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# Strengthening Midwifery Education in Small Caribbean Countries through a Regional Platform

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## BACKGROUND

In 2012, the Maternal and Child Health Integrated Program (MCHIP) began to support the development of the Caribbean Regional Midwives Association (CRMA). Its initial task was to develop a regional midwifery association among the small, mostly English-speaking Caribbean countries in order to maximize their ability to improve midwifery education. The small size of countries and absence of a unified presence has contributed to a lack of coordination of midwifery education and practice within the region.

The CRMA structure is comprised of three committees that mirror the International Confederation of Midwives (ICM) pillars: education, regulation, and professional association. All three committees have overlapping interests, but the education committee specifically focuses on issues relevant to blended learning and competency-based education (CBE). To better understand country needs, MCHIP surveyed the delegates at the CRMA development meeting in 2012 about continuing education in the region, receiving 20 responses from 11 countries. Eight countries have continuing education requirements that range from 10–30 hours per year, which many midwives could not meet due to cost and accessibility. However, respondents, who had at least basic computer skills, expressed the need for affordable continuing education.

It is important to note that though there is variation in regulatory infrastructure in the region, the Caribbean Community and Common Market (CARICOM) has been working to standardize health professional education for several years. Because CRMA is a registered body representing midwifery, it now has affiliate status with the CARICOM Regional Nursing Body. This provides a voice for professional midwifery where previously none existed. CARICOM has developed a licensing examination for nursing and is working toward a regionalized nursing curriculum. The CARICOM Regional Nursing Body has welcomed CRMA as representing midwifery and as a key participant in providing input on regionalizing midwifery.

## BLENDED LEARNING TO SUPPORT COMPETENCY-BASED EDUCATION

Blended learning is a methodology that includes self-directed study, face-to-face contact with tutors, peer learning, work-based learning, and both offline and online learning. It can be used to mitigate issues in health workforce training, such as lack of time to travel to trainings, cost of face-to-face teaching, and disruption to education and service delivery if workers are away.

Using a blended learning model for education is new to the Caribbean. In the MCHIP-supported work with CRMA, blended learning has been used in preparing teachers, preceptors, and trainers to support midwifery education, a need that has long been recognized. Regional midwifery leaders identified a need to assure that midwifery teachers and preceptors can effectively use CBE teaching, learning, and assessment approaches in pre-service and continuing education programs.

Though most countries have recently completed or are in the process of updating their curricula, based on ICM standards, the CRMA education committee found limited evidence that schools were using CBE teaching and learning strategies. In 2013, only two regional midwifery programs, Puerto Rico and Barbados, reported use of CBE teaching and learning strategies.

Blended learning models work well in the context of Caribbean midwifery education. The wide range of infrastructure, educational program capacity, and complexity of travel within the region make blended learning one of the few models that can reach both higher and lower income countries. Blended learning enables a mix of group-based and learner-based programming using current best practices in pedagogy.<sup>1,2</sup>

Aspects of blended learning were first introduced at the CRMA development meeting in April 2012. The education committee was formed with remote support provided by MCHIP. Distance education was discussed, options were introduced, and a CRMA community of practice was launched. In April 2013, eLearning modules were introduced to CRMA members at the ICM regional meeting in Quito, Ecuador. This meeting had a large CRMA attendance and provided an opportunity to work on both the CRMA structure and practical learning strategies.

Following the Ecuador meeting, planners began to develop a train-the-trainers workshop for midwifery educators in order to cascade the development of CBE throughout the region and, at the same time, increase regional training capacity. With support from MCHIP, Pan American Health Organization, and UNFPA, a five-day train-the-trainers workshop, using a blended learning approach, was conducted in October 2013. Participants included 21 midwifery educators from seven countries who worked with four master teacher facilitators, two based in the United States and two from the region. Blended learning began before the workshop with the requirement that each participant complete two distance-based courses, ModCAL and a Qstream course on effective teaching. ModCAL is a computer-based, effective-teaching course that can be completed either online or offline. Qstream is a spaced-learning program that uses questions to deliver content via a computer or smart phone. Each question is repeated at intervals until it is answered correctly a scheduled number of times, at which point it is retired.

During the workshop, participants were required to work in country teams to develop and implement a CBE workshop in their own countries. By the end of June 2014, seven workshops will have been conducted in Trinidad and Tobago, Barbados, Suriname, St. Lucia, and Jamaica. The Bahamas, Jamaica, and Guyana workshops are scheduled for May and June 2014.

Key blended learning aspects included pre-workshop distance courses completed by all 21 participants, country team planning during and after the training of trainers, peer facilitation and evaluation during the workshop, and close interaction with workshop faculty before, during, and after training. Participants are working toward attaining master trainer status in CBE as designated by CRMA. At this level they will be able to conduct regional workshops for midwifery using CBE programming. This will dramatically increase the capacity of CRMA for South-to-South sharing and support. The master teachers continue to serve as mentors for the country teams, providing remote support and attending the first CBE workshop to monitor the progress of the trainer. Each country CBE workshop includes blended learning aspects of pre-

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<sup>1</sup> Fogarty L, Johnson P, Bluestone J, Drake M, Rawlins B, Fullerton J. 2012. The Health Impacts of Pre-Service Education: An Integrative Review and Evidence-Based Conceptual Model. Jhpiego; Baltimore, MD, USA. Available from: <http://reprolineplus.org/resources/health-impacts-pre-service-education-integrative-review-and-evidence-based-conceptual>.

<sup>2</sup> Bluestone J, Johnson P, Fullerton J, Carr C, Alderman, BonTempo J. 2012. Effective In-Service Training Techniques, Frequency, Setting and Media: Evidence from an Integrative Review of the Literature. Jhpiego; Baltimore, MD, USA. Available from: <http://reprolineplus.org/resources/effective-service-training-techniques-frequency-setting-and-media-evidence-integrative>.

meeting assignments for participants, peer education and evaluation, and planning for future efforts in midwifery education.

To date, an additional 16 participants from country workshops have taken the Qstream course; more have completed the ModCAL course. One country, St. Lucia, is requiring participants to develop and conduct a continuing-education offering relevant to midwifery that uses CBE. There are now eight CRMA master trainers and six trainers who can provide ongoing support in the region and in their own countries.

## CHALLENGES AND LESSONS LEARNED

- It is clear that the more complex the system the less likely it is to be used. New platforms or courses must offer clear advantages as well ease of use without extra technical assistance if they are to be taken up by busy faculty and service providers whose heavy schedules are exacerbated by workforce shortages.
- Although an eLearning platform was introduced at the ICM meeting in Quito, it is currently not being used in the Caribbean. Any eLearning platform would have to become part of the country's educational system, and not all countries are at the same point with technology or use of eLearning in education. All of the eLearning modules are available on ReproLinePlus (<http://reprolineplus.org/learning-opportunities>) and are more likely to be used from that site.
- Qstream and ModCAL are being widely used and disseminated through the CRMA.
- Smart phone coverage is quickly becoming nearly universal in the region, and tablets are increasingly common. Faculty and midwife shortages result in heavy schedules for educators and providers, therefore, mobile platforms are a logical starting point for future work.
- The community of practice for the CRMA was started in 2012 but has had minimal traffic. The Global Alliance for Nursing and Midwifery listserv is much more widely used in the region by both CRMA members and other health professionals.
- Though language barriers exist, they are not insurmountable. In Suriname, the CBE workshop was conducted in the local Dutch dialect. Two of the new CBE master trainers from St. Lucia also speak Creole and are interested in providing regional support to Haiti.

## BLENDED LEARNING AND PROGRAMMING AND POLICY: THE WAY FORWARD

Though it is not possible to separate blended learning from other influencing factors, it has been an important element for increasing the capacity of midwifery educators, both faculty and preceptors. MCHIP support for the development of CRMA has directly resulted in greater capacity for midwifery education across the region. The presence of a regional midwifery association brings the voice of midwifery to CARICOM and increases opportunities for professional midwifery to engage in regional-level policy discussions. Sustainability is facilitated by the presence of more than 10 new CBE master trainers in the region who have a working relationship with each other. Introduction of distance-learning courses has resulted in a significant dissemination cascade, and countries that require continuing professional development recognize the two distance courses. CRMA is planning to become a provider of continuing education and will be able to certify courses and credits. Blended learning facilitates midwifery education based on global competencies in that it is learner focused and evidence based. Using blended-learning methods strengthens both pre-service and in-service education. CRMA's affiliate status with CARICOM and the regional nursing body is a key entry point for development of regional policies for midwifery education and professional education.

