

Preparing Today's Midwife Instructor and Educator

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The Midwife Teacher's Dilemma

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THIS ARTICLE is the first of a series which develops issues partially explored in the Midwife Teacher's Diploma research project report¹. This article considers contrasting aspects of the teacher's role as "educator" and as "instructor", which are apparently in conflict. In presenting a contrasting view of these two roles, we conclude that whilst instruction is a valid part of education, midwifery education is in transition from the narrowness of vocational training, which utilises an instructional mode of teaching, towards a broader, truly professional education. The articles are intended to extend and intensify the debate which already exists within the profession on these issues.

The Midwife Teacher's Dilemma

Two apparently separate and contrasting models of the role of a midwife teacher have frequently emerged in discussions with midwife teachers at conferences, courses, in visits to schools and during our research in the MTD Project. These two roles of the teacher as "instructor" and as "educator" were discussed briefly in the research report, but it seems clear that the profession is at a stage of development in which further consideration should be given to the nature and extent of that duality of role and to the implications for the education of the midwife teacher that arise from it (3).

An awareness of the need to regard the teacher as "educator" rather than as "instructor" has grown rapidly in recent years. It is shown by an increasing demand for courses in modern teaching methods, on current thinking about examinations and curriculum development, by the increasing involvement by invitation, of educators from a range of institutions involved in general and other professional education. It is shown by the enthusiasm of teachers for their own professional development on these courses and at conferences, such as those of the Education Committee of the RCM, the Association of Integrated and Degree Courses in Nursing; nursing research seminars, research appreciation courses and nursing research interest groups. In addition, midwife teachers are adopting a wider range of approaches to the designs for student learning opportunities. In all of this, midwife teachers are demonstrating a clear awareness of their own needs in respect of in-service education, especially given the recent emphasis on the study of education in initial midwife teacher education programmes.

This emphasis can be traced to the Central Midwives Board's support of changes in the education of the midwife teacher.

"The MTD candidate must, therefore, understand the basic principles of teaching, learn modern teaching methods and be given an opportunity of undertaking teaching practice under supervision when she will learn by experience how to interest and control students and how to utilise aids to teaching to the best advantage" (4a).

This recognised that "a midwife teacher must know how to teach" students who display many differences and the need to know "how to stimulate and maintain their interest". There was further recognition that the teaching role of the midwife herself required her to learn at least "elementary teaching methods", with consequent implications for the midwife teacher, in respect of this requirement.

Subsequent to this support for educational development, the linking of MTD courses to establishments which contribute to teacher education for schools and for other professions has expanded opportunities for the: profession to debate the issues involved in the teacher's role. Indeed, the very diversity of the institutions involved—Colleges of Education, Colleges of Further Education, Polytechnics and Universities will broaden the discussion. At the very least, the choices open to the student midwife teacher in respect of "teaching methods" have been considerably extended since 1969. At best, the educationalists of these establishments and the MTD course tutors have collaborated to encourage the student teacher herself to learn to evaluate critically the various roles of the teacher, some of which we subsume under the heading "educator". Other results of this enlightened change, brought about by the profession in co-operation with the CMB, have included an increased awareness on the part of established midwife teachers of the need for continuing their own professional development.

The changes that have occurred, however, produce attitudes that take what should be complementary aspects of a teacher's role as educator and instructor and throw them into conflict.

The problem is particularly acute for the student teacher and for her assessor or counsellor. From observation of the opportunities given to student teachers on teaching practice, it is particularly noticeable in the differing levels of support which teachers in the schools give to students who wish to engage in educational experiment, i.e. in designing opportunities for student learning which would be considered innovative. In some cases, this support is very positive, with the teacher in the School of Midwifery being prepared to learn with the student, to contribute to these experiments, and to try different alternatives herself. Other teachers, however, seem less willing to support educational experiment, preferring to confine their students to modes of teaching that are traditionally determined and "instructional" in character. The reasons for this are not difficult to see. The work of a midwife is important to life and health in a way that many other professions are not. Margins of safety that depend on *well-trained* personnel are vital and must be maintained. Yet the paradox is that instructional methods, as they are generally understood in the different branches of nursing, in producing consistency of functioning, *by doing so* constrain the development of that flexible, open-minded self-evaluation of performance and the criteria of performance that is the hallmark of current educational thinking. Yet

very many midwife teachers are aware that the changing role and responsibilities of the midwife must, themselves, have an effect on her education and on that of the midwife teacher (2a).

Another important factor is that there is no substantial body of evidence specific to nursing and midwifery education comparable with that existing in general education, (5,6,7,8) about the relative merits of different approaches to the design of student learning which will ensure that the student midwife acquires the competences necessary to her "licence to practise". This, understandably, inhibits many teachers from taking what they see as a risk, given that they perceive their syllabus as being extensive. It seems opportune then to consider apparently dichotomous aspects of the functioning of the midwife teacher. On the one hand, is the model of the teacher as "instructor" arising from her historical role, a role that is increasingly recognised as being necessary but insufficient. On the other hand is the concept of the teacher as "educator", a view which should not, in our view, conflict with the first model. Instruction is a valid part of education.

Acceptance of the educator's role does however profoundly affect the way the teacher acts, and it is her *ability to move easily and appropriately between the roles of educator and instructor* which we believe should be debated most carefully within the profession in view of its implications for the future.

The Teacher as Instructor

The role of instructor derives from the midwife teacher's historical position of being at the height of her profession. This has been expressed succinctly: "It is intended that the subjects outlined should be taught in scope and depth to an extent consistent with the fact that the course is for qualified midwives and leads to the award of a post-certificate diploma that is the highest open to the midwife in her own particular discipline, and is an indication that she herself will be able to instruct others and answer their questions on all these subjects." (4b) (Authors' underline).

She is a guardian of standards; an authority, a fountain of knowledge who knows all there needs to be known and who imparts her knowledge and skill to others. At its most extreme, this role is thought of as that of *mastering* the subject, organising it logically, speaking clearly about it using chalk to present suitable notes and diagrams, *conveying* knowledge to the students in the way that the *teacher* understands it, and ensuring that the students "know" in the teacher's terms. From this extreme viewpoint, skills are learned by observing the experienced professional and from the demonstrations of a skilled teacher.

The instructional approach reflects a view of preparation for a profession as one of training. In this, the selected skills and relevant knowledge are transmitted and developed to at least that minimum set of competences demanded by the profession and by society and which give a "licence to practise". We accept of course that students will, in many instances, develop these competences to the highest level they are capable of achieving, given the limitations of the training approaches used. This approach does, however, suggest a view of training which is static, in which decisions are made automatically because "that is the way it is done".

The Teacher as Educator

The role of educator, in contrast, is that of helping an individual extend her competences, of facilitating each individual student's learning, of enabling each to become *self-directed* in her learning, of recognising that the *ultimate responsibility for learning* lies in the student. The educator's role is to help her to discover her most important needs for self-development, for good professional practice and how she herself might meet them. In this role, the teacher recognises and uses the experience of her students as well as her own, exploits their interests, helps them not only to question practices and standards but to *find and evaluate answers for themselves*. Additionally, recognising her own incomplete knowledge and understanding, she wishes to find out *with* her own students. The educational approach reflects the view that understanding is required in order to practise as a professional; that insights are demanded for good practice; that the professional must continue to learn by questioning her own knowledge, skills and her attitudes to patients, colleagues and to the profession, and by asking herself how these should change for the better.

Education emphasises understanding as well as recall, creative problem-solving abilities(9) and other high-level cognitive skills(10), It assists the development of attitudes(11) and values(12) and explores the meaning of commitments. It emphasises adaptability and originality in respect of skills(12,13). It recognises that the information explosion requires the development of both learning skills and motivation and, therefore, emphasises the place of self-direction in the learner.

Further, the concept of educatedness is growing and changing all the time, It needs to be so because of the rapid pace of change in knowledge and practice and because of the development of our understanding of important processes, such as human relationships. Thus, it is logically impossible for anyone, however gifted, to complete an education, The corollary to this: an inclination to continue the process, is part of what it is to be educated(14).

Education then is a process of continually enabling oneself to see new possibilities for more effective functioning as an individual, both professionally and personally, and therefore make more appropriate and satisfying life choices.

It does not deny the need for automatic responses to crisis, or even to common stimuli but rather adds the encouraging of attitudes of reflective thought during and after action, which includes questioning why a professional does what she does. It encourages that commitment to personal and professional development required of the true professional. For a profession not only sets and maintains its own standards, codes and practice but questions, researches and develops them. This practice starts with the individual, supported by her equally committed colleagues.

Education therefore includes as a rationale, first asking the question WHY ? and searching for answers in a penetrating way. Only then does one seek with the same degree of criticism the answer to other questions, such as HOW? and WHEN?

Differences and Implications

The problem, as we have stated it above, in its two apparently extreme paradigms, reflects different views of what should constitute balance in the personal and professional education of the midwife in order to enable her to cope with her responsibilities in a developing professional field. Central to the two approaches is a proper concern for the midwife as one who has great responsibilities to mother and child, especially in the matter of safe and competent practice, and in the education of the mother and family.

The instructional-training approach of the past, we suggest, reduces the student's contribution to a level of dependency on the teacher, which inappropriately conditions her for the future. It was clear from the views expressed by MTD course tutors and by the MTD students during the research project that the past and current education of midwives has not promoted a continuing, involvement in their own education, even for those who have been accepted for the MTD course(1a,2b).

Further, in spite of the high motivation evident amongst participants of recent in-service courses for teachers, it is often clear that the participants themselves show a high degree of dependency on the teachers leading the courses. They, like their student teacher counterparts, show lack of confidence in their own *already highly creative work*. In a profession with a long tradition, a conservative inertia is fully appropriate in respect of *some* knowledge areas and practices but is restrictive of development, both of the persons in the profession and of the practices they utilise. A balance needs to be sensitively maintained between retaining what is currently best and experimenting in order to improve.

Conclusion

The expression of hope and intention to extend the individual "beyond the narrow confines of a vocational education"(4c), summarises the ambiguity of "the extent to which the qualified midwife tutor is seen either as an 'educator' or as an 'instructor' or as a combination of both(1b).

It seems clear that the midwife teacher has indeed *both* roles to serve. We believe that the relationship between these roles *must* be thought through most carefully by members of the profession. This will ultimately affect the way in which the teacher is expected to develop and to be examined in respect of her professional competences. In a final note, we point out that the problem of professional role change to meet changing societal and technological demand is not peculiar to the midwifery profession. Indeed many other caring professions, like clergy, social workers and teachers, are facing issues of a similar nature.

It may be a truism to say that the problem of how to meet impending change stems from the increasing pace of sociological, scientific and technological change and the expectations and constraints placed by these factors on: professional education and training needs, but the truism indicates the challenge to be met(1c).

Educating the Midwife for her Changing Role

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IN OUR previous article we contrasted the complementary roles of education and instruction in the professional preparation of the midwife. We focused attention in principle on the general issues underlying these two models. In this article we present more specific reasons why we believe there should be a considerably greater emphasis on educational approaches than on instructional approaches in midwifery education. These reasons stem from changes in society and the growing fund of knowledge (in this case, in the medical, biological, technological and also in the behavioural sciences). These kinds of changes are challenging all professions and are leading to a continuous and occasionally cataclysmic reappraisal of professional roles (12,15,16).

The effects of these influences are felt by many, to the extent that in our research into the MTD, we were able to conclude from views expressed by senior tutors that “the profession is deeply aware not only of the range and depth of the change in the midwife’s role, but of inadequacies in her education and training to meet these changes”(2c). We submit that these inadequacies arise from the continued emphasis on instruction in the preparation of both the midwife and, to a lesser extent, the midwife teacher.

We do acknowledge that this emphasis is a result of the need to produce a safe clinician. In this, courses are successful, though even this view is being challenged from *within* the profession(17). We would like to expand on this need by analysing some aspects of the midwife’s role, in such a way as to enable teachers to use this sound training for safe practice, as a basis for educational extension.

The Midwife as Counsellor, Educator and Communicator

As a result of changes of attitudes in society, the midwife’s opinion is no longer accepted unquestioningly, but she is still constantly in the position of counsellor to the mother. For instance, at an early visit to the antenatal clinic the midwife will need to discuss with the expectant mother her wishes with regard to feeding the new baby. In this the midwife has to be sensitive to her client’s views, to the social and economic circumstances of the family, to trends in society. Then with her own knowledge of the medical advantages of breast feeding and following an examination of the patient’s breasts she has to be able to advise and counsel. It will of course not be possible for some women to breast feed, whilst others for whom it is possible will not wish to do so, The midwife as counsellor must leave the decisions to the patient and guide her so that she feels she has come to the most appropriate and satisfying decision for herself, and is not left with a sense of guilt. The midwife’s role as a counsellor may even be expanded to the area of legal abortions, if the recommendations of the Lane Committee(18) are implemented.

Genetic counselling, too, is one of the relatively new specific areas in which the midwife may be involved(2d). Increasingly the midwife is becoming involved in *health education* and it is particularly important with her knowledge that she takes a major part in parentcraft education—both on an individual and a group basis. It is important to note that the word “education” is used in this context. Parents will certainly need a certain amount of “instruction” from the midwife as part of this process, as for example in the use of inhalational analgesia. The midwife is here helping the parents to prepare for the coming baby by enabling them to understand the physical and psychological changes in pregnancy and, during and after the birth of the baby, the preparations which will be necessary for the baby and the adjustments to be made in the family unit. In this process, the skilled midwife in her role as educator will adapt to individual needs, for example by giving parents the time to express their fears and assist them to understand their own anxieties.

The midwife is also being increasingly involved in health education in schools and in helping people determine how best to plan their families.

In recent years the changes in aspects of care have resulted in the introduction of increased monitoring techniques in the care of mother and infant. There has been an increase in the induction of labour, acceleration of labour and also epidural analgesia. Recent surveys by the DHSS(19) and the National Childbirth Trust(20) highlighted the fact that at all levels there was lack of communication in all of these. The pressures in the antenatal clinics, labour wards and postnatal wards leave the pupil midwife little time to develop communication skills, as was possible in the past.

In all of these, the midwife needs to develop interpersonal skills. She needs to be aware of the different kinds of “intervention”(21) she may make in working with her client, she needs to know how to vary the content and manner of her intervention to suit the requirements of the situation. She needs to understand the principles of human behaviour and be able to relate these to the care of mother, baby and the family unit. She needs to understand the importance of communication and the factors which inhibit good communication. She needs to develop sensitivity to the ways others see things and skills in handling the rigidities of others. She needs to be able to be supportive, by showing her appreciation of the others’ value, whatever her own views and by accepting the validity of the others’ position.

Further, in this area, as in her technical skills, she needs to be aware of the limits to her own skill. We submit that the midwife cannot be *instructed* in this complex skill. Rather, she needs carefully structured learning opportunities(22) which will enable her systematically to develop these skills and to reflect on her own growth in her practices.

Midwife as a Clinician

The increase in knowledge in the medical sciences has caused constant change in various aspects of care in midwifery. This is likely to continue, and if the midwife is to keep up with changes and advances then she must be responsible for her own learning. We have been told “The importance of continued education for midwives’ teachers has been stressed because of the tremendous changes in obstetrics and neonatal paediatrics during the last few years. It becomes increasingly necessary to update midwives in the peripheral units and community as well as in the acute unit regarding research projects, most of which become current medical practice within a very short space of time”(23).

This same need is seen clearly in student midwife teachers, who in many cases “have deficiencies in their knowledge in specific professional areas, in addition to a low level of basic knowledge in the subjects of the course. To discover this on entry to the course, is, for many of these students, a severe shock”(2e),.

This confirms that midwives do not, as a whole, give appropriate attention to their own development, on their own *initiative*, which leads them to a level which is *below SCM standard*. Self-directed learning is a component of education and not comparable with the authoritarian approach of instruction. However, if the midwife is to direct her own learning, then teaching strategies which will enable her to do so must be used in the curriculum.

The Midwife as a Team Member

One of the major changes in the role of the midwife is that she has become an autonomous member of a team, when formerly she was basically a practitioner in her own right. To enable her to function effectively as a team member, she needs to understand the processes which are at work within a group and the factors which affect those processes. This presupposes an understanding of her own reactions to other people and situations and the reactions of others to her. This again necessitates an educational approach which will provide opportunities for learning about interpersonal relationships through “experiential” group situations, such as simulations(22,24).

The Midwife and Ethical Issues

The midwife is increasingly aware of ethical issues, particularly as she becomes more involved with research, family planning and abortion. Another area in which she may have difficulty facing ethical issues is that of the management of babies who survive with congenital malformations which are incompatible, even after surgery, with a normal life pattern. The baby with spina bifida comes in to this category. Although the ultimate decision is made by the parents with the medical staff, the midwife frequently finds it difficult to accept the decisions made. There is rarely a simple answer and again we see that the midwife will need time during her preparation to be able to *discuss freely* and face up to some of the ethical problems with which she will have to cope in her profession.

The Midwife and Pressures and Changes in Society

Other pressures and changes in society reflect on the role of the midwife in many ways, directly and indirectly. The midwife needs to be aware of this. For example, there are different attitudes to the single mother, who was formerly “looked after” by welfare agencies. She often brings to the consulting room several different kinds of problem at the same time, obstetrical, psychological and social. If not tackled adequately, this is reflected in the long term in an increased likelihood of future child abuse. There is also a greater involvement of the midwife with the various agencies helping the single mother to meet her own needs.

Increasing awareness of the need to identify and work with those who are more likely to cause non-accidental injury requires the midwife to learn about the factors involved in this extreme situation.

The Midwife and Professional Development

If the midwife is to be truly professional, she must be responsible for looking critically at, and evaluating her work. She must re-examine the values she holds, appraise the effectiveness of her actions in achieving what she intends and help herself, and her colleagues, to examine alternative practices and intentions(12). She must be open to change and development and be prepared to tackle difficult issues and problems together with her colleagues.

This questioning attitude should be fostered in the midwife *during her basic preparation*. The problem for the midwife teacher is not only one of helping pupil midwives to find “the right” answers to externally put questions but of stimulating them to ask better questions about existing methods and practices and find the answers for themselves. Thus, when she is later asked questions she does not give an all too familiar answer “this is the way we do it here”. Open group work methods and individual or group projects following instruction can help to develop this questioning attitude and skill. In addition, nursing and midwifery are rapidly becoming research based (25,26) professions. This makes requirements of practitioners and managers(27,28) but especially of its teachers.

In these examples we have attempted to identify areas in which educational methods need to predominate relative to instructional methods. Accepting these, the preparation of today’s midwife therefore needs to include approaches which will facilitate self-understanding, self-directed learning and abilities to adapt to change and develop professionally; and approaches which will facilitate the development of human relations skills of counselling, educating, communicating and team work.

Midwife teachers are in widespread agreement with the necessity to develop the curriculum in order to achieve a better balance between education and instruction. However, the consensus of opinion is that this is not possible given the constraints of a full syllabus and too short a period of time. If the cycle is not broken into soon then it will be to the detriment of the profession. We are attempting to do this in the joint RCM and University of Surrey MTD course, by preparing the midwife teacher as educator as well as instructor. How we are attempting to do this will be the subject of the next article.

The Midwife Teachers' Diploma Course at the Royal College of Midwives and the University of Surrey

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THE WAY in which we educate our midwives and midwife teachers has been overtaken by the many rapid changes which have occurred within the profession and in society. We discussed this in the first two articles in this series. We showed that the profession is increasingly aware of the pressures and problems facing it but that many “show lack of confidence” in breaking through “the constraints of a full syllabus and too short a period of time” to attempt to develop a better balance in the curriculum between education and instruction. We do not want to divert attention away from the many attempts which are being made by midwives to redirect their approaches to their own teaching or to introduce exciting, creative work. Nor do we want to underrate the depressing effect of the over-crowded syllabus, lack of finance or lack of encouragement and understanding from cynical colleagues.

The aim of this third article in the series is to show how the joint RCM and University of Surrey MTD course is attempting to use a wider range of approaches to individual student learning. We do not claim that our course is better or more successful than others. We do not claim that we are more original, creative or unique than any other course organisers in any sphere of education. We simply want to show how we are attempting to meet the challenge presented by the demand of midwives for a course which is relevant within the context of the changing society and profession in which we work. The course is also still developing, so it should not be thought that it is presented as an ideal or complete answer to the dilemma—it probably never will be. We hope that we ourselves will respond as new changes and developments, new thoughts and attitudes will continue to overtake us.

Organisation

The curriculum, based on the Central Midwives Board syllabus, is developed to give a logical approach to the professional and teaching content. It is essential that the knowledge gained is not “compartmentalised” but seen as part of a whole structure which will help the student to develop her own potential at her own rate.

This year's course, which begins in September, is divided in the traditional manner into three terms with a break at Christmas and Easter. Each term lasts from 12 to 14 weeks and the course ends in July.

In most weeks of the first two terms the students spend two days at the University of Surrey in Guildford. This year it is planned to spend a whole week at the University during the third term. On these days the students link with MTD students from High Coombe and community health nurse tutor (CHNT) students and sister tutor (ST(ex)) students from the Rcn. All the health service teacher students have an opportunity to mix with the undergraduates at the University, especially by undertaking the first term work of the General Studies course with the first year undergraduates. This course consists of a series of talks given by professors and lecturers of the University, on topics such as “Academic excellence” and “Looking at an industrial society”, followed by discussions in seminars led by staff of the University and Colleges. There is also a small amount of prepared work required and the assessment of this is taken into account by the Department of Adult Education. Although anxiety is expressed by some students about the use of time for general, rather than professional, subjects, the benefits of mixing and interrelating with younger students (some about the age of student nurses and midwives) and extending their own knowledge over a wider range, counter-balance any disadvantage or loss felt in the early days.

Content and Method

The fact that the course is held in two separate establishments brings a temptation to view the course as having two separate components—professional and education content. This cannot be totally avoided because most of the professional content is given at the RCM and most of the learning about theory of education is done at Guildford.

At *Guildford* the broad subject matter is: Education systems; Educational psychology; Social psychology; Principles and practice of education, and these topics are taught by the staff of the Department of Adult Education.

We have already stated in a previous article that the students must understand various teaching strategies if they are successfully to direct their own learning, and that of their students. We try to help them to come to this understanding by the use of many teaching methods and techniques and by group work in various forms. Each group is given opportunity to work through prepared situations, having time to assess and evaluate both process and content, presenting their own work wherever possible(6,7,29).

Many other available advantages of the University are used and other departments and staff make valuable contributions. The students spend time in the Institute for Educational Technology familiarising themselves with audio-visual aids and techniques, which are then used to produce materials and group activity equipment during the practice of education sessions. They receive valuable information about genetics and research being done in this field in the Department of Human Biology. There are also two series of valuable human interest on counselling and moral philosophy which help a great deal towards the necessary thinking about the students' own personal evaluative judgement systems. A great deal of time is spent in the library (all students become members for the year) and sessions are spent on learning how to use the library for information retrieval and planned study. To supplement this there is a series on the value of computerised material and research methodology.

Assessment is made of the student's progress throughout the days spent at the University and this is taken into account with the results of an education test paper and teaching practice assessment at the end of the course. The course at the

University mixes together the different groups of teacher students to provide them with learning common to all and with that which is specific to the needs of the separate groups(30).

At the RCM the content and organisation of the course is co-ordinated by one person but all the members of the education department are involved in the students' learning situation. Each member is also available for assessing work and counselling students individually as they require help.

One of the main problems already stated is the tendency to isolate education and professional content into two separate compartments. In order to help continuity and integration we try to let the students see various teaching methods in use and to provide opportunities for them to be put into practice in their own programme of self education. The students are encouraged to make, for themselves, an evaluation of every teaching/learning session with regard to both content and method used.

Where appropriate, lectures are given by specialists and experts in the health, social services and related fields. The trend is to allow students a larger proportion of time for questions and discussion of the topic being studied. By far the largest proportion of the course content is dealt with in self learning and peer group teaching. This is all carefully controlled; some of it is fairly closely directed as in studies in anatomy and physiology, but some of it is very freely organised as in the joint sessions with the students from the CHNT course.

The peer group teaching begins with an individual teaching her colleagues about a fairly small, straightforward subject, e.g., one of the minor disorders of pregnancy. It progresses in stages until the students take part in team teaching of a complicated subject which will require them to study. Other material presented by the students includes Government and other reports and reviews of books and articles. Constraints of time do have to be placed on the students as also do those relating to availability of audio-visual aids. However, they are encouraged to experiment with equipment and techniques which they have seen and learned at the University and College.

The fact that the students need to study for themselves in order to present work means that an understanding of the use of libraries and information retrieval tools is one of the essential components of the course. This is introduced very early at the RCM by the College librarian who sets exercises, gives formal sessions and accompanies the students on library visits. This gives a good foundation for the more specialist work introduced at the University.

Evaluation and assessment of the teaching sessions is carried out by the student's colleagues and tutors. She herself is encouraged to evaluate her own performance and development. This continuous assessment of practical experience and of written assignments although not taken into consideration for the awarding of the diploma is, we believe, of value to the individual in her own development of her potential and personality.

Bridges between the two major disciplines are forged in both institutions: some examples are given below. In the University students carry out marking exercises using student midwives' test answers, individually and in groups. They role play oral examinations, both as student-equivalents answering questions and as midwife examiners. They produce aims and objectives(31) and design objective questions in syndicates; that is, after an outline of the principles they apply their new knowledge together in small groups, solving problems of varying difficulty using their own resources. They design short and long learning opportunities for their own students based on the principles and methods of the course and share their work, examining it critically. In this they are highly creative, producing ideas which go beyond the course material. Role play, small and large group work is used frequently to enable students to become aware of the need for structured learning situations in midwifery education, to develop the interpersonal skills so necessary in the caring professions. In the College, students prepare for teaching practice and produce novel learning opportunities which are tried on the other students at the University. This year they devised games and simulations including role play exercises. These represented some real professional situation to be encountered by student midwives (and others) and from which students could be expected to develop skills and insights relevant to professional practice. In such activities the teacher facilitates the development of skills and draws together the insights which the students are gaining.

In all of this work, the emphasis is on the development of critical and creative thinking, the reappraisal of values, and the realisation that, in true professional practice, constant evaluation and improvement is necessary(12). Such evaluation will lead to changes in practice to achieve desired goals and, more fundamentally, to reappraisal of these goals. Thus we hope that the midwife teacher will not only be tolerant of change and ready to respond with appropriate initiative to external influences, but also be willing herself to promote developments as a result of her own insights, working with her colleagues.

The contact made with the CHNT students is continued through joint teaching sessions held one afternoon each week in the first term at the RCM and Rcn. The students in turn teach each other, in small groups, about the recent developments in their respective fields. This has been a profitable and stimulating experience leading to some exciting and successful attempts at using a wide range of group learning methods. A tutor is present with each group and the session becomes an opportunity for assessment and development of techniques used by each student.

Contact with the High Coombe students is also growing and extending into the social field, e.g., we are meeting together in both Colleges in order to get to know each other better. Obviously this should prove helpful for it is quite likely that students from both Colleges will work together in the future.

Teaching Practice

The students have their first introduction to working in a teaching department with tutors and pupil midwives when they are allocated to various midwifery divisions throughout south-east England. At the moment the allocation is for two weeks in November-December (in the first term) and for four weeks in June (in the third term).

In teaching practice, students continue their application of ideas, supported by the supervising colleagues in the schools. Many students feel sufficiently free to create excellent new learning situations, equal to, and often surpassing,

the best of their counterparts in general education. This is a tribute not only to their own skills but also to their senior colleagues.

We think that this experience of guided teaching practice helps the students to have the courage to work with a class with confidence in their own ability(29,34). The problems related to teaching practice will be discussed in the next article.

This article has outlined the approach to the Midwife Teachers Diploma course at the RCM and University of Surrey. We repeat that we do not claim to hold the key to the answers to all the problems facing us. We hope that we are taking a few steps in the right direction believing that activity within the curriculum fosters the developing personality(33) of the midwife who will continue to seek to educate herself long after the course is finished.

Theory into Practice

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THE DAY inevitably arrives when the midwife teacher student is able to put into practice, in a midwifery training school, some of the principles and practice of teaching and learning which, during her time in college, she has been studying in the Midwife Teachers Diploma course. Most students look forward to this with a good deal of eagerness mixed with some quite natural apprehension due, in part, to the realisation that this is a test in the real situation (after the simulations and exercises in college described in the third article in this series) and to anxiety as to whether or not she will succeed in the role change from that of clinician to teacher.

This period of practice teaching is only possible as a result of the expert help given by the tutors and their colleagues in midwifery training schools all over the country to a joint venture with the training colleges in preparing the midwife teachers of the future. In any discussion on teaching practice, consideration must be given to the different perspectives of the three groups of people involved, the tutors of the educational centre (college) from which the student comes, the staff of the midwifery training school to which she goes and last, but by no means least, the midwife teacher student herself.

In this article, the fourth and final one in the series, we would like to explore the benefits of this experience, the aims of teaching practice, some of the common problems which occur and the solutions which have been found or are being sought. Much of the material of this article is based on the outcome of a meeting of college and training school tutors associated with all the MTD course centres in England and Wales at the Royal College of Midwives in May 1974, and comments subsequently received from course tutors following meetings with training school tutors in their own course centres.

Benefits of Teaching Practice

The student teacher derives considerable benefit from well guided teaching practice. In the early part she becomes acquainted with the organisation of a midwifery training school and sees more clearly the relevance of different aspects of her course in contacts with the tutors and learners. Invariably teacher students return to the college with some of their questions answered and new questions to be explored. In the course of the placement programmes are planned so that the teacher student gains teaching and other experience relevant to a future teacher. By the end of the period the student is able to take a fairly full part in the training school programme. The students appreciate this time of learning and sharing with the training school tutors in preparation for their future role.

The staff of the training schools have also expressed their appreciation of the benefits brought by the enthusiasm and stimulation of the teacher students. The introduction of new teaching methods into the school curriculum has been found to be challenging, in addition to sharing with the staff newly acquired knowledge on recent developments in obstetrics, neonatal paediatrics and relevant subjects.

The college staff for their part benefit from the opportunity to work with the teacher student in the real situation. This helps with their work in the college with the individual student and groups of midwife teacher students. The visits to the training schools renew contacts and also emphasise the partnership between college and training school tutors. Discussions which take place during the visits lead to a greater understanding between the tutors, thereby helping the teacher students for whom they are responsible to develop their potential as fully as possible.

Aims of Teaching Practice

In order to derive as much benefit as possible from teaching practice it is necessary to define the aims. College and training school tutors and the teacher students then have something by which to evaluate progress. At the meeting of college and training school tutors in May 1974 the following were agreed by those present as the aims:

Student teachers will develop:

1. relationships with learners, including understanding them as individuals (with different abilities, temperaments and experiences) in groups and in classes;
2. confidence; by experiencing success in their teaching, by perceiving evidence of student learning and enjoyment;
3. their own approaches to teaching and learning; by putting "theory" into practice, by testing suggested approaches and methodology, as well as their own ideas;
4. adaptability and sensitivity to the needs of particular schools: this will include realising the influence of physical and financial constraints; adapting to unexpected situations, to the needs of different learners and groups and developing tactful and responsible relationships with school tutors;
5. their own personal awareness, which includes recognising the need to extend their own knowledge, the need to accept the special responsibilities and demands of being a teacher and the need to modify their own "behaviour" in the light of this increased awareness;
6. their ability to organise resources and situations and their awareness of the organisation of curricula;
7. first awareness, then understanding and finally skill in relationships within the education department, the entire training school and other professional areas;
8. awareness, understanding and skills related to a teacher's professional responsibility beyond the curriculum and administration of "her own department".

These aims are based on previous work with teachers in general education(34) and nurse education(35) but adapted to midwifery education.

At a recent meeting of the course tutors from the Midwife Teachers Training College and the Royal College of Midwives with tutors from their associated midwifery training schools it was agreed that the aims of teaching practice did not include making up deficiencies in the clinical experience of the teacher student. Separate arrangements need to be made if such deficiencies exist.

Preparation

The Central Midwives Board approves midwifery training schools for teaching practice. The criteria include at least two tutors and sufficient learners at different levels to enable the student teacher to take part in teaching daily.

In matching teacher students to training schools various factors are taken into consideration. These include the experience offered in relation to the individual student's needs; the personalities of tutors and students; availability of accommodation if the school is at some distance from course centre and the teacher student's preferences. Many colleges allocate two teacher students to each midwifery training school. The students seem to benefit from the support they can give to each other and they are also able to take part in team teaching. If the matching is to be as good as is possible it inevitably has to be left until some time after the course has started. This results in delay in informing training school tutors of the names of teacher students allocated to them although it is possible to give them dates in advance.

There is a variation between colleges in the pattern of periods of teaching practice. This may be day release, two or more blocks of two to four weeks each or a combination of day release and blocks, The latter, beginning with day release periods of teaching practice, gives the teacher student time to adjust slowly, but with the pattern of weekly study days she will probably meet the same learners each week. This makes possible the development of relationships with the learners but only experience of teaching one level of learner. Conversely, in block periods of teaching practice the teacher student has to adjust to her new role more quickly, has less time to make relationships with the learners but each day has a different group. The pattern of allocation is influenced by the distance of the training school from the college; this may be as much as 100 miles in which case day release for teaching practice is not practicable.

One of the points over which there has been much discussion is the amount of information the training school tutor needs to have about the teacher student before she arrives. One way in which this can be overcome is to ask the students to write and tell the training school tutors about themselves, with particular reference to their previous teaching experience. Where time and distance permit students can be encouraged to make a preliminary visit. In return some of the training school tutors respond by sending details of the school and sometimes that of the town or city in which it is sited and teacher students appreciate this. In exceptional circumstances where the teacher student has need of extra support there may need to be direct communication on the matter between the college and training school tutors.

In order to help the teacher student prepare for her teaching assignments most college tutors ask training school tutors to send a programme at least two weeks beforehand. This is not an easy request with which to comply as training school programmes need to be flexible but it is of great benefit to the teacher student. Her preparation ideally includes aims and objectives, structuring of both method and content and plans for assessment of learning. (This is then amplified when she arrives at the training school.) When the teacher student arrives at the training school this basic preparation will be completed, possibly in consultation with the school tutor.

Orientation

Arrangements are usually made for the teacher student to spend the first day in orientation in the school and maternity unit. This includes meeting staff in the clinical areas. Most student teachers are soon accepted as part of the teaching team although it is realised that even towards the end of teaching practice they cannot accept quite the same responsibilities as the permanent members of the team.

During orientation teacher students have the opportunity to familiarise themselves with the teaching resources available in the school. In addition they are encouraged to prepare their own. This may present difficulties on some occasions with restricted resources, particularly if secretarial help or photocopying for handouts is required.

Classroom Teaching

It is recognised that teacher students require more time for preparation of their teaching than qualified teachers and appreciate the support of the training school tutors in giving them adequate time and discussing problems of content and presentation. It is particularly helpful if the tutor who may later supervise the teaching session is involved in the preparation as necessary. The extent of this involvement is dependent on the individual need of the teacher student. Identifying this need requires great sensitivity on the part of the training school tutor as she maintains a balance between her dual responsibility for helping the teacher student to develop and that of the needs of the learners.

Selection of teaching method most appropriate for the achievement of the agreed objectives in the subject being presented is important. On some occasions the training school tutor may not be familiar with the method the student teacher proposes using and this necessitates discussion. At other times the method may be familiar but not its use with the particular subject proposed. In most cases the student teacher will be teaching the subject for the first time and may be unfamiliar with the method in practice. The evaluation of the "success" or "failure" of the method may not be immediately apparent. In these situations the dual responsibility of the training school tutor for the teacher student and the learners is highlighted and this needs the wisdom of Solomon.

Clinical Teaching

The midwife teacher has always been responsible for teaching learners in the clinical situation as well as the classroom. The student teacher will normally have had experience in clinical teaching which would be largely unsupervised before entering the course. The experience of training school tutors is that teacher students seem to find this area of their teaching practice more difficult than the classroom situation. This may be due to the fact that there is a more complex situation with the inclusion of a patient and the strangeness of the clinical notes and methods in use in the particular maternity unit.

It is also true that factors beyond the control of ward or tutorial staff tend to upset preparations made. Difficulty also arises with differing concepts of clinical teaching. Ideally the teacher students follow classroom teaching with related clinical teaching. To do this it is necessary for her to ascertain that the patient/equipment is available, and that it is convenient to the ward or department. The important factor would seem to be that the student teacher in clinical teaching is teaching a subject relevant to the needs of the learners whether it follows, or is separate from, the classroom teaching sessions. This enables the teacher student to develop teaching skills and entails selection of the subject for the session and some preparation. Completely unprepared sessions or subjects not relevant to the learners' stage of training may be more harmful than helpful in the development of the potential teacher.

Supervision

In considering classroom teaching the dual responsibility of the training school tutors for the teacher student and learners was mentioned. Conflict in this responsibility may occur with regard to supervision of the teacher student. There is no doubt that it is time consuming, as in addition to the teaching session time needs to be allotted as soon as possible after the session for a joint evaluation with the teacher student.

If the training school tutor has discussed the content of the session with the teacher student then any corrections to factual information would be made at that time. We have found it is rarely necessary for the supervising tutor to interrupt a session. When this does occur then the tutor needs to be seen to be supportive rather than corrective of the teacher student. Supervision is then to give support to the teacher student, and to help her evaluate her own teaching. This will enable her to modify and improve her teaching in future sessions.

The training school tutor supervises some classroom and clinical teaching sessions. Some teacher students are apprehensive of being without a tutor present and others feel more confident if unsupervised. The decision as to when to supervise is individual to the needs of each teacher student. Unsupervised sessions play an important part in the development of the teacher student's confidence. Evaluation in this situation clearly takes on a different perspective with the emphasis on the student's responsibility as a teacher.

The decision as to which of the tutors on the staff of the training school supervise practice is another point for discussion. The RCM/University of Surrey MTD course tutors are agreeable to all the training school tutors taking part and in many schools this happens. The senior tutor is responsible for organising and co-ordinating the teacher student's programme. When more than one tutor takes part in supervision the tutors find it necessary to co-operate closely in order to avoid giving conflicting advice. The teacher student can benefit greatly from the guidance of more than one tutor.

Assessment

As we pointed out earlier in the paper the main aim in the supervision of teaching practice is to develop the student's potential in teaching. This then is the aim of any assessment. In assessments both during teaching practice and as part of the final examination, an attempt is made to identify to what extent the teacher student is meeting the learners' needs and the extent to which she has insight into what she is doing. The assessor is looking at her selection of aims and objectives, presentation/method, the interaction with the learners and methods of feedback both in the classroom and clinical situation. It is important that the subject matter is correct but this is dealt with separately from the assessment of the student as a potential teacher. The sooner the assessment is made after a session the more beneficial it would seem to be. We have found it helpful to ask the teacher student for her own assessment first. It is interesting how perceptive students can be in this and how the less perceptive student is helped to become more aware of her strengths and weaknesses. This approach enables the tutor to guide rather than direct the teacher student(21)

Assessment forms present a problem, as the ideal has not yet been evolved. One of our colleagues is piloting a new format and hopes to be able to publish it in due course. College tutors vary in the number of assessment forms which they wish to have completed and returned by the training school tutors. We suggest to the tutors who take students from the RCM that they may find it helpful to complete a form each week and we are pleased to have these or a final report comprising all assessments.

Other Experience

In addition to teaching sessions the teacher student gains experience in setting and marking test papers. She is also able to learn about the administration of a training school, the development of the curriculum and the constraints—financial, clinical, staffing—within which the training school team works. She has sometimes the opportunity to participate in the selection of students but because of the limited time available does not normally gain experience in the counselling of students.

The College Tutors' Responsibilities

Most of this article has been concerned with the teacher student and the training school to which she goes. We are not unaware of the college responsibilities to both. Negotiating of dates for teaching practice as early as possible and communicating with the schools in relation to the MTD course aims and programmes are we know essential. Preparation of the student teacher prior to teaching practice as much as is possible within the constraints of the college is necessary. Visiting during practice is also a responsibility of the college tutors to support and supervise the students and to maintain contact with their colleagues in the training schools in order to maximise the benefits of this period of the course.

Are the Aims Achieved?

This question can only be answered by the student teachers, and college and training school tutors are constantly reviewing with them the programme of experience. In these reviews it is possible to move nearer to achievement. The understanding of the various contributions in preparing today's midwife educator and instructor is also forwarded by regular discussion of training school tutors with the college tutors. In these discussions it is necessary for all continually to identify the extent to which the aims of teaching practice are being achieved, modifying them when necessary and finding new solutions to problems which arise in implementing them. It has been very encouraging and exciting working with colleagues in midwifery training schools in the past five years who have fitted this extra responsibility into their already full programme with great interest and enthusiasm.

References

- (1) Kilty, J. M. and Potter, F. W. The Midwife Teacher's Diploma Research Project: Report to the Royal College of Midwives (abridged) RCM: May, 1975, price 60p.
 - (1a) p. 8 and 12
 - (1b) p. 11
 - (1c) p. 8.
- (2) Kilty & Potter (ibid) January 1975. This report was written for the RCM in a longer version which included details of the experimental design and data gathered. Copies are available for inspection in the RCM, RCN, University of Surrey and National Lending Libraries and in certain other libraries or via Interlibrary Loans.
 - (2a) pp. 29-34
 - (2b) p. 30
 - (2c) p. 29
 - (2d) p. 29
 - (2e) p. 30
- (3) Kilty, J. M. and Potter, F. W. Nursing education research management; establishing priorities and optimizing the use of resources: a methodology. *J. of Advanced Nursing*, 1, No. 2. 1976.
- (4) CMB Working Party Report on the MTD. CMB, 1969.
 - (4a) Para. 66, Appendix D.
 - (4b) Appendix A.
 - (4c) Para. 57.
- (5) Gage, N.L. *Handbook of Research on Teaching*. Yale Univ. Press, 1957.
- (6) Bligh, D. *What's the Use of Lectures?* Penguin Education Books, 1972.
Bligh, D. and others, *Teaching Students* Exeter University Teaching Services 1975.
- (7) Abercrombie, M. J. L. *Aims and Techniques of Group Teaching* SRHE (London), 1970.
- (8) Keller, F. S. "Goodbye Teacher.....". *J. of Applied Behaviour Analysis*, 1, 79, 1968.
Sherman, J. G. *PSI—41 Germinal Papers*, W. A. Benjamin, Menlo Park, California, U.S.A., 1974.
- (9) Gagné, R. M. *Conditions of Learning*. Holt, Rinehart and Winston, 1969, Learning Hierarchies. *Educational Psychologist*, November, 1968, 6 (1).
- (10) Bloom, B. S. (ed.) *Taxonomy of Educational Objectives Handbook I: Cognitive Domain*: New York, David McKay and Co., 1956.
- (11) Krathwohl, and others, "Taxonomy of Educational Objectives", Handbook II: *Affective Domain*. Longmans 1964,
- (12) Argyris, C. and Schön, D. *Theory in practice: increasing professional effectiveness*. Jossey-Bass, 1974.
- (13) Simpson, E. *Educational Objectives in the Psychomotor Domain*, in Kapfer M. B. (ed), *Behavioural Objectives in Curriculum Development*. Educational Technology Publications, New Jersey 1971.
- (14) Downie, R. S., Loudfoot, E. M., and Telfer, E. *Education and Personal Relationships*. Methuen, 1974.
Tyler, R. W. "Some Persistent Questions on the Defining of Educational Objectives", in Kapfer, M. (ed.) (op. cit),
- (15) Schröck, R. "A methodology for rethinking the principles of health visiting in course training and education of health visitors"—Report of a Workshop held at Nottingham University, March 21-24, 1976. C.E.T.H.V. 1976.
- (16) Neill, J. and Dawar, A. "Interprofessional co-operation: Report of a 5-day multidisciplinary course for general practitioners, health visitors and social workers". *Journal of R.C.G.P.*, 1972, 22, 603.
- (17) Comments on a discussion paper on the ADM from senior tutors and divisional NOs (midwifery) suggest this.
- (18) DHSS. "Report of the Committee on the Working of the Abortion Act (Lane)". HMSO, 1974, Paras 552-561.
- (19) DHSS. "Report of a series of visits to maternity hospitals" (unpublished). October, 1975.
- (20) Kitzinger, S. "Some mothers' experiences of induced labour." National Childbirth Trust submission to DHSS, TS:

- (21) Heron, J. *Six category intervention analysis*, Human Potential Research Project, University of Surrey, Feb 1975.
- (22) See for example Pfeiffer, J. W. and Jones, J. E. A. *A Handbook of Structured Experiences for Human Relations Training*. University Associates, 1974.
Argyle, M. *The Psychology of Interpersonal Behaviour*. Penguin Books, 1967
Kilty, J. M. (ed.). "Structured learning experience for nurse and midwife education", a booklet based on the work of student teachers (in preparation).
- (23) From a letter from an Oxford Area Medical Officer and MTD examiner, with comments from senior midwives and tutors.
- (24) Heron, J. *Experiential Training Techniques* Human Potential Research Project, University of Surrey 1973 price £1.
Tansey, P. J. and Unwin D, *Simulation and Gaming in Education*, Methuen Education Ltd. 1969.
- (25) Inman, U. "Towards a theory of nursing"? RCN, 1975, Lancaster, A. "Towards a research based profession". *Nursing Times*, April, 22, 29, 1976.
- (26) Boore, J. "An investigation into the effects of preoperative preparation of patients on postoperative recovery and stress". Paper given at Nursing Research Seminar, University of Surrey, May 1, 1976.
Auld, M. "Method of estimating the requisite nursing establishment for a hospital" (unpublished). MPhil. Thesis, Edinburgh, 1975,
Fern, E. "A problem solved (clinical assessment of progress in Labour)". Paper read at research based Midwives' Statutory Refresher Course, Penarth, June 1975,
- (27) Lancaster, A. Guidelines to research in nursing. A series of articles in *Nursing Times*. May-June 19, 1975.
- (28) Clamp, C. *The Research Objective in Joint Board Courses*, JBCNS 1977 (to be published).
- (29) Beard, R. *Teaching and Learning in Higher Education*. Penguin, 1970.
- (30) James, D. E. "Midwife tutor courses in Surrey University". *Midwives Chronicle*, May 1975.
- (31) Tyler, R. W. *Basic principles of Curriculum and Instruction*. University of Chicago Press, London, 1949.
- (32) Hourd, M. *Relationship in Learning*. Heinemann, 1972.
- (33) Hutchinson, M. and Young, C. *Educating the Intelligent*. Penguin, 1962.
- (34) Stones, E. and Morris, S. *Teaching Practice: Problems and Perspectives*. Methuen & Co. Ltd, 1972.
- (35) RCN. "Guidelines for the Professional Practical Experience of Student Teachers".