

NET 2021 Conference – 3.9.21

Implementing a CLiP model of supervision into a midwifery placement area

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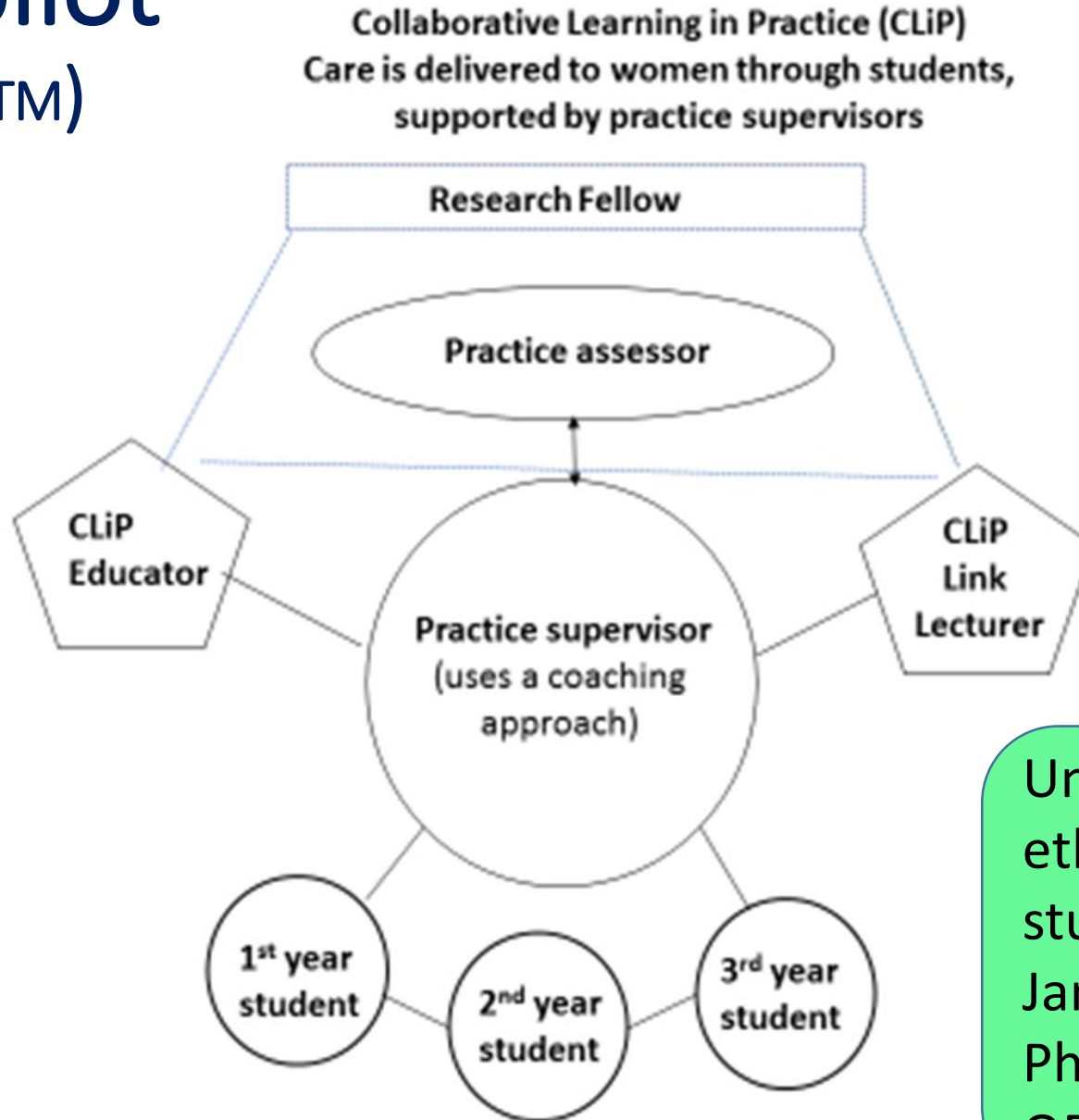


Background to CLiP project

- Part of Midwifery Expansion project (HEE London)
- Eight universities / five Local Maternity Systems (LMS)
- Universities given allocation of funding to assist with expansion
- University of Greenwich allocated their funding to CLiP pilot (£65k)
- Pilot was run on behalf of all eight London universities

The CLiP pilot

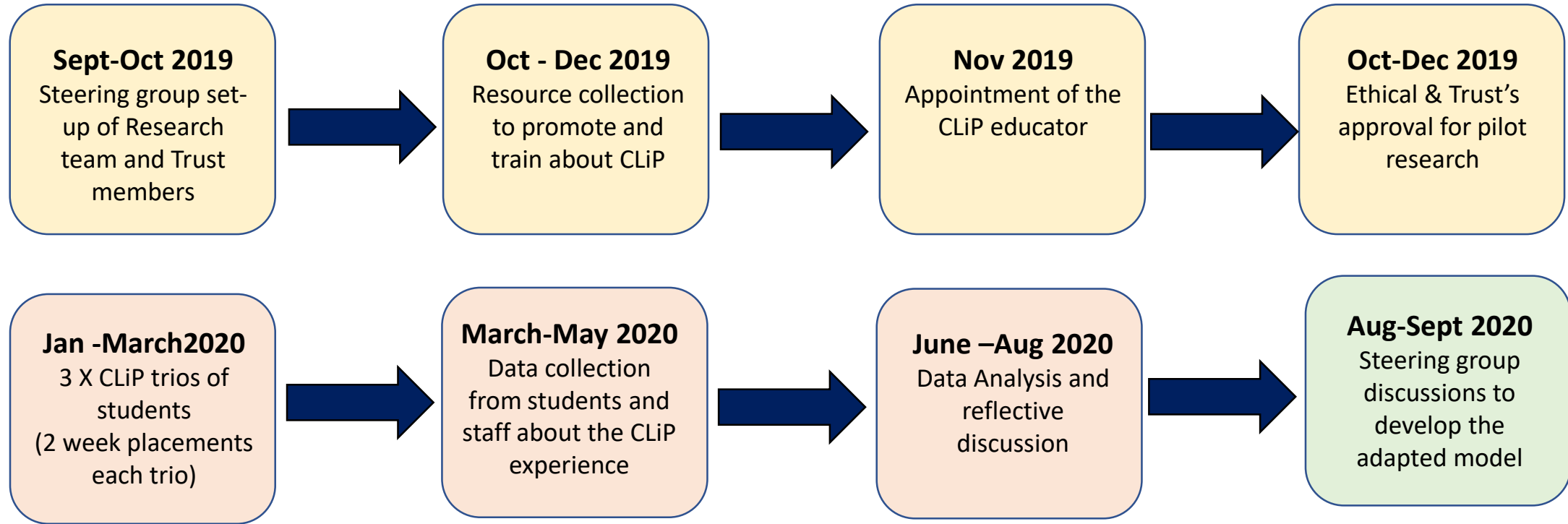
(based on CLIP™)



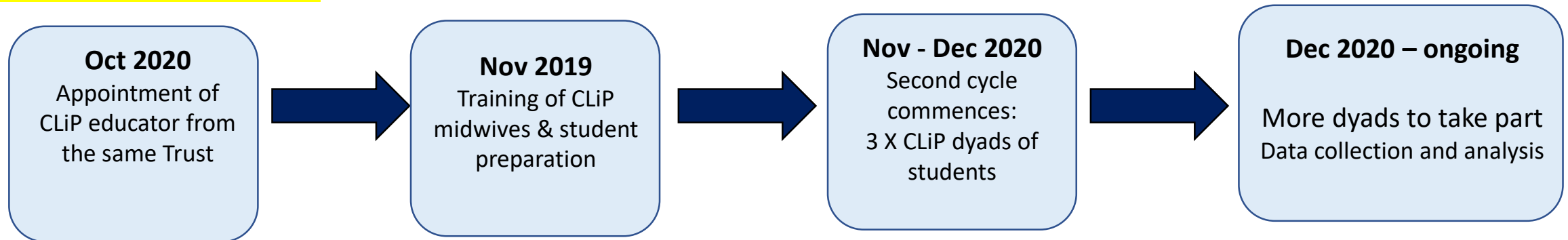
University of Greenwich
ethical approval for a pilot
study at QE Hospital (Phase 1:
Jan-Mar 2020)
Phase 2: Nov2020- ongoing at
QE & Lewisham Hospital

Planning a typical CLiP shift	
Handover from night staff	Student to student collaborative leaning opportunities
Allocate practice supervisor/coach and students	Planning the CLiP hour / Student identify focus for CLiP hour
Allocate women to students	Practice supervisor/coach has individual time with women to evaluate their care and gather feedback on students
Students identify learning needs	Practice supervisor/coach and students review, update and countersign documentation.
Practice supervisor/coach discuss individual learning needs with students	Student updates practice supervisor/coach in a timely manner before handover to night staff
“Huddles” with practice supervisor/coach and students to receive updates	Students hand over to night/ day staff, with the support and guidance from practice supervisor/coach

Pilot 1st phase



Pilot 2nd phase



Pilot – phase 1. Evaluation

- Seven/ nine student interviews
- Three CLiP midwife interviews
- Written feedback from CLiP Educator, Clinical Placement Facilitator, Head of Midwifery
- Students interviewed by CLiP research fellow
- Midwives interviewed by HEE project manager
- Thematic data analysis

Three themes identified:

- Preparation for the CLiP pilot
- Peer Learning & Collaboration as support and resource
- Independence and Trust as drivers for learning

Findings - students' perspectives

Benefits of peer learning during shift

- Collaboration
- Independence
- Emotional support from peer
- Non-technical language

Challenges of peer learning during shift

- Feeling of being left out
- Feeling of missing out on the one-on-one relationship with mentor
- Difficulty in providing feedback to peers

Benefits of group supervision using coaching style

- Growth in confidence
- Development of specific skills (e.g. documentation)
- Delegation
- Professional identity
- Trust (midwife trust students / women trust students)
- Group experience (huddles)
- Better relationship with women

Challenges of group supervision using coaching style

- Getting competencies signed off
- Different coaching styles by coach
- Lack of trust by coach (or fellow student)

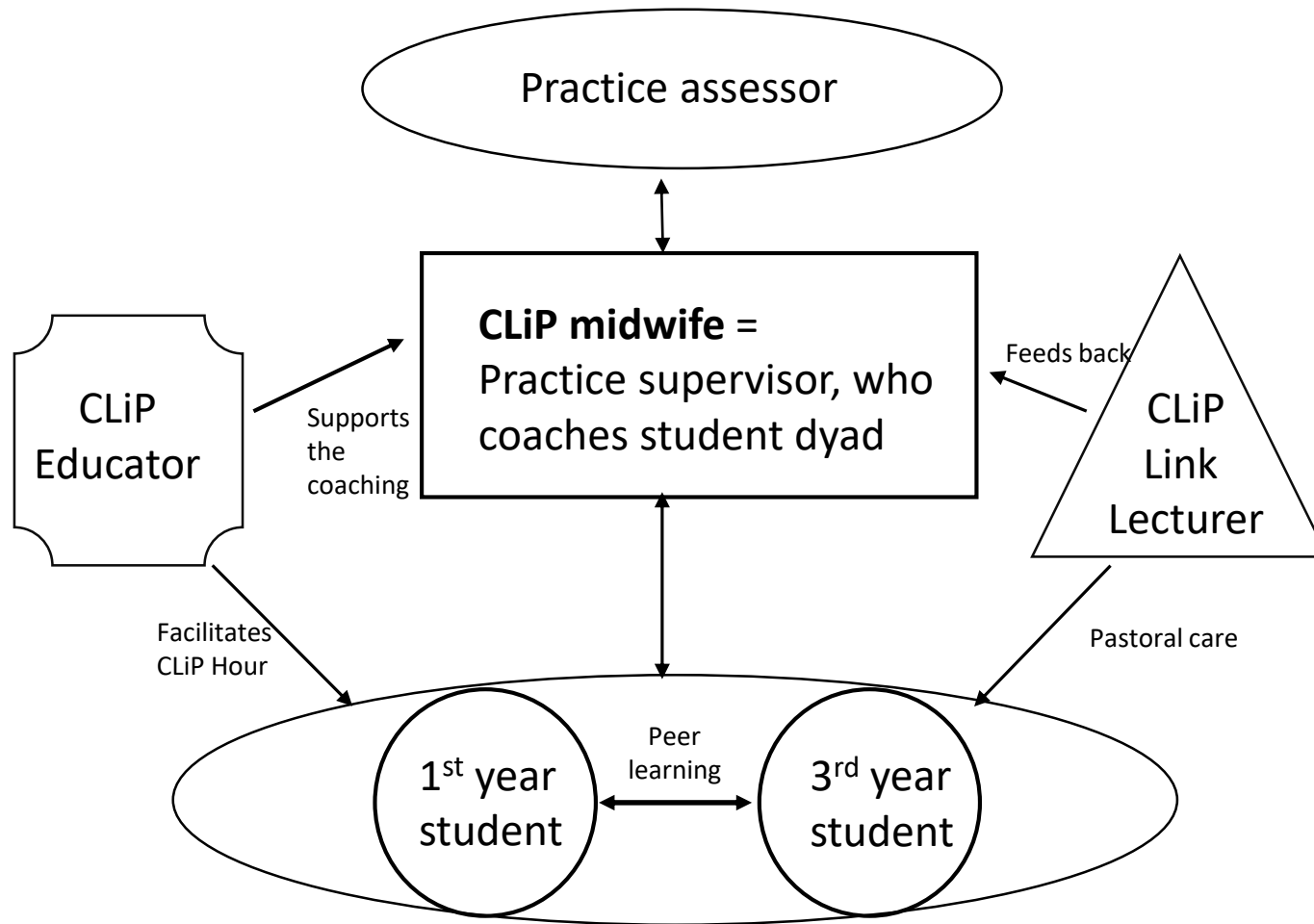
Benefits of CLiP hour

- Group learning through discussion and reflection
- Learning with practice examples
- Guidance by the CLiP educator

Challenges of CLiP hour

- Difficult to carry out during night shift
- CLiP hour not perceived as crucial 'learning time' by other staff
- needs ideally a dedicated room or space
- time for CLiP hour needs to be ring-fenced

The adapted model



Further changes

- Greater awareness
- Names of the students on white board
- CLiP midwives not “pulled” to other areas
- More resources around coaching
- Fixed time & room for CLiP hour

Pilot – phase 2. Initial findings

- Nov 2020 – Jan 2021 (1. leg); 2. leg from May 2021- ongoing
- Dyads of students, rather than triads
- New CLiP Educator – new preparation materials and resources
- Introduced additional CLiP midwives
- CLiP ‘culture’ on the ward

Enablers:

- ✓ Dyads appear to be more effective for student learning
- ✓ Midwives now more familiar with CLiP process

Barriers:

- 2nd wave of COVID – high impact on maternity services
- High level of staff sickness, including CLiP Educator and CPF

1st yr.

She felt more relaxed, not alone and not so much pressure – working with the third year meant she was allowed to get something(s) wrong.

3rd yr.

CLIP proved her 'independence' i.e. she can look after a bay by herself. She aware that she was a role model and took also care of explaining things to her first year peer. She felt the CLIP placement improved her confidence and allowed her to perfect her documentation skills.

1st yr.

The CLIP educator was nice, lovely, kind, always on shift before them and for handover. The CLIP hour was useful and she learned a lot, also got re-assurance on what she knew already.

3rd yr.

The CLIP educator was very supportive and the clip hour was really useful since it was student led.

3rd yr.

The CLIP midwife [coach] was very good and supportive. They worked as a mini team (clip midwife & 2 students)

Gains: gaining confidence, gaining knowledge, having another student to work alongside

Losses: scary at the beginning, knowledge of CLIP could be more widespread on the ward

Further steps

Roll out of CLiP to Lewisham Hospital site from April 2021
In discussion with other London Trusts re adopting CLiP
Explore including CLiP in the reapproval of midwifery programmes

Adopting CLiP in your HEI

- Is achievable
- Has been shown to enhance student learning, confidence, leadership and team building
- Will contribute towards capacity expansion and securing the workforce

Follow up reading

Peer learning and collaborative placement models in health care: a systematic review and qualitative synthesis of the literature. Markowski, M., Bower, H., Essex, R., & Yearley, C. (2021). Peer learning and collaborative placement models in health care: a systematic review and qualitative synthesis of the literature. *Journal of Clinical Nursing*.

<http://dx.doi.org/10.1111/jocn.15661>

Findings from a Collaborative Learning in Practice (CLiP) Pilot study in a London Maternity Ward. Markowski, M., Yearley, C., Bower, H. (2021) *Midwifery*. (Under review)