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Midwifery students and preceptors shared experiences of practice assessment: A qualitative descriptive study

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ABSTRACT

Background: Practice placement is a vital part of midwifery programs, enabling students to develop competence in caring for women and their babies under the supervision of preceptor midwives, who assess clinical skills while managing complex caseloads. Midwifery students and preceptor midwives are however contending with significant changes within the practice environment. These include changes to routes of entry to midwifery programmes, a move to a competency-based approach to assessment and increasing complexity of care required for women and their babies.
Aim: To examine the experiences of midwifery students and preceptor midwives with clinical assessment in an Irish university during a period of significant transformation in midwifery education and practice.
Methods: A qualitative descriptive design was used to interview students ($n = 32$) and preceptors ($n = 29$). Data were analysed using content analysis.
Results: Within an overarching theme of 'the context of assessment in practice', students and preceptors reported some commonalities in their experiences of practice assessment. A clear process of assessment was valued by participants, however, lack of continuity of preceptor and resource deficits, including inadequate staffing levels, affected this process. Preceptors and students highlighted the importance of support for practice assessment.
Conclusion: The findings emphasise the critical importance of the context of the practice environment in shaping stakeholders' experiences and is unique in eliciting the views of preceptors and students simultaneously. While resourcing midwifery services is essential, it must also encompass the resourcing of preceptorship, as safe practice depends on robust student assessment. Preceptors and students are supported in assessment by an explicit assessment process yet there are opportunities to further bolster supports, contributing to a quality practice learning environment for all. These insights hold significance for midwifery education and other practice-based professions.

Introduction and background

A fundamental component of midwifery programmes requires students to experience the care of women and their babies in order to develop their skills and ability to provide safe and competent care on graduation (European Union, Directive 2013/55EC). The importance of practice placement is further accentuated by the International Confederation of Midwives (2021), stipulating that a minimum of fifty percent of any midwifery programme is allocated to practice. To fulfil this requirement, the Nursing and Midwifery Board of Ireland (NMBI) mandates that midwifery programs allocate significant time to practice exposure. For a 4-year Bachelor of Science (BSc) in Midwifery (144 weeks), a minimum of 81 weeks must be devoted to practice. Similarly, for the Post-Registration Higher Diploma in Midwifery (78 weeks), at least 52 weeks are allocated to practice exposure (Nursing and Midwifery Board of Ireland, 2016; 2017). Practice based education (PBE), is a process of professional support and learning in which students, through participation in caregiving, supervision, and discussions with experienced and knowledgeable colleagues, develop and consolidate their practice incrementally (Jayasekera et al., 2018). Practice placement facilitates the integration of theory and practice whilst exposing the student to the 'real' world of practice (Panda et al., 2021),

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helps the socialisation of students into their professional roles, whilst developing the values of their profession (O'Doherty et al., 2021).

Midwifery students are expected to develop the required skills, knowledge and professional behaviours in an incremental manner under the supervision and guidance of specially prepared midwives. In Ireland, midwives responsible for assessing students in practice to support their progression through midwifery programs are referred to as preceptors (Nursing and Midwifery Board of Ireland, 2016).

Midwifery education has undergone substantial transformation in recent decades, both in Ireland (O'Connell and Bradshaw, 2016) and internationally (Cummins and Gilkinson, 2023; Briscoe and Clarke, 2018). In Ireland, changes included the introduction of a direct-entry Bachelor of Science (BSc) in Midwifery program in 2006 and the reduction of the traditional post-nurse registration midwifery program from two years to 18 months in 2007.Transfer of midwifery education from hospital-based schools of midwifery to Higher Education Institutions (HEIs) was also completed in 2007. A competency-based approach to assessment of practice was fully adopted from academic year 2006/7 (O'Connell and Bradshaw, 2016), with preceptor midwives assuming full responsibility for the summative assessment of midwifery students in practice. These changes have led to an increase in the number of students on placements, along with a corresponding rise in the responsibilities of midwives for assessing students in practice.

Internationally, further changes have affected the practice placement environment (PPE) within maternity services (Royal College of Midwives (RCM), 2024; Kemp et al., 2021). For example, the characteristics of women accessing the maternity services globally have changed exponentially over the last twenty years. Women often present with pre-existing co morbidities, including diabetes, obesity, and cardiac disorders, the management of which impacts on pregnancy, labour, birth, postnatally and on the baby (Turner et al., 2020). Pre-existing morbidities and the development of co-morbidities in pregnancy increases a woman's need for medical care and risks associated with medical interventions (McDougal et al., 2016). This escalates care complexity within maternity units, leading to a sustained demand for complex care and highly skilled staff (Turner et al., 2020), resulting in an increased workload for midwives.

In tandem with the changing profiles of women accessing services, and exacerbated by the increasing medicalisation of childbirth, there was and continues to be under resourcing of maternity services in Ireland and internationally (RCM, 2024; Carvajal et al., 2023; Ryan, 2022; INMO, 2023; All Party Parliamentary Groups (APPG), 2022; Kings Fund, 2022; WHO, 2021). Persistent reports of under resourced maternity services, affecting the safety of maternity services (Independent Maternity Review, 2022; Ockenden, 2020; HIQA, 2015, 2020; Corcoran et al., 2015; Kirkup, 2015; 2022) have been compounded more recently by the global COVID 19 virus pandemic.

In the context of these changes, it is timely therefore to elicit the experiences of two of the most significant stakeholders in midwifery practice education, midwifery students and preceptor midwives. The aim of this research therefore was to examine the experiences of midwifery students and preceptor midwives with clinical assessment in an Irish university during a period of significant transformation in midwifery education and practice. Such an exploration can illuminate clinical assessment within the practice context; help inform the continued development of the clinical assessment process and the preceptorship model and enhance students and preceptors' experiences of clinical assessment. Ethical approval for the study was obtained from the university (**2013_03_03 EHS)** and the four maternity units (**HSE REC Ref 112/15)**, where the preceptor midwives were employed. This paper reports on the experiences shared by students and preceptors. Findings from this study which were specific to the preceptors only have been reported (Bradshaw et al., 2019), with a paper reporting on the findings specific to the students only planned.

Methods

Research design

A qualitative descriptive approach, using focus groups and interviews were employed to gain an in-depth understanding of midwifery students and their preceptors experiences of clinical assessment within midwifery practice. Qualitative descriptive research seeks to provide a rich description of participants experience, depicted in easily understood language (Sullivan- Bolyai et al., 2005) and in so doing understand a phenomenon, a process, or the perspectives and worldviews of the people involved (Doyle et al., 2020).The study was guided by the constructivist theory, closely allied to relativism, which holds the view that reality is socially constructed through individuals' interactions and experiences, and that understanding is best achieved by exploring the lived perspectives and meanings attributed by participants (Parahoo, 2014). The focus groups and interviews were audio recorded and transcribed verbatim. The analysis initially followed a literal descriptive approach (Sandelowski, 2010), presenting the participants experiences in their own words. This then progressed to a more interpretive analysis, guided by the constructivist paradigm, to uncover the deeper meanings participants attributed to their experiences (Bradshaw et al., 2017).

Sampling strategy

Purposive sampling was used to access participants whose qualities or experiences aligned with the study's objectives. Eligibility criteria for both midwifery students and preceptors were established to ensure that the data collected would be relevant to the research questions (Hennink et al., 2020) (see Tables 1 and 2).

Student participants and recruitment

Four focus groups were conducted with two cohorts of midwifery students from a single university in Ireland: BSc Midwifery ($n = 19$) and Higher Diploma in Midwifery ($n = 13$), all of whom were in the final semester of their program (total $n = 32$).

Recruitment was conducted via verbal presentation and a participant information leaflet (PIL) (See Supplementary file), allowing students the opportunity to ask questions of the primary researcher before providing consent. The PIL emphasised the voluntary nature of students' participation and their right to withdraw from the research at any time. To minimise perceived pressure or coercion, given the lead researcher is also a lecturer in the midwifery programs (Anderson, 2011), data collection was scheduled after students had completed all their theoretical summative assessments. Focus groups were held on campus for convenience and written consent was obtained at the venue from each student.

Preceptor participants and recruitment

A total of 29 midwifery preceptors participated in the study. Their experience ranged from eight months to 33 years in practice, and from two or three to more than 30 preceptorship experiences. Notably, 18 preceptors had conducted student assessments on at least 10 occasions (see Supplementary File). One preceptor who had only eight months of experience volunteered to participate, citing her dual perspective as a recent graduate and a new preceptor.

Recruitment was facilitated through posters displayed in maternity units (See Supplementary File). Midwifery Managers and Midwifery Practice Development Unit (MPDU) staff acted as gatekeepers by distributing PILs and serving as points of contact. They connected interested preceptors with the lead researcher, who addressed any queries prior to obtaining informed consent. These gatekeepers played an essential role in preventing coercion and supporting ethical recruitment practices (Cronin et al., 2015; Kay, 2019).

Table 1
Eligibility criteria for data collection from midwifery students (Hennink et al., 2020).

Inclusion criteria for student focus groups
• Final semester students in the BSc or Higher Diploma in Midwifery programmes. • Successfully completed all theoretical summative assessments. • Provided written informed consent for focus group participation.

Table 2
Eligibility criteria for data collection from preceptor midwives (Hennink et al., 2020).

Inclusion criteria for preceptor semi structured interviews
• Registered midwives with a minimum of one year practice experience. • Employed in one of the four units used for student placement • Designated as preceptors after completion of the required training • Practised as a preceptor at least once to midwifery students from the University of AA • Provided written informed consent to participate in semi structured interviews.

Data collection

Data were collected by the lead author (XX) using audio-recorded focus groups with midwifery students and audio-recorded semi-structured interviews with preceptor midwives. An interview guide, devised based on relevant literature, was used to structure the discussions, while allowing participants the freedom to express their perspectives fully (Miles et al., 2014) (Supplementary file). Data were transcribed verbatim after data collection was completed and the study is reported in compliance with the COREQ criteria (Tong et al., 2007).

All eligible students consented (n = 32) to participate. Preceptor representation (n = 29) was proportionally distributed across four units, based on student placement numbers and clinical activity within the units. Sixteen of the preceptors were employed in Unit A, which had the highest clinical activity (5000 births p.a). and supported both BSc and HDip students. Unit B (2000 births p.a) contributed seven preceptors and provided placements for BSc students across all four years of the programme. Unit C (3) and Unit D (3), each averaging 1000 births p.a, were represented by three preceptors each, and hosted BSc students in Years 1 and 2 of the programme only. Data saturation was achieved when the final interviews reflected recurring themes and confirmed earlier findings (Cronin et al., 2015).

Four focus groups were conducted with two cohorts of midwifery students, from a single university in Ireland: those enrolled in the four-year direct entry programme (BSc Midwifery n = 19) and the post RGN midwifery registration programme (Higher Diploma in Midwifery n = 13)), all in the final semester of their programme in one university (n = 32). Semi structured interviews were conducted with preceptor midwives (n = 29), from four different maternity units where the midwifery students completed their Practice Based Education (PBE). The preceptors represented a range of experience levels in both midwifery practice and preceptorship, providing a diversity of perspectives. All preceptors had received the same preparation for their role and used standardized documentation and processes to assess the midwifery students across the four units. There was a defined process of practice assessment in place in all four units which involved:

- The allocation of a named preceptor midwife, and an associate preceptor midwife (where named preceptor was unavailable) to each student, with a minimum of a four-week placement required for each competency assessment (within antenatal, intranatal and postnatal settings).
- The student is orientated to the setting, and an initial interview with the named preceptor takes place during the first week of placement. Assessment criteria/competencies for completion are discussed at this interview.
- An intermediate interview (mid-point) is arranged mid-way through the placement, with the student's progress discussed and areas for development agreed by the preceptor and the student. Opportunity for written feedback and discussion is incorporated throughout the process by the allocated preceptor/associate preceptor, or by any midwife working with the student.
- The final interview is completed in the last week of the student's placement and a decision to pass or fail the assessment agreed and recorded by the preceptor and student.

Data analysis

Following completion of the data collection all audio recordings were transcribed verbatim by the lead researcher. Data were analysed using Burnard's (2011) framework for content analysis was used, which involves coding and categorisation to organise and interpret the material into themes and associated subthemes. This approach, influenced by the work of Vaismoradi et al.'s (2013) who suggest that quantifying aspects of the data can enhance the "straight description" of the data advocated by Sandelowski (2010 p 338). The initial analysis of the data was performed by the lead researcher (CB), without the use of software. Field notes taken after each focus group and interview were reviewed alongside the transcripts. Transcripts were read repeatedly during which open coding was used to identify headings that captured the range of participants experiences. This allowed for the reduction and grouping of text into meaningful units. The initial list of codes was then refined to eliminate overlap and produce a more meaningful set of categories. An example of the coding process is provided in the Supplementary file. Transcripts were subsequently colour coded according to refined codes and recurring patterns were grouped into preliminary themes and

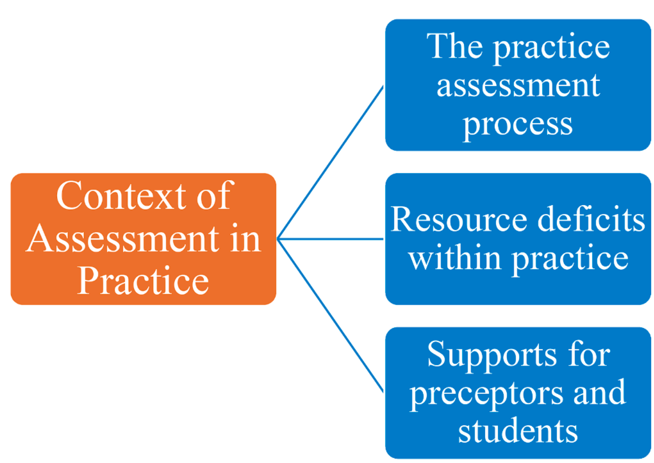

Fig. 1. Overarching theme and sub-themes for the shared experiences of midwifery students and preceptor midwives.

subthemes (Fig. 1). The data was then considered by the research team (MF, JP) and the themes discussed, revised and agreed by all the research team. While the analysis described here in sequential steps for clarity, in practice it was iterative and dynamic, involving several rounds of coding review and revision (Robson and McCartan, 2015), before deciding on the final theme and subthemes.

Trustworthiness and reflexivity

Trustworthiness in qualitative research refers to the criteria used to evaluate the rigor of a study and includes the credibility, dependability, confirmability, transferability and the authencity of the research (Lincoln and Guba, 1985). Credibility was strengthened through the lead researcher's prolonged engagement with participants and immersion in the data, as well as establishing trust with participants. Data triangulation, by including perspectives from both students and preceptors further enhanced credibility (Stahl and King, 2020). The analysis of the data using a named framework (Burnard, 2011), contributed to rigor as did the involvement of the research team in the data analysis process, with the themes discussed, revised and agreed by all the research team. The audit trail, describing the characteristics of participants and inclusion of verbatim quotes (Yardley and Smith, 2015) demonstrated dependability and confirmability (Polit and Beck, 2021). Transferability, facilitated by a thick description of the data and identifying sampling and design details (Moule, 2020), with the rich description of the findings contributing to authencity. Finally, reflexivity is vital to engage in to augment trustworthiness (Finlay, 2017), where the researcher critically interrogate their position and preconceptions that influence understandings of the research topic, participants and data interpretation (Akter et al., 2022). Examples of reflexivity include delaying student recruitment until their assessments were completed and being mindful of the power imbalances of interviewer/interviewee associated with qualitative data collection methods (Green and Thorogood, 2018).

Findings

The findings reported here are those of the shared experiences of students and preceptors. The analysis found that within an overarching theme of "The context of assessment in practice", there were three subthemes: "*The practice assessment process", "Resource deficits within practice",* and "*Supports for preceptors and students"* (Fig. 1). Each of these subthemes represented a feature of practice environment that significantly impacted the lived experience of participants. The overarching themes and subthemes will be presented and validated by participant quotes, with a key to explain participants codes provided in the footnote below.1F[1]

Context of assessment in practice

Under the overarching theme of the context of assessment in practice, both preceptors and students detailed their experience of the practice environment and how this environment affected their experiences of clinical assessment. Participants highlighted working in a pressurised clinical setting, characterised by midwifery staff shortages and increasing complexity of care required by women and their babies within the maternity units. These environmental pressures coloured all aspects of the data, with recurring references to heavy workload, complex care demands and limited time, all of which were perceived to negatively affect the assessment of students.

> *"Often you can't give the students the support they need, because you are caring for a very sick lady, another woman is going home, pressure is on for beds, you feel you are just bringing the student along with you as opposed to showing the student what to do" Winnie Pre*

The practice assessment process

There was a defined process of clinical assessment in use in the practice area and both the midwifery students and preceptor midwives were familiar with it and described it clearly. There was universal agreement that this process was crucial to scaffold assessment, yet there were acknowledgments that there were challenges with the operationalisation of the process.

All participants agreed that this process was essential to structure the assessment, facilitate feedback and support students throughout placements. Preceptors and students valued the interviews to ensure students were progressing appropriately, providing the opportunity to identify and record any areas of development expected:

> *"I like the first, midpoint and final interviews in use in the process. The first interview gives you a chance to decide what needs to be achieved and how it is going to be achieved. The midpoint interview gives an opportunity to assess progress, to hear how you are doing, you are not waiting until the placement is over to hear there is a problem, and then the final interview to follow up on the progress and sign the student off" Delia Pre*

For the students, inclusion of mandated interviews within the process compelled the preceptors into making the time for the assessment, an opportunity to discuss issues with preceptors and receive feedback:

> *"The interviews give us an opportunity to talk to the preceptor midwife, we could go a couple of weeks without talking to them, the interviews give them a chance to see how you are getting on and if you didn't have the process, you would have no assessment" Paula BSc*

Preceptors particularly valued an explicit process when there were challenges with student assessments:

> *"The process is really important and never so much as when you have a student edging towards a failure, the process really supports you and the student then, you can check back on the interviews and the feedback and make sure you have done all you can do and in the correct manner" Kay Pre.*

However, lack of continuity with the named preceptor or associate preceptor interfered with the operationalisation of the competency assessment process. Continuity did not occur for a variety of reasons (students and preceptors working different shift patterns, preceptors on leave or redeployed). Students, frustrated by this lack of continuity, queried the robustness and fairness of the process:

> *"I think it should be the named preceptor doing all your interviews and working with you at least once a week. Only once did that happen for me in all the time we have been here now, in 18 months, how can a preceptor assess you fairly if they have not worked with you?" Misha HDip.*

Likewise, preceptors questioned how they could, in good faith, sign off on students whose practice they did not know:

> *"The biggest thing is there is no continuity at all. I was asked to do a final interview with someone I had worked with for four hours. I refused and then it was a big deal with managers and the CPCs [Clinical Placement Coordinators] when we are refusing to do it, but it is not safe. It is not fair on the student either because she must complete her assessment. We feel bad saying we are not doing it, she [the student] thinks it is because we don't want to pass her, but we haven't worked with her long enough to assess her" Veronica Pre*

Students were distressed with the absence of recorded feedback when continuity was an issue as it affected their assessments:

[1] The insertion of Pre and the preceptor pseudonym denote preceptor quotes. The insertion of BSc Midwifery and student pseudonym denote quotes from BSc Midwifery students. The insertion of HDip and student pseudonym denotes quotes from a student on the Higher Diploma in Midwifery.

"Sometimes they[preceptors] don't [sic] feedback to one another, and you are sitting there with a midwife you have only worked with twice in your whole time there and it's your final interview and they say "I haven't really worked with you a lot" but it's not my responsibility to make you [preceptors] feedback to each other" Paula BSc

Resource deficits within practice

Preceptors and students referred to resource constraints within the practice environment that affected their experience of practice assessment.

Midwifery staffing levels had deteriorated whilst the acuity of care increased, and students were concerned about their supervision and learning needs:

"Midwives are more restricted now with their staffing levels, they are under more stress than they would have been. They must let you get on with it and often they don't know you or your abilities, that's tough for them but it does affect our supervision and assessment and potentially the safety of women" Lucy HDip.

Preceptors confirmed this when speaking of the pressure experienced in managing their caseloads, acknowledging that the needs of the students always had to come last:

"I am a midwife and teacher as well. I am caring for the mother and teaching her and teaching the student, I might have eight to ten postnatal mothers and babies, there can be a lot of pressure on [sighs]. Unfortunately, the student suffers because I must prioritise the mothers and babies" Patrice Pre.

The complexity of care, necessitating increased interventions and greater care requirements, overwhelmed preceptors and students, and affected opportunities to teach and learn in practice:

"It's the workload, the women and babies have to be cared for, we are looking after a lot of complex cases, we don't get time to learn, and the midwives don't get time to teach" Caroline BSc.

This meant it was difficult to find the time to supervise and assess students appropriately, a challenge further compounded by a shortage of midwives. Supporting and assessing students was an added extra to this challenging workload and time constraints frustrated participants:

"Sometimes I just don't get the time to teach the student what I want to teach them, and the interviews are rushed, because we have a caseload to deal with. …. but I am conscious of my workload overflowing on to another midwife if I am taking my time with the student. I am very conscious of that; it is time, always time" Ciara Pre.

Contending with heavy practice caseloads in tandem with midwife shortages caused students and preceptors to suggest that protected time for assessment was required:

"The interviews provide us and the preceptors space to review care and progress and provide us with feedback so protected time for interviews would be really valuable" Erin HDip.

Supports for preceptors and students

Supports accessed by preceptors and students included peer support, the Clinical Placement Coordinators in Midwifery (CPCs M) and the university (specifically link lecturers and course directors).

Students' need for support from their student colleagues was evident when they faced challenges including communication barriers with preceptors, time constraints and working within a pressurised practice environment. Students turned to their peers who helped to validate their experiences:

"Everyone was feeling the same in the group and the same preceptors were coming up all the time. We all knew what our peers were going through in practice. It was nice to feel that it was not just me suffering with particular preceptors. It was good to share those experiences with students, it helped" Kit HDip.

Preceptors, likewise, relied on their midwifery colleagues for support and always consulted with their colleagues when uncertain what action to take with a student:

"We have to talk to our colleagues, and they support us with our assessment because they know those students too. Then when I have confirmation of a concern, I would go to the CPC" Delia Pre.

Participants appreciated the support provided to them by the CPCs, who were accessible and approachable. However, students and preceptors were sometimes reluctant to approach CPCs. Students were fearful of exposing their lack of knowledge, skills and being judged:

"I felt that you couldn't really like go to the CPC … because you feel like 'Jesus, I should know what I am doing here" Caroline BSc.

Preceptors did not like to reveal to CPCs their lack of confidence when dealing with a student issue in practice:

"I didn't want to seem like I didn't know what I was doing; I didn't want them [the CPC's] thinking that I didn't know how to handle it" Bella Pre

The support of the CPCs, however, was invaluable if a student was likely to fail an assessment:

"The CPCs are absolutely great in those circumstances; they are as invested as we are" Rebecca Pre.

Preceptors and students did not see an explicit role for the university in the assessment process, except when a student was unsuccessful in practice assessment:

"This is a practice-based assessment, you would have to see the student in the practice area in practice to be able to be involved, and you [the university] do not have that opportunity, that is our job. It is different of course, if a student fails an assessment, then we need you to make sure the process has been followed and to arrange a repeat assessment" Doris Pre

Participants did, however, suggest that the university should have a role as a conduit of feedback from students to preceptors. Preceptors rarely received feedback on their own effectiveness and both groups acknowledged that students were often not able to provide feedback directly to the preceptor:

"We can't really give feedback to the preceptors, well not in an honest way [laughs]. We could talk to the lecturers in college, and they could transfer it back to the preceptors. Individual students could not be targeted then when there is negative feedback" Mel BSc.

Discussion

The aim of this study was to explore the experiences of midwifery students and preceptor midwives with clinical assessment in an Irish university during a period of significant transformation in midwifery education and practice, The findings indicate that there are a number of factors that impact on the experiences of assessment for both students and preceptors within the practice learning environment (PLE). The findings further emphasise how crucial the context of the context of the practice environment is in shaping stakeholders' experiences.

The practice assessment process

The clinical assessment process provided guidance to the assessment, for students and preceptors, the mandated interviews provided 'space', structure and opportunities to identify and record the strengths and weaknesses of the student's practice, supported by Sweet et al. (2018). A clearly defined process was essential for ensuring a consistent approach to assessment, which in turn strengthened the robustness of the assessment process, as supported by the literature (Parkin and Marshall, 2015; Bradshaw et al., 2013). Similarly, consistency, reliability, and objectivity in assessment of midwifery students is facilitated using standardised assessment tools and processes (Sweet et al., 2018; Morrow et al., 2016).

However, a lack of continuity of preceptor challenged the operationalisation of the assessment process for students and preceptors. Working consistently with a named assessor and ideally caring for the same caseload is considered vital in nursing and medical programmes (Scarff et al., 2019; Jansson and Ene, 2016). Such continuity facilitates continuity of learning and development of the preceptor/student relationship which is key to effective preceptorship (Gray and Downer, 2021; Zwedberg et al., 2020a; 2020b; Pitkanen et al., 2018). Lack of continuity also reduced the opportunity for meaningful and accurate feedback to students, a concern mirrored across healthcare professions (O'Brien et al., 2019; McSharry and Lathlean, 2017; Trede et al., 2015).

Continuity deficits caused preceptors to query the accuracy of assessments when students did not have the opportunity to demonstrate the required knowledge and skills, to the preceptor. This dilemma, where students are not meeting the expected standard through no fault of their own, giving students the "benefit of the doubt" is evidenced across the healthcare professions (El Hussein and Fast, 2019; Burden et al., 2018 p1085; Cardell et al., 2017; Luhanga et al., 2014). The "benefit of the doubt," however, casts reservations on the reliability and validity of assessment (Burden et al., 2018; Cardell et al., 2017).

Preceptors, hesitant to complete assessments where continuity pf preceptor was lacking often felt pressurised by management, the Clinical Placement Coordinators (CPCs) and students. This issue is echoed internationally (McSharry and Lathlean, 2017; Morrow et al., 2016) and a factor affecting robustness of assessment. Although documentation provides a mechanism to record student's progress when preceptor continuity is absent, preceptors and other midwives rarely use this option. This reluctance to "put pen to paper" and provided written feedback, which is also observed in medicine and nursing, limits efforts to maintain continuity and rigor in assessment (Burden et al., 2018; Wu et al., 2016; Guerrasio et al., 2014; Duffy, 2013 p44). Preceptors in this research agreed and expressed concern that written feedback particularly when feedback may be negative, fearing it could bias future preceptors against individual students. Accurately documenting concerns about students is often challenging (Cardell et al., 2017; Guerrasio et al., 2014). Yet without recorded evidence, assessors facing a lack of continuity are unable to evaluate students' performance accurately.

In this study, students struggled with lack of continuity in preceptorship throughout their midwifery programmes. This is acknowledged as a major stressor among nursing and midwifery students (Zwedberg et al., 2020b; Wu et al., 2016). Ideally students preferred to have one preceptor to complete all their interviews, however, this was rarely achieved as evidenced in the literature (Vermeulen et al., 2019; Bradshaw et al., 2018). In contrast, Swedish nursing students valued having different preceptors, providing effective communication occurred between them (Jansson and Ene, 2016), as mirrored in this research. Exposure to varied practice and role models through multiple preceptors can be beneficial, however is recommended primarily when students are more advanced in their programmes (Dewar et al., 2020; Zwedberg et al., 2020b).

Resource deficits within practice

Resource deficits, including midwifery staffing shortages and increasingly heavy clinical workloads, affected the experiences of assessment for participants and this directly impacts on the quality of supervision and assessment students received in the PLE. Maternity services are consistently under resourced in Ireland (Ryan, 2022; INMO, 2023; HIQA, 2020) and globally (All Party Parliamentary Groups (APPG), 2022; Kings, Fund 2022; RCM, 2024; World Health Organisation (WHO), 2021). The considerable change in the profile of women accessing maternity care (Gallagher et al., 2022), has further increased the pressure on maternity staff. Rising rates of intervention in pregnancy and childbirth including increased caesarean sections (Gallagher et al., 2022; Euro-Peristat, 2018), have augmented the workload of midwives. Clinical workload is acknowledged as a challenge to promoting and supporting an effective PLE across the healthcare services (Mulligan and Frawley, 2022; Pedregosa et al., 2020; O'Connor et al., 2019). Balancing safe care for caseloads while supervising students often results in reduced performance among practice educators (Anderson et al., 2020; McKellar and Graham, 2017; Francis et al., 2016).

Preceptors' workload affected their ability to teach students consistent with findings from Australian nurse preceptors, where students were seen as an added extra responsibility, without a corresponding reduction in workload (Anderson et al., 2020). Practice educators across six healthcare professions in Australia similarly reported that supervising students sometimes resulted in heavier caseloads (Francis et al., 2016) as reflected in this study. This suggests a lack of awareness among managers of the time commitment required for effective preceptorship (Gray and Downer, 2021; Anderson et al., 2020), and/or a perception of students as 'workers' (Mulligan and Frawley, 2022; Jessee, 2016). Inadequate arrangements for preceptorship, can lead to the primary learner function of students being replaced by worker status (Dobrowolska et al., 2016), preventing students developing the higher order skills required of graduates and putting service users at risk (Harrison-White and Owens, 2018; Jessee, 2016).

Both students and preceptors raised the issue of the time needed for effective preceptorship. Time and space to reflect and contextualise learning is critical for learning (Martínez Miguel et al., 2018); however, lack of time increases stress among students (Oates et al., 2019; McCarthy et al., 2018) and contributes to increased placement related attrition in nursing and midwifery programmes (Hamshire et al., 2019). Protected time for assessment, seen as essential by participants in this study is also requested by other healthcare professions (Mulligan and Frawley, 2022; Stone et al., 2020; Anderson et al., 2020).

Supports for preceptors and students

Social support (McIntosh et al., 2013), particularly encouragement from their peers was essential for students in this study, enhancing social identity within cohorts as they navigated the practice environment and contending with challenging relationships and personalities during practice placements, as described in the literature (Sugumar et al., 2019; Robleido-Gil et al., 2018). Preceptors, likewise, identified midwifery colleagues as sources of supports in relation to student assessment (also evidenced by Zwedberg et al., 2020a; Smith and Sweet, 2019). Social support garnered from their preceptor peers validated their beliefs and convictions when making important judgements on students' progress, particularly given the challenges with continuity of preceptor, as also reflected in a nursing context (Cassidy et al., 2020; El Hussein and Fast, 2019).

Preceptors and students valued the support provided by the CPCs. The CPC in Midwifery role was specifically created in Ireland in 2006 to support students and preceptors in the assessment of practice (Department of Health and Children, 2004). Irish studies (Kennedy and Chesser-Smyth, 2017; Burke et al., 2016; Bradshaw et al., 2013) corroborate the support provided by CPCs. Preceptors particularly commended CPC support when students struggled in practice, as evidenced by Kennedy and Chesser-Smyth (2017). However, preceptors and students reported occasional reluctance to consult with CPCs. The precarious or 'subordinate status' of the student in practice (Arundell et al., 2017) might explain students' reticence in approaching CPCs. Power inequalities within midwifery (Elliott-Mainwaring, 2021) may contribute to preceptors' caution when consulting with CPCs.

In contrast, preceptors and students did not identify an explicit role for the university in the actual assessment of students in practice. This contrasts with nursing research where preceptors requested greater support from link lecturers in student assessment (Foster et al., 2015; Helminen et al., 2014). Although the former role of the link lecturer in practice assessment in Ireland may be met by the CPCs, the university was consistently consulted when a student failed an assessment in this study. Similarly, in the UK, Hunt et al. (2016) identified the importance of the link lecturer for preceptors when students failed assessment, particularly for emotional support. Participants in this study suggested that the university could function as a conduit for feedback from students to preceptors, an area students and preceptors felt was neglected. Limited or absence of feedback to preceptors impacts preceptorship effectiveness (Gray and Downer, 2021; Jonsson et al., 2021) and detracts from preceptors' personal development (Bartlett et al., 2020; Smith and Sweet, 2019).

Recommendations and implications for practice

Ongoing work force planning within maternity services is essential to ensure effective and safe care, however, effective resourcing of preceptorship must also be factored in. Resourcing should include sufficient numbers of preceptors, providing protected time for assessment and reducing caseloads for midwives preceptoring students (Anderson et al., 2020; Zwedberg et al., 2020a; 2020b; Nursing and Midwifery Council (NMC), 2019).

Maximising preceptor/student continuity of preceptor/student is essential to prevent or minimise the challenges identified with preceptor inconsistency. Aligning the student's practice hours with the duty rosters of their preceptor (NMC, 2019), for example, could enhance continuity. Mechanisms are required to identify students' progress over placement, which should include mandatory provision of daily written feedback by midwives (Allen and Molloy, 2017).

Maximising peer support among students and practitioners should form part of any support strategy in the PLE (Pereira et al., 2021). Opportunities to develop relationships with peers, encouraging group work with shared goals and promoting discussion and reflection on the benefits of peer support (Graves et al., 2022), augment social identity among students and should be embedded in midwifery curricula. Regular opportunity to debrief and reflect on preceptor experiences could enhance peer support for preceptors and contribute to consistent approaches to assessment and managing student experiences. Schwartz Rounds, as described by George (2016), for example, can reinforce the importance of human connections by providing structured time for staff to reflect on practice, helping staff to feel less alone and promote support among peers (George, 2016).

Feedback from students to preceptors could help to reinforce the qualities of effective preceptorship practices and highlight behaviour that may hinder students learning (O'Mara et al., 2014). Incorporating this feedback via structured reflection into university led preparation and refresher programmes for preceptors, can increase self-awareness and personal growth among preceptors (Wain, 2017; Heyer, 2015).

Strengths and limitations

The data for this study was collected between 2015 and 2017, thus a consideration of the currency of the findings is necessary. However, the same context persists in the maternity services nationally and internationally and, in some instances, has deteriorated in the aftermath of the recession, persistent underfunding of the maternity services and the impact of the COVID 19 virus pandemic globally. This is confirmed nationally (Ryan, 2022: INMO, 2023), in the UK (Independent Maternity Review, 2022; Ockenden, 2020) and internationally (World Health Organisation (WHO), 2021) with continued deficits in midwifery staffing levels, combined with the escalating complexity of care required for women and their babies suggesting the findings of the research remain relevant in 2025.

This research included a large number of participants and is strengthened by reporting preceptors and students' perspectives within the same context. It was, however, confined to midwifery students (n = 32) from one university and preceptor midwives (n = 29) working within the four maternity units used by the university for midwifery student placements. Thus, the findings may not be transferable to other contexts. Nevertheless, the findings are likely to resonate with midwifery education in Ireland where a uniform approach to PBE has been adopted (Nursing and Midwifery Board of Ireland, 2016) and suggests potential transferability of the findings to other practice-based professions such as dentistry, medicine, nursing, occupational therapy, physiotherapy, social work and speech and language therapy.

Conclusion

These findings suggest the need to adequately resource preceptorship from both a health services management and a HEI perspective which should include mandatory preparation and continuing professional development for preceptors and protected time for assessment. Jansson and Ene (2016) suggest that an organisation's ability to create supportive frameworks influences the effectiveness of practice supervision and assessment for all staff and students, and that this is a joint responsibility of HEIs and associated healthcare partners. Developing and maintaining a positive clinical learning environment is complex and involves interaction and collaboration with all stakeholders (Zwedberg et al., 2020b; Moran and Banks, 2016). Nevertheless, Browning and Pront (2015) remind us of the moral, professional, and ethical obligations of HEIs and healthcare providers in the promotion of learning for students in practice.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary materials

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