

Participant 18, Undergraduate Midwifery Student

How is your one day at the clinical environment?

It depends on which ward we go to. It depends on which section we go to. Most of the activities we do are in the gynecology, labor and admission department, where we are busy, we take histories and do examinations. In the labor ward, we help pregnant women to give birth. But in other wards, what we do is different. First, we stand next to the nurses during the change the shift. Then we read the patients' files. In fact, the wards that are not related to midwifery, such as the gastroenterology ward or other, mostly we read the patients' files and write history and attend the delivery of the nurses' shift.

In your presence at the clinical environment, where is learning happening for you? How does learning happen to you?

In the beginning, this way of training and our attendance at the practice started from the health center. In the lower term, we used to go to the health center, and in the upper term, we started from the admission department and different wards of the labor and internal wards, but in general, our educational work is around the labor ward.

How do you learn? How does learning happen to you? Who do you learn from? What do you learn from? What is the difference with theory classes?

Every semester, the professors teach parts of the Williams book related to childbirth, and in the next semester, during the internship, the instructors work with us clinically on the patients. In fact, first we were learning in skill lab, then we were observing the hospital, and little by little the instructors gave us the courage to try and learn on the patient.

You said that the professors give you courage, how do they do this?

For example, we have an instructor who really motivates the students. All students love it. Our teacher said that you should not say that you are afraid in front of the patient. We used to do whatever we wanted to do with confidence, as if we had years of experience. The instructor was far away from us. She used to look, whenever we felt that we couldn't handle it or we thought we were doing something wrong, he would completely understand and helped us. In this way, we felt independent and the patient was not afraid that some students would come and do something for her. When the patients see us with the trainer, they realize that we are students.

Do you think the patient has an effect on your learning?

During hospitalization, many people take history from the patients in such a way that when we went to take the history, they were fully aware of the issue; They knew the names of their medicines, they explained the reason for their referrals well. They even used to say some medical terms that they had heard, and we, who did not know the meaning, would write them and later search to learn. Sometimes the patients behaved badly, but we finally learned how to treat everyone. What is everyone's model? Many people came with family problems or their children were miscarried, and it helped us how to treat everyone. In fact, we can learn the right interaction.

So far you have mentioned the role of the patient and your instructor, what other factors have played a role in your learning? Review your internship days and say how did you learn?

As I said, we also went to the wards that were not related to the midwifery profession, such as the internal ward. The nurses who were there helped us a lot. For example, in reading patients' files, how to take a history, give injections and drugs to patients. When changing shifts, sometimes if we didn't know the terms, the nurses

would patiently explain to us. Whether in the internal wards or even in the labor ward, the nurses and midwives helped us a lot. I remember a delivery where the child had shoulder dystocia and the mother could not give birth, and when we saw the skills of the midwives, it was a good experience for us what to do if we were in the same situation. The midwives were very experienced, while they were doing a series of things to free the shoulders of the fetus, they were explaining to us at the same time. Many times the midwives helped us.

Are there any other cases?

Our instructors' teaching is also effective; we have instructors who use educational videos for their teaching. Before going to the practice, we would review the material in the class so that we could go over the clinical environment with more mastery, and sometimes they would tell us to read a certain section of text book for tomorrow's internship.

What are the characteristics of the instructor whose clinical training was very satisfactory for you and you would like to do an internship with?

We had an instructor who spoke to the students in a very friendly and nice manner, we didn't get the feeling that we were students and she was the instructor. If we were doing vandalism, she would help us and say, don't be afraid. You are a student; you are not expected to be skilled.

Have you had the experience of being treated badly by instructors that you did not think was right and was unpleasant?

Yes, it has happened a few times, but most of the instructors are friendly, but it happened a few times in our internship group, when we were in the patient's room and they asked us a question and we did not remember it at that moment. The instructor answered the question in a bad tone in front of the patients and quickly

left the room, after that the patient looked at us as if we really didn't know anything, we didn't go to that patient's room at all. In another place, for example, we wanted to do injections, take a vein, we had an instructor who would come and hold our hands and if there was a drop of blood, he would say why did you get dirty, and it was a bad experience and we were horrified. Giving us a sense of independence helps us a lot.

What challenges did you have in clinical environment? were there times when you wanted to learn, but challenges made you unable to?

I was talking with the children of the upper semester, as if they used to go to Jahadi (charity) camps and it helped them in clinical skills, for example, injections, history taking, NST connection, because the number of people was so large that each of them had 3 to 4 patients. Because you are in a hospital, there are one or two births during the day, unless it ends in a cesarean section, and we can't gain experience like this. There are students who have no experience of giving birth at all.

What is the reason? Is there a large number of students? Or is the center small?

Most of our internships are in Sayad Hospital and the patients are very unhappy, there is not a good relationship between the female resident and the patient, and this caused them to be very unhappy when we talked to the patients to take a history, and they said that this is a slaughterhouse. Everyone has a bad view of Sayad Hospital, and this causes the number of patients to be low, and the number of cases we saw was low.

How many people are in your training group?

Well, there are four of us in each group, which is a reasonable number.

How are the residents? Do they have a positive role in your learning?

In the admission department, the residents do not care about midwifery students at all. The peak of their attention is to tell us to check the patient's blood pressure, but in the labor ward, there is a challenge between midwifery students and residents as to Who will manage natural childbirth? Most of the time, the residents manage natural childbirth, but this is the right of the midwifery students.

Isn't there a rule to regulate this work?

Not really, because the residents have a colorful and dominant role there, everyone obeys them, and many of them do not cooperate at all. The instructors told us to try to be good with the residents so that you manage at least a few deliveries.

Did you have this problem with intern and stager students?

No, they were not allowed to give birth and stand next to the residents. This is the main challenge with the residents.

Is there anything else you didn't say?

I have a complaint from our midwifery group, even though we are in the 6th semester, but we still don't know how to sew an episiotomy, which means it didn't work for us. We protested that you set up a workshop for us. for first time, the instructor asked me to do the episiotomy on a patient, while I had no experience at all, even on the carpet. I was very stressed.

how did you feel?

I was very stressed because I gave birth myself. The instructor said to do the episiotomy yourself, and the teacher sewed it first, and I paid close attention to their hand movements to learn.

Does the hospital not give you lip balm?

No, we have it in a faculty.