



Developing clinical competency: Experiences and perceptions of Advanced Midwifery Practitioners in training



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ARTICLE INFO

Article history:
Accepted 3 March 2015

Keywords:
Development of advanced midwifery competencies
Inter-professional post graduate education
Work based learning

ABSTRACT

This paper will describe the experiences and perception of a cohort of trainee Advanced Midwifery Practitioners (AMP's) during their training on an MSc in Advanced Practice. The educational philosophy underpinning the master's programme is interprofessional learning linked closely to work based learning and assessment. The focus group explored how the AMP's were developing core competencies within four domains:

1. Clinical/direct patient care or practice;
2. Leadership and collaborative practice;
3. Improving the quality and developing service practice;
4. Development of competency in self and others.

The links between the university and clinical assessments were instrumental in developing both midwifery and specialised skills required for extending their scope of practice. The changing demographics of their client group facilitated the need to provide safe assessment and management of ladies with complex health and social needs in pregnancy and childbirth; provide specialised clinics and the development of a robust staff training and assessment process. The generic competencies they gained improved collaborative working with their medical colleagues, raising the trainees profile and acceptance of their extended role. In addition to this, development of specialised midwifery skills promoted a high degree of decision making responsibilities within midwifery to facilitate service development and promote evidence based care.

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Introduction

The role of the Advanced Practitioner (AP) is not a new concept. In the past two decades within the UK there has been a steady increase in the number of posts with the words 'Advanced' or 'Practitioner' or both in the title. The AP role evolved in response to a number of drivers including the European Working Time Directive, the need to address workforce shortages, and the need to improve access to and coordination of services. AP's are from a diverse range of registered professions including nursing, midwifery and allied health. The framework for AP in Wales advocates that the development of individual AP roles involves

reaching a level of competence rather than being defined by professional boundaries (NHS Wales, 2010). To determine AP Competency in England, the Department of Health (DH) in its 2010 Advanced Level Nursing Position paper identified 4 themes under which all competencies should be benchmarked. These are: clinical/direct care or practice; leadership and collaborative working; improving the quality and developing service practice and development of competency in self and others.

There is growing agreement that a combination of practice experience and post graduate education is necessary for developing AP competencies (ICN, 2003; RCN, 2010). The aim of our post-graduate AP programme in partnership with the Trust was to both facilitate/advance expertise in normal birth and also expand the role of the midwife into developing skills not traditionally carried out by midwives e.g. assisted instrumental birth. This allows Advanced Midwifery Practitioners AMP's to continue to provide

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care to women outside the ‘normal’ midwifery care and to reduce medical input.

The need for Advanced Practitioner skills

The AMP's involved in the study work in a unit delivering over 6000 babies per year. The hospital is one of three regional centres of excellence for maternity, and has had an investment of around £20 million made to improve and expand the care provided. Although the number of obstetricians has increased, difficulties in providing 24 h senior cover remains influenced by part time working and the European Working Time Directive. To provide a safe environment for mothers and their babies in antenatal intra-partum and post-partum periods the appropriate professional skill mix is imperative. The AMP can play a pivotal role in this. A significant proportion of women using maternity services provided by the AMP's in training have complex physical and/or social needs. These include, women suffering domestic violence, women who have undergone Female Genital Mutilation (FGM), migrant women who do not speak English as a first language; increased maternal age; women with obesity; and those who have long-term conditions such as diabetes, cardiac and renal conditions in addition to complications relating to pregnancy.

Smith et al. (2008) in a qualitative study found that the increasing social and medical complexity of the pregnant population, low staffing levels, inappropriate skill mix, inadequate training and education produced anxiety within the maternity workforce.

Therefore, developing the workforce competencies in clinical care, leadership, development of others and the service is needed to respond to the complex needs of service users and drive change to ensure the service is dynamic, is advocated by The Midwifery Leadership Competency Model (2006) and Midwifery (2020).

Advanced practice education

The 2010 policy document, Midwifery 2020, states “Midwifery education should be rooted in normality whilst preparing midwives to care for all women including those with complex medical, obstetric and social needs.” p. 5. Midwifery 2020: DH (2010). This document discusses the expanding role of the midwife, and whilst acknowledging that midwives are autonomous practitioners, they recognise that some midwives will progress to AMP roles where “midwifery education, practice and research are integrated effectively” p. 38. The AMP will undertake roles that are characterised by high level clinical skills, competence and autonomous decision making, underpinned by master's level education, robust supervision and competence assessment.

These “advanced” roles are developed in response to the needs of women across all aspects of the midwifery service and are individual to different practitioners and the service needs as advocated by the Scottish Government Guidance for the NHS (2010). Evidence of competence can take a number of forms including a portfolio reflecting high level assessment, decision making and autonomous practice across a wide breadth of practice or through a focus on high level clinical skills and decision making within a particular client group or clinical context (Neville and Swift, 2012).

Governance for Advanced Midwifery Practice

The midwifery profession is governed by the Code of Professional Conduct of the Nursing and Midwifery Council for the UK (2008). Governance of qualified AMPs is the responsibility of the individual professional (within the bounds of their current registration) and their employers (through job descriptions and local governance arrangements) (Shannon, 2012). In the UK, guidance

for AMP's has been provided by the RCN Advanced Practitioner competencies (2010), and in a position statement on Advanced Level Nursing (DH, 2010).

Developing competencies and work based learning

In order to develop competencies in the four domains of clinical care, leadership, development of others and the service the assessment strategies for AMP in training needed to demonstrate the acquisition of advanced clinical skills, critical thinking, collaborative working, service innovation and problem solving. Ultimately, to ensure the validity and voracity of any assessment contained within a university programme, these need to be more than a checklist and had to link closely with their area of clinical practice (Gaskell and Beaton, 2010). To ensure the AMP students are equipped with the relevant competencies close partnerships linking university based teaching and assessment strategies to work based competencies were developed (Neville and Swift, 2012). These were reinforced by providing close specialist clinical supervision and work based assessment by a designated assessor and a consultant within their field of practice as advocated by Furlong and Smith (2005).

Assessing competency in Advanced Practice

To determine AP Competency in England, the Department of Health (DH) in its 2010 Advanced Level Nursing Position paper identified four themes under which all competencies should be benchmarked. These are:

1. Advanced Clinical/direct care or practice;
2. Leadership and collaborative working;
3. Improving quality and developing service and
4. Development of competency in self and others.

The expectation is that AMP's will have achieved these competencies following a structured academic and clinical curriculum at Master level. Within our University, blended learning and assessment strategies have been designed to evaluate underpinning clinical science, clinical skills development; clinical reasoning; problem solving, research; management team working and leadership skills. Various formative and summative assessments such as Objective Structured Clinical Assessments (OSCA); Multiple Choice Questions (MCQ); written assignments; viva and written examinations, portfolio evidence and 40 work based assessed clinical cases are used to provide both depth and breadth and also triangulation to the assessment process (Gaskell and Beaton, 2010). Although the MSc programme is interprofessional and has “generic” core clinical competencies to meet the needs of all registered health professionals, the work based learning underpinning the two years provides the opportunity for the development of midwifery role specific knowledge and skills using an Individual Learning Pathway (ILP) and Learning Contract (LC).

Students have the opportunity to practice and develop competency skills through the taught university sessions and workshops. The nature of their clinical work as an AMP and their service needs determines the extent and level to which different skills are needed (Bryant-Lukosius and Dicenso, 2004; Nikolou-Walker and Garnett, 2004). The ILP and LC are reviewed and signed between the consultant assessors, service manager and university Learning Facilitator to ensure overt links and triangulation of learning between the HEI and workplace take place. The ILP and LC facilitated the development of both specialised midwifery skills and other skills incorporating instrumental birth.

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