

# Human Factors in Maternity & Neonates Train the Trainer Course

A collaboration between Southwest  
London Local Maternity and Neonatal  
System (LMNS), Providers and Being  
Human in Healthcare Ltd



Jess Wadsworth & Dr Jennifer Blair

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## Background and Introduction

Maternity and neonatal services are under immense pressure with high staff vacancies, increased workload, and multiple national recommendations to respond to. Many of these recommendations such as Each Baby Counts, include the importance of human factors and taking a systems-based approach, both of which align with the new Patient Safety Incident Response Framework, PSIRF. Embedding human factors principles into everyday work requires a multilevel approach. Staff working on the frontline are well placed to spread knowledge, alongside those in more managerial and safety roles. Many senior healthcare workers have an element of teaching within their roles; therefore, the course was designed to reflect the level of existing expertise and balance human factor and educational theory appropriately.

## Programme Aim

This innovative Human Factors Train-the-Trainer (TTT) program for Maternity has been developed and delivered through a unique collaboration between SWL LMNS, Providers and Being Human in Healthcare Ltd. This way of working has enabled the spread of consistent human factors knowledge and principles across the SWL provider organisation Maternity and Neonatal services. An asset-based approach ensured existing skills and expertise within the system were utilized and collaborative opportunities with external educational providers established.

This approach compliments wider Local Maternity & Neonatal Systems (LMNS) and PSIRF safety workstreams by:

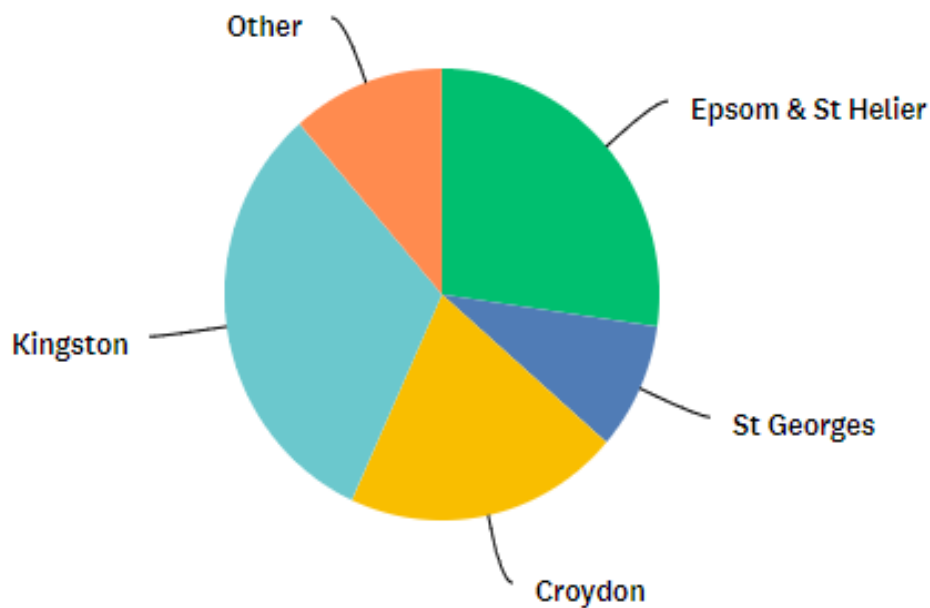
- Introducing systems-based and PSIRF aligned human factors principles into everyday Maternity and Neonatal care
- Providing relevant translatable theory that can be taught to frontline staff and applied to multiple areas of Maternity and Neonatal services, to strengthen work systems and produce more wanted outcomes
- Strengthen interprofessional, interdisciplinary and cross system relationships and provide a platform for future system-wide collaboration opportunities.
- Avoid duplication, unnecessary additional workload and alignment of key safety messages across the LMNS, by providing a ready to go teaching ©toolkit

## Collaborative Development and Delivery

SWL Maternity and Neonatal service providers released appropriate staff, who once trained would incorporate the teaching ©toolkit into multiple aspects of their local Maternity and Neonatal services training & development, safety and improvement plans. Attendees were also encouraged to work closely with their patient safety and improvement teams to encourage collaboration, learning and consistency of message.

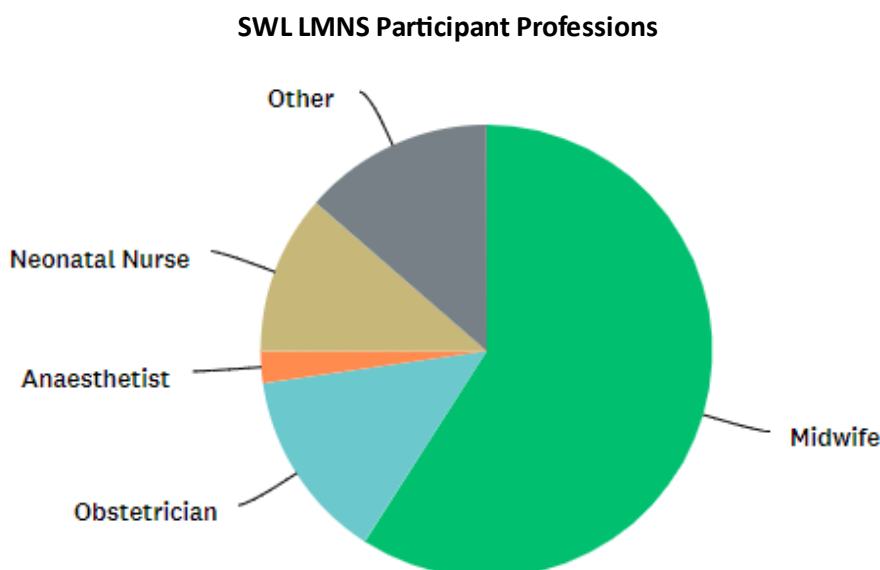
Multiprofessional participants attended from four Provider Maternity and Neonatal services. Several relevant staff from patient safety roles other than Maternity and Neonatal, such as patient safety specialists, were also invited to attend where there was space.

SWL LMNS Provider Organisations



## Participant Profile

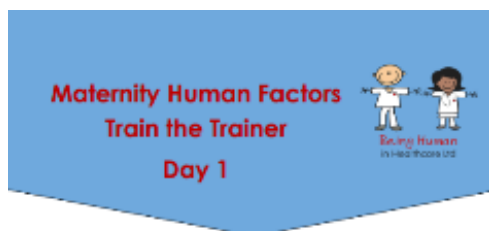
Four cohorts of multiprofessional Maternity and Neonatal staff (total 44 staff) were trained over the three-day TTT course. This course was designed to facilitate trained staff to embed human factor concepts into everyday frontline care.



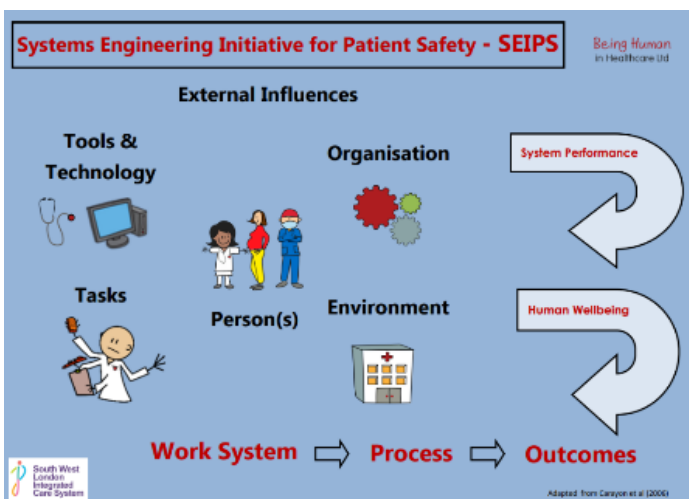
## Course Aims

This programme's aim was to develop within Southwest London a multi-professional human factor faculty that can effectively teach and apply system-based human factor principles within Maternity and Neonatal services. The provided ©toolkit can be used in a multi-level approach, providing bitesize, short module or a full day of human factors based content, allowing the relevant principles to be infused into everyday work. Over the three days participants are:

- introduced to the ©toolkit including relevant Performance Influencing Factor (PIF) teaching modules and educational content
- given opportunities to practice delivering selected ©toolkit content to peers and receive constructive feedback
- taught relevant additional systems-based and educational theory to support their understanding and enhance their own teaching
- given opportunities to meet new colleagues from the ICS and discuss human factor and safety related issues



Session	Time
<b>Welcome &amp; Introduction</b>	09.00 - 09.45
Module Introduction to Human Factors & SEIPS	09.45 - 11.00
<b>Coffee</b>	11.00 - 11.15
Module SEIPS in Action	11.15 - 12.15
<b>Lunch</b>	12.15 - 13.00
Complex Systems & Systems Thinking Principles	13.00 - 14.00
How to teach SEIPS sessions using a systems-based approach & apply systems thinking principles	14.00 - 14.20
<b>Coffee &amp; blogs</b>	14.20 - 14.45
Creating a safe space	14.45 - 15.15
Inter-professional Education IPE	15.15 - 15.45
Summary and delegate support	15.45 - 16.00



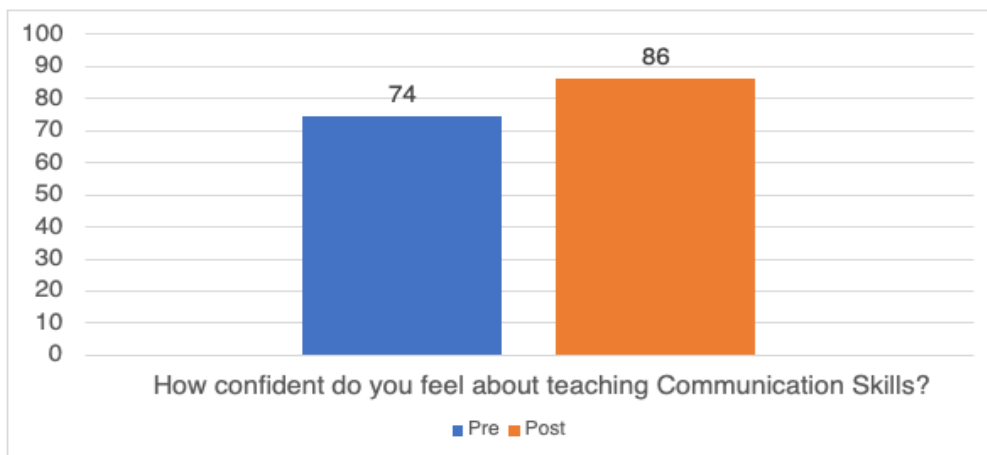
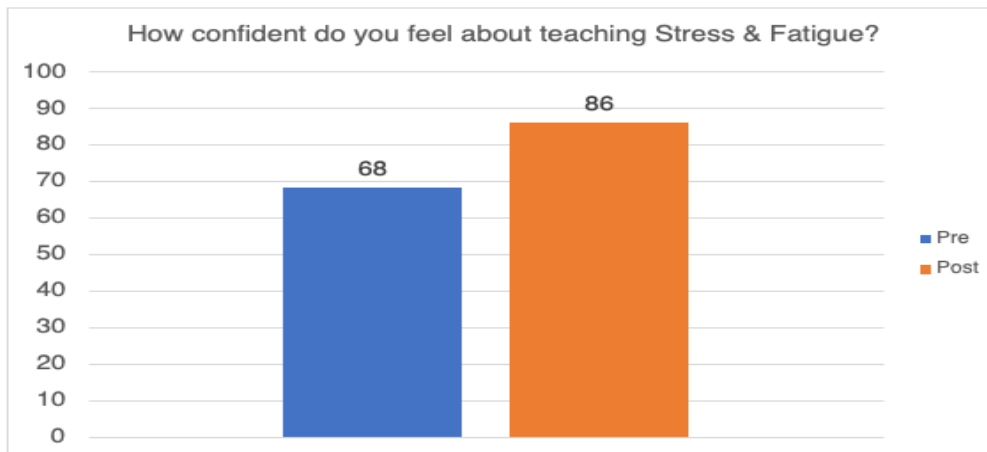
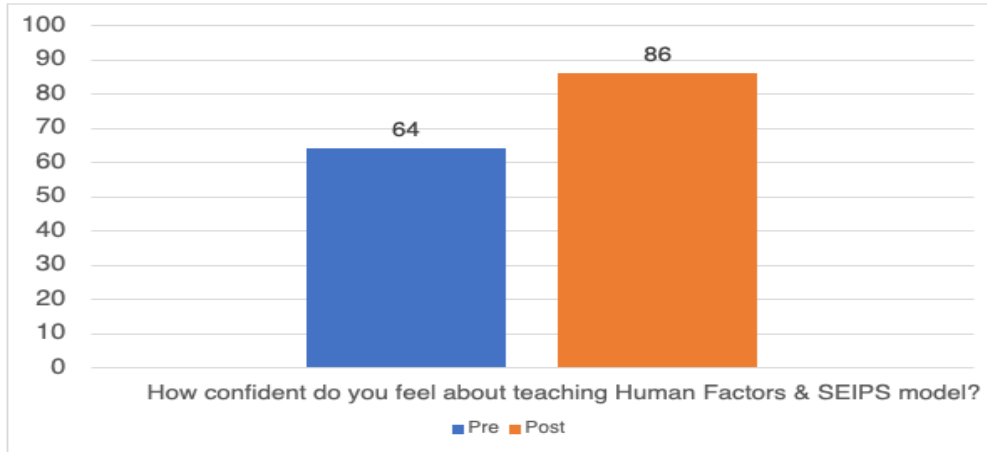
## Challenges

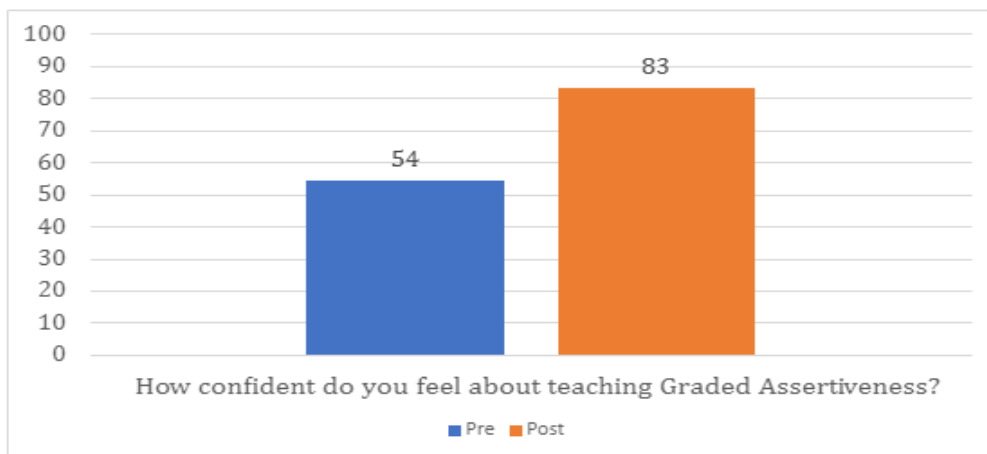
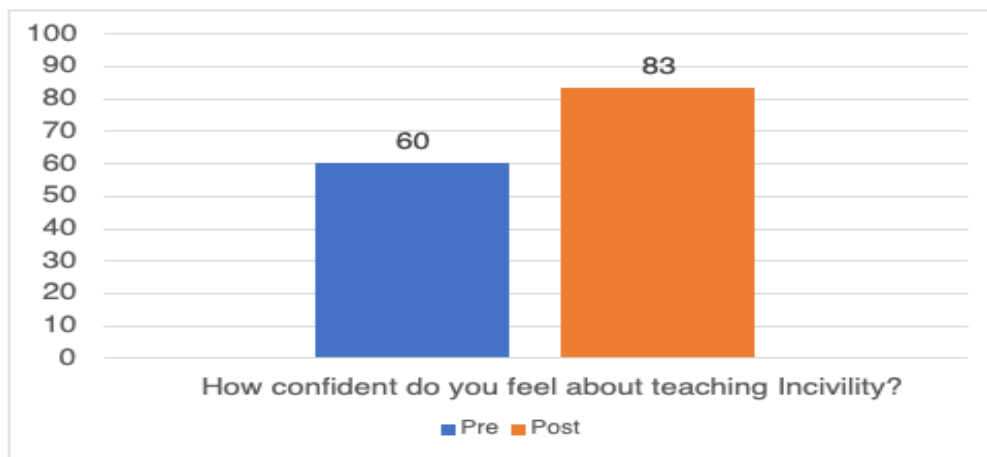
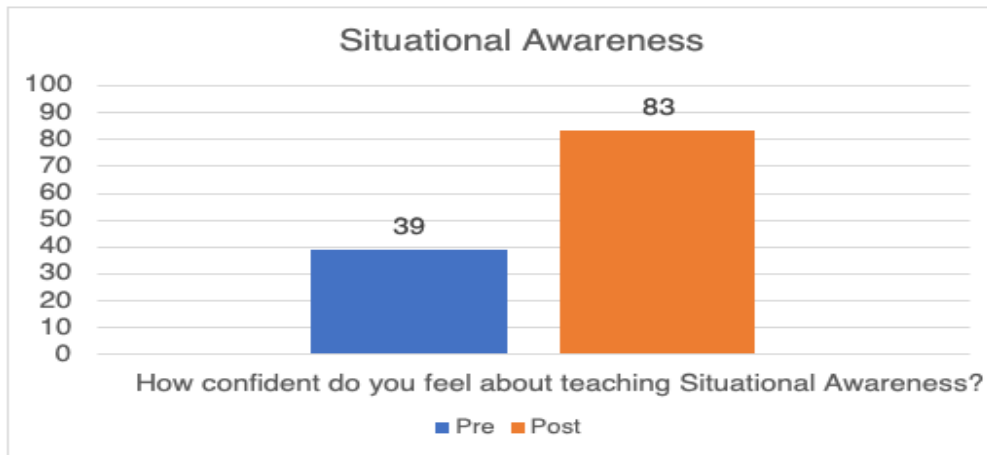
As anticipated, there were continued challenges around staff availability, bookings, reduced resource, industrial action and finding a suitable venue.

The collaboration aimed to involve patient representatives directly, but as this was a TTT course, there was not a suitable representative that could be trained as teaching faculty. To ensure the patient perspective was included we listened to Maternity Voice Partnership MVP member's real experiences and worked with the Equality Diversity and Inclusion MVP to ensure the patient voice was included.

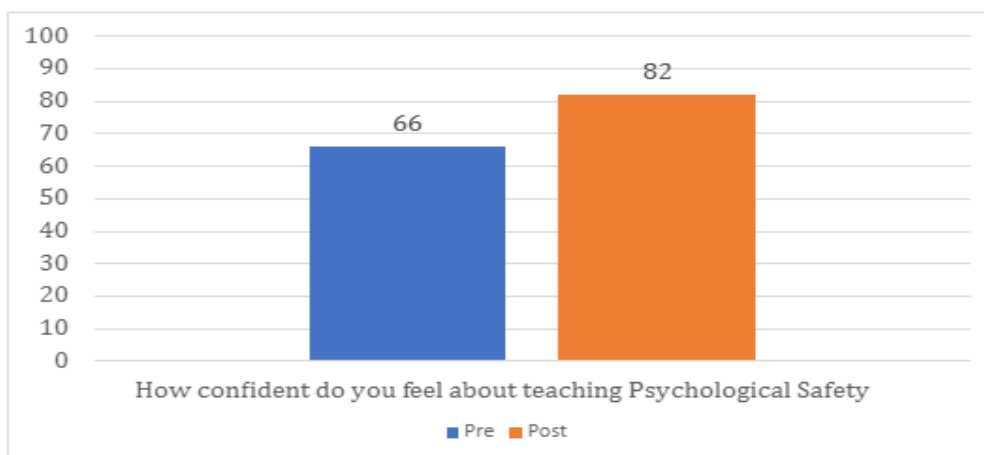
## Participant Feedback

Pre- and post-course Likert scale data shows a positive improvement in confidence levels after the three-day course. This suggest participants are supported to not only learn new concepts but to be able to teach them to others.









## Qualitative Feedback Themes

### Relevance of material and course design

Feedback unanimously stated that the content delivered over the three days and ©toolkit was highly relevant to maternity and neonatal services

*“It is so relevant, but so rarely taught in such a relevant way”*

*“I’ve done train the trainer courses before where there has been more of a one-way teaching, I really, really enjoyed that you always focused on our group as trainers and how we deliver this content, that was new to us.”*

### Acquisition and consolidation of knowledge

Some participants were more familiar with human factors and systems thinking than others. Feedback suggests that the content was appropriate to all levels of prior knowledge. Some of the participants were working in patient safety roles and highlighted how this course had further enhanced their understanding this theory

*“changed preconceived ideas of what I thought “situational awareness” meant, and challenged my own thinking”*

*“The anecdotes and examples brought the sessions to life and made the material relatable”*

*“Really enjoyed the greater depth explanation of SEIPS, systems etc. I have a much better understanding of some of the Performance Influencing Factors now.”*

*“I already teach and these tools can improve the human factors sessions we deliver and provide in-depth knowledge to staff.”*

*“The theory was well presented and made it easy to understand.”*

## **Benefits of incorporating teaching practice**

Two episodes of teaching practise were incorporated into the course. Again, unanimously all those that mentioned this aspect, although some reported feeling slightly nervous, stated this was beneficial and further consolidated their learning.

*“The practice element really made sure we understood and felt confident to teach it.”*

*“The teaching was daunting but ultimately really helpful in solidifying the theory”*

*“I found the stress of the teaching scenarios challenging, but actually found them good as allowed us to consolidate our new knowledge, but also find where my gaps were and getting curious about further learning.”*

## **Embedding and alignment**

Many participants fed back they would transfer their new skills and knowledge into multiple aspects of their practice, such as established mandatory training sessions, PROMPT training and skill and drills. Other mentioned using the teaching tools, including the SEIPS framework within safety huddles and meetings.

*“The tools were easy to follow, easy to pick up and can be used in different scenarios”*

*“The session on stress was actually a great way for me to manage my own stresses at work so thank you”*

*“Taking a systems approach makes much more sense in terms of making improvements.”*

*“I want to use HF and SEIPS when it comes to managing errors and developing new frameworks.”*

*“I will be using a systems approach for incident investigation and when introducing new equipment.”*

*“Will be implemented directly in debriefs, also hopefully newsletters and 5-minute teaching”*

*“Try and find funding to run a 1-day course for whole of maternity and even beyond.”*

*“Embed it in handovers, safety huddle and bite size training.”*

## **Support to embed Human Factors within Maternity and Neonates**

Institutional and senior management support was stated as being integral, including resources and time to be able to deliver this education to frontline staff. Feedback also included the further training of other multiprofessional staff members, and potentially developing a Southwest London Maternity and Neonates Human Factors study day for frontline staff. This concept would allow the ICS to share resources and reduce the strain on staffing and is similar to other maternity programmes in the Northwest London region.

*“Buy in from management and senior leadership”*

*“Institutional support of seeing human factors as a patient safety issue and imperative to maternity”*

*“Working with the team who came to this course”*

*“Would be great to have a SWL study day implemented”*

*“Allocated time in meetings to discuss human factors”*

### **Other potential course benefits**

Through empirical evidence and verbal discussions with the participants over the four cohorts it is suggestive that system learning i.e. bringing participants from maternity and neonatal provider services across SWL ICS together to learn, can produce multiple benefits including increased:

- Social capital across the network by building new relationships between professions, departments and organisations
- Sense of togetherness and reassurance that many services across the ICS are facing similar struggles and challenges.
- Alignment of safety and human factor knowledge and potential application of principles
- Potential to share ideas and collaborate

### **Potential Future Benefits**

It is always challenging to directly demonstrate results attributed to an educational intervention, mainly because healthcare is highly complex and there are multiple variables at play. However, we can look at future markers such as program implementation and embedding of concepts which may evidence level four on Kirkpatrick’s model of learning evaluation, which suggests organizational change.

To gather data on implementation and sustainability the ICB will host a keeping in touch day in September 2024, where trained faculty will feedback on their progress, present how they have used the toolkit, any benefits or challenges, feedback from their teams and future aims. This event will be open to MVP groups and other service users to also allow learning and improvement to be shared widely across the network. The LMNS has also committed to run a further two cohorts to further support sustainability of the programme.

## **Acknowledgements**

**Thank you to**

**SWL LMNS for funding this initiative and providing the high-level coordination required to enable this system wide programme to happen.**