The Collaboration for Maternal and Newborn Health: Interprofessional Maternity Care Education for Medical, Midwifery, and Nursing Students

Lee Saxell, RM, MA, Susan Harris, MD, CCFP, and Lehe Elarar, RM

The Collaboration for Maternal and Newborn Health, a multidisciplinary group of maternity care providers from the University of British Columbia (UBC), received funding from Health Canada to develop interprofessional education programs for health care students. Medical, midwifery, and nursing students from UBC were invited to participate in the three programs described in this article. The Interprofessional Student Doula Support Program, a year-long program for 15 students, combines classroom learning about marginalized women with on-call doula support to attend births. The Interprofessional Normal Labour and Birth Workshop is a 5-hour event, comprised of lectures and hands-on stations about normal labour, birth, and the immediate postpartum period. The Maternity Care Club Hands-on Night occurs twice a year, and students gather to practice at maternity care stations in a casual setting. A total of 467 participants over 3 years completed evaluations of their experiences. Students rate these programs very highly in terms of benefits of multidisciplinary collaboration. Providing students with opportunities to engage with other health care disciplines enhances interest in the professions of maternity care and the benefits of collaboration. J Midwifery Womens Health 2009;54:314–320 © 2009 by the American College of Nurse-Midwives.

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INTRODUCTION

In 2003, Canada’s federal health agency, Health Canada, identified interprofessional education for collaborative patient-centred care as an important means to address ongoing resource and human health concerns.1 In response, several groups across the country have incorporated interprofessional collaboration into curricula for the undergraduate and graduate levels and for continuing professional education courses.

Interprofessional collaboration has been defined as when two or more care experts from different disciplines collaborate in a manner that enhances each other’s strengths, experiences, and backgrounds.2 According to Barr et al.,3 interprofessional education is a “planned intervention” aimed at securing the goals of interprofessional learning and interprofessional collaboration so that service delivery can be efficient, effective, and patient centered. These goals include creating professional programs to prepare students for collaborative practice, addressing health promotion and health care delivery in a more effective manner through collaboration, and promoting patient-centered care through a collaborative team framework.3

The purpose of this article is to describe three interprofessional programs for health care students studying medicine, midwifery, and nursing at the University of British Columbia in Vancouver, British Columbia, Canada. The development process, objectives, and initial student evaluations are presented.

Address correspondence to Lee Saxell, RM, MA, Department of Midwifery, BC Women’s Hospital and Health Centre, 4500 Oak St., Room D204K, Vancouver, BC, Canada V6H 3N1. E-mail: lsaxell@cw.bc.ca

BACKGROUND

The University of British Columbia’s Collaboration for Maternal and Newborn Health (CMNH) is a team of maternity care providers, including midwives, family physicians, obstetricians, nurses, and doulas. With a multidisciplinary focus on education, research, and policy implementation, the CMNH develops programs and projects focused on interprofessional education for University of British Columbia medical, midwifery, and nursing students.

The CMNH was established in 2001 following the successful application for provincial government Strategic Teaching Initiative funds, administered through the University of British Columbia’s Department of Family Practice and School of Medicine, where both the medical and midwifery schools reside. These funds are intended to support the integration of interprofessional teaching and projects into the care of populations whose health status and/or access to services is at risk. The long-term goal is to enhance patient health status through initiatives that reflect the principles of interdisciplinary, integrated health care delivery. The Department of Obstetrics and Gynaecology at BC Women’s Hospital in Vancouver also participates in the CMNH and provides additional project funding. In 2003, the CMNH received a grant through the Interprofessional Network of British Columbia (In-BC) to develop five projects that would engage interprofessional learners in maternity health care. In this article, we present three educational projects targeted at students interested in maternity care: the Interprofessional Normal Labour and Birth Workshop, Interprofessional Student Doula Support Program, and the student-led Maternity Care Club.

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Although interprofessional care teams have become more prominent in practice, they are not yet an integral part of health care education and services. The CMNH staff reviewed the history of interprofessional education to identify theoretical and practical ideas on how to model an interprofessional program for undergraduate students. The Cochrane meta-analysis completed by Reeves et al. included six studies that evaluated the effect of interprofessional education, four of which reported improvement in the working culture, including collaborative team behavior, a reduction in clinical errors, and patient satisfaction. However, two of the studies reported that interprofessional education did not impact either professional practice or patient care. The studies included in the review had methodologic limitations that made it difficult to draw conclusions about the efficacy of interprofessional education. The authors suggested that future research needed to be more rigorous in design in order to provide insight into how interprofessional education affects change. Research to date has not adequately addressed this question.

In 2007, Hammick et al. conducted a systematic review of 21 studies that evaluated interprofessional education programs. Most of the studies included in the review were based on undergraduate programs for students of various health care disciplines, including medicine, nursing, physiotherapy, pharmacy, occupational therapy, dentistry, social work, and midwifery. The authors applied the standard systematic review procedures and also included outcome measures, such as learners’ reactions to interprofessional education and changes in learners’ skill and behavior. These additional outcome measures were not evaluated in the Cochrane meta-analysis. Hammick et al. found that interprofessional education was well received by the students and enhanced the knowledge and skills necessary for successful collaborative working relationships. However, these education programs were not able to sufficiently change attitudes or perceptions toward others on the health care team.

San Martín-Rodríguez et al. set out to understand what elements are attributed to successful collaboration in health care teams, such as interpersonal relationships, conditions within the organization, and environmental factors. They categorized these elements into three groups: interactional determinants, organizational determinants, and systemic determinants. In their review of the published literature on interprofessional education and the educational system, San Martín-Rodríguez et al. found that understanding the roles of other health care disciplines includes awareness of a discipline’s practices, expertise, responsibilities, skills, and values. These authors summarized with the following quote: “The educational system [is] one of the main determinants of interprofessional collaborative practice among future health care professionals.”

A lack of understanding of disciplinary values, skills, and scope of practice is a common barrier to collaborative practice. Interprofessional education directly aims to diminish this barrier and others that exist in current academic and health care service settings. Because conventional university learning does not expose students to the other disciplines they will be working with in the clinical setting, there is little opportunity for interaction between the health disciplines, thereby preventing their professional socialization.

The goal of interprofessional education is to reduce the levels of isolation among students by assisting them in understanding the role of other health care professionals, practicing effective interprofessional communication skills, and participating in team-based decision making. In an interprofessional education setting, the interprofessional faculty creates opportunities to learn together in a nonthreatening environment and builds trust among the students, which is necessary for the establishment of collaborative working relationships. The central goal of the Collaboration for Maternal and Newborn Health is to promote the growth of collaborative, team-based maternity care providers by addressing some of these basic obstacles early in undergraduate education before stereotypes become ingrained.

Lee Saxell, RM, MA, is the Head of the Department of Midwifery at BC Women’s and St. Paul’s Hospitals in Vancouver, British Columbia, Canada. She is the Medical Director of the South Community Birth Program, a multidisciplinary, collaborative maternity care program, and codirector of the Collaboration for Maternal and Newborn Health. She is also a clinical associate professor in the School of Midwifery at the University of British Columbia, Vancouver, British Columbia, Canada.

Sue Harris, MD, CCFP, FCFP, was the former Head of the Department of Family Practice at BC Women’s Hospital in Vancouver, British Columbia, Canada. She received her BSc (Physical Therapy) from McGill University in Montreal, Quebec, and her MD from McMaster University in Hamilton, Ontario, Canada. She was a clinical professor in the Department of Family Practice at the University of British Columbia in Vancouver, British Columbia, Canada. She was a co-director of the Collaboration for Maternal and Newborn Health and a founding member of the South Community Birth Program.

Lehe Elarar, RM, BA, is in clinical practice at Pomegranate Community Midwives in Vancouver, and is a clinical instructor in the School of Midwifery at the University of British Columbia in Vancouver, British Columbia, Canada. She is a research assistant in the Collaboration for Maternal and Newborn Health.

The Patient-Centred Approach

Interprofessional collaboration in health care recognizes the patient as central and an active member of the health care team. In the process of learning to work collaboratively with other health care providers, students learn that the patient has an essential voice in problem solving and decision making. Teaching culturally competent care is another important consideration in interprofessional education. As the interdisciplinary students work together to reconcile their differences for the benefit of patient-centred care, they also learn that the patient’s role in providing input for their own care management plan is integral. In this model of care, the patient is a partner in care delivery, not simply the recipient.
Little et al. found that patients value their voice being heard in primary care decision-making and strongly prefer a patient-centred approach to health care delivery. Several other investigators have worked to provide a better understanding of what constitutes patient-centred care. Some identified indicators include time spent with the patient, higher patient and practitioner satisfaction (which may result in fewer malpractice complaints), and improved patient health and efficiency of care. Few studies have incorporated the health care students’ role in the provision of patient-centred care.20 Interprofessional education argues that by improving access to interprofessional learning, multidisciplinary students will learn important skills such as team-based problem solving and recognition of the patient as a member of the team.21

Definition of Interprofessional Education

In a framework developed by the Interprofessional Network of British Columbia—based on research work conducted by Health Canada—numerous definitions of interprofessional education were considered in order to establish a basis for understanding concepts such as interprofessionality, collaborative care, interprofessional practice and education, environmental conditions, and the role of managers and policy makers. This framework was published in a comprehensive document, “The Interdisciplinary Education for Collaborative, Patient-Centred Practice (IEPCCP) Research and Findings Report,” which also describes the status of interprofessional education for collaborative practice, with recommendations for implementing interprofessional health care education in the Canadian setting. These recommendations include delivering clear evidence of interdisciplinary education and care as it relates to patient outcomes, identifying policies that both help and hinder the sustainability of interdisciplinary education and practice, identifying educational processes that foster and aid the development of interdisciplinary programs for health care learners, and identifying networks to promote collaborative knowledge sharing and resource development. The CMNH adopted this framework and focused on the goal of providing a positive interprofessional learning experience for students in the hopes of impacting their future interprofessional collaboration and practice. Interprofessional education was timely, given the introduction of regulated midwifery into the British Columbia health care system on January 1, 1998.

THE MATERNITY CARE CLUB: MATERNITY CARE HANDS-ON NIGHT

The CMNH student-led Maternity Care Club (medical, midwifery, and nursing students) plans events throughout the year, including the annual Maternity Care Hands-on Night. This event brings together health care students to practice maternity care clinical skills in stations based on Objective Structured Clinical Examinations (OSCEs). OSCEs, which are commonly used in health care to train and examine students learning clinical and communication skills, are formatted as short stations (5–10 minutes) where there is one-to-one support from a facilitator and often a simulator or actor to play out a particular scene or clinical scenario. OSCEs are used to evaluate health care students’ performance throughout their study, and the Maternity Care Hands-on Night becomes an opportunity to practice for graded OSCE. Students are not graded at the Hands-on Night.

The multidisciplinary faculty supports the students through each station. Faculty for the evening includes midwives, obstetricians, nurses, family physicians, and a doula. After faculty introductions, students rotate in multidisciplinary groups through the OSCE stations, which include vaginal examination with teaching boxes, suturing (foam repairs), conducting a normal birth on a mannequin, providing labour support, and a nursing triage station admitting a woman in labour to the hospital (including the paperwork). The stations are designed for the students to have fun and practice in a noncompetitive atmosphere. After practicing abdominal palpation and Leopold maneuvers on the mannequins, the students palpate live volunteers—generous women in the third trimester of pregnancy who volunteer their time to help students learn. For many students, this will be the first time they hear a fetal heart beat. This event is an opportunity to be exposed to passionate and enthusiastic interprofessional maternity care providers. Pizza and refreshments are served, which gives students the opportunity to socialize in a relaxed environment.

Since 2005, this noncredit event is offered to all first- and second-year students in medical, midwifery, and nursing programs. The Maternity Care Club is facilitated by a CMNH board member who meets with students throughout the year to plan events. Other events include a screening of a student-created documentary, Birth and the Media, a fundraising film screening of The Business of Being Born, interprofessional panel discussions on various maternity care topics, as well as a doula training workshop.

Student Evaluation of Maternity Care Hands-on Night

More than 200 medical, midwifery, and nursing students have attended this evening event and rate it very highly. Students receive a 10-item survey with Likert-scale responses at the end of each evening event. Table 1 presents the evaluation survey results from 54 students (40 medical, six midwifery, and eight nursing) who attended Maternity Care Hands-on Night in October 2006. This represents a 93% response rate.

INTERPROFESSIONAL NORMAL LABOUR AND BIRTH WORKSHOP

This 4-hour workshop was originally taught by faculty in the University of British Columbia Department of
Obstetrics and Gynaecology to third-year medical students before the start of their 12-week obstetrics and gynaecology rotation. In 2005, the CMNH collaborated in the redesign and teaching of this workshop. Interprofessional faculty team building took place with family practice, nursing, midwifery, obstetrics, and a doula/childbirth educator all present. The team had open and lively discussions on maternity care issues, including debates about what constitutes normal birth. These discussions clarified each discipline’s roles, responsibilities, and values. The faculty reflected that the experience of learning to facilitate together was rewarding and helped them to develop stronger, more collegial relationships.

This workshop occurs every 6 weeks and now includes University of British Columbia students from medicine, midwifery, and nursing, all learning together. The interprofessional faculty includes a maternity care nurse, a family physician, a midwife, an obstetrician, and a doula. The first half of the workshop is in lecture format, introducing both the psychosocial and physiologic changes of term pregnancy, normal birth, and the immediate hours postpartum. Childbirth and technology are discussed, as well as supporting women in labour and pharmacologic pain relief. Clips from Penny Simkin’s video Relaxation, Rhythm and Ritual: The Three R’s of Childbirth are shown, and the impact of media and social trends are also explored. Active student discussion is encouraged. The second half of the workshop is followed by three OSCE-style stations, where the students are divided into multidisciplinary groups and work through the stations together, engaging with each other throughout. The stations include abdominal palpation, a normal birth over an intact perineum with mannequins, and the process for conducting respectful vaginal examinations, using vaginal boxes. The afternoon is split with a 15-minute break for snacks and refreshments, a time for the students to socialize in a relaxed atmosphere. “Break-time” is identified as an important aspect of harboring a positive framework for interprofessional collaboration.6,22

Interprofessional collaboration is modeled by the faculty, understanding that in order to foster interprofessional collaboration amongst students, it must be demonstrated by the instructors. This has required clear communication between the instructors and open dialogue and respect for each other’s views on “normal” birth, which has at times collided. On occasion, a new member of the faculty has disagreed with the content being presented; when this has occurred, students’ evaluations of the interprofessional collaboration of the workshop drop—they note the discord. In these cases, the faculty member has been replaced with another faculty member who is more tolerant of diverse viewpoints. The core faculty’s philosophy is that we do not need to see eye-to-eye on all issues in order to be respectful and supportive of differing viewpoints.

<table>
<thead>
<tr>
<th>Program Component</th>
<th>Mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal palpation and measurement with mannequins</td>
<td>4.57 ± 0.70</td>
</tr>
<tr>
<td>Abdominal examination with pregnant women</td>
<td>4.92 ± 0.27</td>
</tr>
<tr>
<td>Vaginal examination</td>
<td>4.93 ± 0.26</td>
</tr>
<tr>
<td>Spontaneous delivery</td>
<td>4.85 ± 0.41</td>
</tr>
<tr>
<td>Suturing</td>
<td>4.61 ± 0.74</td>
</tr>
<tr>
<td>Labour support</td>
<td>4.66 ± 0.55</td>
</tr>
<tr>
<td>Assessment room history-taking</td>
<td>4.64 ± 0.62</td>
</tr>
<tr>
<td>The interdisciplinary nature of the presenters</td>
<td>4.87 ± 0.44</td>
</tr>
<tr>
<td>The interdisciplinary nature of the students</td>
<td>4.70 ± 0.61</td>
</tr>
<tr>
<td>Overall, did you find this evening beneficial in improving your obstetrical knowledge and skills?</td>
<td>4.93 ± 0.26</td>
</tr>
</tbody>
</table>

SD = standard deviation.

*Likert scale, 1–5 (1 = very unhelpful; 5 = very helpful).

**Table 1. Student Evaluation of the Maternity Care Club Hands-on Night (N = 54)**

**Student Evaluation of the Interprofessional Normal Labour and Birth Workshop**

This workshop was a poorly evaluated medical student experience before the interdisciplinary focus; it is now a very highly rated experience by students in all disciplines. A total of 340 interprofessional students participated in and evaluated the workshop between May 2006 and September 2008. A 31-item survey with Likert-scale responses is completed by all students at the end of each workshop. Tables 2 and 3 show the composite results of 16 items from the evaluation surveys completed by 100% of these students.

**THE INTERPROFESSIONAL STUDENT DOULA SUPPORT PROGRAM**

The Interprofessional Student Doula Support Program is designed to offer labour and birth support to women being cared for in British Columbia Women’s Hospital special care units: Fir Square and Oak Tree. Fir Square is an innovative, residential, hospital-based, harm-reduction program that is designed to address the needs of women with substance use problems. Women receive comprehensive care during pregnancy, birth, and the postpartum period from an interprofessional team of nurses, physicians, and non-governmental social workers. They can reside on the unit during pregnancy and prolong their stay after the birth to benefit from additional care for themselves and their infants. Oak Tree is an outpatient program for women who are HIV positive. An interprofessional team works together to offer these women specialized care, education, and access to resources. They advocate for improved prevention and diagnosis of HIV/AIDS, as well as providing individualized patient care and support.

The Interprofessional Student Doula Support Program began in September 2005. Its purpose was for students to provide compassionate labour support to women in these two programs. The students do not provide any clinical care in their roles as doulas. First- and second-year
midwifery, medical, and nursing students are invited to apply, and five students are selected from each discipline for a total of 15 participants. The students meet one evening each week throughout the fall and spring academic terms (September through April). A CMNH member facilitates the student group. In the first month of the program, they are prepared to provide doula support in labour. Each woman from the Fir and Oak Tree programs is matched with a team of three student doulas, one each from medicine, midwifery, and nursing. The students plan their care and share call for births, covering each other for classes, examinations, and other events. Once the doula training is completed, expert guest lecturers teach on a variety of topics throughout the course, including perinatal substance use, the harm-reduction model of Fir Square, domestic violence, Aboriginal women’s issues, housing challenges, poverty, the needs of incarcerated pregnant women, and innovative community programs designed to support marginalized women. Students also engage in open dialogue about their doula labour support experiences throughout the program, thereby enhancing their classroom learning with their practical experiences.

Interprofessional education leaders have described the service-learning model as one that makes a link between academic coursework and the practical skills being taught. The students in the doula program are able to apply classroom learning to real-life situations and gain insight into team models that support patient-centred care while working in small interprofessional teams. They discuss care management plans and strategize support, connect a marginalized woman with resources in her community, address any unexpected events during the labour and birth, and coordinate a postpartum support plan. They are engaged in a setting that is ultimately the same as the one they can expect as professionals.

**Student Evaluation of the Interprofessional Student Doula Support Program**

The students complete questionnaires to assess their attitudes about interprofessional teamwork and the doula support program. Three identical questionnaires were distributed at the beginning, middle, and end of the program.

**Table 2. Student Evaluation of the Components of the Interprofessional Intrapartum Workshop on Normal Birth (N = 340)**

<table>
<thead>
<tr>
<th>Component</th>
<th>Mean ± SDa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal palpation and Leopold maneuvers</td>
<td>4.59 ± 0.62</td>
</tr>
<tr>
<td>Vaginal examination</td>
<td>4.79 ± 0.44</td>
</tr>
<tr>
<td>Spontaneous delivery</td>
<td>4.85 ± 0.40</td>
</tr>
<tr>
<td>Birthing video <em>(The 3-R’s of Childbirth)</em></td>
<td>4.24 ± 0.88</td>
</tr>
<tr>
<td>Lecturer presentations</td>
<td>4.40 ± 0.82</td>
</tr>
<tr>
<td>Handout content</td>
<td>4.34 ± 0.79</td>
</tr>
</tbody>
</table>

SD = standard deviation.

*Likert scale, 1–5 (1 = very unhelpful; 5 = very helpful)*.

The 69-item survey with Likert-scale responses was developed by a CMNH multidisciplinary committee based on various validated survey tools. The survey questions addressed substance use in pregnancy, homelessness, poverty, violence against women, doula support in labour, and interprofessional education. There was little change in the students’ attitudes toward interprofessional teamwork. This was not unexpected, as the students choosing to apply did so with the knowledge that the program was interprofessional, and perhaps already valued interprofessional learning. However, we did note that their attitudes toward poverty, violence, and substance use changed over the year, with an enhanced appreciation for how marginalized women are impacted by these issues.

**Table 3. Student Responses to Survey Statements About the Interprofessional Intrapartum Workshop on Normal Birth (N = 340)**

<table>
<thead>
<tr>
<th>Response</th>
<th>Mean ± SDa</th>
</tr>
</thead>
<tbody>
<tr>
<td>This workshop promotes birth as a health issue</td>
<td>4.16 ± 0.95</td>
</tr>
<tr>
<td>Teamwork amongst health professionals was shown</td>
<td>4.23 ± 0.94</td>
</tr>
<tr>
<td>Family support during labour was shown to be of importance</td>
<td>4.39 ± 0.59</td>
</tr>
<tr>
<td>The approach to birth discussed in this workshop is one that empowers women</td>
<td>4.49 ± 0.56</td>
</tr>
<tr>
<td>Best evidence and discussion around best evidence and choice were encouraged</td>
<td>4.12 ± 0.96</td>
</tr>
<tr>
<td>The use of positive language towards women and other health care providers was demonstrated in this workshop</td>
<td>4.51 ± 0.57</td>
</tr>
</tbody>
</table>

SD = standard deviation.

*Likert scale, 1–5 (1 = strongly disagree; 5 = strongly agree)*.

At the end of the program, the students were also asked to submit written remarks about their experiences in the program. They reported that the experience of learning together offered insight into and respect for each other’s disciplines and a stronger awareness of patient-centred care. This experience tended to deepen the medical and nursing students’ interest in maternity care, particularly for marginalized women. Until recently, this was a non-credit course for all students; in 2007, it became a credit course for medical students.
Table 4. Student Responses to Surveys About the Interprofessional Student Doula Support Program (N = 73)

<table>
<thead>
<tr>
<th>Response</th>
<th>Mean ± SD&lt;sup&gt;°&lt;/sup&gt; First Session</th>
<th>Mean ± SD&lt;sup&gt;°&lt;/sup&gt; Program End</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have strategies to help abused persons</td>
<td>2.64 ± 0.32</td>
<td>3.96 ± 0.51</td>
</tr>
<tr>
<td>I have had educational training in domestic violence</td>
<td>2.29 ± 1.00</td>
<td>3.96 ± 0.45</td>
</tr>
<tr>
<td>I believe that my training in domestic violence has been adequate</td>
<td>1.85 ± 0.61</td>
<td>3.27 ± 0.67</td>
</tr>
<tr>
<td>I understand the role of a doula in childbirth</td>
<td>3.72 ± 0.75</td>
<td>4.61 ± 0.66</td>
</tr>
<tr>
<td>I am able to use my doula skills effectively to help women prepare for childbirth</td>
<td>2.75 ± 1.13</td>
<td>4.34 ± 0.66</td>
</tr>
<tr>
<td>I am able to use my skills as a doula effectively to support women during labour and birth</td>
<td>2.71 ± 1.13</td>
<td>4.3 ± 0.49</td>
</tr>
<tr>
<td>I am able to use my doula skills effectively to support women in the postpartum period</td>
<td>2.77 ± 1.21</td>
<td>3.92 ± 0.78</td>
</tr>
</tbody>
</table>

<sup>°</sup>Likert scale, 1–5 (1 = strongly disagree; 5 = strongly agree).

DISCUSSION

Each of the programs highlighted in this article engage the students in a cooperative learning setting. They have common goals, such as learning to provide labour support, where face-to-face communication and joint decision-making is central, and where time for processing the events, both casually and formally, is available. These essential elements of learning are recognized as important aspects of health interprofessional teams in the workforce. The hope is that students will take these communication and problem-solving skills to their professional field, working in collaborative team models to provide efficient, patient-centred care.

The successful evaluation of interprofessional education has been difficult because measurement tools for outcomes are underdeveloped; much of the work in the area remains unpublished; documentation on the long-term effects of interprofessional education on practice is minimal; and Likert scales, which are commonly used to elicit responses from participants have limited value for capturing outcomes. San Martín-Rodriguez et al. noted the lack of evidence about the influence of interactional, organizational, and systematic determinants on interprofessional collaboration. The authors of the Cochrane meta-analysis also reflect on the lack of methodologic rigor in the available studies on interprofessional education and question whether this was an insight into the validity of the interprofessional education programs. But Barr et al. point out that the apparent lack of evidence for the effectiveness of interprofessional education does not support the conclusion that it is ineffective. The development of improved tools to measure interprofessional education outcomes will permit more rigorous assessments of its efficacy.

The prospect of increased enthusiasm for pursuing a career in maternity care, enhanced work satisfaction, and the potential to improve health care service delivery are the reasons the CMNH formed. In recent years, there has been a recorded trend of fewer health care students choosing maternity care professions, leading to a Canada-wide shortage of care providers for pregnant women. The CMNH is dedicated to framing maternity care as a positive and rewarding career choice for medical and nursing students, with the hope of reducing this shortage. While midwifery students are obviously training to become maternity care providers, their inclusion in the interprofessional mix enhances this positive philosophy and helps all of the students understand and respect each other’s professional role.

Universities across Canada have been gradually integrating interprofessional learning opportunities through both elective and mandatory courses and programs for health care students. The collective assumption is that students with such training and early educational experiences will have the tools necessary to interact positively with their health care colleagues from other disciplines during their professional practice. If health care providers are expected to work together and share expertise in a team environment, it makes sense that their education and training should prepare them for this type of working arrangement.

CONCLUSION

In response to the reality of a fragmented health care system, interprofessional care offers a framework for communication, coherence, and patient-centred care. When the care plan for a patient is cohesive, the patient undoubtedly benefits, as the health care team has worked together to reconcile their differences in order to best address the patient’s needs, wants, and values. With positive learning experiences during undergraduate training, health care students can practice collaboration and establish communication, problem-solving, and decision-making skills to prepare them for careers in health care delivery. It is also hoped that these interprofessional learning experiences may act as a motivation for students to pursue a career in maternity care.

Thanks to Wendy Hall, RN, PhD, for leading the Maternity Care Club and Kathie Lindstrom, DONA, for leading the Fir Square Program. In loving memory of Sue Harris, who passed away May 17, 2009.

REFERENCES


