Student-led antenatal classes: A partnership pilot project

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ABSTRACT

A pilot student-led antenatal classes project was developed in partnership with undergraduate midwifery students. The practice-based project was held at a local hospital, where students developed and facilitated programmes of antenatal education for the local community. The project improved the opportunity for lecturers to engage with students in the practice environment. Students valued being able to focus on normal midwifery in year two of the degree programme, by developing and leading antenatal classes. This paper is focused on the development of the project.

Background

A voluntary pilot of student-led antenatal classes was undertaken in preparation for a new BSc (Hons) programme in midwifery. The existing curriculum was felt to be largely outdated, with too much focus on traditional lectures. The pilot was designed to test the processes of experiential and problem-based learning (PBL) in relation to midwifery education. If successful, the project would be incorporated into the new curriculum as an optional year two module.

Current student evaluations of learning express frustration with lecture-based teaching methods, commonly described as ‘death by PowerPoint’. Lecture-based approaches encourage passive learning and can limit student engagement, resulting in superficial and/or strategic learning (McIntosh et al., 2011, Race, 2010). In addition, skills-focused practice assessment documents encourage students to focus on the signing-off of skills. This impacts the development of their abilities in relation to the holistic planning and provision of care for women. Uys and Gwerle (2005), suggest that outcomes-based approaches like this can result in narrow student focus and fragmentation of learning.

As a result, there is a need to explore the development of a more process-based curriculum and modules (McIntosh et al., 2011). A recent systematic review of teaching methods used to develop critical thinking skills in midwifery & nursing undergraduates, found PBL approaches, underpinned by constructivism, to be most promising (Carter et al., 2016). The Higher Education Academy has identified the need to improve meaningful student engagement through partnership approaches to teaching and learning (HEA, 2014). This approach is likely to enable deeper student engagement, enhance employability via the fostering of high-level knowledge, skills and behaviour and develop a greater sense of belonging in the students.

This research supported the development of the antenatal classes project, which utilised experiential and problem-based learning approaches, placing the students at the centre of the learning experience. The project evolved as result of work undertaken by staff on curriculum development, together with student requests to design and deliver parent education to fill a void in National Health Service (NHS) provision locally. It became clear to the team that rather than imposing a pre-determined series of lectures on facilitating antenatal classes, we needed to turn the attention back to the students and work as partners in the process. This would encourage the students to identify what they needed in order to design and deliver the sessions. Three lecturers were keen to work in partnership with the students and a statement of philosophy was developed to underpin the project:

Philosophy

‘The student-led antenatal classes project has been designed to promote partnership working between university staff and students (HEA, 2014) and to promote the opportunity for student-centred learning (Marsh et al., 2015). A close link with practice is highly valued. The project will build upon this by providing a learning experience for students in an authentic environment. Students will develop their existing knowledge and skills from personal experience, the course and from practice to develop a short programme of antenatal education. An experiential and problem based learning approach will

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be utilised, with the aim of developing problem-solving and critical thinking skills. Peer learning opportunities will develop team working, leadership and collaborative skills. Service user involvement will maximise opportunities for authentic learning and will further develop student awareness of the diversity and unique needs of the service user focused on educational and psychosocial aspects.’

Content and implementation

The project was offered, as a voluntary extra-curricular pilot, to the year two students who identified the potential for developing local antenatal classes. The second year of the midwifery programme is focused on non-midwifery placements and complexity; students frequently describe feeling detached from normal midwifery practice. The potential to engage in a normal midwifery-focused project was well received.

An open discovery PBL model, described by Boud and Feletti (1997) was used to structure the project. Students take responsibility and determine what to learn and how and when to learn it, with minimal guidance. They apply their knowledge to real-world problems, in this case by designing and facilitating antenatal classes to be held at a local community hospital (Wurdinger and Carlson, 2010). Learners see the relevance of what they are doing, which may increase motivation (Ambrose et al., 2010).

(See Table 1 for project development process).

How well does it work?

This was dependent on student motivation and engagement. Some elements worked well, for example, the design and construction of a website and online booking system. Some of the student-led classes were excellent, others a little patchy. The marketing of the courses was left until late, resulting in a lower number of attendees than hoped for. This was reflected in user evaluations, which in general, highly rated the course content and delivery whilst commenting on the fact that it was disappointing that more parents were not aware of the initiative. Student knowledge and confidence was also highly rated.

Occasionally it was hard for the staff facilitators not to interject, for example, if they felt that information being given by students was factually inaccurate or unsafe. This worked better if ground rules were discussed with students prior to the session. At times like this, the process felt like quite a shift away from traditional pedagogical approaches, and can be challenging. Wurdinger and Carlson (2010) identify the need for educators to reflect on their practice to manage this shift.

Does it develop skills and competencies?

Student evaluations of the process were undertaken; the majority identified that they needed to develop better time management and organisational skills. Others commented on enjoying the freedom to explore that the project gave them. Many discussed the value of gaining hands-on experience in terms of developing their confidence, communication and team working skills. A number of students identified that the experience gave them greater insight into the needs of couples preparing for parenthood. This feedback reflects several of the essential skills clusters set out in the ‘Effective Midwifery Practice’ domain in the UK nursing & midwifery regulator’s ‘Standards for Pre-registration Midwifery Education’ (NMC, 2009) and highlights the fact that alternative pedagogical approaches can be effective in developing the skills and competencies required for midwifery practice.

What is of benefit?

Several students identified what they would do differently as a result of participating in the project. This is consistent with the development of problem-solving skills using an experiential learning and PBL approach focused on the ‘real world’ of parent education.

Students highly rated the experience gained in running the classes. They enjoyed providing a service to parents who were unable to access free classes via their local maternity service.

A number of students commented on the fact that focusing on normal midwifery in year two was of value to them and that the project helped to reinforce why they did the course. This was one of the aims of the project; to provide more balance in the curriculum via a normal midwifery project in year two of the programme and enhanced student recruitment and retention.

University staff involvement in the practice environment and not just the classroom; is of great benefit in terms of integrating theory and practice (Department of Health, 2010). Parent education classes held in the community increase the opportunities for midwifery lecturers and students to engage in a real-world education environment.

What is missing?

Interestingly, the course content developed and delivered by students was very traditional. Facilitator expectations of creative approaches to teaching, enabled by the PBL structure were not met. On reflection, these expectations were too high. Arguably, the student’s midwifery knowledge is at a ‘fledgling’ stage in year two of the programme. It is possible that traditional structure and content helped them to feel more secure in what they were teaching; students may also have

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Day One: (one hour session): Initial informal meeting with students and general discussion of project proposal. Plan for a day of brainstorming. Students to obtain informal feedback from service users (during their clinical placements) on their view of the proposal. Plan to meet again with staff members when learning needs have been identified. Commenced negotiation for use of a local community hospital to host the classes.

Day Two: (one hour session): Students identified that a facilitator-led session on ‘How adults learn’ would be beneficial. A limited list of resources for students to review and consider ahead of the next meeting was provided. This included prompts related to investigating models of parent education, informal research related to the service user views and a small selection of literature. Students were informed that they would be directing their learning from this point and that they would be expected to identify their learning needs and discover/request resources from the facilitators as required. The aim of the facilitator throughout the process is to challenge the learner’s thinking and not to dictate it (Savery and Duffy, 2003).

Day Three: (Six hour workshop): Full day facilitated workshop including an introduction to the day, sessions on facilitating parent education classes and an overview of learning theories and styles. The rest of the day was focused on working in student pairs and small groups, planning the antenatal classes structure and content, marketing and advertising, selecting a ‘lead’ and identifying resources that enabled the group to collaborate via an online platform.

Day Four: (Two hour session): Visit to host community hospital site. School administration manager and technicians in attendance. Student-led meeting on current position of project and outstanding items. These included identification of suitable space to hold classes in, formal risk assessment of the proposed activity, class content development, marketing, use of social media, booking system, confirmation of proposed dates for classes to be held and allocation of roles for each proposed session. Ongoing until delivery of the classes: Independent work by students: This included the delegation of tasks associated with marketing the course, developing a digital platform for parents to access and book courses, the design of the course content and identification of the physical resources required to run the courses.

Delivery of the antenatal classes: Two options for classes were developed and marketed. Local parents could choose between a Saturday ‘workshop’, and four, two-hour sessions held weekly in the evening. Classes were held at a local community hospital. Students worked in pairs, leading one session per pair with a facilitator in attendance for support and guidance when and if required.
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