Improving the quality of care is important for many professions in the health service. Never before has the concept of quality care been discussed so much, particularly following the failures at Mid Staffordshire NHS Foundation Trust. The publication of the Francis report (2013), as a result of the events at Mid Staffs, ensured that the discussion continued.

Developments to improve the service can be very powerful. The simplest of concepts can bring about a profound change, starting in one area then spreading to another.

As a midwife working in a midwifery-led unit (MLU), I have close links with a local university with involvement in several areas of student midwife education and training. When I was offered an opportunity to look at a service improvement, I decided to focus on documentation, accountability and prioritising workload to help the professional development of our newly qualified and third-year pre-registration student midwives.

The concepts were already familiar to them, as in their final year of study they undertake a module entitled ‘Developing the accountable practitioner’. I wanted to help them, as well as qualified midwives, learn about the ways that those ideas translate into reality, as experienced everyday on the front line.

**A simple idea**

In recognition of different learning styles and Maslow’s hierarchy of needs (Bullock et al, 2008), I was keen to develop a teaching package that was portable, inexpensive, engaging and had minimal reliance on technology. I came up with a concept that consists of laminated cards, easily adapted to different settings and professions.

The package comprises large laminated cards, identifying the concepts of documentation, accountability and prioritising workflow to help the professional development of our newly qualified and third-year pre-registration student midwives.

In addition, there are various sets of smaller laminated cards, which set out scenarios and events. The users look at the selected scenarios and then decide, as if they were in charge of a shift, under which heading they would prioritise each one. If one heading had too many scenarios placed under it, they had to re-prioritise that particular group of scenarios. There are no right or wrong answers in relation to where each scenario is placed, but each practice decision has to be justified by the individual who made it under the constructs of prioritisation, accountability and documentation.

**Varied responses**

The learning package was first developed and used with input from staff and student midwives on the MLU. Since then, it has been used in a classroom setting with third-year pre-registration student midwives, adapted with new scenarios for use with Baby Friendly Initiative training and presented to senior
midwifery staff and SoMs.

It has prompted lots of debate within the different groups of students, supervisors and managers, with scenario outcome choices being quite varied. It is linked, of course, to the experiences of the different groups.

The students and newly qualified midwives held debates on ward management and lacking experience to be in charge. This group of users put the majority of the scenarios under the ‘Action now’ heading. This led to further discussions with the senior midwifery lecturer at the university, to see how we could develop student thinking processes, based on the themes of accountability, prioritising care and documentation.

The teaching package was also trialled with staff from different professional disciplines in the university, as well as with non-clinical staff who we asked to be service users. To make the package more relevant to each of the professional areas of the participants, specialists added a few scenarios relating to their own professional base.

In the sessions with other professionals, the dynamics changed completely, as a lot of the users were experienced staff in their own clinical fields. A consequence of that was a much greater use of the ‘delegate’ heading, which is where many of the scenarios were placed. Perhaps this is unsurprising since those with greater clinical experience are demonstrating greater management and delegation skills.

It was evident that all participants, regardless of their level, had the best interests of the client at heart but the planning and prioritising of care took different angles, according to the amount of experience.

At all levels, it was interesting to hear the considerations, discussions, applied learning and, in particular, the deeper thinking that was generated. It showed individuals who were identifying, examining and developing understanding of their own accountability, as well as a greater recognition and consideration of wider influencing factors.

Improving care

The service improvement that I set out to achieve has been evident. Accountability for decision-making became more apparent when staff looked at their choices within the team. Documentation about their decision-making suddenly became a real and important construct. The requirements and understanding of prioritising their workload became much clearer when staff looked at the cards placed under specific time scales, and they had to justify their placing choices.

The teaching package has already been adapted by my colleagues for breastfeeding, as well as fetal wellbeing training. For teams that are multiprofessional, the additional card stating ‘report to’ worked very well in developing support staff.

Working with the senior midwifery lecturer in the university, we continued to adapt the package for training across other healthcare disciplines, in a project that remains on-going. This process means that we will continue to audit and develop it, so that many more midwives and other health professionals can benefit.

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For references, visit the RCM website.