



INNOVATIVE STRATEGIES: PREPARE MIDWIVES TO NURSE THE NON-OBSTETRICAL PATIENT IN CLINICAL CARE SETTING.

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ABSTRACT

Providing care during birth journeys and in antepartum and postpartum units is very exciting and fulfilling. It's wonderful the way nurses find joy in dealing with moms and babies and that it brings happiness to both the patients and their families. Being a Clinical Instructor in a maternity setting is like a dynamic and hands-on role where nurse can assess, train, and validate nursing staff competencies. Working in a tertiary and training hospital provides valuable opportunities for learning and enhancing critical thinking and clinical judgment. Some maternity units also handle non-obstetrical cases, showcasing the versatility of midwives. This writing discusses midwives to nurse the great work in providing excellent care and positive outcomes in the healthcare setting.

Key words: *Education and training, Midwives, Non-Obstetrical, Quality, Patient safety, Standards, Strategies.*

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INTRODUCTION:

Midwifery is a vibrant and skillful profession. Globally, working in maternity hospital settings has been the boundless experience and inspiration to all the midwives. Midwife care during birth journeys and employed in antepartum and postpartum units has been the exciting experience that transmits optimistic impacts on patient and family satisfaction and surprising job satisfaction to the midwives on daily basis. Occupied in joyful care environment and dealing with mom and baby is a gift of each and every midwife. Dealing with happy patient, happy family and getting positive outcome and happiness is the most elated achievement in health care setting.

Being Clinical Instructor in maternity setting is one of the most dynamic environment for onsite training and bedside teaching where we can assess, train, update, hands on and validate nursing staff competencies towards Standards, Quality, Evidence Based and Excellency of nursing care. Working in tertiary and training hospital that contributes huge teaching and learning experience that enhances critical thinking and clinical judgment. Also, good platform for learning new Equipment, approaches, skills, procedures, updates and standards.

Due to high volume of patient referral across the country and being tertiary and referral hospital, some of the maternity units are transformed to cater the Non-Obstetrical patients such as medical, surgical, oncology and miscellaneous cases. Handling of non-obstetrical cases by midwives who has no background and experience in medical, surgical, oncology and miscellaneous cases was extreme challenge.

Due to this situation, staffs were anxious, nervous, frustration, sleeplessness, mood changes, less socialization, planning to move to other unit and most important is lacking of staff self-confidence and staff retention. Being the unit clinical instructor, it was the heavy challenge and essential to had lots of determination and expertise that needs to identify and adapt strategies. Execution of adapted approaches, strategies and initiatives in order to overcome the situation on timely manner without compromising patient safety and staff satisfaction was the major challenge in the health care institution.

AIM OF THIS WORK:

- To prepare midwives to handle non-obstetrical patient in clinical setting.
- To make sure midwives are proficient and competent in advance to handle the patient in clinical setting.
- To ensure midwives are confident and safe to handle the patient without compromising patient safety.
- To prepare midwives to assess the early warning sign and the activation of referral system
- To prepare midwives to precept the new nurses, nurse interns and nurse trainees on the unit.
- To ensure midwives to accomplish shift in charge roles sensibly.

METHODOLOGY:

Strategies amended to overcome the situation:

- Designed the unit scope of practice based on the current situation.
- Learning needs assessment and survey has conducted among the end users.
- Formal meeting conducted between the leaders and experts.
- Assessment done by the unit instructors and leaders.
- Action plan proposal by the team, nurse leaders and experts.
- Strategies adapted in order to train the staff to handle non- obstetrical patient.
- Organized comprehensive **Basic Nursing Clinical Skills Crash course** for all unit nursing staffs.
- Intensive unit training about ward routines, policies and protocols.
- Ensured relevant nursing policies and procedures has read by the staff.
- Significant and required guidelines and protocols has been prepared and executed.
- Advance nursing skills training by the experts.
- Organized specialty workshops and courses.
- Equipment training by the company personnel.



- Equipped train the trainer.
- Revised unit competency list and added new competency based on the new scope of practice.
- Unit competency validation by the nursing clinical instructor.
- Regular unit in-services by the assigned clinical instructor.
- Case scenarios discussion after unit huddle in order to seek for the solution and common agreement.
- Onsite training and bedside education on regular basis by the experts.
- Ongoing reassessment and evaluation process.
- Peer group feedback and individual staff feedback.
- Quality audit and feedback for improvement.
- Consistent **Leadership rounds to support the midwives.**
- Cross Training.
- Continuous education and training for sustainability.

Teaching and learning methods used during and after the training:

- Simulation based training.
- Bedside teaching.
- Demonstration and Re-demonstration.
- Lecture.
- PowerPoint Presentation.
- Group discussion.
- Scenario Based Discussion.
- Case studies.
- Courses and Workshops.
- Virtual learning.
- Video presentation.
- Self-reading and learning materials.
- Onsite training.
- Reflective practice.
- Online module.
- Peer assessment.
- Team building activities.

Lesson Learned:

- Team work is the best tool to improve quality of nursing care.
- Utilization of midwives and nurses to handle non-obstetrical patients after adequate training that found to be safe and sound.
- Ongoing assessment has highly needed for continuous improvement, quality and excellency of nursing care.
- Leadership and problem-solving skills are required for all nurses in order to challenge the situation effectively and efficiently.
- Continuous Education and Training will sustain nurses clinical practice and promote sound clinical judgment.
- Proper utilization of available resources that positively impact the hospital cost in the clinical setting.
- One size not fit for all the staffs, one on one teaching and remedial sessions are needed based on their performance.
- Cross training is the powerful tool to sharpen the knowledge and skills of the nursing staff in clinical setting.



OUTCOME:

- Midwife able to handle the non-obstetrical patient competently.
- Midwife competent to perform shift in charge and leadership duties assertively.
- Perform preceptor ship role in order to train the novice nurses and the nursing trainees.
- Competent to perform proper nursing assessment and identify the early warning signs and symptoms.
- Capable to refer the patient as earlier as possible to the physician and or the rapid response team.
- Identify the areas for enhancement in order to avoid future incidence and enhance improvement.
- Identify plenty of Key Performance Indicators and quality projects by the midwives for monitoring and as research proposals.
- Patient safety was not compromised and maintained as per the standards of international patient safety goals.
- Able to assist the new and junior nursing staffs in the unit.
- Improved patient and family satisfaction rate.

Above strategies either directly or indirectly influence the health care cost system in below aspects.

- Optimize patient flow.
- Proper utilization of patient beds.
- Optimize scheduling and staffing.
- Nursing leader's satisfaction.

DISCUSSION:

Above approaches and strategies that influence the constructive and desired outcome in the health care setting and the midwives who attended intensive basic and advanced training able to handle non- obstetrical patients in clinical settings without compromising patient safety under the supervision and guidance of experts and leaders in this field. Diversity of strategies executed in order to overcome the situation. Above all, effective strategy was continuous training and education, bedside teaching and onsite training, monitoring and constructive feedback that prepare the nurses to perform their roles effectively and professionally in order to sustain the practice and skills.

In the other aspects, some of the midwives not enthusiastic to continue to these jobs as they emotionally concerned due to the critical situation, acuity of the patient, long stay patient, bed bounded patient, palliative oncology patient and end of life care as they habituated to perceive the happy smiling faces with mom, newborn, family excitement and celebration.

Recommend that systematic assessment and reassessment needed on individual basis about basic nursing knowledge, skills, capability, potential, learning barriers and responses but not limited, prior to train the midwives in order to find the positive outcome and staff retention.

CONCLUSION:

In conclusion, above strategies and training was well acknowledged and closed the gaps that midwife can handle and manage non-obstetrical patient in clinical care settings without major concerns and compromising patient safety and satisfaction. Nursing Leaders support are highly required in order to support and sustain the individual staff midwife self-confidence and assurance. Formal evaluation has used to assess the impact of skills training. Effective implementation of strategies that enhanced the level of quality nursing care, staff confidence level as well as patient and family satisfaction rate has drastically improved. Continuous Education and constructive monitoring and feedback to be required in order to sustain the knowledge and skills of Midwives.



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