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Implementation of a Bachelor's in midwifery programme in Pakistan: Reflections of Midwifery Faculty

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Abstract

Introduction/Objective: There is an international consensus on the significant role of competent midwives in improving maternal and newborn health indicators. Midwives and midwifery education in the developing world including Pakistan have lagged behind in being part of higher education. To enhance the quality of maternal and newborn services through competency based higher education in midwifery, the first Bachelors of Science in Midwifery (BScM) programme was introduced in Pakistan. As part of a larger study about establishing this programme, this paper focuses on the reflective logs of midwifery faculty members who initiated this new programme in Pakistan.

Method: The team of faculty members involved in the planning and execution of the programme were asked to record their reflections throughout the process of planning the programme to facilitating students in the first cohort. These reflections were collected at the time of the graduation of first cohort in 2014 and content analysis was applied to identify major themes emerging from the reflections.

Findings: Major themes which emerged were: a) Scaling up of faculty competence, b) Utilizing student diversity as strength, c) Supporting students' transition and adjustments in the programme d) Scaffolding students' learning e) Helping students acquire clinical competencies. Overall, the team regarded the experience as unique and enriching for both students and faculty.

The first Bachelors in Midwifery demanded a great deal of theoretical and clinical proficiency from faculty. Rigorous planning, networking with international midwifery experts, continuous faculty development, facilitating student learning through scaffolding, and incorporating periodic feedback from students were found to be the major strengths of the programme.

Conclusion: The Bachelor of Midwifery programme in Pakistan has given new hope to the profession. The lessons learned and some of the practical recommendations may prove useful to other institutions and South Asian countries intending to initiate similar programmes.

Key words: *Faculty, reflections, BScM programme, Midwifery Education, Midwifery in Pakistan*

Introduction

There is an international consensus on the significant role of midwives in reducing maternal deaths as shown in the Lancet Special series on Midwifery.[1] Projections revealed that effective coverage through quality midwifery services when increased by 10% every 5 years can avert 75% of maternal deaths by 2025 in low and middle income countries.[2] Additionally, according to the report State of World's Midwifery (SOWMY) by UNFPA[3] and the South Asian midwifery conference held in Dhaka in 2010[4], one of the greatest needs identified was higher professional education for midwives. Midwives and midwifery education in the developing world including Pakistan have lagged behind in being part of higher education and also in facilitating midwives to perform their full scope of practice.

The Aga Khan University School of Nursing and Midwifery (AKU-SoNaM) in Pakistan established the undergraduate midwifery programme (BScM) with a commitment to improve maternal and newborn health in Pakistan. The curriculum of the programme is based on seven competencies and the educational standards set out by the International Confederation of Midwives[5]. The first cohort of 21 BScM students graduated in 2014. Further details related to the programme are available elsewhere.[6] The ultimate mission of this programme is to prepare its graduates to provide comprehensive and evidence-based midwifery care to women throughout pregnancy, childbirth and the postpartum period. Being the first of its kind in the country, this programme is a national trendsetter and is intended to increase prospects for midwives' career

advancement and improve the image and demand for competent midwives.[6] The team of six faculty members began the journey with high expectations and aspirational goals. Some have been realized, while others saw its fulfillment. The faculty members had rich clinical experience in midwifery practice but since there was no degree programme for midwives in the country, their academic bachelor and master's degrees were in nursing. This paper provides reflections on the challenges faced and ways they were overcome by the team of faculty members involved in the planning and execution of the BScM programme.

Method

This report is part of a larger study about the formulation and impact of the BScM programme. For this part, faculty members were asked to keep a reflective log about their teaching and learning experiences from the inception of the programme. Regular reminders were sent to ensure completion of the assigned task. All faculty members involved in teaching midwifery courses participated in this study. At the end of two years the reflections were collected from the faculty members and were analyzed. Data analysis was done manually. Interpretation of the transcripts was done using constant comparison analysis[7] of the faculty reflections. A specific code number was assigned to each faculty reflection to ensure anonymity. The three stages of constant comparison analysis were followed: open coding, axial coding and selective coding. In open coding, the data were broken into small units and coded. During axial coding, the research team grouped the coded data into categories. In the final stage, themes were created based on the content of each category.

Ethical considerations

Ethics approval of the large study was obtained from the Aga Khan University Ethical Review Committee. Faculty members maintained the privacy and confidentiality of their reflections. The faculty members submitted their reflections without revealing their identities.

Findings

Of the six faculty members in the BScM programme, one had a PhD in nursing, two held master's degrees in nursing, and three had bachelor's degrees in nursing. All six had a diploma in

midwifery from a one-year programme. They had a range of teaching experience two to three years (2 persons), five to eight years (2 persons), and d more than 15 years (2 persons).

Most of the reflections were related to the challenges faced by the team to implement the programme and the means used to overcome them. The faculty members also highlighted student- related concerns and how they facilitated students to address them. Themes from the reflections are presented in greater detail in the following sections.

Scaling up of faculty competence

Overall, the teachers were enthusiastic and highly motivated to be part of the new venture from its earliest conceptualization. They felt it was an honor to be part of a programme that could change the face of midwifery education in the country. However, they also were apprehensive about its implementation because they would be held to the high standards of the university and the high expectations of the regulatory body while simultaneously serving as role models for the midwifery community in the region.

Because the BScM programme curriculum is competency based, it was essential for faculty to be theoretically and clinically proficient. Despite having several years of teaching experience in diploma midwifery programmes, they perceived that teaching this curriculum would be a challenge because of limited experience in teaching in a competency based programme. As one of the faculty member wrote:

> We therefore took part in a series of professional development activities preceding enrollment of the first students. The International Confederation of Midwives (ICM) Global standards for midwifery education[5] were referred to guide the faculty development programme. Individualized plans were developed for each faculty member to guide and monitor their progress with special focus towards midwifery clinical practice.

Simultaneous with programme development, the team proposed a midwifery-led practice model within the university hospital aiming for privileges to practice full scope midwifery.[8] However, the university hospital is focused on specialist care and independent midwifery care was not possible. To assure that faculty skills were current, opportunities were provided

elsewhere for faculty members to observe and practice in settings where midwives functioned independently in caring for low risk women and their newborns throughout the maternity cycle. Twenty percent of each teacher's time was allocated to clinical practice to build and maintain midwifery competencies.

To augment the small number of midwifery experts in the country international experts from Canada, Ireland, England and the United States visited periodically for in-person meetings and workshops about teaching and learning methods, course materials, evaluation strategies, and midwifery practice issues. Contact between visits was maintained through online discussions and exchange of scholarly and programme documents. This networking not only helped improve the quality of the BScM curriculum but contributed an international perspective about the midwifery profession.

Utilizing Student Diversity as a Strength

The first students began their studies in 2013. All candidates had previously obtained diplomas in nursing and midwifery but had varied backgrounds in terms of years of experience and clinical settings. They came from all four provinces of Pakistan which became a major strength because differences in practices, beliefs and values enriched discussions and provided students the experience of working across cultural and regional differences. Students who were married with children left at home with others needed even greater encouragement and support from us to maintain their motivation. The peer support from the group was very valuable also for these women.

The students were very pleased to be accepted into this first programme at a renowned university but they were unsure of successfully completing the programme. They had been away from formal education for several years and had no previous exposure to studying at the university level. Most had not engaged in continuing education. As one of the faculty member described:

> Although they were registered midwives as well as registered nurses, they were not confident about their midwifery knowledge and skills. Very few of them had maintained midwifery practice. Most of them had clinical experience in nursing

> and were focused toward abnormalities and pathologies with a mindset that 'pregnancy is a disease' and 'a pregnant woman is a patient.' A major challenge for us as faculty members was to begin changing attitudes, helping them to transform from being a nurse to be a midwife.

In order to understand the unique situation of each student, faculty members utilized a needs assessment tool based on Strength Weakness Opportunities Threats (SWOT) framework of learning that included strategies for improving and timelines. The assessment was carried out at the beginning and the end of each semester to monitor individual student progress. This helped students engage in self-directed learning since they had to formulate clear objectives and take ownership for meeting their objectives within the overall programme outcomes.

A peer tutoring strategy was introduced for clinical courses to promote a culture of cooperative learning that would develop students' clinical competencies and decrease their anxiety. The students were paired based on their former clinical experience, expertise and personal strengths identified during the SWOT assessment. The pair was expected to regularly give and receive feedback from each other. The implementation of the peer tutoring strategy revealed encouraging results and was viewed as an effective teaching- learning method.

Throughout the programme, students were encouraged to verbalize their values and beliefs regarding maternal and child care and midwifery as a means of clarifying their views and dispelling misconceptions. Simultaneously, the faculty exposed them to midwives and midwifery practices from around the globe focusing on the autonomous role of midwives in caring for healthy mothers and children. The faculty team ensured that the importance of midwifery in primary care remained a cross cutting theme in each course so that graduates would carry that role forward.

Supporting Students' Transition and adjustment in the programme

To support the students' adaptation to university and to the scope of this new programme, an enrichment opportunity was provided at the onset of their studies. Candidates were enabled to review basic knowledge and skills from various subject areas including mathematics, pharmacology, anatomy and physiology, infection prevention, basics of Information and

Computer Technology (ICT) and English prior to the midwifery programme. To ensure a smooth transition into the overwhelming experience of university life, a university orientation programme was offered to all students. An excerpt from one reflection was:

> We also discovered that students needed emotional support from us to cope with the stressors of being in the first cohort of the undergraduate degree programme in midwifery and living distant from their homes and families. We spent lots of time individually with each assigned student as an advisor to help them cope. In addition, we ensured we had regular meetings to address students' concerns, share our experiences and bring solutions to the table. Along with this, our administrators made certain that faculty members also received adequate support to deal with this situation with enthusiasm.

Initially students also lacked an appreciation for the amount of work that was required outside of class hours. Low grades on initial assignments were a surprise to many students who then realized how much additional time must be invested to do well in a university level programme. The faculty members needed to provide supplementary classes and continuous advice so that students could acknowledge their learning needs and develop study skills that would help them succeed. Faculty members unanimously voiced that the periods of entry and exit are very critical for the students. Careful planning and additional efforts are required at both points to decrease student anxiety and maintain their motivation.

Scaffolding student learning

Faculty members engaged students in theory courses through interactive, self-directed and activity based learning. This differed so greatly from their previous experience as a learner that there was great resistance to participatory strategies. The faculty members therefore had to adjust their approach and build gradually toward participatory methods. They incorporated a more didactic style and then gradually increased the proportion of self-directed learning. One of the faculty members wrote, "This approach was successful and students became much more comfortable with interactive formats. Some of the activities that we implemented were study guides, problem based learning, group readings, flipped classroom, etc."

In addition, the faculty also facilitated student learning by encouraging them to prepare mock assignments, providing them with opportunities to practice for oral presentations and organizing mock stations such as those used in Objective Structured Clinical Examinations (OSCE) to decrease their anxiety and promote learning.

The faculty also provided many supports for clinical learning. Requiring written assignments as part of clinical learning was new to these students and they required explanation and assistance. Student assignments included writing reflections about clinical learning and writing case studies to analyze the provision of care. To help students better integrate knowledge into practice, we frequently used practical examples from real life experience to illustrate the points. We also found that making gradual changes, being willing to repeat sessions or spend extra time, and being attentive to student feedback all contributed to achieving our goals. Our efforts helped us understand the students much better and resulted in teaching plans more tailored to their needs.

Helping students acquire clinical competencies

Similarly, faculty members needed to arrange extended hours in clinical placements so that students could achieve clinical competence. Students initially counted time spent at clinical placement without a clear understanding that competency attainment was the goal, not a count of hours. Clarification of expectations was required to make students internalize this idea of 'clinical practice for competency'.

Identifying clinical sites that were best suited to student learning was also an exhaustive exercise. The team identified a list of potential placements and initiated clinical experience for themselves to assess the suitability for students. An evaluation checklist was developed and used to recommend (or not) the suitability for student placements. Although clinical experiences were planned well in advance and negotiated with the facility, arranging these experiences was the most challenging part of the faculty role. More than one echoed the sentiments below.

> We spent a lot of time and effort to maintain liaisons with nurses/ midwives, physicians and others in the clinical settings, but we faced challenges in gaining acceptance that the students' objectives were to become competent independent

midwives. The staff and physicians tended to regard them as first level diploma students. Regular meetings with physicians and midwives were needed to clarify the clinical expectations of the students, to negotiate clinical practice for faculty and provide information about the scope and role of competent midwives. These continuing education sessions helped develop acceptance and understanding among practitioners. Over time we noticed that clinical staff were more welcoming to students and began trusting them to provide independent care.

Discussion and Conclusion

Introducing the BScM programme was an important milestone in the history of midwifery in Pakistan. During the course of planning and implementation, many factors influenced us as midwives as well as the content of the programme. Our level of energy and commitment could not have been sustained throughout the three-year preparation period without the continuous support and encouragement of university leaders. The enthusiasm of being pioneers and the individual passion for midwifery helped maintain our motivation. Our greatest strength was team cohesion. We were open to peer feedback and we supported each other through successes and difficulties. We realized often that students appreciated our team cohesion; we modeled and fostered among them a strong group dynamic.

Having dedicated time for faculty clinical practice (as recommended by ICM standards[5] and World Health Organization (WHO) framework[9)] increased our confidence and credibility, kept us up to date about evidence based practice[10] and made us more competent teachers. Although, faculty reflections were written as part of a study they helped us cope with the challenges of the programme and create timely actions as corrective measures. Therefore, not surprisingly we have continued to write reflections in teaching later cohorts. We suggest this practice for other midwifery faculty and it should be considered as a national policy.

Our programme was greatly affected by the type of prior professional education students had received and that most had been away from a student role for many years. If pre-service education used strategies, based more on adult learning theories, [11] and introduced self-directed learning with integration of technology there could be a smoother transition to university education. For the present, an enrichment programme is highly recommended to refresh basic

concepts and facilitate development of study skills, time management, stress management[12] and team building prior to beginning university studies.

The initial cohort of students was from all parts of the country which gave rise to challenges. Many problems might be resolved by replication of the programme in other provinces. More candidates would be attracted, especially if there is an opportunity for work-based learning/part time education with an option to obtain clinical practice at a home institution/ birthing center. Securing sufficient qualified faculty for additional programmes is one serious limitation that will take time to overcome.

Another major limitation to expanding to other locations is the lack of opportunity for students to witness and be mentored by midwives who exercise independent decision-making in the care of mothers and babies. The medical model is dominant and there are serious limitations to midwives' ability to fully utilize their scope of practice and demonstrate advocacy, partnership in care, empowerment, and evidence based practice. Many midwife clinics are in rural/remote regions that are difficult to access and university students may be variably welcomed. However, because quality placements are critical for developing the competency of midwives[13] we remain determined to provide students an environment where they can best learn to be fully competent midwives. For this reason, students were rotated for extensive periods to particular placements with midwives who practice full scope midwifery. At other times students were in placements primarily led by obstetricians. This strategy helped students experience continuity of care, an aspect of practice necessary for quality midwifery education.[14]

We found that the BScM students changed the mindsets of many care providers because of their increased confidence and competency. The graduates have the potential to be role models as independent midwives and to occupy leadership positions where they can advocate for a new professional identity for Pakistani midwives.

A follow-up evaluation of the first graduates performed in 2016 by a third party highlighted the contribution of the programme to the advancement of midwifery education. We have learned much about our own strengths and skills and about the need to maintain and improve our own competency as we engage with students. The role of faculty is complex and we have adapted by continually supporting each other and drawing on the strengths of those in

leadership roles. The Bachelors of Midwifery programme in our country has given new hope to the profession. Although the programme faces challenges at every level, the lessons learned about adapting plans to fit student needs is one that will be carried forward in the planning for future students. These lessons may prove useful to other institutions planning to initiate similar programmes.

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