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The mentoring model in practical education for midwifery students – a qualitative study

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ABSTRACT

Introduction: To provide optimal obstetric care, it is important to properly prepare the graduates of obstetrics to take up employment in the profession and provide the highest level of service. Practical education should promote an innovative approach and support comprehensive student development. One of the key elements of this is the implementation of mentoring in the education of students in obstetrics.

The aim of the study was to evaluate the implementation of a practical learning programme based on a mentoring system. The evaluation was conducted by assessing the experiences and opinions of the project participants.

Materials and methods: The study involved 20 midwifery students of the Medical University of Warsaw who took practical classes in the mentoring system in the Obstetrics and Gynaecology Department at the Solec Hospital in Warsaw with a group of 8 mentor-midwives from the Solec Hospital. The study was carried out in the years 2017–2019. Participants were interviewed and asked 5 questions concerning their opinions and experiences of the implementation of practical activities in accordance with the idea of mentoring.

Results: Students highly valued the quality of practical classes in terms of improving professional skills and acquiring new competences under the supervision of experienced mentors. The mentors indicated that mentoring enriched the traditional didactic process.

Conclusions: Mentoring is a modern and innovative form of teaching practical lessons. The use of mentoring in the education of obstetrics students allows an improvement in the quality of internships.

Keywords: mentoring; midwifery; midwife; mentor; student; undergraduate clinical training.

INTRODUCTION

Changes in the health care system, which are happening throughout the years, are the cause for a need of medical practical education to be reorganised greatly and to adjust the level to needs and challenges, which are made by constantly developing sector of medical services. The proper preparation of graduates to work in the field as well as the ability to provide a service at the highest level is important for ensuring optimal health care. Therefore, practical education should promote an anticipatory approach and support the comprehensive development of students. Regarding universities where medical staff are educated, the readiness to adapt and innovate is crucial. This obliges higher education institutions to prioritise the aims of teaching consistently and to endeavour mastering the curriculum. It is important to note that the traditional model of teaching on medical courses does not meet the criteria of efficient and effective learning on a practical level [1, 2]. What should be taken into consideration during the education process is combining different elements to allow students' classes to be heterogenous. In teaching organisations, modern and innovative forms should be used. This will enable the enrichment of the traditional didactic process and increase the quality of vocational training, which is an important factor affecting the development of medical professions in view of the constant widening of the range of health care workers' competence [3]. Research shows that using innovative forms of practical teaching ensures a high quality of clinical training. In the future, this will translate into higher levels of patient care [4, 5].

One of the key elements of this may be to introduce mentoring. This system was first used in medicine in the training of nursing students and beginner nurses at the Flinders University of South Australia [1]. The primary aim of implementing this form of teaching was to help increase competence, create a network of contacts as well as to facilitate professional development [1, 4]. Mentoring is defined as a relationship between an experienced professional and a less experienced beginner. The mentor gives support and advice, and helps in choosing aims and perfecting the practical abilities of the mentee. The mentor's role is also crucial in providing a safe and friendly environment for learning as well as introducing the mentee to the reality of professional work. This relationship is useful for both the mentor and the mentee [6]. Mentoring impacts student mobilization, widens their knowledge, develops their practical abilities and enables them to get to know methods of learning and time management. Throughout the world, modern health care organisations are constantly looking for new strategies which can improve the quality of health care. This is why it is so important to encourage professional development in all health care-connected facilities. In Poland, this can be

observed in the low level awareness of the fact that innovation in education translates into an alumni well-prepared for professional work, and therefore, working to the benefit of medical facilities. Worldwide, mentoring as a method of teaching and supporting nurses has been in place for many years; however, there has not been much focus on midwifery [7, 8, 9]. In view of the health policy pursued in Poland where there is a priority to have a high level of obstetric care, a key factor is to properly prepare obstetrics graduates to work in the profession. It is believed that high quality practical classes impact the educational level of midwives and their readiness to be professionally active [4, 6, 10]. Thus, it is important that the mentoring system meets these students' needs perfectly. Having a designated and formally chosen mentor is very important, because it simplifies making students' way in hospital reality and gaining confidence during practical activities. Students working with a midwife have a chance to gain competence in patient care in accordance with best practice based on recent medical knowledge and experience. The relationship between an experienced mentor-midwife and a less experienced obstetrics student may influence the development of professional abilities, introducing the realities of working in the health care system and undertaking actions for widely understood personal progress of the mentee.

Seeing the need for changes in the practical education of midwifery students at the Department of Obstetrics and Gynaecology Didactics of the Medical University in Warsaw, a pilot programme of practical lessons based on a mentoring system was implemented. The project, entitled *Good practice in midwifery – mentoring in students' practical education*, was realised from October 2017 to June 2019.

The aim of this work was to evaluate a practical teaching programme based on a mentoring strategy on the basis of the experiences and opinions of the participants.

MATERIALS AND METHODS

Twenty students of midwifery at the Medical University of Warsaw who took part in practical classes in the mentoring system at Solec Hospital in Warsaw and 8 mentor-midwives from Solec Hospital in Warsaw were included in the survey. The practical lessons took place at the Obstetric-Gynaecology Department. Research was conducted between 2017–2019. In total, 5 students in their 1st-year, 6 students in their 2nd-year and 9 students in their 3rd-year took part in the programme. Students had obligatory practical lessons according to their teaching programme on each course at gynaecology-obstetrics department including delivery ward. Practical classes were led under the midwives' mentorship – the hospital's trained specialists, with the help of a coordinating midwife from the gynaecology-obstetrics department of Solec Hospital and an academic teacher from the Medical University in Warsaw. The hours, type of department and date of the classes were in accordance with the obligatory practical classes defined by the curriculum in the given year of study. Practical classes in the mentoring system on the midwifery course were conducted in: the basic of obstetric care (120 h), midwifery and delivery techniques (160 h), basic health care (40 h), midwifery and obstetric care (120 h).

To gather the experiences and opinions of participants in the mentoring project, interviews were conducted. The interviews consisted of 5 questions related to the impressions of the practical classes with an emphasis on the idea of mentoring. Meetings with participants took place after the programme finished (June 2019). The length of the interviews was on average 65 min. Conversations were recorded. All participants agreed to allow us to use the data for research. Participants were assured about the confidentiality of the research and that personal data would not be disclosed. The presented fragments of the interviews are literal citations of the students and mentors.

RESULTS

After conducting interviews with the participants of the programme, an analysis of their answers' was carried out. On the basis of the research material, codes were created (student 1, student 2, mentor 1, mentor 2 etc.). Below, quotations from the participants are introduced.

1. What were your expectations before the start of the practical classes in the mentoring system?

"In conducting practical classes in the mentoring system, I see that there is hope to improve the quality of professional practice which, in the future, may translate into better quality of patient care" (mentor 2).

"I would like my younger colleagues to have the broadest possible practical knowledge which will allow them to take care of their patients safely in the future, according to best practice and standards, in the face of the challenges of the midwife's profession" (mentor 5).

"I would like to learn as much as possible during practical classes and being on duty with a mentor in a one-to-one situation would make this much easier and more effective" (student 1).

"I think that the knowledge I can gain during the implementation of this programme can significantly contribute to being better prepared for work as a midwife. It is a great opportunity for me to develop in an area that is my passion" (student 15).

"I would like to finish my practice with the conviction that my mentor and I have done a very effective job together. Thanks to this, I will be able to help the patients professionally and independently in the near future and feel more confident in the ward" (student 19).

Students said that the possibility to work with the same mentor enabled them to increase their range of skills, and the use of modern and innovative forms of teaching, such as mentoring, makes the quality of professional practice better. In the long term, this will result in new midwives being better prepared to start professional work and being able to provide a higher quality of care for the patients. Moreover, this way

of teaching, according to participants, enables creating closer relations between mentors and students which may improve the effectiveness of the didactic process. Participating in mentoring programmes creates chances for competence development, helps to introduce students to the reality of health care system work and enables to take actions on widely understood personal progress on mentee.

2. Were practical activities led in accordance with mentoring ideas different from other practical lessons?

"As part of the mentoring program, I had only 1 student under my care during my on-call duty, which significantly improved the didactic process. I could focus my attention on her" (mentor 1).

"The main difference between traditional practical lessons and classes in the project was the number of students that had to be taken care of by 1 tutor. While taking classes in this program, I had the opportunity to do practicals individually, under the care of a previously-appointed mentor. The mentor's attention was only on me. I had the opportunity to ask questions and learn at a pace convenient for me. In addition, an individual internship enabled me to perform many tasks, many times. I wouldn't have this luxury in a group of several people as each participant wants to try to perform a given activity. Moreover, I think that these internships were calmer and more friendly. I had the impression that the medical staff reacted better to the presence of one student with 1 tutor" (student 3).

"The mentor's attention was focused on passing on knowledge and instructing only 1 student, which significantly increased the scope of my activities. During standard practicals, the work in the department was usually spread over several students. The mentor had the time and opportunity to get to know me better and get to know my skills better and, depending on that, either allow for a lot of independence or further education in a given area" (student 9).

"These practical lessons differed from others mainly in the approach of the medical staff to the student. The midwife – my mentor – had the time and willingness to explain to me the issues I had a problem with and encouraged me to be independent in caring for patients" (student 10).

Participants noticed a big difference between traditional practical lessons and activities conducted in the mentoring programme. The current educational system in the obstetrics field in Poland provides practical lessons in 4–5 person groups under the care of an academic teacher. Teaching in the mentoring system is about organizing individual practical lessons for students, on the basis of joined activity with clinical professionals in relation to the mentor-midwife and student of obstetrics. Students were highly satisfied with this way of leading practical lessons because it gave them more possibilities to meet didactic aims and presumed learning effects. Students claimed that, in the traditional model of practical lessons, they could not always do each task with patients in the ward, because midwives on duty did not have enough time to teach their students. During the practical classes in the mentoring program, students worked with 1 mentor who supervised the student's activities and, if necessary, explained what could be improved in order to achieve the learning outcomes. Mentors had similar impressions and pointed out that only having 1 student in their charge enabled them to make the didactic process more effective.

3. What was important for you during this project?

"The one-to-one relationship was very important because I learned the student's learning style and could also develop my teaching skills. I tried to adapt to the needs of the student – on traditional internships, this is usually impossible because I don't have enough time to devote to individual students and must focus on all the students in the group" (mentor 3).

"Before the practical classes, I attended a training course for mentors. This prepared me to work with the student in the mentoring system" (mentor 4).

"The possibility to ask questions without pressure and negative judgement" (student 4).

"These were the first practical lessons during which the same person accompanied me to perform new activities, which gave me great mental comfort and created a space for bolder questions and raising doubts. Furthermore, I felt welcomed and needed in the ward, a little like a team member" (student 7).

"In my opinion, the style of teaching in these classes was more comfortable for the student. We have time to ask questions and perform various activities repeatedly. The teacher (mentor) had time to focus on me alone. The learning atmosphere was more pleasant. In my opinion, the medical staff reacted better to 1 student and his mentor than a group of students under 1 mentor" (student 11).

"What was important to me was that I worked with only 1 mentor that I could meet before. This made it very easy for me to cooperate during practical classes. My mentor was calm, patient, believed in my skills and supported me. I needed this type of support a lot. I didn't experience him in other practices as much as I did in these classes" (student 16).

Participants agreed on the advantages of having a one-to-one relationship during practical activities. All of them claimed that this individual supervision strengthened the learning process because of its direction towards personal aims and gaining skills according to the presumed effects of practical education. Students and mentors distinguished important differences from traditional models, in which midwives have to teach more than 1 student and cannot develop an individual approach. In the traditional model, students avoided asking questions as they thought their practical and theoretical knowledge would be judged and criticised. During the mentoring programme, students felt as if they were the part of the therapeutic team and were engaged in everyday work at the ward. Students were also appreciated by other members of the midwives' team and felt their support. The project enabled midwives to take part in training for mentors which prepared them for practical lessons using innovative teaching methods

and allowed them to gain knowledge about mentoring and the principles of the mentoring programme.

4. Did the programme meet your expectations?

"I am glad that I could take part in such a project because I see how important mutual involvement and a close relationship between teacher and student are. I have noticed that in this system, the student is able to learn more easily and gain confidence in caring for the patient" (mentor 6).

"Thanks to the individual approach to the student, it was much easier for me to convey didactic content as well as practical skills. Thanks to this, I knew what I should expect from the student and what effects are the aim" (mentor 7).

"Yes, thanks to participating in the program, I feel well prepared to take up work in the profession" (student 11).

"The programme *Good practice in midwifery – mentoring in students' practical education* met my expectations. I feel that, during this, I have learned a lot compared to traditional practices where we work with other midwives on each shift" (student 13).

"It met my expectations of establishing a good relationship between me and the mentor and other members of the therapeutic team. I am pleased that I have been given many opportunities to improve my practical skills" (student 18).

"During these practices, I was able to feel the real cooperation between me and the medical staff. No other practice has given me the feeling that my presence in the hospital is needed and that I can actually help with patient care" (student 20).

All students and mentors claimed that taking part in the programme met their expectations. Participants said that the mentor's role in teaching students in the field of clinical knowledge and skills is very important. Students pointed out that they looked up for their mentor in terms of professional development. Thanks to good communication, mutual knowledge, empathy and trust in experienced specialists, students got the necessary knowledge and skills to prepare them for taking up work in the profession. Mentors said that mentoring broadened their knowledge on the demands and rules of the teaching effects evaluation. Mentors also pointed out that effective mentoring requires involvement and willingness from both the mentor and the student.

5. What can be done, in your opinion, to improve the effectiveness of the method of teaching proposed in the programme?

"Training and awareness-raising for mentors should be conducted in accordance with the idea of mentoring" (mentor 1).

"Implementation of the mentoring system in practical education depends on appropriate financial resources, the organizational capabilities of the therapeutic entities where the lessons takes place and cooperation with universities educating midwives. For this reason, we should strive to popularize this method" (mentor 2).

"I believe that classes with students should only be conducted in this way. The use of mentoring is a solution that will improve the quality of practical education, so it should be widely available to all students" (mentor 8).

"Perhaps in the future it would be possible to carry out internships in such a way that every student has the opportunity to do an individual internship at least once during the 3 years of study" (student 12).

"I believe that longer practice time could contribute to a more effective programme" (student 17).

Participants of the programme decided that using modern and innovative forms of teaching in medical education is very much needed and should be widely available. For this to be possible, it is necessary to increase awareness of mentoring programmes among academics and other medical educators, midwives, students and the managing staff of medical facilities where professional practice is conducted. Implementing a mentoring system will only be possible with the support of institutions responsible for student education. According to the mentors', training for midwives working at the hospital is important. This could increase the number of mentors and people interested in this didactic method.

DISCUSSION

In the face of changes taking place in the health care system, it has been pointed out that in the process of the practical education of obstetrics students, new solutions should be looked for to improve educational programmes. The primary aim of these activities is to strive for the best possible preparation of the graduates of midwifery to take up employment and carry out professional tasks in accordance with current medical knowledge and based on the highest standards of patient care. The quality of practical teaching for students in pre-graduate education is of great importance in achieving the goals set out above [11].

In McKenna work, it was shown that introducing innovative teaching methods, such as mentoring, improves the quality of practical education [9]. In many countries, mentoring is already a popular strategy supporting a heterogenous development of students and is one of the most important models to educate professionals [6, 12]. In our study, the students indicated that the mentoring model meets their expectations as it has a positive impact on shaping practical skills and increasing professional independence thanks to the support of the assigned mentor. The individual relationship and the possibility of observing the mentor in action, as well as the use of their experience, supports the development of students. If the midwife cooperates with the mentee and treats them as a member of the therapeutic team, students have a stronger sense of belonging which also has a positive effect on the didactic process. According to the midwives participating in the mentoring programme, the personal relationship between the mentor and the mentee allows for greater effectiveness in teaching and achieving the planned goals, as well as for adapting working methods to the individual needs of students. A study by Jansson and Ene showed that when a mentor has no knowledge of the practical

skills of their mentee, there may be situations in which students undertake activities for which they are not properly prepared which may endanger patients [13]. This is why knowing each other and mutual trust are factors which condition a positive outcome of the mentoring process. In Claeys et al. research, it was shown that the mentor's role is also key in ensuring a safe learning environment and introducing mentees to the reality of professional work [14]. This research has shown that individualised, goal-oriented care has strengthened students' self-confidence and social competence. Stimulating creativity, introducing new experiences and shaping critical thinking skills are the most important features of an effective mentor according to the students. Similar results were obtained by Pitkänen et al., in whose research it was shown that practice-centred education, including mentoring, supports clinical competence of future health care workers. It was also shown that relations with mentors are of great importance in terms of the effectiveness of teaching [15].

According to the midwives surveyed, mentoring has great potential and contributes to improving the didactic process. However, it is not without significance that they are properly prepared to act as mentors [15]. The participants of the project indicated that it is a necessary element of the implementation of the programme because it increases awareness of this method of teaching, allows to learn about the specifics of implementing mentoring in the practical education of midwifery students and equips midwives – future mentors – with a wide range of tools and effective methods used in the mentoring process. Pitkänen et al. paid attention to the necessity of organizing training courses that will improve the mentors' pedagogical competence when planning educational programmes [15]. The mentor's role is part of the specificity of the work of a midwife, but the preparation of midwives for the implementation of classes in the mentoring system is a factor determining the success of this process. In the presented model, the role and responsibilities of mentors-midwives are clearly stated. Górka et al. conducted an evaluation of nursing staff knowledge on coaching and mentoring and found that this environment does not use these development tools, mostly due to a lack of knowledge [16]. A lack of knowledge on standards, too little knowledge of the mentoring process, a lack of interest in this method of personal and professional development not only among midwives but also among managers of health care facilities means that the need to apply this strategy in the professional work of nurses and midwives is not recognized. It should be pointed out that mentoring in other areas (e.g. business, professional counselling) is already a commonly used and recognized strategy supporting the development of young employees. Using modern and innovative solutions in the practical education of medical students should be the role of the university, which, being responsible for supporting clinicians in this particular role, would connect the academic community with health care institutions by implementing modern educational methods [17, 18].

In the survey, the students also drew attention to the problem of the availability and universality of mentoring, indicating that not every midwifery student has a chance to participate in such a program. This is mainly due to an insufficient number of qualified mentoring staff. In response to the question concerning the possibilities of improving the effectiveness of the mentoring program, the students pointed out that the duration of practical classes could be longer as it increases educational possibilities and strengthens the acquired practical skills. According to Warne et al. these goals are difficult to achieve in the case of short-term practices [19]. Practical classes realised in the course of the mentoring programme included obligatory vocational training according to the teaching programme in each study course. Therefore, the hours, type of ward and date of classes were not changed. As a result, it was not possible to extend the practical classes. In order to meet the expectations of students as to the extension of the mentoring process, this type of programme should be implemented from the 1rst year of studies and continued in subsequent years. The end of the programme does not necessarily mean the end of the relationship for the students and their mentors. They can continue to keep in touch and strive for further professional development through so-called informal mentoring. It is therefore important to note that mentoring can be used not only at university level, but also in the future professional work of midwives.

CONCLUSIONS

1. Implementing a mentoring model in the practical education of obstetrics students improves its quality and the level at which alumni are prepared for professional work.
2. Activities should be carried out to popularize the use of modern and innovative methods of education both among midwives and among the authorities of medical universities and management staff of medical facilities.
3. The dynamic development of midwife profession and constant widening of professional competence range cause higher education impose an obligation on higher education institutions providing education in the field of obstetrics to seek modern solutions to improve and mastering their educational programmes.
4. It is necessary to educate midwives on the possibility of using mentoring in professional work and encouraging them to take part in mentoring training.

REFERENCES

1. Edgecombe K, Wotton K, Gonda J, Mason P. Dedicated education units: 1. A new concept for clinical teaching and learning. Contemp Nurse 1999;8(4):166-71.
2. Dobrowolska B, McGonagle I, Kane R, Jackson CS, Kegl B, Bergin M, et al. Patterns of clinical mentorship in undergraduate nurse education: a comparative case analysis of eleven EU and non-EU countries. Nurse Educ Today 2016;36:44-52.
3. Schulz PM, Dunne CL, Burdett-Jones D, Gamble NS, Kosiak MM, Neal JM, et al. Evaluation of strategies designed to enhance student engagement and success of indigenous midwifery students in an Away-From-Base

Bachelor of Midwifery Program in Australia: a qualitative research study. Nurse Educ Today 2018;63:59-63.
4. Gibson T, Heartfield M. Mentoring for nurses in general practice: an Australian study. J Interprof Care 2005;19(1):50-62.
5. Harvey S, Uren CD. Collaborative learning: application of the mentorship model for adult nursing students in the acute placement setting. Nurse Educ Today 2019;74:38-40.
6. Cummins AM, Denney-Wilson E, Homer CSE. The experiences of new graduate midwives working in midwifery continuity of care models in Australia. Midwifery 2015;31(4):438-44.
7. Waters D, Clarke M, Ingall AH, Dean-Jones M. Evaluation of a pilot mentoring programme for nurse managers. J Adv Nurs 2003;42(5):516-26.
8. Bradshaw C, Murphy Tighe S, Doody O. Midwifery students' experiences of their clinical internship: a qualitative descriptive study. Nurse Educ Today 2018;68:213-7.
9. McKenna L. Nurturing the future of midwifery through mentoring. Aust J Midwifery 2003;16(2):7-10.
10. Stefaniak M. Good practices in obstetrics – mentoring in practical education of students. Położ Nauka Praktyka 2019;1(45):68-9.
11. Sokolnicka H, Mikuła W. Metody oceny jakości życia mające zastosowanie w medycynie. Med Rodz 2003;3-4:129-31.
12. Fisher M, Webb C. What do midwifery mentors need? Priorities and impact of experience and qualification. Learn Health Soc Care 2009;8(1):33-46.
13. Jansson I, Ene KW. Nursing students' evaluation of quality indicators during learning in clinical practice. Nurse Educ Pract 2016;20:17-22.
14. Claeys M, Deplaecie M, Vanderplancke T, Delbaere I, Myny D , Beeckman D, et al. The difference in learning culture and learning performance between a traditional clinical placement, a dedicated education unit and work-based learning. Nurse Educ Today 2015;35(9):e70-7.
15. Pitkänen S, Kääriäinen M, Oikarainen A, Tuomikoski AM, Elo S, Ruotsalainenet H, et al. Healthcare students' evaluation of the clinical learning environment and supervision – a cross-sectional study. Nurse Educ Today 2018;62:143-9.
16. Górka E, Kunecka D, Szylińska A, Ptak M. Coaching i mentoring w praktyce pielęgniarskiej. Pomeranian J Life Sci 2019;65(1):98-104. doi: 10.21164/pomjlifesci.547.
17. Henderson A, Eaton E. Assisting nurses to facilitate student and new graduate learning in practice settings: what 'support' do nurses at the bedside need? Nurse Educ Pract 2013;13(3):197-201.
18. Bisholt BK. The professional socialization of recently graduated nurses – experiences of an introduction program. Nurse Educ Today 2012;32(3):278-82.
19. Warne T, Johansson UB, Papastavrou E, Tichelaar E, Tomietto M, Van den Bossche K, et al. An exploration of the clinical learning experience of nursing students in nine European countries. Nurse Educ Today 2010;30(8):809-15.