See question 4, Exit Questionnaire, Appendix 2, question 2, Tutors' Questionnaire, Appendix 3 and, question 6, HoDs' Questionnaire, Appendix 4.
between midwifery subjects and other subjects (61%). The balance between theory and practice (54%) and the opportunity to practice clinical skills (41%) were less likely to be rated as being 'right'.

The response from Heads of Department and tutors is shown in Table 11.

Table 11 Course Elements Seen as 'Right' by Heads of Department (n=5) and Tutors (n=9).

<table>
<thead>
<tr>
<th>Course Elements</th>
<th>HoDs</th>
<th>Tutors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Range</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Clinical</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Knowledge</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Mid-Other</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Theo-Prac.</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Workload</td>
<td>4</td>
<td>80</td>
</tr>
</tbody>
</table>

One head of department for one polytechnic offering a Separate programme did not rate any of the above course elements as being 'right'. This head of department felt that there were too many subjects covered in the course, too few opportunities to practise clinical skills or develop theoretical knowledge, an imbalance between midwifery subjects and other subjects and also between midwifery theory and practice, and that the overall workload of the course was excessive.

One Head of Department of one polytechnic offering the ADN, felt that there were 'too few opportunities' to practise clinical skills. Another head of department of a polytechnic offering a Separate programme felt there was an imbalance between midwifery theory and practice, in that there was too little practice.

Of the nine tutors the following responded that the course elements were 'right': Opportunities to practice clinical skills and Opportunities to develop theoretical knowledge (7), the range of subjects covered, the balance between midwifery subjects and other subjects, and the overall workload of the course (6) and the balance between theory and practice (5).

CLINICAL SETTINGS

Tutors were asked if there were any difficulties in obtaining sufficient clinical experience for every student in the following settings: domiciliary practice, base hospital and rural hospital.25

Three Separate course tutors had difficulties obtaining clinical experience in domiciliary practice.

Comments are provided to illustrate the difficulties.

Rural hospitals had a very low admission rate, for example, one student spent an entire week in a country hospital and did not experience one

25 See question 8, Tutors Questionnaire, Appendix 3.
admission. Some students managed by being "on call", but this was not productive or seemingly worthwhile. (ADN)

The basic diploma students seemed to have priority. (Sep.)

Overall they obtained sufficient [clinical experience] but some students had more rural hospital practice than others and conversely less base hospital experience. All had one hospital experience but some did all their follow through clients care at GP units. (Sep.)

In Southland, we have only two domiciliary midwives. Opportunities were not readily available for this experience. At the base hospital, the G.Ps insisted on a separate consent form being signed by the women for a student to be involved in her care. In organising a consent form that met with everyone's needs, there was a delay in obtaining clients for the students. However, this has now been rectified and we should have no problems with our next intake. Though a couple of GPs are still slightly reluctant to have students'.

Tutors were also asked if there were any other settings used for clinical experience. Six (67%) indicated other settings had been used. The following other settings were volunteered.

Most valuable experiences were follow through cases which involved a close relationship with the clients and families, including related health support agencies which clients attended. These were medical practices, child health agencies, family planning, STD clinics, Marriage Guidance, Parents' Centre, Home Birth Association. (ADN)

General practices were used as a source of follow through clients. Students were each assigned to a practice and went one morning per week. They attended every antenatal and postnatal visit for five clients and attended the client for labour, delivery and postnatal care. This included home visits before and after delivery. Two family planning clinic and three plunket visits. All students attended a course of six home birth antenatal classes. (ADN)

All students attended a GP's practice for at least one follow through client. Three students attended a specialist's practice and all students had level two neonatal experience, plunket and midwife experience. An antenatal class series and a variety of agencies providing services for women and families. (Sep.)

Students undertake six follow through studies and undertake experience in the home, both antenatally and postnatally. One week community experience, finding out about community resources. (Sep.)

Tutors were also asked if there were any other clinical experience settings that would be desirable. Six (67%) agreed. Further explanation was given by some tutors.

If a birthing centre was available this would be ideal. However, no such place here. The students do have the use of a birthing room
at the hospital, which is excellent. If there are any other desirable settings, I would include them. We are planning more antenatal education courses in the community for 1990. (ADN)

Students to see women in their own homes, in an acknowledge way, for example, to book them in postnatal visits, visits to homes ... to build up relationships with case studies. (Sep.)

More experience with community midwives and domiciliary midwives particularly if midwives are to be autonomous. (Sep.)

CHANGES TO COURSE CONTENT AND COURSE STRUCTURE

Students, tutors, and heads of department were all given the opportunity to make comments on changes which they thought needed to be made to the course content and course structure. Student comments included internal assessment, an extended course, midwifery taught separate from the ADN and less number of assignments.26

Reasons given by students for the suggested changes were that: state exams were not a good way of assessing overall knowledge base or competence, an extended course would mean more clinical experience, not enough time to get the full benefit of both midwifery and ADN subjects and having too many written assignments on top of an already heavy workload.

Tutors were asked to comment on course changes which they intended to introduce the following year.27 Changes included the timing of lectures to suit scheduled clinical experience and the incorporating of new subjects. Also:

Four follow-throughs instead of five, but all at the level of detail of this year's major one. This will take about the same amount of time but be more fruitful. Increased clinical hours. They [the students] will not have to miss part of any other classes to get midwifery hours as these have been rearranged. (ADN)

Part time courses. Therefore structure and organisation of the course is different. Philosophy and theoretical framework has changed bringing the course in line with several school philosophy and structure. (Sep.)

Students will be given less assignments to do. (Sep.)

Four (80%) heads of department commented on changes to course content and course structure.28

[This comment was actually a NO but person gave a comment anyway]

The course is altered with the input of clinical practitioner/students and tutors. (ADN)

Some increase in clinical hours. Improved meshing of midwifery course structure which appeared to work well. In 1990 there will be some

26 See question 9, Exit Questionnaire, Appendix 2.
27 See question 7 and 7a, Tutors' Questionnaire, Appendix 3.
28 See question 7 and 7a, HoD's Questionnaire, Appendix 4.
finetuning which we believe will be of benefit to midwifery students in terms of workload. (ADN)

The structure will alter two semesters (instead of three terms to avoid excessive demands on practice facilities) and students will have the opportunity to enrol over two years to fit with students family and financial commitments and need to retain part-time job situation. The content will be rearranged so that the curriculum is presented as eight major courses entitled:

1. Midwifery Knowledge and Practice
2. Partnership in Midwifery
3. Context of Midwifery Practice in New Zealand
4. Maori Studies
5. Transcultural Care
6. Applied Science
7. Research Process
8. Practicum (Midwifery Practice Experience). (Sep.)

Fewer Assignments. (Sep.)

The changes recommended by students have also been apparent to tutors and heads of department. Tutors and heads of department have responded by making changes to the course structure and content.
The Course Teaching

TUTORS QUALIFICATIONS AND EXPERIENCE

There were ten tutors involved in teaching the course. Four tutors at four polytechnics had overall responsibility for their courses. One polytechnic had a change in midwifery tutors during the year. This head of department said 'that one tutor had leave for six months'.

Tutors were asked to provide their professional qualifications. Tutors had from two to four nursing qualifications. Eight of the nine tutors were registered midwives.

Eight tutors had a wide variety of midwifery experience including life experiences or life skills, years spent in obstetric units, domiciliary practice, in base hospitals, plus employment overseas. Teaching experience ranged from three years to seventeen years in base hospitals, courses at polytechnic for nursing registration and experience overseas.

The one tutor who was not a registered midwife had post-graduate experience limited to occasional clinical experience in Polytechnic holidays and tutor or comprehensive student contact in base hospitals. But she had 'seven years teaching maternal and neonatal health in [a] comprehensive course'. She also felt that she needed 'more midwifery clinical experience' as she had been 'reticent about [her] involvement in the course'.

Tutors were asked what they needed to do their job better. Some comments are provided.

More assistance in teaching. (ADN)

More regular clinical updates without students such as I arranged and got in 1989. (ADN)

More co-operation with practice areas, more co-operation with the third year's over time available in the year to use practice areas. (Sep)

Maintain and increase practice and clinical skills. Time out to refresh energy and innovation. (Sep.)

More time for lecture preparation. More refresher leave. More contact with other midwife-teachers. (Sep.)

OTHERS INVOLVED IN TEACHING

All the heads of department indicated that all of the following people had provided at least one teaching session in a classroom or in a practice/clinical setting: midwifery tutors, practising midwives, consumers (clients), consumer
support groups, general practitioners, obstetricians, other nurse tutors and, other health professionals.\textsuperscript{32}

Also people presenting different cultural perspectives (e.g. Tangata Whenua, Race Relations), ethicist, lawyer, Human Rights Commissioner on ethico-legal issues; tutors in applied sciences, tutors in Maori studies, tutors in study skills, tutors in social sciences, alternative health practitioners and physiotherapists provided their expertise.\textsuperscript{33}

At four polytechnics there were 'up to 15 or more' people teaching aspects of the course. In the fifth polytechnic offering a Separate course there were 'up to five' people involved.\textsuperscript{34}

Three polytechnics felt that qualified midwives did '50% to 75%' of 'classroom and clinical teaching'. The other two polytechnics, both offering a Separate course responded that qualified midwives did 'over 75%' of the 'classroom and clinical teaching'.\textsuperscript{35}

**ASSESSMENT OF TUTORS AND OTHERS**

**Student Perceptions of the Influence of Staff**

At the end of the course students (n = 41) were asked which people or groups had most influenced their knowledge and skill base. Thirty-one (76%) students felt 'midwifery tutors' had the most influence while practising midwives (44%) and consumers (44%) also played a major role in their development. Of the 31 students who felt midwifery tutors had the most influence, eight (26%) were ADN students. Comments also provide reasons.\textsuperscript{36}

*The tutor because of her knowledge and ability to pass it on. Practising midwives [because of] their experience and patience. The consumers for allowing me to practice my skills (ADN).*

*Midwifery tutors gave us our knowledge base. Practising midwives were a demonstration of practice and from that we could help shape our own practice. Consumers/clients could give so much to us in our practice, each one an entirely different experience. (Sep.)*

In addition to 'other nurse tutors', 'general practitioners' were described as least influential. No other group stood out as being of little influence.

*Other nurse tutors [were a] great influence on personal development and general nursing knowledge but not specific to midwifery. (ADN)*

*The Gps [were] sometimes not to keen to encourage [our] learning. (ADN)*

*Had other nurse tutors for subjects indirectly related to midwifery only. Had very little to do with other health professionals. (Sep.)*

\textsuperscript{32} See question 17, HoDs Questionnaire, Appendix 4.
\textsuperscript{33} ibid.
\textsuperscript{34} See question 18, HoDs Questionnaire, Appendix 4.
\textsuperscript{35} See question 19, HoDs Questionnaire, Appendix 4.
\textsuperscript{36} See question 6c, Exit Questionnaire, Appendix 2.
Generally students felt that they did not come into much contact with these groups, so they did not have much influence.

**Student Assessment of Course Teaching**

Students were asked to rate the midwifery tutors in the following areas:

a) ability to link the course components to midwifery theory and practice.
b) midwifery experience brought to the post
c) teaching skills
d) competence (as midwives and teachers) to achieve the course outcomes.\(^3\)

Tutors' midwifery experience was rated as *excellent* by 80% of students. *Excellent* ratings were given to their tutors for their competence to achieve the course outcomes by 78%, for their ability to link the course components to midwifery theory and practice by 71% and for their teaching skills by 66% of students.

Of the 33 respondents who rated 'midwifery experience' as *excellent*, eight (73%) were ADN students from the one polytechnic. The other three (27%) ADN respondents were also from the one polytechnic and they all felt that the area of 'midwifery experience brought to the post' was *of concern*. These three students commented that their tutor did not have much control or experience in the teaching of midwifery. These three ADN respondents from the one polytechnic also felt that their tutor’s ‘teaching skills’ were *of concern*.

The students were also asked to assess the ‘Other People Who Taught On The Course’.

**Table 12 Student Assessment of Other People Who Taught on the Course.**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Of Concern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability</td>
<td>13 (32%)</td>
<td>25 (61%)</td>
<td>3 (7%)</td>
<td>41</td>
</tr>
<tr>
<td>Experience</td>
<td>15 (37%)</td>
<td>24 (58%)</td>
<td>2 (5%)</td>
<td>41</td>
</tr>
<tr>
<td>Skills</td>
<td>21 (51%)</td>
<td>18 (44%)</td>
<td>2 (5%)</td>
<td>41</td>
</tr>
<tr>
<td>Competence</td>
<td>16 (39%)</td>
<td>25 (61%)</td>
<td>0 (0%)</td>
<td>41</td>
</tr>
</tbody>
</table>

The combined percentages of *excellent* and *adequate* indicated students were generally satisfied with standards of other people who taught the course.

**Heads of Department Assessment of the Course Teaching**

Heads of department were asked to assess tutors in the following areas:

a) ability to link the course components to midwifery theory and practice.
b) midwifery experience brought to the post
c) teaching skills
d) competence (as midwives and teachers) to achieve the course outcomes.\(^3\)

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\(^3\) See question 17, Exit Questionnaire, Appendix 2.
\(^3\) See question 20, HoDs Questionnaire, Appendix 4.
All five heads of department rated the ability of their tutors to link the course components to midwifery theory and practice as excellent. Four heads of department rated the performance of their tutors in the other areas as excellent. The fifth head of department rated the performance of her tutor in the remaining three areas as adequate.

Heads of department were also asked to assess the other people who taught on the course on a similar basis. Three heads of department felt that the ability and the competence of other people who taught on the course were excellent and two heads of department felt their ability and competence were adequate. Four of the heads of department felt that the relevant experience and teaching skills of the other people on the course were excellent and one felt these were adequate.

Heads of department were also asked to identify the ideal qualifications and experience of a midwifery tutor. Heads of department responded that their tutors ideally were registered nurses, registered midwives and had a post-registration academic qualification preferably in nursing and education. Most tutors met the requirements set by the heads of department.

39 See question 21, HoDs Questionnaire, Appendix 4.
40 See question 22, HoDs Questionnaire, Appendix 4.
Student Experience

SPONSORSHIP

Students were asked if they had been sponsored and about the nature of their sponsorship. Table 13 shows the number of students who received sponsorship. Sponsorship was not distributed evenly across the five polytechnics.

Table 13 Student Sponsorship by Polytechnic. (n=52)

<table>
<thead>
<tr>
<th>Polytechnic</th>
<th>Sponsored</th>
<th>Total</th>
<th>% Sponsored</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auckland</td>
<td>11</td>
<td>18</td>
<td>61</td>
</tr>
<tr>
<td>Wellington</td>
<td>8</td>
<td>11</td>
<td>73</td>
</tr>
<tr>
<td>Otago</td>
<td>2</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Subtotal</td>
<td>21</td>
<td>40</td>
<td>53</td>
</tr>
<tr>
<td>ADN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waikato</td>
<td>6</td>
<td>9</td>
<td>67</td>
</tr>
<tr>
<td>Christchurch</td>
<td>1</td>
<td>3</td>
<td>33</td>
</tr>
<tr>
<td>Subtotal</td>
<td>7</td>
<td>12</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>52</td>
<td>54</td>
</tr>
</tbody>
</table>

Table 14 shows sponsorship status.

Table 14 Nature of Student Sponsorship. (n=52)

<table>
<thead>
<tr>
<th>Sponsorship</th>
<th>Course</th>
<th>SEP</th>
<th></th>
<th>ADN</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Full Salary By Employer</td>
<td>11</td>
<td>28</td>
<td>3</td>
<td>25</td>
<td>14</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Part Salary By Employer</td>
<td>8</td>
<td>20</td>
<td>3</td>
<td>25</td>
<td>11</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Sponsored By Other Body</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Not Sponsored:Declined</td>
<td>6</td>
<td>15</td>
<td>2</td>
<td>17</td>
<td>8</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Not Sponsored:Not Applied</td>
<td>13</td>
<td>32</td>
<td>3</td>
<td>25</td>
<td>16</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>77</td>
<td>12</td>
<td>23</td>
<td>52</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Twenty-eight of the 36 (78%) students who applied for sponsorship were successful. During training 27 percent received a full salary, 21 percent part salary and 6 percent were sponsored by some other body. Sponsorship among ADN and Separate course students were similar.

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41 They had to choose from a range of options: sponsored on full salary by employer; sponsored on part salary by employer; sponsored by some other body; not sponsored: application declined; not sponsored: decided not to apply for sponsorship.
FINANCIAL DIFFICULTIES

Since midwifery students were qualified nurses, most had been employed before starting the course. The change had a large effect on their financial situation.

Eight (67%) ADN students and 24 (60%) Separate course students agreed that doing the course would cause financial difficulties. Eleven (21%) students agreed they would have to undertake paid work while on the course. The majority were Separate course students.

Some of the reasons for financial difficulties experienced by students were a decrease in pay; no penal rates, not being sponsored, living off savings, daily expenses such as travel, books, childcare fees and rent (if away from home).42

Thirteen (19%) students intended to work during the holidays. The majority were Separate course students.

STRESS LEVELS OF STUDENTS

Financial difficulties, course study and other commitments were some of the factors which caused students stress during the polytechnic academic year.

Students were asked about the levels of stress they encountered during the course.43 Five percent Separate course students reported that their stress levels were 'about the same as usual' and 29 (75%) students stress levels 'were more than usual'. Of these, 10 (13%) students were under stress 'most of the time'. The percentages reporting 'more than usual' were about the same for ADN and Separate course students.

Those students who answered that their stress levels were 'more than usual' were asked to give reasons.44 Reasons included financial difficulties, heavy course workload, time leading up to state final exams, inadequate clinical experience and personal problems. Some responses are provided.

Heavy assignment workload not spread evenly over the year. Difficulty fitting inflexible course requirements around family needs. Stress of constantly striving for quality clinical experience.

Stress of work, particularly written. Stress of health problems among my family and feeling no one cared. Stress of mixing among group and other professionals when my tutor made it plain she thought I was useless at interpersonal interactions. I felt I shouldn't be allowed out among humans.

Difficulties with the course planning, financial difficulties, living away from home for most of the course, and working long hours on call (up to 48 hours) and having to complete assignments.

42 See question 7, Entry Questionnaire, Appendix 1.
43 Students chose from the following options: about the same as usual; less than usual; more than usual - for most of the time and; more than usual- at certain times. See question 14, Exit Questionnaire, Appendix 2.
44 See question 14a, Exit Questionnaire, Appendix 2.
COMPETENCY

The competency of students was assessed by students at the beginning and end of the course and by tutors and heads of department at the end of the course.

Students selected from the following options.45

a. I will be/I am a beginning midwifery practitioner still requiring supervision and peer support;

b. I will be/I am a competent midwifery practitioner still requiring to develop my knowledge base and clinical practice;

c. I will be/I am ready to practise as a midwife.

Table 15 Competence of Students by Students, Tutors and Heads of Department.

<table>
<thead>
<tr>
<th>Perceived Level of Competence</th>
<th>Students</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Beginning</td>
<td>End</td>
<td>Tutors</td>
<td>HoDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will be a/I am a/They are</td>
<td>24 46</td>
<td>20 49</td>
<td>4 44</td>
<td>2 40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>beginning midwifery practitioner/s still requiring supervision and peer support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will be a/I am a/They are competent midwifery practitioner/s still requiring to develop my/their knowledge base and clinical practice.</td>
<td>26 50</td>
<td>20 49</td>
<td>2 22</td>
<td>2 40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will be/I am/They are ready to practise as a midwife.</td>
<td>2 4</td>
<td>1 2</td>
<td>3 33</td>
<td>1 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>52 41</td>
<td>9 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Perhaps surprisingly, there was no shift in student perception of competency levels from beginning to the end of the course. Perceived levels of competency were similar for ADN and Separate course students.

Of the four tutors who felt that their students were beginning midwifery practitioners still requiring supervision and peer support, all were Separate course tutors but three were from one polytechnic.

The two tutors who felt that their students were competent midwives were from an ADN and a Separate Course. Two of the three tutors who said their students were ready to practise as midwives were from a Separate course.

One of the Separate course tutors was from the same polytechnic as the other tutor who had said that the students were beginning midwifery practitioners.

Tutors personal comments are given to qualify the data.

45 See question 18, Entry Questionnaire, Appendix 1 and question 16, Exit Questionnaire, Appendix 2.
Competency is demonstrated in areas that students were practising, however not all students were tested (except on paper) clinically in all emergencies and neither as midwives in practice. However, I believe they are all capable of safe practice in all areas. (ADN)

They are ready and competent to be beginning practitioners in midwifery. Midwives are continually developing their knowledge base and clinical practice which is why midwifery continues to advance. As any new graduate or employee, they will require a good orientation to their new work area - this should include supervision and peer support so they can gradually take sole responsibility in a way that is not legally possible (or ethically) while they are students. (ADN)

They are safe ... they know when it is necessary to seek expert help. They have an excellent understanding of the childbirth process not just one aspect e.g. delivery which makes them more holistic in their practice than many more senior colleagues. (Sep.)

I would not say that graduates did not need any supervision and peer support. But I do know that they do not need direct supervision for the care of women with uncomplicated pregnancy or labour e.g. delivery and puerperium, and are competent to practice with a senior person for referral to consultation. In abnormal circumstances, again, they need a service person available for consultation and advice. (Sep.)

I thought that some students were more competent than others, quite a wide variation. (Sep.)

Heads of department had varying feelings about the competency of their students. The two heads of department who felt their students were beginning midwifery practitioners were from the two polytechnics offering the ADN course. Personal comments are also given to qualify the results:

With reference to ... pre-entry. Experience makes teaching easier because the familiar is easier to teach ... this is not the case with ... students, for example, we have had good results from psychiatric graduates in obstetrics with no pre entry experience. The question is one of 'disability' rather than recommendation. (ADN)

This question [was] difficult as it does depend on the individual. In general, I see new midwives as comparable to new Comprehensive graduates. They need initial orientation and support (no different to anyone going into a new area). The length of time this may require will be dependent on the individual and the environment in which they are employed. (ADN)

Recognising that they are at a beginning level requiring suitable support. (Sep.)

There were no notable differences between responses from the different groups. Personal comments of students, tutors and heads of department were similar and had complementing themes of requiring support and needing confidence and a strong and wide knowledge and skill base.
RECOMMENDATIONS ON THE FUTURE OF MIDWIFERY EDUCATION

Students were asked to select one of four options regarding the future of midwifery education in New Zealand.46

Table 16 Future Options For Midwifery Education (n=41)

<table>
<thead>
<tr>
<th>Options</th>
<th>SEP</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Within ADN</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>27</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Separate from ADN</td>
<td>26</td>
<td>87</td>
<td>3</td>
<td>27</td>
<td>29</td>
<td>71</td>
</tr>
<tr>
<td>Both Types</td>
<td>2</td>
<td>7</td>
<td>5</td>
<td>45</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Direct Entry</td>
<td>15</td>
<td>50</td>
<td>1</td>
<td>9</td>
<td>16</td>
<td>39</td>
</tr>
</tbody>
</table>

Twenty-nine (71%) students recommended that 'midwifery education should be separate from the ADN', three (10%) were ADN students. Seven (17%) students recommended that both types of courses be offered. Sixteen (39%) students recommended that direct entry midwifery be offered.

46 See question 19, Exit Questionnaire, Appendix 2. The options were: midwifery education should be within the Advanced Diploma of Nursing; midwifery education should be separate from the ADN; both types of course should be offered and; direct entry midwifery should be offered.
Graduate Midwives Experience

The section describes the experiences of the graduate midwives and provides supervisors' perceptions of the work performance of graduate midwives.\(^{47}\)

In the first follow up, 35 (83\%) graduate respondents were practising midwifery. There was no association between whether graduates were practising midwifery at six months and their type of training course.

NON-PRACTISING MIDWIVES
Graduate Midwives Not Practising At First Follow Up.

Seven (17\%) graduates were not practising as midwives six months after the course.\(^{48}\) Two were 'unable to find a suitable midwifery post' (both graduates had been Separate course students), four 'did not seek work as a midwife in the meantime' (one graduate had been an ADN student and the other three were from the one polytechnic) and one Separate course graduate had 'started practising as a midwife but had since resigned'.

Six months after completing the course, graduates offered the following explanations for not practising midwifery.

Unable To Find Work:

*This is due to the fact I want only part-time work 3-4 days not full time and the nearest hospital board has at present a policy of not employing part-timers. This policy is not expected to continue and I'm expecting to have employment within the next four months. I did not do the course with the intention of staying unemployed afterwards. (SEP)*

*I have applied for my Domiciliary Contract. The philosophy of the midwifery polytechnic course, was excellent. But almost impossible to work alongside midwives who trained several years ago and who cannot accept the modern philosophy of "wellness in the community" and empowering women. (SEP)*

Decided Not To Seek Work:

*During the course I was told so often I was unsuitable, I am extremely unsure if I will ever risk trying to get a job as a midwife. (SEP)*

*I am very keen to seek employment as a midwife, when my daughter is old enough to go into a creche or to an alternative caregiver. I will be returning to the workforce in the next 12 months on a part-time basis as a midwife if such employment is available. (SEP)*

*I am working as a practice nurse. I did not feel confident enough in my midwifery skills or knowledge to take on a position in a high-tech obstetric unit. Work in a small maternity unit ideally with 'normal' obstetrics would have suited me better, but when working in one of these sorts of places you are usually the only midwife on duty. Something I wouldn't feel confident with for a long-time. Also I felt the need to make*

---

\(^{47}\) Supervisors were responsible for an equal number of ADN and Separate course students.

\(^{48}\) See questions 1-3, Follow Up Questionnaire, Appendix 5.
a break from hospital work, especially shiftwork. I hope someday to practice as a midwife, but when I'm not sure. (ADN)

Presently pregnant and due at end of July but keen to beginning work as midwife early 1991. Presently maintaining interest by doing voluntary work with Dunedin Homebirth Association. (SEP)

Resigned:
I was employed on a temporary basis, only until the St Helen's staff were redeployed. I am currently taking a short break and will then commence working again. (SEP)

Graduate Midwives Not Practising At Second Follow Up

Eight (23%) of the graduate respondents were not practising as midwives (seven were SEP). Two Separate course graduates were 'unable to find a suitable midwifery post, three graduates decided not to seek work in the meantime (one was an ADN graduate) and one graduate midwife from a Separate course decided not to make a career in midwifery.

Comments of graduate midwives who were not practising are given to show their reasons at 12 months.

Unable to find Post:
Was looking for part-time work to fit in with my family, and Southland Area Health Board not employing part-time midwives. However, now reconsidering position, working casual as staff nurse, and awaiting readvertising for midwives full time in the new year which I will be applying for. (SEP)

Decided Not To Seek Work/Will Not Make Career:
Could be either of the two I have ticked. I came out of the course feeling I was the worst person in the world. If I ever regain my confidence and my present commitment and I may consider midwifery - I don't know. (SEP)

I plan to practise as a midwife in the next 12 months. At present I am working in the home with my own child. I am intending to work as a midwife part-time when I return to the work-force. (SEP)

Resigned:
None of the above describe me. I have recently finished working as a midwife at Middlemore and intend to move on to practice midwifery overseas in a third world country. (SEP)

At present [I am] at home with new baby. (SEP)

PRACTISING MIDWIVES

Number of Posts

At six months after graduation, 31 (89%) of those practising midwifery had had one post, three (8%) had had two posts and one (3%) had had three posts. At 12 months after graduation, 17 (65%) of the 26 graduates practising
midwifery had had one post, eight (31%) had had two posts and two (8%) had had three posts.49

Orientation
This section looks at orientation experiences as perceived by practising midwives and their supervisors or service providers.50

Practising Midwives
At the first follow up, 23 (66%) practising midwives reported they had had an orientation course when they took up the post. Twelve months after graduation 17 (65%) practising midwives reported that they had received an orientation course. Those practising midwives were asked to rate whether the orientation course was successful.51

Table 17 Success of Orientation Course at Six Months (n=35) and 12 Months (n=26) After Graduation.

<table>
<thead>
<tr>
<th>Orientation Component</th>
<th>Successful</th>
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<tbody>
<tr>
<td></td>
<td>Six Months</td>
<td>Twelve Months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Administrative Procedures</td>
<td>20</td>
<td>57</td>
<td>16</td>
</tr>
<tr>
<td>Standards of Midwifery Care*</td>
<td>19</td>
<td>54</td>
<td>16</td>
</tr>
<tr>
<td>Application of Knowledge*</td>
<td>18</td>
<td>51</td>
<td>14</td>
</tr>
<tr>
<td>Professional Support</td>
<td>19</td>
<td>54</td>
<td>14</td>
</tr>
</tbody>
</table>

*Data was missing for one or two midwives.

Over half the practising midwives reported that the various orientation components were successful.

Supervisors
Supervisors of midwives were also asked for their perceptions of the orientation course. There was overall agreement among supervisors that the orientation course was successful.

Mechanisms Used to Orientate Graduate Midwives
Supervisors were asked to provide the mechanisms used to orientate new graduates. These varied from preceptorship, refresher courses, buddy-system, orientation programme and manuals, regular peer review, comprehensive familiarisation programmes, general and specific orientation programmes.

49 See question 5, Follow Up Questionnaire, Appendix 5.
50 See question 6, Follow Up Questionnaire, Appendix 5 and question 8 to 11, Supervisors Questionnaire, Appendix 6.
51 These were i) imparting an understanding of the administrative procedures; ii) imparting an understanding of the standards of midwifery care; iii) assessing the application of your midwifery knowledge and skills; iv) identifying resources for your professional support and development.
Competence As Midwives In The Workforce

Practising midwives were asked to rate their competence in several areas. Six months after graduation the majority of practising midwives 'believed they needed minimum supervision' in teaching individual mothers (77%) and in labour wards (60%). Few practising midwives reported a need for 'close supervision' in antenatal clinics (14%), labour wards (9%), antenatal clinics (6%) and teaching parentcraft in groups (3%).

Twelve months after graduation the percentage of practising midwives who believed they needed only minimum supervision in teaching individual mothers had increased to 88 percent. Post-natal wards were also an area where practising midwives believed they needed only minimum supervision (81%). The percentage of practising midwives who believed they needed close supervision in special baby care units and labour wards were 12 and 4 percent respectively. Midwives work on a rotational system around various areas. This may explain some changes in perception of competence between six and 12 months.

The comments of a supervisor are relevant here:

I have noted an understandable nervousness on commencing placement in the clinical setting due to an expressed lack of clinical expertise and 'hands-on' midwifery practice .... A definite conflict arises very quickly in being able to assimilate and cope with deviations from the normal birth process. This negative response has a direct effect on patient care and outcome and has required intensive support and counselling to overcome. This is probably dealing with reality as opposed to theoretical expectations. It would appear that at approximately six months post employment the midwife regains confidence and subsequent competence and is safe to practice.

52 They were: antenatal clinics, antenatal wards; labour wards; postnatal wards; special care baby units; the family's home; teaching individual mothers; teaching parentcraft in groups and; other (specify).
Assessment of Courses by Supervisors

THE PREFERENCE OF SUPERVISORS

Supervisors were asked which option they preferred the Board to sponsor. Their comments are given. 53

A midwife practises midwifery in a variety of settings. The role is very diverse and requires preparation at an advanced level. The ADN component provides the opportunity for the midwives to network with a larger group of peers. I am informed that the separate course does in fact cover much of what the ADN covers with exception that the midwife does not receive an ADN at the completion of the course. (ADN)

The separate midwifery option is not available at the local Waikato Polytechnic. We would prefer to support those nurses who wish to undertake the programme locally as their clinical experience is particularly relevant to local conditions and prepares students by familiarising them with local policies, procedures and trends. (ADN)

A good grounding in general ADN subjects really helped the nurses who were sponsored from here. I could see how they had matured etc. (ADN)

The belief that a separate midwifery course prepares midwives best to function as midwives. ADN should be for advanced midwife practitioners to further their midwifery skills. (Sep.)

Intensity of midwifery training. ADN is for advanced practitioners - new midwives are beginning midwifery practitioners. (Sep.)

The time / length of training. (Sep.)

The ADN should be available as an extension of clinical skills not an extra to a basic midwifery programme. The workload of the combined course is too high for students to fully benefit from either. Just satisfying the set requirements is not adequate. For the student - the full potential of the course is not realised. (Sep.)

Do not believe it [ADN] is able to devote sufficient time to midwifery. Obviously not appealing to prospective midwives as numbers are very low in courses. (Sep.)

STRENGTHS AND WEAKNESSES OF COURSES

In open-ended questions supervisors were asked to assess the weaknesses and strengths of the courses. 54

Advanced Diploma of Nursing

The strengths of the ADN that supervisors perceived were:

53 See question 5-5a, Supervisor's Questionnaire, Appendix 6
54 See questions 14 to 17, Supervisors Questionnaire, Appendix 6
Broadening perspective of Nursing overall.

Management Development and nursing theory base. Commitment to midwifery practice.

Communication skills, concepts of biculturalism, knowledge of holistic health.

Willing to change, interested in new alternatives.

Raised awareness of midwife role and influence in society.

Weaknesses of the ADN that supervisors volunteered were:

Inability to cope beyond one to one patient allocation and difficulty in prioritising role in acute stressful situations.

Clinical skills are often poor.

Lack of awareness of areas other than delivery. Midwifery is not just the birthing event.

Not experienced at managing more than one consumer of the service at a time.

Not able to function at graduate level if no pre-midwifery experience for at least six months post-graduate.

Less extensive midwifery knowledge, limited to practical/theoretical.

Stressed from a very hard year's work.

Exhausted after a full year of study/practical work.

Separate Course

There were few weaknesses which supervisors perceived from the performance of Separate course graduates. One supervisor reported there were no weaknesses and another that Separate Course graduates were less budget and ward management orientated.

Some of the strengths of the Separate course were:

Good clinical and assessment skills. Appear more readily to seek responsibility for patient care.

Political awareness, intensive extended theoretical women's health/midwifery base.

Commitment to midwifery and focus on midwifery. High level of expertise of most midwifery practices. Broadening of knowledge on women's health, in particular family dynamics.

The supervisors data suggest that the Separate course was perceived as having fewer weaknesses than the ADN. The strength of the ADN course appears to
be its breadth while the strength of the Separate course appears to be its exclusive focus.

SERVICE NEEDS

Five of the nine supervisors, reported they had sufficient numbers of graduate midwives to meet their needs. Supervisors who did not have sufficient graduate midwives to meet their needs commented that: there was a shortage of experienced midwives to train newly qualified midwives who were concentrated in one maternity area; overseas midwives were being employed to cover shortages in remote or rural areas; and newly qualified midwives were encouraged if they showed a keen interest which helped to increase staffing numbers of some women's units.

55 See question 7-7a, Supervisors' Questionnaire, Appendix 6.
CONCLUSIONS

The report had outlined two objectives.

1. To evaluate two types of midwifery educational courses so that a decision could be made regarding as to the better course in terms of its contribution to meeting service needs in both community and hospital settings.

2. To identify those issues concerning the effectiveness of the courses in educating midwives for the workforce.

These concluding remarks address each of the objectives in turn.

1. **ADN vs Separate Course Midwifery Training**

No major differences between the ADN and Separate course of midwifery training were apparent from the results of this sample of the 1989 student intake.

Generally, the 1989 students preferred their chosen option either they were able to achieve the ADN and midwifery in one course or they were able to focus solely on midwifery topics in a Separate course.

Most of the students sought training in either course to qualify as a midwife and were prepared and ready to practise.

2. **Effectiveness of Midwifery Training Courses**

Effectiveness of the midwifery training can be measured by whether graduates meet the service needs of clients and service providers. The results presented here showed that there are some areas of concern.

**COURSE STRUCTURE AND CONTENT**

*When midwives become independent practitioners it is important that a course provides them not only with adequate knowledge but adequate clinical experience.*

Most students for both courses reported that they had a wide knowledge base in midwifery theory. However, clinical experience/practice was identified as being insufficient by students, graduate midwives, tutors and heads of department. Students responded that they had inadequate clinical experience/practice to consolidate their knowledge base. Tutors and heads of department had recognised the problem of inadequate clinical experience but responded that there were external forces which influenced the quantity and quality of clinical settings that could be gained. Students from both courses were generally satisfied with other course components, although computer studies was not highly rated.
Students suggested that the length of the course be extended by six months to concentrate or spread time evenly across course components with more time spent in clinical settings. Tutors and heads of department responded that changes were being made for the next year (1990) and the next student intake (1990). These included changes to content and structure. Some flexibility was to be introduced so that students who were working or had families could attend a course part-time, over a two year period.

ASSESSMENT BY SUPERVISORS

Supervisors of graduate midwives were of the opinion that students should receive more encouragement, financial support and clinical experience from the hospitals. Supervisors reported that graduate midwives were eager to increase their knowledge base and to remain in the midwifery area. They also noted that the number of qualified, trained, and experienced midwives did not meet their service needs in some areas.

Supervisors reported that some graduate midwives needed at least six months to orientate themselves in the midwifery area. Supervisors commented that while ADN graduates had achieved a broad knowledge base they had little confidence and inadequate clinical experience/practice. For Separate course graduate midwives, supervisors listed many strengths of their course training. These included commitment to and focus on midwifery. These midwives also had more confidence to work independently.

Changes to midwifery educational courses appear to be ongoing. For example, a direct entry training course is about to be introduced and the Christchurch Polytechnic is replacing its ADN course with a Separate programme in 1992. In assessing such courses, the views of a tutor are particularly pertinent.

*It is time to look at what is needed in order to become a midwife rather than how any midwifery programme available today is not acceptable.*

***************
APPENDICES

QUESTIONNAIRES

The following questionnaires have been attached:

1. **1989 Entry Questionnaire**: Questionnaire for Midwifery Students at the Beginning of the Course

2. **1989 Exit Questionnaire**: Questionnaire for Midwifery Students at the End of the Course

3. **1989 Tutors Questionnaire**: Questionnaire for Tutors of Midwifery Students

4. **1989 HODs Questionnaire**: Questionnaire for Heads of Department of Nursing Providing Midwifery Courses

5. **1989 FOLUP Questionnaire**: Follow Up Questionnaire for Midwifery Graduates

6. **1989 Supervisors Questionnaire**: Questionnaire for Supervisors of Midwifery Graduates

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Grey
White
Blue
Yellow
Green
Pink

***************
Evaluation of Midwifery Education Courses

QUESTIONNAIRE FOR MIDWIFERY STUDENTS AT THE BEGINNING OF THE COURSE

Introduction

From 1989, a separate midwifery course and a midwifery ADN course are being offered in New Zealand. The Minister of Health has asked that these courses be evaluated and a recommendation about their future made. In order to achieve this, the Nursing Section of the Department of Health has asked the Department's Health Research Services section (HRS) to collect relevant information from midwifery students, tutors and employers. A number of draft questionnaires were prepared by a Working Party including midwives now being administered.

Instructions

Your views as a student are vital. Participation in this study is entirely voluntary and nobody at the Polytechnic will be informed if you choose not to complete the questionnaire. In this case please return the blank questionnaire as it would help me to know that you had declined to be involved. Please answer the questions below. Your answers are confidential and no individual's answers will be identified. Your identification code number has been added by the researcher before you complete the questionnaire and is necessary for follow up questionnaires to be sent to you. Nobody at the Polytechnic will see your completed questionnaires. When you have completed this one place it in the envelope and seal it then post it directly to me at the HRS to arrive before **********.

If you have any queries about the project or this questionnaire please feel free to contact me or Sue Scobie. Our postal address is:

Keiti Tiata
Research Officer
Health Research Services
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2107
Fax (04) 496 2340

Sue Scobie
Professional Advisor Nursing
Workforce Development
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2374
Fax (04) 496 2340

Thank you for your help.

Keiti Tiata
1. Identification Number  _____/_____/_____
   (Entered by Researcher BEFORE questionnaire is completed)

2. AGE:  _____ years

3. SEX:  Male ☐  Female ☐

4. Which ethnic group do you most identify with?
   TICK ONE
   
   Maori ☐
   Pakeha or European ☐
   Asian (specify) ______________________
   Polynesian (specify) ____________________
   Other (specify) ________________________

5. Which professional qualifications do you have?
   TICK ALL THAT APPLY
   
   Registered General and Obstetric Nurse ☐
   Registered Comprehensive Nurse ☐
   Advanced Diploma in Nursing ☐
   School of Advanced Nursing Studies ☐
   University Credits ☐
   University Degree ☐
   Diploma (not Nursing) ☐
   Other (specify) ______________________

6. What is the nature of your sponsorship on this course?
   TICK ONE
   
   Sponsored on full salary by employer ☐
   Sponsored on part salary by employer ☐
   Sponsored by some other body ☐
   Not sponsored: application declined ☐
   Not sponsored: decided not to apply for sponsorship ☐
7a. Will doing the course cause you any financial difficulties?

YES □
NO □

7b. If YES, please explain:

______________________________________________________________________________

______________________________________________________________________________

7c. Will you also have to do paid work while on this course?

YES □
NO □

7d. If YES, approximately how many hours a week will you have to work?

TICK ONE

- Up to 5 hours a week □
- 5-9 hours a week □
- 10 or more hours a week □

7e. Do you intend to work during the Polytech holidays?

YES □
NO □

7f. If YES, Will this be full time or part time?

FULL TIME □
PART TIME □
For the next question and for question 17 use the following definitions of ‘setting’.

**Obstetric Unit:**
Usually attached to a Base Hospital, with obstetric and maternal specialist services including neonatal intensive care.

**Maternity Unit:**
A hospital inpatient unit without residential medical specialist services, providing beds and facilities for deliveries which do not involve complications.

**Domiciliary Practice:**
Obstetric nursing care outside of an institution

8a. In the *two years* before you were accepted on the midwives course how much maternity experience did you get in each of the following settings:

<table>
<thead>
<tr>
<th>CODES</th>
<th>None</th>
<th>Up to six months</th>
<th>More than six months</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
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<td>2</td>
<td>1</td>
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<tr>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**CIRCLE ONE NUMBER FOR EACH SETTING**

8b. Did you work full time or part time?

<table>
<thead>
<tr>
<th>CIRCLE ONE NUMBER FOR EACH SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Time</strong></td>
</tr>
<tr>
<td>Obstetric Unit</td>
</tr>
<tr>
<td>Maternity Unit</td>
</tr>
<tr>
<td>Domiciliary Practice</td>
</tr>
<tr>
<td>Other: SPECIFY</td>
</tr>
</tbody>
</table>
9. When you worked in the maternity area, did your experiences cover several areas of maternity care?

   TICK ONE

   YES, covered several areas
   NO, covered only one area

10. When you worked in the maternity area, were your experiences backed up with formal teaching such as lectures and tutorials?

   TICK ONE

   YES
   NO

11a. Why have you chosen to do a midwifery course?

   TICK ALL THAT APPLY

   1. I want to practice midwifery
   2. I want to further my career
   3. I need midwifery to work overseas
   4. My employer recommended it
   5. Better job opportunities
   6. Needed a change of direction in nursing
   7. I want to increase my knowledge and experience
   8. Other (specify) ____________________________

   ENTER 1-8

11b. Which one of these is your main reason? ___
12a. Why did you choose to do this course at this polytechnic?

TICK ALL THAT APPLY

1. It is a separate programme
2. I want the ADN qualification
3. It was geographically the closest
4. Others recommended it to me
5. Sponsorship was available
6. The course philosophy and teaching approach appealed to me
7. Other (specify) ____________________________

______________________________

ENTER 1-7

12b. Which one of these is your main reason? ______

13. What are your personal objectives in taking the course?

1. ____________________________________________

____________________________________________

2. ____________________________________________

____________________________________________

3. ____________________________________________

____________________________________________

14. What is your personal belief or philosophy about midwifery?

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________

____________________________________________
15. How would you rate the importance of following course components?

**CODES**
1. = Not at all important
2. = Of minor importance
3. = Important
4. = Very important
5. = Extremely important

CIRCLE ONLY ONE NUMBER IN EACH ROW

<table>
<thead>
<tr>
<th>Component</th>
<th>1</th>
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<td>Clinical Experience</td>
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<td>'Alternative/Natural' Health Practices</td>
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<td>Nursing Theory</td>
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<td>Midwifery Knowledge - theory</td>
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<td>Research Skills</td>
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<td>Primary Health Care</td>
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<td>Sociology of the Family</td>
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<td>Communications Skills</td>
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<td>Management Skills</td>
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<td>Computer Skills</td>
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<td>History of Midwifery</td>
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<td>Professional Issues</td>
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<td>Bicultural Understanding</td>
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<td>Integration with non-midwifery students</td>
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<tr>
<td>Wide variety of tutors</td>
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<tr>
<td>Opportunity for study</td>
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</table>

**CODES**
1. = Not at all important
2. = Of minor importance
3. = Important
4. = Very important
5. = Extremely important
17a. In which one of these settings do you see yourself practising midwifery just after graduation?

TICK ONE ONLY

- In an Obstetric Unit
- In a Maternity Unit
- In Domiciliary Practice
- Not in Midwifery
- Other (specify) _________________

17b. In which one of these settings do you see yourself practising midwifery a year after graduation?

TICK ONE ONLY

- In an Obstetric Unit
- In a Maternity Unit
- In Domiciliary Practice
- Not in Midwifery
- Other (specify) _________________

17c. In which one of these settings do you see yourself practising midwifery three years after graduation?

TICK ONE ONLY

- In an Obstetric Unit
- In a Maternity Unit
- In Domiciliary Practice
- Not in Midwifery
- Other (specify) _________________
18. The following statements are about degrees of competency in midwifery practice:

Which one best describes how competent in general you expect to be at the end of the course?

TICK ONE ONLY

a. I will be a beginning midwifery practitioner still requiring supervision and peer support

b. I will be a competent midwifery practitioner still requiring to develop my knowledge base and clinical practice.

c. I will be ready to practise as a midwife

19. Are there any other comments you would like to offer?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

THANK YOU FOR YOUR HELP
PLEASE SEAL THE QUESTIONNAIRE IN THE ENVELOPE AND POST IT

RETURN BY MONDAY 18 FEBRUARY 1991
Evaluation of Midwives Education Courses

QUESTIONNAIRE FOR MIDWIFERY STUDENTS AT THE END OF THE COURSE

Introduction

The Minister of Health has asked that midwifery courses be evaluated and a recommendation about their future made in 1993. The evaluation research is being done by the Department of Health's research unit. Every student was asked to complete a questionnaire at the beginning of the course.

Instructions

Earlier you may have completed a questionnaire asking about your pre-course experience and your expectations of the course. This second questionnaire asks about the course you have just completed. Your views as a student are vital. Your answers are confidential and no individual's answers will be identified. Your identification code number has been assigned by the researcher before you complete the questionnaire. This is necessary for me to be able to link responses made in the first questionnaire with your answers now so that follow up questionnaires can be sent to you. Nobody at the Polytechnic will see your completed questionnaires. When you have completed this one place it in the envelope and seal it then post it directly to me at Health Research Services to arrive before **********.

If you have any queries about the project or this questionnaire please feel free to contact me or Sue Scobie. Our postal address is:

Keiti Tiata  
Research Officer  
Department of Health  
PO Box 5013  
WELLINGTON  
Ph (04) 496 2107  
Fax (04) 396 2340

Sue Scobie  
Professional Adviser Nursing  
Department of Health  
PO Box 5013  
WELLINGTON  
Ph (04) 496 2374

Thank you for your help.

---

Keiti Tiata
1. Identification Number (as “Entry” questionnaire) ______/______/______

2. How would you rate the importance of the following course components?

<table>
<thead>
<tr>
<th>CODES</th>
<th>1 = Not at all important</th>
<th>2 = Of minor importance</th>
<th>3 = Important</th>
<th>4 = Very important</th>
<th>5 = Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holistic Approach</td>
<td></td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Clinical Experience</td>
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<tr>
<td>'Alternative/Natural' Health Practices</td>
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<td>3</td>
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<tr>
<td>Nursing Theory</td>
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<tr>
<td>Midwifery Knowledge - theory</td>
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<tr>
<td>Research Skills</td>
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<tr>
<td>Primary Health Care</td>
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<tr>
<td>Sociology of the Family</td>
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<tr>
<td>Communications Skills</td>
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<td>Management Skills</td>
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<td>Computer Skills</td>
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<tr>
<td>History of Midwifery</td>
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<tr>
<td>Professional Issues</td>
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<tr>
<td>Bicultural Understanding</td>
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<tr>
<td>Integration with non-midwifery students</td>
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<tr>
<td>Wide variety of tutors</td>
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<tr>
<td>Opportunity for study</td>
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<td>3</td>
</tr>
</tbody>
</table>

3. How satisfied are you with the experiences you had in the following course components?

<table>
<thead>
<tr>
<th>CODES</th>
<th>1 = Very dissatisfied</th>
<th>2 = Dissatisfied</th>
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<th>4 = Satisfied</th>
<th>5 = Very satisfied</th>
</tr>
</thead>
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</tbody>
</table>
4. How would you rate the following course elements:

**CIRCLE ONE NUMBER IN EACH SECTION**

a. The range of subjects covered in the course?
   - Too many subjects
   - "Right"
   - Too few subjects
   1   2   3

b. Opportunities to practice clinical skills?
   - Too many opportunities
   - "Right"
   - Too few opportunities
   1   2   3

c. Opportunities to develop theoretical knowledge?
   - Too many opportunities
   - "Right"
   - Too few opportunities
   1   2   3

d. The balance between midwifery subjects and other subjects?
   - Too little midwifery
   - "Right"
   - Too much midwifery
   1   2   3

e. The balance between theory and practice?
   - Too little practice
   - "Right"
   - Too much practice
   1   2   3

f. The overall workload of the course?
   - Excessive
   - "Right"
   - Undemanding
   1   2   3
5. In learning the knowledge and skills related to midwifery, the following people (or groups) may have had a greater or lesser degree of influence on you:

Midwifery Tutors
Practicing Midwives
Consumers (Clients)
Consumer Support Groups
General Practitioners
Obstetricians
Other Nurse Tutors
Other Health Professionals
Other students in your class

Anyone else? (specify): ____________________________

5a. Who on the list had the most influence on your development of midwifery knowledge and skills? (enter on line one below, alongside “Most Influence”).

1. Most Influence ____________________________

5b. Were there others who also had a major influence? (select up to two: enter below).

1. ____________________________ (As Above) (the most important)
2. ____________________________ (your second choice)
3. ____________________________ (your third choice)

5c. Why were the people you have listed above so important for your learning? (Please be as specific as possible).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. In learning the knowledge and skills related to midwifery, the following people (or groups) may have had a greater or lesser degree of influence on you:

Midwifery Tutors
Practicing Midwives
Consumers (Clients)
Consumer Support Groups
General Practitioners
Obstetricians
Other Nurse Tutors
Other Health Professionals
Other students in your class

Anyone else? (specify): ____________________________
6a. Who on the list had the least influence on your development of midwifery knowledge and skills (enter on line one below alongside “Least Influence”).

1. Least Influence ____________________________

6b. Were there others who also had very little impact? (Select up to two: enter below).

1. ____________________________ As Above (the least important)
2. ____________________________ (your second choice)
3. ____________________________ (your third choice)

6c. Why were the people you have listed above the least important for your learning? (Please be as specific as possible).

________________________________________________________________________
________________________________________________________________________
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7. How would you rate your overall satisfaction with the course?

CIRCLE ONE

Very dissatisfied 1
Dissatisfied 2
Ambivalent or undecided 3
Satisfied 4
Very satisfied 5

8. Are there any changes to the course you would recommend?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

[5]
Use the following definitions of "settings":

9a. Having completed the course, how much time would you recommend a pre-course student should spend learning in an Obstetric Unit about midwifery?

**Obstetric Unit**
Usually attached to a Base Hospital, with obstetric and maternal specialist services including neonatal intensive care.

Circle One Number

<table>
<thead>
<tr>
<th>No Time</th>
<th>Up to 6 months</th>
<th>More than 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

9b. ... how much time would you recommend a pre-course student should spend in a Maternity Unit learning about midwifery?

**Maternity Unit**
A hospital inpatient unit without residential medical specialist services, providing beds and facilities for deliveries which do not involve complications.

Circle One Number

<table>
<thead>
<tr>
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</table>

9c. ... how much time would you recommend a pre-course student spend in Domiciliary Practice learning about midwifery?

**Domiciliary Practice**
Midwifery care outside an institution.

Circle One Number

<table>
<thead>
<tr>
<th>No Time</th>
<th>Up to 6 months</th>
<th>More than 6 months</th>
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<td>1</td>
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</table>
9d. ... how much time would you recommend a pre-course student should spend in a setting not listed above learning about midwivery?

Specify the Additional Setting: _________________________________

Circle One Number

<table>
<thead>
<tr>
<th>No Time</th>
<th>Up to 6 months</th>
<th>More than 6 months</th>
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</thead>
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<td>1</td>
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</table>

10. What were your personal objectives in taking the course? (Please write the most important three in the spaces below).

Objectives met? 

TICK

Yes  No

1. _________________________________  □  □

2. _________________________________  □  □

3. _________________________________  □  □

10a. Have these personal objectives been met? (please tick yes or no above).

10b. If NO, please say why if you wish to do so:

________________________________________

________________________________________

________________________________________

________________________________________

[7]
11. Has your philosophy of midwifery changed since you started the course?
   Yes ☐
   No ☐

11a. If YES, in what ways?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12a. Did doing the course cause you any financial difficulties?
   YES ☐
   NO ☐

12b. If YES, please explain:

________________________________________________________________________
________________________________________________________________________

12c. Did you have to do paid work to support yourself or your family while on this course?
   YES ☐
   NO ☐

12d. If YES, approximately how many hours a week did you have to work?
   TIECK ONE
   Up to 5 hours a week ☐
   5 - 9 hours a week ☐
   10 or more hours a week ☐
12e. Did you do paid work during the Polytech holidays?
   YES ☐
   NO ☐

12f. If YES, was this full time or part time?
   FULL TIME ☐
   PART TIME ☐

13. Which one of these statements best describes how your stress levels have been during the year of the course:

   TICK ONE ONLY
   About the same as usual ☐
   Less than usual ☐
   More than usual—for most of the time ☐
   More than usual—at certain times ☐

13a. If “more than usual” give reasons if you wish to do so.

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

14a. In which one of these settings do you see yourself practising midwifery immediately following graduation?

   TICK ONE ONLY
   In an Obstetric Unit ☐
   In a Maternity Unit ☐
   In Domiciliary Practice ☐
   Not in Midwifery ☐
   Other (specify) ____________________ ☐
14b. How confident are you that there will be a suitable midwifery vacancy for you?

**TICK ONE ONLY**

- Very Confident
- Confident
- Not Confident
- Not at all confident

14c. In which one of these settings do you see yourself practising midwifery **three years after graduation**?

**TICK ONE ONLY**

- In an Obstetric Unit
- In a Maternity Unit
- In Domiciliary Practice
- Not in Midwifery
- Other (specify) ____________________________

14d. In which one of these settings do you see yourself practising midwifery **three years after graduation**?

**TICK ONE ONLY**

- In an Obstetric Unit
- In a Maternity Unit
- In Domiciliary Practice
- Not in Midwifery
- Other (specify) ____________________________
15. The following statements are about degrees of competency in midwifery practice:

Which one best describes how competent in general you see yourself having reached the end of the course?

**TICK ONE ONLY**

a. I am a beginning midwifery practitioner still requiring supervision and peer support.

b. I am a competent midwifery practitioner still requiring to develop my knowledge base and clinical practice.

c. I am ready to practise as a midwife.

16. Thinking of the midwifery tutors as a whole, how would you rate them in the following areas?

"Midwifery tutors" are the polytechnic staff who take primary responsibility for teaching the midwifery course.

a. Ability to link the course components to midwifery theory and practice?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Adequate</th>
<th>Of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</table>

b. Midwifery experience brought to the post?

<table>
<thead>
<tr>
<th>Excellent</th>
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<tr>
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c. Teaching skills?

<table>
<thead>
<tr>
<th>Excellent</th>
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</table>

d. Competence (as midwives and teachers) to achieve the course outcomes?

<table>
<thead>
<tr>
<th>Excellent</th>
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<tr>
<td>1</td>
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</table>
17. Thinking of the other people who taught on the course, how would you rate them in the following areas?

a. Ability to link the course components to midwifery theory and practice?

<table>
<thead>
<tr>
<th>Excellent</th>
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b. Relevant experience brought to the midwifery course?

<table>
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18. Decisions will be made regarding the future of midwifery education in New Zealand. Which one of the four options would you recommend?

a. Midwifery education should be within the Advanced Diploma in Nursing (A.D.N.)

☐

b. Midwifery education should be separate from the A.D.N.

☐

c. Both types of course should be offered.

☐

d. Direct entry midwifery should be offered.

☐

Please give your reasons if you wish to do so:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
19. Are there any comments you would like to make about any aspect of your experiences over the year which have not been covered?

________________________________________________________________________________________

________________________________________________________________________________________

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THANK YOU FOR YOUR HELP
Evaluation of Midwives Education Courses

QUESTIONNAIRE FOR TUTORS OF MIDWIFERY STUDENTS

Introduction
The Minister of Health has asked that midwifery courses be evaluated and a recommendation about their future made in 1993. The Health Research Services (HRS) section, of the Department of Health, is to collect relevant information from midwifery students, tutors and employers. Every tutor is being asked to complete a questionnaire at the end of the course.

Instructions
This questionnaire asks about the course you have just taught. Your views as a tutor are vital. Your answers are confidential and no individual's answers will be identified. Your identification code number has been assigned by the researcher before you complete the questionnaire. This is necessary for me to be able to link your responses with those of your students and Head of Department to see the degree of agreement on various issues. Nobody at the Polytechnic will see your completed questionnaires. When you have completed this one place it in the envelope and seal it then post it directly to me at Health Research Services to arrive before **********.

If you have any queries about the project or this questionnaire please feel free to contact me or Sue Scobie. Our postal address is:

Keiti Tiata
Research Officer
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2107
Fax (04) 396 2340

Sue Scobie
Professional Adviser Nursing
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2374

Thank you for your help.

Keiti Tiata
1. Tutor Identification Number ________/_______

2. How would you rate the following course elements:

**CIRCLE ONE NUMBER IN EACH QUESTION**

a) The range of subjects covered in the course?

<table>
<thead>
<tr>
<th>Subject Coverage</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Too Many Subjects</td>
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<tr>
<td>&quot;Right&quot;</td>
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<tr>
<td>Too Few Subjects</td>
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b) Opportunities to practice clinical skills?

<table>
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<tr>
<th>Clinical Practice Opportunities</th>
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<tr>
<td>Too Few Opportunities</td>
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c) Opportunities to develop theoretical knowledge?

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<td>Too Few Opportunities</td>
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d) The balance between midwifery subjects and other subjects?

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<tbody>
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<tr>
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e) The balance between theory and practice?

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<tr>
<td>Too Much Practice</td>
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f) The overall workload of the course?

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<th>Overall Workload</th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Excessive</td>
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<tr>
<td>&quot;Right&quot;</td>
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</tr>
<tr>
<td>Undemanding</td>
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</tbody>
</table>
The following statements are about degrees of competency in midwifery practice:

3. Which one best describes how competent in general you see your students now that they are at the end of their course?

   TICK ONE ONLY

   a) They are beginning midwifery practitioners still requiring supervision and peer support. [ ]

   b) They are competent midwifery practitioners still requiring to develop their knowledge base and clinical practice. [ ]

   c) They are ready to practise as midwives. [ ]

   Please comment if you wish:

4. Were there any difficulties in obtaining sufficient, suitable clinical experience for every student in the following settings?

   TICK
   YES  NO
   Domiciliary Practice      [ ]  [ ]
   Base Hospital             [ ]  [ ]
   Rural Hospital            [ ]  [ ]

4a) If YES, please comment:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. Were any other settings used for clinical experience?
   YES ☐
   NO ☐

5a) If YES, please comment:

6. Are there any other clinical experience settings that would be desirable?
   YES ☐
   NO ☐

6a) If YES, please comment:

7. Are there any changes to the course content and structure which you intend to introduce for next year?
   YES ☐
   NO ☐

7a) If YES, please comment:
8. Were there any difficulties in obtaining other resources for the course?
   YES ☐
   NO ☐

8a. If YES, please comment:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. How would you describe the philosophy of the midwives course?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
10. Use the following definitions of "settings":

a) How much time would you recommend a pre-course student should spend learning about midwifery in an Obstetric Unit?

Obstetric Unit:
Usually attached to a Base Hospital, with obstetric and maternal specialist services including neonatal intensive care.

CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>No</th>
<th>Up to 6 Months</th>
<th>More than 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

b) How much time would you recommend a pre-course student should spend learning about midwifery in a Maternity Unit.

Maternity Unit:
A hospital inpatient unit without residential medical specialist services, providing beds and facilities for deliveries which do not involve complications.

CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>No</th>
<th>Up to 6 Months</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

c) How much time would you recommend a pre-course student should spend learning about midwifery in Domiciliary Practice?

Domiciliary Practice:
Obstetric nursing care outside of an institution.

CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>No</th>
<th>Up to 6 Months</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

d) How much time would you recommend a pre-course student should spend learning about midwifery in some other setting, not the above?

Please specify the setting

CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>No</th>
<th>Up to 6 Months</th>
<th>More than 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
11. Professional details about tutors:
   a) What are your nursing qualifications

   b) What midwifery experience do you bring to the course?

   c) What are your general (non nursing) educational qualifications?

   d) What teaching experience do you bring to the course?

12. What would you need in order to do your job better?
13. Are there any other comments about preparation for midwifery registration that you would like to make?

________________________________________________________

________________________________________________________

________________________________________________________

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________________________________________________________

THANK YOU FOR YOUR HELP
Evaluation of Midwives Education Courses

QUESTIONNAIRE FOR HEADS OF DEPARTMENT OF NURSING PROVIDING MIDWIFERY COURSES

Introduction

The Minister of Health has asked that midwifery courses be evaluated and a recommendation about their future made in 1993. The Health Research Services (HRS) section, of the Department of Health, is to collect relevant information from midwifery students, tutors and employers. Every Head of Department is being asked to complete a questionnaire at the end of the course.

Instructions

This questionnaire asks about the course just taught in your Department. Your views as a Head are vital. Your answers are confidential and no individual's answers will be identified. Your identification code number has been assigned by the researcher before you complete the questionnaire. This is necessary for me to be able to link your responses with those of your students and tutors to see the degree of agreement on various issues. Nobody at the Polytechnic will see your completed questionnaires. When you have completed this one place it in the envelope and seal it then post it directly to me at Health Research Services to arrive before **********.

If you have any queries about the project or this questionnaire please feel free to contact me or Sue Scobie. Our postal address is:

Keiti Tiata
Research Officer
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2107
Fax (04) 396 2340

Sue Scobie
Professional Adviser Nursing
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2374

Thank you for your help.

Keiti Tiata
1. Head of Department Code Number _______/ _______

Section A: The Course

2. Is the midwifery course:
   
   TICK ONE
   
   ADN ☐
   Separate ☐

2a) Which month did the course start? .......... 19 . . .
2b) Which month did the course finish? .......... 19 . . .

3. Please describe the length of course:
   3a) Number of weeks . . . . . . . . . . . . . .
   3b) Number of terms . . . . . . . . . . . . .
   3c) Number of hours . . . . . . . . . . . . .

4. What is the proportion of clinical experience to the whole course?
   . . . . . percent

4a) How many hours of clinical experience would this be?
   . . . . . . Hours

5. What is the proportion of theory to the whole course?
   . . . . . percent

5a) How many hours of theory would this be?
   . . . . . . Hours
6. How would you rate the following course elements:

**CIRCLE ONE NUMBER IN EACH QUESTION**

a) The range of subjects covered in the course?

<table>
<thead>
<tr>
<th>Too many Subjects</th>
<th>&quot;Right&quot;</th>
<th>Too Few Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

b) Opportunities to practice clinical skills?

<table>
<thead>
<tr>
<th>Too many Opportunities</th>
<th>&quot;Right&quot;</th>
<th>Too Few Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

c) Opportunities to develop theoretical knowledge?

<table>
<thead>
<tr>
<th>Too many Opportunities</th>
<th>&quot;Right&quot;</th>
<th>Too Few Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

d) The balance between midwifery subjects and other subjects?

<table>
<thead>
<tr>
<th>Too little Midwifery</th>
<th>&quot;Right&quot;</th>
<th>Too Much Midwifery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

e) The balance between theory and practice?

<table>
<thead>
<tr>
<th>Too little Practice</th>
<th>&quot;Right&quot;</th>
<th>Too Much Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

f) The overall workload of the course?

<table>
<thead>
<tr>
<th>Excessive</th>
<th>&quot;Right&quot;</th>
<th>Undemanding</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
7. Are there any changes to the course content and structure which you intend to introduce for next year?

YES ☐

NO ☐

7a) If YES, please comment:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. How would you describe the philosophy of the midwives course?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Section B: The Students

9. How many applicants were there?

10. How many students entered the course?
   10a) How many who entered actually completed the course?
   10b) How many who entered withdrew during the course?
   10c) Number not accounted for in a) and b).

11. Please state your selection criteria for acceptance into the course.
   11a) 
   11b) 
   11c) 
   11d) 
   11e) 
12. Use the following definitions of "settings":

a) How much time would you recommend a pre-course student should spend learning about midwifery in an Obstetric Unit?

**Obstetric Unit:**
Usually attached to a Base Hospital, with obstetric and maternal specialist services including neonatal intensive care.

CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>No Time</th>
<th>Up to 6 Months</th>
<th>More than 6 Months</th>
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b) How much time would you recommend a pre-course student should spend learning about midwifery in a Maternity Unit?

**Maternity Unit:**
A hospital inpatient unit without residential medical specialist services, providing beds and facilities for deliveries which do not involve complications.

CIRCLE ONE NUMBER

<table>
<thead>
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<tbody>
<tr>
<td>1</td>
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</table>

c) How much time would you recommend a pre-course student should spend learning about midwifery in Domiciliary Practice?

**Domiciliary Practice:**
Obstetric nursing care outside of an institution.

CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>No Time</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

d) How much time would you recommend a pre-course student should spend learning about midwifery in some other setting, not the above?

Please specify the setting

CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>No Time</th>
<th>Up to 6 Months</th>
<th>More than 6 Months</th>
</tr>
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<tbody>
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<td>3</td>
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</tbody>
</table>
The following statements are about degrees of competency in midwifery practice:

13. Which one best describes how competent in general you see your students now that they are at the end of their course?

   a) They are beginning midwifery practitioners still requiring supervision and peer support.
   b) They are competent midwifery practitioners still requiring to develop their knowledge base and clinical practice.
   c) They are ready to practise as midwives.
   d) Please comment if you wish:

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
Section C: Teaching on the Course

Note: "Midwifery tutors" are the Polytechnic staff who take primary responsibility for teaching the midwifery course.

14. How many midwifery tutors were involved in teaching the course?
   Number . . . . . .

15. Did one midwifery tutor have overall responsibility for the course?
   YES ☐
   NO ☐

16. Was there a change in midwifery tutor(s) during the year?
   YES ☐
   NO ☐

16a. If YES, please comment:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
17. Please indicate the range of people who were involved in providing at least one teaching session in a classroom or in a practice/clinical setting:

<table>
<thead>
<tr>
<th>TICK ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery tutors</td>
</tr>
<tr>
<td>Practicing Midwives</td>
</tr>
<tr>
<td>Consumers (clients)</td>
</tr>
<tr>
<td>Consumer Support Groups</td>
</tr>
<tr>
<td>General Practitioners</td>
</tr>
<tr>
<td>Obstetricians</td>
</tr>
<tr>
<td>Other Nurse Tutors</td>
</tr>
<tr>
<td>Other Health Professionals</td>
</tr>
<tr>
<td>Others (Specify below):</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
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<td>4</td>
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</tbody>
</table>

18. Altogether, approximately how many people were involved in teaching all aspects of the course?

<table>
<thead>
<tr>
<th>TICK ONE</th>
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<tbody>
<tr>
<td>Up to 5</td>
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<tr>
<td>6-9</td>
</tr>
<tr>
<td>10-14</td>
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<tr>
<td>15 or more</td>
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</tbody>
</table>

19. What proportion of both classroom and clinical teaching was done by qualified midwives?

<table>
<thead>
<tr>
<th>TICK ONE</th>
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<tbody>
<tr>
<td>About 25%</td>
</tr>
<tr>
<td>Between 25 and 50%</td>
</tr>
<tr>
<td>Between 50 and 75%</td>
</tr>
<tr>
<td>Over 75%</td>
</tr>
</tbody>
</table>
20. Thinking of the midwifery tutors as a whole, how would you rate them in the following areas?

"Midwifery tutors" are the Polytechnic staff who take primary responsibility for teaching the midwifery course.

   a) Ability to link the course components to midwifery theory and practice
      Excellent  Adequate  Of Concern
      1          2          3

   b) Midwifery experience brought to the post
      Excellent  Adequate  Of Concern
      1          2          3

   c) Teaching skills
      Excellent  Adequate  Of Concern
      1          2          3

   d) Competence (as midwives and teachers) to achieve the course outcomes
      Excellent  Adequate  Of Concern
      1          2          3

21. Thinking of the other people who taught on the course, how would you rate them in the following areas?

   a) Ability to link their course component to midwifery theory and practice
      Excellent  Adequate  Of Concern
      1          2          3

   b) Relevant experience brought to the midwifery course
      Excellent  Adequate  Of Concern
      1          2          3

   c) Teaching skills
      Excellent  Adequate  Of Concern
      1          2          3

   d) Competence to achieve the course outcomes
      Excellent  Adequate  Of Concern
      1          2          3
22. What, in your view are the ideal qualifications and experience of a midwifery tutor?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

23. Who is involved in the development of the midwifery course curriculum?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

24. Who is involved in monitoring the course?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
25. Are there any other comments about preparation for midwifery registration that you would like to make?


THANK YOU FOR YOUR HELP
Evaluation of Midwives Education Courses

FOLLOW UP QUESTIONNAIRE FOR MIDWIFERY GRADUATES

Introduction

As you know, from 1989, a separate midwifery course and midwifery ADN course are being offered in New Zealand. The Minister of Health has asked that these courses be evaluated and a recommendation about their future made. You may already have completed questionnaires while a student at Polytechnic in 1989.

Instructions

Participation in this study is entirely voluntary and nobody will be informed if you choose not to complete the questionnaire. In this case please return the blank questionnaire as it would help me to know that you had declined to be involved.

Your answers are confidential and no individual’s answers will be identified. Please note too that individual graduates and individual hospitals will not be identified. Your identification code number has been assigned by the researcher before you complete the questionnaire and is necessary for follow up questionnaires to be sent to you. Nobody at your place of work will see your completed questionnaires. When you have completed this one place it in the envelope and seal it then post it directly to me at Health Research Services to arrive before **********.

If you have any queries about the project or this questionnaire please feel free to contact me or Sue Scobie. Our postal address is:

Keiti Tiata
Research Officer
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2107
Fax (04) 396 2340

Sue Scobie
Professional Adviser Nursing
Department of Health
PO Box 5013
WELLINGTON
Ph (04) 496 2374

Thank you for your help.
1989 MIDWIFERY GRADUATES
PLACE OF EMPLOYMENT
QUESTIONNAIRE

Please answer the following questions and return with Follow Up questionnaire in sealed envelope.

I D Code (As before ____/_____/____)

1. Are you presently employed as a Midwife? If YES please go on to question 3. If NO please go on to Question 2.

Yes ___
No ___

2. If you are not employed as a midwife, where are you presently employed? (please give mailing address)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. If you are employed as a midwife, what is your exact place of employment? (please include mailing address, e.g. maternity ward, Lower Hutt Hospital, Private Bag, Wellington.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Keiti Tiata
CURRENT SITUATION

1. Are you practising as a midwife at present?

   TICK ONE

   Yes  □  GO TO QUESTION 4 ON PAGE 3

   No   □  GO TO QUESTION 2

IF YOU ARE NOT PRACTISING AS A MIDWIFE:
PLEASE ANSWER THE NEXT TWO QUESTIONS THEN RETURN THE QUESTIONNAIRE

2. Which statement best describes your situation?

   TICK ONE

   I was unable to find a suitable midwifery post  □

   I decided not to seek work as a midwife in the meantime  □

   I decided not to make a career in midwifery  □

   I started practising as a midwife but have since resigned  □

3. Please comment if you wish.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

THANK YOU FOR YOUR HELP
4. When did you start work as a midwife? ______________

5. How many midwifery posts have you held since graduation?

   CIRCLE ONE

   1  2  3 post/s

EXPERIENCES AS A PRACTISING MIDWIFE

Please answer the next section in relation to the midwifery post you hold currently.

6. Did you have an orientation course when you took up your post?

   TICK ONE

   Yes ☐
   No ☐

   If YES, was the orientation course successful in:

   CIRCLE 1 OR 2

   YES  NO

   (a) Imparting an understanding of the administrative procedures  1  2
   (b) Imparting an understanding of the standards of midwifery care  1  2
   (c) Assessing the application of your midwifery knowledge and skills  1  2
   (d) Identifying resources for your professional support and development  1  2
7. How would you rate your competence in the following areas?

**CODES**
1 = I believe I need minimum supervision.
2 = I believe I need some supervision.
3 = I believe I need close supervision.
4 = I have not yet worked in that area.

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Antenatal clinics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(b) Antenatal wards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(c) Labour wards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(d) Postnatal wards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(e) Special care baby units</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(f) The family's home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(g) Teaching individual mothers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(h) Teaching parentcraft in groups</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(i) Other: SPECIFY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
RE-ASSESSMENT OF THE POLYTECHNIC COURSE

8. How would you rate the usefulness of the following components of your Polytech course?

   Note: "usefulness" = to you now as a practising midwife

   **CODES**
   1 = Not at all useful
   2 = Of minor use
   3 = Useful
   4 = Very useful
   5 = Extremely useful

   **CIRCLE ONLY ONE NUMBER IN EACH ROW**

<table>
<thead>
<tr>
<th>Component</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holistic Approach</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clinical Experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>&quot;Alternative/Natural&quot; Health Practices</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Nursing Theory</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Midwifery Knowledge - theory</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Research Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sociology of the Family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Communications Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Management Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Computer Skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>History of Midwifery</td>
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<td>3</td>
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<td>Professional Issues</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>Bicultural Understanding</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Integration with non-midwifery students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wide variety of tutors</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Opportunity for study</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
9. In your opinion, how well did your year at Polytechnic prepare you to take responsibility as a midwife for work in the following areas:

**CODES**
1 = Polytech preparation was more than adequate.
2 = Polytech preparation was adequate
3 = Polytech preparation was less than adequate

| (a) Antenatal clinics | 1 | 2 | 3 |
| (b) Antenatal wards   | 1 | 2 | 3 |
| (c) Labour wards      | 1 | 2 | 3 |
| (d) Postnatal wards   | 1 | 2 | 3 |
| (e) Special care baby units | 1 | 2 | 3 |
| (f) The family's home | 1 | 2 | 3 |
| (g) Teaching individual mothers | 1 | 2 | 3 |
| (h) Teaching parentcraft in groups | 1 | 2 | 3 |
| (i) Other: SPECIFY ___________________ | 1 | 2 | 3 |
10. Are there any changes you would recommend to the Polytechnic preparation of midwives?

If you are willing to complete a follow up questionnaire please suggest how I may contact you again. Names and addresses will be kept strictly separate from questionnaires.

THANK YOU FOR YOUR HELP
Evaluation of Midwives Education Courses

QUESTIONNAIRE FOR SUPERVISORS OF MIDWIFERY

Introduction

From 1989, a separate midwifery course and midwifery ADN course are being offered in New Zealand. The Minister of Health has asked that these courses be evaluated and a recommendation about their future made. In order to achieve this, the Nursing Section of the Department of Health has asked the Department's Health Research Services (HRS) section to collect relevant information from midwifery students, tutors and employers. A number of draft questionnaires were prepared by a Working Party including midwives and the final versions of these are now being administered.

Instructions

Your views as a supervisor and employer of new midwifery graduates are vital. Participation in this study is entirely voluntary and nobody will be informed if you choose not to complete the questionnaire. In this case please return the blank questionnaire as it would help me to know that you had declined to be involved. Your answers are confidential and no individual's answers will be identified. Please note too that individual graduates and individual hospitals will not be identified. Your identification code number has been assigned by the researcher before you complete the questionnaire and is necessary for follow up questionnaires to be sent to you. Nobody at the Hospital will see your completed questionnaires. When you have completed this one place it in the envelope and seal it then post it directly to me at Health Research Services to arrive before **********.

If you have any queries about the project or this questionnaire please feel free to contact me or Sue Scobie. Our postal address is:

Keiti Tiata
Research Officer
Department of Health
PO Box 5013
WELLINGTON

Ph (04) 496 2107
Fax (04) 396 2340

Sue Scobie
Professional Adviser Nursing
Department of Health
PO Box 5013
WELLINGTON

Ph (04) 496 2374

Thank you for your help.
1. Name of Area Health Board __________________________

Section A: **SPONSORSHIP**

2. How many nurses applied to the Board for sponsorship for courses in 1990?
   a) For an ADN course
   b) For a Separate Midwifery Course

3. Of these, how many were funded by the Board?
   On Full Salary | On Part Salary
   a) ADN course
   b) Separate Midwifery Course

4. How many **full time equivalent** nurses is the Board prepared to sponsor over the next four years?

<table>
<thead>
<tr>
<th>ADN Courses</th>
<th>Separate Midwifery Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
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<tr>
<td>1992</td>
<td></td>
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<tr>
<td>1993</td>
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<td>1994</td>
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</table>

5. Which course option would you prefer the Board to sponsor?
   **TICK ONE**
   - ADN (midwifery option)
   - Separate Midwifery Course

5a. What factors influence your choice?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Section B: NEW GRADUATE MIDWIFE EMPLOYEES

NOTE: This section refers only to midwives who graduated from a New Zealand Polytechnic in 1989

6. How many 1989 graduate midwives did the Board employ this year?

   ENTER NUMBER

   a) ADN (midwifery option)

   b) Separate Midwifery Course

7. Was this sufficient to meet your service needs?

   YES □

   NO □

7a. If NO, please comment:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

Hospital staff deployment philosophy

8. Which one of the following staff deployment options best describes the midwifery area.

   CIRCLE ONE

   a. Midwifery staff are assigned to one area of maternity care and generally remain there .............................................. 1

   b. Midwifery staff are rotated through different areas of maternity care spending up to six months in each area .................................... 2

   c. Midwifery staff are assigned to different areas of maternity care according to day to day service needs ........................................... 3

   d. Midwifery staff are assigned to individual patients and follow them through the whole pregnancy process .................................. 4
9. What mechanisms were used to orientate the new graduates to the routines and standards of midwifery care in the hospital?

10. Was the orientation course successful in...

<table>
<thead>
<tr>
<th></th>
<th>CIRCLE 1 OR 2</th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Imparting an understanding of the administrative procedures</td>
</tr>
<tr>
<td>b.</td>
<td>Imparting an understanding of the standards of midwifery care</td>
</tr>
<tr>
<td>c.</td>
<td>Assessing the application of knowledge and skills of the graduates</td>
</tr>
<tr>
<td>d.</td>
<td>Identifying resources for the support and development of the graduates</td>
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</tbody>
</table>

11. Did the orientation course show that ADN graduates and Separate Course graduates had different needs?

<table>
<thead>
<tr>
<th></th>
<th>CIRCLE ONE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can't answer: insufficient graduates</td>
<td>1</td>
</tr>
<tr>
<td>Can't answer: only one type of graduate</td>
<td>2</td>
</tr>
<tr>
<td>NO, had the same needs</td>
<td>3</td>
</tr>
<tr>
<td>YES, had different needs</td>
<td>4</td>
</tr>
</tbody>
</table>

11a. If YES, please explain:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Section C: ASSESSMENT OF GRADUATES

Please complete the next two questions for each new 1989 graduate you have employed this year.

GRADUATE 1

CIRCLE ONE LETTER

GRADUATE 1  Type of Course:  ADN  A “Separate”  S

12. How would you rate the new graduate’s level of performance in the following maternity areas since joining your staff?

Can work satisfactorily with minimum supervision................................. 1
Can work satisfactorily under close supervision..................................... 2
Work unsatisfactorily: require close supervision ................................3
Graduate not yet worked in that area .................................................. 4

CIRCLE ONE NUMBER

Ante natal  1  2  3  4
Delivery  1  2  3  4
Post natal  1  2  3  4
Neonatal Unit  1  2  3  4
Domiciliary Care  1  2  3  4
Other (specify)  1  2  3  4

13. How would you rate the new graduates’ level of performance in the following areas?

Very good ........... 1  (Highly effective, outstanding ability)
Good .................. 2  (Organised methodical, effective, successful)
Satisfactory ....... 3  (Not good, some weaknesses, inadequacies)
 Unsatisfactory .... 4  (Need for improvement)

CIRCLE ONE NUMBER

Work Knowledge  1  2  3  4
Organisation of Work  1  2  3  4
Quality of Work  1  2  3  4
Output of work  1  2  3  4
Judgement  1  2  3  4
Staff Relations  1  2  3  4
Public Relations  1  2  3  4
Patient Relations  1  2  3  4
Communication  1  2  3  4
Initiative  1  2  3  4
Dependability  1  2  3  4
# GRADUATE 2

## CIRCLE ONE LETTER

**GRADUATE 2**  
Type of Course: ADN A "Separate" S

12. How would you rate the new graduate's level of performance in the following maternity areas since joining your staff?

**CODES**
- Can work satisfactorily with minimum supervision .................. 1
- Can work satisfactorily under close supervision ................... 2
- Work unsatisfactorily; require close supervision .................... 3
- Graduate not yet worked in that area ........................................ 4

### CIRCLE ONE NUMBER

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Ante natal</td>
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<td>Delivery</td>
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<td>Domiciliary Care</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

13. How would you rate the new graduates' level of performance in the following areas?

**Very good** ........ 1 (Highly effective, outstanding ability)
**Good** ............. 2 (Organised methodical, effective, successful)
**Satisfactory** ...... 3 (Not good, some weaknesses, inadequacies)
**Unsatisfactory** .... 4 (Need for improvement)

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<tbody>
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<td>Judgement</td>
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<td>Staff Relations</td>
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<td>Public Relations</td>
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<td>Patient Relations</td>
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</tbody>
</table>
12. How would you rate the new graduate's level of performance in the following maternity areas since joining your staff?

**CODES**
- Can work satisfactorily with **minimum** supervision .......................................... 1
- Can work satisfactorily under **close** supervision ............................................ 2
- Work **unsatisfactorily**; require **close** supervision ................................. 3
- Graduate not yet worked in that area ............................................................ 4

**CIRCLE ONE NUMBER**

<table>
<thead>
<tr>
<th>Ante natal</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Post natal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Neonatal Unit</td>
<td>1</td>
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<td>4</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

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- **Satisfactory** ........ 3  (Not good, some weaknesses, inadequacies)
- **Unsatisfactory** .... 4  (Need for improvement)

**CIRCLE ONE NUMBER**

<table>
<thead>
<tr>
<th>Work Knowledge</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>Organisation of Work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Quality of Work</td>
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<td>Output of work</td>
<td>1</td>
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<tr>
<td>Judgement</td>
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<tr>
<td>Staff Relations</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Public Relations</td>
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<tr>
<td>Patient Relations</td>
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<tr>
<td>Communication</td>
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<td>Initiative</td>
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<td>Dependability</td>
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</tbody>
</table>
GRADUATE 4

CIRCLE ONE LETTER

GRADUATE 4 Type of Course: ADN A "Separate" S

12. How would you rate the new graduate's level of performance in the following maternity areas since joining your staff?

**CODES**
- Can work satisfactorily with minimum supervision ......................... 1
- Can work satisfactorily under close supervision .......................... 2
- Work unsatisfactorily: require close supervision ....................... 3
- Graduate not yet worked in that area ...................................... 4

CIRCLE ONE NUMBER

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<tr>
<th>Area</th>
<th>1</th>
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<tbody>
<tr>
<td>Ante natal</td>
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<td>Delivery</td>
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<td>Other (specify)</td>
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13. How would you rate the new graduates' level of performance in the following areas?

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<td>Work Knowledge</td>
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### Ante natal

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### Delivery

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### Post natal

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### Neonatal Unit

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### Domiciliary Care

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### Other (specify)

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### Work Knowledge

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### Organisation of Work

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### Quality of Work

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### Output of work

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### Judgement

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### Staff Relations

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### Public Relations

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### Patient Relations

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### Communication

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### Initiative

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### Dependability

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**CODES**
- Can work satisfactorily with minimum supervision ................ 1
- Can work satisfactorily under close supervision ................... 2
- Work unsatisfactorily: require close supervision .................. 3
- Graduate not yet worked in that area ................................. 4

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Ante natal</td>
<td>1 2 3 4</td>
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<tr>
<td>Delivery</td>
<td>1 2 3 4</td>
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<tr>
<td>Post natal</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Domiciliary Care</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

13. How would you rate the new graduates' level of performance in the following areas?

- Very good ......... 1 (Highly effective, outstanding ability)
- Good ................ 2 (Organised methodical, effective, successful)
- Satisfactory ...... 3 (Not good, some weaknesses, inadequacies)
- Unsatisfactory .... 4 (Need for improvement)

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Knowledge</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Organisation of Work</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Quality of Work</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Output of work</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Judgement</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Staff Relations</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Public Relations</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Patient Relations</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Communication</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Initiative</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Dependability</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
14. What strengths have you identified in ADN graduates?
   1. 
   2. 

15. What weaknesses have you identified in ADN graduates?
   1. 
   2. 

16. What strengths have you identified in Separate Course graduates?
   1. 
   2. 

17. What weaknesses have you identified in Separate Course graduates?
   1. 
   2. 

18. Do you give feedback to Polytechs about the strengths and weaknesses of the graduates?
   YES ☐
   NO ☐

19. Have any 1989 graduates from an ADN or Separate course resigned from your service in the last six months?
   YES ☐
   NO ☐

19a. If yes, please specify...

   NUMBER of ADN graduates who resigned

   NUMBER of Separate Course graduates who resigned
20. Are there any other comments you would like to make about new midwifery graduates?

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THANK YOU FOR YOUR HELP