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Research article

Development of a Midwifery Student Peer Debriefing Tool: An interpretive descriptive study

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ABSTRACT

Background: Psychosocial traumatisation associated with giving birth, can occur in those present with the woman giving birth, a phenomenon known as vicarious trauma. It has been identified that there are currently no interventions available for midwifery students who have experienced vicarious trauma following difficult birth experiences.
Objective: To explore whether the counselling intervention developed by Gamble et al. (2005), can be adapted for midwifery students to be appropriately and feasibly used as a counselling intervention with peers who have experienced midwifery practice-related vicarious trauma.
Design: Interpretive descriptive methodology.
Setting: This study was set at two Australian universities from which pre-registration midwifery courses are delivered.
Participants: The work of reviewing the original tool and adapting it for use by and with midwifery students associated with this project was conducted by a key stakeholder group of seven representative midwifery students and five midwifery academics.
Methods: Ethics were approved. Data were collected via one face to face and two online conversations using the Microsoft Teams™ platform. Reflexive Thematic analysis were applied to revise the tool following each round of data collection and to finalise the adaptation of the intervention for its new intended purpose.
Results: The Midwifery Student Peer Debriefing Tool is presented as a six-step intervention that guides the midwifery student through a process of debriefing with their peer. The feasibility of the tool resulted in an overarching theme labelled **"I want this to mean something**" and captures the therapeutic power of peer debriefing toward a meaningful outcome that fostered growth, and a deeper understanding of the profession.
Conclusion: Vicarious trauma is widely recognised as a core reason for midwives and midwifery students leaving the workforce. The peer debriefing tool helps midwifery students move through the process of recovering from adversity but also fostered learnings about midwifery practice and the profession.

1. Introduction

1.1. Background

In 2005, in response to the growing understanding that some women experience psychosocial traumatisation associated with giving birth, a team of healthcare academics led by Australian midwife scientist Dr. Jenny Gamble published an evidence-based 9-step 'Traumatic Childbirth Counselling[1] Intervention' for use by midwives with women who identified as traumatized by their birth experience (Gamble et al., 2005). More recently, it has emerged that 'second victim' trauma (also known as 'bystander', or 'vicarious' trauma) can also occur in those present with women giving birth, for example, partners (Etheridge and Slade, 2017), obstetricians, midwives, nurses, and students (Davies and Coldridge, 2015; Shorey and Wong, 2022).

The effect on health professionals working with birthing women who

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[1] American English spelling was adopted for 'counselling' in part of the article because Gamble et al. published it in a North American scientific journal.

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experience second victim trauma is sobering. McDaniel and Morris (2020) summarised the possible outcomes of vicarious trauma to include diminished professional confidence, errors in judgment capable of jeopardising patient safety, the development of dysfunctional coping mechanisms, disruption of co-worker relationships, compassion fatigue, and taking time away from or considering leaving the profession. Wright et al. (2018) also reported many of these effects but specifically in midwives, whilst Minooee et al. (2019) found midwives' decision-making to be impacted by birth-related (secondary) traumatic stress.

These effects also reportedly extend to students of midwifery, who are exposed to clinical settings throughout their program of education and inevitably witness events that could be upsetting or traumatising through that period. For example, students who have negative clinical experiences in the labour and birth setting were identified in one large study ($n = 370$) to develop both an aversion to that setting, and a fear of managing vaginal birth (Bingol et al., 2020). Midwifery students also experience trauma simply from being what Davies and Coldridge (2015) termed "no man's land" (p. 860), which is the existential space they occupy as a result of feeling caught between supporting health care practitioners and expectant or new parents in complex clinical situations.

The currently accepted definition of 'second victim', put forward by a committee convened by The University of Missouri Health Care (UMHC) Office of Clinical Effectiveness (OCE) in 2007 (Scott et al., 2009), characterises them as follows:

> Second victims are healthcare providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. Frequently, these individuals feel personally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base (p. 326)

In research led by UMCH OCE members, health care professionals who had experienced second victim trauma were found to progress naturally (that is without any proactive intervention) through a 6-element recovery trajectory to reach a point at which they could make sense of and move on from it. However, this was by either dropping out, surviving, or thriving; this resolution stage also seemingly took a significant amount of time to get to, during which participants reported repeatedly experiencing an extensive array of limiting physiological and psychosocial symptoms (Scott et al., 2009). Like some of the participants in this study by Scott and colleagues, Beck et al. (2016) and associates also reported the possibility of what they term 'vicarious posttraumatic growth' in midwives who have supported women experiencing traumatic birth, but found it to depend heavily on having intrinsic personal strength.

Previous work on proactive facilitation of health professionals' transition of, or recovery from, traumatic stress has focused predominantly on the use of generic interventions such as cognitive behavioural therapy and mindfulness, with mixed results. For example, in a scoping review exploring interventions to reduce post-traumatic stress disorder symptoms in health care professionals, Qian et al. (2022) reported eight different interventions with three main components (namely trauma-related knowledge, emotion regulation and relaxation skill training, and psychological support from peers and psychologists), that yielded broadly positive outcomes, but that were not wholly effective for participants. Similar to the process followed by those in the study by Scott et al. (2009) though, these interventions also take time to learn and to be effective.

Specific to midwifery students, the need for them to be resilient to be able to 'bounce back' from work-related adversity has been put forward (Clohessy et al., 2019; Nightingale et al., 2017), but it is acknowledged that resilience takes time to develop, fluctuates, and depends on the organisational context in which one works as well as other variables (Nightingale et al., 2017). In addition to developing resilience, many authors on the topic of traumatic stress in midwifery students have put forward that this population needs support and skills to transition from a traumatic clinical experience (see for example Coldridge and Davies, 2017; Kitson-Reynolds, 2015; Power and Mullan, 2017). Being provided with the opportunity to talk and reflect on a distressing or traumatising practice incident and its impact has been identified by midwifery students as something that would be helpful (Coldridge and Davies, 2017), however more recent work by Buhlmann et al. (2020) identified that this is not readily available to them. This may be because, although effective interventions for imbuing midwifery students with an understanding of trauma and psychological responses, and with confidence to recognise and manage early signs of distress, have been reported (Spiby et al., 2018), there is seemingly no intervention yet published to assist these second victims to deal with their trauma in a timely manner after it has occurred.

1.2. Objective

The objective of this project was to explore whether the counselling intervention developed by Gamble et al. (2005), can be adapted for midwifery students to be appropriately and feasibly used as a counselling intervention with peers who have experienced midwifery practice-related second victim trauma.

1.3. Design

Interpretive Descriptive Methodology, which is a qualitative research methodology aligned with a constructivist and naturalistic orientation to inquiry, was employed for this project. The aim of this approach was to generate knowledge relevant to the clinical context of applied health disciplines (Bradshaw et al., 2017).

1.4. Ethical considerations

The study population was midwifery students, and the study team includes academics who were responsible for those students theoretical and practice learning experience, their assessment, and for making decisions about their progression through their course. The key ethical consideration, therefore, was that students did not feel obliged to participate or to respond in a certain way. To mitigate that potential risk, all communications and data collection were handled by the first author, who was not in a dependent relationship with the students at the study sites. Approval to conduct this study was granted by the Human Research Ethics Committees at [university name redacted for blind peer review (2023–0471)] and [university name redacted for blind peer review (2023-3373R)].

1.5. Setting

This study was set of two Australian universities from which pre-registration midwifery courses are delivered. There were five study sites in total, each being a campus of one of those two universities.

1.6. Participants

We planned to convene participants in an intervention adaptation team, formed in accordance with Moore and colleagues' (2021) 'ADAPT' guidance, to undertake the work of reviewing the original intervention and revising it (if warranted) for use by and with midwifery students in a midwifery education context. Moore et al. (2021) advise that intervention adaptation teams should comprise "an appropriate range of stakeholders, including those with expertise in the intervention and its evidence base, and those with knowledge of the new context" (p.5), and to that end, we sought both midwifery students and midwife academics as participants. Midwifery students from all study sites were invited to join the group, and the authors provided the midwife academic

representation.

1.6.1. Inclusion criteria

Students enrolled in one of the pre-registration midwifery courses offered by (study site names redacted for blind peer review). All those who came forward to take part were provided with the Participant Information Sheet and were required to provide their informed consent to take part.

1.6.2. Exclusion criteria

Students who did not formally consent were not permitted to participate.

Original Counseling Intervention and proposed revisions Adaption one

	Original 9-step Traumatic Childbirth Counseling Intervention (Gamble et al., 2005)	**Proposed initial adaptation for use with midwifery students who have experienced vicarious trauma as a result of being with a woman giving birth**
1	*Therapeutic relationship between midwife and woman*: Show kindness; affirm competence of the woman, simple nonthreatening and open questions about the birth, attentive listening, and acceptance of woman's perspective.	*Therapeutic relationship between the academic and the student*: Show kindness; affirm competence of the student, simple nonthreatening and open questions about the index incident or experience, attentive listening, and acceptance of student's perspective.
2	*Accept and work with women's perceptions:* Prompt the woman to tell her own story, listen with encouragement but not interruption.	*Accept and work with the student's perceptions*: Prompt the student to tell their own story, listen with encouragement but not interruption.
3	*Support expression of feelings:* Encourage expressions of feelings by open questions, actively listening, reflecting back the woman's concerns.	*Support expression of feelings*: Encourage expressions of feelings by open questions, actively listening, reflecting back the student's concerns.
4	*Filling in missing pieces*: Clarify misunderstandings, offer information, answer questions realistically and factually, ask questions about key aspects to check understanding. Do not defend or justify care provided.	*Filling in missing pieces*: Clarify misunderstandings, offer information, answer questions realistically and factually, ask questions about key aspects to check understanding. Do not defend or justify the cause of the student's traumatic stress.
5	*Connect event with emotions and behaviours*: Ask questions to determine if the woman is connecting current emotions and behaviors with the traumatic event(s). Acknowledge and validate grief and loss. Gently challenge and counter distorted thinking such as self-blame and a sense of inadequacy. Encourage the woman to see that inappropriate or hasty decisions may be a reaction to the birth.	*Connect event with emotions and behaviours*: Ask questions to determine if the student is connecting current emotions and behaviours with the traumatic event(s). Acknowledge and validate psychosocial response. Gently challenge and counter distorted thinking such as self-blame and a sense of inadequacy. Encourage the student to see that inappropriate or hasty decisions may be a reaction to the incident or experience.
6	*Review labor management*: Ask if the woman thought that anything should have been done differently during labor. Offer new or more generous or accurate perceptions of the event. Realistically postulate how certain courses of action may have resulted in a	*Review the management of the index event*: Ask if the student thought that anything should have been done differently during the incident or experience. Offer new or more generous or accurate perceptions of the event. Realistically postulate how different

Fig. 1. Original counselling intervention and proposed revisions adaption one.

	more positive outcome. Acknowledge uncertainty.	courses of action may have resulted in a more positive outcome. Acknowledge uncertainty.
7	*Enhance social support*: Initiate discussion about existing support networks. Talk about way to receive additional emotional support. Help the woman understand that her usual support people may be struggling with their own issues.	*Enhance social support*: Initiate discussion about existing support networks. Talk about ways to receive additional emotional support. Help the student understand that their usual support people may be struggling with their own issues if they have been told of the incident or experience.
8	*Reinforce positive approaches to coping*: Reinforce comments by women that reflect a clearer understanding of the situation, plan for the way forward or outline positive action to overcome distress. Counter oblique defeatist statements.	*Reinforce positive approaches to coping*: Reinforce comments by the student that reflect a clearer understanding of the situation, plan for the way forward or outline positive action to overcome distress. Counter oblique defeatist statements.
9	*Explore solutions*: Support women to explore and decide on potential solutions, e.g., support group(s), further one-to-one counseling, seeking specific information, accessing the complaint system.	*Explore solutions*: Support the student to explore and decide on potential solutions, e.g., support group(s), further one-to-one counselling, seeking specific information to help understanding of the index event, accessing the complaint system.

Fig. 1. (*continued*).

1.6.3. Participant recruitment

Potential participants who met the inclusion criterion were invited to participate in the study via a participant recruitment advertisement posted on each university's midwifery student online community noticeboard at the end of semester and exam period.

The work of reviewing the original intervention and adapting it for use by and with midwifery students associated with this project was conducted by a key stakeholder group of seven representative midwifery students and five midwifery academics.

2. Methods

2.1. Data collection

Data were collected face-to-face in a two-hour focus group for the first and major adaption to the Tool. Subsequent refinements to the tool were made from data collected via two online conversations using the Microsoft Teams™ platform, and emailed feedback from the same set of students. All were facilitated by the first author for the reasons outlined earlier. A semi-structured question proforma was used to guide each discussion and included questions such as: *What adjustments to the wording would you recommend? How helpful do think this intervention is?* Data collection ceased once saturation of information was attained (that is, when no new information was forthcoming). Prior to the first conversation with participants, the study team developed an initial adaptation of the tool developed by Gamble et al., (2005) for use with midwifery students who have experienced second victim birth-related trauma (See Fig. 1. Original tool and first adaption), for students' consideration. During the first conversation the participants were asked to consider and make additional suggestions about that proposed initial revision, and in the second they were asked to appraise the subsequent version, propose any further refinements, and put forward their suggestions about implementation of the intervention. In the third conversation, both the tool and implementation plan were finalised.

2.2. Data analysis

All data collection conversations were audio-recorded and auto-transcribed with participants' permission. The transcribed data from the focus groups were checked for accuracy, and the findings were applied to revise the intervention and to finalise the adaptation of the intervention for its new intended purpose. An example of the process of the tool development is provided in Table 1. The data set was analysed using Reflexive Thematic Analysis (Reflexive TA) (Braun & Clark, 2021) to provide a description of the student's experiences related to the research topic. Reflexive TA follows six steps to generate deep analysis of qualitative data, and emphasises the importance of the researcher's subjectivity as an analytical resource. In this study the rationale for Reflexive TA was that the analysis required the researcher's involvement in the co-creation, adaption and iteration of the tool development (Braun and Clarke, 2021). Data analysis was analysed by the first author and confirmed by the remaining team members. An example of the process of coding and categorising data into themes is provided in Table 2.

3. Results

3.1. Trustworthiness

Consistent with Moore and colleagues' (2021) 'ADAPT' guidance, the intervention adaptation group formed for this project included a stakeholder with expertise in the intervention and its evidence base: five midwife academics, as well as those with knowledge of the new context: the five midwife academics as well as seven midwifery students who represented both universities and were each at a different stage of learning.

Trustworthiness was ensured throughout this study via conducting the research following clear methodological process. The research team was cognisant of our interpretations as midwifery academics and

Table 1
Example of tool development and iterations of the tool.

Gamble et al., 2005	Academic Iteration One	Student Feedback Iteration One	Student Feedback Iteration Two	Student Feedback Iteration Three	Academic Thematic Analysis Iteration Four
Therapeutic relationship	Therapeutic relationship	Therapeutic relationship	Therapeutic relationship	Therapeutic relationship	Trusting relationship
Therapeutic relationship between midwife and woman: Show kindness; affirm competence of the woman, simple nonthreatening and open questions about the birth, attentive listening, and acceptance of woman's perspective.	Therapeutic relationship between the peer counsellor and the student: Show kindness; affirm competence of the student, simple nonthreatening and open questions about the index incident or experience, attentive listening, and acceptance of student's perspective.	Therapeutic relationship between the peer counsellor and the student: Ensure trust is established to ensure a safe emotional place for sharing. (Power balanced) Prompt: I am willing to hear your difficult story I can handle it	Therapeutic relationship between peer counsellor and student: Rationale or Aim: Ensure trust/ emotional safe space for both students/power is balanced. Attitude: Show kindness; affirm competence of the student, simple nonthreatening and open questions about the index incident or experience, attentive listening, and acceptance of student's perspective	Establish rapport/ Therapeutic relationship between the peer counsellor and the student: Rationale: Ensure trust/emotional safe space for both students/power is balanced.	Ensure you have a good relationship with your peer to create an emotionally safe space and a sense of trust. (Add prompt or attitude to each strategy for midwifery students).

researchers and credibility was strengthened via peer discussions and feedback. Clear notes were recorded when decisions were made, for example in theme development, or in relation to renaming headings in the tool. Transferability was demonstrated via the provision of illustrative quotes. Dependability was ensured as we reviewed the iterations of the tool over time.

3.2. Results section one: findings related to the adapted tool

The final adaptation of Gamble et al.'s (2005) Traumatic Childbirth Counselling Intervention for use by midwifery students is presented as the Midwifery Student Peer Debriefing Tool in Fig. 2. The tool is presented as a six-step intervention that guides the midwifery student through a process of debriefing with their peer. Its title reflects participants' views that the term 'debriefing' is more commensurate with their status, than 'counselling', in view of their role and scope as a midwifery student. They determined that the term 'counsellor' had connotations of expertise, in contrast to the role they felt they would undertake using the intervention, which was one of supporting another through a process, drawing on the fact that they would likely share their own experience with the person they would be supporting, and being a sounding board for solutions. The students also described that in their current scope they were expected to have the skills to debrief women post-birth and that those skills were transferable to debriefing fellow students. Finally, in terms of the intervention, the students described that they were already debriefing with their fellow students in an informal manner, thus the intervention was regarded as a helpful tool to support them in debriefing with their peers in a guided way.

The participants also recommended amalgamating some of the original strategies from the original tool by Gamble et al., 2005 to make the tool more user-friendly for midwifery students, streamline the debriefing process steps, reduce repetition, and better reflect the experience of midwifery students and their practice context. The participants recommended amalgamating three areas – they grouped the original emotional support strategies, the original timeline and events strategies together, and the plan for the future and solution strategies together. Through collaboration, the participants also adapted the supporting paragraphs and wording to best describe the strategy heading and their role in the process of debriefing. They recognised there would be varying degrees of competence and confidence to debrief their peers among midwifery students, and added a section called 'Prompts' to accommodate this that provide gentle reminders or suggestions of discussion points related to each recovery strategy.

3.3. Results section two: reflexive thematic analysis

The overarching theme resulting from analysis of the conversations with participants was labelled **"I want this to mean something**" and captures the therapeutic power of peer support toward a meaningful outcome that fostered growth and repose from the emotions related to the distressing experience. The overarching theme represents the idea that although the midwifery students may have experienced a distressing or traumatic event, they wanted the experience to be a process of growth. The students describe that they sought peer debriefing to better understand the event and learn from their peer's experiences. They described that although the event was painful, they wanted the experience to mean something related to building a better understanding of midwifery practice and, indeed become a better midwifery practitioner. The midwifery students wanted the difficult journey to be meaningful, and to contribute toward a deeper understanding of the profession. Three subthemes contribute to this overarching theme.

The first subtheme, titled "**We're in it together**", describes that students chose to debrief with fellow midwifery students following a difficult experience because they understood the context of the distressing experience. Characterised by phrases such as "they've experienced it too," "similar experiences," and "peer can relate" underline the importance of connecting with peers who understand the difficult situation and identify that peers have a shared experience in navigating complex issues that occur in maternity care. It was identified that the peer provides emotional support and safety with phrases such as "they're a safety net," which emphasises why they choose to debrief with fellow students. The students' phrases "I wouldn't share with someone in a position of power" and "I wouldn't debrief with the hospital staff" reflects the vulnerable position of the student in sharing difficult emotions with individuals in a position of authority such as their clinical facilitator or academic. Rather, the experiential knowledge that was sought from the midwifery student peer was identified as both valuable to the process of understanding the event and a support for processing the emotions from the difficult experience. The following quotes are spoken by students and represent the shared learning and support students provide each other:

> Zoe - Talking to your peer is a safety net – you're vulnerable because you're a student, you don't know everything, and sometimes others don't know you're a student and you have to be professional – so debriefing with peers – you can be vulnerable and say it how it is, it's a safe place to debrief.

> Jenny- I got some support from the university however, I would have not necessarily contacted them because they are academics, but the

Table 2
Example of the process of thematic analysis from raw data to theme.

Raw Data	Code Level 1	Code level 2	Category	Sub Theme
It's difficult to open up to someone you don't know – you need some familiarity – it takes me a while to warm up to people so when you are being up and being vulnerable its challenging	Needing to know the person you talk to/sharing is being vulnerable	Knowing them Being vulnerable		
I did talk to other students but more as a sharing experience rather than getting anything from them because you don't necessarily ruin their experiences – you don't need for them to tell you what to do you just need to vent	Telling peers is a Sharing experience Don't want advice Just need to vent	Relationship Shared experience Peer can relate	Choosing to debrief with a peer	"We're in this together"
Although you would get understanding from your peer sometimes when you are seeking out advice about how to deal with it – your actually seeking someone who has an experience with it	Seeking advice from their experience	Wouldn't share with someone in a position of power		
You would be seeking someone who had had the experience as the thing you are experiencing which would make you feel ok because they can relate	Similar experiences helps you feel ok	Peers help me carry on		
Talking to your peer is a safety net – you're vulnerable because you're a student you don't know everything and sometimes others don't know you're a student and you have to be professional – so debriefing with peers – you can be vulnerable and say it how it is, it's a safe place to debrief	Talking to peers is a safety net Yu can be vulnerable It's a safe place	They're a safety net		

event impacted me massively, and if I had not had those peer supports, I don't know if I would have carried on.

Katrina - It's easier to open up to a peer than a complete stranger and same with an academic because they are in a position of power.

The second subtheme, called "**Wanting to learn from a difficult event**", captures the importance midwifery students placed on learning from the event. This describes the students desire to follow a reflective process toward the development of new learnings and understandings. This theme underscores the significance of the midwifery students desire to both learn from the event whilst attaining support from their peers through the difficult emotions. The phrases "wanting to learn from this" "using self-reflection" and "moving forward" captures the learning journey that is supported by the peer counsellor through debriefing. The students were describing deep reflective strategies that resulted in transformative learnings. The midwifery students described their processes of reflection which included the debriefing process with their peer. Through reflection during the debriefing with their peers, the midwifery students identified that they were moving through a cathartic process of making sense of their emotions and experiences with the end goal being a deeper understanding of the event. The following quotes are a representation of students desire to learn from the event:

Jess - Not only does it help sort of debrief, and it shares knowledge and things, but it actually I think, helps us to feel more confident about what they are doing and what they are capable of

Katrina- I had done a lot of self-reflection myself and come to my own way of dealing with it and it was a process for me – this is what happened reflected and then moved forward.

Caroline- I always reflect/write it down or go over in your head helps you process it and move forward like what could I have done differently? I would say that to everyone, even my children it's a good strategy.

Jess- think most people seek out help from someone because they are trying to get a higher understanding or are you seeking out people's experiences or previous experience or knowledge.

Zoe - You're seeking that kind of sense of experience you're actually asking how I can move forward from this and you seek that out but you need to speak to someone else they will share an experience to make you feel its ok its happened to me – so if they haven't got that experience it's difficult for you to move forward

The third subtheme, labelled "**Looking out for the one looking out for me"**, describes the idea that the peer relationship is reciprocally caring and empathetic. That the one sharing the difficult event cares for the peer debriefing them whilst recalling the difficult event. It suggests that within the midwifery student community they are willing to help debrief, but that the one sharing the difficult event wanted to ensure the peer is equipped emotionally to deal with the difficult story in that moment. Phrases such as "confirming the peer can handle it" and "don't want to dump on someone if they can't receive it" underscores the significance of the care the midwifery students have for the peers. The student identified that the peer they would choose to debrief with would have to have had similar experience level and a set of skills that would support this role. Phrases such as "holding space" being relatable "affirming and listening" and that these skills ensure the peer is capable and equipped to carrying the burden of a peer's distressing event. The below quotes are illustrative examples of the care and altruistic concern for the peer receiving the difficult story:

Katrina- I would just worry that the other student would need counselling themselves after hearing what I said.

Hilda- Just confirming that whoever I speak to can handle what I'm speaking about because I know that when I go to talk to my peers, I like to confirm that they are ok to hear what I'm going to say that's

Strategy	Key elements of Debriefing Tool
Trusting relationship	Ensure you have a good relationship with your peer to create an emotionally safe space and a sense of trust. *Attitude: Show kindness; positive regards, affirm competence of the student, validate, and open questions about the experience.*
Accept and work with student's perspective	Accept and work with the student's perspective, use reflective listening to understand the situation. *Prompt: Tell me the story from beginning to end without identifying anyone/person/ place*
Support expression of feelings	Encourage expressions of feelings, recognise and validate the difficult emotions. *Prompt: Recognition and validation. Provide a gentle reminder that these are normal responses to a difficult situation.*
Fill in the missing pieces and review the event to build learnings	Together work out what happened and consider why. Build understandings by providing information or sharing similar experiences, whilst acknowledging full clinical picture may not be accessible. *Prompt: Let us find out more information - talk to an experienced midwife or look up the clinical practice guidelines/ explore the literature*
Reinforce positive approaches to coping and ensure supports.	Reinforce comments by the student that reflect positive coping strategies. Counter negative or unrealistic views such as self-blame. Provide helpful strategies including self-care. Ensure student has social supports outside of work and university. *Prompt: Discuss support people. Acknowledge limitations of non-midwives' and caution about triggering others. Continue to reach out to peers who understand context.*
Explore solutions and bring closure.	Bring closure through creating a plan of action. Explore and decide on potential solutions, plan for the way forward or outline positive action to overcome distress. Close the session with an understanding that if the student requires further help, they seek help from the academics or clinical facilitator. *Prompt: Together make a plan e.g., go to see the woman and baby the next day /write a reflection for portfolio/ if required seek University supports/ crisis counselling /Nurse-midwife helpline/Lifeline.*

Fig. 2. Midwifery Student Peer Debriefing Tool.

the carer in me I suppose I don't want to dump on someone who's not prepared to receive.

Caroline- I guess there's that feeling you should just be able to deal with it – you go in you see things at the start and you just get on with it and you don't want to be that student who comes in – this happened, and it was horrible and everyone else has just kept going- it's just how it is in the culture of the work

4. Discussion

The findings from this study together highlight that midwifery

students are already engaged in debriefing one another, due to a collegiate understanding of the context, their shared experiences, and the safety they find among fellow midwifery peers. The messages in them, that midwifery students want difficult experiences to count, learn and find growth from these experiences via seeking peers' experiences and collaborating on solutions, are seemingly a testament to the need for an intervention that supports this journey.

Vicarious, or second victim, trauma is a significant concern for the midwifery workforce. The literature suggests that midwifery students who are exposed to it are more likely to leave their programs of study than other health professionals, for example, medical students (Capper et al., 2020). Findings from previous research have demonstrated there remains a need for supported debriefing as a step to help ameliorate effects of the distressing childbirth experiences (Coldridge and Davies, 2017). The findings of this project have highlighted that midwifery students rely on each other to debrief a difficult experience, for both support but also to derive learnings from traumatic or distressing events.

The students identified that they saw their role in peer support as one of debriefing rather than counselling. The definition of debriefing describes a structured process of putting an abnormal event into perspective, as opposed to counselling which is an intervention for mental health (Browning and Cruz, 2018). Debriefing is a well-used and effective learning strategy in nursing and is effective for developing reflective practitioners (Reed, 2020). Peer debriefing is often referenced in the literature related to a teaching technique used in clinical laboratory simulations or simulation-based education (SBE). In terms of learning, Ha and Lim (2018) identified that there was little difference in student satisfaction between instructor-led oral debriefing (ILOD) and peer-led debriefing related to perioperative simulations skills. The authors' findings demonstrated that peer-led debriefing was as effective and feasible, whilst requiring less resources. A similar study described that peer-led debriefing was more effective for nursing students overall learning compared with instructor-led debriefing (Presti et al., 2020). Reflective learning as an outcome of debriefing was supported by a literature review that highlighted all forms of debriefing are effective for growth and learning (Dufrene and Young, 2014). This literature review of seven reviews summarised significant improvement in simulation learning in health professionals who participated in any one of the debriefing activities compared to groups who did not participate in any debriefing (Dufrene and Young, 2014). The midwifery students in this present study determined that they wished to derive transformative learning from the distressing experiences and sought peers to debrief with to better comprehend the events, however, they were discerning about who they would seek debriefing from and identified that it would ideally be someone who they had a relationship with and who had shared a similar experience. Our participants shared that it is through this equal and trusted relationship that they found opportunity for growth to occur.

The idea that relationships and shared experience were important deciding factors as to who the students would choose as someone to debrief with is supported by literature on peer support in lay communities (Dennis, 2003). Similarly, lay or peer support is utilised by midwifery students following difficult or traumatising experiences (Capper et al., 2020; Spiby et al., 2018). Lay or peer support is a technique for supporting others on a similar journey or shared experienced. Peer support has been defined as 'the provision of emotional, appraisal, and informational assistance by a created social network member who possesses experiential knowledge of a specific behaviour or stressor and similar characteristics as the target population' (Dennis, 2003:329). The literature related to the midwifery profession would support the idea that midwifery colleagues are a first port of call for seeking support following a difficult experience. A descriptive cross-sectional study of 691 Dutch midwives found that the primary strategy midwives use following a distressing or traumatic event was to seek support from their midwifery colleagues (79 %) (Kerkman et al., 2019). Our findings were similar in concluding that midwifery students were more likely to gravitate to peers rather than other health professionals following a difficult experience for support, learning and growth.

Midwifery student-led peer debriefing was identified by the students in our study as a necessary and vital support, one which highlighted the student's preference for debriefing with fellow students after distressing experiences. The findings underscore the student perception of the importance of connecting with those fellow students, who are navigating similar complexities in the maternity system. Whilst no specific research has been identified of midwifery students using peer debriefing following distressing experiences, research has been conducted that demonstrates midwifery students seek each other out as a key support in their midwifery journey. One study explained that midwifery students seek peer support as opposed to those in authority when there were incidents of bullying (Capper et al., 2020). Similarly seeking support from peers has been identified as one strategy that builds resilience. A recent study described midwifery students who sought support from peers as one way to bounce back from difficult events (Clohessy et al., 2019). The study explained that exposure to difficult events may trigger a resilience if supported to do so. Another benefit of peer support has been proven to assist in the retention of midwifery students in midwifery programs. For example, a recent study conducted 31 semi-structured interviews with midwifery students described that the students who sought peer support for coping with challenging experiences had a positive effect on their retention in the midwifery program (Neiterman et al., 2023). Similarly, our findings contribute to the literature, in describing another aspect of midwifery students peer support, particularly related to their role in debriefing following difficult events.

Limitations.

The findings of this study present the view of students from two universities in Australia and may not be generalisable to other settings. Despite this limitation, the study aim was achieved: the counselling tool developed by Gamble et al., (2005) has been re-visioned into a version that is appropriate and feasible for midwifery students to use with their peers who have experienced midwifery practice-related second victim trauma, and as such, helps to address the gap in knowledge on this topic.

5. Conclusion

The findings of this Interpretive Descriptive study highlighted that midwifery students were seeking support from their peers following a difficult or distressing experience and determined they had a level of competence to help other students. Whilst formal channels of support were not frequently sought by students due to the power differentials, fellow peers became an important support system for students. The midwifery student peer led debriefing tool co-created by students themselves was welcomed as a structured guide to support and help midwifery students with the debriefing process. This study has important implications for the future midwifery workforce. Vicarious trauma is widely recognised as a core reason for midwives and midwifery students leaving the workforce. The intervention of peer debriefing helps midwifery students move through the process of recovering from adversity but also for developing a more profound understanding of the profession.

Implications

Further research is required to assess the utility and value of the adapted intervention with pre-registration midwifery students and midwives both in Australia and internationally.

CRediT authorship contribution statement

Kate Buchanan: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation. **Carolyn Ross:** Writing – review & editing, Validation, Methodology, Formal analysis, Conceptualization. **Dianne Bloxsome:**

Writing – review & editing, Validation, Methodology, Formal analysis, Data curation, Conceptualization. **Jen Hocking:** Writing – review & editing, Validation, Methodology, Formal analysis, Conceptualization. **Sara Bayes:** Writing – review & editing, Validation, Methodology, Formal analysis, Data curation, Conceptualization.

Declaration of competing interest

There is no conflict of interest to declare.

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