International Journal of Gynecology and Obstetrics 127 (2014) S24–S28

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo

FIGO LOGIC INITIATIVE

Training health professionals in conducting maternal death reviews

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ARTICLE INFO

Keywords:
Cameroon
Competency-based training
FIGO LOGIC initiative
Maternal death review
Quality of care
Training

ABSTRACT

In countries where maternal death review (MDR) sessions are proposed as an intervention to improve quality of obstetric care, training focuses on the theory behind this method. However, experience shows that health staff lack confidence to apply the theory if they have not attended a practical training session. To address this problem, a training curriculum based on the new guidelines from the FIGO Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative for preparing and conducting MDR sessions was designed and tested in Cameroon. This curriculum is competency-based and consists primarily of practical individual or group exercises.
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1. Introduction

Medical audit is considered an efficient method to improve quality of care [1]. In 2004, WHO recommended the introduction of audits and/or maternal death reviews (MDRs) in all maternity facilities [2]. They were presented as a relevant and powerful method to improve the management of obstetric emergencies [3–8], although their impact on the survival of mother and child has never been clearly demonstrated [9].

Medical audit, or MDR, is an internal process that relies on a series of hypotheses, as described by Bailey et al. [10]: a maternity facility team would reduce maternal case fatality and perinatal deaths, better meet the mothers' needs, and increase use of services if practices are improved, resources are used efficiently, and staff morale and motivation are high.

Peer evaluation is not an easy exercise and health personnel are often reluctant to start a self-evaluation process [11]. Two aspects of MDR sessions are usually overlooked: the importance of the attitude of the health personnel during a session [3] and the difficulty in applying the theory if staff have not attended a practical session [12]. In fact, most MDR training sessions provide theory but not practice; for example, in India MDR training had a half-day session of group practice but only for interviews in the community [13]. During training, the roles of each person involved are defined and the forms to be completed are explained; however, nothing is usually taught on how to chair a session, how to make a clinical summary of the case, how to document the problems identified and their causes, and how to formulate relevant recommendations. To fill this gap, practical guidelines and tools for organizing and conducting MDR sessions were designed by the FIGO Leadership in Obstetrics and Gynecology for Impact and Change (LOGIC) Initiative [14]. The objective of the present article is to describe the FIGO LOGIC training curriculum, which was recently tested in Cameroon. The full manual and the training curriculum are downloadable at: http://www.figo.org/publications/miscellaneous_publications/LOGIC_Initiative.

2. Training objectives

The main objective of the training is to ensure that health staff are capable of conducting a review of maternal death cases that occurred in the health facility. A step-by-step structured approach is used. At the end of the training session every participant should be able to prepare and conduct an MDR session. An additional objective is to ensure that participants are able to adapt the tools provided to the local context.

The last session of the training is used to create an MDR committee and to plan the future MDR sessions and the subsequent coaching visits that will be carried out by the training team.

3. Personnel involved in the training

Training is provided by personnel who are trained in medical audit or case review, with practical experience in MDRs. The course is designed for health professionals (obstetrician/gynecologists, anesthetists, intensive care practitioners, pediatricians and/or neonatologists, general practitioners, midwives, nurses, pharmacists, and laboratory technicians) and for representatives of administration or the hospital director. Because the main objective of the training sessions is to improve maternal and newborn health, it is important that people who can implement the recommended changes participate in the process.

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http://dx.doi.org/10.1016/j.ijgo.2014.07.005
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The objective is to form a multidisciplinary team. The recommended maximum number of people per session should be kept low (15 — 20 people) to enable active participation.

The ideal training sites are health facilities/hospitals with a referral maternity hospital (district, provincial, regional, national).

4. Training content and program

This MDR training focuses on competency-based learning and is intended to be as interactive as possible. Much time is dedicated to practical exercises. The practice is based on real maternal death cases (previously rendered anonymous) that occurred in any maternity at national level and in the hospital where the training actually takes place. Different learning methods are used, such as interactive presentations and practical exercises (individual and group) in conducting the steps of MDR on real (but de-identified) case records. The last exercise uses patient files (near-miss or death) from the hospital where the training takes place. Role playing is an essential activity that enables participants to acquire the attitudes that are needed to conduct a review session and to adopt the systematic approach that is required to address each stage of MDR.

The training consists of three main modules that take three full days to complete. The content of the training program and the time devoted to each session is presented in Boxes 1–3.

4.1. Module I: General introduction

Learning objectives: At the end of the module I, the participants should be able to: (1) give a short overview of the importance of maternal and neonatal mortality as public health issues (worldwide and in the country/region where the training takes place); (2) present the main types of audits (process, advantages/disadvantages) with greater emphasis on MDRs; and (3) explain the general principles and prerequisites to succeed in conducing MDRs.

4.2. Module II: Practical exercises

Learning objectives: At the end of the module II, the participants should be able to conduct a review of maternal death cases that occurred in the health facility using a structured approach, with the following steps: (1) prepare an MDR session (identify and select the personnel, make standards available, identify the cases, gather documents, make a clinical case summary, and organize a session); (2) conduct an MDR session (initiate the session, re-evaluate the results from the previous session, present the clinical summary, conduct a session, make a session report, and plan the next session).

During practical exercises, the FIGO LOGIC guidelines and tools concerning the different steps of MDR are introduced.

4.2.1. Preparing an MDR session steps 1 and 2: Personnel and standards of good practice

This session clarifies the roles of members of the MDR committee, the role of the three MDR session personnel (i.e. case presenter, moderator, and secretary in charge of writing and disseminating the session report), and other participants. It presents the guides and standards of good practice.

4.2.2. Preparing an MDR session steps 3 and 4: Identifying cases and building up a file

In this session participants learn how to identify death cases at facility level and discuss documents and procedures necessary to prepare the complete file of a maternal death case.

4.2.3. Preparing an MDR session steps 5 and 6: Make a case summary and organize a session

In this session, an anonymous case record of a maternal death (case study 1) is distributed to every participant. The trainer presents the guidelines on how to summarize a case then distributes the corresponding tool: "Clinical case summary form." Based on the guidelines and the patient's record, each participant prepares the clinical summary of the case.

4.2.4. Conducting an MDR session with case study 1: Steps 1 and 2

In this exercise a trainer acts as the moderator and conducts the session. The trainer reminds participants of the main principles of audits/case reviews (especially "no blame, no name").

4.2.5. Conducting an MDR session with case study 1: Step 3

A participant is chosen by the moderator to present their clinical case summary. Comments to improve the preparation and presentation of the summary are encouraged and other participants compare this with their own performance. Finally, a trainer can present, if necessary, the case summary in the optimal way before analysis of the case.

4.2.6. Conducting an MDR session with case study 1: Step 4

Step 4.1: Make a systematic analysis of the case. The trainer/moderator explains the guidelines on how to conduct the analysis (in a systematic way, stage by stage). The analysis of the case is facilitated by use of a specific tool ("Grid analysis of clinical case management") and is conducted by the trainer/moderator.

Step 4.2: Make a case analysis summary. The analysis ends with a synthesis of the main elements of the clinical management that have been noted as important (e.g. problems, strong points, causes, and contributing factors). Each participant writes a synthesis according to the model proposed. One participant is selected to present their synthesis, which is discussed and compared with the findings of other participants. The trainer/moderator then presents the optimal synthesis that should be noted. The formal elaboration of a written synthesis report is discussed in step 6.

Step 4.3: Formulate recommendations and plan of actions. Following the synthesis, the moderator conducts the debate to select priority problems and to formulate recommendations in order to resolve identified problems. A plan of action is elaborated with activities, deadlines for implementation, persons responsible for implementation, and persons responsible for the follow-up.

4.2.7. Conducting an MDR session with case study 1: Steps 5 and 6

The exercise ends with the written session report, which is preceded by a presentation of its guidelines and a specific tool ("MDR session report form"). This is usually performed by the secretary, but in this exercise it is conducted in a participatory manner with all participants under the guidance of the trainer. A standard report on the case can also be performed to supply the database on maternal deaths at different levels (hospital, district, region, and country). A specific form on the standard information for the case reviewed is presented and completed.

4.2.8. Preparing and conducting an MDR session with case studies 2 and 3

Groups of 4–6 participants are organized. Case study 2 is distributed to each group. Each group designates a case presenter (who will make the clinical case summary), a moderator, and a secretary. A session is conducted in each group, following the steps described, in the presence of a coach who observes and answers questions from the participants. At the end of the session, a report is prepared and presented to all participants and the results are discussed and compared. Case study 3 is distributed to the different groups and the process starts again, with three different participants undertaking the personnel roles. At the end of this stage, the participants are encouraged to ask questions about the process and make suggestions to adapt or improve the tools.

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