



Experiences of student midwives learning and working abroad in Europe: The value of an Erasmus undergraduate midwifery education programme



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ABSTRACT

Background: universities in the United Kingdom are being challenged to modify policies and curricula that reflect the changing global reality through internationalisation. An aspect of internationalisation is *study abroad* which the European Commission Erasmus exchange programme is just one means of addressing this. **Objective:** to explore the experiences of student midwives who are engaged in the Erasmus exchange programme and the effect it has on their learning and working in an international context.

Design: approval for the small phenomenological cohort study was obtained from two participating universities: the University of Malta and University of Nottingham. Data were collected from 13 student midwives from a total of five cohorts in the form of diaries to explore their experiences of learning and working in another country. Thematic analysis supported by Computer-Assisted Qualitative Data Analysis Software was used to identify five recurrent themes emerging from the data: the findings of which have served further in developing this programme.

Findings: students valued the opportunity of undertaking study and midwifery practice in another culture and healthcare system, extending their knowledge and development of clinical competence and confidence. For some, this was the first time outside of their home country and adaptation to a new environment took time. Support from their contemporaries, lecturers and midwife mentors however, was overwhelmingly positive, enabling the students to feel '*part of the local university / midwifery team*'. By the end of the programme, the students recognised that they had become more independent and felt empowered to facilitate developments in practice when they returned home.

Implications for Education / Practice: this innovative development embracing internationalisation within the curricula has the potential to increase students' employability and further study within Europe and beyond. It can be used as a vehicle to share best practice within an international context, ultimately making a difference to the quality of care childbearing women, their babies and families experience worldwide.

Introduction and background

Although the United Kingdom (UK) is established as the most popular destination for international students, hosting 493,570 international students in the academic year 2013/2014, only 22,100 (1.2%) students of a total of 1,863,860 UK domiciled students went abroad to study, work or volunteer during their studies. In this cohort 24,005 students were studying subjects allied to medicine of which only 285 (1.2%) experienced study abroad (UK Higher Education International Unit, 2016). The report however, does not specify how many of these

285 students were undertaking midwifery programmes. In trying to establish the reasons that may deter students from the UK from going abroad to study, the British Council (2015) UK student data revealed the main issues were related to personal safety and access to quality healthcare, the difficulty of leaving their family, the financial burden compared to domestic elective placements and a lack of confidence in their language abilities. Goodman et al. (2008); Owen et al. (2013); Kumwenda et al. (2014); Kent-Williamson et al. (2015) also found that cost implications and lack of foreign language skills had an influence on healthcare students (from nursing, medicine and pharmacy) studying

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abroad. The number of students participating in the European Erasmus programme however, has steadily risen from 10,278 during 2007/2008 to 15,566 in 2013/2014: nearly a 7% increase year on year (UK Higher Education International Unit, 2016). Goodman et al. (2008), referring to pre-registration nursing programmes, emphasises that as UK courses are generally designed with very little time for study abroad this can be a further barrier, limiting the most linguistically able, mobile and enthusiastic student from engaging in such experiences.

It is well documented that the benefits of study abroad are wide ranging which include increasing cultural awareness and sharing best practice, ideas and values to promote a better understanding of different health care settings, policies and practices which in turn, contribute to personal and professional development (Lachat and Zerbe 1992; Button et al. 2005; Ruddock and Turner 2007). Furthermore, Casey and Murphy (2008) and Milne and Cowie (2013) purport that through these programmes, the confidence of students in delivering care to individuals from different cultures is increased. However Green et al. (2008) found there were marginal differences between UK and Swedish student nurses' experiences of studying abroad in respect of the varied support they received from the international placement providers. Ultimately, having acquired experience of learning and working outside of their home country is known to improve students' degree classifications (UK Higher Education International Unit, 2016) and add value to the employability and future mobility of the healthcare workforce from the perspective of employers and policy makers. Whilst there are many benefits associated with study abroad programmes for healthcare students, little data focuses on the experiences of student midwives and thus would indicate the rationale for this particular study.

The Erasmus /Erasmus Plus Scheme:

The European Region Action Scheme for the Mobility of University Students (Erasmus) relates to a European Commission exchange programme that was set up in 1987 to provide university students with the opportunity to study or work abroad in another university as part of their degree programme. This involves participating in lectures and practice settings in the host country. In 2014 the Erasmus programme was extended across all sectors of lifelong learning, including school education, further and higher education, adult education and the youth sector, offering exciting opportunities for UK participants to study, work, volunteer, teach and train abroad in Europe. This programme is to run until 2020 and is known as *Erasmus Plus*.

Currently there are 33 countries who engage with Erasmus / Erasmus Plus as shown in Table 1. To be part of Erasmus, universities within the member states are required to possess the *Erasmus Charter for Higher Education* from the European Commission. On this scheme, the placement abroad is for a minimum of 12 weeks and in some instances for purely theoretical degrees, this can be for an entire academic year. The students are paid a monthly grant of between €250 and €300 to contribute towards accommodation and living expenses for the duration of their time abroad, with an extra €100 per month

Table 1
Countries engaging in Erasmus Plus (British Council 2016).

Austria	Denmark	Hungary	Lithuania	Poland	Sweden
Belgium	Estonia	Iceland	Luxembourg	Portugal	Turkey*
Bulgaria	Finland	Ireland†	Macedonia	Romania	United Kingdom
Croatia	France	Italy	Malta	Slovakia	
Cyprus	Germany	Latvia	Netherlands	Slovenia	
Czech Republic	Greece	Liechtenstein*	Norway*	Spain	

* Non EU Programme Countries.

available for students who have additional needs. This is on top of any existing grants / bursaries or loans that are in place through their home university. There are no tuition fees and the student has access to all host university facilities as any registered student.

Where clinical practice is part of the exchange, then adherence to the Professional Body requirements is essential before an *Inter-institutional agreement between programme countries* is signed by the two universities. The UK Nursing and Midwifery Council [NMC] (2011) has issued requirements, guidance and advice regarding pre-registration nursing and midwifery education programmes to ensure that the safety of service users, students and staff is upheld outside of the UK. This includes that risk assessments have been completed and all identified risks addressed, audits of the learning environment have been undertaken to confirm adequate levels of supervision and mentorship and that planned experiences reflect the intended programme outcomes. In addition, it is expected that the student has at least one named mentor during the period of study (NMC, 2008), that they work within the scope of their UK approved programme and fitness to practise requirements complying with the midwifery education standards (NMC, 2009) and that they have adequate insurance against major risks: e.g. professional indemnity, personal health and travel and vicarious liability (NMC, 2011).

Context of the study

Midwifery exchanges between the University of Nottingham and the University of Malta began in 2011 with the agreement for four students from each university to exchange every year once the *Requirements, guidance and advice for learning outside the UK for pre-registration nursing and midwifery students* (NMC, 2011) and the *Standards to support learning and assessment in practice* (NMC, 2008) had been fulfilled. This included undertaking audits of the learning environment within the maternity unit in Malta to confirm the planned learning experience supported the intended programme outcomes and ensure there were adequate levels of supervision and mentorship (biennial educational audits were already in place at Nottingham) and providing training of midwife mentors in Malta and Nottingham on the requirements of the visiting student midwives' respective educational programme and assessment strategy. Erasmus study abroad exchanges were already well established within the undergraduate midwifery programme in Malta, whereas this initiative was very much in its infancy at Nottingham, with Malta being the very first university to engage with the Academic Division of Midwifery. The exchange was initially a challenge to organise in Nottingham as study abroad was not an integral part of the pre-registration curriculum and the 13 weeks Erasmus exchange had to be fitted in as an 'extra' (Goodman et al. 2008). In addition, due to the University of Nottingham running two midwifery education degree programmes each year (March and September) compared to the one programme in Malta, the Erasmus study abroad experience in Malta was offered twice a year to the Nottingham students to enable some degree of equity of opportunity between cohorts. Selection to the programme was made by an independent panel according to the University of Nottingham's School of Nursing, Midwifery and Physiotherapy study abroad criteria as places were highly competitive. The exchange took place in the *third year* of both midwifery education degree programmes: at the *beginning* of the year for the Nottingham students and *towards the end* of the year for the Maltese students as their programme lasted four years.

Aim of the study

To gain an insight into the experiences of student midwives' engagement in the Erasmus programme within two universities.

Methodology

The study was conducted using qualitative methodology, specifically a longitudinal phenomenological approach that focused on a change in the individual life of the participating student midwives whilst living and working abroad. This involved the student midwives completing personal diaries (handwritten / electronic) over the 13 weeks of their exchange programme to capture their feelings, thoughts and significant events that had some impact on their time studying abroad.

For some time, diaries have been a readily available source of insight into everyday social life (Fothergill 1974), but it has only been in recent years that their popularity has increased, not least because of the limitations of interview-based methods (Elliott 1997; Jones 2000; Blythway and Johnson 2002; Alaszewski 2006). Diaries can provide rich data of insights into occurrences and interpretations of the events of the life course, of everyday activities and of people's experiences of the social world around them (Snowdon 2015).

As the aim of the study was to explore the *lived experiences* of these students while they continued their midwifery studies outside of their home country, such an approach to the data collection over a period of time, seemed appropriate. Ethical approval for the study was gained from the Faculties of the two participating universities. All students were invited to take part in the study and were given details of the study with brief guidance about compiling their diaries. This included recording on a daily basis their thoughts and feelings about studying and working outside of their home country including any activities and events they participated in that influenced their learning experience. The students could choose to construct diaries electronically or by hand using an open format rather than a highly structured pre-categorised format so they had the freedom to use their own words (Snowdon 2015). None of the students declined the invitation to take part and submitted their diaries upon completion of the Erasmus placement. The Computer-Assisted Qualitative Data Analysis Software (CAQDAS) package NVivo, was used to organise the data and assist with the analysis to determine any recurrent themes emerging from the data.

Analysis and demographic details

A total of 13 students participated: seven from Malta (spread over two cohorts) and six from Nottingham (spread over three cohorts). All participants were female. The basic demographic data of the student midwives regarding their comparative age and accommodation type at the time the exchange commenced are shown in Figs. 1 and 2 respectively, which had some bearing on how they adapted to life outside of their home country. All but one of the students from Malta were under the age of 21 years compared to the majority of the Nottingham students being 21 years of age or over. The Maltese students had all lived at home with their parents during the course of their studies to the point of travelling to Nottingham. One of these students lived on the island of Gozo and she also had access to

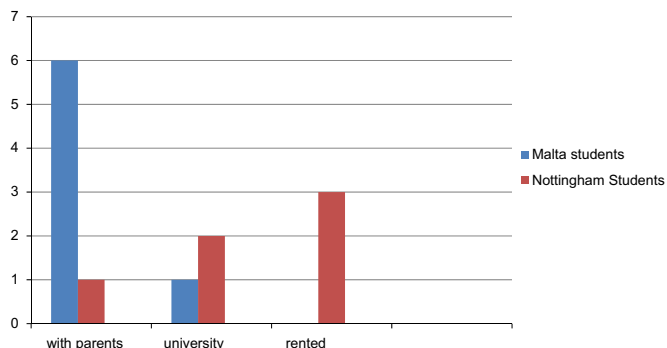


Fig. 2. Student accommodation type prior to exchange.

university accommodation during periods of clinical placements and times of adverse weather when ferry crossings were suspended between the two islands.

A wealth of data were collected from the diaries as all 13 student midwives had made entries for every day of their 13 weeks experience; nine were electronic and the remaining four were hand written. A colleague independent to either university in the study reviewed the data that had been transferred from the entries of the hand written diaries into NVivo for accuracy. Using the six phases of thematic analysis as described by Braun and Clarke (2006), that includes generating initial codes, followed by searching for, reviewing, defining and naming themes from the data, repeated patterns of meaning were identified. The same independent colleague also examined an overall sample of the diaries to ensure the process of data analysis had been undertaken with rigour and the themes were a fair and authentic representation of the student midwives' experiences. These measures served in demonstrating the trustworthiness of the entire data analysis process. Five themes finally emerged and are shown in Table 2.

Findings and discussion

These themes will now be discussed in turn with verbatim quotations from the students as illustrations written in italics using the coding as follows: **M1, M2** = Malta student midwife 1, Malta student midwife 2; **N1, N2** = Nottingham student midwife 1, Nottingham student midwife 2 etc.

Theme 1: Overcoming initial challenges to settle into a new life:

All student midwives had documented that they felt very excited with the prospect of undertaking a three month placement in another country. However, leaving family and friends behind was of some concern and most commented about *feeling sad* in missing significant events such as 'a friend's 21st birthday', 'my boyfriend's birthday' 'my mother's 50th birthday', 'The birth of my sister's baby', 'my cousin's first Holy Communion' etc.

Its S's birthday tomorrow...I wish I was at home for it. It seems I've missed a lot of birthdays this year. I know it's only one year of many, but time is dragging at the moment and I'm really missing home....It seems even worse when I'm missing the special moments.
N2

Table 2
Key Themes.

Theme 1	Overcoming the initial challenges to settle into a new life.
Theme 2	Acknowledging cultural norms and practices.
Theme 3	Becoming part of the team.
Theme 4	Optimising learning opportunities in and out of work.
Theme 5	Gaining independence and feeling empowered.

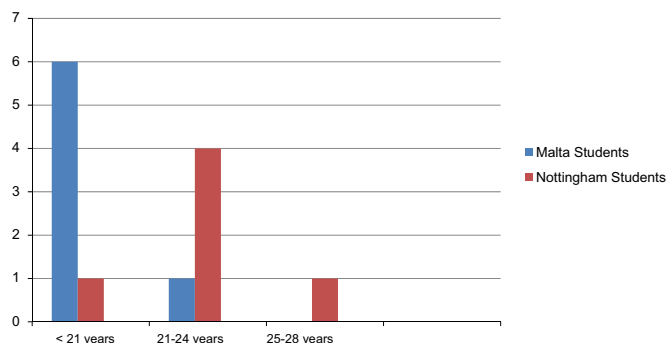


Fig. 1. Age of students at time of exchange.

Gaining some degree of independence was particularly evident in the diaries of the student midwives from Malta as this was the first time they had left home and ventured outside of their own country on their own. They saw the benefit of sharing university accommodation with their peers and the impact this had on their learning.

I have lots of mixed emotions: excitement, nervousness as I will be away from my family and friends for three months.....I now have to become independent....have to cook and wash the dishes and cope with a washing machine myself. M7

It's really nice to share a house with different people with different backgrounds....you get to see things from their perspective and you can get to broaden your knowledge in different things. M5

One student midwife from Nottingham had decided to undertake a direct swap of accommodation with one of the Maltese students for the duration of the exchange rather than stay in the residences assigned to international students. This arrangement nevertheless created other challenges that she had not initially anticipated.

I enjoyed living on my own, although I did get homesick more than expected because I didn't have easy access to friendsit's difficult to make friends in Malta because the students live at home and there are no sports clubs or societies to join. My accommodation was a 45 minutes bus journey from the hospital which was too far. However, financiallyperfect, because I did a direct swap with the Maltese student so neither of us had to pay. N3

Registration at the host university and checking that their vaccination and immunisation records were up to date to enable them to undertake clinical placements, was not always straight forward and caused some frustration until all processes were complete. All students however, were sensible to arrive well in advance of their first day at the host university to give themselves time to get acclimatised to their surroundings, the available amenities and to try out the local transport system.

We waited and waited and waited for the bus we wanted. An hour and a half later we just got on the first bus that came and it took us to Valetta bus station and then we had to find one to take us back home to Sliema....Didn't get home until 6ish....such a long day....N1

It was important to the Maltese students that they should find a local church to attend Mass as this was what they were accustomed to. However, there was no evidence in the diaries from the Nottingham students of them attending any church during their time in Malta.

We went off to a church and found one about 20 minutes away from the flat which is very convenient....the priest recognised us as being new in the area and he wanted to know all about us....M2

All students documented how their use of engaging with social media helped in reducing their feelings of homesickness, but this was not always quite as spontaneous as they may have wished. Nevertheless, every student cited that members of their family had visited them during their exchange programme, which further helped in easing their anxiety.

How did I become so dependent on Internet access.....? We eventually discovered that a lot of the café had free WiFi, so we stopped for lunch, sat outside in the sun.....emailing, Skyping, Facebooking people back home. N5

Theme 2: Acknowledging cultural norms and practices

By the end of the exchange programme, all the students recognised that although there were varied practices to what they were familiar with, they had developed a greater understanding of cultural differences. An example of this was that the Nottingham students recognised

the importance of the dominant Catholic faith in Malta, by experiencing prayer time at the beginning of every shift.

It was evident that every student had engaged with a range of both midwifery-led and obstetrically-led practices in each country. One Maltese student on her first day on placement to the labour ward in Nottingham witnessed not only a vaginal breech birth, but also a vaginal birth of twins and was elated!

Today I was lucky enough to see a breech delivery. This was the first breech delivery...the woman was very calm and tranquil and the baby was born in a very short time. I was very impressed as it was the woman's first pregnancy. I also saw a twin delivery born vaginally today... I was really satisfied and overwhelmed with this new experience....a day I will surely never forget! M3

In comparison the Nottingham students greatly valued the time spent in the midwife-run breast-feeding clinic and the impact it was having in supporting the breast-feeding culture in Malta.

The breastfeeding clinic has definitely been my favourite placement. I have learnt a vast amount of skills to take forward in my breastfeeding practice, caring for babies who are much older.... upto 12 months old..... and seeing some mothers whose births we had attended, was great.... N6

The Nottingham students were assigned to a team of midwives who worked the same shift pattern rather than an individual midwife for the placement as they were usually accustomed to. Overall they felt well supported as they became more familiar with the variations in practice.

Things are done differently here and while I might not agree with some of them, I have to accept that I am not here to change their system....I am here to respect their policies and practices..... N5

The Maltese students on the other hand were provided with a named 'sign-off' midwife mentor in each placement which they welcomed (NMC, 2008). This instilled confidence in them to undertake their very first births. In addition, these students were also exposed to the role of community midwifery for the first time and by participating in delivering midwifery care with their community midwife mentor, gained an appreciation of continuity of care and the impact this had in developing the midwife-mother relationship during the childbirth continuum.

My community midwife is very nice....continuity of care is wonderful. The midwives are quite independent here and the system is not consultant-led at all so the midwife practises her role to the full....The midwife manages to build a relationship with each and every mother...its very impressive. M2

Theme 3: Becoming part of the team

Feeling welcome is important to anyone in a new and unfamiliar environment. This was no different for all these students. Participating in events organised by the international / Erasmus Network of the host university and the local student midwives went a long way into making the students feel part of the university and developing new friendships.

I was honoured that the lecturers had taken time to organise some refreshments and during the break, I got to know them better..... the students also welcomed us and we asked each other about our courses and I felt more relaxed. M4

The students also appreciated that academic and clinical staff arranged visits to places of cultural interest as well as meals out at local restaurants. Four of the student midwives from Nottingham were in Malta around Christmas time and they were fortunate to experience the many celebrations and traditions associated with this religious event.

We're going out with the staff from our shift on delivery suite tonight. It's a Christmas meal and they invited us out which is lovely. It just goes to show how far we've come from the first day! **N2**

Although English was the common language between the two groups, the Nottingham students reported that on occasion staff within the maternity unit communicated with each other in Maltese which made them feel left out of any conversations. On further reflection and as time passed, they began to appreciate that the language used should be appropriate to the childbearing woman's needs, especially in instances where sensitive issues were being discussed such as perinatal mental health or intrauterine fetal death. By the time the exchange was nearing its end, the students had developed some understanding (albeit limited) of the Maltese language.

The midwives have a great sense of humour and it creates a really friendly and relaxed atmosphere. Although they still speak in Maltese....quite often....they have now started teaching us some words too..... **N3**

It was evident from the diary accounts that the first cohort of students from Nottingham were particularly frustrated in having to *prove themselves* to the Maltese labour ward midwives even though they already had some experience in undertaking intrapartum care. As the Maltese students did not commence this type of clinical practice until the third year of their four year degree programme, it took a little while for the midwives to fully appreciate the level of clinical ability the Nottingham students already had.

I felt the midwife who I worked with treated me like a first year student who didn't know anything. I know she needs to get to know me and what I'm capable of. **N5**

In time, the knowledge and ability of both groups of students were truly recognised by the midwives, such that they all became engaged in a range of activities feeling valued, useful and *part of the team*.

I also managed to do some 'hands-on' today as the midwife was really busy and she asked me to massage the woman with aromatherapy oils....I really enjoyed it as I felt so useful. **M4**

Theme 4: Optimising learning opportunities in and out of work

The students from both universities had academic work to complete during their 13 weeks exchange programme to satisfy their own university's degree programme requirements and those of the Erasmus programme in achieving international credits. Being away from home was noted to be an advantage for some students as they did not have so many distractions to deter them from their studies and examination revision. The weather was also a factor that had varying impact on the students' study time.

It's still raining, so I'm spending time on my assignments....it's very cold and damp! **M3**

As with all student midwives, the aim of these 13 students was to complete article 40 (training of midwives) of [Directive 2005/36/EC](#) of the European Parliament and of the Council (2005) that relate to the range of experience and number of specific skills student midwives have to undertake during their training: e.g. *'advising of pregnant women, involving at least 100 prenatal examinations, supervision and care of at least 40 women in labour etc.'* and which midwives in both countries were fully conversant with. As a consequence, the midwives attempted to optimise learning opportunities for these students: from the first birth to the 40th birth. The students perceived that their engagement in new experiences to be exceptionally valuable learning opportunities that they could share with their peers and mentors upon return home. For the Maltese students these 'new'

experiences included participating in aromatherapy applications, attending water births and a vaginal breech birth. In comparison, the Nottingham students valued attending perinatal mental health clinics and taking part in parent education sessions, offering breast feeding support and advice for up to one year, as well as being panel members at a local midwifery conference etc.

This was going to be my FIRST birth ever.... I was exhilarated! I was so happy, yet frightened....the delivery was a lovely one....At last I felt my job was complete!Thirty nine more to go! **M6**
We attended a breast feeding conference in Gozo with the local midwives and were invited to be on a panel at a normal birth conference....we also attended the Maltese students' Graduation Symposium....how we've developed! **N2**

As the time passed, the students felt more confident to travel further afield and visit places of interest throughout the two countries themselves, finding out more about the history and traditions.

I have visited a number of places London, St Pauls,Chatsworth House, Alton Towers..... and saw the Queen's Jubilee celebrations in Nottingham..... and I have some lovely photos..... I am hoping to come and visit again as I really enjoyed myself. **M4**

Theme 5: Gaining independence and feeling empowered

The length of the exchange programme, although initially may have seemed a long time to be away from home, did enable the students to develop in confidence, not only in their own clinical competence, but also in independence. This was demonstrated through getting acclimatised to their surroundings that enabled them to feel confident enough to travel alone and further afield in the host country and for some of the older students, recognising their personal circumstances had provided them with the independence to be able to have the opportunity of experiencing study abroad through Erasmus.

We've been one month now in Nottingham and I am now starting to feel more safe, knowing where I am and where to go.....

Six weeks laterI can't believe that I've started my community experience and am half way through this one-time experience. I enjoy my walk on my own to WV Health Centre on nice sunny days...just like at home!...I'm planning a visit to London after the microbiology exam..... **M3**

Time is flying by and I'm feeling settled into our pattern of life here.....So often I look at my friends with houses, careers, husbands and children and I wonder if and when I might have those things and why at my age I don't already...that in some way I've not met what society expects of me....But there is something in me that relishes this independence as I have been able to take off for three months to Malta without having to consider anyone one else in the equation is a brilliant experience. **N3**

Whilst in the host country, the student midwives encountered a few unexpected challenges that they had managed to sort out for themselves, showing a degree of maturity and resilience. These included learning how to use a washing machine and cook for themselves, getting lost, having flu (Maltese students), and the loss of phone, power failure, mosquito bites, sunburn and a perforated eardrum (Nottingham students).

I have no sense of direction and obviously got lost...I got out my map but couldn't figure out where I was for some time.... It was quite scary. **M7**

Today the gas ran out so we can't cook anything and we've no internet access at the moment.....we went out for a pizza and used the Wifi in the café instead. **N2**

All students had successfully fulfilled the learning outcomes for the exchange programme and had acquired ideas to complete their own dissertations and for further study. Overall they felt they were in a better position to influence future clinical developments in their own country through having had this experience.

For the first time since I started my training, I felt confident that when I qualify and am accountable to the women I care for, I'm going to be okay....I feel really excited to take my refined breast feeding support skills back home to practise and promote them. I feel really privileged to have had this experience. N3

This is an experience that I will treasure for many years. The things I have learned and practised are what I hope to teach others once I'm back home and qualified. M5

Discussion

It must be acknowledged that Erasmus student exchange is not as developed in undergraduate healthcare programmes, particularly midwifery programmes, in the UK compared to other European countries. Furthermore, although there have been studies of healthcare students' experiences of study abroad, this study specifically relates to student midwives undertaking the Erasmus exchange programme, making it unique. It is acknowledged however, that only a small number of student midwives took part in this study and therefore the findings should be taken with caution.

At the outset of arranging the Erasmus exchange, a lack of language skills as found by Goodman et al. (2008); Owen et al. (2013); Kumwenda et al. (2014); British Council (2015); Kent-Williamson et al. (2015) had not been considered as a barrier to the student midwives' learning as English was the common language to both groups. This was however, found not to be the case as the Nottingham students occasionally experienced staff conversing in Maltese which made them feel on the periphery of conversations within the clinical area. Nevertheless, all students felt very well supported by the midwife mentors in the host country and there did not appear to be any differences in the level of support each group received, unlike Green et al. (2008) study of UK and Swedish student nurses.

Similar to what Lachat and Zerbe (1992), Button et al. (2005) and Ruddock and Turner (2007) had found in their studies, these students became more culturally aware, appreciating the different practices of the host country than they were accustomed to throughout the length of the exchange programme. They had all gained in confidence and were enthused to share their learning of best practice and deliver care to others from different cultures by the time they returned home, which is commensurate with the findings of Casey and Murphy (2008) and Milne and Cowie (2013).

Although previous studies have examined barriers to study abroad (Goodman et al. 2008; Owen et al. 2013; Kumwenda et al. 2014; Kent-Williamson et al. 2015), the majority of these students only referred to the difficulty of leaving their family and friends behind for 13 weeks; albeit they were all single and had no dependents to consider. This could be considered a limitation of the study and the study abroad exchange programme itself in that it is more attractive to this particular group of student midwife and not those with children or other dependents as would a domestic elective placement.

Implications for midwifery education and practice

Incorporating a substantial period of study abroad within the existing Nottingham curriculum was initially challenging and required considerable time to successfully implement for such a small number of student midwives. However, as the results of this study reveal, the overall benefits to students' personal and professional development are overwhelmingly positive.

It is recommended that those involved in future curricula design and commissioning of healthcare education programmes ensure that pre-registration midwifery curricula are designed with study abroad opportunities fully integrated within them, thus supporting Goodman et al. (2008)'s earlier observations. Furthermore, raising student midwives' awareness of the possibility that they may experience staff communicating with childbearing women as well as each other in a language other than English should also be included in their initial preparation to the host country.

It is well documented that such an innovative development, embracing internationalisation within the curricula has the potential to increase students' employability within Europe and beyond (British Council 2015, UK Higher Education International Unit, 2016). All 13 student midwives secured employment as midwives within their home country following completion of their studies and registration with their respective professional body. One Maltese student has also been accepted to commence a Masters degree in 2016 within the UK, which supports the findings of the UK Higher Education International Unit's (2016) study of the mobile students graduating in 2013/2014.

Conclusion

All students in the study valued the opportunity of undertaking study and midwifery practice in another culture and healthcare system outside of their home country. They appreciated the opportunity to extend their knowledge and development of clinical competence and confidence, build new relationships outside of their home country as well as gain a sense of independence and personal growth. Whilst it is appreciated study abroad opportunities require careful planning, the experiences of these students were positive and should be used to develop further exchange agreements with other universities in order that more students can be offered such an opportunity. Furthermore, study abroad can be used as a vehicle to share best practice within an international context, ultimately making a difference to the quality of care childbearing women, their babies and families experience worldwide.

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