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Provider Education as a Key Implementation Strategy among Perinatal Quality Improvement Initiatives

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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)



Acknowledgements & Project Team

Florida Perinatal Quality Collaborative (FPQC)

- William Sappenfield, MD, MPH
Director, FPQC
- Linda Detman, PhD,
Associate Director, FPQC



Graduate Assistants

- Tara Foti, MPH, PhD Candidate
- Estefanny Reyes-Martinez,
MPH Student
- Zoe Pointer, MPH Student

DOC-RELATED

Dr. Peter Valenzuela



Purpose of Today's Talk

- Share findings from a scoping review on provider training as an implementation strategy in maternal and child health (MCH) interventions (Project #1)
- Discuss opportunity for perinatal collaboratives to collectively share best practices and experiences in implementing provider training in perinatal quality improvement initiatives (Project #2)

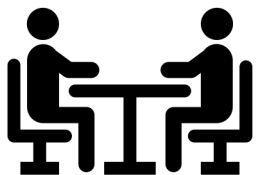
Background

- Implementation of clinical guidelines, bundles and evidence-based practices often reference the importance of provider training
- Provider training is also a key implementation strategy identified in most perinatal quality improvement (QI) initiatives, across diverse:
 - Settings
 - Provider and other clinical/staff 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
- Neonatal Abstinence Syndrome

Provider Training also includes Patient-Provider Relational Skills and Care



- Implicit Bias
- Patient-provider communication
- Cultural Competency
- Quality of Care
- Shared Decision-Making
- Patient Trust

Background

Current Reality: Challenges & Barriers to Provider Training

- Changing policies, guidelines, and best practices
- Inherently complex risk factors influencing perinatal outcomes (patient, provider, system levels)
- Time
 - Competing priorities and demands
 - Day-to-day clinical bustle
- Buy-in to engage in QI and provider training component
- And many others...

Gap 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.

Objectives

Short-term:

- Identify provider training strategies used MCH initiatives
- Identify strengths and weaknesses of strategies, including factors that may be associated with training desirability and/or success.

Long-Term:

- Optimize provider training as key implementation strategy in question to improve healthcare quality and MCH outcomes.

Project #1: Scoping Review Aims



- Identify promising clinician education and training strategies relevant to reproductive and perinatal health.
 - What provider education and training strategies are identified in the literature and have been used specifically in reproductive and perinatal health?
 - Are there strategies identified specific to training providers on topics related to implicit bias and/or pregnancy-related drug use?

Scoping Literature Review Methods

- Database searching (PubMed, CINAHL, EMBASE, PsycInfo, Cochrane)
- Hand searching of references of any identified reviews (systematic, scoping, meta-analysis, etc.)
- Search terms were optimized by database, starting with (provider OR clinician) AND (education OR training)
- *Hand searching of perinatal quality collaborative and other MCH QI-related organizations (but, limited success and information added!)*



Scoping Literature Review Methods

Inclusion Criteria

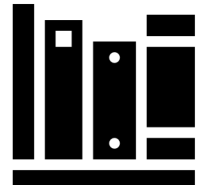


- Related to reproductive, pregnancy or perinatal health
- Implementation of education/training
- Education/training was targeted to individuals who provide clinical care (clinicians/providers)
- Peer-reviewed
- Published in English from 2011-2020

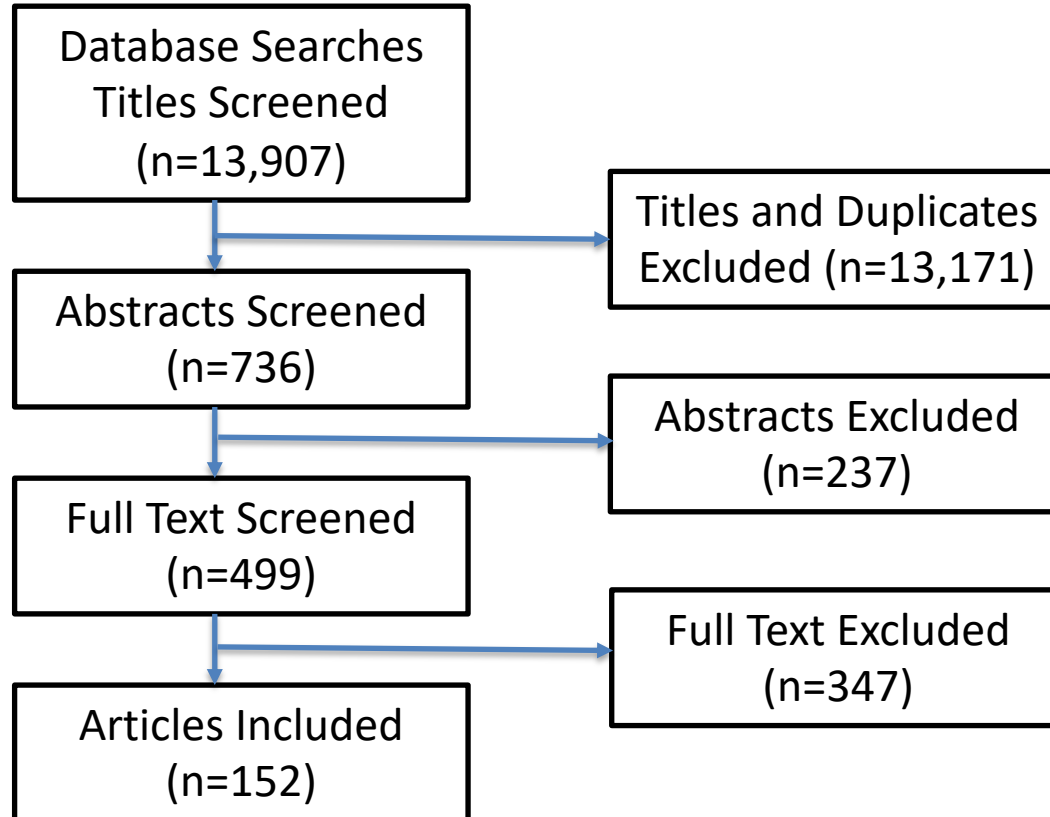
Exclusion Criteria



- Developing/low-resource nations
- Education/training was targeted exclusively to clinician students
- Strategies for training on specific devices



Scoping Literature Review Process



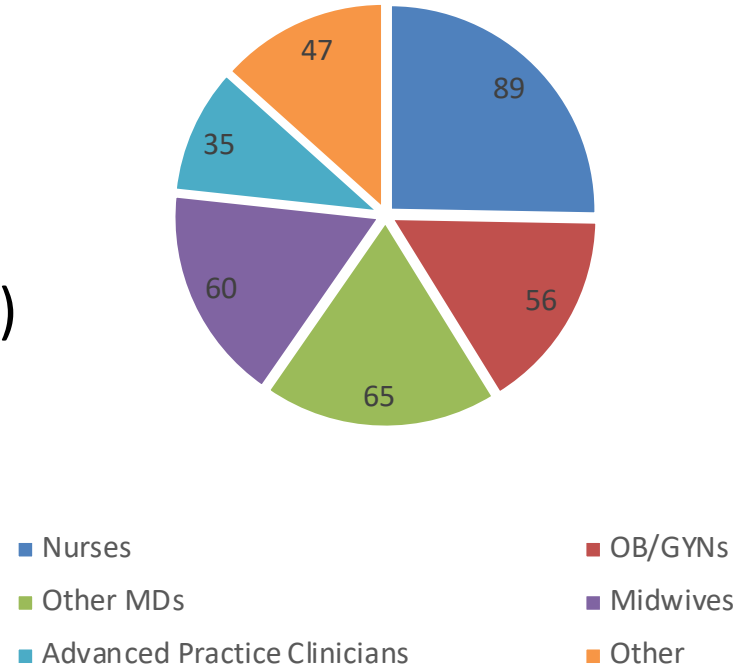
Examples of Data Abstracted

- Types of Providers
- Topic
- Lifecourse 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 (n=152)

Provider Types

- Nurses
- OB/GYN
- Other physicians (e.g. pediatricians)
- Midwives
- Advanced Practice Clinicians



Key Findings

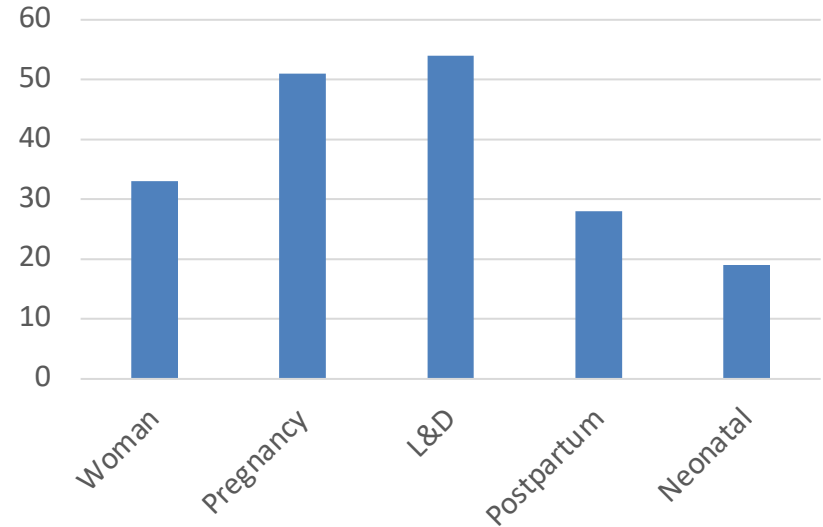
Training Topics

- Maternal morbidity and mortality (39)
- Teamwork and communication (21)
- Screening, Assessment and Testing (18)
- Breastfeeding and Skin-to-skin (12)
- Trauma and Abuse (12)
- Neonatal Care and Resuscitation (10)
- Contraception and Sterilization (6)
- Perinatal Loss and Abortion (6)
- Perinatal Mental Health (6)
- Substance Use (6)
- Work-Related (4)
- Fertility and Sexual/Reproductive Health (3)
- Healthy Weight (3)
- Labor and Postpartum Support (3)
- Women's Health (3)

Key Findings

Lifecourse

- Trainings were categorized by patient lifecourse:
 - Woman (non-pregnant)
 - Pregnancy
 - Labor and Delivery
 - Postpartum
 - Neonatal
- Categories not mutually exclusive



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)

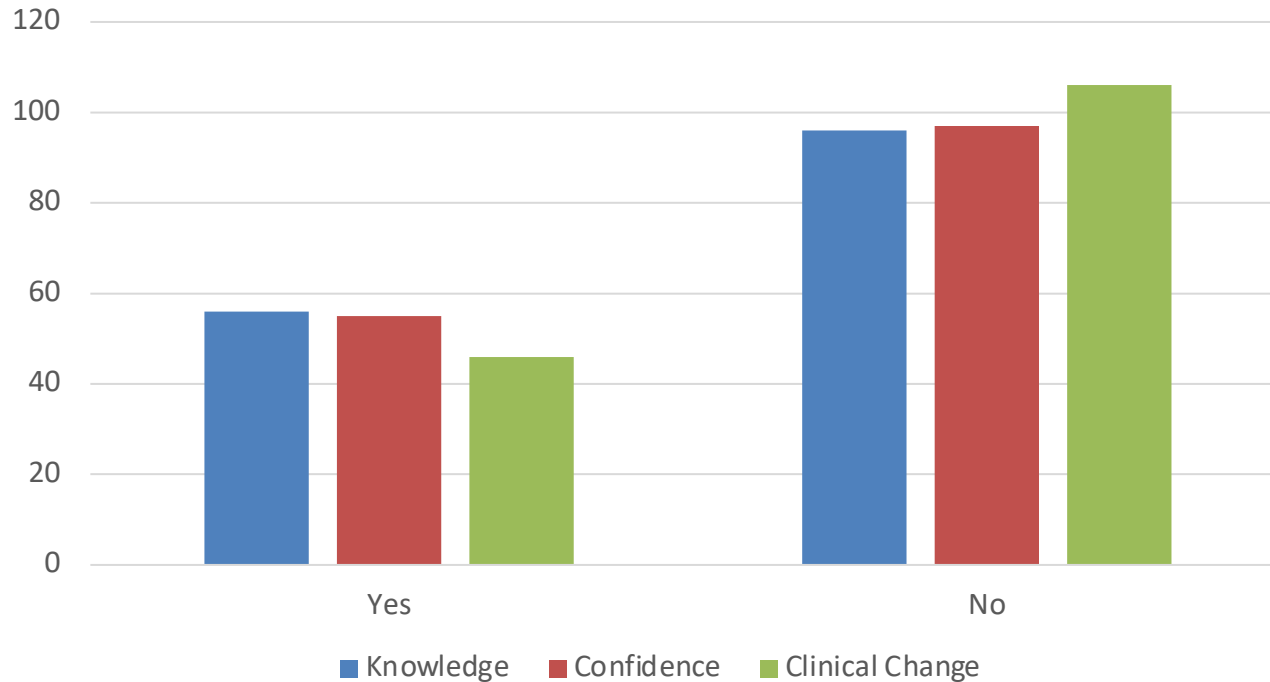


Materials Used

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

Key Findings

Training Assessment



Ad-hoc Literature Review of Patient Care/Implicit Bias

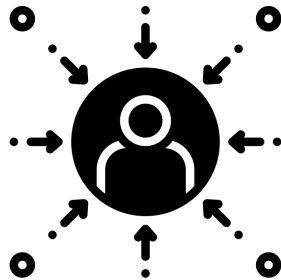
- Database searching (PubMed)
- Hand searching of perinatal quality collaborative and other MCH QI-related organizations
- Search terms were optimized by database, starting with (“cultural competenc*” OR “implicit bias”) AND (education OR training)
- Published in peer-reviewed journals in English from 2011-2020
- Reviewed both overviews and commentaries of implicit bias, as well as implementation of education/training
- Education/training was targeted to individuals who provide clinical care (clinicians/providers)



Results (Implicit Bias)



- Many strategies used overlapped with scoping literature review findings
- Often contained historical perspective and overview of related policies and structures



Created by priyanka
from Noun Project

Additional training strategies :

- Learner case presentations
- Narrative and reflective writing
- Commitment to act or change
- Experiential exercises and service learning
- Health Equity Rounds
- Mindfulness meditation
- Implicit Bias Association tests, other bias awareness strategies
- Bias control strategies (i.e. affirming egalitarian goals, seeking common-group identities, perspective taking, and individuation via counter-stereotyping)
- Narrate case studies with focus on structural barriers

Summary from Scoping Review

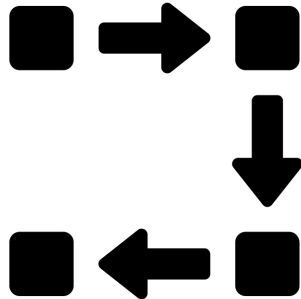
- Main critiques/limitations
 - Often not based on evidence/best practice, little detail, little effectiveness/efficacy evaluation or outcomes linked with training, understanding strengths/limitations/lessons learned from implementation
- **Remaining gaps**
 - **What is done in “perinatal practice”?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

Project #2: National QI Collaborative Survey



- Aim: Compile provider education strategies from MCH Quality Improvement-oriented collaboratives and organizations
 - What provider education and training strategies are utilized by MCH QI-oriented collaboratives and organizations?
 - Are there strategies identified specific to training providers on topics related to implicit bias and/or pregnancy-related drug use?
 - Other innovations?

National Perinatal Collaborative Survey Methods



Created by Adrien Coquet
from Noun Project

- Develop and pilot test e-survey instrument
- Share survey opportunity with perinatal quality collaboratives (PQC)
- Distribute e-survey link to PQC contacts
- Email survey completion reminders
- Collect and analyze survey responses
- Disseminate survey findings



Survey Topics



Created by Vectors Point
from Noun Project

- Demographics – Collaborative & Respondent
- Training techniques used
- Perspectives on utility and desirability of training techniques
- Perspectives on importance of training characteristics
- Training techniques used within specific contexts
 - Implicit bias and maternal opioid use
- Insight on evaluation or measures of success
- Other lessons learned
- Current and/or future innovations in provider training

Putting it All Together So Far...

- Various provider education and training strategies/techniques can be identified, but limited depth
- Since the training context and strategies and their can be highly specific, the utility and effectiveness remains unclear
- Next steps: Survey perinatal quality collaboratives to better understand what's being done and perceived uptake, satisfaction and effectiveness

Contribution to Perinatal QI

- Information collected will help identify, describe and evaluate provider education techniques in perinatal QI
 - What works best/better in various settings/states
- Findings reported back to perinatal quality collaboratives
- Information learned can help collaboratives create a “tool shed” to guide “best practices” in provider training components
- Contributing to greater goal of implementation success of perinatal QI initiatives



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