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THE 'FOLLOW-THROUGH' EXPERIENCE IN THREE-YEAR BACHELOR OF MIDWIFERY PROGRAMS IN AUSTRALIA: A SURVEY OF STUDENTS

ABSTRACT

Introduction: The follow-through experience in Australian midwifery education is a strategy that requires midwifery students to 'follow' a number of women through pregnancy, labour and birth and into the parenting period.

Background: The experience was introduced by the Australian College of Midwives as part of national standards for the three-year Bachelor of Midwifery programs. Anecdotally, the introduction caused considerable debate. A criticism was that these experiences were incorporated with little evidence of their value.

Methods: An online survey was undertaken to explore the follow through experience from the perspectives of current and former students. There were 101 respondents, 93 current students with eight recent graduates.

Results: Participants were positive about developing relationships with women. They also identified aspects of the follow-through experience that were challenging. Support to assist with the experience was often lacking and the documentation required varied. Despite these difficulties, 75% felt it should be mandatory as it facilitated positive learning experiences.

Discussion: The follow through experience ensured that students were exposed to midwifery continuity of care. The development of relationships with women was an important aspect of learning.

Conclusion: Despite these challenges, there were significant learning opportunities. Future work and research needs to ensure than an integrated approach is taken to enhance learning.

INTRODUCTION

The follow-through experience in Australian midwifery education is a unique strategy that requires midwifery students to 'follow' a specified number of women through pregnancy, labour and birth and into the early parenting period. The concept was introduced in 2001 by the Australian College of Midwives who developed national standards for the accreditation of three-year Bachelor of Midwifery ('Direct Entry') education programs when these programs were first introduced in Australia. Follow-through experiences are minimum practice requirements in the *Australian Nursing and Midwifery Council Standards and Criteria for Accreditation of Midwifery Courses leading to Registration in Australia with Evidence Guide* (Australian Nursing and Midwifery Council (ANMC) 2009). The definition of these experiences was based on advice from the Australian College of Midwives and is further described below and summarised in Figure 1.

The Follow Through Experience

The Australian College of Midwives' original inclusion of follow-through experiences in their proposed standards for three-year Bachelor of Midwifery education programs was a deliberate strategy to ensure midwifery students would experience continuity of care (Leap 2005). It was recognized that Australian midwifery students rarely had the opportunity to work in midwifery continuity of care models in either hospital or community settings although these models of care are now more evident (ACMI [Victorian Branch] 1999; Brodie 2002; Leap 2003; Waldenstrom 1996; Homer, Brodie & Leap, 2008). At the time, midwifery students could graduate with a limited knowledge of any model of care other than the fragmented midwifery care which often characterizes the maternity services where they undertake their placements. Fragmented care is often the norm in Australian maternity services although considerable efforts are being made to alter this. It is also expected that as midwifery students experience continuity of care in their follow through experiences they will choose to practice in this way upon graduation (Homer, Brodie & Leap, 2008).

The follow-through experience requires the student to meet with a woman during her pregnancy, and then continue to meet with her on a regular basis until the early postpartum

period. The recruitment process varies across the country as some health care settings ask midwives to initiate the recruitment process, others encourage the students to approach the women themselves, whilst others place students alongside midwives in caseload models and the women are automatically part of the student's 'caseload' with the midwife. Some universities take responsibility for the recruitment of women and they have invested in their own advertising in order to do this. In other universities, recruitment is left entirely to the students and they are required therefore to recruit women from wherever they can but this is usually within the health service in which they are allocated.

Students are generally required to complete a consent process where the woman is given a brochure and an information sheet about the follow-through experience. The information sheet provides contact details of the course coordinator at the University so that the woman can make contact if required. Students usually meet women when they attend antenatal appointments and they then exchange contact information. A student will then follow the woman on her journey through her pregnancy by either regularly meeting with her and/or making telephone contact. The type and regularity of contact that is involved will depend on the availability of the woman and student, and geographical considerations. Most contact with the woman will occur at her antenatal appointments and this gives the student an opportunity to conduct this visit under the supervision of a midwife.

Students attempt to attend the woman's birth, though this will depend on the woman's wishes, and the availability of the student. In third year however, it is usually expected that the student will attend all the births. The student is usually contacted by the midwife when the woman presents to the birth suite and the student then comes in to be with the woman. Following the birth, the student will continue to meet, or speak with the woman regularly until a few weeks after the birth of her baby. The responsibility for maintaining contact with the woman rests with the student who is usually required to keep a reflective journal of this experience, though these requirements will vary between universities.

The aims of the experience are the same for students in the first year and the final year however incremental learning and development does occur as students develop more skills and knowledge.

At the time of this research, the standards in most universities required students to undertake 30 experiences across the three years. Subsequently, the national midwifery education standards (ANMC, 2009) have been revised to require students to have 20 continuity of care experiences, regardless of the length and type of midwifery education program they are undertaking for initial registration as a midwife.

When the concept of follow-through experiences were introduced into midwifery curricula there was recognition that this would be valuable for students' learning, although many were keen to point out that this belief was not based in evidence, as there was no research in this area (Glover 2003). Anecdotally, the introduction of the follow-through experience has caused heated debate amongst midwifery academics and clinicians in Australia. A constantly voiced criticism is that these experiences were incorporated into standards with little research evidence of the value of such an initiative from a student learning perspective. It was timely therefore to conduct research into this experience, particularly, from the perspectives of students and recent graduates of three-year Bachelor of Midwifery education programs.

METHODS

The study aimed to address the following research questions:

1. What is the students' experience of the follow-through experience?
2. What learning is associated with the follow-through experience?
3. What is the value of the follow-through experience to students?

An online survey was undertaken in 2007-8 to explore the follow through experience from the perspectives of current and former students in three-year Bachelor of Midwifery education programs in Australia. An online survey was chosen as an effective method by which to engage with the population of interest and recruit a sample that was representative across all the Australian states that offered a three-year Bachelor of Midwifery program at the time. It was

estimated that there were a potential population of 500 students and 150 newly graduated midwives from the program at the time.

The survey was designed so that participants were required to consent to participation in the survey before being able to move to the next page within the survey. Ethics approval for this research was gained from the university's Human Research Ethics Committee.

Survey design

The survey collected qualitative and quantitative data about a range of factors associated with the follow through experience, including processes for recruitment of women, documentation of the experience, means to support learning and the challenges associated with the experience. These factors were determined based on the experience of the first author who was the course coordinator of a Bachelor of Midwifery course at the time. Participants were able to provide additional comments if desired.

The survey was pilot tested with a group of 12 midwives. The pilot testing revealed some ambiguities within the survey. Alterations were made in line with this feedback.

Recruitment

Participants were recruited for the online survey through an advertisement which was placed in the Australian Midwifery News (the Australian College of Midwifery newsletter), on the Australian College of Midwives' website and on the email chatline of the 'Australian BMid Student Collective' (an online discussion forum for current and prospective students established by students in 2001). An advertising flyer was also developed and course coordinators distributed this to midwifery students in the six universities offering a Bachelor of Midwifery in 2006-7.

Each of the invitations provided a web address for the survey; assured participants of the anonymity of their participation; and provided contact details for the researcher. The web address was only available to potential participants. Participants were able to download and complete a hard copy of the survey, or complete and submit it electronically. Participants could

only complete the survey once from the same computer. It is not known, however, if any participants responded twice from different computers.

Sample

The survey 'went live' in October 2006 and was closed in March 2007. In total, 101 former and current Bachelor of Midwifery students, from all six Australian universities offering a three-year Bachelor of Midwifery program, completed the survey. Ninety-eight participants completed the survey online, and three posted their surveys.

Analysis

The quantitative data were analysed using simple descriptive statistics, essentially frequencies and means or medians. The qualitative data were analysed using a thematic analysis approach. The initial analysis was undertaken by the first author with subsequent cross checking with another member of the research team. Data were grouped into themes which have been named using the words of the participants (Braun 2006).

RESULTS

Of the 101 respondents, 93 were currently engaged as students over each of the three years of Bachelor of Midwifery courses and eight were recent graduates (Table 1).

Most universities required students to complete 30 follow through experiences over the three-years (the recommended standard by the Australian College of Midwives). Some participants believed that students needed to complete 40 experiences, as this was the number of births they were required to attend by their university. Another university required students to complete ten follow-through experiences at that time. This was because the university had had their program approved by the State Registering Authority prior to NSW adopting the ACM Standards (Table 1).

Documentation associated with the follow-through experience

The required documentation associated with follow through experiences varied across universities (Table 2). Some participants indicated that they were required to provide a summary about their follow-through experiences at the end of each semester. Others were required to ask the midwife or doctor to sign to indicate that they had attended a woman's antenatal visit or birth and some recorded details using Page's (2000) *Five Steps of Evidence Based Midwifery* as a framework (Page 2000, p.10).

Support to assist with the follow-through experience

Fifty-eight percent of participants (n=59) indicated that they received support for the follow-through experiences. Support came in the form of a midwifery mentor, a midwifery lecturer, a tutorial group at their university, a facilitator or an individual midwife (Table 3). Several indicated that their support came from *'other students more than anything'*:

'... mostly I discuss my experiences with other students, nothing formal, but it's good to compare experiences and learn from each other'.

Debriefing was a supportive measure where students were able to meet and discuss their experiences. Debriefing referred to the opportunity, formal or otherwise, to talk about the follow-through experience. In many instances, opportunities for debriefing were scarce:

We were allocated to one of three groups, each led by a midwifery lecturer. I was lucky and was in a group where the midwife had a clear understanding about what was involved – other students were less fortunate and found their meetings a waste of time... We were able to debrief about experiences with that midwife but it wasn't part of the formal structure of the program, which I always thought was a shame.

We were supposed to have monthly follow-through meetings to debrief and discuss experiences, however over the course of three years I attended only 3 such meetings. We were left pretty much on our own.

The important role of midwives - either as mentors/facilitators, or in their role as part of the student's placement experience – was appreciated, especially where they made themselves available to discuss practice issues and assist with the recruitment of women:

I got to know two midwives through general placements and they facilitate my recruitment of follow-throughs. They ask women for me and spend extra time with me talking about my follow-throughs, which I really appreciate.

My mentor accompanies me to the first visit with each follow-through journey woman and is a wonderful source of ongoing support for all my follow-through journey work, to me, and my women if they need her.

This type of support was not always the case though, as one stated:

Mentors are there to come to the first meeting with myself and the woman; they also sign documentation at the end of each semester. Otherwise I get no support from my mentor. My university friends (those in the program) help me more than anyone to find the woman to take part.

University staff assisted with administrative issues related to the follow-through experiences. This included help with the recruitment of women, meeting the requirements and problem solving:

[There is] one senior academic assigned to a year group, or a group within a year (depending on numbers). This person keeps track of progress, and is the first person you go to if, or when, problems arise.

Not all responses in this regard were positive, though, as the following quote indicates:

We have one lecturer who is the follow-through coordinator for our university (none of our other lecturers/tutorial teachers have any knowledge of follow-throughs). She is very unhelpful though. When I and other people in our year have approached her with concerns her standard response is that it is our responsibility, she has no suggestions.

Recruitment of women for the follow-through experience

A variety of approaches used to recruit women were described. One participant wrote:

Some students (not myself) had made business-like cards or magnets to give to women with their details to contact them if there were changes or they were in labour.

Others used flyers or brochures as a recruitment method and distributed them at: 'antenatal classes'; 'a café'; '[the rooms of] a private obstetrician'; 'child-minding centres'; 'a local notice board at the library'; and 'at shops that sell maternity and baby wear'. One student approached women on the street, friends or acquaintances and participants at antenatal yoga classes and another recruited women via her husband who taught adult education classes.

A large proportion (n=71) described challenges in recruiting women. A range of personal feelings of discomfort was described. Some focused on their perceived lack of knowledge and skills, others on their young age or feelings that recruitment was unprofessional and potentially an invasion of the woman's privacy or even unethical:

It was very confronting and awkward much of the time. Occasionally you were lucky and a woman you had followed through would recommend you to a pregnant friend or relative, which happened a few times.

You know that in some ways you are putting the women in an awkward position, because they feel they should say yes.

The time taken for recruitment was another difficulty, particularly in relation to managing study, work and family life. Participants felt their time was wasted when they recruited a woman, only then to find she did not wish to continue:

I guess the major thing is that it is expensive to do this, and wastes so much of our time, and can be really discouraging and frustrating when we 'lose' women.

There was often competition between students exacerbated by a lack of supportive systems on the part of their universities:

We were advised to attend antenatal clinics but this needed to be done by putting your name on a list so not too many people would turn up. This led to a few people who got there first taking a lot of the times, which was frustrating.

Many participants connected difficulties with recruitment directly to misunderstandings by women, midwives and other health professionals of the purpose and intention of the follow-through experiences:

Not a lot of health professionals understand the follow-through experience and as a result, a lot of doors have been closed in my face. Out of those you do come into contact with, only a few are prepared to be a part of it. It is very difficult and frustrating for us students!

The most difficult thing is trying to get the midwives to ring me when the women attend the hospital to have their babies. Some midwives ring and others don't bother.

Learning from the follow-through experience

Despite these difficulties, 84% considered that the follow-through experience contributed to their learning as a midwifery student. They wrote enthusiastically about this in the survey questions that posed open-ended questions. The following themes were identified: 'Being there in the moment'; 'Relationship building with women'; and 'The uniqueness of a woman's journey'.

Being 'there in the moment' described how learning in the follow-through experience was more relevant than learning in university or via a textbook. This theme referred to learning both the practical skills of midwifery and also what the 'job' of being a midwife entailed:

[What did I learn from the follow-through experience?] How long have you got!! More than I did in classroom learning sociology [stuff] and irrelevant compulsory Uni stuff.

I have become more efficient at time management and have learnt more about the issues surrounding being on call.

Participants spoke of such things as building relationships, getting to know the woman deeply, providing holistic care, and seeing the bigger picture. They described how they came to realise that being able to get to know the woman in this way was a valuable opportunity:

[I learnt] about the feelings of women and their families during pregnancy and the need for holistic care. We are able to focus on the social and emotional aspects of care rather than just the medical things.

[I learnt about] the importance of continuity of care. That pregnancy, childbirth and the postnatal period are a journey and women love having someone to whom they can share their experience with.

Many described how they learnt that women all experience their journey through pregnancy and birth differently:

I have learnt that pregnancy and birth is a different experience for all women and that one should not make assumptions about how women experience it.

Participants indicated that receiving support from a midwife, and the ability to be with a woman during her labour and birth were key in assisting with their learning from the follow-through experiences. The following themes were identified from an open-ended question on this topic: 'The women themselves were our greatest teachers'; 'It's really good when the midwife is helpful'; and 'It's been good to link theory to practice'.

The opportunity to learn from midwives and doctors was mostly fortuitous, rather than planned. Comments indicated that their support was not always forthcoming, but when it was, learning was enhanced:

Generally having a supportive midwife or obstetrician is a huge help. When they allow you to be hands on and explain procedures and how to do a particular skill is fantastic. There are some who simply ignore your presence and that you are a student there to learn, if that attitude was eradicated it would be greatly beneficial.

I have had discussions with doctors and not known the answers to questions. I have gone away and researched the questions and had further talks at a later appointment which has been really useful.

Sixteen percent ($n=16$) of participants provided negative responses to the question about learning in the follow-through experience. One participant indicated that this learning could have been gained from other experiences:

I don't think I learnt anything through the follow-through experience that couldn't have been learnt through a week in an antenatal clinic. I've become more confident/competent in abdominal palpations/blood pressure. The only thing I have learnt from being with the woman is how time consuming antenatal appointments are if you have gestational diabetes.

Inclusion of the follow through experiences in the curriculum

Seventy-five percent indicated that follow-through experiences should be a compulsory part of the Bachelor of Midwifery program. Further comments were provided and the following themes were identified: 'It's the most 'real' part of the course' and 'There are far too many to do them properly'.

Participants who indicated their support of the inclusion of the follow-through experiences gave full support of this requirement, without reservation:

You learn more following these women than you ever can in a classroom, being with them for nine months highlights the impact midwives have, and can have, when they provide decent care (and the damage that is done when they do not).

I feel that it should be essential for all the midwifery courses but to do 30 is nonsensical. It is too many and the women become just another number that you need signed off. It would be better to have 10-20 really substantial ones than 30 half done ones.

This point of view was also reiterated by participants who indicated that the follow-through experience should not be included (25%). They felt there were simply too many experiences

required, that they were not always valuable and there were significant personal and financial impacts.

DISCUSSION

The follow-through experience was introduced in midwifery education programs in Australia as a means to ensure students were exposed to continuity of care. This experience has not been without controversy due to the challenges associated with its introduction and ongoing implementation. Despite the controversy, little research has been undertaken on this experience and the impact it has on student learning hence the importance of this study. The study identified positive and negative aspects of the experience and the impact on learning.

There is limited research on the nature of midwifery student relationships with women and the impact this has on student learning but in a study to explore the experiences of the first cohort of Bachelor of Midwifery students from one university in Australia, Siebold (2005) noted that, as in this study, students valued the opportunity to develop relationships with women. As in this study, students identified that the follow-through experience provided them with this opportunity.

As described earlier, inclusion of the follow through experience in the Australian standards for midwifery education was a deliberate strategy to ensure midwifery students would have this experience. There exists now ample evidence of the benefits conferred to women who receive midwifery continuity of care (Hatem et al 2008; Homer et al 2008). The importance of continuity of carer is also supported through the findings of this research where participants identified the multi-layered effects of knowing a woman and the differences this made to the care they provided.

Other research has similar findings in other contexts. Hunter and colleagues (2008) recognised that developing quality relationships with women was an important aspect of maternity care. They argued that, while there are many aspects of maternity care provision that impact on women, the quality of the relationship between the woman and a midwife was the cornerstone. The work of Hunter (2001; 2004) also provides support to the findings of our study

research as the nature of the relationship between midwives and women is highlighted as being important. Hunter (2004, p. 268) found that 'midwives considered that "knowing the woman" made their work easier...'. Students in our research also expressed similar views expressing the satisfaction they found in getting to know a woman and building a relationship with her.

In respect of women's views of the follow-through experience, research conducted by Rolls and McGuinness (2007) in Victoria, an Australian state, found that women also benefited from this experience. They reported that women perceived the relationship between themselves and the student to be a strong bond, a partnership where they felt the students were 'with them'. They also identified that the presence of the student during their labours made a difference and that the student helped to 'bridge the system' (Rolls & McGuinness 2007).

While students described positive experiences of developing relationships with women, they also identified aspects of the follow-through experience that were challenging. These difficulties related to the management of the experience by both university and maternity care providers and also to pressures associated with having to complete 30 experiences.

Recruitment was fraught with difficulties with some students having to go to extraordinary lengths to recruit, such as approaching women in shopping centres and shops. Many universities have now streamlined the recruitment processes and work more closely with students in their practice settings to ensure appropriate recruitment occurs.

Documentation was also identified as a challenge in our study. Siebold's (2005) research similarly identified that students found the documentation was often onerous and complex and with conflicting advice on expectations. In our study, documentation requirements also varied and this is likely to have contributed to the sense of difficulty. Nonetheless, almost half of the participants indicated that the opportunity to write and reflect assisted with learning and was a useful aspect of the experience. Therefore, it is important that documentation that is required from the students is seen as learning, and not an additional, onerous burden.

While the follow through experience was evaluated positively, it is evident that there were also negative comments expressed by respondents. Many of these issues have subsequently been addressed by universities, including a deeper embedding of the experience in the programs

rather than having it as an additional requirement, reduced documentation and greater flexibility about the requirements. The challenges associated with the follow through experiences have also been identified in the national midwifery education standards which, since this study was completed, have reduced the number of required experiences from 30 to 20 over a three year period (ANMC 2009).

There are a number of limitations of our study. Firstly, as there was very little literature available at the outset of the study, the survey was based on our experiences. It was pilot tested before administration, however, it may not truly capture the experiences. Secondly, survey respondents may not be representative of the population. We recognise this to be a limitation although considerable efforts were made to include a wide sample and to enable participation.

CONCLUSION

The findings of our study demonstrate that, despite challenges, there were significant learning opportunities within these experiences with the majority of participants recommending that they be compulsory. For many, the follow-through experience provided the best part of their course and this was their only chance to provide continuity of care. Nonetheless, the lack of support provided to students in achieving the requirements was a problem. The ANMC standards recognise that support is critical stating that “consistent, regular and ongoing evaluation of each student’s continuity of care experiences” is required (ANMC 2009). Equally, it seems that many participants saw the follow-through experience as an additional part of their course rather than incorporating it into the main curriculum. Future work and research needs to ensure that an integrated approach is taken and the learning associated with this experience is enhanced.

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CONFLICT OF INTEREST STATEMENT

In the period when the research was conducted, the first author was employed as course co-coordinator at one of the universities that participated in the research, and as such played a significant role in implementing the curriculum and was known to some of the participants. Confidentiality was ensured for all participants and the researcher was not able to identify any participants either known or unknown to them.

Figure 1: Australian Nursing and Midwifery Council's Definition of 'Continuity of Care Experiences'

Continuity of care experience means the ongoing midwifery relationship between the student and the woman from initial contact in early pregnancy through to the weeks immediately after the woman has given birth, across the interface between community and hospital settings. The intention of the continuity of care experience is to enable students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period, where practicable and irrespective of the carers chosen by the woman or of the availability of midwifery continuity of care models.

(ANMC 2009, p.2)

Table 1: Participants and requirements of follow through experiences

Characteristics of participants	<i>n</i> =101	%
• Current Bachelor of Midwifery students	93	92%
• Former Bachelor of Midwifery students	8	8%
Year of enrolment (<i>n</i>=93 currently enrolled)		
• 1st year	34	37%
• 2nd year	38	41%
• 3rd year	21	22%
Year of program completion (<i>Former students only</i>)		
• 2004	6	75%
• 2005	2	25%
Number of follow through experiences required		
• 40	8	8%
• 30	81	82%
• 10	10	10%

Table 2: Follow-through experience documentation

Documentation type	Description	Number of responses (n)	Number of responses as a (%)
Formally assessed diary/journal	A record of experiences that is assessed as part of course requirements.	47	47
Personal diary/journal	An informal method of recording and reflecting on experiences. This is not formally assessed.	42	42
Workbook	A formal account of experiences with additional description, beyond personal reflection.	26	26
Logbook	A simple record of experience.	51	51

Note: n=100 respondents; multiple responses possible

Table 3: Sources of support for the follow-through experiences

Support mechanism	Number of responses (n)	Responses as a percentage of respondents (%)
Facilitator/preceptor	18	31
Midwife	16	27
Tutorial group at university	15	25
Midwifery lecturer	14	24
Individual midwifery mentor	13	22
Other	7	12

Note: $n=59$ respondents; multiple responses were possible