

Development of the “Reflective Practice in Maternal Health Care” Training Modules



Summary Report, Fall 2024

Background

Leveraging over 40 years of experience as an innovator in capacity building to promote health equity and evidence-based training, Cicitelli Associates Inc. (CAI) led the development and delivery of the *Reflective Practice in Maternal Healthcare* training modules. As a leader in the field, CAI designs programs that address not only the knowledge, skills, and self-efficacy of healthcare professionals but also their attitudes, recognizing that self-reflection and perspective are crucial components in delivering compassionate and equitable care.

This 60-minute asynchronous training consists of 4 short e-learning modules created for maternal health care providers at the three EMPOWER study sites (University at Buffalo, University of Massachusetts, and Yale University). The training begins with an introduction to the EMPOWER study, highlighting maternal mortality and morbidity rates in the U.S., health disparities, and the impact of chronic stress. Building on this foundation, the subsequent modules explore how implicit biases form during brain development, emphasize the importance of recognizing and managing these biases to avoid judgment-driven behavior, and guide participants in using the reflective practice, pausing to focus on the individual to ensure respectful treatment. The training also stresses the value of taking extra time to listen attentively to patients to build trust and strengthen patient-provider relationships. This is accomplished through interactive case studies, videos, reflective prompts, and other materials designed to keep adult learners engaged asynchronously.

Additionally, extensive background research was conducted to develop the modules, including reviewing data on U.S. maternal mortality and morbidity trends and their contributing factors. CAI also consulted similar training modules such as those developed by *March of Dimes* and the *California Dignity in Pregnancy and Childbirth Act's Implicit Bias and Birth Equity Training* to ensure that CAI's training modules were not duplicative with other training materials available to maternal health care providers nationally. Furthermore, an essential aspect in the development of these training modules was conducting community-engaged evaluation through listening sessions among health care providers and patients to obtain their perspectives, insight, and to verify that the language, situational examples, and visuals used throughout the modules were accurate, culturally relevant, and approachable by providers with a diverse range of backgrounds, roles, and experiences.

In summary, the *Reflective Practice in Maternal Healthcare* training modules, integrate extensive experience, rigorous research, and community feedback to address critical aspects of bias and reflective practice in maternal care. By combining evidence-based content with interactive elements and diverse perspectives, these modules aim to enhance the skills and attitudes of healthcare professionals, ultimately contributing to more compassionate and equitable care for patients.

Listening Session Results

The following data presents results from four listening sessions, held by CAI in September and October 2023: 1 with providers from each study site and 3 with each site's community advisory board (CAB). The provider listening session was to inform the scenarios used in the *Reflective Practice in Maternal Healthcare* training modules with examples of daily challenges observed in obstetric care. The Yale and University at Buffalo CABs answered two questions around their patient experiences and recommendations for providers, and the UMass CAB provided feedback on the training modules. All input was considered and incorporated into the training modules, summarized below:



Provider Responses

Healthcare providers representing each EMPOWER study site were asked three open ended questions, and some of their responses are included below:

- How would you describe some issues or challenges in interactions or communications between patients and providers?
 - Providers not listening to or dismissing patient questions, concerns, or preferences makes patients feel judged, unheard, and distrustful
- How do interactions differ by patients' race/ethnicity, age, marital status, BMI, mental health conditions, and/or health literacy levels?
 - Providers show wariness when working with non-English speaking patients
 - Providers act negatively towards couples with differing cultural norms (such as husbands speaking on their wives' behalf)
 - There are higher rates of Department of Children and Family Services (DCFS) referrals and drug testing orders for patients of color
- How else can these modules make a difference on the individual provider level?
 - Make the modules educational and carry the scenarios throughout the modules in a way that promotes reflection and individual change
 - Consider facilitating trainings in small group sessions and spread the training content over time
 - Encourage hospitals to have staff complete trainings on paid time



Yale & Buffalo CAB Response Themes

CAB members shared stories of times when they were unheard during their obstetric care and recommendations on what providers could do differently. Their responses to each question were categorized into 5 themes.

Themes from personal experiences:



Theme 1: Feeling Dismissed & Unheard



Theme 2: Provider Dissatisfaction and/or Distrust



Theme 3: Unanticipated Health Outcomes



Theme 4: Negative Birth Experience



Theme 5: Lasting Emotional Impact

Themes from provider recommendations:



Theme 1: Improve Bedside Manner



Theme 2: Respect Patient Autonomy



Theme 3: Better Interpersonal Communication



Theme 4: Consistency in Care Provision



Theme 5: Participate in Ongoing Training



Summary of Yale & Buffalo CAB Experiences

Question 1: Could you tell me about a time when you weren't listened to by your provider during your OB/GYN care? How did it impact you (short and long term)?

- CAB members described many stories of providers not listening to them when they said something was wrong with *their own* bodies
- Being coerced into procedures *without explanation and despite advocating* against it



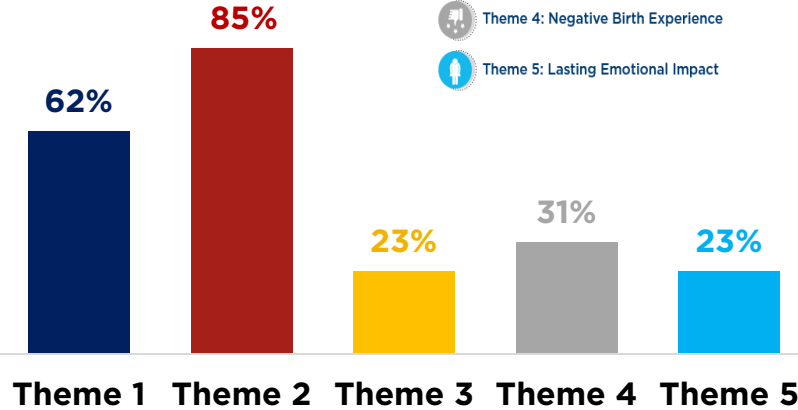
"I'm going to do this to you, not with you."

- Experiences with hostile and "*nasty*" providers during pregnancy and at birth
- Long lasting emotional trauma and feelings of regret for *moments that they can never get back*
- Being made to feel like *they were* doing something *wrong*

Figure 1. Themes from CAB Members' Obstetric Experiences (n= 13)

Provider dissatisfaction and distrust was the **most frequently** occurring theme in the stories shared.

- Theme 1: Feeling Dismissed & Unheard
- Theme 2: Provider Dissatisfaction and/or Distrust
- Theme 3: Unanticipated Health Outcomes
- Theme 4: Negative Birth Experience
- Theme 5: Lasting Emotional Impact



Question 2: In what ways could the provider have given better care? What could they have done differently?

- Stop labeling patients as "*non-compliant*"
- Trust patients and *accept that they know their experiences better than you* do when providing care



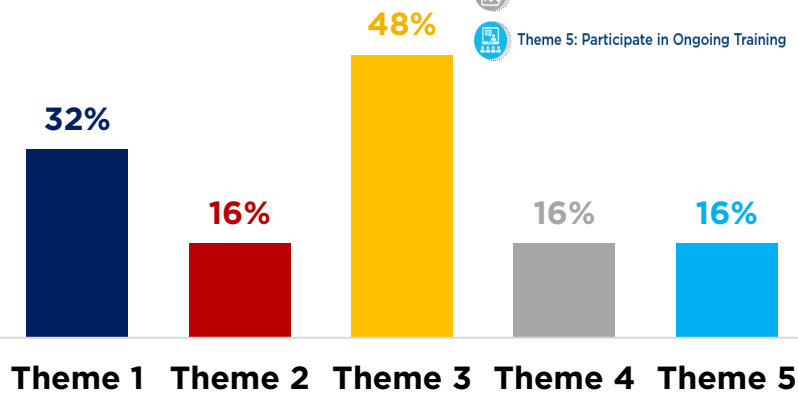
Providers should think "It's not my choice."

- Speak to patients in a way that they can *understand what is happening and why* the procedures are needed
- Ask questions, ensure understanding, and *don't rush* through interactions. For example:
 - "Does that sound good?"
 - "Do I have permission?"
 - "What questions do you have?"
- Treat all patients *consistently* with respect and compassion

Figure 2. Themes from CAB Members' Recommendations for Providers (n= 25)

Nearly half of all recommendations made for providers were related to **better interpersonal communication** with patients.

- Theme 1: Improve Bedside Manner
- Theme 2: Respect Patient Autonomy
- Theme 3: Better Interpersonal Communication
- Theme 4: Consistency in Care Provision
- Theme 5: Participate in Ongoing Training



UMass CAB's Module Feedback

CAI obtained feedback from the UMass CAB to inform the development of the "The Reflective Practice in Maternal Healthcare" training modules. These were the main strengths and considerations they highlighted.

Strengths

- * There was a good use of "less obvious" obstetric examples
- * It was clear that provider perspectives were included
- * The reflective practice activity was well received

Considerations

- * Carry character scenarios through each module
- * Include examples of "more serious" adverse outcomes
- * Encourage having an "accountability partner" at work
- * This should be part of an iterative process of change