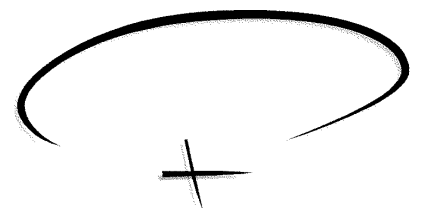


Midwifery First Year of Practice Pilot Programme Evaluation – Final Report July 2008

Executive Summary

Prepared for:
Clinical Training Agency
Health & Disability National Services Directorate
Ministry of Health
PO Box 3877
Christchurch

Prepared by:



Pam Oliver Ltd. 1 Newton Road Waiheke Island Aotearoa New Zealand
Phone **09 - 372 7749** Fax **09 - 372 2749** Email **pamo@clear.net.nz**

Midwifery First Year of Practice Pilot Programme evaluation

This summary reports on the first 12 months of the Midwifery First Year of Practice (MFYP) Pilot Programme's operation and focuses on the implementation and early outcomes of the programme. It also identifies some remaining issues in the programme's pilot implementation and makes suggestions for programme fine-tuning. The report focuses on the activity of the first cohort of graduates and mentors.

Background to the evaluation

THE MIDWIFERY FIRST YEAR OF PRACTICE PILOT PROGRAMME

In 2006, the Ministry of Health (MOH) agreed to fund a two-year Midwifery First Year of Practice Pilot Programme (MFYP) in response to midwifery workforce issues identified by the profession and the Ministry. Lack of support for new midwives, quality assurance in clinical practice and retention of midwives in the workforce had all been concerns expressed by the profession and the sector. Preliminary analysis of workforce figures by the Council indicated that midwifery graduates were leaving the workforce earlier than in the past, which resulted in minimal growth in midwife numbers. Pilot funding was provided through the Ministry's Clinical Training Agency (CTA). The MFYP programme was designed specifically for new graduates from New Zealand pre-registration midwifery education programmes and offered both self-employed and employed (core) midwives an additional opportunity to develop the specific knowledge and skills required to progress from a competent to a confident midwife.

The programme's learning framework built on the Competencies for Entry to the Register of Midwives and the Midwifery Scope of Practice, together with the Standards of Midwifery Practice and the Midwifery Standards Review (MSR). The programme includes:

- National programme and mentor coordination
- Mentor support over a 12 month period (56 hours) with a focus on critical thinking and self-reflection
- 80 hours of professional development education and development time per new graduate midwife
- Practice experiences that are determined individually by the new graduate midwife.

The programme was intended to offer significant benefits to participating graduates and the profession in terms of safety, quality assurance, recruitment and retention.

THE EVALUATION

An independent evaluation of the programme was commissioned by the Ministry of Health to:

- Provide early feedback on programme implementation for the purposes of fine tuning the programme development
- Support future decision making about the funding and operation of the programme
- Assess the outcomes achieved by the programme, other impacts of the

programme, and the programme's effectiveness vis-à-vis its strategic objectives.

Data collection used a mixed-method approach including:

- A comprehensive review of programme documentation, including systems documents, programme newsletters and internal programme reporting to the Ministry
- Repeat interviews, mostly face-to-face, at three points in time with the broad spectrum of stakeholders across New Zealand, including representatives of programme personnel, the Ministry, graduates, mentors, graduates' employers and practice colleagues, consumer advocacy groups and other key informants in the midwifery sector (total sample of 73 people all interviewed at three points in time)
- Observation of mentor development and support meetings
- A questionnaire survey of 2007 participating mentors and graduates¹.

Programme achievements

The CTA reported that the NPC had delivered the programme to a high standard in general on the programme specifications, especially given the short time frame available for establishment of a multi-faceted programme requiring construction of multiple structures and systems and communications with a very large number of people. Participating graduates and mentors also commented positively in general on the professionalism of programme delivery.

GRADUATE AND MENTOR PARTICIPATION AND RETENTION

- 96% of eligible graduates (n=90) were accepted into the programme. Three graduates withdrew for personal reasons. In February 2008, 76 graduates had completed or were on track to complete within the programme time frame, and 11 had been granted extensions to complete programme requirements.
- 93 mentors were engaged in total. Two mentors withdrew, one leaving the profession. Replacement mentors were identified for all graduates except one.

PROGRAMME DELIVERY AGAINST CONTRACT SPECIFICATIONS

The New Zealand College of Midwives (NZCOM) as the National Programme Coordinator (NPC) have delivered the following programme components:

- A series of mentor development and support meetings to the majority of MFYP mentors
- Introductory meetings with 26 of the participating graduates
- Reactive support for graduates and mentors upon request, via email, telephone and text, to manage information requests and emergent issues
- Regular (approximately six-weekly) email updates to graduates and mentors on developing aspects of the programme
- Meetings with DHBs across the country, and with some private maternity services providers, to discuss the goals and operation of the programme.
- Liaison with the Midwifery Council to advance MFYP development and promotion.

¹ Response rates were high for a postal survey, with 48 graduates (54%) and 63 mentors (71%) responding.

- Continuing promotion and clarification of the programme to primary, secondary and tertiary midwifery service providers
- Promotion of the programme and recruitment of mentors and graduates for the 2008 cohort during the second half of 2007.
- Provision of three Quarterly Reports to CTA in 2007.

PROGRAMME DEVELOPMENTS

Due to the short time frame for establishment of the programme, its operational development occurred concurrently with its pilot delivery. As a result, several aspects of the programme were modified and fine-tuned during 2007, based on feedback from programme participants and others. Significant changes were made to the programme's operations in areas of:

- Programme promotion and graduate recruitment – information provision and timing
- Revision of graduate and mentor recording and reporting systems – for improved utility
- Mentor development workshops and support meetings – content and processes refined
- Development of mandatory mentee induction workshops
- Programme infrastructure development – comprehensive review of policy and systems
- Mentor recruitment – additional support to graduates to identify suitable mentors
- Mentoring partnership issues – incorporating relationship topics in the introductory mentor and mentee workshops
- Some clarification of the clinical support aspect of the mentor partnership.

Programme achievements and outcomes

Significant benefits were reported for all stakeholder groups whom the programme was intended to benefit – new graduates, mentors, midwifery employers and other practice colleagues – and for the midwifery profession at large. In several areas the benefits identified exceeded those anticipated from the programme. Benefits for each stakeholder group are outlined in the following sections.

PROGRAMME IMPACTS FOR GRADUATES

Almost all participating graduates identified major benefits for them in the key areas sought – that is, skills acquisition, safety, confidence and job satisfaction.

Confidence

Almost all participating graduates reported significant increases in confidence during their first year of practice, and attributed much of that to the MFYP programme experience. Ratings of increased graduate confidence during the programme period were high for both graduates (4.6²) and mentors (4.5). While mentors attributed graduates' increased confidence largely (4.1) to participating in MFYP, graduates

² The ratings given in brackets represent mean ratings of agreement, approval or benefit, where a rating of '5' indicates a strongly positive response and '1' a strongly negative response.

were significantly less likely (3.6³) to attribute it to MFYP as distinct from other factors. The pattern that emerged from the feedback of graduates and mentors was a perception that increased graduate midwife confidence was the cumulative outcome of an increased sense of safety, competence and credibility, deriving from two main sources – (1) the acquisition of skills and knowledge provided by the MFYP programme components in combination, and (2) professional experience over the first year of practice, including support from colleagues and others. Graduates attributed considerable increases in confidence, knowledge and safety, together with good job satisfaction, to the mentoring component of the programme in particular (mean rating 4.2). Other sources of confidence identified by graduates included clinical support, positive affirmation from colleagues, positive feedback from clients, support from partners and family members, and “*just getting the experience*”.

Graduates saw evidence of increased confidence mainly in their decision-making, problem-solving, and level of confidence and assertiveness in their interactions with clients and colleagues. The greatest increases in confidence were noticed in the first six months. Several mentors and midwifery managers felt that confidence had developed more quickly for core graduates than for independents, and attributed this to the greater availability of free clinical support in core settings.

Skills and knowledge acquisition

All graduates interviewed reported major gains in knowledge and skills from the programme, primarily through a combination of the professional development and mentoring components. The MFYP mandatory courses were seen as good to have achieved within the first year of practice, because this speeded up acquisition of essential competencies. Knowledge and skills were also acquired through clinical support from mentors, as well as from others (e.g. colleagues, external educators). Most of the mentors and graduates interviewed had specifically included clinical advice and support within their mentoring partnership, including mentor attendance at some of the graduate’s early deliveries, although this was not understood by mentors and graduates interviewed as a paid component of the programme.

Increased safety

Graduates saw their increased safety, and sense of safety, as coming from clinical support, professional education courses, facilitated self-reflection, and support from mentors in dealing with other colleagues. Specific gains noted by graduates interviewed were as follows:

- Better early identification of risk factors
- Understanding one’s own limitations and acknowledging them
- Identifying work/life balance issues and workload risks
- Knowing where and when to ask for help
- Learning good problem-solving processes for challenging and difficult situations
- Learning “*good habits*” from the mentors
- Learning ways to be assertive towards colleagues.

Many graduates also noted that safety had come through factors external to the

³ This finding was statistically significant.

programme, particularly clinical support from a range of colleagues that contributed to their skills and knowledge.

Enhanced credibility

Credibility was seen as coming from two main sources – through colleagues and clients knowing that the graduate had made herself professionally accountable by being mentored and a part of the MFYP programme, and by association, as the ‘protégé’ of a respected senior midwife. Increased credibility was manifest to graduates in the respectful ways in which they were treated by medical and nursing colleagues when they were with the mentor, or when colleagues found out who their mentor was or that they were part of the MFYP programme. Some midwifery managers also commented on an increased collegial respectfulness towards new graduates that they attributed to participation in the programme.

Retention

Eight of the graduates interviewed (almost one third) felt that aspects of the programme, mentoring in particular, had contributed to a decision to stay at some point in their first year. Typical graduate comments were that, without the support of the mentor, including clinical support, they would have or might have left the profession due to the huge stresses of the work. These included both stresses inherent in midwifery and the stresses of the perceived current midwifery workforce “*crisis*”. Aspects of their work that graduates identified as making them consider leaving included:

- Critical birthing situations within the first 2-3 months of practice
- Feelings of self-doubt and of being unsafe due to their limited knowledge and skills
- Criticism from colleagues and other unpleasant collegial interactions
- Unsatisfactory mentoring experiences.

While 77% of the graduate survey respondents indicated a strong likelihood of remaining in the midwifery workforce, 23% indicated a degree of uncertainty and three indicated that they were not confident they would remain. Because retention figures are not available for earlier years, it is not possible to make a comparative assessment of the value of the programme in terms of enhancing retention.

Job satisfaction

Graduates responding to the survey rated considerable benefit (4.1) in terms of job satisfaction from the mentoring. Graduates interviewed felt that there was a link between being mentored and job satisfaction in terms of:

- Being able to deal with and resolve work issues quickly through mentors’ support, particularly collegial relationship issues and feelings of inadequacy in terms of competence
- A strong mentoring focus on what was going well in their work and identifying the reasons why.

However graduates interviewed typically commented that there were too many factors involved in job satisfaction to determine how much the programme contributed to this

as distinct from a range of other factors. Some graduates also noted that problems in their MFYP mentor partnerships detracted significantly from job satisfaction.

Preparation for the MSR

Sixty-five percent of graduates responding to the survey felt that aspects of the programme had prepared them well for the MSR. Several graduates interviewed noted that guidance from the mentors had been extremely valuable especially in terms of helping them to identify areas to focus on for the MSR. However 30% felt that the programme had helped them only moderately in this area, and two graduates thought that it had not been of any help at all. Many graduates and mentors commented that the MFYP workshops provided to the mentors as a preparation for the graduates' MSRs would have been more usefully provided to the graduates, rather than to the mentors, and suggested that this happen in future.

BENEFITS FOR MENTORS

Mentors identified several gains from undertaking that role within MFYP, in particular:

- A sense of contributing to the enhancement of the profession
- Building the valuing of mentoring as a norm and expectation for the profession
- Increasing their understanding, skills and experience at mentoring
- Modelling good mentoring to the graduate
- Increased discussion of key issues in midwifery through both the mentoring partnership and through the MFYP mentor support meetings, resulting in an improvement in their own practice and standards
- Learning from their own reflection through the partnership
- Having greater empathy with new graduates.

BENEFITS FOR EMPLOYERS AND INDEPENDENT PRACTICES

Benefits were significant for all of the independent practice colleagues interviewed, and were greatest where those practices consisted entirely of new graduates. Those graduates found the support from the mentors pivotal to their initial safety, as there were no experienced midwives amongst their immediate colleagues. Senior midwives in other practices commented that the support available to graduates from the MFYP mentors relieved them significantly from the responsibility of providing the support needed by the graduate in their first months of practice, provided the graduate with someone outside the practice with whom to discuss collegial relationships, and also provided additional practice perspectives. Where the graduate had a core midwife mentor, it also provided a valuable conduit to core contexts and perspectives. Practice colleagues identified gains for them from graduates' increased skills and knowledge through attendance at the tailored education courses. Payment for mentoring also meant that graduates could work less than 'full' workloads and thus experienced a more graduated introduction to taking full responsibility for clients.

EMPLOYERS

The benefits noted most commonly by employers were:

- An apparent greater willingness amongst graduates to ask questions and be up-front about their limitations, "*rather than pretend that they know*"

- A greater respectfulness of medical and nurse practitioners and senior core midwives towards new graduates, knowing that they were mentored
- Improved communications between core and independent midwives generally.

Two DHB midwifery managers believed that these factors had contributed to fewer complaints from colleagues about new graduates in 2007 than in previous years, and some managers felt that clients were receiving a better service because of the improvements in collegial communications. However, a majority of midwifery managers interviewed felt that the gains for graduates fell short of what they had hoped for from the programme.

BENEFITS FOR THE PROFESSION

Participants from all stakeholder groups identified significant benefits for the profession. Perceived benefits included:

- Greater respect and support in general for graduates, in acknowledgement of the professional challenges and risks unique to midwifery
- Greater formal endorsement of the profession by the Ministry
- Enhancement to the practice of mentors through their participation in MFYP
- Mentors identifying their professional leadership potential
- Improved reputation of the profession as associated professions acknowledged that the Ministry and the midwifery profession were focusing more on practitioner safety
- Improvements to collegiality between core and independent practitioners
- Stronger commitment of graduates to being mentored and to becoming mentors in time
- Mentoring now being seen as a 'norm' for the profession
- Perception by consumer groups of a greater public accountability of the profession
- Creation of a space for the profession to have important conversations about midwifery practice, philosophies and issues.

The Clinical Training Agency personnel also commented that the Ministry now had a better understanding of the issues and needs of the midwifery profession and the need for post-graduate support, and that post-graduate midwifery education and support was now on the Agency's agenda.

BENEFITS FOR WOMEN CLIENTS

Midwives' clients were not included in the data collection for the evaluation. However both mentors and graduates believed that women clients were already benefiting indirectly from the programme, in terms of greater new graduate safety with clients with complex situations and greater client confidence in graduates, knowing that they have close support. Feedback from consumer advocacy representatives and other key informants was a general approval of the programme concept and design, and a perception, anecdotally, that the new graduates in 2007 were more inquiring, more reflective and more competent than previous cohorts. Some consumer advocates felt that the programme should result in an improved perception of the profession by meeting a public expectation that new graduate midwives *should* have a formalised support system, as do doctors and nurses.

Factors facilitating programme effectiveness

ASPECTS OF THE PROGRAMME MODEL

The following aspects of the programme model were identified as important in approximately the following order.

- *Structured programme with contracted participation*, resulting in both graduates and mentors giving MFYP activities a strong priority and commitment, and graduates undertaking additional professional education earlier than they otherwise would have
- *Payment for participation*, resulting in high rates of graduate contact with mentors to seek advice and support, knowing the mentors' time was paid for
- *A structured professional development plan*, which prompted graduates to examine their skills levels and identify areas of weakness at the outset of their professional practice
- *Mix of programme components* – the combination of additional skills and knowledge acquisition with sector relationship building and mentoring to provide a habit of self-reflection was seen as covering the main areas where new graduates had lacked support previously
- *Mandatory professional development components*, which led to graduates undertaking essential courses earlier than they would otherwise have done them, resulting in earlier acquisition of knowledge and skills that in turn contributed to a sense of safety and confidence
- *Mentors available 24/7*, which resulted in graduates dealing quickly with issues for them, including professional and client relationship issues, so that they avoided becoming “*bogged down in emotional stuff*” that might get in the way of good practice
- *The non-judgmental mentoring framework*, within which graduates felt free to disclose honestly, including revealing significant mistakes when these occurred
- *Inclusion of clinical support* in the mentoring partnership, resulting in graduates acquiring additional clinical skills and knowledge
- *Tailored professional development components*, through which graduates obtained particular knowledge and skills relevant to their practice context
- *Graduates choosing their own mentor*, which facilitated trusting partnerships
- *Mentor development*, which was essential to mentors understanding of their role within MFYP

- *Sufficient NPC support*, which was essential for helping participants to address mentoring partnership issues effectively and to provide information about programme standards around the professional education components.

ASPECTS OF PROGRAMME IMPLEMENTATION

Other factors that were key to facilitating positive programme outcomes were:

- Mentor characteristics, competence and reputation
- Mentor sector – partnerships tended to work better when mentors and mentees did not work in the same practice
- Graduate commitment and time management
- Graduates having supportive family to help them through the programme commitments.

Programme issues and suggestions for enhancement

While there was general agreement from both graduates and mentors that the programme's combination of mentoring and additional professional education was an appropriate way to meet the programme's aims of increasing graduate midwives' confidence and safety, participants still identified a number of areas where they felt the programme needed to be fine-tuned. Some of these refinements have already occurred, including:

- The provision of a mandatory mentee introductory programme workshop
- Some revision of introductory programme materials
- Some clarification of the required standard of recording
- Clarification in relation to the potential uses of the professional development funding
- The number of mentor support meetings was rationalised
- The 2008 workshop dates and locations advised early to mentors and graduates
- The programme specification for the 3-way meetings has been varied to accommodate diversity in midwifery practice contexts
- On registration with the programme, graduates are now asked if they have a mentor and if not, whether they require assistance to find one
- Some distance mentoring partnerships have occurred when necessary or appropriate
- Confirmation of mentor eligibility criteria and commitment to the mentoring partnership for the programme duration is required in the mentor's contract for MFYP services
- The NPC will be recommending one support meeting for graduates where the focus would be on the mentoring partnership and MSR preparation
- The role of mentors in relation to clinical support for graduates was discussed and clarified at the graduate and mentor workshops during 2008
- The 2007 and 2008 mentoring partnership agreement includes a section on the graduate and mentor's agreed process for managing relationship issues. Facilitated meetings have been and will continue to be offered for situations where mentors or graduates feel compromised within the partnership and unable to address the issues with their partner.

Recommendations for programme adjustment

Key recommendations from evaluation participants across all stakeholder groups were to:

- Retain the programme as a priority
- Expand the programme to incorporate:
 - ✧ A paid component of optional clinical support at the graduates' early deliveries and flexibility for this to be undertaken by the MFYP mentors
 - ✧ Mandatory participation for new graduates, including those trained overseas and those who suspend starting work, in acknowledgement of the programme's value to initial practice
 - ✧ Availability of a professional mediation service to assist with mentoring partnership issues, especially termination of partnerships
- Reduce the professional development hours required
- Rationalise and streamline programme systems that result currently in stress to some participants and limit benefits for graduates (e.g. mentor workshop requirements; reporting requirements; the payments system; flexibility for distance mentoring and kaupapa Māori mentoring options where needed; joint mentor-graduate meetings in rural areas)
- Establish stronger systems to ensure mentor quality and accountability (e.g. strong mentor eligibility criteria; a 'no fault' mentor partnership review at three months)
- Facilitate the establishment of new graduate networks for the year to strengthen graduates' connections with their peers
- Review of the purposes and systems for the '3-way' meetings
- Establish robust systems for monitoring graduate outcomes
- Consider the support needs for overseas midwives (wider sector input will be required) and whether or not it will be appropriate for the MFYP programme to address those
- Consideration by the sector of an internship system where new graduates spend a minimum period working within a DHB setting.

Addressing the remaining programme weaknesses will be essential to optimal programme benefit for graduates and the profession.

Strategic considerations

At the broader level of strategic planning for the profession, some midwifery managers and mentors felt that the Ministry needed to be considering additional options for facilitating workforce regeneration as well as retention amongst midwives, including the reintroduction of the one year diploma qualification as a matter of urgency to deal with the critical shortage of midwives. They saw it as important to acknowledge that MFYP is only one part of a broader strategy needed to address the midwife shortage in New Zealand.