



## Developing a model of midwifery mentorship for Uganda: The MOMENTUM project 2015–2017



Joy Kemp Global Professional Advisor<sup>a,\*</sup>, Eleanor Shaw Former Global Projects Officer<sup>a</sup>,  
Mary Gorret Musoke President<sup>b</sup>

<sup>a</sup> The Royal College of Midwives, 15 Mansfield Street, London W1G 9NH, UK

<sup>b</sup> Uganda Private Midwives Association, Uganda

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### ABSTRACT

MOMENTUM was a 20 month midwifery twinning project between the Royal College of Midwives UK and the Ugandan Private Midwives Association. It ran from 2015–2017 and was funded by UK-Aid through THET.

MOMENTUM aimed to develop a model of mentorship for Ugandan midwifery students. The project achieved its objectives. 41 Ugandan midwives were trained as mentors following a work-based learning curriculum. 142 student midwives from 8 midwifery schools received mentorship in 7 participating clinical sites. All sites showed measured improvement in the clinical learning environment. 7 UK midwives were twinned with Ugandan counterparts and engaged in peer-exchange visits and virtual support via smart-phones.

The model is context-specific and may not be replicable in other countries or professions. However it will inform midwifery education in the UK and elsewhere.

### Background

Midwives are central to high quality maternity care and excellence in midwifery education is the foundation of high quality midwifery (RCM, 2014). The provision of quality maternity care is central to Ugandan health policy; however, delivering such services remains a challenge (UMOH, 2015). The Royal College of Midwives UK (RCM) and the Uganda Private Midwives Association (UPMA) have been twinned since 2012 to strengthen the ‘three pillars’ of midwifery: education, regulation and association (ICM, 2013). The International Confederation of Midwives promotes twinning partnerships between professional midwives associations for mutual strengthening (ICM, 2014). Following a three-year foundation project (RCM, 2015) a Ugandan midwifery needs assessment was conducted by the partnership. This identified a theory-practice gap in midwifery education with poor quality clinical learning, resulting in midwives who were not fit for practice at the point of registration. The Ugandan Nurses and Midwives Council (UNMC) assumed introducing a system of mentorship for student midwives would bridge this gap; midwifery mentorship has been found to improve the quality of clinical care, even in low-resource settings (Jayanna et al., 2016).

With good relationships having been established during the foundation project, in April 2015 the UNMC approached the RCM/UPMA partnership to provide technical assistance in designing a model of

mentorship for Ugandan Midwifery. This was supported by the Commissioner for Nursing and Midwifery at the Ugandan Ministry of Health and by the Department of Business, Technical, Vocational Education and Training at the Ugandan Ministry of Education and Sports. MOMENTUM (Developing a Model of Mentorship for Ugandan Midwifery) was subsequently designed as an action research project and was funded for 20 months from 2015–2017 by the Tropical Health and Education Trust (THET) through the UK-Aid Health Partnerships Scheme.

### The intervention

#### Modes of twinning

Twinning partnerships were the backbone of the project. Seven senior UK midwives with appropriate experience were individually twinned with a Ugandan counterpart midwife; the funding scheme mandated involvement of UK healthcare professionals as volunteers (THET, 2017). Twinning was both face to face, through four peer exchange visits between the UK and Uganda, and also virtually through the use of smart-phones. Organisational twinning continued between the RCM and UPMA to achieve effective project management; RCM staff visited Uganda five times over 20 months and communicated regularly via Skype and e mail. UPMA's president visited the UK once.

\* Corresponding author.

E-mail addresses: [joy.kemp@rcm.org.uk](mailto:joy.kemp@rcm.org.uk) (J. Kemp), [Eleanor.r.shaw@gmail.com](mailto:Eleanor.r.shaw@gmail.com) (E. Shaw), [mgkmusoke@yahoo.com](mailto:mgkmusoke@yahoo.com) (M.G. Musoke).

Action research cycles

The project had three separate but related work-streams:

1. Developing a national standard for mentorship in partnership with the Ugandan Nurses and Midwives Council
2. Developing a work-based learning module to train midwives as mentors
3. Improving the clinical learning environment in which student midwives undertook placements.

MOMENTUM was assessed against relevant ethical frameworks (CHOP, 2015; Baily et al., 2006) and was found to fit with quality improvement methodology. Ethical approval for supplementary qualitative research was obtained from the Uganda National Council for Science and Technology.

The seven twinned pairs of midwives worked through cycles of observation, planning, action and reflection. Workshops were held at the beginning and end of each cycle, allowing participants to reflect on progress and validate emerging elements of the model. Each element was tested in practice and adapted as necessary. Forty one mentors were trained using the work-based learning module and 142 students from eight different midwifery schools were mentored in the seven project pilot sites. Four peer-exchange visits were critical in understanding systems and developing a locally appropriate model. Zuber-Skerrit (2012) suggests that action research is an appropriate methodology to develop sustainable solutions to complex organisational and professional problems.

Existing Ugandan maternity care provision was mapped against the Lancet's (2014) Framework for Quality Maternal and Newborn Care; this showed that maternity care was designed around the needs of the service rather than around women's needs. Student midwives in this system were trained to be malleable rather than competent.

The MOMENTUM model of midwifery mentorship

The MOMENTUM model provides a complete picture of the factors influencing Ugandan midwifery students' competence and a suite of interventions to improve clinical learning (Fig. 1). It suggests that to produce newly qualified midwives competent to provide quality midwifery care within the Ugandan context, the following interventions are required:

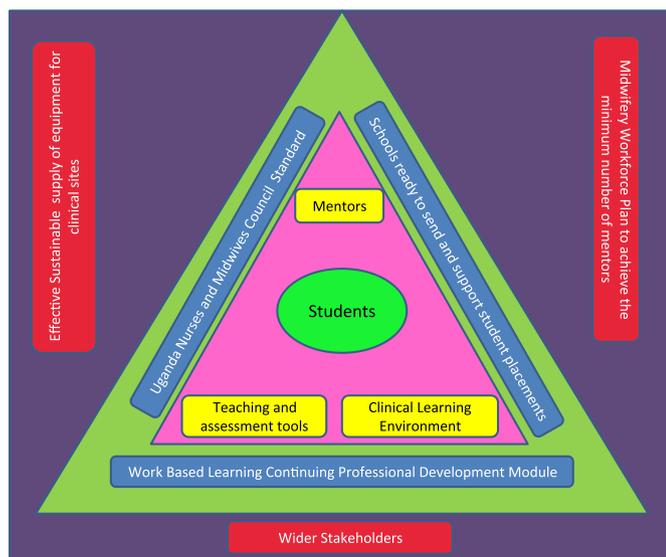


Fig. 1. The MOMENTUM model of midwifery mentorship.

- teaching and assessment tools optimised to develop and assess students' clinical competence
- sufficient midwives trained as mentors through a work-based learning (WBL) approach
- clinical learning environments optimised to support students' learning
- standards for mentorship approved by the Ugandan Nurses and Midwives Council
- midwifery schools prepared to engage with mentorship
- student midwives willing to be mentored

The model also identifies the wider context necessary to support the above interventions, including:

- a national midwifery workforce plan to achieve the minimum number of midwife mentors
- an effective and sustainable supply of equipment for clinical sites
- support from the wider stakeholder network, including the Ministries of Health and Education and Sports, and professional associations

Successes and challenges

MOMENTUM achieved its stated objectives. A draft national standard for mentorship was developed by the Ugandan Nurses and Midwives Council and is awaiting validation. When measured at the mid and end-point evaluations (RCM, 2016; Adhikari and Nsubuga, 2017), participating mentors and midwifery students demonstrated significant improvements in knowledge, skills and attitudes. All participating clinical pilot sites also showed improved audit scores. Additional qualitative data (UPMA, 2017) showed that participants perceived being involved in mentorship had improved their confidence and competence to provide quality midwifery care.

MOMENTUM identified that assessment of students' clinical skills does not currently take place in practice by midwives but in a skills laboratory by tutors. Mentors do not assess, pass or fail students; therefore failure to fail students remains a concern. Staff sickness/changes, the supply of students to clinical sites, strikes, curriculum changes and the presence of individually arranged placements, bringing students with inconsistent paperwork to clinical sites, all presented challenges.

Sustainability and scale-up

Planning for sustainability underpinned MOMENTUM from the beginning. The aim was to create a model of mentorship with local ownership, informed by and suitable to the Ugandan midwifery context, which would continue to be used and implemented after project funding had ceased. Developing strong and wide partnerships with stakeholders was key to sustainability. As the African proverb says: 'If you want to go fast, go alone; if you want to go far, go together'.

Evidence from this project suggests that every student midwife in Uganda would benefit from a named, trained mentor who is able to assess students' competence in practice. Furthermore, midwives' competence and confidence would improve by training and working as a mentor; this would improve the quality of care for women thus potentially reducing maternal and newborn morbidity and mortality. To scale up MOMENTUM the national standards for midwifery mentorship must be validated, approved and made accessible as soon as possible. Trained mentors must be retained in their midwifery roles and more mentors trained. In time, mentorship should be included in the pre-registration midwifery curriculum and should feature in mandatory continuing professional development for midwives.

## Conclusions and recommendations

Twinning provided a platform for system change and for reciprocal learning across multiple organisations. The MOMENTUM model is a unique design for Ugandan midwifery; it may not be applicable to other contexts or professions. It represents an entire system re-design based on 3 years of relationship building, needs assessment, and a continual process of stakeholder engagement; without these critical elements, any attempts to build a model of midwifery mentorship may not succeed. However, this project may inform the current re-design of practice learning for midwifery students in the UK, where the value of mentorship is being questioned (NMC, 2017). The Lancet Midwifery Framework provided a template for designing midwifery education based on the needs of women, babies, and their families rather than the requirements of the service.

## Acknowledgements

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## Ethical approval

Originally the partnership had planned to seek institutional research board (IRB) ethical approval for MOMENTUM. However, because MOMENTUM was later reframed as a quality improvement (QI) initiative informed by the principles of AR, IRB approval was not sought. In part this was due to the multilayered and multisite complexity of the project and the pressure to meet donor timelines; however, the project was also assessed using CHOP (2015)'s comparative worksheet and Baily et al. (2006)'s ethical framework and was found to fit with QI methodology. This change to QI was agreed amongst UPMA, the participating Universities and Training Schools, the UNMC and the Ugandan Ministries of Health and Education and Sports. Despite the decision to reframe the project, ethical issues were addressed. Clear protocols for dealing with distress were put in place with support and supervision available from in-country and remote AR experts. Participants' information was kept confidential and only accessed by

project staff. Participants were informed of their right to refuse participation or withdraw from the project at any time without reprisal of the institutions in which they worked or studied. Travel and accommodation expenses for workshops and other visits were paid and refreshments provided. IRB ethical approval was subsequently gained for follow-on qualitative research which will be published separately. Funding sources

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Not applicable. Conflict of interest

None declared.

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