The costs of undertaking Continuity of Care Experiences
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Background
The Continuity of Care Experience (CoCE) is designed to give students the opportunity to work in partnership with women and midwives, while gaining knowledge and skills in the antenatal, intrapartum and postnatal periods (Sweet & Glover 2011, Yanti et al. 2015). The CoCE has been identified by students as beneficial to their learning and skill development (Sweet & Glover 2011, McLachlan et al. 2013), however incurs significant negative costs (Sweet & Glover 2011). Money, time and personal safety costs as well as difficulty combining on-call and academic commitments to meet the CoCE curriculum requirements were cited as problematic and stressful for midwifery students (Sweet & Glover 2011). By identifying key areas of social, emotional and financial compromise, both faculty and clinical facilitators may be better able to advise and guide students through the complexities encountered while undertaking this valuable learning aspect of Australian midwifery education.

Method:
Objective: To explore the personal costs for students undertaking CoCE for a Bachelor of Midwifery.
Design/setting: Students enrolled in a Bachelor of Midwifery who were actively involved with the CoCE curriculum at two universities were approached to participate in this study. This included all year levels and entry pathways (pre-registration and registered nurse entry). Population approximately N= 440.

Data was collected in 3 stages.
1) An online survey collected core demographic data.
2) Diaries were used to record CoCE interactions including travel, wait, and clinical time, monetary costs associated with the encounter and any impacting factors of the interactions.
3) Focus groups were then undertaken to discuss findings and experiences with small groups of students.

Qualitative data was thematically analysed using NVivo 10 software, and quantitative data was analysed using Excel and STATA software. A qualified statistician assisted in the quantitative analysis.

Result:

Part 2: 517 entries for 74 CoCE by 12 students. For the 60 completed CoCE’s (478 contacts), the total mean time spent was 21.5 hours, with a total mean cost of $336.

Part 3: 4 X FGD with 10 students. Issues discussed included:
- Safety: personal safety, fatigue, professional safety.
- Professional relationships with women and maternity care providers, professional boundaries.
- Financial impact: lost income for self and partner, childcare costs, travel costs.
- Impact to self and family: competing demands, time jealous – productive and unproductive time, lack of “down time” even outside of standard semester times, imposing on others.

Conclusion:
The personal costs of CoCE are personally and financially significant. The volume of continuity experiences in midwifery education are unique within health professions education. We can better support student by developing their learner agency and time management strategies to enhance their independent intentionality to complete the CoCE. We can empower students to be aware of and self manage their personal safety, and to balance learning and personal time for improved well being. The emotional and social impact of educational activities cannot be overlooked when examining pedagogies. These costs related to the CoCE must be taken into consideration when determining the requirements of CoCE in midwifery educational standards and curricula.

References:


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