

Learning package: Improving service quality

Coaching for quality improvement

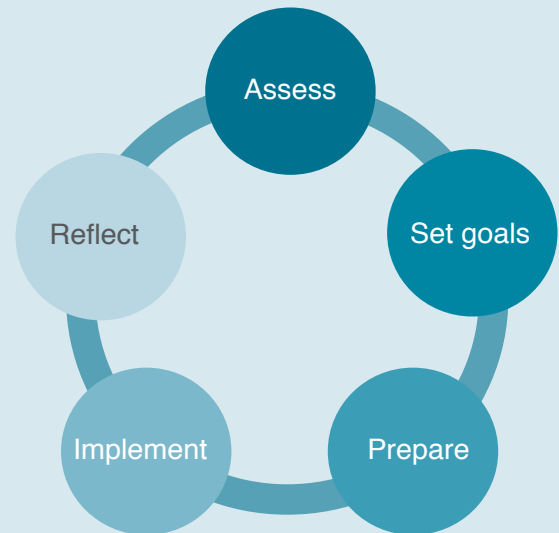
On-site coaching helps midwives to gain confidence in their skills and provide quality care to clients.

As Partnering to Save Lives (PSL) implemented its quality improvement initiatives, the need for regular and ongoing coaching and supportive supervision of midwives was consistently evident. It takes time for midwives to develop the skills and confidence to provide reproductive, maternal and newborn health (RMNH) services, and they need to feel supported throughout this process. Coaching became a key strategy of PSL to enable midwives to learn and practice skills for RMNH service delivery.

PSL collaborated with Provincial Health Departments (PHDs), Operational Districts (ODs) and referral hospitals to deliver on-site coaching on a range of RMNH topics at health facilities. PSL also equipped coaches with a practical guide that offers tips on basic coaching principles and approaches, steps in the coaching process, and a list of resources and materials. PSL's coaching methodology can therefore be replicated and continue to support midwives' development into the future.



The coaching cycle for improving quality of healthcare services:



Assess: Measure quality of current practices using Ministry of Health National Quality Enhancement Monitoring tools.

Set goals: Identify changes needed and steps/ approaches required-following the assessment's result.

Prepare: Select relevant scenario, tools and materials for the coaching sessions.

Implement: Using real case observation, simulation, refresh training and 'feed-forward' feedback.

Reflect: Analyse how effective the coaching is and plan for next steps.

Left: A midwife practices her resuscitation technique on a mannequin, guided by a coach

Step-by-step guide to successful coaching:

PSL used the following approach to plan and run coaching sessions:

Step 1: Convene a coaching team with relevant technical expertise, for example, PHD/OD teams and referral hospital staff. Ideally, coaches and assessors should be different people as these are different skill sets.

Step 2: Plan the coaching session with the team, compile relevant learning materials and make appointments with health facilities.

Step 3: Conduct coaching sessions 1-2 times per quarter. Observe real client interactions and use simulation for more complex cases. Offer feedback to the midwife with a 'no blame' approach, positive reinforcement and 'feed forward'. It is recommended that coaching visits last 2-3 days, and include at least one night shift to observe real births.

Step 4: Involve health facility chiefs and midwives in an additional feedback session at the end of the coaching days and facilitate action planning.

Step 5: Immediately after the coaching session, meet with the coaching team to reflect on what went well and how to improve coaching practice.

Step 6: Close the coaching cycle. Follow up with the health facility to check progress. Identify further development needs and plan for future sessions.

Lessons learned

From its extensive coaching activities, PSL identified the following key lessons:

- Coaching improves skills, self-confidence and relationships between PHD/OD, referral hospitals and midwives, and empowers midwives to make decisions.
- Having the right coaches is of primary importance. Coaches should be supportive and encouraging as this can greatly affect the effectiveness of the teaching. Supportive health centre management also enables positive learning experiences.
- Coaches in turn need to be coached and supervised. Coaching skills cannot be learnt from a book. Coaches need to practice and develop their skills over time, with their own mentors to guide them. In some cases, PHD/OD and referral hospital teams requested additional training and guidance on coaching techniques. To help them, PSL team members role modelled effective coaching methods.
- Coaching should happen on-site in midwives' health facilities and ideally, be conducted during consultations with real clients. Simulation can help to fill gaps when

“Before, I didn’t know how to do newborn resuscitation... Since the coaching, I know how to do it and I saved a newborn with asphyxia.”

Health centre midwife

real cases do not present on coaching days, particularly for complex conditions and emergencies.

- Coaching should be structured and competency-based, and not reliant on checklists. Any interaction between coach and midwife should be supportive, rather than controlling.
- Feedback can be given directly to the midwife during the coaching session, and then during a feedback session involving the health facility chief to develop joint action plans for support and improvement.
- It can be challenging to mobilise staff from referral hospitals to attend coaching, especially when coaching visits span several days, but their participation enables relationship-building and greater collaboration between health centres and hospitals.
- OD staff are typically primary midwives who should be supported by PHD teams when coaching secondary midwives.

Recommendations

Continuous and ongoing learning opportunities help midwives to develop and maintain the skills for the proficient delivery of RMNH services. For effective coaching, PSL recommends to:

- Allow sufficient time for coaching activities in health facilities (2-3 days), including overnight shifts.
- Encourage participation and ownership at all levels including midwives, health centre chiefs, referral hospitals and PHD/OD.
- Maintain regular coaching opportunities for midwives and continue to build the skills of PHD/OD and referral hospital teams to facilitate coaching activities.

កម្មវិធីរួមគ្នាដើម្បីជួយជីវិតមាតា និងទារក

Partnering to Save Lives

Australian Aid



MARIE STOPES CAMBODIA
Children by choice not chance

Save the Children