Training and Simulation as Strategies for Improving Respectful Maternity Care in the Outpatient Setting

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Introduction

The WHO defines respectful maternity care (RMC) as care provided to birthing people that "maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice." This study aimed to determine whether training and simulation are effective strategies for improving provision of RMC by outpatient clinical teams in simulated patient encounters.

Methods

Respectful Care Reflection Tool Development:
Used themes from patient focus groups on RMC to develop a Respectful Care Reflection Tool (RCR, Figure 1)

Pre-Training Simulation:
– 20 clinical teams at 3 federally qualified health clinics participated in a simulation of an episode of severe hypertension in pregnant patient actor.
– Each team member, the patient actor, and an observer from the research team completed the RCR.

Training:
Clinical team members received training on management of severe hypertension in pregnancy and patients' perception of respectful maternity care.

Post-Training Simulation:
– Clinical teams again participated in a simulation of an episode of severe hypertension in pregnant patient actor.
– Each team member, the patient actor, and an observer from the research team completed the RCR.

Figure 1: Patient Respectful Care Reflection Tool (RCR)

- Score was calculated as the percent of items on the RCR for which "strongly agree" was selected; scores were averaged across respondent groups
- Mean pre- and post-intervention evaluation scores were compared

Results

Table 1: Pre- and Post-Training Mean RCR Scores by Respondent Group

Evaluator	Pre-Training	Post-Training	p-value
Team member	30%	46%	0.002
Patient actor	62%	89%	0.004
Research team observer	40%	66%	0.003

Figure 2. Pre- and Post-Training Mean RCR Scores by Respondent Group
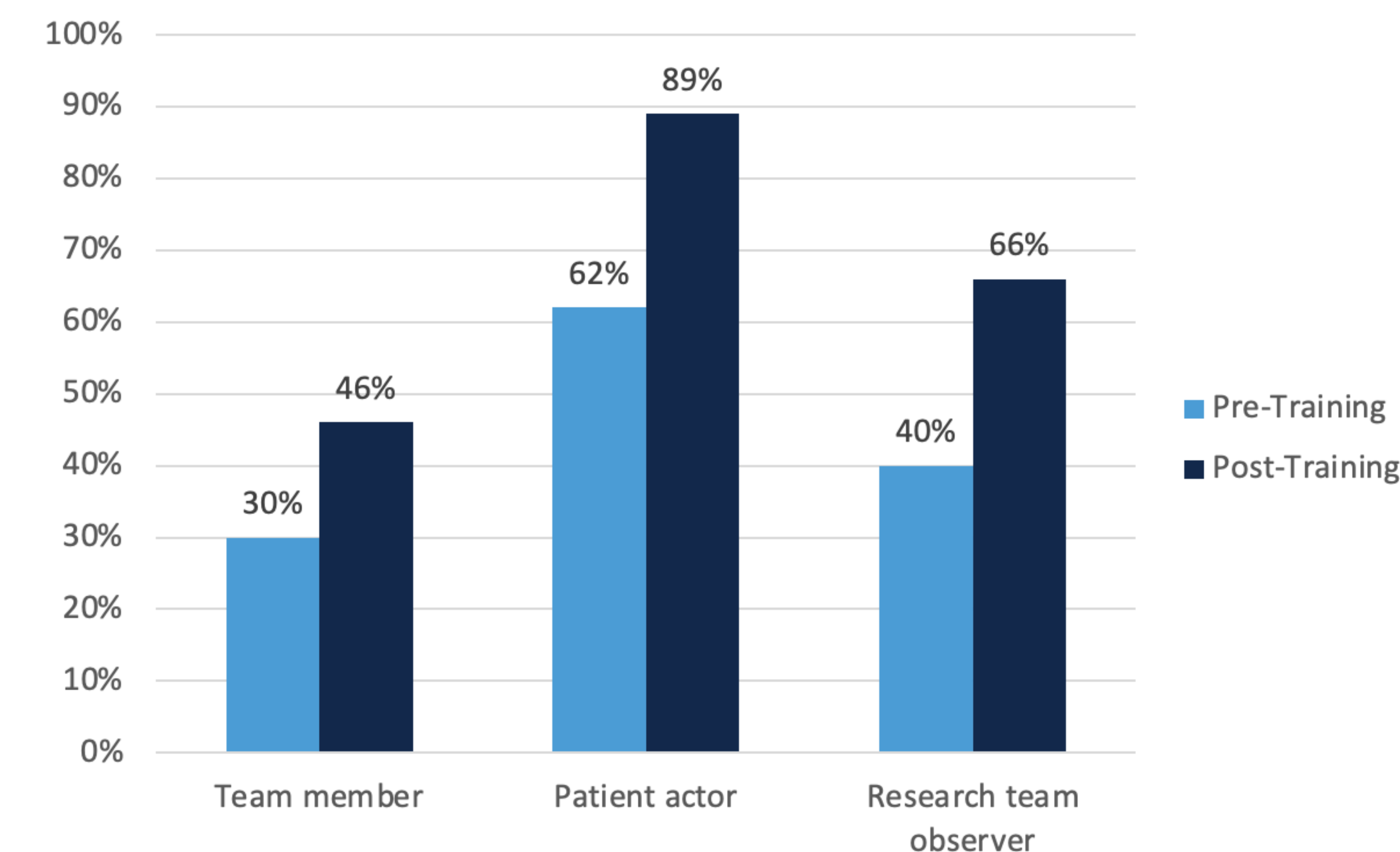
- By self-reflection, simulated patient perception, and observer evaluation, teams scored significantly better post-training than pre-training

Conclusion

- In this study, training and simulation were effective strategies for improving provision of RMC.
- Limitations of this study include that everyone completing the RCR knew whether it was for pre- or post-training and the patient actor was not from a diverse background.
- This is one of only a few studies in the literature to specifically train clinical teams on RMC and evaluate the impact of the training in simulated patient encounters.
- This represents a promising strategy for improving provision of RMC.

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