

CONTINUING MIDWIFERY EDUCATION (CME) COURSE.
HAWASSA HOSPITAL.
27/10/08-31/10/08

23 Midwives and Clinical Nurses attended the Continuing Midwifery Education course this year. They had travelled from 17 different health centres in Southern Ethiopia, some of them taking several days to reach Hawassa Hospital. From initial discussions it was evident that the majority of the participants had not been qualified for long. Most were working alone or in pairs in health centres with little medical support. Almost all of them had experienced emergency situations that we rarely if ever encounter in our practice in the U.K, without the luxury of an ambulance service, and rapid obstetric backup.

The Link Midwifery teaching team consisted of Carole Garrick, Jane Herve, Robyn Phillips and Brydon Williams. Meselech and Tigist (Midwifery Hawassa School of Midwifery tutors) were around to help with the workshops and with translation if needed. Members of the medical team at Hawassa hospital joined us to deliver some sessions. Link Doctors, Peter Dale and Paul Clyburn also conducted two sessions in their specialties.

We were allocated the hospital conference room for the week. This was a large, comfortable, carpeted room with plenty of room to organize the tables into 4 groups of 6 to suit our group work needs. With the exception of one afternoon, when microphones were being fitted, we were left undisturbed for the week. Enough dolls, pelvises and teaching manikins were found in a locked cupboard (left on a previous Link visit). We were able to set up a laptop (later donated by West Sussex NHS trust to the school of midwifery). A projector, DVD player and screen were also available. Government funds had recently been given to Dr.Ifuru to set up a medical faculty in Hawassa so the equipment and video conference facilities were all brand new and in marked contrast to facilities in much of the rest of the hospital. Secretarial and administrative backup was organized by Dr.Aberra and funded by the Link. This was extremely helpful as the link staff did not need to get involved with the registering of participants each morning, Per Diem payments at the end of the course (paid by The Link), photocopying or lunchtime arrangements.

The Course Aims

The aims of the course were, not only to update and refresh the participants' knowledge of normal and emergency obstetric situations, but also to build on their teaching skills in order for them to pass on information in a clear and demonstrable way to colleagues. Currently, in Ethiopia, midwives are responsible for providing the practical training for the newly introduced HEWs (Health Extension Workers). However, opportunities for any kind of professional updating are rare, despite the need to reduce the high infant and maternal mortality rates. These aims are also in line with The Links aim to offer professional training as a contribution to improving Health outcomes.

The course was based on the previous years teaching plan with a few alterations and additions. It generally included 4 practical/theoretical sessions a day. Carole Garrick, Jane Herve and Brydon Williams were present at all the sessions to facilitate the group work.

Course Content

Administration and introductions- The participants were asked to reflect in groups on their own practice, citing examples of clinical situations they had been involved in from either a negative or a positive perspective. They then fed back to the class. This session served to learn and listen and act as an ice-breaker.

'The big push' Safe hands DVD and discussion.-This DVD was produced as a training aid for HEWs. It provided a chance to hear the participants views on the governments drive to encourage more women to deliver in Health centres and the reason why women do not use them. Some of the reasons given were; lack of transport, inability to pay for transport or treatment, lack of facilities in the centres, negative attitude of some health centre staff, and cultural beliefs.

Normal labour(Brydon)-This session was revision of the normal mechanism of labour by demonstration and group practice. It included a discussion of care in labour and a practical session on positions in labour and the benefits of mobility in labour. The participants worked enthusiastically in pairs to try out various labour positions.

Role play -Jane, Carole, Brydon and Meselech attempted to act out a birth scenario designed to generate discussion on psychological support and care in labour by demonstrating good and bad practice. The participants noted some practical issues, focusing more on our failure to

wear gloves or deliver the placenta than on our relationship with the women in labour. It did however stimulate lively discussion and some hilarity and seemed a worthwhile exercise.

Breech delivery(Jane)- A presentation and demonstration of breech delivery techniques. Support of participants in groups practicing breech delivery using manikins and dolls.

Malpresentation and Kiwi Extraction(Carole)-A Presentation and demonstration of malpositions and Kiwi Extraction using doll and pelvis. Hands on practice by participants in groups

Use of the partograph (Jane and Brydon)-A Presentation followed by paper exercise.

Shoulder Dystocia(Brydon)- A presentation, demonstration and hands on practice.

Neonatal Resuscitation-(Peter Dale, Peadiatrician) Practical demonstration and group practice using resuscitations dolls.

Care of the Critically ill patient (Paul Clyburn- Anaethetist) Role play followed by question and answers.

PPH (Dr Millia- Obtertrician) Lecture

Pre-eclampsia and Eclampsia-(Dr ifru) Lecture.

Hiv and Infection Control-(Meselech) Presentation and group work. Carole and Jane were particularly pleased to involve Meselech and excited by her teaching style and methods adopted from her involvement in last year's course.

Teaching (Robyn) a presentation on principles of teaching and group exercise.

Teaching workshop- (Brydon, Robyn, Jane and Carole). The students were asked to prepare and present a 10 min teaching session on Neonatal Resuscitation, Shoulder Dystocia, Breech, Partograph use, Mechanism of Labour, or Kiwi Ventouse extraction.

Comments on Course

It was evident throughout the sessions that the participants could understand the written word well but had more difficulty understanding our spoken word. It is important to stress that professional courses in Ethiopia are taught in English. Workshop teaching methods gave us the opportunity to demonstrate practically and ensure understanding by all participants. Wherever possible we used demonstrations and group feedback to evaluate learning.

After some initial shyness the participants joined in with discussions and practical sessions with enthusiasm and we were all impressed with their diligence. On the day that we had to vacate the room early the students were quite insistent that we found somewhere else to teach them. With no room available we gave them another partograph exercise to work on outside.

On the whole the group seemed to have good theoretical knowledge. At the end of the course as the students gave their own teaching sessions we were able to informally assess the success of our own teaching. Although the group was asked to comment on the strengths and weaknesses of the teaching techniques in each session it was also an opportunity for us to subtly correct any misunderstandings. We were generally impressed with their teaching sessions.

Course Assessment Tool

To evaluate learning achievements we asked the participants to complete a pre and post-course test. We chose to give the participants the option of remaining anonymous so were unable to assess individual improvements. Once the post-course test was completed we went over the correct answers with the group as a whole.

CONTINUING MIDWIFERY EDUCATION

NAME

DATE

Pre course assessment

Post course assessment

Please circle the correct answer

e.g.

Skilled attendants at birth will help to reduce maternal mortality rates.

True False

1. Shoulder dystocia occurs when the shoulders get stuck in the vagina.

True False

2. Episiotomy should be performed on all primigravid women.

True False

3. A blood pressure on 150 mm/Hg is normal during pregnancy.

110

True False

4. Bimanual compression of the uterus is a manoeuvre used to stop severe bleeding after delivery of the placenta when the uterus is atonic.

True False

5. The use of a partograph during labour will help to detect obstructed labour.

True False

6. All women should be encouraged to give birth in hospital.

True False

7. The main priority in a baby who does not breathe following birth is to inflate the lungs.

True False

8. Normal blood loss following birth is approximately 150mls.

True False

9. Babies with low apgar scores must have the nose and throat aspirated of mucus.

True False

10. During pregnancy, women should be encouraged to plan for emergency care.

True False

11. The main cause of Post Partum Haemorrhage is trauma.

True False

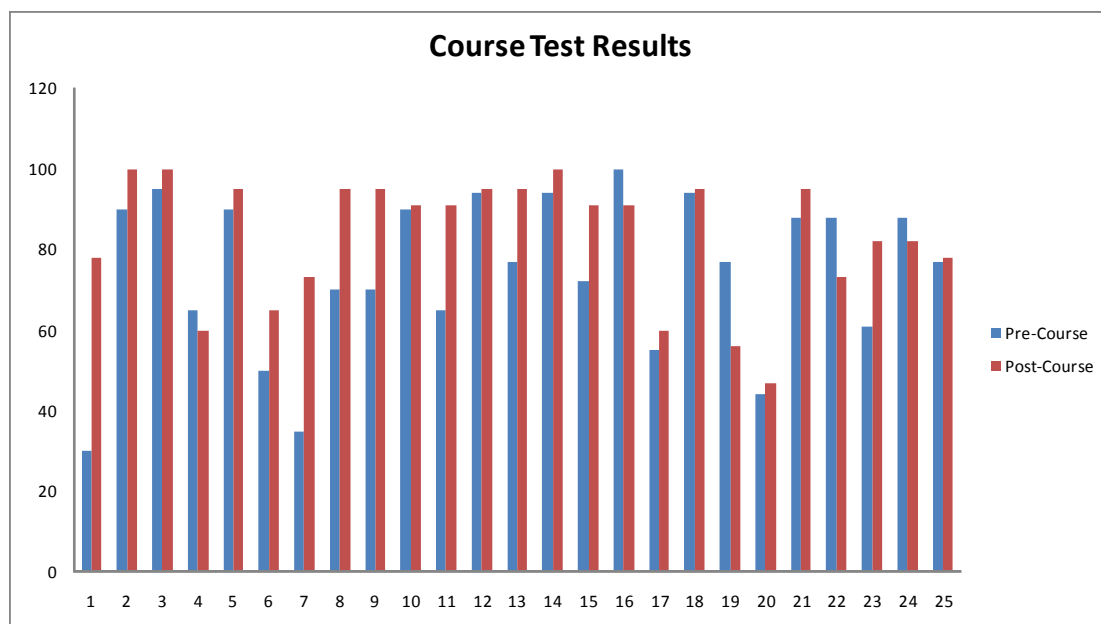
Southern Ethiopia Gwent Health Link

12. There are two main causes of Ante Partum Haemorrhage, abruptio placenta and placenta praevia both of which are life threatening.
True False
13. When the posterior fontanelle is felt on vaginal examination, the fetal head is well flexed.
True False
14. The birth room should be thoroughly cleaned following a birth.
True False
15. Women in labour should be encouraged to lie down and rest.
True False
16. Rupture of the uterus is usually due to obstructed labour.
True False
17. When there is difficulty delivering the shoulders during birth, further traction (pulling) on the baby's head will help to overcome the problem.
True False
18. It is not possible to assess the size of the female pelvis during labour.
True False
19. Ventouse should only be carried by experienced obstetricians
True False
20. Women should be placed in lithotomy for the birth so that the nurse/midwife can see what is happening
True False
21. Eclamptic fits can occur during pregnancy, birth and the post natal period
True False
22. Hypertonic uterine contractions are extremely painful and abnormal. They are often associated with prolonged and/or obstructed labour.
True False
23. The ideal position of the fetal head during labour in occipito posterior.
True False
24. Syntometrine should not be given until an assessment has been made to ensure there is not another fetus in utero.
True False
25. Assistance should be given to ensure the aftercoming head of the breech is delivered very slowly.
True False

TOTAL SCORE %

Melrose East/ Carole Garrick/Jane Herve/ Robyn Phillips/ Brydon Williams/October 2008

The graphs below show the % of correct answers for each question. In a few cases the participants did not complete both sides but the % scores have been adjusted accordingly.



Overall improvement was seen in the scores. However in 5 questions the score decreased post course (4, 16, 19, 22, and 24). It is difficult to draw conclusions from such small numbers. It is however, possible that understanding of the questions caused some confusion. Question 16 and 22 scored highly but both related to obstructed labour so it may be worth considering a greater emphasis on understanding and diagnosing obstructed labour in future courses. Q4 was generally not so high scoring so again may indicate a need to concentrate on the teaching of bimanual compression in the future. Q24 may be a reflection of Ethiopian practice where generally Ergometrine rather than Syntometrine is used if available at all. Q19 proved to be a controversial question. In the U.K there are few midwives who are trained to use Kiwis. In Ethiopia, with few other options or trained staff available, is minimal training better than nothing or could this approach cause more harm than good?

Question 20 was low scoring in both pre and post-course tests. This was a little disappointing given our emphasis during teaching on mobility in labour and alternative birthing positions. However this does seem to be a reflection of Ethiopian practice in health facilities to encourage women to give birth in the lithotomy position. Many participants seemed

incredulous when we suggested that birth in the all-fours position was possible.

The other low scoring pre-test results were Q1 and 17 relating to Shoulder Dystocia and Neonatal Resuscitation. Understanding of the mechanism of Shoulder Dystocia did improve by 48% while understanding of the management of Shoulder Dystocia showed a more modest improvement of 5%. Understanding of Neonatal Resuscitation improved by 38%.

When discussing Q2 with the participants it became apparent that whilst most of them understood that episiotomy was not necessary for all births, they regularly need to perform them on women who have undergone Female Genital Mutilation. They were a little unwilling to talk much about this practice but it seems to be prevalent within Ethiopia. It emphasized the need for greater understanding of different cultural practices and the impact they have on Childbirth.

Course Evaluation

The students were also asked to complete an evaluation form at the end of the course. A few of the answers were hard to read and in some cases the questions seemed to have been misinterpreted.

1. Did the course meet your expectations? Yes No

22 respondents (100%) felt the course did meet their expectations.

2. Please explain the reasons for the above answer.

The majority, 16 (73%), cited development and revision of knowledge as a reason the course met their expectations. 4 (18%) cited the opportunity to share experiences as most important, when most of their time is spent working in isolation. 4 (18%) mentioned that their expectations were met by better equipping them to help reduce infant and maternal mortality.

3. What did you find most useful about the course?

4(18%) mentioned clear demonstration and participation as the most useful aspect of the course. 4(18%) Shoulder Dystocia, 3(14%) Breech, 1(4.5%) Neonatal Resuscitation, 1(4.5%) PPH, 2 (9%) Normal labour, 1(4.5%) Kiwi Vacuum Extraction, 1 (4.5%) Partograph use.

4. What did you find least useful about the course?

This seemed to cause confusion as many of the answers were the same as Q3. Only 1(4.5%) mentioned Shoulder Dystocia as being least useful and 1(4.5%) Infection prevention.

5. What would you like included in future courses?

1(4.5) cited Uterine inversion and prolapse. 3 (14%) forceps. 3(14%) PMTCT (prevention of mother to child transmission). 10(45%) wanted manual vacuum extraction to be included. This was discussed with Dr.Ifuru as it is outside of our field expertise. He felt very strongly that it is not something to be taught in a 1 hour slot. 2 week courses are available in some areas. One midwife had already attended such a course.

6. What one aspect will you find most useful in your practice?

8(36%) Ventouse Kiwi extraction.

5(23%) Shoulder Dystocia

4(18%) Breech

3(14%) Neonatal resuscitation

2(9%) PPH

2(9%) Eclampsia

7. Do you feel confident to teach your colleagues/other health professionals, the skills you have learnt?

22(100%) answered yes.

8. Do you have any other comments about the course?

10(45%) added positive comments about the course.

3(14%) wanted the course to be longer.

5(23%) wanted us to give them Kiwis. (Maybe something to aim to provide again in the future)

4(18%) wanted more food or drink!!(Loads of food was provided and morning coffee)

2(9%) commented that our teaching was not in line with their college guidelines. We have made every effort to follow WHO guidelines and have left a WHO DVD with the head of Midwifery education.

Recommendations

Overall the course evaluated very well. In addition to some of the above suggested changes for the future, during informal discussion

amongst the tutors, the following points were highlighted.

The final certificate ceremony was long and drawn out. It might be better if tutors gave out the certificates themselves rather than waiting for the university staff to be available.

The Neonatal resuscitation bags and ALSO prompt cards were well received but it is important there are enough for every participant. If Kiwi Ventouse kits were provided on a future course they would be well received.

The ALSO cards contain information on CTGs which is not relevant to midwifery practice in Ethiopia, so it may be worth considering designing our own prompt cards.

In future courses it may be worth including Third stage management and a practical session on management of PPH.

It should be made clear in the beginning that only participants attending every session will receive an end of course certificate, Perhaps the tutors should keep their own am and pm register.

It was felt that the link should not pay for participants from private organizations.

Conclusion

The course was smooth running in a comfortable setting with good equipment. The participants and tutors seemed to enjoy the week and the test results indicate that the participants' knowledge base improved throughout the week. The evaluation suggests that the aims of the course were met. With a few minor adjustments, the indications are that the course would be well worth repeating on future Link visits.