SafeMa Gap Analysis Report

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Background

- Gap analysis integral part of the SafeMa project (WP 1.2)
- Better understanding of the context at partner country and at HEI level
- Orientation and guidance for the next steps and particularly the development of a tailored curriculum for the Advanced courses in Midwifery in the partner countries

Methodology

Country specific approach (separated for Cambodia and for Vietnam)

4 domains in midwifery education identified

- Teaching methods and approaches
- Clinical skills and practical core competencies
- Human rights-based approach and patient centered care
- Research and evidence - based practice within midwifery

- Preparatory phase:
  - Literature review
  - Inquiry of focal persons
  - Analysis of results of WP1
  - Crossmatch of available curricula per country with existing codes of conduct
  - Crossmatch of ICM competencies guide with the existing curricula

Preparatory phase helped identify potential gaps needing verification in the implementation phase

Methodology (cont.)

- Implementation phase:
  - Focus group discussions
  - Surveys (questionnaires)
  - Key informant interviews
  - Targeting in both countries all relevant stakeholders (midwifery students, practicing midwifes, clients, teachers, obstetricians, MoH officials)
  - Convenience samples, feasibility driven targets
  - Synthesis of evidence in order to draw conclusions

Results

Table 1: Gap analysis participants composition

	Vietnam	Cambodia
Midwifery students		
Survey/Questionnaire	63	105
FGD/Key informant interview	X	X
Practicing/training midwifes		
Survey/Questionnaire	50	X
FGD/Key informant interview	3	X
Women		
Survey/Questionnaire	113	X
FGD/Key informant interview	X	X
Obstetricians		
Survey/Questionnaire	36	X
FGD/Key informant interview	X	X
Midwifery Lecturers		
Survey/Questionnaire	X	X
FGD/Key informant interview	9	3
Health Policy/MoH officials		
Survey/Questionnaire	X	X
FGD/Key informant interview	2	1

Results (Vietnam)

Annex VIII:

SUMMARY OF RESULTS, INTERPRETATION AND EVIDENCE SYNTHESIS

		Evidence of implementation phase			
		Gap verified	Gap rejected	Inconclusive data/unkown	Comments
VIETNAM					
Potential gaps identified in the preparatory phase					
Domain 1					
-Theory- practice gap		(✓)			Qualitative data and partly quantitative (only obstetricians surveyed) supportive of existing gap/perhaps HEIs-dependent
-Knowledge translation		(✓)			Qualitative data and partly quantitative (only obstetricians surveyed) supportive of existing gap
-Tangible resources		✓			more high-quality puppets for interactive midwifery education and introduction of videos with virtual clinical cases
-Expectations perceptions gap		(✓)			No feedback mechanism and active involvement of students in shaping of curricula
-Critical thinking/clinical reasoning		(✓)			
Domain 2					
-Lack of adequate knowledge of health system		✓			Including debilities in identifying and referring high risk pregnancies
-Social determinants of health		✓			
-breastfeeding and nutritional counseling		✓			not verifiable in surveys with students and practicing midwifes and/or clients, but stated as major gap in FDGs/interviews and survey with obstetricians
-Neonatal emergencies		(✓)			

Results (Vietnam)

-*Normal labor*				✓	while qualitative data are suggestive of a major gap in labor skills (i.e. very high episiotomy rate is being attributed to lack of skills/confidence to handle normal labor) quantitative data from surveys contradict this assumption. ->Further investigation?
-*Complicated labor*				✓	while qualitative data are suggestive of a major gap in labor skills (i.e. very high episiotomy rate is being attributed to lack of skills/confidence to handle normal labor) quantitative data from surveys contradict this assumption. Further investigation?
-*Immunization*		✓			
-*Palliative care*		(✓)			
-*Screening cervical and breast cancer*		(✓)			
Mental health status assessment and psychological support		✓			
Family planning services		(✓)			Affirmed mainly by obstetricians
Domain 3					
-*Communication skills*		(✓)			In particular, gaps were identifiable in *communication of sensitive information* (e.g. HIV status), *communication with clients from ethnic minorities* – a finding that was discretely detectable also in the survey of clients – *and critically ill patients.*
-*Respectful and patient centered care (including awareness of obstetric violence)*		(✓)			No findings of apparent obstetric violence, hower free choice of companionship was provided to only 18% of the surveyed clients, while at the same time less than the half of the women felt that they were given the opportunity to express a problem or concern during the process of labor

Results (Vietnam)

-Gender violence		✓			
-Understanding role, rights, obligations (incl. concepts of transparency and accountability)		(✓)			
Domain 4					
-Research awareness		✓			rather low *research awareness and research familiarization* of practicing midwifes and midwifery students
-Skills for life-long learning			(✓)		Life-long learning seemed to be practiced by significant percentage of midwifes, though data suggest that midwifery students and practicing midwifes might be ill equipped for pursuing also *autonomous learning*
-Evidence based practice (including development and adherence to guidelines)		✓			
-English reading proficiency		✓			
-Computer literacy (basic computer skills)		✓			

Results (Cambodia)

CAMBODIA					
Potential gaps identified in the preparatory phase					
Domain 1					
-Theory- practice gap			(✓)		
-Knowledge translation		(✓)			Qualitative data indicative of a major *knowledge translation gap,* though not detectable in the surveyed midwifery students (response bias?)
-Tangible resources		✓			upgrading of the existing infrastructure, a common suggestion was the introduction of new teaching material such as *simulation videos* and *play roles*

Results (Cambodia)

-Expectations perceptions gap			(✓)		
-Critical thinking/clinical reasoning				✓	Survey of midwifes did not include related questions, FDGs/interviews did not cover this topic. Investigate further?
Domain 2					
-Lack of adequate knowledge of health system		(✓)			
-Social determinants of health		(✓)			
-Hygiene and infection control			✓		In contradiction with literature -gap closure recently? Expert opinion of HEIs needed
-Neonatal emergencies and standard newborn practices		(✓)			
-Normal labor			✓		
-Complicated labor		(✓)			
-Screening for breast and cervical cancer		(✓)			
-Usage of ultrasound/doppler in midwifery care			✓		despite the fact that 2/3 of the surveyed students were still in their prefinal study years, almost 65% affirmed being absolutely prepared while another 25% affirmed being to some extent to *use ultrasound/doppler* in midwifery practice. Expert advisory board opinion?
Domain 3					
-Communication skills		(✓)			midwifery students seem to be less prepared in *communicating as professionals with critically ill patients* and *ethnic minorities*
-Respectful and patient centered care (including awareness of obstetric violence)		(✓)			
-Understanding role, rights, obligations (incl. concepts of transparency and accountability)		(✓)			understanding of their *role, rights and obligations* as future midwifes seemed not be sufficiently developed in a substantial proportion

Results (Cambodia)

					of the surveyed students
Domain 4					
-Research awareness		(✓)			FDG discussion results and some key survey results are indicative of practical obstacles in achieving and ensuring high *levels research awareness, life-long learning* and compliance with *evidence-based practice*
-Skills for life-long learning		(✓)			
-Evidence based practice (including development and adherence to guidelines)		(✓)			
-English reading proficiency		✓			
-Computer literacy (basic computer skills)		✓			

(): in brackets stands for "partially" or "highly probable"

Discussion

- Some suspected gaps have been verified: particularly tangible resources in both settings, MH, gender-based violence in Vietnam, breastfeeding.
- In some others the implementation phase clearly rejected the assumptions of the preparatory phase (e.g. no gap in hygienic practices could in verified in the case of Cambodia)
- Inconclusive data in some (important fields) such as handling normal and abnormal labor in Vietnam, critical analytical skills in Cambodia
- Clear evidence that deficiencies in domain 4 cannot be addressed without addressing main obstacles such as poor computer literacy and English reading proficiency

Discussion

Strengths: two step approach, mixed methods, evidence synthesis, all relevant stakeholder groups covered (at least in the case of Vietnam)

Limitations: high response bias in certain groups (students, clients and practicing midwifes), convenience samples, methodological inhomogeneity among the different HEIs.

Other problematic issues: set indicator for Focus Group Discussions not reached.

Conclusions

AMC should cover a broad spectrum (gaps in all 4 domains identifiable)

AMC should include learning components aiming at improvement of English and computer skills (feasible?)

Critical appraisal of inconclusive data and assumptions that can be only partially verified or rejected

THANK YOU FOR YOUR ATTENTION

- AND GREAT COLLABORATION !