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Commentary

What is next? Midwifery education building partnerships for tomorrow's maternal and neonatal health care

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“If you plan for one year, plant rice,

If you plan for ten years, plant trees,

If you plan for one hundred years, educate children.”

– Confucius—

In summer 2017 we decided to dedicate another special issue of Midwifery to midwifery education, following the success of the first issue published in February 2016. The 2016 call led to the publication of 11 papers from a range of countries. An editorial which referred to an ‘agenda for the near future’ (Bharj et al., 2016) was soon afterwards identified as a resource to inform global efforts to strengthen high quality midwifery education (WHO, 2016). Our goal was to replicate this success.

With the current issue, we were keen to attract papers focusing on models in basic education, clinical practice or professional development, although other relevant topics of interest were welcomed. We were very pleased when the first papers were submitted. However, the final number of submissions to this call amazed us, with over 40 papers from across the globe submitted. The peer reviewed papers selected for inclusion in this issue form the largest collection of papers on midwifery education published to date.

Connecting theory and practice is essential

So what do the submitted papers tell us about themes that keep midwifery educators busy today? A key message is that the connection between theory and practice is as important as ever. Underpinned by a dual education system, midwifery education is the bedrock to equip future midwives with relevant competencies to provide high quality care (Luyben et al., 2011; Bharj et al., 2016). The dual education system traditionally combined apprenticeships in organisations with school-based vocational training (Blossfeld, 1992). In Europe, there was a long history of use of this approach, particularly in German speaking countries

(Federal Ministry of Education and Research, 2018). When midwifery education provision gradually moved into vocational schools, midwifery educators continued to provide clinical teaching in hospitals. The transfer to higher education marked a changing relationship between educators in their approaches to teaching theory and practice (Benoit et al., 2001). As papers in this issue demonstrate, midwifery educators have been extremely creative in finding new ways to integrate the theory and practice which underpins midwifery.

The essence of connecting midwifery theory and practice was reinforced by the introduction of competency-based methodologies (Fullerton et al., 2013; Thompson et al., 2017). Competency-based education involves an approach to teaching and learning aimed at a student's acquisition of essential skills for practice which unfold in their relationship with the women they care for (Hunter et al., 2008; Fullerton et al., 2013; Gervais, 2016). In this issue, Byrne et al., (2018) and Nallen et al., (2018) reflect on the introduction of Enquiry-Based Learning (EBL) in midwifery education in Ireland on the development of clinical competencies reported by their students. Nyoni and Botma (2018), however, raise concerns about the global dissemination of competency-based methodologies, noting that sustainability in South Africa is threatened due to a lack of appropriately trained midwifery educators. Several authors address competency acquisition through simulation to better prepare midwifery students for practice (Arias and Coxon, 2018; Maskalova et al., 2018; Ruyak et al., 2018), or track competency acquisition throughout the education programme (Woeber, 2018). Others describe how conditions for clinical learning can be improved (Embo and Bharj 2018; Kemp et al., 2018).

Maternity care practice informing midwifery education

Transforming content of midwifery education

The importance of practice informing education is highlighted through recent moves to transform curricular content and establish

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accreditation standards for midwifery education (Barger et al., 2017; Luyben et al., 2017a; Bogren et al., 2018). The introduction of the Global Standards for Midwifery Education (ICM 2013) and publication of the Lancet series on midwifery (Renfrew et al., 2014) have been instrumental. Against this background and the United Kingdom's (UK) decision to leave the European Union (EU), the UK Nursing and Midwifery Council (NMC, 2017) launched a project to reshape the future of midwifery education across the UK. Hall and Way (2018) reflect on the consequences of this work and the increasing digital culture and personalised care agenda for midwifery education in the UK.

Quality midwifery education is expected to reflect the principles of evidence-based care in practice (ICM, 2013). In collaboration with practice partners in Australia, Cummins et al., (2018) defined essential attributes to achieve evidence-based midwifery care in order to develop their midwifery curriculum. Fontein- Kuipers and Romeijn (2018) focused on continuity of care, integrating midwifery students' experiences of providing continuity in a pre-registration programme in the Netherlands.

The increasing burden of chronic maternal morbidity, the complexity of some women's lives, and resource poor health care systems are important drivers for future midwifery education. The knowledge base needed by midwives to practice safely has expanded. More women are commencing pregnancy with pre-existing physical and mental health problems, or develop new problems during or after pregnancy. Many midwives work with women and families from diverse cultural and socio-economic backgrounds, which pose challenges to maternity services to ensure all women's needs are met in a safe environment, with respectful and high quality care. In some regions, such as Australia and Africa, midwifery competencies have been expanded to reflect a greater public health role (Gamble et al., 2005; Biro, 2011; Everett-Murphy et al., 2011). Some papers in this issue describe the expansion of midwifery skills to include palliative care and respectful maternity care (LoGiudice and O'Shea, 2018; Wilson-Mitchell et al., 2018).

Our future midwifery workforce will require 'life- long learning' in order to address the changing health and social needs of women, families and the societies in which they live (Fleming and Luyben, 2016). Michel- Schuldt et al. (2018) report on the development of a comprehensive post-graduate concept for continuous professional development for midwives in Ghana to update, maintain and expand midwifery competencies. These changes not only affect the content of midwifery education, but the context and systems in which midwives work.

Transforming context of midwifery education

The increasing trend towards inter-professional education (IPE) is highlighted in several papers; IPE refers to a process in which students from different healthcare groups learn together, with benefits including prevention of professional 'silos', better teamwork, team-based practice and inter-professional communication (Barr et al., 2005; Roodbol, 2010; IPEC, 2016). Maintaining a 'professional' identity among student midwives, however, is important for the future of the profession. With respect to this, Hastie (2018) describes the "TeamUP" model, in which teamwork skill development takes place throughout the whole midwifery curriculum. Other included papers show how IPE can be a useful tool to inform new teaching methods, including better use of resources to teach common content. Lawrence and Weir (2018) used drama to teach understanding of professional behaviours and values and both Ruyak et al. (2018) and Urbanova et al. (2018) emphasise the need for multi-professional collaboration in developing and using simulation training and virtual patient scenarios.

Some midwifery education programmes share inter-professional content with nursing colleagues, although this varies (Mander, 2008; Saxell et al., 2009). In this issue, LoGiudice and O'Shea (2018) describe the creation of a perinatal palliative programme, building on a knowledge base from the Center for Palliative Care Nursing Education, while Ruyak et al., (2018) describe joint simulation training with nursing colleagues.

In some countries, for example the USA, the inter-professional collaboration of midwifery education with nursing takes place as a matter of tradition (Ettinger, 2006). In other countries however, the move into higher education initiated and strengthened collaboration with nursing colleagues (Mander, 2008), the academic development of midwives reflecting those of nurse educators in university settings.

More midwifery educators are developing collaborative, inter-professional, shared education with colleagues in medicine, with examples from Canada, the USA and France (Saxell et al., 2009; Faucher et al., 2016; Freytsis et al., 2017; Avery, 2018). That clinicians should learn together to better support working together is not a new initiative (WHO, 1988). Increasing complexity in women's lives and health, and increased clinical specialisation needed to ensure women receive safe high quality care, reflect the importance of effective collaboration. IPE could change working practices and mind sets among those in the early stages of their clinical education (Roodbol 2010) and better link education and care delivery systems (Thibault, 2013). Until recently, local professional culture or institutional characteristics of settings in which midwifery programmes were embedded either facilitated or blocked implementation of collaborative training programmes (Luyben et al., 2013). An earlier study by Saxell et al., (2009) described a successful example of such an initiative which included the faculties of nursing, midwifery and medicine at the University of British Columbia. As a Collaboration for Maternal and Newborn Health, they succeeded in creating three joint programmes of IPE in maternity care. Geographical closeness, in this case being part of the same university, facilitated the collaboration. An educational initiative which went beyond university 'boundaries' is described in this issue by Goncalves et al., (2018).

Midwifery education informing maternity care practice

Interprofessional collaboration

In Brazil, professional midwifery education was halted in 1972, when expansion of medical schools resulted in a significant reduction of education programmes for midwives and their formal merger into nursing (Carr and Gonzales Riesco, 2007). Following public health concerns about maternity care and consumer calls for alternative childbirth models, midwifery education was re-introduced in 2005 (Carr and Gonzales Riesco, 2007; Goncalves et al., 2018). The project presented by Goncalves et al., (2018) was undertaken in an environment of medicalised birth (Bétran et al., 2016). Study circles of multi-professional groups were established in obstetric centres to improve collaboration and understanding between different clinical groups, to discuss evidence-based care, facilitate change and improvements in care for women and families. From an educational perspective, the project aimed to develop an IPE experience for midwifery students. However, it also reflected the need for a wider, sustainable improvement of outcomes of maternity care in Brazil through changing the behaviour and perspectives of midwives and obstetricians about inter-professional collaboration and evidence-based practice.

This, and other included papers, showcase the importance of high quality midwifery education. Well-educated midwives are valuable partners in maternity care practice as equal partners in decision-making and care planning (Avery et al., 2012). Unfortunately, in some regions collaboration between midwives and obstetricians remains poor, often due to professional culture, lack of respect and poor promotion of women's rights (Filby et al., 2016). Midwives and obstetricians may lack an understanding of each other's roles, with consequences for clinical outcomes and experiences of women and their families (Kirkup, 2015). In many countries, midwives may develop their potential in academia, but their potential in practice to be equal contributing partners in debating, discussing and planning models of care with their obstetric colleagues remains underdeveloped and underused (Luyben et al., 2013; Filby et al., 2016; Brailey et al., 2017; Luyben et al., 2017b; Andreassen and Christensen 2018). Re-establishing sustainable inter-professional part-

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