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”Obstetric skills training”

Development, implementation and evaluation of a training program

The aim of the thesis was to design, implement and evaluate a multi-professional obstetric skills training program with emphasis on procedural skills in emergency obstetric situations. Study 1: The designing of an obstetric skills training program at an organisational level. Data for this study were obtained through a literature search, questionnaires amongst the labour ward staff and data on prevalence of trained events obtained from the Danish Medical Birth Registry. The study was initiated in June 2003 in the Obstetric department, Rigshospitalet. Based on data obtained through this process, it was decided that obligatory training using a multi-professional training approach was necessary in training in management of postpartum bleeding, shoulder dystocia, basic neonatal resuscitation and severe preeclampsia, and it should be carried out for all midwives, auxiliary nurses, nurses in ante- and postnatal wards and all doctors.

Study 2: Implementation and evaluation of the obstetric training program. During a 3-year study period, 220 staff members representing four health professional groups were eligible for the obstetric training. 95 % of the staff eligible for training participated. Research methods were action research and descriptive research. Evaluation was in accordance with the model of Donald Kirkpatrick and was carried out before, just after and 9-15 months following the training. Evaluation included attitudes to training, self-assessment, evaluation on how stressful and unpleasant a skill was considered, written knowledge of skills test (KOS-test) in basic neonatal resuscitation to all staff and in management of severe preeclampsia to all doctors and specialised midwives plus furthermore data on how work-routines was influenced and changed.

Results: Data confirmed that staff valued both training and the multi-professional approach to training. Management of shoulder dystocia, severe preeclampsia and neonatal resuscitation were considered stressful and unpleasant by the staff before training and the levels of discomfort with these skills were significantly less pronounced following training. No significant changes were observed for management of postpartum bleeding. Less room for improvement was seen with regards to management of postpartum bleeding, presumably due to a higher pretest levels. Self-assessed scores of confidence for all the trained skills improved significantly for all health professional groups when measured 9-15 months following training. Data might indicate that training in neonatal resuscitation needs to be trained more often than the other skills trained. A significant association between self-assessment of confidence in basic neonatal resuscitation and numbers of correct answers in the KOS-test was revealed, which might indicate that staff were capable of self-assessing their own competencies in this skill. There was no association between many years of work experience and high numbers of correct answers in the KOS test, which might indicate that this skill was not learned or retained over time. Almost all involved staff reported influences on work routines when asked 9 - 15 months following training. Answers could be categorised in “Feeling of confidence and security”, “Better coordination”, “Common understanding” etc. The need for organisational changes in the department became visible and lists of changes were made and implemented. Sick leave amongst midwives diminished after the training program was implemented.

Conclusion: The overall conclusions were that an obligatory obstetric training program in the Obstetric department, Rigshospitalet had an impact on both the individual and on the organisational level. Whether or not this has any direct or indirect effect on patient safety remains to be resolved.

Kort dansk opsummering: Tværfaglig obstetrisk færdighedstræning

Projektet ”Obstetric skills training” er en masterafhandling ved Centre for Medical Education, University of Dundee, Scotland. Det omfatter udvikling, implementering og evaluering af et træningsprogram på fødegangen på Rigshospitalet. I perioden 2003-2006 var 220 jordemødre, læger, sygeplejersker, social- og sundhedsassistenter tilgængelige for at indgå i træning i håndtering af skulderdystoci, postpartum blødning, svær svangerskabsforgiftning og den uventede dårlige nyfødte. Evaluering blev foretaget før, lige efter og 9-15 mdr. efter træning. Samlet konkluderes, at der skete individuel læring og ændringer i arbejdsgange og organisering på fødegangen.