



Facilitators and Barriers for Clinical Preceptors in Midwifery Education: A Scoping Review of the Published Literature

Facteurs facilitateurs et obstacles rencontrés par les préceptrices cliniques dans le contexte de l'enseignement de la pratique sage-femme : étude de la portée de la littérature publiée

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ABSTRACT

Objective: This scoping review aims to broadly scope published literature regarding midwifery clinical preceptorship and the facilitators and barriers to that role, with the goal of making recommendations to stakeholders.

Introduction: Midwifery education relies on the teaching capacity of clinical preceptors for a significant proportion of the curriculum. It is relevant to explore publications on the facilitators and barriers for midwifery educators in clinical settings to inform education and practice.

Eligibility Criteria: Articles were included if published in English and involved the facilitators and barriers for and/or perspectives of clinical preceptors of student midwives. Publications on non-midwifery clinical educators and supervision of newly qualified or practicing midwives were excluded.

Methods: A scoping review of publications on preceptorship in midwifery education was conducted based on the Joanna Briggs Institute Scoping Review Framework, and five databases were searched: Academic Search Complete [ASC], the Cumulative Index to Nursing and Allied Health Literature [CINAHL], Embase, MEDLINE, and the Education Resources Information Center [ERIC]. The search yielded 2,650 citation titles and abstracts that were independently and blindly screened by reviewers. Two hundred and ninety-eight articles were screened for full-text review, and 131 were extracted for this scoping review.

Results: The United Kingdom, the United States, and Australia published a majority of the articles included in this scoping review. Most publications provided a narrative description regarding midwifery preceptorship and did not investigate primary data. Training or aiding preceptors was infrequently researched in the studies that did apply a quantitative, qualitative, or mixed methods design. This review reveals that more themes were found on barriers than facilitators for the midwifery preceptor role.

Conclusions: The gaps in evidence suggest that researchers further investigate midwifery preceptorship in general and the internal and external influences affecting the position. It is warranted to explore evidence-informed means on approaches that positively contribute to the midwifery preceptor role, including but not limited to training.

This article has been peer reviewed.

RÉSUMÉ

Objectif : Cette étude vise à établir largement la portée de la littérature publiée sur le préceptorat clinique en pratique sage-femme ainsi sur les facteurs facilitateurs et les obstacles entourant ce rôle, dans le but de formuler des recommandations aux intervenants.

Introduction : L'enseignement de la pratique sage-femme dépend de la capacité pédagogique des préceptrices cliniques pour une part importante du programme d'études. Il convient d'examiner les publications sur les facteurs facilitateurs et les obstacles rencontrés par les enseignantes de la profession dans les milieux cliniques afin d'orienter l'enseignement et la pratique.

Critères d'admissibilité : Les articles ont été inclus s'ils avaient été publiés en anglais et traitaient des facteurs facilitateurs et des obstacles expérimentés par les préceptrices cliniques des étudiantes en pratique sage-femme ou de leurs points de vue. Nous avons exclu les publications sur les éducateurs cliniques des domaines autres que la pratique sage-femme ainsi que celles sur la supervision des sages-femmes fraîchement qualifiées ou en exercice.

Méthodes : Une étude de la portée des publications sur le préceptorat dans l'enseignement de la pratique sage-femme a été menée en se fondant sur le cadre établi par le Joanna Briggs Institute pour ce genre de projet. Cinq bases de données ont été interrogées : Academic Search Complete [ASC], le Cumulative Index to Nursing and Allied Health Literature [CINAHL], Embase, MEDLINE et l'Education Resources Information

Center [ERIC]. L'interrogation a produit 2 650 titres abrégés et résumés qui ont été triés à l'insu par les enquêtrices. Deux cent quatre-vingt-dix-huit articles ont été sélectionnés pour un examen du texte intégral et 131 ont été retenus pour cette étude de la portée.

Résultats : Le Royaume-Uni, les États-Unis et l'Australie ont publié la majorité des articles inclus dans l'étude de la portée. La plupart des publications fournissaient une description narrative du préceptorat en pratique sage-femme et n'avaient pas enquêté sur les données brutes. Les préceptrices formatrices ou aidantes ont fait l'objet de peu de recherches dans les études faisant appel à des méthodes quantitatives, qualitatives ou mixtes. Cette étude révèle que plus de thèmes ont été repérés sur les obstacles que sur les facteurs facilitateurs liés au rôle de préceptrice en pratique sage-femme.

Conclusions : Les lacunes dans les connaissances donnent à penser que les chercheurs devraient examiner plus en profondeur le préceptorat en pratique sage-femme en général et les influences internes et externes sur le poste. Il est justifié d'examiner des moyens fondés sur des données probantes concernant des approches qui apportent une contribution positive au rôle de préceptrice en pratique sage-femme, entre autres la formation.

Cet article a été évalué par un comité de lecture.

INTRODUCTION

Professional health care curricula, including midwifery education, often comprise a large proportion of experiential learning guided by a registered or licensed practitioner in a clinical setting. The International Confederation of Midwives Global Standards for Midwifery Education stipulates that a direct-entry program must be at least three years in length and consist of a minimum ratio of 40% theoretical and 50% practice-based learning.¹ The term used for a *clinical educator* assigned to a health care student in the field varies around the world. Globally, midwifery education interchanges the terms *mentor* and *preceptor* to define the role of a practicing midwife who supports either a midwifery student or a newly qualified midwife.²⁻¹⁰ For this article, the term *preceptor* connotes a midwife assigned to a pre-registration midwifery student where primary learning occurs in a clinical environment.

The Canadian Association for Midwifery Education Accreditation Council defines the midwifery preceptor as “an experienced midwife engaged in the practice of midwifery who is competent and willing to teach, observe, and evaluate midwifery students during their practical/clinical learning.”⁶ Clinical preceptorship, like all professional designations, is affected by enablers and hindrances. Many midwifery clinical educators

find enjoyment in the role¹⁰⁻¹² and a means to maintain currency of knowledge and promote evidence-based practice.¹³ However, providing perinatal care while teaching and assessing students has become increasingly complex.¹⁴ In 2006, Richmond's survey ($n = 270$) reported that over half of the preceptor participants cited challenges to the role.¹⁵ The lack of qualified clinical teachers continues to impact midwifery education and subsequently, the future workforce.^{16,17} Implementing adequate training and resources to support clinical teaching requires careful consideration for midwifery education and practice sustainability.¹⁸

This article describes a scoping review on midwifery education. Scoping reviews use the components of population, concept, and context [1] to frame research questions to explore evidence characteristics, definitions, gaps, and research methods, and [2] as an antecedent to a systematic review¹⁹ For this review, midwifery educators of preregistration students in clinical settings [preceptors] make up the population of interest. The concept is facilitators and barriers before, during, or following the preceptorship period, and the context is midwifery education globally. The intent of our scoping review is to provide an overview of the available evidence on midwifery education in relation to preceptor facilitators and barriers.

Preceptor Requirements, Training, and Role

Internationally, there is a range of preliminary and continuing requirements for midwifery preceptors. There are national, provincial, state, and university-defined preceptor education, practice, and preparation qualifications in many areas.^{20,21} Accreditation guidelines for baccalaureate midwifery programs in Canada specify that preceptors must currently be licensed and have proficiency in full-scope practice, generally achieved by a minimum of 2 years of active midwifery registration.⁶ It has been argued that preceptors must be continual learners and engage in annual professional development activities²² and also that the associated university program provides initial and ongoing training and resources.^{6,23}

In addition to clinical responsibilities, preceptors teach, supervise, guide, role-model, nurture, motivate, and assess students.²³⁻²⁵ Preceptors must also foster appropriate learning environments while acting as “gatekeepers” to ensure graduates entering registered practice are competent and safe in their use of skills and knowledge.²⁶⁻²⁸ Therefore, the responsibility to the public is shared between clinical and theoretical educators, although the onus may seem more substantial for the preceptor. Lack of fulsome preceptor training and understanding of the student’s evaluation process or documents may lead to a “failure to fail,” which potentially places care recipients at risk.^{14,29,30}

Undeniably, the midwifery preceptor role profoundly affects learners, educational institutions, health care systems, clients, patients, and the preceptors themselves. In the past, the entirety of health profession training remained within hospital settings. However, in many countries, midwifery education is currently based in higher-education institutions where didactic portions of curriculum remain within the university, and where the primary sites for practice-based learning are hospitals and community settings. This transition occurred nearly forty years ago in the United Kingdom, preceding a move towards the supernumerary status of nursing and midwifery students on hospital wards thus requiring partnerships between education and clinical institutions.¹⁰

In the United Kingdom, the relationship between the midwifery student, the preceptor, and the

educational system [e.g., program or faculty] is currently referred to as tripartite.^{31,32} A majority of the published literature on this tripartite relationship is related to the preceptor-preceptee dyad and is from the student perspective.^{33,34}

Rationale and Preliminary Search for Scoping Reviews

Munn et al. described a scoping review as “an ideal tool to determine the scope or coverage of a body of literature on a given topic and give a clear indication of the volume of literature and studies available as well as an overview [broad or detailed] of its focus.”³⁵ In comparison to a systematic review, a scoping review considers a wider range of research, with multiple types of methodologies, whereas a systematic review is more focused on evaluating the research of a specific question.³⁶ In 2005, Arksey and O’Malley outlined the five-step scoping review process³⁶ that was modified to a six-step process in 2010 by Levac et al.³⁷ and further expanded upon by the Joanna Briggs Institute (JBI).¹⁹ The JBI is an Australian research organization dedicated to training reviewers and promoting evidence-based health care and policy.³⁸ The JBI scoping review methodology was originated to improve the consistency, reporting, and rigour of scoping reviews.³⁹ Our team chose to use the JBI scoping review protocol due to its thoroughness and its impact on the nursing profession.^{19,38}

The rationale for conducting a scoping review on preceptorship is the significant impact that experiential learning has in midwifery curriculum for learners, educational systems, and the health care environment. This review aims to broadly map publication characteristics regarding midwifery preceptorship in general and more precisely on the enablers and challenges to the role and preceptors’ perspectives. A preliminary search for existing scoping and systematic reviews on clinical teaching in midwifery education was conducted in the Cochrane Database of Systematic Reviews, the JBI Evidence-Based Practice Database, and the International Prospective Register of Systematic Reviews. The search indicated a lack of reviews on published literature about clinical preceptorship in midwifery education.

Table 1. *Inclusion and Exclusion Criteria for Scoping Review*

Articles were retained if they contained or described the following:	Articles were excluded if they contained or described the following:
<ul style="list-style-type: none"> • Facilitators or barriers to clinical preceptorship in midwifery education <ul style="list-style-type: none"> ◦ Training/educational programs and resources for preceptors ◦ Clinical experience related to preceptorship • Preceptors' experience, perceptions, or perspectives • All time frames considered, including before, during, or after clinical preceptorship • English-language published articles [narrative, descriptive, primary empirical and qualitative studies, secondary analyses of data, systematic reviews, meta-analyses, etc.] 	<ul style="list-style-type: none"> • How to train or help to train clinical students • Clinical students' experiences, perceptions, or perspectives • Supervision/mentorship/preceptorship of practicing/registered midwives including newly qualified or experienced midwives] • Nonclinician supervisors • Books, government/regulatory documents, or unpublished resources/ grey literature [i.e., conferences] • Non-English literature

METHODS

The following steps of the JBI scoping review procedure were completed by our research team: [1] defining and aligning the objective(s) and research question(s), [2] developing the eligibility criteria, [3] describing the planned approach, [4] searching the evidence, [5] selecting the evidence, [6] extracting the evidence, [7] analyzing the evidence, [8] presenting the results, and [9] summarizing the evidence.¹⁹ This scoping review is also reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis for Scoping Reviews Extensions [PRISMA-ScR].⁴⁰

Objective and Research Question

The objective of this scoping review is to broadly scope published literature regarding midwifery clinical preceptorship. The primary research question for this scoping review is “what is the current evidence from published literature on the

facilitators and barriers for the role of clinical preceptorship in midwifery education?”

Eligibility Criteria

Articles were included if they were published in English and involved the facilitators and barriers to midwifery preceptorship and/or midwifery preceptors' perspectives. Publications on non-midwifery clinical educators and the supervision of newly qualified or practicing midwives were omitted. Table 1 provides comprehensive details on the inclusion and exclusion criteria for this scoping review.

The Planned Approach

The research team held regular meetings to develop the scoping review protocol. Two reviewers from the research team (D.U. and S.M.-L.) executed the main tasks, and the remaining investigators provided feedback on the protocol, analysis, and

It is vital to empower midwifery clinical teachers who serve as an integral link between the health care environment and higher educational institutions.

written manuscript. Health science librarians at the researchers' affiliated universities were consulted regularly throughout various stages of the scoping review, most notably during search strategy implementation.

Searching the Evidence: Search Strategy

In June 2020, a search of citations on midwifery and preceptorship, including relevant terms for this role (i.e., mentor, clinical teacher, etc.), was made in five databases: ASC, CINAHL, Embase, ERIC, and MEDLINE. [See Appendix 1 for the search strategy applied to CINAHL, replicated for the other databases.] A total of 4,667 citations were generated and uploaded into Covidence, an online systematic review management system available through the authors' institutional license.⁴¹ The deduplication function in Covidence removed 2017 citation copies, resulting in 2,650 titles and abstracts for screening.

Selecting the Evidence

Title and Abstract Screening

On July 8, 2020, reviewers D.U. and S.M.-L. met to discuss and plan how to apply the eligibility criteria in each stage of the review. These reviewers independently and blindly screened a random sample of 10 titles and abstracts, using the predefined inclusion principles, and achieved 100% agreement. The remaining 2,640 citation titles and abstracts were similarly evaluated. Based on the eligibility criteria listed in Table 1, 2,350 articles were excluded, leaving 300 articles for full-text screening.

Screening Full Texts

It was not possible to obtain the full texts of two articles from databases, interlibrary loan, or other means. In August 2020, D.U. uploaded the 298 complete articles into Covidence for independent and blind review by both investigators. They

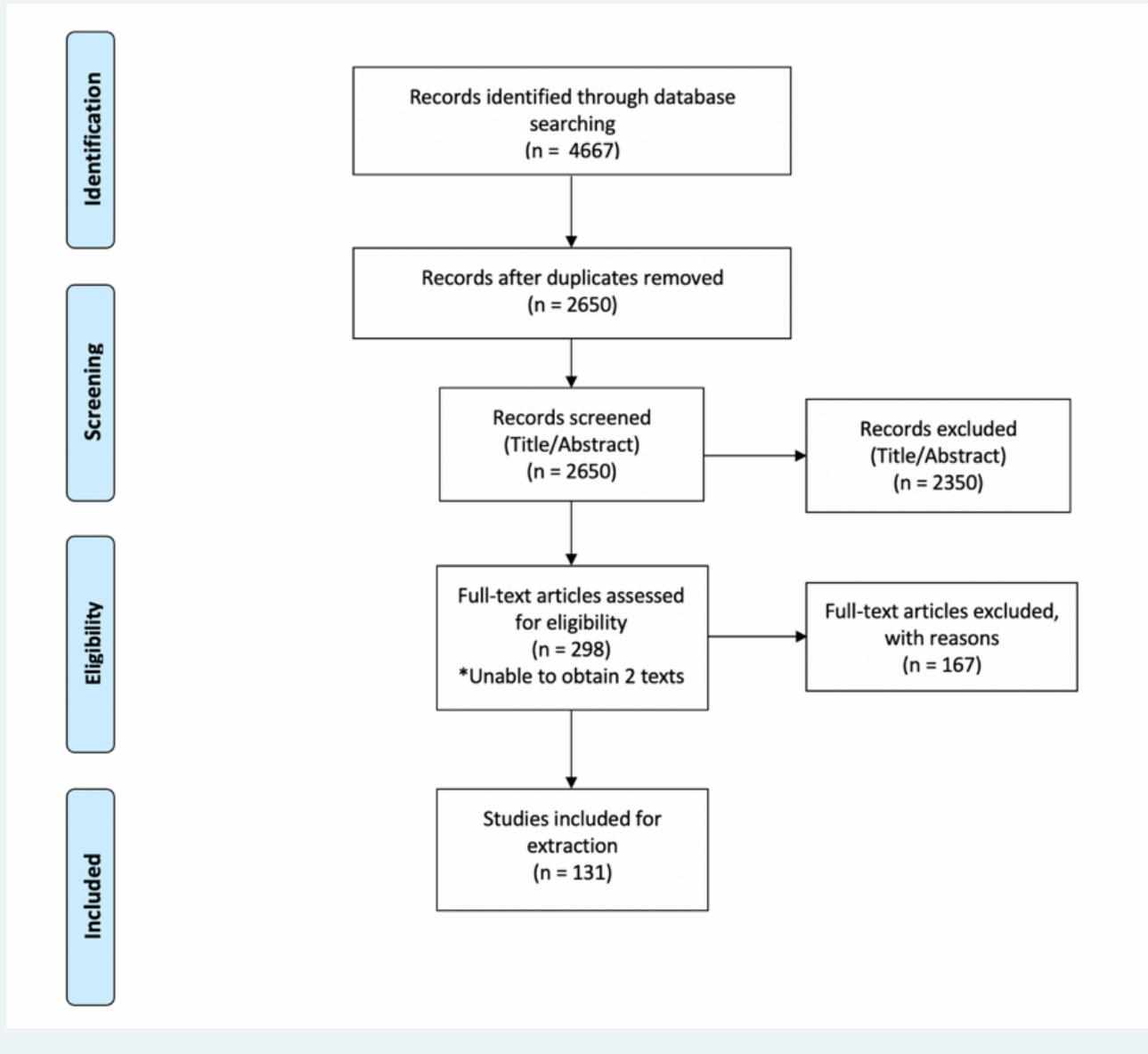
achieved an agreement rate of 89% [265 of the 298 articles] for full-text eligibility. On September 14, 2020, D.U. and S.M.-L. met to review the eligibility conflicts of 33 full texts [11%] mostly relating to the reason selected for exclusion. Through discussion, the two reviewers successfully resolved the contradictions, and 167 full-text articles were excluded.

Extracting the Evidence

Our scoping review protocol yielded 131 articles for abstraction. The general data extraction template for reviews in Covidence⁴¹ was amended based on the chapter on scoping reviews in the *JBI Manual for Evidence Synthesis*.¹⁹ Initially, both reviewers independently extracted data from nine full texts, for a 90% consensus rate on extraction items. Minor amendments were made to the template by consensus, and general extraction items included author, year of publication, country of origin (where the article was published or conducted), objective, study design, population, sample size, concept, and context. Specific data extraction items related to the scoping review research question (e.g., whether the publication addressed facilitators for and barriers to midwifery preceptorship and/or midwifery preceptors' perspectives). The template also included items stating whether articles contained information on professional roles to aid clinical placements, how to train preceptors, or suggestions for the future. [Appendix 2 presents the final data extraction template used.]

D.U. independently extracted data from the 131 full texts, and S.M.L. verified them against the original publication. This extraction method is recognized in the *JBI Manual for Evidence Synthesis*.¹⁹ Any discrepancies were discussed and resolved between the two reviewers, and a third party was not necessary. S.M.L. also searched all reference citations within the 131 extracted articles and found

Figure 1. Synopsis of Sources of Evidence Selection



only one relevant article, which was uploaded into Covidence and subjected to the screening process outlined above. Figure 1 presents a synopsis of evidence selection based on the PRISMA flow diagram.^{40,42}

Analysis of the Evidence

The purpose of a scoping review is not to synthesize evidence.¹⁹ The aim of this scoping review was to identify characteristics of publications on clinical preceptorship in midwifery education. Our team applied an analytical and descriptive method to map the results. Frequency counts of

the general data extraction items were completed, and recurrent themes discovered in the specific data extraction items on facilitators, barriers, and perspectives were summarized. An overview of the evidence elicited for this scoping review follows in narrative, table, and figure formats.

RESULTS

Presentation of Evidence

Frequency of Publications Included by Year

Our search strategy did not have a restricted date range. As such, the oldest article included in the extraction was from 1977, and the most recent

was from 2020. In this 43-year range, the year 2016 had the most included articles [20% [$n = 26$]].

Country or Area of Origin of Included Publications

The United Kingdom (UK) contributed 55% ($n = 72$) of the publications included in this scoping review. Twenty-eight percent ($n = 37$) of these publications applied to the UK areas under Nursing and Midwifery Council jurisdiction and did not specify the country within the UK. The publications that stated the UK country included England ($n = 22$ [17%]), Scotland ($n = 7$ [5%]), Wales ($n = 5$ [3%]), and Northern Ireland ($n = 1$ [0.8%]). The United States had the second most publications ($n = 21$ [16%]) included in this scoping review and has four main types of midwifery designations.⁴³ Graduate-level programs include certified nurse midwife (CNM) and certified midwife (CM), the former requiring designation as a registered nurse for educational program admission.⁴⁴ Typically, CNMs and CMs work in hospital settings while certified professional midwives work in out-of-hospital settings such as birth centres and homes.⁴³ Certified professional midwives (CPMs) may also enter a graduate, undergraduate, associate, or nondegree program.⁴⁵ Finally, traditional midwives in the United States complete apprentice-based training and provide services outside the hospital system.⁴³ Data were extracted from the scoping review template on the type of midwifery designation in the United States. Most of these articles concerned CNM or CM programs [11% ($n = 15$)]. Two-percent ($n = 3$) were based solely on CPM education; 1.5% ($n = 2$) jointly focused on CNM, CM, or CPM education; and one article related to traditional midwifery. Table 2 provides a summary of the areas of origin for the included publications for this scoping review.

Study Designs of Included Publications

A majority [63% ($n = 83$)] of the included articles did not consist of primary data collection; 49% ($n = 64$) of these provided descriptions; 11% ($n = 15$) were editorials, commentaries, or opinion articles; and 3% ($n = 4$) were reviews (e.g., literature, resource, or scoping). Of the 37% ($n = 48$) that were primary studies, 15% ($n = 20$) were qualitative, 13% ($n = 17$) were quantitative, and 8% ($n = 11$) were mixed methods.

Frequency of Extracted Data Specific to Scoping Review

We extracted data from many articles regarding specific items in our scoping review, and half of the publications provided preceptor perspectives. Eighty-four percent ($n = 111$) of the articles addressed facilitators, and 73% ($n = 98$) barriers to the preceptor role. Moreover, 79% ($n = 104$) of the included articles provided suggestions to aid midwifery preceptorship in the future; 53% ($n = 69$) suggested ways to train and aid preceptors, and 24% ($n = 32$) gave suggestions regarding professional roles to aid midwifery student placements.

Study Designs of Included Publications That Addressed Specific Data Related to This Scoping Review

Data were screened by study design and by whether specific items were extracted. Most frequently, facilitators ($n = 57$ [43%]), barriers ($n = 373$ [8%]), roles to aid clinical placements ($n = 17$ [13%]), ways to train or aid preceptors ($n = 44$ [34%]), and suggestions for the future ($n = 50$ [38%]) emerged in articles that presented descriptions in a narrative format. Notably, 100% of qualitative ($n = 20$) and mixed-methods ($n = 11$) study designs addressed barriers, and 90% of narrative description ($n = 57$) and mixed-methods ($n = 10$) study designs highlighted facilitators to the midwifery preceptorship role. Ninety percent of mixed-methods ($n = 10$) studies and 100% of review articles offered suggestions for the future. Articles with primary data collection uncommonly described ways to train or aid clinical preceptors (e.g., quantitative ($n = 6$ [35%]), mixed methods ($n = 4$ [27%]), and qualitative ($n = 3$ [15%])). All study designs infrequently discussed roles to aid in clinical placement; 15% of qualitative articles ($n = 3$), 35% of quantitative articles ($n = 6$), and only one opinion piece did so.

Facilitators and Barriers for Midwifery Preceptors

Analysis of the scoping review data revealed commonalities regarding facilitators and barriers for midwifery preceptors, resulting in the following categories: educational system, preceptor training, clinical practice, learner qualities, and perspectives on the role [Table 3].⁴⁶⁻¹²³ A majority of publications

Table 2. Country or Area of Origin of Included Publications

Country or Area		
Characteristic	n	%
United Kingdom	72	55
United States	21	16
Australia	16	12
Ireland	2	1.5
Canada	2	1.5
New Zealand	2	1.5
South Africa	2	1.5
African continent	1	0.8
Bangladesh	1	0.8
Belgium	1	0.8
Ethiopia	1	0.8
Ethiopia/Ghana/Malawi*	1	0.8
Ethiopia/Ghana/Uganda/Zambia*	1	0.8
Indonesia	1	0.8
International Congress of Midwives Conference Study in Canada and Prague*	1	0.8
Low- and middle-income countries in Africa/SE, Central, and South Asia/Balkans/South Pacific*	1	0.8
Malawi	1	0.8
Papua New Guinea	1	0.8
Swaziland	1	0.8
Sweden	1	0.8
Uganda	1	0.8

SE, Southeast

*Areas that were combined in one publication

in our scoping review addressed facilitators ($n = 111$ [84%]); however, more similarities were found amongst barriers for preceptors ($n = 98$ [73%]).

Preceptor Perspectives

Half of the publications concerned direct preceptor perspectives ($n = 65$), and the other half indirectly addressed the role. Parallel themes were found in regard to preceptors expressing feelings of inadequacy in teaching and the necessity to feel confident as a practicing midwife prior to mentoring

students.^{26,33,82,108,124} Also, the increasing demands of workload and preceptorship were frequently reported in the literature.^{14,26,51,114} Finally, many articles provided perceptions on positive aspects of preceptor training [e.g., increasing teaching capacities and knowledge of role-modeling, student evaluation, learning styles, and management of time and learners with challenges]^{69,86,94,112} but also challenges [e.g., inadequate content, inability to attend, and lack of recompense].^{33,53,94,125}

Table 3. Common Facilitators for and Barriers to the Role of Midwifery Preceptor

Facilitators	Barriers
Educational System	
<p>Collaboration with affiliated educational institution^{4,10,29,31-33,46-58}</p> <p>Support from affiliated education or clinical institution⁵⁹⁻⁶</p>	<p>Challenges in student assessment, documentation, feedback giving, and grading^{12,13,24,30-32,47,49,65-75}</p> <p>Lack of affiliated university coordination, support, or presence^{14,15,27,56,63,66,76}</p> <p>Lack of feedback for preceptors^{24,52,64,77,78}</p>
Preceptor Training	
<p>Preceptor training and education [e.g., courses, workshops, and resources]^{4,8,14,18,59,71,74,79-85}</p>	<p>Lack of appropriate quality education, training and/or awareness, time, money, travel to attend^{13,14,30,33,48,68,73,76,79,86-94}</p>
Clinical Aspects	
<p>Multiple/team preceptors⁹⁵⁻⁹⁷</p> <p>Continuity of preceptor^{70,98,99}</p>	<p>Demands of clinical practice [e.g., volume and complexity of clients; workload; and the optional aspects of client care]^{13,14,17,22,24,51,70,73,75,83,84,86,100-102}</p> <p>Lack of support from or understanding by clinical system^{14,15,56,102,103}</p> <p>Effect on preceptor and client relationship^{46,73,88,99,101,102}</p>
Learner Characteristics	
<p>Good communicators/safe⁹¹</p> <p>Senior level or more experienced¹⁷</p>	<p>Unprofessional^{15,64,80,96,100,101,104}</p> <p>Lack of boundaries or social skills^{15,64,80,101,104}</p> <p>Too many students^{87,99,100,105}</p> <p>Unprepared or lacking requisite knowledge^{64,96,105}</p> <p>Lack of motivation^{15,53,105}</p> <p>Junior level or less experienced^{64,70}</p>
Perspectives on the Role	
<p>Improved competence, confidence, and proficiency^{13,15,52,80,99,106-109}</p> <p>Enjoyment and satisfaction in teaching^{10-12,110}</p> <p>Recompense for role [e.g., financial and recognition]^{16,27,111,112}</p> <p>Good preceptor-student relationship^{71,113,114}</p>	<p>Time consuming or lack of time for role or training^{12-16,18,33,46,53,70,78,88,99,101,103,115,116}</p> <p>Too much variation, inconsistency, and lack of clinical placements^{47,64,76,87,100,105,117-119}</p> <p>Role complexity [e.g., responsibility, error]^{27,29,32,59,84,93,115,120}</p> <p>Lack of recompense or benefits [e.g., financial or recognition]^{46,72,76,92,101,112,121}</p> <p>Lack of resources [e.g., equipment to teach]^{13,76,105,117,122,123}</p>

DISCUSSION

Summary of the Evidence

In this scoping review, most of the publications originated from the United Kingdom, the United States, and Australia. This signifies a gap between publications from these countries and the peer-reviewed literature from other countries with an established midwifery education infrastructure. Furthermore, the bulk of included articles did not involve the collection of primary data, another important consideration for researchers of midwifery education. Studies that applied a qualitative, quantitative, or mixed-methods design infrequently examined ways to train or aid clinical preceptors. In this scoping review, preceptor training was often perceived as a facilitator; however, preceptors reported challenges in accessing this resource. As such, further research might include approaches to creating and implementing comprehensive training programs while mitigating the obstacles to receiving it.

This study underscores the reality of the numerous internal and external influences on the midwifery preceptor role. Major extrinsic factors involve the affiliated educational program, midwifery clinical learners, and the health care environment. Intrinsic elements include perceptions about the position and motivations for initial or continual engagement with students in a clinical setting. The core and peripheral facilitators and barriers realized from this scoping review are explored subsequently.

Intrinsic Facilitators and Barriers for Midwifery Preceptors

Midwives who function as preceptors have a unique opportunity to implement clinical practice and teaching skills simultaneously. In this scoping review, motivations for completing the role centred around the positive aspects of maintaining knowledge and skill currency and satisfaction in working with students, particularly when the relationship was agreeable. Continuity of preceptorship^{70,98,99} and multiple or shared preceptorship⁹⁵⁻⁹⁷ models were both considered to be facilitators. When the learning and teaching relationship is well functioning, it is beneficial to continue the existing dyad. However, there are also benefits for learners to access multiple ways of

knowing and practice.

Adequate recognition and recompense were found to be enablers to the role, as was the lack of it found to be a hindrance. The two highest preceptor motivators reported in the survey of over 1,500 certified nurse midwives and certified midwives in the United States were, in fact, intrinsic factors and included loyalty to the profession [59%] and the appeal of teaching [47%].¹⁶

Midwifery preceptors, particularly individuals who repeatedly serve the role, are highly committed. Increasing complexities, responsibilities, and time required for the role were frequently acknowledged impediments for preceptors in this scoping review. It behooves systems that rely on and support preceptors to carefully examine these highly specialized educators' needs. Fisher⁵² and Fisher and Webb⁶⁴ utilized Maslow's hierarchy of needs as a framework to rank requisites of midwifery preceptors. Their conclusions on the most highly prioritized midwifery needs were guidance, feedback, and sufficient time for the position, as was similarly found in our study.^{52,64} All professionals require purposeful feedback to enhance and enrich their role. However, immediate anonymized learner comments in a one-to-one preceptor-to-preceptee ratio is unfeasible. Clinical students are continually asked to receive and respond to feedback, and preceptors need the same opportunity to develop.

Affiliated Educational Program

Educational programs are responsible for the curricular framework that outlines didactic and experiential learning in midwifery education. Our study showed that university support and collaboration proved to be a substantial facilitator for preceptors, especially when challenging situations arise with learners. An educational program deficient in organized and regular support mechanisms for preceptors can have a negative impact on the teaching environment and stakeholder partnerships. Furthermore, uncertainties around student evaluation methods were frequently cited as challenges for preceptors in this scoping review. Often, university midwifery programs are responsible for creating clinical learning assessment instruments, but many preceptors are unprepared or unclear as to how to apply grading criteria.^{14,26,80}

One thought-provoking suggestion was to involve midwifery preceptors in the development of student clinical assessment tools.^{31,48} This approach warrants further exploration to improve the validity of evaluation methods and to prevent unintended consequences such as “failure to fail” and grade inflation. At the very least, providing regular input from university educators is essential, particularly when learners face difficulties.^{29,32,33} It is vital for educational programs to focus their efforts on clarifying best practices for student assessment.

Midwifery Clinical Learners

Attributes of learners proved to be facilitators and barriers for preceptors. Barriers were more frequently uncovered in this scoping review. With the demands of the clinical workload increasing, senior-level students¹⁷ were found to be more helpful than junior-level students.^{64,65} Although many publications considered the lack of skill and knowledge preparation of their students to be problematic for preceptors, deficiencies in interpersonal skills of professionalism, motivation, and social boundaries were repeatedly cited as obstacles in our study. As social media impacts a generation of learners, one avenue for further exploration is guidance on the beneficial uses and associated ethical dilemmas.¹⁰⁴ It is essential for preceptors, students, and universities to capitalize on the advantages of online communication platforms while maintaining professional boundaries and mitigating the threats to confidentiality.

Health Care Environment

Elements of the health care environment that influence midwifery preceptors include care recipients, colleagues, workplace settings, and the overarching health care system. The demands resulting from the increasing volume and complexity of clients and patients regularly surfaced in publications for this scoping review. These stressors are often diminished for midwives in the trusting, empathetic relationships developed with individuals and families. However, inviting students to provide care, while serving the profession, was frequently reported to influence the relationship between midwife and client or patient.

Furthermore, our study highlighted a perceived

lack of support and understanding by the health care system for midwifery preceptors. Employing organizations need to consider the impact of clinical practice's rising pressures and lack of time on teaching capacity. One consideration might be to decrease the clinical workload allotment for a midwife assigned a student, especially if both are at a novice level in their respective career and education.

Health care systems with limited reserves or lacking sustainable funding may experience significant consequences. Publications from low- and middle-income-based areas included in our study largely cited the lack of clinical resources as having a major negative impact on the preceptor role.^{13,76,105,117,122,123} Articles from areas based in higher-income areas did not regularly cite financial or resource deficiencies as barriers to preceptorship. Further exploration of the ways inequity affects clinical teaching and learning is warranted.

Many opportunities and threats to midwifery preceptorship are both internal and external to the role. Many barriers create a significant burden on the community of midwifery preceptors who find value in the role but who may be constrained for various reasons. It is vital to empower midwifery clinical teachers who serve as an integral link between the health care environment and higher educational institutions. All stakeholders must consider what preceptors need to function in their multiple roles.

Strengths and Limitations

No date constraints were applied to this scoping review when searching for relevant studies, thereby expanding the available data for analysis. Our research team applied an evidence-informed, rigorous, and transparent methodology that may be replicated. Finally, the use of multiple reviewers to blindly and independently screen publications reduced bias in the process. Although our approach was methodical and comprehensive, some citations may have been missed. Also, relevant information sources –such as non-English, grey literature, book formats, public domains (i.e., websites and blogs), and governmental documents–were excluded but are applicable for midwifery education stakeholders.

CONCLUSION

This study provides an overview of clinical preceptorship publications in midwifery education and a more detailed summary of facilitators, barriers, and perspectives regarding the role of preceptors. This scoping review intends to mark a starting point toward systematic evidence-based research on midwifery preceptorship. It would be pertinent to apply the scoping review methodology towards nonpublished and publicly available midwifery preceptorship resources. Furthermore, a scoping review can also function as an antecedent to a systematic review in which a more-specific question is examined to compare literature with similar research designs.³⁵ This type of review was not intended by the present study. The findings would be strengthened by a follow-up systematic review study for midwifery preceptors in undergraduate education, focused on role satisfaction between preceptors who received initial training and those who did not.

The gaps in evidence indicate that researchers further investigate midwifery preceptorship in general and the internal and external influences affecting the position. It is necessary to explore evidence-informed means on approaches that positively contribute to the midwifery preceptor role, including but not limited to training. Our recommendation is that future studies focus on preceptor training, applying quantitative, qualitative, and mixed-methods approaches. This suggestion is grounded on the lack of research involving primary data on preceptor training and also on the perception that training is a valuable resource to preceptors to assist them to teach. To sustain the future workforce, education and health care systems that employ and engage with midwifery preceptors must work towards advancing support for these indispensable educators.

ACKNOWLEDGMENTS

We acknowledge the guidance and contribution of Alix Hayden, PhD and Diane Lorenzetti, PhD, Health Science Librarians at the University of Calgary, and Cari Merkley, MSt, MA, School of Nursing and Midwifery Librarian at Mount Royal University.

The authors declare that there is no conflict of interest. This study has been partially funded by the Mount Royal University Essential Scholarship for Teaching and Learning Grant. This scoping review provides credit towards the first author's doctoral research.

APPENDIX 1

Search Strategy in CINAHL, Completed June 29, 2020

Search Item Number	Query	Results
S1	[MH "Midwifery+"] OR [MH "Students, Midwifery"] OR [MH "Education, Midwifery"] OR [MH "Lay Midwifery"] OR [MH "Research, Midwifery"] OR [MH "Nurse-Midwifery Service"] OR [MH "Education, Nurse Midwifery"] OR [MH "Nurse Midwifery"] OR [MH "Midwifery Service+"] OR [MH "Royal College of Midwives"]	30,355
S2	TI[midwi*] OR AB[midwi*]	37,330
S3	S1 OR S2	50,633
S4	[MH "Preceptorship"]	4,883
S5	[MH "Clinical Supervision"]	3,820
S6	[MH "Education, Clinical"]	12,849
S7	TI[precept* or clerk* or mentor* or supervis*]	18,628
S8	S4 OR S5 OR S6 OR S7	34,540
S9	S3 AND S8	1,432
S10	TI[Clinical N7 [teach* or educator* or train*]]	4,735
S11	S3 AND S10	66
S12	S9 OR S11	1,473
S13	S9 OR S11 - Limiter English Language	1,440

APPENDIX 2

Data Extraction Template*

GENERAL INFORMATION

1. **Title**
Title of paper
2. **Authors and year of publication**
Citation details should be consistent throughout the document. The citation details include the name of the first author [Vancouver Referencing Style] and year of publication.
3. **Country study was in regard to**
 - a. Australia
 - b. Canada
 - c. Ireland (Republic of)
 - d. New Zealand
 - e. UK: England
 - f. UK: Northern Ireland
 - g. UK: Scotland
 - h. UK: Wales
 - i. UK: all countries under Nursing & Midwifery Council jurisdiction
 - j. United States
 - k. Other
4. **Was the country studied different from the authors' primary country of research? If so, please specify.**

CHARACTERISTICS OF INCLUDED STUDIES

5. **Objective**
A clear description of the objective of the paper should be stated.
6. **Article consisted of Primary Data Collection?**
Yes or No
7. **Study Design (specify type of data collection and analysis method):**
Examples: Qualitative (GT, CGT, focus groups, interview), quantitative (RCT, non-randomised/experimental cohort, cross-sectional, survey, meta-analysis), systematic review, descriptive, opinion, case series, case reports, governing body report, other
8. **Population (participant) description**
The defining characteristics of the participants in included sources should be provided. This includes demographic details and total numbers.
9. **Total number of participants**
10. **Concept of this article**
This may include details that pertain to the "interventions" and/or "phenomena of interest" that would be explained in greater detail in a systematic review. Outcomes may also be a component of a scoping review's "concept." If outcomes of interest are to be explained, they should be linked closely to the objective and the purpose for undertaking the scoping review.
11. **Context of this article**
Details of the context, such as location of care (acute, primary health care, community, long term care, etc.) or a particular geographical location, should be described. Cultural, social, ethnic, or gender factors may be relevant.

QUESTIONS SPECIFIC TO THIS SCOPING REVIEW

Yes or No and add descriptions.

Note: The following should be in the main body of the article. If information is discussed in Literature Review or Background, check to see if those references have been included in this SCR. If not, then include them.

12. **Addressed facilitators for midwifery preceptors**
13. **Addressed barriers for midwifery preceptors**
14. **Addressed perspectives/perceptions of midwifery preceptors**
15. **Discussed new type of role to aid in clinical placement of students**
16. **Discussed innovative way to train/aid preceptors**
17. **Offered suggestions for future**

* Amended from the basic review extraction template 2.0 in Covidence⁴¹ and from the Joanna Briggs Institute data extraction tool.¹⁹

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