# **I am a post doctorate clinical academic midwife- what does this actually mean?**

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Summary

This article shares a personal journey of a midwife educator developing a unique position developing theory, research and practice within a new ‘Post Doctorate Clinical Academic Midwife’ role. This reflection was initiated from a challenge from another clinical academic who has primary practice focussed employed role. My un-mirrored role has a multi-faceted approach to supporting clinical credibility, enhancing cross partnership working relationships, and developing students to think critically to enhance clinical practice and outcomes for women and their families, thus striving for excellence in midwifery. This role stretches the creativity and imagination into novel midwifery practices and shows that with passion and determination anything is possible for the greater good.

**What has urged me to share my thoughts?**

I was recently challenged by an inter-professional clinical academic colleague that I might not be a ‘proper’ post-doctorate (post-doc) clinical academic (midwife). This caused me inner turmoil, which compounded the uncertainty I already had around me holding this title anyway. However, after a night of considering that perhaps it is futile and I should just give up trying to develop this new post-doc role, I accepted the unspoken challenge to articulate my realisation and justify my continuing effort to develop this role, thus enhancing practice.

What is a clinical academic in education, anyway, and how does this fit with me being a midwife educator? I am post-doctorate. I have a clinical role and I am/was a Supervisor of Midwives transitioning to becoming a Professional Midwifery Advocate. I am an academic and I am a midwife. Therefore, for the title, it has fit and resonates with my core values and roles of striving for excellence in outcomes for women and their families.

## **What is a clinical academic?**

A post-doc clinical academic is a practitioner who engages in clinical practice related to their profession and who enhances practice through the innovation and engagement of research. Through challenging existing practice, excellence in high quality care can be achieved to improve health care generally, as well as health outcomes, while being grounded in current practices (National Institute of Health Research [NIHR] 2016). Clinical academic posts are available to anyone who has a research and clinical career focus and ambition, and who typically wishes to advance their studies to doctoral level and beyond. Clinical academics espouse leadership qualities in both research and clinical arenas to develop a research-led capability (Association of UK University Hospitals [AUKUH] 2012) through a joint appointment with a higher education institution (HEI) and NHS trust.

I commenced my post-doc clinical academic midwife role after being awarded a year-long 0.5 whole-time equivalent ‘clinical lecturer internship’ with the aim of ‘re-igniting and possibly extending [my] clinical skills through a bespoke programme of education, training, mentorship and clinical supervision in order to be in a position in the future to apply for an honorary or substantive clinical post as part of a clinical academic role’ (Latter 2013[p3]). I continue to have two mentors: one consultant midwife in practice and a professor in the HEI, and our relationships are non-hierarchical and professional.

## **What do I do in my post-doc clinical academic role?**

As a midwifery educationalist and the first post-doc clinical academic midwife locally, I needed to define my role and function in a way that had the best value for the women and their families, clinical area, academic practice and me. My role does not follow a traditional clinical academic format as I do not obtain research bids and I am not a research principle investigator (PI). As my current post-doc role is extra to my existing academic role, my interpretation of research engagement is not as a PI, but through leading and developing others to achieve their research aspirations. Proactively, I do educate; facilitate the development of the workforce; support learners to develop their skills in audit, service evaluation and primary research at degree, masters and doctoral level; support with data analysis, writing up and publications; and I have carved a clinical undertaking through service evaluations when required.

**Sharing my thoughts with my peers**

On reflection with my peer group of clinical academics, I was asked if being a PI really mattered if the focus of the position was ultimately to improve services through clinical links. It would be churlish to think that the success of the role is solely measured against how much money a research grant brings in and whether one is the PI. The links of theory to practice and vice versa surely are key if one is to exact an immediate change at the ground level in a timely and affordable way. This is why I undertook a clinical doctorate as opposed to a straightforward PhD; I wanted to be able to develop my skills to ensure appropriate, effective quality improvements and curriculum developments could be realised in an appropriate time-scale to the benefit of women and professionals alike.

What has become clearer through reflection is that the clinical academic is not a linear pathway with a one-size fits all approach; it is a complex weaving of options linked to the clinical environment each academic is engaged with to provide added value to care commitments. Clinical academics are enablers, facilitators, and have the skills to influence new thinking and practices. Therefore, there is a need and a quality in having an individual identity (Wessex Advanced Practice Network [WAPN] 2016).

**Potential impact of my role**

If the future of high-quality health-care delivery is to be fully realised, investment is required in developing new thinkers of the future through a non-hierarchical leadership approach to best augment the individual profession and institution’s core challenges. Whilst these clinical academic posts can be relatively isolating, due to a possible lack of understanding of their remit, clinical academic networking groups must continue to support and embrace the differences for each individual and, in so doing, reduce the isolation that may ensue due to the ‘newness’ of the post-doc role. Our remit surely, then, is to make it our own and gain in confidence in acting as a role model to those in our presence and the future post-doc clinical academics. I am an autonomous practitioner, I don’t fit into a pre-determined mould; why then should the post-doc clinical academic position do so? At its best, I am surrounded by passionate positive fresh thinkers and practitioners who actively seek to enhance the care for women, their families and themselves in academic and practice settings.

**For future aspiring post doc clinical academics**

**For anyone wishing to embark on a clinical academic career path you need to be aware of the local clinical issues that require further enhancement through a variety of project ideas; link with the local HEI to ensure that there is synergy with the research interest groups to be able to carve out your unique contribution; have the courage and determination to champion the midwifery professional values which may diverge from a traditional academic consideration; be prepared occasionally to work long hours, knowing that the rewards pay dividends; and know that you will have many clinical and academic group leads that you will be answerable to, all with competing demands and targets that often contradict each other, but will result in strengthening your resolve.**

**In summary**

So am I a post-doc clinical academic midwife? You bet I am, and this has made me stronger than ever to continue to develop the role and my leadership of the future research generation to embrace high quality, innovative, safe, cost-effective care and service provision for all. **tpm**

## **References**

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