



## Improving the Accessibility of Clinical Practice Placements in Midwifery Education: A Scoping Review

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### A B S T R A C T

**Background:** Practice placements are critical in pre-registration midwifery education, allowing students to develop clinical competence and confidence by applying theoretical knowledge in real-world settings. However, increasing student numbers and limited placement availability present significant challenges globally.

**Objective:** This scoping review aimed to map types of practice placements and strategies reported in the literature that may support the expansion of placement capacity.

**Methods:** A scoping review methodology was applied following Arksey and O'Malley's framework and reported in accordance with PRISMA-ScR guidelines. Eleven databases and grey literature sources were searched (July 2000–July 2023) using a Population–Concept–Context framework. Data were charted and mapped using descriptive analysis and basic content analysis.

**Results** Eleven articles from five countries were included, consisting of qualitative, quantitative, and mixed-methods studies. Two main themes were identified: (1) types of practice placements and (2) student experiences. Diverse placements such as rural settings, student-led clinics, and continuity of care models were reported to provide opportunities for diverse learning experiences related to continuity of care, community-based practice, and student-led models. Placements in community-based or private midwifery practices were described as facilitating exposure to holistic, woman-centred care. Reported challenges included unclear role expectations, work-life balance concerns, and the demands of on-call placement models.

**Conclusion:** This review maps a range of practice placement models described in the literature. Further research is needed to examine the feasibility, sustainability, and contextual applicability of these models across different educational and health system settings.



## INTRODUCTION

Globally, students enrolled in nursing and midwifery programs are mandated to do clinical rotations. In accordance with the recommendations set forth by the (1), the curriculum for midwifery diploma programs in Indonesia is designed to comprise 60% practical experience and 40% theoretical study. Consequently, students in these programs allocate a substantial amount of time to clinical environments. Analyzing a greater proportion reveals that exposure to practice is essential for safe midwifery. Midwifery students possess a remarkable opportunity to implement their theoretical knowledge in practical scenarios. It enhances their capacity to become judicious and empathetic decision-makers prepared to bear the professional and emotional responsibilities of delivering evidence-based practice (2,3). Regulatory agencies, such as the UK's Council of Nursing and Midwifery, delineate the phases of clinical practice that necessitate particular competencies, such as prenatal, intrapartum, and postnatal care (4). This (5). These skills can only be refined in a superior clinical learning environment that offers extensive opportunities for varied clinical practice (6). (7) (8) identified two primary causes for the failure of healthcare locations to adopt PBL as a program requirement. A sufficient number of qualified midwives must be present to train and assess students, ensuring their proficiency (7,8).

Students ought to have access to an adequate number of clinical sites and assignments. (9) and (10) are merely two among numerous studies that illustrate how proficient midwifery care can markedly reduce mother and newborn mortality rates. The (4) and the (11) concurred on the global necessity for an increased number of midwifery students in response to the rising demand for maternity care. (12) as noted by the Student Affairs Bureau (2019) and the Student Service Unit (2020), observed a decline in the number of students pursuing midwifery, based on graduate tracer data from Indonesian midwifery institutions. Over the past two decades, there has been increasing evidence that midwives are departing from the profession, contributing to global workforce shortages (13). The 2021 State of the Midwifery Workforce report indicates a global shortfall of 900,000 midwives (13). This global gap underscores the necessity of strategic workforce planning and development. In response to this matter, the WHO founded the WHO-GCP. This code seeks to independently meet the requirements of the health workforce by educating an adequate number of healthcare professionals (14).

According to the (14), participating governments, including Indonesia, have pledged not to actively recruit medical personnel from impoverished nations. This is particularly applicable to emerging nations facing substantial deficits in medical professionals. There is a critical necessity to emphasize the recruitment and retention of midwives and nurses due to the global scarcity of these healthcare workers. This may solely be accomplished by augmenting the enrollment of students pursuing postgraduate midwifery practice, as well as nursing (15). Nonetheless, it is essential to meticulously assess the extent to which clinical rotations meet the requirements for the midwifery program necessary for registration. Our scoping review seeks to identify the types of practice placements already available globally and to explore strategies for enhancing them to address the specific needs of Indonesia and potentially other regions.

A scoping review approach was considered appropriate for this study because the existing literature on midwifery practice placements is diverse in terms of study design, settings, and placement models, and has not been comprehensively mapped. Rather than evaluating the effectiveness of specific placement models, this review aims to identify and describe the range of practice placements and strategies reported in the literature. Consistent with the purpose of scoping reviews, this approach allows for the examination of the breadth, characteristics, and distribution of available evidence, as well as the identification of knowledge gaps to inform future research and educational planning.

This scoping review was guided by the Population–Concept–Context (PCC) framework, as recommended by the Joanna Briggs Institute for scoping reviews. The population of interest was pre-registration midwifery students (Population), the concept focused on clinical and practice placement models

within midwifery education (Concept), and the context included clinical and community-based educational settings across different countries (Context). Accordingly, this review aimed to map the types of practice placements currently reported in the literature and to describe strategies related to the expansion of placement capacity in midwifery education.

## METHODS

### *Protocol and registration*

No review protocol was registered for this scoping review. The review was conducted in accordance with the scoping review framework proposed by Arksey and O'Malley and further informed by methodological guidance from the Joanna Briggs Institute. Reporting followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).

### *Eligibility criteria*

Sources of evidence were selected based on predefined inclusion and exclusion criteria. Studies were eligible if they reported on clinical or practice placements involving pre-registration midwifery students in hospital, community-based, private, or alternative clinical learning environments. Qualitative, quantitative, and mixed-methods studies were included. Publications published between July 2000 and July 2025 and written in English were considered. Studies focusing exclusively on nursing students or non-midwifery populations were excluded. These criteria were applied to ensure alignment with the review objectives and to capture the breadth of practice placement models in midwifery education.

### *Research question*

This review addressed two primary questions:

- (a) What types of practice placements are currently utilized in pre-registration midwifery education? (b) What strategies related to the expansion of practice placement capacity are reported in the literature?

### *Identification of relevant studies*

The search strategy was guided by the Population–Concept–Context (PCC) framework, as recommended by the Joanna Briggs Institute. The population of interest comprised pre-registration midwifery students, the concept focused on clinical and practice placement models within midwifery education, and the context included hospital-based, community-based, private, and alternative clinical learning environments across different countries.

A comprehensive literature search was conducted across eleven electronic databases: PubMed, Emerald, Scopus, Maternity and Infant Care (MIDIRS), SAGE Journals, MEDLINE, Intermid, Web of Science, the Cochrane Library, and GreyLit. Grey literature was identified through targeted searches of relevant professional organization websites, policy documents, and non-indexed reports related to midwifery education. The final search was conducted on 14 April 2025.

### *Search strategy*

A comprehensive search strategy was developed using subject headings and free-text keywords combined with Boolean operators. Table 1 presents the core search terms applied across databases. As an example, the PubMed search combined Medical Subject Headings (MeSH) and keywords related to midwifery, practice placements, and students, and was limited to articles published in English between July 2000 and July 2025. Searches were conducted within titles, abstracts, and keywords where applicable.

**Table 1.** Search strategy

S1 (String 1)	Midwifery OR midwives OR midwife OR maternity
S1B	(MM “Midwifery”) OR (MM “Nurse Midwives”)
S2 (String 2)	Practice placement OR clinical placement OR placement OR practice learning environment OR clinical learning environment OR Practice opportunities OR Clinical capacity OR practice capacity
S2B	MM “Student Placement”

S3 (String 3)	student* OR trainee OR pre-registration OR preregistration OR undergraduate OR pre-licensure OR baccalaureate OR pre-licensure
S3B	MM “Students+”
S4	S1 OR S1B
S5	S2 OR S2B
S6	S3 OR S3B
S7	S4 AND S5 AND S6

*Study selection*

All identified records were imported into Rayyan to facilitate screening. Following the removal of duplicates, titles and abstracts were screened, followed by full-text assessment for eligibility. Studies were included if they reported the practice placement setting and involved midwifery students. All authors independently assessed full-text articles. Discrepancies were resolved through discussion, and where necessary, consultation with a third reviewer. The study selection process is illustrated using a PRISMA flow diagram (Figure 1).

*Data charting process*

Data charting was conducted using a standardized data charting form developed by the review team and piloted on a subset of included studies. Charting was performed by all authors and cross-checked to ensure accuracy and consistency. Any discrepancies were resolved through discussion until consensus was reached.

*Data items*

The following data were extracted from each included source: author(s), year of publication, country, study aim, study design/type of evidence, participant characteristics, setting/context, type of practice placement model, and key findings relevant to the review questions. Only data explicitly reported in the sources were charted.

*Critical appraisal*

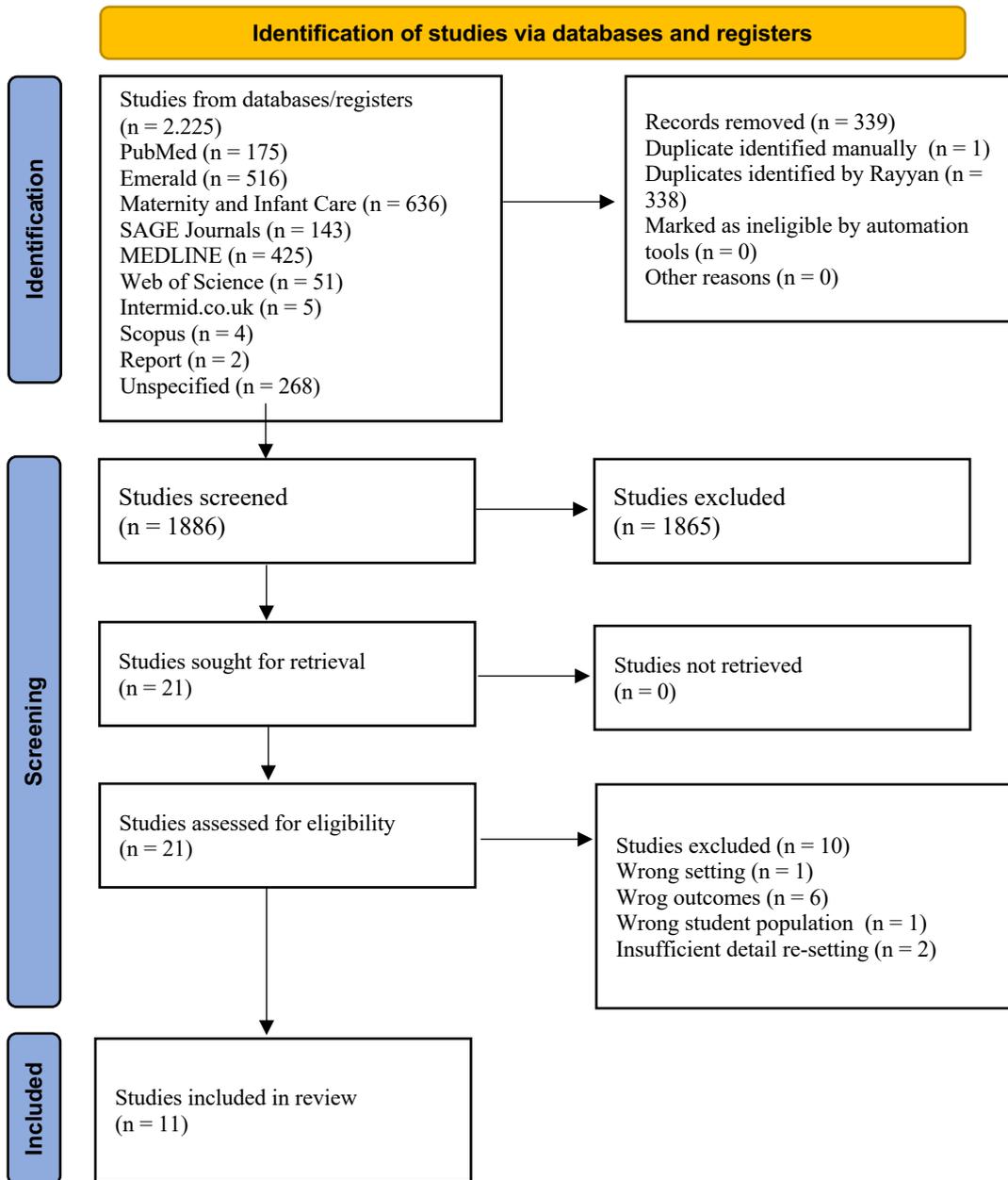
Consistent with scoping review methodology, no critical appraisal of individual sources of evidence was conducted. The purpose of this review was to map and describe the available evidence rather than to assess study quality or effectiveness.

*Synthesis of results*

Charted data were synthesized using an inductive content analysis approach consistent with recommendations for scoping reviews. Extracted data were reviewed to achieve familiarity with the evidence, followed by the generation of initial codes relevant to the review questions. Codes were then grouped into categories and organized into higher-level themes through team discussion. Results were summarized descriptively using tables and narrative synthesis, with frequency counts indicating the number of studies reporting key practice placement models.

**Table 2.** Inclusion/exclusion criteria.

Criteria for inclusion	Exclusion criteria
Clinical/practice placement	General/Adult nursing students
Clinical/Practice learning environment / simulated environment	Mental health/psychiatric nursing students
Midwifery students	Children's nursing students
Possible to extract data regarding midwifery students' practice placements	Intellectual disability student nurses
Articles published from July 2000 to July 2025	



**Figure 1.** PRISMA 2020 flow diagram.

## RESULTS

### *Study Selection*

A total of 2,225 records were identified through database and grey literature searches. After removing duplicates, 1,886 records were screened by title and abstract, of which 1,865 were excluded. Twenty-one full-text articles were assessed for eligibility, resulting in eleven studies included in the final review. The study selection process is presented in the PRISMA flow diagram (Figure 1).

### *Characteristics of the studies*

Eleven publications published from 2010 to 2025 were evaluated for inclusion in the review. The studies were conducted across six countries: Australia (n = 7, (20); (21); (22); (23); (24); (25), the UK (26), Indonesia (27), Ireland (28), South Africa (7), also Namibia (29). The included evidence comprised qualitative (n = 7), quantitative (n = 2), and mixed-methods or descriptive evaluation studies (n = 2). Practice placements were undertaken in hospital-based, community-based, private midwifery practice,

rural, and student-led clinical settings. A summary of study characteristics and key findings is presented in Table 3.

**Table 3**

Data extraction table.

Author/s, Year, Title, Country	Aim/Focus of paper	Location of practice placement	Methodology/design	Placement Type	Student cohort / Sample	Data collection / Analytical approach	Summary of findings	Considerations
(20) Learning to be a midwife: Midwifery students' experiences of an extended placement within a midwifery group practice. Australia.	To investigate the experiences, perspectives, and plans of students who had a six-month placement with the midwifery group practice.	Hospital: Midwifery Group Practice	Focus groups	Six-month placement at a midwifery group practice (MGP) in a large tertiary referral hospital.	Third-year Bachelor of Midwifery students (n = 15).	Focus Group (ranging from 2- 7 students) lasting 45-60 minutes and digitally recorded. Thematic analysis applied using the six-stage method outlined by Wilkinson 2016	Third-year student midwives enjoyed working one-on-one for an extended placement (6-month placement) with a midwife providing continuity of care within a caseload model. The students believed the extended placement supported their midwifery growth and development. Students observed that evidence-based care was important to the midwives, noting that the MGP midwives ensured women had the information they needed to make informed decisions about their care.	Further research regarding the long-term impact of an extended midwifery group practice as a clinical placement on student midwives' capabilities and competencies. The MGP model should be available to all midwifery students and provided by all health services and universities.
(7) A road less travelled: Undergraduate midwifery students' experiences of a decentralised clinical training platform. South Africa.	To explore and describe undergraduate midwifery students' reflections of their decentralised clinical training platforms (DCTP) experiences, in order to inform future practice.	Hospital: Rural hospitals	Focus group (n = 11) and (n = 3) individual interviews	Non-traditional clinical sites (decentralised clinical sites) rural areas.	Fourth-year undergraduate midwifery students (n = 14).	Focus group - 1hour 16 min (n = 11) Individual interviews - 30-35 mins (n = 3). Content analysis guided by Elo and Kyngas' (2008).	Better teamwork, rural setting, smaller number of students, and access to clinical learning opportunities. Opportunity to work with alternative healthcare professionals, develop interprofessional collaboration. Placement is too short, and the rural nature is challenging. Pre-placement preparation important for students, use of less technology, different social determinants of health/ illness.	With support and teamwork, rural settings can develop undergraduate midwifery students' competency and personal capacity. Expand clinical placement capacity.
(28) Preparing midwifery students for practice: The value of elective placements in enhancing midwifery practice. Ireland.	To explore the value of elective placements that can enhance midwifery practice.	Community: <ul style="list-style-type: none"> <li>Community midwifery services</li> <li>Independent midwife</li> <li>Drug and alcohol services</li> <li>Fertility clinics</li> <li>Addiction liaison midwife</li> </ul>	Student evaluation	One-week elective placement - observation week. 18 months - Higher Diploma Midwifery program Type of elective placements: Midwifery-led units, community	18 months Higher Diploma Midwifery students (n = 90) completed observation week - elective placement since 2008.	Students' written evaluations. Thematic analysis (Burnard, 2011).	Integration of an elective placement has enhanced the midwifery students' experience of the programme. Increased sense of women-centred care, establishing relationships with women. Opportunity to observe skilled midwives facilitating women to give birth naturally. Gained insight into practice outside the maternity service, a variety of models of midwifery care.	A system and process for national and international placements. A standardised evaluation instrument would be advantageous in providing a more robust assessment of midwifery students' views. Further research on elective placements.

		Hospital: Midwifery-led units		midwifery services, independent midwife, fertility clinics, addiction liaison midwife, drug and alcohol services.				
(21) Midwifery students' experiences of an innovative clinical placement model embedded within midwifery continuity of care in Australia. Australia.	To evaluate midwifery students' experience of an innovative continuity of care clinical placement model in partnership with private midwifery practice and rural midwifery group practices.	Community: Private midwifery group practice	Online survey	Rural and Private Midwifery Education Project (RPMEP). 12-month Continuity of Care (CoC) practicum.	All students enrolled in the RPMEP (n = 17) were invited to participate. (n = 16) responded. All students completed a Bachelor of Nursing, and one student additionally completed a Graduate Diploma in Public Health.	Online survey: Descriptive statistics, along with total scale scores. Qualitative data survey findings.	High levels of satisfaction were reported amongst students who participated in the innovative model of clinical learning. CoC experiences promote the development of relationships with women and prepare student midwives for working in CoC models in the future. The importance of a supportive clinical learning environment that emphasises effective two-way communication between all stakeholders is highlighted.	As CoC models become more prevalent, placement models need to reflect this and embed CoC rather than offer CoC as an additional requirement. Build midwifery workforce capacity in CoC models. Strategies are needed for students to achieve a work-life balance.
(22) Nurturing autonomy in student midwives within a student-led antenatal clinic. Australia.	To explore the experiences and learning processes of previous and current midwifery students undertaking clinical practice within a student-led clinic.	Hospital: Midwifery student-led antenatal clinic	Semi-structured interviews	Midwifery student-led antenatal clinic	Ten (n = 10) current and past midwifery students who had undergone placement in the student-led clinic.	Semi-structured interviews (40-60 minutes). Three interviews were conducted via telephone, and seven occurred face-to-face. Thematic analysis was used to analyse the data.	All new graduates and students described the student-led clinics as beneficial to their learning and development of skills. Helped integrate theory into practice and promote confidence, competence, and allowed for a sense of professional identity. Autonomy was felt amongst the students when working with the women in a continuity-of-care relationship	Midwifery clinical placements need to offer students every opportunity to integrate theory and practice and allow for the development of key graduate attributes. Student-led clinic models support a learning environment that enhances positive midwife-lecturer-student relationships.
(23) An exploration of a student midwife's clinical statistics during placement in a private midwifery practice. Australia	To explore and reflect on the benefits of placing Bachelor of Midwifery students with midwives working in private practice.	Community: Private midwifery practice	Analysis of one student's practice statistics compared to national perinatal data	Private midwifery practice.	Third-year midwifery student (n = 1) placed in a private midwifery practice.	Examination of one student's practice statistics generated from 25 continuity of care experiences in comparison to national perinatal data.	Compared with Queensland and National perinatal data, the statistics of the student placed in a private midwifery practice showed a higher rate of vaginal birth, and lower levels of pharmacological pain relief, instrumental birth and caesarean section. The student received valuable education in providing holistic midwifery care and supporting normal birth to all risk cohorts.	Reflection of only one midwifery student's experience. Innovative educational opportunities for student midwives. Private midwifery factors must be analysed as higher-than-average normal birth outcomes occur.

<p>(29) <b>Peer-Assisted Learning in Undergraduate Midwifery Clinical Education: A Qualitative Study on Experiences of Nursing Students From Three Namibian Training Institutions</b>, Namibia.</p>	<p>To explore undergraduate nursing students' experiences of peer-assisted learning (PAL) in the context of midwifery clinical education within maternity sections in Namibia.</p>	<p>Hospital:</p> <ul style="list-style-type: none"> <li>• Labor ward</li> <li>• Antenatal care</li> <li>• Postnatal wards</li> <li>• Neonatal care units</li> <li>• Theatre</li> </ul>	<p>Qualitative, descriptive, and explorative study with a social constructivist approach. Data were collected via focus group discussions (FGDs).</p>	<p>Midwifery clinical placements in maternity units across three training institutions in Namibia. The placements ranged from 2 to 6 weeks.</p>	<p>32 nursing students from three training institutions in Namibia (n = 32). The sample was chosen through convenience sampling and stratified based on their academic level (second and third-year students).</p>	<p>Five focus group discussions (FGDs), each with 6-7 participants, were conducted in English. Thematic analysis was applied, with a focus on compiling, disassembling, reassembling, interpreting, and concluding the data.</p>	<p>The study identified several key themes, including:</p> <ol style="list-style-type: none"> <li>1. <b>Students' conceptions of peer-assisted learning (PAL):</b> Students saw PAL as an interactive method for learning, with peer teaching, engagement, and support playing key roles.</li> <li>2. <b>Benefits of PAL:</b> Key benefits included improved teamwork, development of professional identity, a deeper approach to learning, enhanced communication skills, and emotional support.</li> <li>3. <b>Challenges of PAL:</b> Students faced challenges such as learning incorrect practices from peers, personality conflicts, and discrimination based on their institution or program of study.</li> <li>4. <b>Suggestions for improvement:</b> Students suggested formalizing PAL, ensuring proper training for both students and preceptors, and improving structured guidance in clinical settings.</li> </ol>	<p>The study recommends the formalization of PAL in midwifery clinical practice to enhance its effectiveness and to address challenges such as inconsistencies in peer teaching practices. It also highlights the importance of structured pre-placement preparation for students and training for peer leaders to maximize learning outcomes. Further studies could focus on peer assessment and its impact on midwifery education in diverse settings.</p>
<p>(24) <b>Bachelor of Midwifery Students' Experiences of Achieving Competencies: The Role of the Midwife Preceptor</b>, Australia.</p>	<p>To explore and describe the experiences of Bachelor of Midwifery students in relation to their learning and competency achievement, with a specific focus on the role of the midwifery preceptor in this process.</p>	<p>Hospital:</p> <ul style="list-style-type: none"> <li>• Various clinical teaching hospitals in Victoria</li> <li>labor wards and general maternity care units</li> </ul>	<p>Grounded theory methodology uses in-depth interviews as the primary data collection method.</p>	<p>Clinical placements within maternity units in teaching hospitals in Victoria, Australia.</p>	<p>Eight final-year Bachelor of Midwifery students (n = 8) from an Australian university's consortium program, participating in their final clinical placement.</p>	<p>Data was collected through in-depth interviews at the beginning and end of the final placement. The interviews were semi-structured and focused on students' perceptions of their competency and experiences with midwifery preceptors. Data was analyzed using open and axial coding methods, following the grounded theory approach.</p>	<p>The study identified key categories such as:</p> <ol style="list-style-type: none"> <li>1. <b>Hands-on practice:</b> Students valued practical, hands-on learning with midwifery preceptors, seeing it as essential for developing their skills.</li> <li>2. <b>Building confidence:</b> Students reported that supportive preceptors helped them build self-confidence and competence.</li> <li>3. <b>Gaining knowledge:</b> Knowledge transfer from preceptors was seen as vital in linking theoretical learning to clinical practice.</li> <li>4. <b>Interpersonal characteristics:</b> Positive interpersonal traits of preceptors, such as empathy, support, and the ability to provide constructive feedback, were crucial in enhancing the learning experience.</li> <li>5. <b>The role of preceptors:</b> Students preferred working with preceptors who were caring, willing to share knowledge, and fostered an environment conducive to learning. In contrast, unhelpful preceptors were seen as unsupportive, dismissive, or overly controlling.</li> </ol>	<p>The study emphasizes the importance of the preceptor-student relationship in fostering student development and competency. It suggests that midwifery education should focus on pairing students with supportive, knowledgeable preceptors who align with the students' educational philosophy. Further research is recommended to explore how the preceptor's characteristics and teaching methods impact student competency and confidence. Additionally, ensuring that preceptors are adequately trained for their roles and understand the importance of their contributions to students' learning is critical for the effectiveness of clinical placements.</p>
<p>(27) <b>Strengthening Midwifery Education Through Clinical</b></p>	<p>To identify the barriers and enablers to</p>	<p>Hospital:</p> <ul style="list-style-type: none"> <li>• Public and private hospitals</li> </ul>	<p>Qualitative descriptive approach with in-depth interviews.</p>	<p>Clinical placements in various maternity care settings</p>	<p>37 participants, including midwifery students,</p>	<p>Data was collected through semi-structured interviews. Thematic analysis was</p>	<p>The study revealed several key findings:</p> <ol style="list-style-type: none"> <li>1. <b>Effective hands-on clinical experience:</b> Midwifery students emphasized the importance of real, hands-on practice in clinical</li> </ol>	<p>The study underscores the need for: Better integration of clinical theory with practice.</p>

<p>Experience: Findings from a Qualitative Study in Indonesia.</p>	<p>strengthening midwifery education in Indonesia, with a focus on the clinical experience aspect, and how it contributes to improving midwifery students' preparedness to meet their roles as midwives.</p>	<ul style="list-style-type: none"> <li>• Maternity wards</li> <li>• Clinical practice settings across 8 cities in 6 provinces (Jakarta, Bandung, Purwokerto, Yogyakarta, Surabaya, Malang, Mojokerto, and Padang)</li> </ul>		<p>across Indonesia, including hospitals, private practices, and rural healthcare settings.</p>	<p>midwifery lecturers, newly graduated midwives, and obstetricians, from 12 midwifery schools in 8 cities across six provinces in Indonesia.</p>	<p>applied to identify key themes, focusing specifically on midwifery students' clinical experiences, the role of mentors, and the systems within clinical environments.</p>	<p>settings to develop essential skills. Students expressed that effective clinical experience involved empathy, woman-centred care, and direct engagement in all stages of midwifery practice.</p> <p>2. <b>Theory-practice gap:</b> Participants identified a significant gap between theoretical learning and clinical practice, with students struggling to retain and apply theoretical knowledge during placements. This gap highlighted the need for better integration of theory and practice.</p> <p>3. <b>Role of the mentor in practice:</b> Midwifery students valued mentors who provided supportive guidance, acted as role models, and facilitated learning opportunities. Negative experiences with mentors, such as poor communication or aggressive behavior, were reported to negatively impact students' learning.</p> <p>4. <b>System in the clinical environment:</b> The study also highlighted the administrative challenges and complexities in arranging and managing clinical placements. These issues included competition for limited clinical spaces and the financial costs associated with placements, which added additional barriers to obtaining quality clinical experiences.</p>	<p>More opportunities for <b>continuity of care</b> in clinical placements.</p> <p>Adequate preparation and training for <b>mentor midwives</b> to enhance their teaching and support roles.</p> <p>Streamlining administrative procedures related to clinical placements to reduce logistical barriers.</p> <p>Further exploration of how <b>clinical experience</b> can be made more effective and student-centred, particularly in resource-limited settings like rural Indonesia.</p>
<p>(25) Midwifery students' experiences of working within a midwifery caseload model. Australia.</p>	<p>To explore the experiences of third-year Bachelor of Midwifery students in South East Queensland undertaking a clinical placement within a midwifery caseload model.</p>	<p>Hospital: Caseload midwifery model</p>	<p>Semi-structured telephone interviews</p>	<p>Midwifery student on clinical placement in a midwifery caseload practice.</p>	<p>Third-year Bachelor of Midwifery students (n = 12) from one university who had experienced a clinical placement in a caseload midwifery model, duration 4 and 8 weeks.</p>	<p>Semi-structured, digitally recorded telephone interviews. Thematic analysis.</p>	<p>Placing midwifery students within a continuity of care model facilitated a rich, holistic learning experience for students. Students' confidence and competence were enhanced as they were provided with a real-world view of what working in a caseload model could be like on graduation.</p>	<p>Midwifery students need to be able to work within midwifery continuity models.</p>
<p>(26) Freedom to flourish: University of Salford student midwives' placement</p>	<p>To discuss student midwives' evaluation of an innovative clinical placement</p>	<p>Hospital: Caseload midwifery model</p>	<p>Evaluation</p>	<p>3-4-week placement in a maternity unit on the Isle of Man.</p>	<p>Year 2 and 3 student midwives on the BSc Hons Midwifery</p>	<p>Student evaluations, service users' comments, and views of midwives. No analytical approach specified.</p>	<p>The students gained insight into the flexible approach to practice learning and being able to follow through with the care of the woman and family until discharge into the community. The continuity of care model was highlighted as a positive experience, students</p>	<p>Sample size not identified.</p>

link with the Isle of Man. England.	on the Isle of Man that facilitates case loading and continuity models of care.				program me.		felt fulfilled and inspired by the experience.	
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*Data analysis*

An inductive content analysis approach was used to synthesize the findings, consistent with recommendations for scoping reviews (Pollock et al.). First, extracted data from each included study were reviewed repeatedly to achieve familiarity. Second, key findings related to practice placement types and student experiences were coded inductively. Third, similar codes were grouped into categories, which were subsequently organized into higher-level themes through team discussion. Finally, the results were summarized descriptively, with frequency counts used to indicate how many studies reported specific placement models and experiences.

*Theme 1: Classification of practice placements*

The eleven articles provided information on several clinical rotations that students of midwifery may participate in to get experience in the field. Depending on the study, the assignments might last anywhere from one week to three or four weeks (28); (26)). According to (20), the program consists of a 12 month continuum-of-care practicum and a six-month placement. Thanks to the many clinical placement possibilities, students may gain practical experience in all aspect of midwifery. (29) included community-based clinical experiences into maternal health programs for women in an attempt to increase enrollment and broaden placement options. Prenatal education, high-risk perinatology clinics, welcome home visits, and women's health clinics are just a few of the many community learning alternatives ((29).

According to several studies (21); (20)(22), midwifery schools offer students valuable hands-on exposure through treatment experiences and case-load care models. (26), (23), (25), and (27) were among the works that investigated the connection between the two. In 2015, (21) set out to examine RPMEP’s (Rural and Private Midwifery Education Project) efficacy. More midwives will be trained and placed in rural and private practice regions as a result of this government-funded project, which also aims to assist recent graduates in securing employment in these locations. This study found that the case-load approach to therapy teaches students a lot. This gives patients the opportunity for long-term, obstetric-led treatment, which includes prenatal education, exposure to normal physiological labor, the possibility to give birth in water, and support for normal deliveries.

In addition, the obstetrics group practice at a big tertiary referral hospital was where a student spent six months of their extended placement, according to the research by (20). The students thought that their clinical experience helped them understand the midwife's function in assisting the woman also her family within the delivery process. Following this, they will be more equipped to join the workforce and contribute to the MGP model. Research conducted by (23) utilized data from the Queensland National perinatal database and private midwifery practices in Australia to analyze the clinical outcomes of 25 continuity of care events. Among students working in private midwifery practices, the data showed that women gave birth spontaneously, with less cases of artificial births, cesarean sections, and pharmaceutical pain killers. Because of their training, student midwives in private midwifery models are better able to assist women of all risk categories in having healthy babies and to provide all-encompassing obstetric care (23).

Midwives should be able to have a lot of practical experience in a supportive and well-structured classroom (24). It is especially relevant for placements that are based on preceptorships. Additionally, (22) found that when students operate a prenatal clinic, it gives them greater agency over their own healthcare. They gain confidence, competence, knowledge, and the ability to think critically; they are also better able to assist and encourage midwives. The aim of reseach by (7) determining whether or not undergraduate midwifery program enrollment might be improved in rural South African hospitals through the use of a decentralized clinical training platform (DCTP). Although fewer students enrolled in midwifery programs

in rural areas, those who did report higher levels of competence and self-confidence due to the more options for support and cooperation ((7). The advantages of a week-long elective observation at Higher Diploma at Midwifery students were shown by (28). Students have exposure in a variety of settings throughout their clinical rotations, such as fertility clinics, led midwifery units, and independent midwifery practices. According to (28), the students viewed it as a great experience as it permitted them for getting obstetric care in various locales. In their 2022 study(27) analyzed a variety of Indonesian practice environments where student midwives were placed. Their main emphasis is on the pros and cons of both urban and rural settings. According to this study, community-based practices should be integrated into rural midwifery programs to help students get practical experience and improve their abilities.

### *Theme 2: Students' Experience with Practice Placements*

The evaluated practicum experiences were well-received by the great majority of students. (25); (28); (24); (29); (22). Opportunities to study, observe, and acquire new skills were present, according to these research. Rural areas and nurse practitioners tend to have a stronger feeling of community and collaborate more often (7). Thus, both students and onlookers may have a more thorough understanding of midwifery and maternity care (28); (25)

According to a number of studies, including (7), (22), (25), (28), (26) and (29), students' obstetrics education and confidence are improved through exposure to diverse placements and the experiences that come with them. Similar clinical rotations provide students practical experience in a healthcare setting while teaching them about maternity services, female-centered care, and the importance of each practitioner's role (24,25).

(23) found that among women in the treatment group, those who had positive clinical/practical learning experiences were less likely to have instrumental deliveries or cesarean sections, had more normal births, and needed less prescription pain medication. Students are overjoyed to help ladies with breastfeeding and connect them with postpartum care choices via the postpartum centers set up in local neighborhood birth centers (24). According to(29) and (24) students also consider childcare and prenatal education workshops to be a great educational resource. Throughout their time on the island, students get the opportunity to see the treatment of women and their families, take part in group activities, acquire new knowledge and abilities, and gain practical experience with case loading also progression of modeling care (26). Midwifery students felt "it was the pinnacle of their degree and that they learned how to be a midwife" after six months of participation in an MGP (20). The chance for students to work directly with midwives and mothers in a one-on-one context is really beneficial. This will help them become more competent in comprehensive obstetric care and increase their ability to assist in healthy births (20).

For studying to take place, it is crucial that everyone involved communicates honestly and openly (21). According to (28), (25) and (22) students feel more competent, confident, autonomous, and connected to their professional identity when they apply classroom knowledge to real-world problems. Compared to traditional models, student-led prenatal clinics provide several advantages due to the active involvement of students in patient care, as opposed to just "sitting and watching" (22).

It is believed that technology-driven equipment has less of an impact on learning outcomes, so students—particularly those in rural areas—would benefit from learning about the socioeconomic determinants of health and illness and reducing their use of such equipment in the time leading up to their shorter placements (7). Recognized are some unfortunate occurrences. According to (29) students in the midwifery program have a hard time identifying their "callings," which affects their capability for maintaining a healthy work-life balance. Facilitators who were clinical midwives also said they struggled to connect with the students. In addition, they have voiced their discontent with the fact that they do not have sufficient clinical experience due to distractions from other students and unclear roles and responsibilities of the midwives they work with (29). (20) found that students understood the significance as their placement at delivering holistic care, but they had difficulty adjusting to working in the delivery room again after their placement. When contrasted with MGP, conventional delivery chambers use lower pressure and slower speeds. Due to the overwhelming demand for beds in the standard delivery room, students were required to transfer mothers as well as their newborns for the postnatal ward no later than

two hours after birth. MGP would send the mother and child home four hours after delivery, allowing students make more time to record the birth also encourage breastfeeding (20).

## DISCUSSION

This section provides a synthesis of the studies that met the inclusion criteria of the review. Across the included literature, community-based and continuity of care models were frequently described as important components of practice placements. The studies also reported a range of midwifery practice placement models implemented across different clinical settings. Several sources highlighted the importance of orientation, communication, and consideration of operational challenges in the organisation of placements. The mapped evidence indicates that students were exposed to practice placements of varying duration, ranging from brief observational experiences to extended placements of up to six months, and that these placements were reported to offer opportunities for skill development within diverse clinical contexts. The included studies also described both opportunities and challenges encountered by students. In addition, several sources emphasized the relevance of individualized placement arrangements, clear communication, and alignment between placement design and educational objectives as factors reported to support student learning and professional development. The findings of this review may inform curriculum development and the planning of practice placements within midwifery education. This review highlights the relevance of diverse clinical rotations for midwifery students across different contexts. The purpose of this section is to discuss the mapped findings in relation to the existing literature and to consider their implications for midwifery education and practice. Research by (7), (22), (25), (28), (26), and (29) among others, described how clinical placements contributed to students' understanding of midwifery care models and clinical processes.

Several studies reported that characteristics such as the nature of the placement, duration, level of care provided, and clinical context influenced students' learning experiences. Comparable observations were reported across multiple studies (7), (26), (28), (29), (25). and (7). Two studies reported associations between practice learning experiences and specific birth outcomes, including intervention rates and proportions of normal birth (23) and (24). Other studies emphasized the importance of effective communication among all participants involved in practice placements and described how placements were perceived to support the development of competence, confidence, professional identity, and integration of theory into practice (28), (25) and (22).

Pre-placement preparation was reported as particularly relevant in rural settings, and longer placements were described as offering extended learning opportunities (7). However, the included studies also reported several challenges. These included unclear role expectations, overcrowded clinical environments, and competing models of care, which were described as contributing to difficulties in balancing personal and professional demands during placements (24). Overall, the mapped evidence illustrates that midwifery practice placements were described as involving both enabling and constraining factors across different contexts. The included studies highlighted not only the value of community-based and continuity of care models but also the practical challenges associated with placement implementation. Student professional development was described across a spectrum of placement types, ranging from short observational experiences to extended placements lasting several months. Exposure to different healthcare settings and models of care was frequently described in the literature as a feature of midwifery education (20,22,25).

The reviewed studies indicated that students encountered both opportunities and challenges during practice placements. Several sources described the importance of open communication and individualized placement arrangements in supporting specific learning outcomes. These observations are consistent with the aims reported in (30), which described a range of hands-on learning opportunities relevant to the development of interpersonal communication, clinical judgement, and patient care. Some studies also reported that students described a sense of belonging during placements, which was associated with their engagement with the profession (31,32).

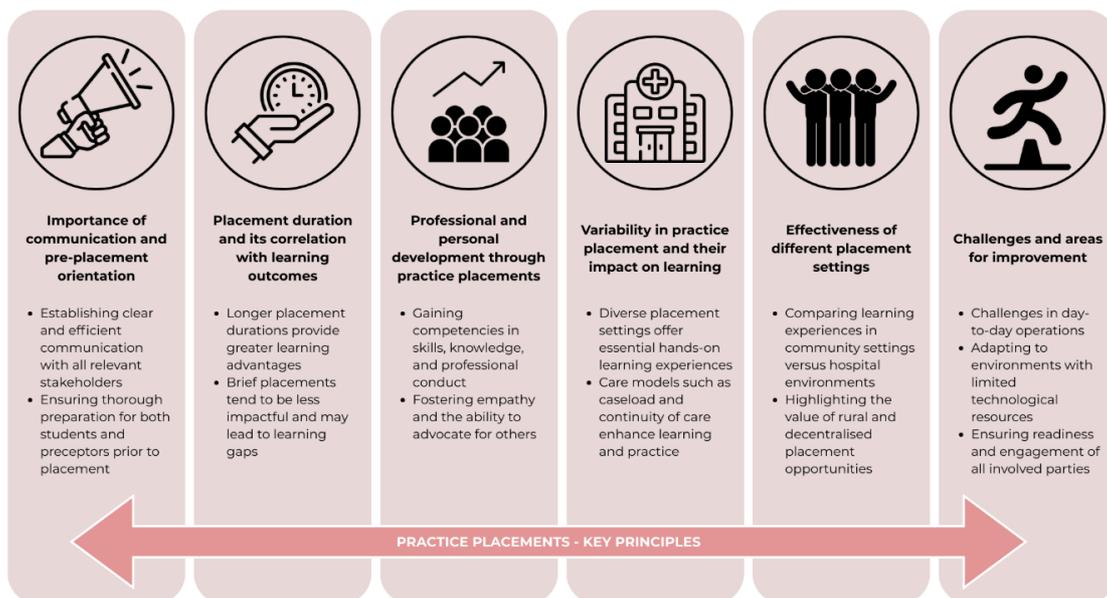
The primary contribution of this review lies in mapping the reported diversity of practice placements available to midwifery students internationally. The evidence examined in this review (20–22) described how continuity and care-based models were reported to expose students to comprehensive and woman-

centred approaches to care. Consistent with other studies discussing longer-term educational experiences (33) and (34), the included literature described continuity models as an integral component of midwifery education. One study reported that students described increased competence and confidence during rural placements despite contextual challenges such as limited infrastructure and shorter placement duration (7). Similar observations have been reported in earlier studies suggesting that rural placements may offer distinctive learning experiences, including opportunities for teamwork, despite practical constraints (35).

Several studies have described practice-based education as a key component of healthcare and midwifery training programmes to support graduate preparedness and public safety (36–38). Conversely, inadequate communication and coordination between educational institutions and clinical placement sites were reported as factors that could negatively influence placement experiences (39–41). Within the included studies, some students described frustration related to unclear expectations of clinical facilitator roles (7). Other sources have argued that clearly defined learning objectives and role expectations for both students and preceptors are important for creating supportive learning environments (42).

The literature also described that expanding practice placement capacity may offer potential benefits when such placements are adequately supported and planned. In the context of global workforce shortages, particularly among midwives, several sources highlighted increasing student enrolment as a broader strategy to address workforce needs (11,15). Other studies have discussed how expansion of practice placements may require adaptation to evolving healthcare technologies and patient needs within educational programmes (43).

Finally, several studies reported that students’ career intentions and future practice choices were influenced by the diversity and perceived quality of their practice placement experiences (44); (45). To support these opportunities, the literature emphasized the importance of collaboration among educational institutions, healthcare services, government bodies, and professional organisations. When such collaboration was reported to address logistical challenges and support educational standards, benefits were described for students, practitioners, and communities. The synthesis of findings from this review informed the identification of key principles related to practice placement design and implementation, which are illustrated in Figure 2. The key principles presented in Figure 2 were developed through an inductive synthesis of findings reported across the included studies. During the data charting and analysis process, recurring concepts related to placement design, supervision, learning structure, and contextual factors were identified and grouped across studies. These principles therefore reflect a higher-level descriptive synthesis of reported findings rather than an evaluative framework or prescriptive recommendations. As consistent with the purpose of a scoping review, Figure 2 represents an author-derived conceptual summary grounded in the mapped evidence.



**Figure 2.** Author-derived synthesis of key practice placement principles identified across included studies.

## Limitations

This review has limitations. First, no critical appraisal of included sources was undertaken, consistent with scoping review methodology; therefore, findings should be interpreted as mapped evidence rather than evidence of effectiveness. Second, the included sources were heterogeneous in design, setting, and reporting, which limited direct comparison across studies. Third, despite the inclusion of grey literature, some relevant non-indexed evidence may have been missed due to variations in accessibility, indexing, and reporting across sources.

## Conclusion

This scoping review mapped the existing literature on practice placement models in pre-registration midwifery education and summarized reported student experiences across a range of clinical settings. The findings indicate that a variety of placement models, including continuity of care, rural and decentralised placements, student-led clinics, and community-based experiences have been described in the literature, each within specific educational and health system contexts. The review also identified commonly reported challenges related to supervision, role clarity, and placement demands. By providing an overview of the breadth and characteristics of reported practice placements, this review contributes to an understanding of how clinical learning opportunities are currently structured within midwifery education. The findings highlight gaps in consistent reporting and limited evidence from certain contexts, particularly low- and middle-income and rural settings. Future research may build on this mapped evidence by employing more standardized reporting and evaluation approaches to further explore how practice placement models are implemented and experienced across diverse settings.

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