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Workplace Learning in Midwifery Education in Flanders (Belgium)

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TITLE PAGE

**WORKPLACE LEARNING IN MIDWIFERY EDUCATION IN FLANDERS
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Context

Belgium is a small country with a complex administration. The latter influences midwifery practice and education. There is one federal Minister of Social Affairs and Health who is responsible for all Belgian qualified midwives in terms of legislation and budget and there are two Ministers of Higher Education, one in Flanders (the northern Dutch speaking Region) and one in Wallonia (the southern French speaking Region), responsible for midwifery education in their Region. These Ministers are bound by the European Directives, federal legislation and professional standards but they are autonomous as to how education is being organised. This leads to the unfortunate situation that midwifery is a three-year bachelor programme in Flanders and a four-year bachelor programme in Wallonia. For over two decades, Flemish Midwifery Associations have been asking for a four-year programme, by preference resulting in a masters level degree. This seems logical because all Belgian midwifery students are educated to work as independent midwives reflecting the same midwifery competencies.

Flanders has twelve midwifery schools within nine institutes for higher education. These midwifery schools have –as joint undertaking– developed a new competency framework. This framework was based on the European Directives (European Parliament, 2007), the International Confederation of Midwives (ICM) Essential Competencies for Basic Midwifery Practice (International Confederation of Midwives, 2013a), the relevant Belgian professional legislation and professional competencies (Federal Government of Health, 2006), and the existing education profile (Flemish Education Council, 2008). In view of this state-of-the-art competency framework, behavioural indicators and competency components (knowledge, skills and attitudes) were defined for each competency. This resulted in the design of a standardized and validated midwifery education profile (Flemish Education Council, 2014) building on additional ICM documents: Global Standards for Midwifery Education and Companion Guidelines (International Confederation of Midwives, 2013b), Curriculum Mapping Tool (International Confederation of Midwives, 2013c), and Standard Equipment List for Competency-Based Skills Training (International Confederation of Midwives, 2012). This new education profile challenged the available curricula, and especially stressed the need to reconsider workplace learning as an integral part of the midwifery training; as recommended in the European Directives.

Background:

Worldwide, workplace learning plays a crucial role in midwifery education. Midwifery workplaces continue to be critical learning environments in which knowledge, skills and attitudes are acquired within a real-life professional context. To benefit from workplace learning, learners must take an active part in their own education by setting goals and monitor their progress towards these goals (Spencer, 2010). This calls for self-regulated learning skills and the ability to learn effectively from experience. The latter are also critical skills in view of a lifelong process of midwifery competency development. Supporting this continuous process sounds ideal, but workplaces are complex environments often resulting in discontinuous learning processes. To realize its potential, midwifery educators reconceptualised workplace learning within midwifery practice, resulting in the adoption of 'Embo's workplace learning model'.

This reconceptualization was discussed in connection to the development of the new competency framework. Heads of Midwifery departments questioned how the newly defined midwifery competencies could be trained and assessed in such a way that continuous workplace learning in midwifery education could be established. They also wanted to put an end to related differences in evaluation instruments and different assessment criteria. In fact, they aimed at implementing a more uniform and evidence-based method to train and assess midwifery competencies and to guide competency development in Flanders. They felt strongly that a consistent workplace learning strategy would optimize the overall quality of midwifery education and consequently also the quality of perinatal care provided by future midwives. Heads of the midwifery departments committed themselves to implement 'Embo's workplace learning model' in their programme. This integrated and holistic competency-based workplace learning model aims at supporting self-regulated and continuous competency development at the workplace. The model was designed by Mieke Embo, head of the midwifery department at the University College Arteveldehogeschool Ghent (Belgium) during a doctoral research project at the university of Maastricht (The Netherlands): Integrating workplace learning, assessment and supervision in healthcare education' (Embo, 2015).

Description of the content of the model and how it is implemented

This continuous workplace learning model was described in Embo et al. (2014a)(Figure 1). The model shows that focusing on self-regulated and continuous competency development during a workplace learning program is effective when: 1) different components of workplace learning are integrated, 2) continuous workplace learning and assessment are described in six recurrent steps, and 3) stakeholders are encouraged to collaborate along the lines of the same integrated learning and assessment instrument. Integration, continuity and collaboration are the cornerstones of this holistic and competency-based workplace learning model.

The first cornerstone, **integration**, refers to the integration of components and processes in one continuous workplace learning model. The integration of

components is intended to better understand the complex phenomenon of workplace learning. The key components are: workplace learning theory, competency framework, curriculum structure, stakeholders, instrument, processes, educational conditions, and lifelong educational continuum. The integration of processes aims to optimize the effectiveness of the different educational processes. The model integrates (1) learning (reflection and feedback on performances and competency development), (2) assessment (self-, formative and summative) and (3) supervision (observer of performances, learning guide of competency development) in a competency framework to support self-regulated learning before graduation and to teach learners how to meet the expectations of continuous professional development.

The second cornerstone, **continuity**, is created by designing the workplace learning processes in six recurring steps: 1) competency selection; 2) formulating learning goals; 3) self-monitoring of performance; 4) self-assessing competency development; 5) summative assessment of individual competencies and 6) summative assessment of global professional competence. Importantly, this model differentiates between the concept of 'midwifery competency' (a combination of knowledge, professional behavior and specific skills that are demonstrated at a defined level of proficiency in the context of midwifery education and practice (International Confederation of Midwives, 2011) and the concept of 'professional competence' (a meta-competency that refers to the combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency) (Epstein and Hundert, 2002).

The final cornerstone, **collaboration**, is established through a better description of the particular roles of each of the stakeholders involved have in the workplace. Importantly, accepting students at the workplace means that the team members collaboratively feel responsible to observe students, to guide reflective activities and to give feedback on performances. Only a small number of motivated supervisors should take the responsibility for guiding the continuous process of competency development. Continuous development can be assessed either within or across work placements.

How well does the model work

Empirical research and discussions with educators in twelve midwifery schools have shown that this model addresses the need to support continuous professional competence development in the workplace. Additionally, the model reflects and respects the daily reality of complex and fragmented midwifery workplace learning settings. An essential component of the workplace learning model is the related instrument. This tool is competency-based, it integrates a learning- and assessment unit, it recognizes different roles for workplace stakeholders, and it unfolds the six steps of the learning processes.

Our effort to create an educational continuum resulted in a twofold formative learning strategy (steps 3 and 4) and a twofold summative assessment strategy (steps 5 and 6). The twofold reflective learning strategy, also called reflection and feedback strategy builds on the research of Eva and Regehr who stated that developing self-regulated competency development is based on different cognitive processes: self-monitoring of performances (step 3) and self-assessment of learning (a cumulative evaluation of overall performance, step 4) (Eva and Regehr, 2007, 2011). The results of our research revealed a marked preference for self-monitoring of performances but we also found that graduates recognized – more often than undergraduates – that reflective writing on one's own competency development was useful, because it facilitated longitudinal learning across internships (Embo et al., 2014b). Respecting the difference between these two cognitive processes is essential in promoting an educational continuum but rather unknown in current midwifery education in Flanders.

The twofold summative assessment strategy is based on the distinction between the concept of 'competency' and 'professional competence' (International Confederation of Midwives, 2011; Epstein and Hundert, 2002). The development of professional competence requires a programmatic view on learning and assessment across different workplaces (van der Vleuten and Schuwirth, 2005; van der Vleuten et al., 2012). The integrated workplace learning model, and its inherent learning instrument, revolves around the continuous collection of written information by scaffolding reflection with feedback from all stakeholders

involved in the workplace learning process. We expect this information to help assessors in making their summative judgements. However, we found contradicting results when analysing qualitative perceptions of learners (Embo et al., 2010, 2014b) and quantitatively significant correlation scores between reflection ability and performance (Embo et al., 2015). Students' perceptions about summative assessment can be translated into students' concerns about subjectivity of assessments. We found that learners want to engage more in feedback-dialogues with their supervisors (Embo et al., 2010, 2014b). We argue that longitudinal internships, with longer student-teacher relationships, can optimise collaborative and continuous learning (Teherani et al., 2013).

Is the model sustainable ?

Embo's workplace learning model is sustainable because it is evidence-based and has been used in daily practice of current midwifery education in Flanders (Belgium). An important challenge for the future is to transform this paper based method into a digital workplace learning model; e.g. apps accessible through mobile devices. Existing e-portfolio systems show the potential of big data and learning analytics to serve feedback, assessment and entrustment decision-making for training in the workplace. A digital system has the potential to support continuing midwifery education beyond graduation. Nowadays, continuous professional development is important but there is a lack of research exploring the correlation between professional behaviour before and after graduation. Furthermore, it is expected by the designers that a more consistent competency monitoring system will encourage qualified midwives to continue their professional development throughout their professional careers. By enabling continuous professional development, this model has the potential to contribute to the ICM mission of educating competent and autonomous midwives as the most appropriate caregivers to women in childbirth, to enhance the reproductive health of women, to promote the health of their new born and support families in general (International Confederation of Midwives, 2014). As a limitation, we stress the need for an interdisciplinary collaboration in the internship-context and in the communication between the educational institution and the midwifery workplace. This kind of collaboration and communication is initially time consuming; though this improves once a *modus operandi* has been established.

Secondly, the approach builds heavily on the responsibility of the learner to play an active role in the workplace learning setting. This puts regulatory demands on learners that should be sufficiently available.

Conclusion

We believe that this workplace model can be adopted by midwifery and other health care disciplines at home and abroad because it integrates all workplace learning components and provides a practical and evidence-based method to organize workplace learning in such a way that continuous professional competence development is achieved effectively. The model is flexible and independent of particular workplace settings. The authors are actively involved in projects to transfer the model to other health care disciplines such as speech pathology and oral health.

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Figure

Fig.1 Embo's Continuous Workplace Learning Model

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