



BUILDING MIDWIFERY EDUCATOR CAPACITY IN TEACHING AND PRACTICE IN LOW AND LOWER-MIDDLE INCOME COUNTRIES:

A REVIEW OF THE LITERATURE

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Abstract

Aim and Objective:

Midwifery educators play a critical role in strengthening the midwifery workforce in low and lower-middle income countries (LMIC) to ensure that women receive quality midwifery care. However, the most effective approach to building midwifery educator capacity is not always clear. This paper explores approaches used to build midwifery educator capacity in LMIC and identifies evidence to inform improved outcomes for midwifery education.

Design:

A structured search to source bibliographic electronic databases and search engines was performed. Peer reviewed research, grey literature and descriptive papers were sought. Papers were included if they were written in English, published between 2000 and 2014 and addressed building knowledge and/or skills in teaching and/or clinical practice in midwifery educators who work in training institutions in LMIC. The Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) was used to guide the reporting process.

Findings:

Eighteen (6 research and 12 discursive) papers were identified. The findings were themed according to the key approaches used to build capacity for midwifery education. These were: skill and knowledge updates associated with curriculum review, involvement in leadership, management and research training, and participation in a community of practice within regions to share resources.

Key conclusions:

The study provides evidence to support the benefits of building capacity for midwifery educators. Multi-level approaches that engaged individuals and institutions in building capacity alongside an enabling environment for midwifery educators are needed but more research specific to midwifery is required.

Introduction and Background

There is international consensus that midwifery care is the most cost effective solution to decreasing maternal and newborn mortality in low and lower-middle income countries (LMIC). The ability of a midwife to demonstrate competence according to international standards and contribute to improving outcomes for women and newborns depends on various factors. These include the quality of pre-service training, access to continuing professional development once graduated, the regulated scope of practice, and the presence of an enabling work environment.

The first State of the World's Midwifery Report found that, despite some promising developments in midwifery education, competency based midwifery curricula and professional development opportunities for midwifery educators in LMIC were lacking. Recommendations to build capacity for midwifery education remain on the international agenda and include a call for an increase in resources for midwifery education and supervised clinical practice for students.

International capacity builders who are culturally sensitive and have knowledge about the country, context and language are more likely to achieve improved outcomes



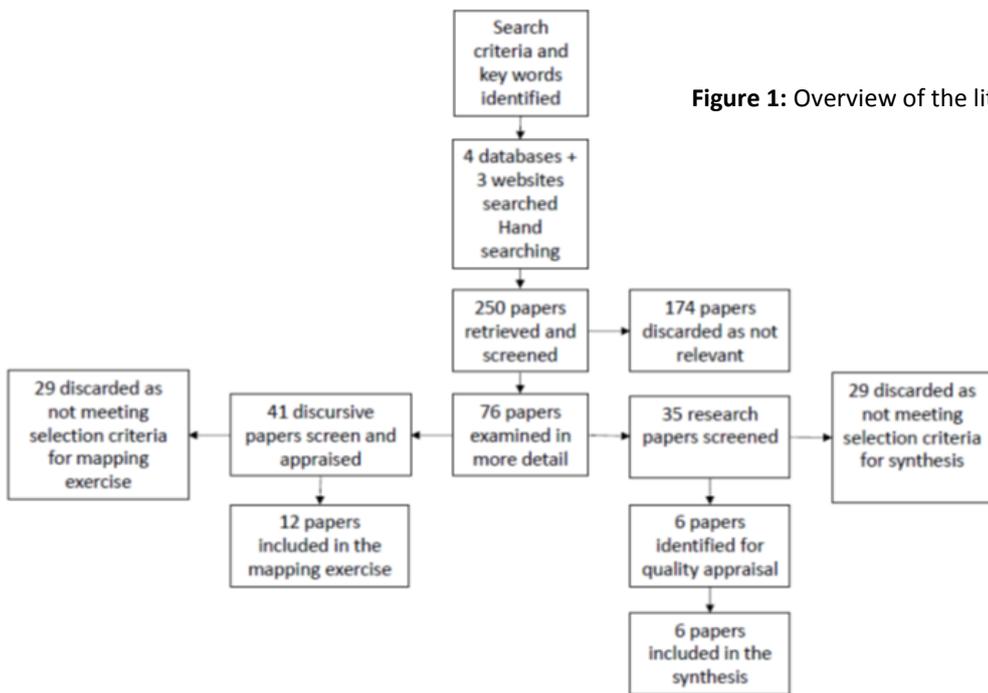


Figure 1: Overview of the literature review process

As few as 6.6% of midwifery educators in LMIC have any formal preparation in education

Method

A descriptive narrative synthesis was used. This allows the findings of literature derived from qualitative and quantitative methods to be synthesized and identify gaps by extracting data and then grouping it to present common ideas or arguments. In total, 18 papers were selected, six research papers and 12 discursive papers and these groups were analyzed separately.

Findings

The papers described approaches to building educator capacity to improve teaching and practice across three key themes. These are: using

curricula review to strengthen knowledge and skills in practice and teaching, building capacity in leadership, management and research skills, and finally, participation in communities of practice to increase access to information and resources (Figure 2).

Using curricula review/update to improve educator skills and knowledge

Seven papers focused on developing midwifery educator's skills and knowledge as part of the curricula review process.

International educators reported that national educators were sometimes reluctant to change their

teaching methods and clinical practice

Other challenges related to the lack of a standardized curriculum and inconsistent approaches to supporting student's learning within the country, or within a region, were described in the papers in the review. These challenges created large variations in graduate competency which was complicated by the fact that the curriculum was not always aligned with national health plans.

A common theme was the inadequate quality and number of educators available to provide clinical supervision to students and a lack of competency-based assessment methods to assess student learning.



Improving educator's skills in leadership, management and research

Improving skills in leadership, management and research to build educator capacity was identified in five discursive and one research paper.

Educators who participated in leadership training reportedly increased their levels of self-confidence, critical thinking and problem solving skills. Improved leadership skills were found to be associated with improved student outcomes, contributing to a quality workforce.

Two papers from China and Eritrea de-

scribed the use of a study abroad model to formally upgrade midwifery educator's teaching qualifications specifically in leadership and management. However, studying abroad was not a successful strategy, as educators did not always return to their home country after the training. Distance education modules were found to be beneficial to building educator's skills when used in combination with short residential training ,and ongoing mentoring from international counterparts and national peer support were highlighted as important approaches to ensure that leadership program objec-

tives were met and learning outcomes achieved.

Two papers reported the benefits of including computer and internet literacy into the residential training of a leadership training program. Both studies found improvements in participant's confidence to use electronic methods to complete course requirements.

Three discursive and two research papers reported on the development of midwifery educator capacity through the establishment of communities of practice involving national, regional or international collaboration.

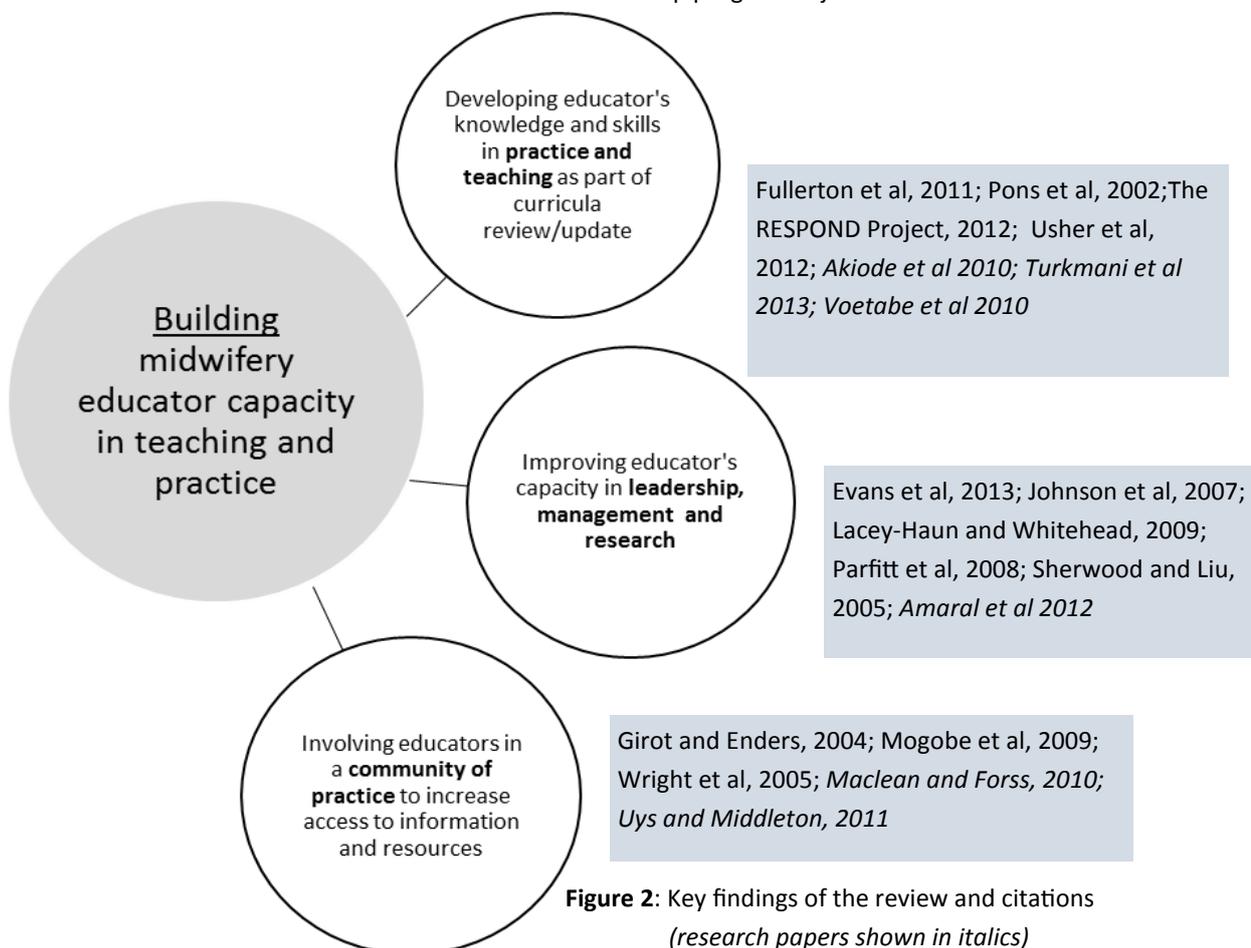


Figure 2: Key findings of the review and citations (research papers shown in italics)



Communicating using a common language and having access to evidence based resources were important considerations when working in an international or regional partnership. Engaging with multiple stakeholders (recipients of care, clinical service providers, professional organizations, members of the health department) was essential to ensure that support is available for the capacity building interventions to be implemented and sustained.

Sharing knowledge and resources in a supportive environment was reported to improve teamwork, inter-disciplinary collaboration and professional development.

In summary, approaches using collaboration to build capacity of midwifery educators has been reported to increase access to resources, strengthen alliances and may be a cost effective strategy to upgrade teaching qualifications. During an international partnership to build capacity, it was acknowledged that learning occurs both ways and the capacity builders often experienced cultural learning which was essential to the successful implementation of the project.



Conclusion

The approaches identified in this review to build midwifery educator capacity were related to curriculum review and skill development, leadership, management and research training and collaborating in a community of practice.

It is acknowledged that focusing on education alone is not sufficient to build an effective midwifery workforce. Support to build educational infrastructure, resources, systems and regulation is also needed to produce a practice-ready midwifery workforce who can meet the needs of women and children.



Participation in leadership and management training enables midwifery educators to engage at both national and international levels to advocate for professional development opportunities for midwives. In a resource-poor environment, collaboration between countries (internationalization) can be beneficial given there is an increasingly global midwifery education workforce.

Educating midwifery educators abroad was not found to be effective in this review and a lack of infrastructure and poor computer literacy in LMIC limited the use of internet-based distance learning modules.

More research in these areas and the development of a framework to guide approaches to build midwifery educator capacity in LMIC is needed. Research undertaken through the MCHI is addressing this gap.

Developing policy, infrastructure and resources and investing in in-service education are supportive strategies that can assist the professional development of midwifery educators and therefore better prepare students for midwifery practice

Further Information

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