

Physician Leadership in Respectful Maternity Care

March 19, 2024



Florida Perinatal
Quality Collaborative



WELCOME!

Please type your name,
hospital campus, and
your role in healthcare
into the chat!

WELCOME

**from
FPQC Executive Director,
Lori Reeves, MPH**





Florida Perinatal Quality Collaborative

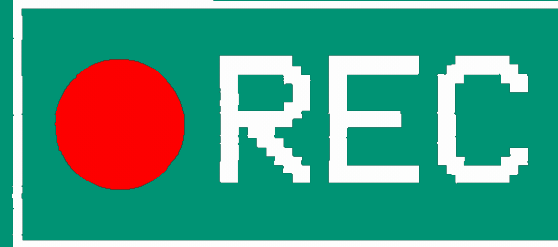
FPQC Vision

All of Florida's mothers, infants & families will have the best health outcomes possible through receiving **respectful**, equitable, high quality, evidence-based perinatal care.

Disclosures

Nothing to disclose

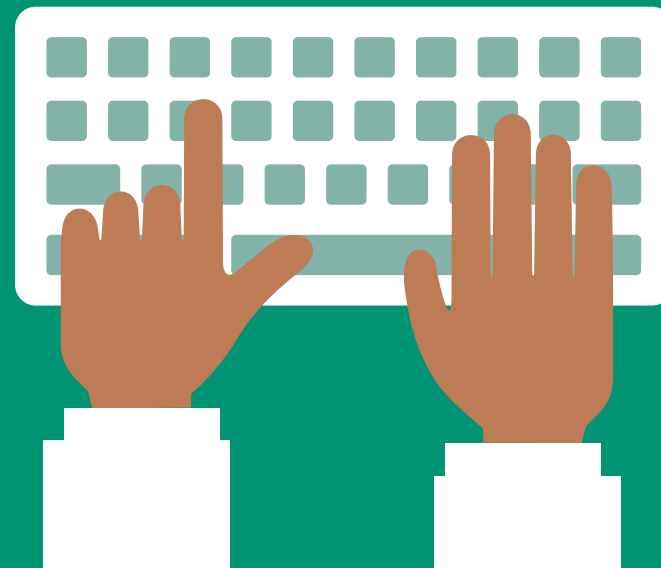
**PLEASE NOTE
THE
FOLLOWING**



This webinar is being recorded



Please mute yourselves until Q&A



Please type your name, job title, and hospital name into the chat

AGENDA

- Review of learning objectives
- Experiential Activity: Post-it activity
- “Why RMC?”
- Review of eLearning platforms
- Review of ICM Interactive training
- Implementation Strategies to address physician time restraints, nursing time budgeted, and applying adult learning principles
- Q&A



Learning Objectives

- **Recognize how experiences of respect and disrespect in OB units impact both patients and clinical teams**
- **Address the specific challenges of providing education to physicians, nurse-midwives, and nurses**
- **Illustrate how on-demand trainings can complement experiential trainings**
- **Examine opportunities to creatively adapt trainings to meet the needs of your department**

Today's Speakers



ALYSSA BROWN, MD

Chief of OB/GYN, Tampa General Hospital;
Assistant Director, USF Division of Specialists
in General OB/GYN; Assistant Professor, USF
Department of OB/GYN



JESSICA BRUMLEY, CNM, PHD

President-Elect, American College of
Nurse-Midwives
Director, Division of Midwifery; Associate
Professor, USF Department of OB/GYN

Today's Speakers



**MARGIE BOYER, MS,
RNC-OB, FAWHONN**
Lead Nurse Consultant, FPQC



**NICOLE PELLIGRINO, MPH,
MCHES, CD(DONA), CLC**
Senior QI Analyst, FPQC
Doula

POLL

What is your biggest challenge in engaging physicians in RMC education?

Mother-Focused Care (MFC)

Focus: Assist hospitals and providers in transforming their culture and environment to respectfully serve all mothers and their families and helping them to meet their needs.

Primary Drivers

Secondary Drivers

Aim: By 12/2024, each hospital will:

1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services

2) Have 80% of providers and nurses attend an RMC training~ since January 2023

~RMC training that includes topics defined by FPQC

Data Insights

Learn about the mothers served: characteristics, risk factors, & outcomes across populations

Respectful Maternity Care (RMC)

Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing

Universal SDOH Screening and Linkage to Services/Resources

Screen all mothers for SDOH. Assist & refer mothers to help meet needs in a successful and respectful way working with community partners

Family & Community Engagement in Hospital QI Work

Include family and community representatives in defining and implementing their hospital's QI initiative

Improve the collection of individual patient characteristics

Use PQI & Differences in Perinatal Outcomes dashboard to identify differences. Share findings and build ongoing plans to address gaps

Educate provider and staff about respectful maternity care and its components and strategies

Develop a hospital commitment with providers and staff support

Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care

Screen all mothers for SDOH using a standard process and format

Link patients to available services and resources for identified SDOH using a community resource directory and other referrals

Educate hospital staff on processes for developing a mutually agreed-upon plan of care utilizing a shared decision-making model

Educate QI Team and leadership about family and community advisor involvement

Engage family and/or community advisors to provide ongoing input on QI efforts and care provision

RMC: Mother-Focused Care Initiative

Definition

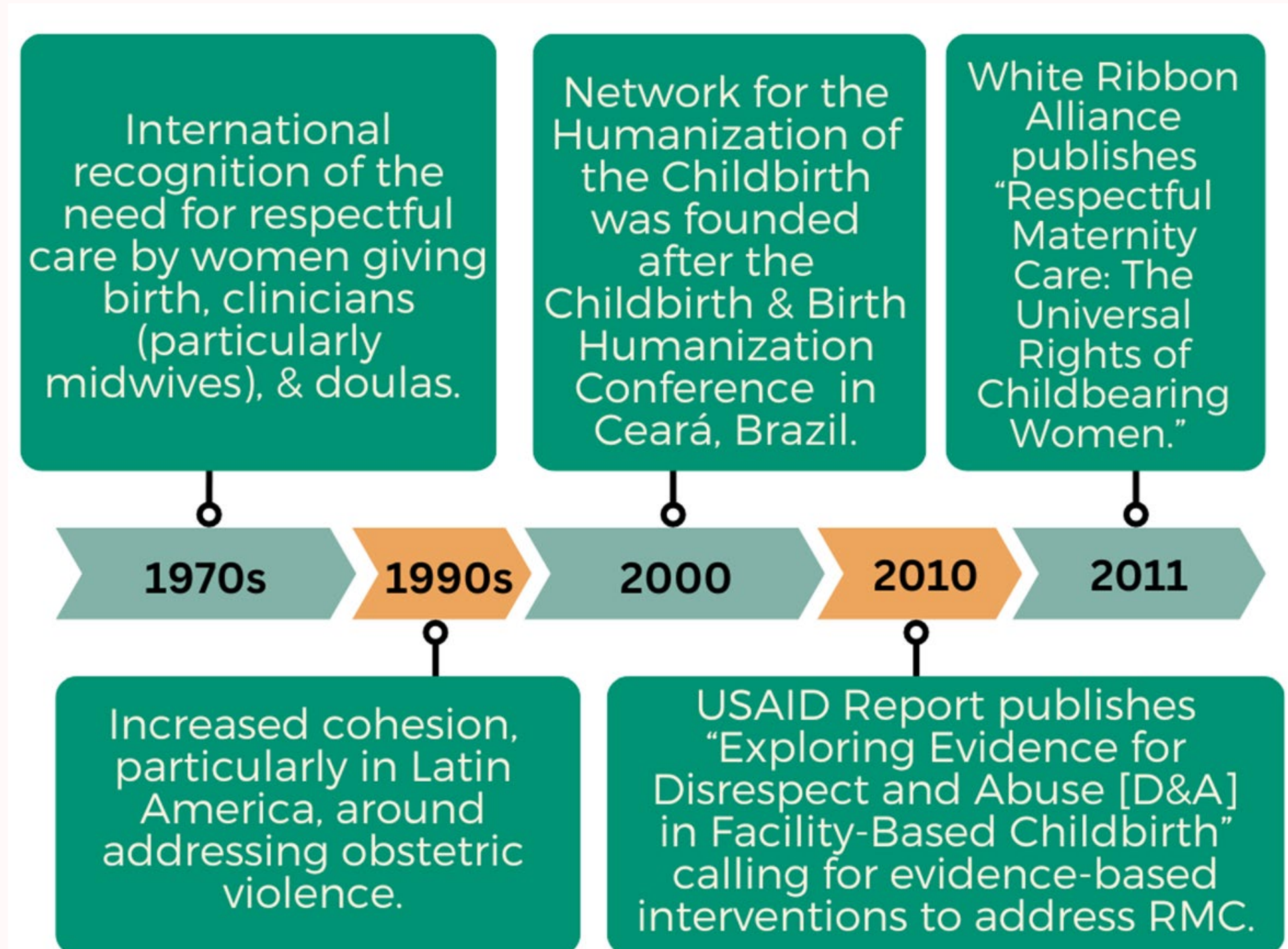


Respectful maternity care refers to care that:

- Maintains dignity, privacy, and confidentiality
- Ensures freedom from harm and mistreatment
- Enables informed choice, self-determination, and respect for a patient's preferences
- Ensures access to continuous support during pregnancy, labor, childbirth and postpartum
- Enables access to evidence-based care, a safe and inclusive physical environment, and necessary resources

RMC Foundations

RMC is founded on the premise that women should not be mistreated in childbirth.



Recommended Education Key Components

Shared Decision-Making

Communication amongst
team members about RMC

What does Respectful
Maternal Care look like?

Acknowledgment of
(patient) past pregnancy
and birthing experiences
and loss

Cultural Humility/Cultural
Competence

Stigma

Bodily autonomy and
Consent

Recognizing healthcare
worker burnout

Role of doulas in RMC

Patient as center/meeting
patients where they are

**Suggested Key
Components for
RMC Trainings**

Partners and other family
members

Trauma Informed Care

Our Respectful Care Commitments for Every Patient

- 1. Treating the patient with dignity and respect** throughout their hospital stay. **Working to understand the patient** (their background, home life, and health history) so we can make sure they receive the care they need during their birth and recovery.
- 2. Communicating effectively** across the patient's health care team to ensure the best care for them. **Introducing ourselves and our role** on the patient's care team to the patient and their support persons upon entering the room. **Practicing "active listening"**—to ensure that the patient, and their support persons are heard. Being ready to hear any concerns or ways that we can improve patients' care.
- 3. Learning the patient's goals for delivery and postpartum:** What is important to the patient for labor and birth? What are their concerns regarding their birth experience? How can we best support them?
- 4. Welcoming the patient's chosen support persons** to be present throughout their stay.
- 5. Following** evidence-based guidelines **and partnering with the patient for all decisions** so that they can make informed choices that are right for them.
- 6. Valuing personal boundaries and respecting the patient's dignity and modesty at all times**, including asking their permission before entering a room or touching them. **Protecting the patient's privacy** and keeping their medical information confidential.
- 7. Recognizing a patient's prior experiences with healthcare may affect how they feel during their birth.** We will strive at all times to provide safe, equitable and respectful care to reduce the risk of harm and mistreatment.
- 8. Making sure the patient is discharged after delivery with an understanding of postpartum warning signs**, where to call with concerns, and with appropriate postpartum follow-up care visits arranged. **Ensuring the patient is discharged with the skills, support, and resources** to care for themselves and their baby.

As a provider, nurse, or staff member caring for pregnant and postpartum patients on this unit, I have reviewed and commit to these respectful care practices with every patient.

Signature

Date



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RMC Commitment Handout

- Actionable strategies to positively impact patient care
- Teams can use this version or adapt for their facilities
- Can serve as a standard part of new team member onboarding





Tell Us About Your Birthing Experience!

Scan here



Or visit bitly.com link

The purpose of this survey is to give you an opportunity to share feedback on your labor, delivery, and postpartum care.

Our goal is to provide respectful care for all patients. We need your feedback to make sure we are providing the care you need. We are committed to providing you safe and respectful care.

Respectful care ensures that patients receive patient-centered care, feel respected and listened to, and the individual needs and preferences of all patients are valued and met.

- Your survey responses will **remain private**. We will not collect your name and your individual answers will not be shared with your health care provider or any staff.
- This survey should take about 10 minutes to complete. Completing this survey is optional and will not impact the care and services to you and your baby.
- Please complete the survey before discharge. Let your nurse know if you have any issues completing it.



Florida Perinatal
Quality Collaborative

Supporting respectful care for all patients: The Florida Perinatal Quality Collaborative (FPQC) works with patients, physicians, midwives, nurses, hospitals, and community groups across Florida to reduce maternal disparities and improve maternal and infant outcomes by ensuring all patients receive safe, high-quality, compassionate, and respectful care.

RMC Survey

- Available in three languages:
 - English
 - Spanish
 - Haitian Creole
- Patients are able to scan QR code, enter shortened link into browser, or complete on hospital iPad
- Leads to survey in Qualtrics





RMC

E-Modules

ACOG Statement on CDC Data on Respectful Care (8/2023)



- “ACOG is committed to educating and providing resources to its members on the principles of respectful care...”
- “It is imperative that pregnant and postpartum patients feel comfortable communicating with members of their health care team...respondents said they held back on discussing concerns or asking questions because “their health care provider seemed rushed” or they didn’t want to appear “difficult” demonstrates that we must work harder to provide more patient-centered care.”
- “ACOG is able to further this work through the Alliance for Innovation on Maternal Health (AIM), a national quality improvement initiative that aims to make birth safer and improve outcomes.”

ACOG Respectful Care eModules



- Target Audience: Obstetrician-gynecologists
- Free for ACOG members
- These modules provide insight that will help clinicians more effectively offer respectful care in obstetrics, gynecology, and overall patient health.
- Earn a maximum of 1.5 College Cognate credits or 1.5 *AMA PRA Category 1 Credit(s)*™.

ACOG Respectful Care eModules



- Estimated time to complete all 3 sections is ~90 minutes (this includes built in time for reflection).
- Divided into 3 learning modules:
 1. Race and equity in OBGYN
 2. Historical Foundations of OBGYN
 3. Respectful care in OBGYN

<https://www.acog.org/education-and-events/emodules/respectful-care>

ACOG Respectful Care eModules



- eModule 3 (Respectful Care in OBGYN) can be used as a standalone training as some of the historical context is included.
- There is also a discussion guide that can be used individually or in a group setting with conversation starters, a reading list, and a reflection sheet.

ACOG RMC

eModule Reading List



- Women’s Perception of Respectful Maternity Care by Daniel Ephrem and Zewdie Teka
- A Guide for Advocating for Respectful Maternity Care by the U.S. Agency for International Development Health Policy Project
- Safer Childbirth? A Critical History of Maternity Care by Marjorie Tew
- **ACOG Committee Opinion 819: “Informed Consent and Shared Decision Making in Obstetrics and Gynecology” (2021)**
- Also recommended: **ACOG Committee Opinion 587: Effective Patient–Physician Communication (2014, Reaffirmed 2021)**

ACOG RMC

eModule Discussion Guide

The discussion guide provides sample questions for each of the eModule 3 subsections:



1) **Cycle to Respectful Care**

- What are some tangible steps that you, as a clinician, can take to offer respectful care?
- What types of support would help you provide unique, individualized care to your patients?

2) **Shared Decision Making**

- How can respectful care promote better shared decision making?
- What are some practical strategies that health care professionals can use to partner with patients in a two-way dialogue to understand patients' goals and treatment?

3) **Building Trust**

- What can health care professionals do to foster trust with patients?
- How might respectful care begin to rebuild trust of those who have previously had disrespectful clinical encounters?

AWHONN RMC Offerings



- The RMC Framework
- AWHONN RMC Evidence-Based Guidelines
- AWHONN RMC Implementation Toolkit
- Videos, links to relevant resources from AWHONN and other agencies, articles of interest, tools and resources for staff, patient-facing brochures and infographics in several languages, and more!
 - Free for members, low-cost for non-members
 - CNE Offered
- AWHONN RMC webinar (59 min session)

Helpful Links:

- Huggies/AWHONN RMC Education: <https://www.huggieshealthcare.com/en-us/education-and-research/birth-equity/respectful-maternity-care-guideline-toolkit>
- Intro - From Advocacy to Action: Real Stories of the Maternal Morbidity & Mortality Crisis (2 minutes): <https://www.youtube.com/watch?v=vFzuVxHirjU>
- Real Stories of the Maternal Morbidity and Mortality Crisis (full-length, 16 minutes): <https://www.youtube.com/watch?v=SACbCnEr7WI>
- Rose Horton (AWHONN President) respectful care roleplay example (5 minutes): <https://www.youtube.com/watch?v=QETjSOP0zQw>

AWHONN Respectful Maternity Care Implementation Toolkit (2022)



Comes with tools and resources you can use to implement within your organization. Guiding principles:

- Awareness
- Mutual Respect
- Shared Decision Making and Informed Consent
- Autonomy
- Dignity
- Accountability

Access the toolkit:

- <https://www.awhonn.org/respectful-maternity-care-implementation-toolkit/> (includes a 3-minute introduction to the toolkit by Rose Horton)



“C.A.R.E. P.A.A.T.T.H.” 10 Step Journey

The AWHONN toolkit is a guide for hospitals on the journey to
Respectful Maternity Care:

Confirm Commitment, **A**ssemble Team, **R**elate Readiness, **E**ducate All,
Propose Policy, **A**dapt Culture, **A**ssume Accountability, **T**ailor Data
Management, **T**est Measurements, **H**ave a Celebration

“Respect Every Patient, Every Interaction, Every Time”



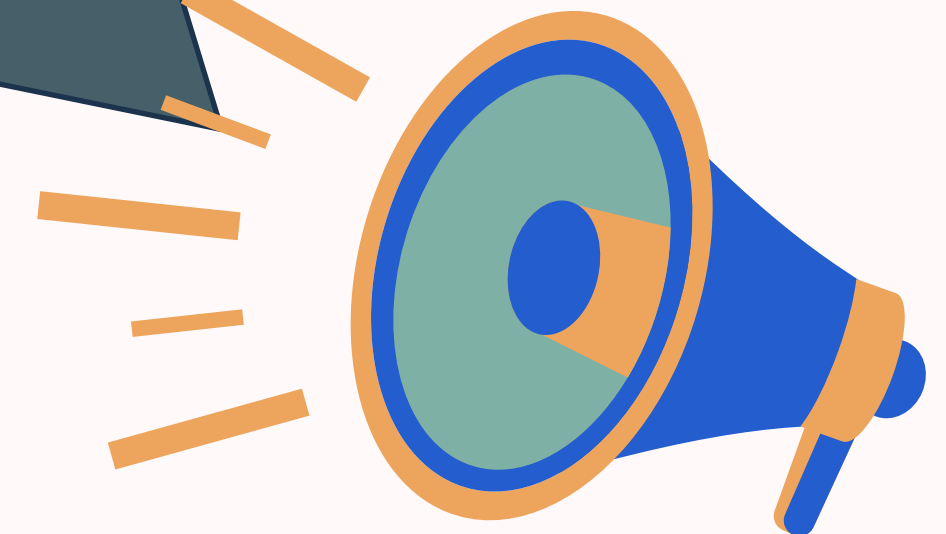
Adapting an In-Person Workshop

Post-it Activity:

Can you think of a time when someone's kindness had an impact on you? Please type into the chat.

Centering the Voices of Florida's Mothers

“Respectful care, means to me, that regardless of who you are, where you’re from or what you look like, you will feel as if you were seen, heard, properly informed of all choices and included in decisions about your healthcare” (FPQC Patient Advisor, 2023).



International Confederation of

Midwives Curriculum



- RESPECT Workshop toolkit, facilitator guide, and slide deck are 100% Free
- Can be used for train-the-trainer workshops or general RMC trainings
- Intended to be used by “...midwives, doctors, educators, researchers, nurses, health care workers, doulas, managers, policy-makers, advocates and leaders. Everyone working throughout maternity care services is welcome to engage, disseminate and facilitate a RESPECT workshop.” (ICM, 2024)
- Strong focus on experiential (versus rote) learning: **“Learning is the process whereby knowledge is created through the transformation of experience”** (Kolb, 1984)

<https://internationalmidwives.org/resources/respectful-maternity-care-toolkit/>

International Confederation of Midwives Curriculum: Theoretical Frameworks



- Rooted in Adult Learning Theory (Andragogy)
- Facilitation recommendations are grounded in Carol Rogers’ “Three core conditions for successful facilitation.”
- Also utilizes Stages of Group Development by Tuckman (1965) to recognize how teams grow, tackle problems, and get results.
- Utilizes the Theory of Planned Behavior by finding ways to appeal to attendees’ beliefs and motivations to promote changes in behavior (Ajzen, 1991).

How FPQC Adapted the ICM Curriculum



Uses the RESPECT Curriculum, discussing:

- RESPECT Background
- Building RESPECT
- RESPECT Resources
- Uses “Recommended Key Components of RMC Trainings” created by the RMC workgroup of the MFC advisory committee; while the ICM training covered most of these points, FPQC added additional topics and resources when adapting.

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Suggested Key Components of Respectful Maternity Care (RMC) Trainings

Check if component is covered in selected training

- Shared Decision-Making
- What does RMC look like?
- Cultural Humility/Cultural Competence
- Recognizing healthcare worker burnout
- Patient as center/meeting patients where they are
- Trauma-Informed Care
- Partners and other family members
- Role of doulas in RMC
- Bodily Autonomy and Consent
- Stigma
- Acknowledgment of (patient) past pregnancy and birthing experiences and loss
- Communication among team members about RMC
- RMC Commitment or Pledge

MFC
Mother-Focused Care

Learn more about RMC: www.fpqc.org
Contact: fpqc@usf.edu

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How FPQC Adapted the ICM Curriculum



Added additional resources (either created by FPQC or free materials from other organizations) to the ICM training to make it more relevant to our MFC Teams:

Respectful Care Workshop Tips for Trainers

Do's

- Carefully assess the needs of participants
- Probe sensitively into people's feelings
- Create an open and trusting atmosphere
- Help people understand why they're there
- Create a respectful atmosphere
- Stay neutral
- Display passion and appropriate level of assertiveness
- Treat all participants as equal
- Know how to use a wide range of process tools
- Make sure that participants have ownership for what has been achieved
- End the facilitation on a positive and optimistic note

Don'ts

- Be unaware to what the group thinks or needs
- Dismiss ideas and emotions of participants
- Change the meaning of what was said
- Be defensive towards opinions they disagree with
- Show passive attitudes
- Single people out
- Let discussions get side-tracked and don't keep to times
- Be insensitive to cultural diversity issues
- Have no strategies on how to deal with conflict

Core Conditions

- Empathy
- Acceptance & Trust
- Realness

Public Speaking Tips

- Write down your concerns
- Weave the WHY through each topic
- This is about them, not you
- Reassure yourself
- Better preparation = better performance
- Create connections, ask participants to bring themselves to the session
- Be familiar with your venue
- Don't script it, but know your key points

Set the scene and depth, involve the audience early
 Evoke meaning through experiential learning (role-play, group discussion) to make content personally relevant for participants. *Prioritize this if workshop must be abbreviated*
 Give participants opportunities to practice by doing and teaching others

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Respectful Care Workshop Key Takeaways

- Involve patients in QI work to understand their experiences and improve future care
- Consider sharing a respectful care commitment with patients
- Respectful care needs leaders and adopters, YOU have the power to facilitate change!

Shared Decision-Making

- Seek your patient's participation
- Help your patient explore and compare treatments
- Assess your patient's values and preferences
- Reach a decision with your patient
- Evaluate your patient's decision

Teamwork Between Nurses and Doulas

- Doulas are an underutilized, evidence-based resource
- Encourage:
 - Open communication and mutual understanding of roles
 - Rapport and joint understanding, doulas' professional skills complement nurse's technical and medical skills
 - Two-way teaching

Cultural Competence

- Gaining knowledge, skills, and self-efficacy
- Developing positive attitudes and awareness

Cultural Humility

- Includes openness to learning from patients
- Part of patient-centered care
- Improves patient satisfaction and experience

Create a High Feedback Culture

- Feedback should be timely
- Remember the vulnerability of hearing feedback
- "What is my inner intent?"
- Ask if the other person is open to feedback
- Focus on common ground
- Be explicit, use examples
- Be authentic, no judgment

Practice Deep listening:

- Emotional attunement through mirror neurons
- Listening beyond agenda
- Positive regard
- Collect yourself before entering the room
- Deep breaths

Practice Reflexive listening:

- Carefully listen to content and feeling
- Run it past your own thoughts and feeling
- Feedback what you hear them saying
- Make an empathetic guess about what the other is feeling, offer it as a possibility

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Our Respectful Care Commitments for Every Patient

- Treating the patient with dignity and respect** throughout their hospital stay. Working to understand the patient (their background, home life, and health history) so we can make sure they receive the care they need during their birth and recovery.
- Communicating effectively** across the patient's health care team to ensure the best care for them. **Introducing ourselves and our role** on the patient's care team to the patient and their support persons upon entering the room. **Practicing "active listening"**—ensure that the patient, and their support persons are heard. Being ready to hear any concerns or ways that we can improve patients' care.
- Learning the patient's goals for delivery and postpartum:** What is important to the patient for labor and birth? What are their concerns regarding their birth experience? How can we best support them?
- Welcoming the patient's chosen support persons** to be present throughout their stay.
- Following evidence-based guidelines and partnering with the patient for all decisions** so that they can make informed choices that are right for them.
- Valuing personal boundaries and respecting the patient's dignity and modesty at all times**, including asking their permission before entering a room or touching them. **Protecting the patient's privacy** and keeping their medical information confidential.
- Recognizing a patient's prior experiences with healthcare may affect how they feel during their birth.** We will strive at all times to provide safe, equitable and respectful care to reduce the risk of harm and mistreatment.
- Making sure the patient is discharged after delivery with an understanding of postpartum warning signs**, where to call with concerns, and with appropriate postpartum follow-up care visits arranged. **Ensuring the patient is discharged with the skills, support, and resources** to care for themselves and their baby.

As a provider, nurse, or staff member caring for pregnant and postpartum patients on this unit, I have reviewed and commit to these respectful care practices with every patient.

Signature _____ Date _____

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SBAR FOR INCLUSIVE AND EQUITABLE PATIENT CARE

SBAR is a technique that is typically used to frame conversations between health care providers regarding a patient's condition and clinical status. SBAR in this circumstance is adapted to promote respectful and inclusive patient communication and care. It is important to recognize that each patient, couple, and family are unique. These sample SBARs are not all-inclusive.

SITUATION	BACKGROUND	ASSESSMENT	RECOMMENDATIONS
Respectful Maternity Care (RMC)	A care provider enters a patient room to meet and establish a relationship with their patient in a maternity care setting (e.g., reproductive center, outpatient clinics, antepartum units, intrapartum units, postpartum units, neonatal unit).	Based on what I know, which assessments are a top priority in establishing a positive relationship with patient and their partner? Self-assessment: • I will first engage in self-assessment to identify and recognize any personal bias. • I will reflect on how my previous experiences may impact my ability to provide non-biased care. • I will understand personal barriers to care and how to eliminate discrimination and bias. Patient Assessment: • I will work to build trust and rapport with this patient and their partner. • I will ask how this patient and their partner would like to be addressed by confirming their names and pronouns. • I will ask what words they use to describe themselves, their bodies, and their health care practices. • I will ask about this patient's or their partner's previous birth experiences, listen, and validate their concerns with compassion and respect using a trauma-informed approach.	What actions can be taken to help this patient and their partner feel heard and understood? • I will include this patient and their partner in all care decisions from admission through discharge. • I will take time to listen respectfully. • I will validate their care needs and concerns, ensuring the interprofessional team understands their preferences in order to deliver individualized care and support. • I will act promptly on the signs and symptoms they express to prevent, minimize, or eliminate harm. • I will promote skin-to-skin care for both parents to facilitate bonding. • I will avoid assumptions about gender identity from outward appearances and use gender-inclusive language. • If I make a mistake in my communications, I will apologize.

ACTIONS

- After hearing and documenting this patient's previous birth experience, I will reflect on the experience to determine what I can do to decrease discrimination and bias and ensure that they receive respectful and compassionate care.
- I will strive to identify and address clinic, unit, hospital, and systems issues in the facility where I work that impact the overall care provided for our patients.

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Ask Yourself: Am I Providing Trauma-Informed Care?

Universal Trauma-Informed Care

- Safety
- Peer Support
- Collaboration
- Empowerment
- Cultural Sensitivity
- Trust

Trauma can result from:

- Social Determinants of Health concerns related to transportation, housing, intimate partner violence, food, or utilities
- Individual or household substance use or mental health disorders
- Prior birth trauma
- Lack of Respectful Maternity Care (RMC) ...and other personal or psychosocial experiences across the life course.

Actionable Tips To Help Patients:

Feel SEEN

- Unconditional positive regard
- Eye contact
- Acknowledge what you see (e.g., "You look uncomfortable, how can I help?")
- Grounding in the present

Feel HEARD

- Remind them that their voice matters
- Use trauma-informed language
- Ask them how they would like to be supported (e.g., "Do you prefer distraction during the exam, or should I talk you through it step-by-step?")
- Share trauma disclosures with team (with patient consent) so the patient does not need to retell or relive trauma

Feel IN CONTROL

- Always ask for consent before touching a patient in any way
- Knock before entering room and ask for permission to enter
- Give control to the patient for initiation and termination of procedures
- Help maintain modesty
- Reflect on your reaction to a birth plan/preferences
- Respect the purpose of a birth plan/preferences: it is what you need to know about the patient so you can provide them with excellent care.

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Fall 2023 Trainings: Focus on Experiential Learning Activities



Materials: large wall post-its, regular post-its, markers to write headings on the large wall post-its, pens, 3 role plays printed out (one for you, one for each volunteer).

- Intros depending on class size and then “Can you think of a time when someone's kindness had an impact on you?” We use a single large post-it and have people write one act of kindness down on regular post-its, then come up to the front and stick on the large post it. The facilitator reads off the responses.
- “What Disrespectful Care is Happening in your facility?” – can use same facilitation style.

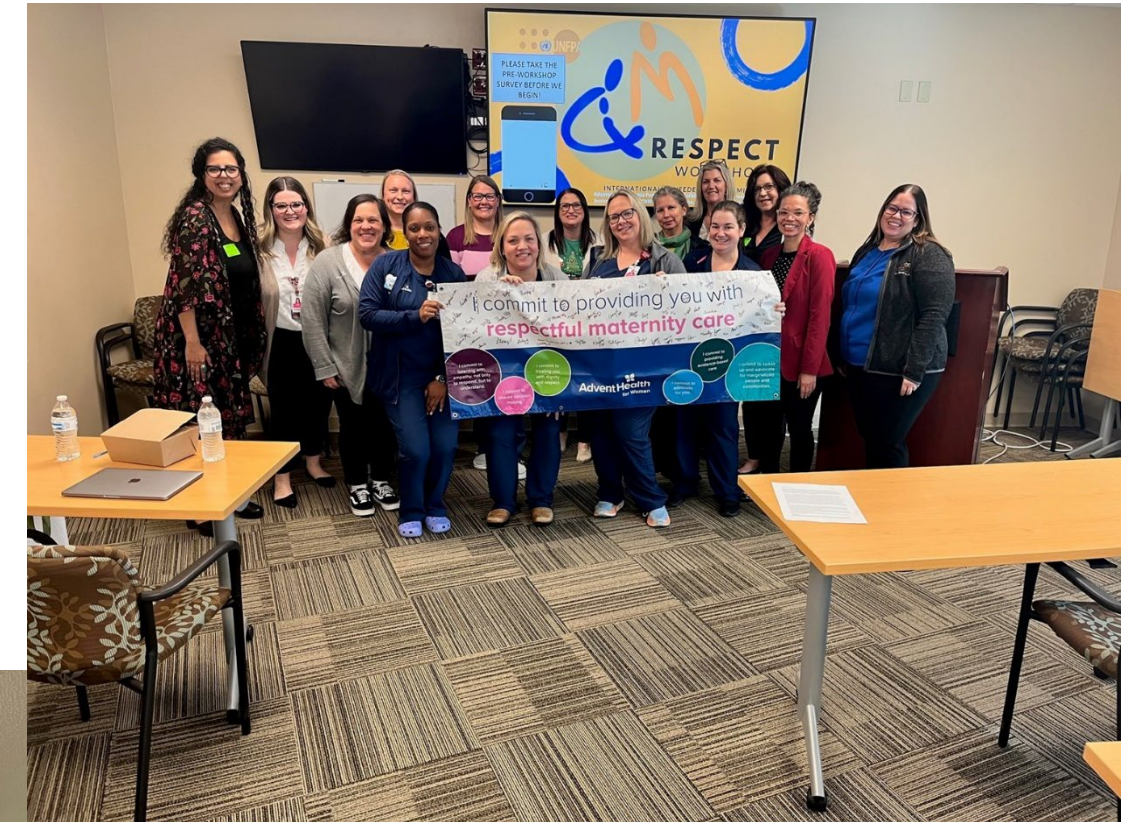
Fall 2023 Trainings: Focus on Experiential Learning



- Have attendees co-create ground rules for the training and write them out on the large post-it. To save time you could write them in advance and then ask attendees to add/change.
- “Sit down if you’ve never experienced disrespect” activity
- Adapted role-play SBAR (write your own!) : show a negative clinician/patient interaction and then ask the participants what disrespectful behavior was present (verbal and non-verbal), and then do it again but in a respectful manner.

Fall 2023 Trainings

Five trainings held statewide, 114 attendees total



RMC Evaluation

Initial Findings



For the five Fall 2023 trainings, improvements in three domains were noted:

Knowledge

- Disrespect during maternity care is a human rights violation
- Attempting to convince a patient into a medical intervention that you believe is needed is disrespectful care
- Experiences in which a patient feels mistreated may lead to a slow or stalled labor
- Shared decision-making includes providing the patient with unbiased information on all of their care and treatment options
- Ongoing labor support, such as that from a doula, is an important tool for improving labor and delivery outcomes

Attitudes

- It is important to confront colleagues who provide disrespectful care
- Zero tolerance for disrespectful care includes providing clear feedback to colleagues

Self-Efficacy

- I feel comfortable providing feedback to a colleague when I witness disrespectful care

RMC Promising Training Practices



- Include in resident training
- Offer RMC Grand Rounds
- Talk up ACOG eModules amongst colleagues
- Work with your Medical Staff Office on training strategies, CME, etc.
- Sign Commitment to RMC form and banner
- Offer brief RMC presentation at OB Section Meeting
- Provide Lunch & Learn session on RMC with an RN colleague
- Include RMC discussions in debriefs

RMC Promising Training Practices



- Combine on-demand and in-person training strategies
- Take “bite-sized pieces” of trainings
- Bring RMC change package to your Unit Based Councils!
- Provide patient education handouts, laminated scripting on MFC- “We Ask Because We Care”
- Upload ACOG eModules to learning platform
- Work with your Medical Staff Office on training strategies, CME, etc.
- Post Commitment to RMC Banner visible on unit with all clinicians signing
- Include RMC “pearls” at huddles
- Add RMC education as standing item on agenda for Perinatal Safety Meetings

QI Tools for RMC Rollout



30-60-90 Plan MFC Team Education

Foundations	
Strengths	<i>The hospital is supportive of Respectful Maternity Care Training. Team has access to and has discussed AWHONN Respectful Maternity Care Compendium</i>
Barriers	<i>Some staff feel they do not need more information on Respectful Maternity Care Time for staff education in classroom is limited due to budget</i>

Looking Ahead	
Things to Accomplish in the Next 30 Days	<ol style="list-style-type: none"> 1. Communicate plans for training with unit leadership 2. Customize Training Slides for 1st Class 3. Determine number of classes needed to cover team members 4. Once dates approved get posted for team sign ups 5. Discuss with OB Chair plan on grand rounds offering for OBGYN providers
Things to Accomplish in Next 60 Days	<ol style="list-style-type: none"> 1. Offer 1st RMC course for team members 2. Review feedback and revise course agenda as necessary 3. Get on agenda for OB Department meeting
Things to Accomplish in Next 90 Days	<ol style="list-style-type: none"> 1. Complete 1st series of courses for team members 2. Present as Grand Rounds at OB GYN Division meeting 3. Discuss summary of team feedback for leadership team 4. Plan for future courses based on above feedback

RMC PDSA- 1st test

- What problem was being addressed? **RMC team training participation**
- What is our goal? **By 3/24 100% team members have training**
- What intervention did we test & how did you measure it? **FPQC RMC training PPT**
- What worked well? **PPT is excellent**
- What didn't work? **Several Team members participation low**
- What did we learn that was unexpected? **Some team members not participating, a few dominated discussion**
- What are our next steps? **Work on ice breaker to engage all, manage classroom participation through engagement tactics**

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RMC PDSA- 2nd Cycle

- What problem was being addressed? **RMC training participation**
- What is our goal? **By 3/24 100% team members do training**
- What intervention did we test & how did you measure it? **FPQC RMC training PPT revised: ice breaker & more engagement tactics**
- What worked well? **Ice Breaker fun! Encouraging input from all. Reviewed safe space for sharing. Team sharing improved!**
- What didn't work? **Too much time on ice breaker as team members telling stories so had to rush to get through content**
- What did we learn that was unexpected? **Ice breaker time**
- What are our next steps? **Ice Breaker rules- 1 sentence each. Work on other engagement strategies**

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Post-it Activity:

What is something you can do in the next 30 days to increase RMC Education your unit and/or practice? Please type into the chat.

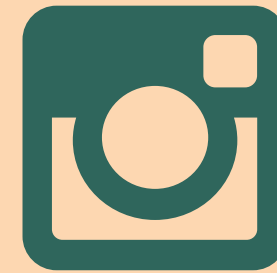
Q & A

- **Please unmute yourself if you would like to speak**
- **Questions can also be typed into the chat**

Questions? Contact FPQC

fpqc@usf.edu
www.fpqc.org/mfc

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