



**UNIVERSITY OF
SOUTH FLORIDA**

**A PREEMINENT
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Promising Practices for Educating Busy OB Providers & Staff

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**PROVIDE Mid-Year Meeting
Florida Perinatal Quality Collaborative
September 23, 2021**

Introduction

- **MCH Areas:** Women's Health; Sexual/Reproductive Health; MCH Oral Health
- **Approaches:** Mixed Methods; Health Literacy; Implementation Science
- **Florida Perinatal Quality Collaborative Work:**
 - Obstetric Hemorrhage Initiative (OHI)
 - Promoting Primary Vaginal Deliveries
 - Access LARC
 - Maternal Opioid Recovery Effort (MORE)



DOC RELATED

Dr. Peter Valenzuela



GREAT NEWS, WE FOUND A WAY TO ADDRESS YOUR REQUEST FOR ADDITIONAL STAFF SUPPORT!

AWESOME! WHAT SUPPORT AM I GETTING?

WE'RE ENROLLING YOU INTO OUR **RESILIENCE** TRAINING PROGRAM!

HOW IS THAT GOING TO HELP ME?

IT WILL TEACH YOU HOW TO DO MORE WITH LESS.

SOUNDS LIKE **MORE WORK WITH LESS RESOURCES.**

Today's Talk

- **Purpose:**
 - Share findings related to promising practices in **education** (key implementation strategy)
 - **Identify** education techniques
 - **Understand** strengths, weaknesses, desirable characteristics, and effectiveness
 - **Gain additional insight** and discuss experiences shared by perinatal team members
- **Agenda:**
 - **Project 1: Scoping Review Findings**
 - **Project 2: Survey Findings**
 - National Perinatal Quality Collaboratives (NPQCs)
 - Florida Hospitals
 - **Round Robins**



Background

- Implementation of clinical guidelines, bundles, and evidence-based practices often reference the importance of care team **education**
- **Education** is a key implementation strategy in most perinatal quality improvement (QI) initiatives, across diverse:
 - Settings
 - Types of team members
 - Topic foci and provider/hospital/system behavior change

Example Perinatal QI Topics:

- Elective deliveries
- Obstetric hemorrhages
- Preventing severe maternal morbidity and mortality
- Breastfeeding support
- Long-term reversible contraception
- Neonatal resuscitation
- Maternal opioid use

Current Reality: Barriers & Gaps to Implementing Provider Education

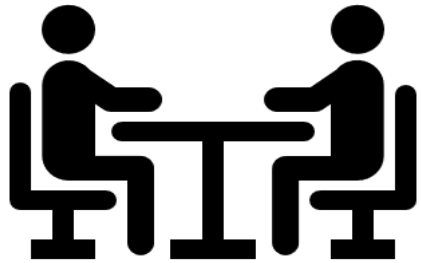
- Changing policies, guidelines, and best practices
- Complex risk factors influencing health across systems levels (patient, clinician)
- Time
 - Competing priorities and demands
 - Day-to-day clinical bustle
- Buy-in to engage in QI and education components
- And many others...



Gaps in Practice: Lack of clarity around identifying, defining and evaluating provider training techniques used for perinatal healthcare improvement, ranging from medical interventions to patient respect and rapport

Effective Education is Multidimensional

Efforts often focus on:



- **Rationale** for initiative (significance, why participate)
- **How to implement** initiative/bundles
- **Critical relational skills**, such as:
 - Implicit bias
 - Patient trust
 - Cultural competency
 - Shared decision-making
 - Patient-provider and provider-provider communication

Project # 1: Scoping Review



Scoping Review

Purpose: Identify promising provider education strategies relevant to MCH

Methods:

- A scoping literature review using **152 articles** identified as meeting inclusion/exclusion criteria:
 - Focused on **MCH-subspecialties** of women's reproduction, pregnancy, or perinatal health
 - Training geared toward health care **providers**
 - Peer reviewed in English between **2010-2019**
 - **Excluded** if education was implemented in a *developing nation*, geared toward *students*, and specific for *medical devices*

Examples of Data Abstracted

- Types of Providers
- Topic
- Life Course Period
- Cited Guideline or Evidence-Based Practice
- Inclusion of Cultural Competence, Sensitivity and/or Communication
- Innovative Methods Used
- Materials Provided
- Training Duration
- Training Techniques Used
- Training Description
- Training Goals
- Training Setting
- Training Assessment (knowledge, confidence, clinical change)
- Findings
- Strengths/Weaknesses

Key Findings



Training Techniques

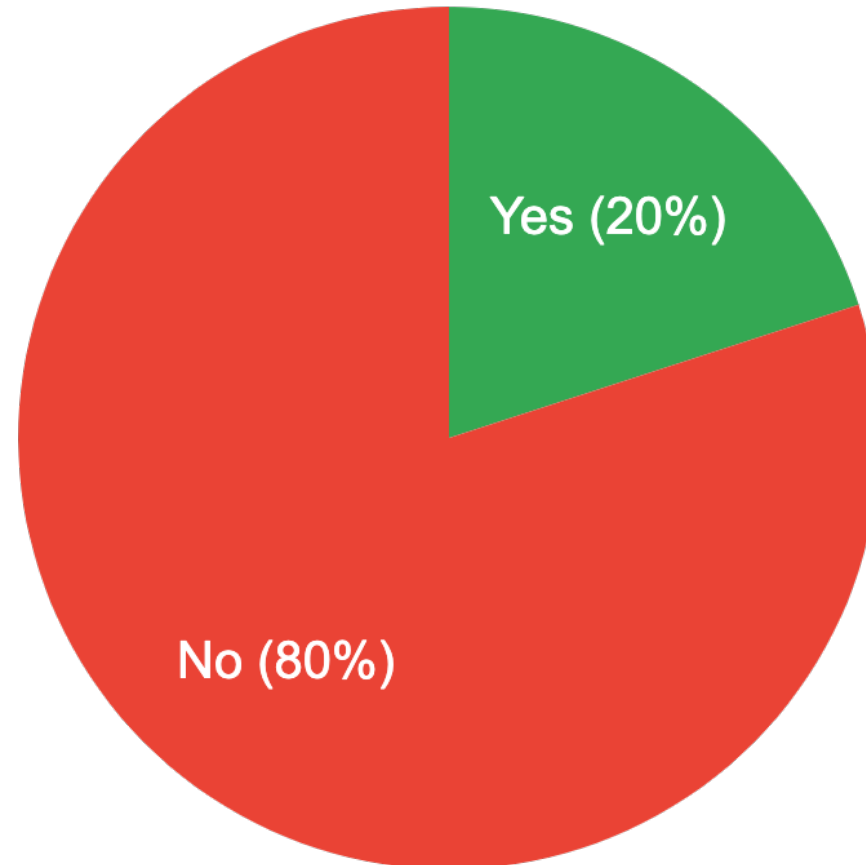
- Didactic lectures (96)
- Simulation (59)
- Hands-on (scenario, role-play, demonstration) (43)
- Discussion (38)
- Video (34)
- Train-the-trainer (15)
- Grand Rounds (4)



Materials Used

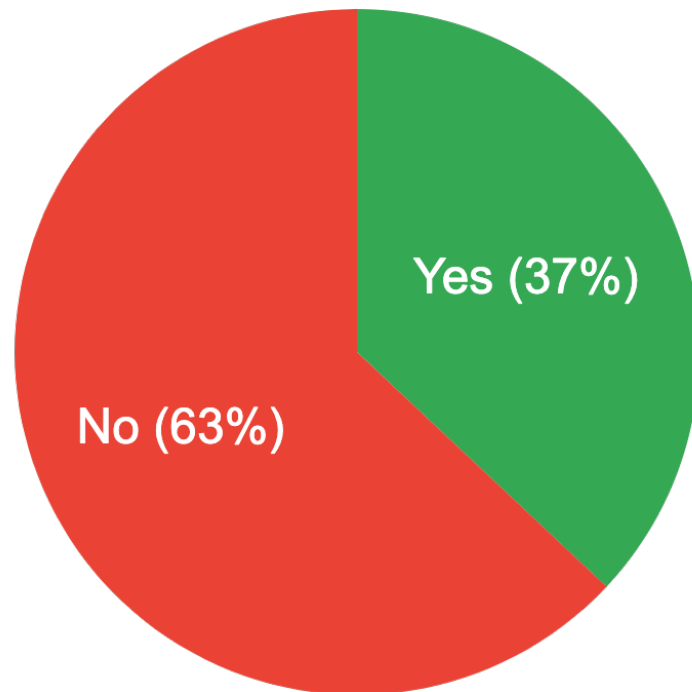
- Module-based learning
- Toolkits
- Textbooks
- Handouts (packets, workbooks, booklets)
- Brochures
- Manuals
- Pocket guides
- Websites
- Visuals (photographs, x-rays, graphs)

Key Finding: Was Education on Cultural Competency and Sensitivity Included?

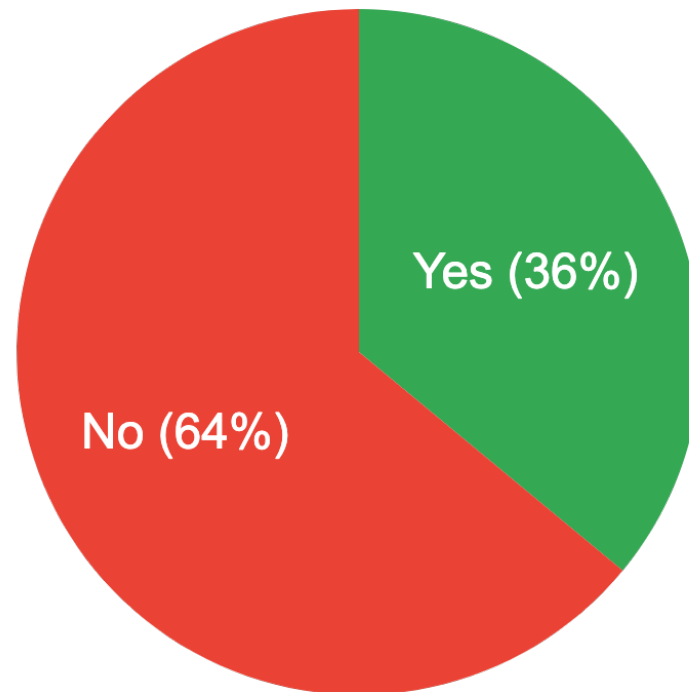


Key Finding: Most Do Not Evaluate Trainings

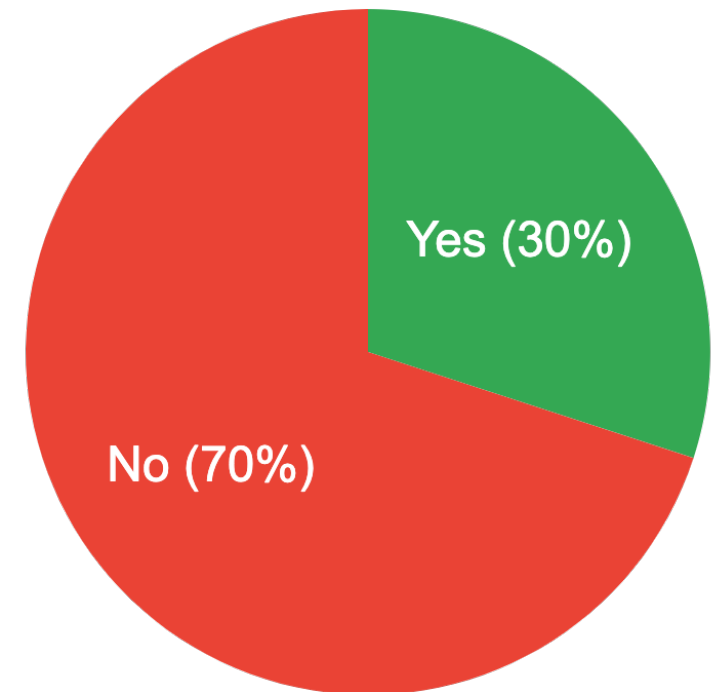
Knowledge Assessed?



Confidence Assessed?



Clinical Change Assessed?

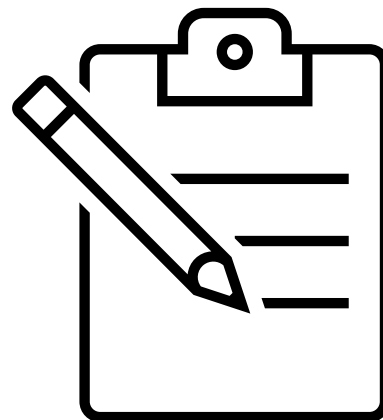


Summary from Scoping Review

- Main critiques/limitations
 - Often not based on evidence/best practice, little detail, little evaluation data, limited understanding strengths/limitations/lessons learned from implementation
- **Remaining gaps**
 - **What is done in “perinatal practice”?**
 - **What are the experiences of those in the trenches?**



Project # 2:
National PQCs Survey
&
Florida Hospitals Survey



National PQC's Survey

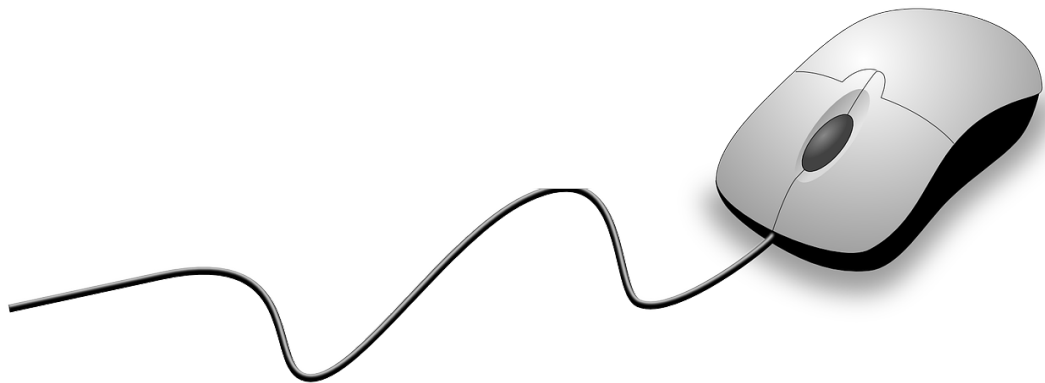


- **Aim of Surveys:** Compile education strategies from Perinatal Quality Collaboratives (PQCs)
- A 31-question survey was distributed among **national PQCs** to obtain their perspective on:
 - Current education efforts among hospitals
 - Training on implicit bias and/or pregnancy-related drug use
 - Other innovations
- **NPQCs Demographics (n=36):**
 - Geographic coverage: *entire state (94.4%)*
 - Primary source of funding: *federal/state (33.3%)*
 - Primary Hosting organization: *state agency (41.7%)*
 - Extent of Affiliation with Academic Institutions: *somewhat (41.7%)*

Key Findings

Most Often Used:

1. Webinars (66.7%)
2. Educational meetings (63.9%)
3. Educational materials (61.1%)
4. Didactic training (38.9%)
5. Audit and provide feedback (39.9%)



Most Useful:

1. Educational materials
2. Webinars
3. Educational meetings
4. Audit and provide feedback
5. Simulations



What's Working? (perceived effectiveness)

- Most **utilized** and perceived as most **useful** training techniques:
 - Audit and provide feedback
 - Educational materials
 - Educational meetings
- What do participants **like**?
 - Continuing education credits (CE)
 - Discussion
 - Dynamic training
- What **innovations** are currently being used?
 - News videos
 - Patient story sharing
 - Podcasts



Created by Vectors Point
from Noun Project

Hospital Survey



- A 26-question survey was distributed among **Florida hospitals** to obtain their perspective on:
 - Current education efforts among hospitals
 - Training on implicit bias and/or pregnancy-related drug use
 - Other innovations
- **Hospital Demographics (n=44):**
 - Designated hospital-wide QI staff member: *Yes (95%)*
 - QI staff member within the respondents' unit: *Yes (45%)*
 - Designated hospital-wide education staff member: *Yes (84%)*
 - Unit specific education staff member: *Yes (67%)*

Key Findings

Provider Training Techniques Used “Very Often”



- Audit and provide feedback (79.5%)
- Educational materials (63.6%)
- Remind clinicians (63.6%)
- Ongoing training (59.1%)
- Educational presentations at staff meetings (56.8%)

Findings: Ranking of Top Three Techniques



What's Working? (perceived effectiveness)

- Most **utilized** and perceived as most **useful** training techniques:
 - Audit and provide feedback
 - Educational presentations at staff meetings
 - Ongoing training
- What do participants **like**?
 - Continuing education credits (CE)
 - Dynamic training
 - Being hands-on
- What **innovations** are currently being used?
 - Provider padlets
 - Online learning (e.g., Zoom links or QR codes)
 - Immediate feedback



FPQC Provider Education Effort Examples



Initiative Toolbox



Grand Rounds



Coaching Calls



Email Blasts



Short, Effective
Video Snippets

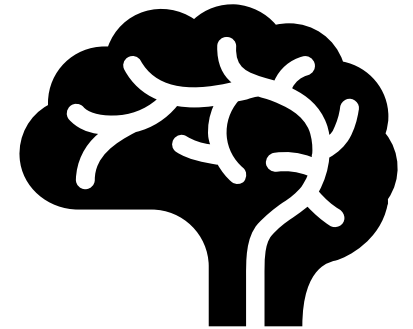


MORE Folder

Recommendations & Considerations

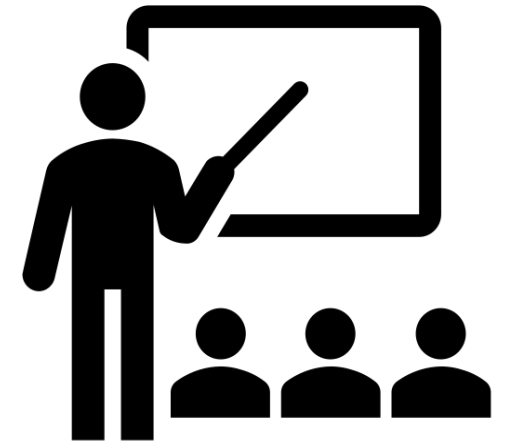
When implementing training techniques consider the following **adult learning principles** (Bryan et al., 2009):

1. Provide reasons for learning
2. Increase motivation to learn
3. Respect and build upon previous experience
4. Use learning approaches that match background and diversity
5. Active involvement of team in the learning process



Recommendations & Considerations

- ✓ Increase buy-in (think creatively!)
- ✓ Mandate attendance, if possible
- ✓ WIFM (what's in it for me) – tailor professional and personal benefits of education
- ✓ Clearly state objectives and timeline
- ✓ Consider strengths/weaknesses of educational techniques
- ✓ Offer flexible modality/format options
- ✓ Promote collaboration among perinatal care team members
- ✓ Follow-up
- ✓ Monitor & adjust

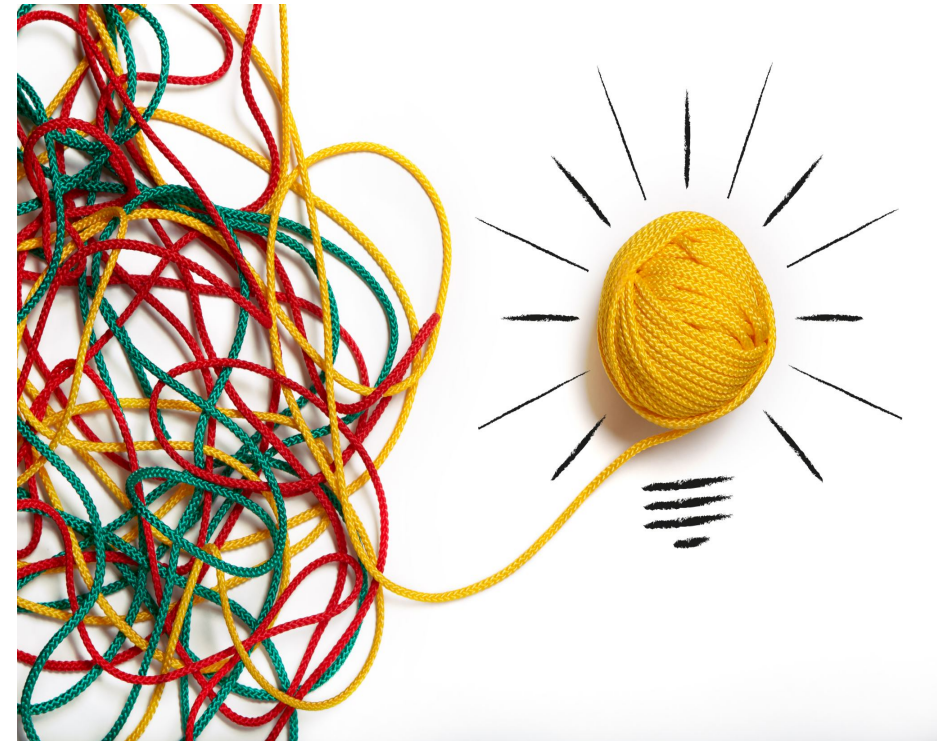


Putting it All Together So Far...

- Various provider education strategies/techniques can be identified
- However, limited information regarding techniques and their effectiveness, including how/when/where/why to implement across contexts
- Next steps: Learn from “on the ground” experiences!
- Round Robins to further reflect on what’s being done for provider education across diverse hospital setting contexts
- Successes, challenges, solutions and other innovations

Why is this Important ?

- Opportunity for hospitals to collectively **share best practices** and **experiences** in implementing education for perinatal care team members
- Learn, grow and apply lessons learned and promising practices to other perinatal QI initiatives



Acknowledgements & Project Team

Florida Perinatal Quality Collaborative (FPQC)

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Director, FPQC
- Linda Detman, PhD
Associate Director, FPQC



Graduate Assistants

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THANK YOU!

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Reference

Bryan, R. L., Kreuter, M. W., & Brownson, R. C. (2009). Integrating adult learning principles into training for public health practice. *Health promotion practice, 10*(4), 557-563.

Note: Full Reference list from Scoping Review is available upon request.