‘Tea Trolley Teaching’ on Practical Skills for Midwifery Staff

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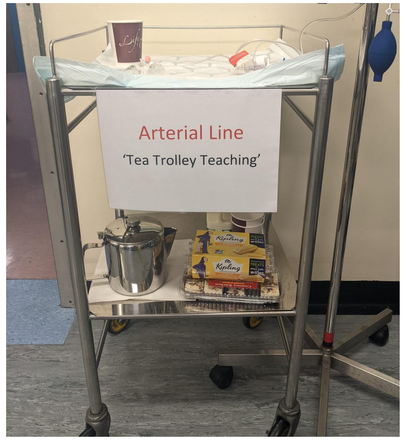
Belfast Health and Social Care Trust

Background

Regular practical training is crucial for the maintenance of important clinical skills on a delivery suite. However, with the COVID-19 pandemic, opportunities for face-to-face training have significantly declined due to staffing shortages, heavy workloads and increased reliance on remote learning. This quality improvement project was designed to deliver accessible, face-to-face teaching sessions on practical skills for midwives working on a busy labour ward of a tertiary maternity hospital. The aim was to improve both confidence and competence, with evidence from the literature showing that increased levels of confidence are associated with an increased motivation to practise skills and lead to effective clinical performance [1].

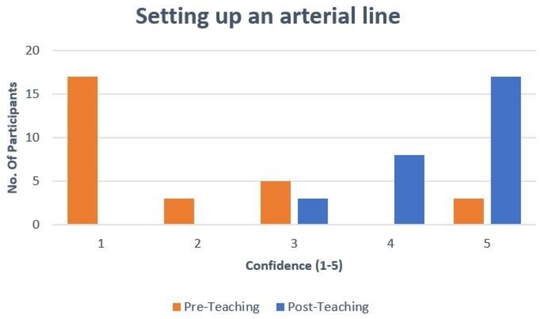
Methods

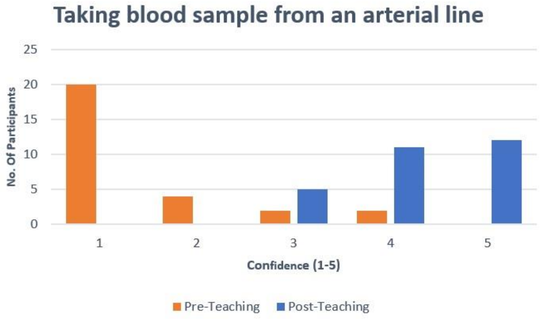
We firstly surveyed the midwifery team, who suggested topics for practical teaching sessions. Teaching sessions were modelled on the ‘tea trolley teaching’ technique [2], whereby a trolley was prepared with educational material on the top and refreshments on the bottom. This allowed flexible small group teaching to take place within the workplace during working hours. Teaching sessions were designed to be short, lasting approximately 15 minutes, and consisted of teaching objectives, followed by demonstration and practice of a skill, questions and feedback. Pre and post-teaching questionnaires were used to measure confidence on a Likert scale – 1 (not confident) to 5 (very confident). Competence was measured using questions and completion of the practical skill within the session.



Results

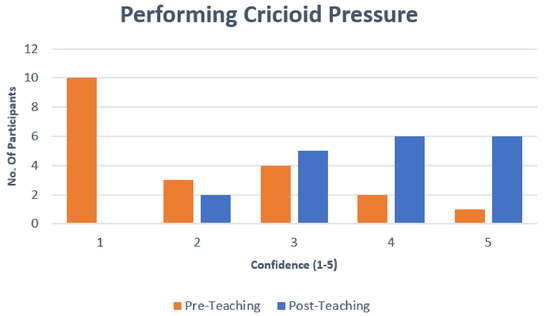
Teaching sessions have so far been conducted on the management of arterial lines and cricoid pressure. Analysis of questionnaires from the arterial line sessions showed significantly improved confidence following teaching. With regards to setting up an arterial line, only 11% of midwives rated their confidence as 4-5 pre-teaching. This improved to 89% post-teaching. With regards to taking a blood sample from an arterial line, only 7% rated their confidence as 4-5 pre-teaching. This improved to 82% post-teaching.





Pre-teaching, 71% of midwives knew the correct arterial flush fluid to be used, which improved to 100% post-teaching. All midwives competently demonstrated taking a blood sample from a manikin.

Prior to the cricoid pressure teaching session, over 50% of midwives reported that they had previously been asked to perform cricoid pressure clinically. Despite this, 65% rated their confidence as low (confidence score 1-2), with only 15% giving a confidence score of 4-5. Post-teaching, 65% of midwives reported their confidence to be high (score of 4-5).



All midwives were able to competently perform cricoid pressure on the cricoid pressure trainer. All the feedback for our teaching sessions was positive, with many midwives expressing a desire for repeat sessions.

Discussion

Our results show that providing short ‘tea trolley teaching’ sessions on practical skills is achievable despite the current challenges in healthcare. The results demonstrate improved confidence and competence in the management of arterial lines and performing cricoid pressure. The flexibility and short duration of teaching sessions facilitated staff attendance. Additionally, the cup of tea provided an opportunity to enhance multidisciplinary team relations and fostered a sense of wellbeing within the team. This has been particularly important during the COVID-19 pandemic, when levels of burnout have been high and staff morale low. We aim to continue using ‘tea trolley teaching’ to deliver effective teaching within the maternity team, with the possibility of expanding to the wider multi-disciplinary team in the future.

References

1. Mann K. Motivation in medical education: how theory can inform our practice. *Academic Medicine* 1999; 74(3): 237-239.

2. O’Farrell G, McDonald M, Kelly F. ‘Tea Trolley’ difficult airway training. *Anaesthesia* 2015; 70: 104.