



Midwifery education

The use of blended learning to create a module about ill-health during childbirth for pre-registration midwifery students

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ABSTRACT

Reforms in the way higher education is delivered in order to address the needs of learners in the 21st century are increasingly being considered by university departments. This has led academics to combine e-learning with more traditional classroom based methods of teaching when designing new modules of study, a method commonly called blended learning. This paper will describe the different teaching and learning methods which were blended together to create a module for second year pre-registration midwifery students in England, which focused upon ill-health during pregnancy and childbearing. It is imperative that at the point of registration midwifery students possess the skills to identify deviations from normal, initiate immediate actions and make appropriate referrals. The health of women all over the world is of concern to health care professionals. Midwives are increasingly being upon to provide expert care. Midwives need a sound education to allow them to carry out their roles effectively. The International Confederation of Midwives global standards for midwifery education (2010) attempts to address the need for competent caring midwives to help women and families in every corner of the world. The paper will also cover the pedagogical issues considered when blending together the different elements of learning namely: traditional discursive lectures, small group work, e-learning, formative presentations and the use of simulation during a skills and drills day.

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Introduction

The final Report from the 'What Works? Student Retention and Success Programme' (Thomas, 2012) states that high quality learning and teaching that is student centred is linchpin to the retention and success of all students. The report goes on to suggest that the academic programmes that have the best success make use of varied learning opportunities, including group activities and real-world learning. This is obviously fundamentally important to consider when writing curricula and deciding on teaching strategies for module delivery.

Over 340,000 women and eight million new-born's die every year throughout the world (Hogan et al., 2010). This may be partly to do with the lack of fully qualified professional midwives. The Global Standards published by World Health Organisation (WHO, 2009) create an educational environment to enable students to acquire the skills and competencies necessary to become fully qualified.

At the point of registration in the United Kingdom, midwifery students are expected to acquire the knowledge and skills to fulfil the role and activities of the midwife. This essentially means midwives need the ability to preserve normality within the processes of childbearing and the ability to detect when childbearing deviates from the normal pathway. Detecting deviations also includes the ability to recognise ill-health and to make decisions to prevent further deterioration, namely immediate actions and appropriate referrals. These activities are inherent in the national pre-registration end of course standards of proficiency for midwifery education (Nursing and Midwifery Council (NMC), 2009), and in the International Confederation of Midwives (ICM) (2005) position statement and definition of midwifery as an autonomous profession.

The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom (Centre for Maternal and Child Enquiries (CMACE) 2011) highlighted a theme which ran through many maternal deaths, which was the inability of health care professionals to identify the early warning signs of serious illness in the mother. One of the "top 10" key recommendations of the Enquiry (CMACE, 2011) was that all clinical staff should undertake regular training for the recognition, response and management of severely ill pregnant women. The authors felt it was such an

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important issue that the Enquiry devotes a chapter to “Back to basics”, which emphasises fundamental skills such as the recognition of changes in vital signs and the recognition of signs and symptoms of an impending change in maternal health.

Midwives work in a variety of contexts moving between the hospital setting and into the community where they practice in health centres, the home and birthing units. Often in the community midwives work in a solo capacity and may be the first point of contact, in the birth setting it may be the midwife who is constantly by the woman’s side. Consequently, midwives must be competent in recognising ill-health, initiating immediate actions to prevent further deterioration and making appropriate referrals. Ultimately this will help maximise the quality of care delivered to the woman who becomes ill. At the point of registration every midwife needs to be competent in this area of practice, therefore it became imperative that these skills and competencies were embedded in the pre-registration midwifery curriculum by creating a module which focused upon ill-health. A study in Sweden (Schytt and Waldenstrom 2012) in 2009 concluded that students would like more time in theory spent on learning about medical emergencies to enhance their confidence when in the clinical area.

This paper will describe the different teaching and learning methods blended together in the creation of the module. It will also cover the pedagogical issues considered when blending together the different elements of learning namely: traditional discursive lectures, small group work, e-learning, formative presentations and the use of simulation during a skills and drills day.

Background to the module

The module spans 14 weeks in the second year of the three year pre-registration midwifery programme. Prior to this module students have studied the boundaries of normality, and the recognition of complications which affect the childbearing process. Learning outcomes in theory and practice in this module focus upon the knowledge and skills necessary to recognise ill-health, take immediate actions and make appropriate referrals.

Students studying midwifery come from diverse backgrounds, the age range varies widely, personal and family backgrounds vary, as do personal experiences. It has been established that people learn in a variety of ways and have preferred learning styles, therefore, it became a challenge for the academic team to maximise different teaching and learning strategies to engage the students consistently throughout the module and this challenge led the academic team to choose blended learning as a framework for creation of the module (Meehan-Andrews, 2009). The World Health Organisation Global Standards for initial education of professional nurses and midwives (2009:24) states that ‘Nursing or Midwifery Schools (should) demonstrate use of recognised approaches to teaching and learning in their programmes, including, but not limited to, adult education, self directed study, e-learning and clinical simulation’. These standards may help to identify best practice in preparation of midwives and in turn, progress may be made in achieving the Millennium Development Goals 4 and 5 (United Nations, 2000).

There are a variety of definitions surrounding blended learning. According to Garrison and Vaughan (2008, p. 5), blended learning can be conceptualised as “the thoughtful fusion of face-to-face and on-line learning experiences”. The academic team used the characteristics of blended learning as described by Sharpe et al. (2006). The list below outlines the characteristics of blended learning (Sharpe et al., 2006, p. 18) linked to the features used in the module:

- different modes of delivery (face-to-face, e-learning, simulation)

- the use of the Virtual learning environment Blackboard to deliver an electronic package
- practice based learning, classroom based learning, and skills and drills simulation in the skills laboratory
- instructor directed (through discursive lectures), student directed (through formative presentations), instructor supervised/student directed (through simulation/skills and drills day)

At the beginning of the module some students admitted that they had never cared for a woman who is ill, and generally students have an embryonic concept of ill-health and the role of the midwife when caring for a woman who is ill. Consequently, there is a degree of anxiety amongst some students as they get to grips with new concepts. Being cognisant of this the academic team start the module with in-depth explanations of what is expected of the students in relation to the learning outcomes, the methods of assessment and the different teaching and learning elements. Initially theory is delivered through a mixture of discursive lectures and group work to introduce the new content and “building blocks” of knowledge.

Electronic package: recognition of ill-health

Reforms in the way higher education is delivered to address the needs of learners in the 21st century are increasingly being considered by academics (Norris, 2008). Indeed, Fullerton et al. (2011) commented on the need for countries in sub Saharan Africa to embrace changes to teaching and learning strategies and enhance curricula with technical support systems.

As technology develops more emphasis is placed on programme content being provided through an electronic or web-based media, which allows content to be delivered off campus and therefore provides more flexibility for students. This led the academic team to create an electronic learning package, which concentrated on a systematic approach for assessing ill-health using the principles of Airway, Breathing, Circulation, Disability and Exposure (ABCDE). The package is studied over two weeks and conveys the advantage that students can study the package at different points across the module, which means not all students are in placement at the same time and this eases placement and mentor capacity. This also reduces face to face teaching time by two weeks. However, it is recognised that support needs to be available to the learner who may have weaker ICT skills or intermittent internet access. Therefore lecturer assistance via email or telephone is available throughout the off campus study days. The student could print off the e-package and use the hard copy, save the package to a disc or memory stick or ipod or complete it on-line. This makes for a degree of flexibility with the learning exercise.

Clarke (2009) advocates the strategy for e-learning should be problem based in order to encourage discovery and critical thinking. Bearing this in mind vignettes were created within the e-package. Each vignette presents a clinical situation of a woman whose health is compromised, certain keywords are hyperlinks which lead to pages which explore the different features of ill-health in more depth. The content also concentrates on vital signs and using modified early obstetric warning score (MEOWS) charts. These vignettes provide a snapshot of the range of clinical presentations. The ultimate aim of any theory based activity is for the student to apply the knowledge to the clinical situation.

The educational literature acknowledges that learning through an electronic/web based medium does not necessarily mean that learning has taken place in the learner (Ramsden, 2003). Race (2005) points out that educationalists need to find ways of helping learners to turn information taken from an electronic format

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