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A Rapid Assessment Tool for affirming good practice in midwifery education programming

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ABSTRACT

Objective: to design a criterion-referenced assessment tool that could be used globally in a rapid assessment of good practices and bottlenecks in midwifery education programs.
Design: a standard tool development process was followed, to generate standards and reference criteria; followed by external review and field testing to document psychometric properties.
Setting: review of standards and scoring criteria were conducted by stakeholders around the globe. Field testing of the tool was conducted in Myanmar.
Participants: eleven of Myanmar's 22 midwifery education programs participated in the assessment.
Findings: the clinimetric tool was demonstrated to have content validity and high inter-rater reliability in use.
Key conclusions: a globally validated tool, and accompanying user guide and handbook are now available for conducting rapid assessments of compliance with good practice criteria in midwifery education programming.

Introduction

Background

Skilled birth attendance has been cited as one of a very few interventions that have made a proven contribution to the promotion of safe motherhood (UNFPA, 2012). Skilled birth attendance, both independently, and in concert with packages of integrated reproductive health services, emerges as a critical strategy in sub-national, national and global analyses of factors contributing to reductions in maternal mortality (Adegoke and van den Broek, 2009; Liljestrand and Sambath, 2012; Carvalho et al., 2013; Montoya et al., 2014; Holmer et al., 2015). The degree of access to skilled birth attendance remains prominent in analyses of wealth-related inequalities in health status (Zere et al., 2013). A 2012 U.N. resolution (UN, 2012) urged governments to move toward providing all people with access to affordable, quality care. The way forward is dependent on reforms towards universal health coverage (UHC) that prioritise access to essential, quality health services (Hill et al., 2014, Lomazzi et al., 2014; Ruano et al., 2014).

Bergevin et al. (2015) hypothesise that an end to preventable maternal deaths could be achieved by 2035 in nearly all countries if a package of strategically integrated actions would be followed. These actions include emphasis on UHC and a *massive scaling-up and skilling up of human resources for …maternal health*. The governance and management of a skilled and *fit for purpose* health workforce is central to any country's response to the challenges of achieving universal coverage and health equity (Crowe et al., 2012; Campbell et al., 2014; Hammonds and Ooms, 2014; Germain et al., 2015).

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The recent global analysis conducted by the UNFPA concluded that midwives, when educated and regulated to international standards (WHO, 2009; ICM, 2010a; ICM, 2011a; WHO, 2013), have the competencies (ICM, 2010b) to deliver 87% of the 46 essential reproductive maternal and newborn health services needed by women and newborns (UNFPA, 2014). The analysis indicated, however, that professional midwives made up only 36% of the reported midwifery workforce.

The response of governments has, all too often, and regrettably, been to focus on shorter-term solutions that aim to increase the numbers of providers (Mumtaz et al., 2015), or task-shifting/task sharing combined with community-based interventions to address regional shortages (Bhuinneain and McCarthy, 2015), rather than a focus on competencies (Frenk et al., 2010). A strong political will and substantial financial commitment are fundamental to scaling up access to a skilled midwifery workforce (Frenk et al., 2014; Rosskam et al., 2014; Turkmani et al., 2014).

Midwifery education systems in low and middle income countries face a myriad of challenges (UNFPA, 2014). Insufficient numbers of schools are often under-funded and positioned in locations inaccessible to students most likely to be absorbed or retained in the communities where they are needed. Existing schools lack skills labs, computer and library resources needed for an evidence- and competency-based education. Many teachers have not been prepared for the role of educator and lack opportunities for continuing professional development to maintain or enhance their clinical and educational skills. Midwifery students may have few opportunities for hands-on clinical practice and may graduate having only indirectly experienced midwifery practice through observation. Students graduating from current education systems may feel under prepared, and may need a longer period of supervised practice after deployment, and/or rapidly leave the workforce. In spite of the challenges and the intuitive recognition for the need for change, procuring investments in educational improvement has proven to be equally challenging. Donors, concerned with difficulties impacting on complex educational systems and the long interval between inputs into system improvement and graduate impact on health are often more likely to opt for shorter term in-service training interventions. Clearly presented and logically articulated measures of pre-service education improvement are essential in reversing this trend.

Aim of the study

A number of non-governmental and private sector organisations are engaged in work with governments to strengthen midwifery education policy and programming, in order to achieve public health impact. Jhpiego, Baltimore Maryland, USA, has been providing this type of assistance for almost four decades. Jhpiego's approach in countries includes direct support to schools aimed to improve teaching, increase access to evidence-based resources and promote competency-based learning through development of skills labs and improved clinical education. Emphasis is always placed on ensuring sustainable quality through support of regulatory processes like accreditation and certification at the national level.

Jhpiego developed a Rapid Assessment Tool designed to provide an overview of the present-day situation of midwifery education programs. This tool is intended for use with programmes presently in the planning stages, or in anticipation of up-scaling and reform. The tool focuses at the *micro-* (the local and school) level, in the context of *macro-level* country-based policies and practices for health manpower planning and accreditation of educational programmes, and within the framework of global standards for best practices in health professions education.

The tool is framed around the assessment of five evidence-based educational inputs and influencing factors that are each directly related to creation of the contextual environment that facilitates and/or enables student achievement of competency prior to entry into the workforce (Fig. 1).

This article describes the steps taken to develop the tool; assess and to affirm its content validity and usability. The tool is discussed in the context of its *fit for purpose* within the framework of education workforce planning and educational quality assessment strategies.

Methods

Conceptual model

Development and testing of the Rapid Assessment Tool began with the derivation of a conceptual model for pre-service education (Johnson et al. 2013). This framework (Fig. 1) provided the overview of the domains that would reflect quality educational programming, and links those domains to the intended outcomes of health workforce development. The model was widely shared with global implementing and policy partners that also worked in the education sphere, such as the International Confederation of Midwives, International Council of Nurses, UNFPA, and the World Health Organisation Health Workforce department who provided feedback concerning the comprehensive nature of the model, its coherence, and its relevance.

Criteria for assessment: standards of 'good practice' in educational programming

The next step in tool development was the selection of indicators of good practice based on externally verifiable and measureable criteria for each element of the model. An initial effort was made to determine whether information drawn from the 73-country survey that generated data for development of the State of the World's Midwifery 2014 (SOWMy, UNFPA, 2014) could be used in the assessment of good practice. It was determined that the SOWMy survey did not contain sufficient information across all domains of the pre-service education conceptual framework to obtain good practice indicators.

The good practice criteria were drawn from several sources. These included the published literature, global consensus statements of education policy and practice, and standards and guidelines published by international organisations representing health workforce cadres that shared responsibilities for clinical services in reproductive and newborn health (WHO, 2009; ICM, 2010a; WFME, 2012; WHO, 2013).

In the cases when objective standards could not be identified, a minimum standard was established based on Jhpiego's global experience. Directions for use of the tool clearly indicate that where country-level standards exceed the minimum standard established by Jhpiego, the higher level should be substituted.

Internal and external review

The Rapid Assessment Tool underwent two rounds of review to ensure validity and applicability. The review process began with internal circulation of the tool to receive feedback on the relevance, coherence and comprehensiveness of the overall instrument, and specifically, to deliberate and debate all standards and criteria. A survey was used to collect the respondents' agreement or disagreement with a set standard or criteria, (keep or delete), with a 70% agreement posed as the minimum level of agreement required to retain any single item. The survey also requested that