

STRENGTHENING CLINICAL PRACTICE OF MIDWIFERY STUDENTS: AN EXAMPLE FROM INDONESIA



MIDWIFERY EDUCATION IN INDONESIA

- Three-year program of study ("Diploma III")
- Admission requirements: high school graduate (direct entry) or clinical midwife with a prior course in midwifery
- Curriculum: 60% practical (skills lab and clinical practice) and 40% theoretical (classroom activities)

TEACHING AND LEARNING ARE MOST EFFECTIVE WHEN:

- Students are ready and want to learn.
- Students are aware of what they need to learn (learning objectives and expected outcomes are clear).
- Students are active participants in their learning.
- Students are encouraged to apply critical thinking.
- New knowledge, skills and attitudes are realistic and relevant, and can be put to immediate use.
- Numerous opportunities are given for students to receive feedback on their performance.
- Teaching is interesting, pleasant and exciting.
- A variety of teaching methods and techniques is used.
- Teaching moves step-by-step from simple to complex, and is organized, logical and practical.
- The learning environment is realistic and relevant. There is mutual trust, respect and two-way open communication between teacher and student. The environment is calm and the atmosphere is positive.

COMMON SITUATION IN INDONESIA

- Students practice with minimal—if any—supervision.
- Students are supervised by whichever staff member is on duty at the time.
- Large numbers of students practice in one ward at the same time.
- Clinical practices at clinical sites do not reflect practices that are taught in the classroom.
- Students rotate between clinical sites every week.
- The majority of clinical practice occurs in hospitals, although only a minority of students will work in hospital upon graduation.
- Staff of clinical sites are reluctant to allow students to obtain hands-on practice.

THE PROBLEM

- Lack of continuity and consistency: students are supervised by different midwives each day.
- Students receive no feedback or mentoring regarding their clinical skills and progress.
- No one is able to evaluate students' clinical competency and decision-making skills.
- Frequent rotation contributes to a poor learning atmosphere; students waste time orienting to new clinical sites instead of focusing on learning new skills.
- Large numbers of students in one site lead to ineffective use of time and disrespect of clients.
- There is limited communication between the school and clinical sites.
- Students are graduating with little or no hands-on clinical practice.

THE VISION

- A small number of students practice with one trained clinical preceptor in a high-quality service delivery site for the duration of one clinical rotation/semester.
- Students obtain clinical practice in a variety of clinical settings: home delivery, small midwifery practices, community health center and hospitals.
- Students are competent upon graduation and ready to meet the needs of the women and families they will serve.

ACCOMPLISHMENTS

- Staff of clinical sites selected and trained to precept students to ensure full-time, consistent supervision of students:
 - Received training in clinical updates, teaching/mentoring skills
- Rotation schedules modified to enable students to spend 1-3 months in each clinical site
- Each group of students assigned to one preceptor throughout the clinical rotation
- New clinical sites identified, including private midwife practices, home delivery, community health centers and hospitals
- Number of students in each site reduced by increasing the total numbers of clinical sites used by the school

STUDENT FEEDBACK

- Students very supportive of new approach:
 - Having a trained preceptor facilitated learning and minimized gaps in communication
 - Open communication with preceptors and opportunities for obtaining feedback regarding student progress
 - Able to apply theory from classroom in secure environment
 - Preceptors and students received good support from other staff members
 - Satisfied with larger number and wider variety of clinical sites
 - Were more comfortable spending a longer time in one clinical site with one preceptor

LESSONS LEARNED

- Careful selection of preceptors and clinical sites is essential:
 - Preceptors must have permission from their directors to devote sufficient time with students.
 - Skills of preceptors may be outdated compared to students, so preceptor clinical skills must be updated.
 - Caseloads must be large enough to offer sufficient practice.
- Clinical sites should be upgraded to ensure that they are offering high-quality services.
- Schools must coordinate clinical practice schedules with other schools that compete for the same clinical sites.
- Consider alternatives to hospital settings: go where the women are!

KEYS TO SUCCESS

- Recognition that changes needed to occur from:
 - School leadership
 - Clinical sites
 - Health office and professional organization
- Strong commitment from schools and clinical sites to implement changes
- Willingness to make clinical practice a top priority:
 - Budget allocations must reflect this priority
- Good preparation and motivation of preceptors

OUR FUNDERS



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