



ISeeYou – Evaluation of a woman-centred care pilot project in Bachelor midwifery education and research



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ABSTRACT

Aim: to evaluate the ISeeYou project that aims to equip first year Bachelor midwifery students to support them in their learning of providing woman-centred care.

Methods: the project has an ethnographic design. First year midwifery students buddied up to one woman throughout her continuum of the childbirth process and accompanied her during her antenatal and postnatal care encounters. Participant-observation was utilised by the students to support their learning. The Client Centred Care Questionnaire (CCCQ) was administered to collect data about women's care experiences. The project was evaluated using the SWOT model.

Main findings: 54 first year students completed the project and observed and evaluated on average eight prenatal visits and two postnatal visits. Students gained insight into women's lived experiences during the childbirth process and of received care throughout this period. Students reported that this was meaningful and supported and enhanced their comprehension of women-centred care. Logistic issues (lectures, travel, time) and being conscious of their role as an 'outsider' sometimes constrained, but never hindered, the students in meeting the requirements of the project. Overall, the project provided students with opportunities to expand competencies and to broaden their outlook on midwifery care.

Conclusion: the project offers students unique and in-depth experiences supporting and augmenting their professional competencies and their personal, professional and academic development.

Background

Corresponding with international recognition to improve midwifery care (ten Hoop-Bender et al., 2014; Renfrew et al., 2014; Scottish Government, 2017), recommendations have been drawn up to maximise the opportunity to establish the building blocks for the quality of maternity services in the Netherlands (Stuurgroep, 2009). One of the recommendations was to adopt a woman-centred care approach. In response to this recommendation, woman-centred care has become an important focus of both midwifery education and the research agenda of the Rotterdam University of Applied Sciences, Netherlands (Fontein, EMA 2016). Evaluation of these recommendations have, however, shown that this concept of midwifery care faces challenges in its practical implementation (Inspectie voor de Gezondheidszorg, 2014; Fontein et al., 2016; Perdok et al., 2016). Woman-centred care has a dual and equal focus on medical outcomes of mothers and children as well as on the subjective experiences of pregnancy and birth (Pope et al., 2001; Freeman et al., 2004; Lee Davis and Walker, 2011; Berg

et al., 2012). There is, however, a strong emphasis in midwifery practice and in education on risk screening where the focus is on medical risk-level, potential threats or anticipated complications. Current care management has a biomedical focus and usually remains routinised and protocolled and is often being exercised with a provider-driven approach (Baas et al., 2015). These aspects lack the opportunity to effectively address women's individual (clinical) needs and values.

The Rotterdam School of Midwifery offers a four-year Bachelor midwifery education programme, consisting of a combination of theory and practice. Students spend half of their education programme in clinical practice; either in community or in hospital settings. Their work-based learning is organised in short clinical placements varying in one to 11 weeks duration. The programme has a competency-based focus, stemming from the CanMEDS model (Canadian Medical Education Directives for Specialists) (Frank et al., 2015). Students' intended learning outcomes, derive from core midwifery competency roles (e.g. communicator, professional, scholar) as well as that these competencies steer students' movements towards professional development. During

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clinical placements, students meet women in short time periods and sometimes they only meet a woman at one single care encounter. This may provide students with a rather limited insight into the value and importance of women's lived experiences of the childbirth process and respective events during this time period (Lewis et al., 2008; Rawnsdon et al., 2009; Rawnsdon, 2011; Van Kelst et al., 2013). Students' learning and experiences of woman-centred care are likely to be limited through these episodic care moments and might also be enhanced by the polarization of biomedical focus of the profession – observed and experienced by students during clinical placements.

ISeeYou-project

We wanted to develop a robust education structure for student midwives to gain valuable real-life experiences to equip students with competencies and qualities that support them in the development of a women-centred philosophy and in their learning of providing concurrent care (Giarratano, 2003; Lewis et al., 2008; Rawnsdon et al., 2009; Leap, 2009; Rawnsdon, 2011; Gray et al., 2012; Gruppen et al., 2012; Clements et al., 2013; Yanti et al., 2015). We constructed a project group who reviewed the literature and who organised informal discussions with midwifery students and lecturers. This information provided us with relevant information for drawing up project aims, outcomes, student activities (Table 1) and competency-based assessments, enabling an optimal opportunity for the development and sustainability of woman-centred care knowledge, -professional development and competencies - simultaneously meeting students' learning needs and adhering to the competency-based focus of our curriculum.

We decided on an ethnographic designed project, utilizing participant-observation (Penn Handwerker, 2002; Russel Bernard and Gravlee, 2015). First year midwifery students buddy up to one woman throughout her continuum of the childbirth process (up to 6 weeks post partum) and accompany her during her antenatal (a minimum of 5) and postnatal (at least one) care encounters with maternity healthcare practitioners (midwives, registrar) obstetricians, midwifery-active General Practitioners, ultrasound sonographers and/or obstetric nurses). Students will relate to the woman in the project instead of to the midwife or other healthcare practitioners. The student meets with a woman during early pregnancy and seeks her consent to engage in this experience. The student is not actively involved in the woman's care. The student signs and adheres to a behavioural code that has been developed to maintain professional and confidentiality standards. The woman is able to withdraw from the project at any time. The project includes 24 hours for multi-agency activities during which students can be present at contacts between the woman and other healthcare professionals/ organisations (e.g. maternity care assistants, antenatal education/ birth preparation, physiotherapist, dietician, health visitor, lactation consultant), or organise a 24-hour placement with, at least, three professionals or healthcare organisations. Students keep a portfolio containing evidence of competencies and best-practices, personal learning and professional development. A debriefing meeting with peers and midwifery tutors takes place at the mid-point of the study year to provide the opportunity to meet and share experiences and to discuss any issues of concern. Students have the opportunity to discuss individual matters with their preceptor throughout the project. During the first study year, students have in-school lectures and activities enhancing the project's content, and receive support regarding communication competencies, including: maintaining confidentiality, recognising professional communication, non-verbal communication, open and closed questioning, paraphrasing, listening skills, and about giving and receiving feedback. Students use structured interview techniques to collect data about the care experiences of the woman using the Client Centred Care Questionnaire (CCCQ) (de Witte et al., 2006). Ethical approval was sought and granted (Protocol Ref No T2016-72).

A project-handbook was developed, which was presented to the curriculum board for feedback and approval. Permission for imple-

menting a pilot-project in the academic year 2016–2017 for first year Bachelor midwifery students was obtained. The ISeeYou-project includes a study load of a minimum of 80 hours. The project includes an approximate number of 60 students per cohort per annum. The handbook allows easy adoption of the project by other education institutions that offer midwifery programmes.

The pilot ran from September 2016 to August 2017. A total of 54 first year students completed the project. Reasons for withdrawal were non-project related issues. The majority of the students had found a woman for project participation in the first semester and all students managed to find a woman at the end of the third semester. Each student participated in, observed and evaluated on average 8 prenatal visits, ranging between 6 to 41 weeks' gestation (during 1st 32%/ 2nd 35%/ 3rd 33% trimester), and 2 postnatal visits (95% postnatal day 1–11/ 5% 6 weeks postnatal check-up). Students observed care encounters ($n = 472$) between the woman and community midwives (71%), hospital-based midwives (3%), obstetricians (9%), General Practitioners (4%), ultra-sonographers (13%). A total of 472 completed CCC questionnaires were received throughout the project. The collected data is yet to be analysed and is therefore not included in this paper and will be presented elsewhere.

Strengths, weaknesses, opportunities and threats of the project

We evaluated the project with the students that completed the project, using the SWOT model; an organised list of strengths, weaknesses, opportunities and threats as experienced by the students (Table 2). The findings helped us to adapt the project, in particular with regard to recruitment process of women, the instruction and guidance of students and the engagement of lecturers. During the evaluation, we obtained students' written narratives of their lived experience of the project. We derived quotations directly from the texts. Some examples, illustrating the findings of the SWOT are presented:

The project offered me the opportunity to 'sit back and observe' and for 'being' instead of 'doing' (Strength)

It really puts you in the woman's shoes, because it's from that angle. It makes you think, which is something we should always do, really (Strength)

Sometimes I felt, uh, selfish, I gained so much and what did she gain by all this? ... (Weakness)

I want to become that midwife: connecting, authentic ... (Opportunity)

Sometimes I wanted to give my opinion, say what I had learned, but I couldn't ... I was not allowed (Threat)

Meeting the needs of women and student midwives

Women involved in the project were encouraged to think about the quality of their care encounters, in terms of interpersonal skills, communication skills (including listening, information provision, decision making and interaction), sense of control, the content of their care as well as organization and coordination of care, information continuity, addressing needs and level of satisfaction. These are all issues that, according to women, require attention and improvement in maternity care services (de Witte et al., 2006; Rijnders et al., 2008; Baas et al., 2015; Sandall et al., 2015; Baas et al., 2017). The project meets the needs of student midwives to experience relational continuity (Clements et al., 2013) as otherwise they are exposed to short clinical placements which rarely include continuity (Fontein, 2010; Baas et al., 2015). Students gain insight into women's overall experiences of maternity care (Lewis et al.,

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