

An evaluative survey to assess the effectiveness of using an interactive workbook to deliver bereavement education to undergraduate student midwives

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Abstract

Background: The NMSF (2009) reported that 74 Trusts (40%) in the UK lack expertise in delivering maternity based bereavement care. In response, 3 midwifery lecturers were issued with a small grant from NHS Scotland to devise and evaluate an interactive workbook intended to develop student midwives understanding of how to deliver high quality bereavement care.

Aim: To develop a workbook called - *an interactive workbook to shape bereavement care for midwives in clinical practice* - and evaluate it for effectiveness at delivering learning objectives developed from the literature and from prior written lesson plans.

Method: An evaluative audit was carried out using a scored questionnaire - Understanding Bereavement Evaluation Tool (UBET) - to gather data before and post workbook completion. The UBET was purposely designed to gather data about participants' perceived level of learning before and post workbook completion. Participants were student midwives (n=179) in their second/third year of study on a 3 year midwifery degree program at one of 3 universities.

Findings: The mean pre-workbook UBET score equalled 16.04 (SD = 3.81) and post-intervention 26.45 (SD = 2.16). A significant main effect of observation point was observed ($p < 0.001$), with post-intervention scores considerably higher than pre-intervention.

Discussion: Findings demonstrate that the workbook is an effective method for teaching bereavement care to student midwives (it is available from the first author).

Key words: bereavement, midwifery, teaching

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Introduction

The Stillbirth and Neonatal Death Society (SANDS) advocate that health care professionals who work with grieving couples require specialist tuition to prepare them to provide appropriate care (SANDS, 2009). For the majority of childbearing women who have experienced loss, the quality of midwifery care will have considerable affect upon their reactions and grief process (Engler & Lasker, 2000; Rowa-Dewar, 2002). For maternity care staff, providing bereavement care can be challenging, complex and exacting (Gensch & Midland, 2000; Saflund et al., 2004), with some finding it difficult to provide appropriate care (Robinson et al., 1999). The National Maternity Support Foundation (NMSF, 2009) survey testimonies that the quality of bereavement care issued in some maternity units in the UK is inconsistent. Based upon an 82% response rate from NHS Trusts in the UK the NMSF report (2009) states:

“It is clear that there is a somewhat “patchy” approach to bereavement midwife care with an apparent lack of national strategy and clear up-to-date guidelines” (NMSF, 2009, p. 12).

The NMSF (2009) reported that 74 Trusts (40%) lacked expertise, with urgent re-evaluation required to decide how bereavement care should be directed at a national level. The reports of the NMSF provided the rationale for this study. In response, 3 midwifery lecturers from 3 UK universities were issued with a small grant from NHS Scotland *Shaping Bereavement Care* project to devise, utilise and evaluate an interactive workbook designed to equip student midwives with essential theory to underpin effective delivery of bereavement care to childbearing women.

For the midwifery lecturer, teaching large classes of student midwives emotionally evocative topics can be challenging, with a workbook just one method of delivering the learning objectives. The majority of lecturers who have delivered bereavement education in a classroom will have experienced the emotional effects for some students with unresolved bereavement histories. A bespoke workbook tailored specifically to deliver concise information can replace the need for textbooks that contain patchy non-applied information. It may also be practical when the library is ill equipped to resource the entire student population. During workbook design, content may be tailored to deliver defined learning objectives through a versatile balance of reading, visual aids and multipurpose activities. The major challenge is to summarize information in a format that may be easily interpreted by the student? The information can be designed to reflect carefully synthesised evidence-based information from many disciplines and complement the other educational materials available (e.g., Kelly, 2007; Mander, 2006; SANDS, 2009). To date no author has published an applied interactive workbook with interleaved activities for the specific purpose of equipping student midwives with knowledge to shape delivery of effective bereavement care to childbearing women experiencing perinatal loss. Consequently, the aim was to develop a workbook called - *an interactive workbook to shape bereavement care for midwives in clinical practice* - and evaluate it for effectiveness at delivering the prescribed learning objectives.

Method

An evaluative audit of effectiveness of the workbook was conducted between the 1st March 2011 and the 31st May 2012. Processes explored the workbook experience from the perspective of student midwives enrolled on a 3 year midwifery degree program at one of 3 universities in the UK. An evaluative audit was selected because it is an effective method by which to engage a sizable population. Rather than relying on subjective feelings, a survey can gather objective information from which the

researcher can make sound data-driven decisions. Surveying provides a snapshot of the target population to establish a baseline from which the researcher can compare perceived knowledge before and after an intervention (Beimer, 2003).

The workbook

The initial goal was to develop the learning objectives and decide upon relevant content. The philosophical approach was holistic, with emphasis placed upon the physical, psychological and social components of perinatal bereavement care. Content was purposely designed to equip student midwives with essential applied knowledge to manage childbearing women, partners and families who are experiencing perinatal loss. From the authors' clinical experience, a review of relevant literature and viewing examples of prior written lesson plans, the following learning objectives were determined (see *Table 1*).

TABLE 1 HERE

To view the workbook content (see *Table 2*).

TABLE 2 ABOUT HERE

Twenty-nine activities were interleaved throughout the workbook. To view an example (see *Table 3*).

TABLE 3 ABOUT HERE

Pilot study

Four credible individuals in terms of knowledge and experience of perinatal bereavement commented on draft one of the workbook (1 midwife counsellor, 2 midwifery lecturers and 1 senior lecturer in pastoral theology). Their guidance helped shape the content to reflect an accurate and meaningful account of how perinatal bereavement care should be organised within the maternity unit. Three third year student midwives completed the amended draft, with alterations and additions made in accordance with feedback offered.

Data collection instrument

A scored survey instrument - the Understanding Bereavement Evaluation Tool (UBET) - was purposely designed to gather data about participants' perceived level of learning before and post workbook completion. Subsequent validity tests have measured and demonstrated robustness of the UBET at assessing students' knowledge gain. PCA identified that the UBET is comprised of two sub-scales (*theoretical knowledge base - Q1, 2 & 3*) and (*psychosocial elements of care delivery – Q 4, 5 & 6*) (Hollins Martin et al., 2013). The UBET measured student perceptions of learning in both quantitative and qualitative form about a range of factors associated with the workbook experience. The UBET utilises a Likert scale which measures perceived levels of knowledge in relation to each item prior to and post workbook completion. Students responded to the 5-point Likert scale based on level of agreement with the statement placed. The range of scores are 6-30, with a score of 6 representing self perception of least knowledge about childbirth related bereavement and 30 most. An example follows:

(Q2) I could critically discuss the procedures that are categorised on a bereavement protocol?					
	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Scores ¹	5	4	3	2	1
Comments	_____				

*Scores are to illustrate scoring and not present on the UBET questionnaire					

To view the items of the UBET (see *Table 4*).

TABLE 4 ABOUT HERE

Design

The study utilised a 3 (group type) x 2 (year of training) x 2 (observation point) with repeated measures on the third independent variable (observation point). The group

type variable represented institutional affiliation of the participating student midwives (University 1 (U1), University 2 (U2), University 3 (U3)). The year of training variable represented whether the participant was in second or third year of the midwifery degree program. The observation point variable involved issue of the UBET to the participant for completion (observation Point 1 = before workbook completion & Observation Point 2 = post workbook completion).

Participants

Participants were student midwives (n=179) in their second/third year of study on the 3 year midwifery degree program at the affiliated university. The mean age of participants was 28 years (SD = 7.11) with a range from 18-49. Student recruitment was from classes already enrolled on complicated maternity modules, during which management of loss and bereavement were ordinarily taught. The usual teaching method was altered to utilise the workbook in a self-directed learning format, with a facilitator (one of the authors) in attendance. Students were offered opportunity to opt out of the session, with none requesting to do so.

Procedure

A within participant design was utilised. The independent variable was the education about bereavement conveyed in the workbook and the dependent variable the UBET measuring tool. Two classes (1 second/1 third year student midwives) from each of the 3 universities completed the workbook in a pre-organised classroom day. To view the protocol for data collection (see *Table 5*).

TABLE 5 ABOUT HERE

Pre-workbook and post-workbook UBET questionnaires were tagged with matching student identifier numbers to guarantee anonymity. The pre-workbook UBET was issued prior to workbook distribution and again post completion. Scores were totalled for each observation point and entered into an SPSS program.

Results

A total of (n=179) students completed the UBET at both observation points (1 & 2). No statistically significant difference in age of participants as a function of group type ($p = 0.63$) or year of training ($p = 0.95$) was observed. Neither was there a significant interaction between group type and year of training ($p = 0.53$), thus age was not a requirement for entry as a covariate in the inferential statistical analysis of UBET scores. The mean pre-intervention UBET score was 16.04 (SD = 3.81, median 16) and the post-intervention UBET score was 26.45 (SD = 2.16, median 27). Mean UBET scores as a function of observation point, group type and year of training are summarised in *Table 6*.

TABLE 6 ABOUT HERE

A significant main effect of observation point was observed ($p < 0.001$), with post-intervention scores higher than pre-intervention scores (*Figure 1*).

FIGURE 1 ABOUT HERE

A statistically significant main effect of group type was observed ($p = 0.02$), with Bonferroni post-hoc testing revealing that though there was little difference between the U1 and U2 and between U2 and U3 in UBET scores collapsed across observation points, U2 UBET scores (Mean = 21.76, SD = 2.45) were observed to be significantly higher ($p < 0.01$) than those of the U1 (Mean = 20.60, SD = 2.37). Interestingly though, no statistically significant difference was observed in second year students and it was found that the U3 UBET score collapsed across observations was only marginally lower (Mean = 21.69, SD = 2.49) than that of U2 in absolute terms (see *Figure 2*).

FIGURE 2. ABOUT HERE

A statistically significant main effect of year of training was observed ($p = 0.01$), with year three students having higher overall UBET scores compared to year two students. However, a statistically significant interaction was observed between observation point and year of training ($p < 0.001$), revealing that though

there was little difference in post-intervention scores between year two and year three students, year three students scored higher on the UBET at the pre-intervention observation point compared to second year students (see *Figure 3 & Figure 4*).

FIGURE 3 ABOUT HERE

FIGURE 4 ABOUT HERE

No significant interactions were observed between observation point and group type ($p = 0.16$). Neither was there any evidence of a higher order interaction between observation point, group type and year of training ($p = 0.08$). No evidence was found for an interaction between year of training and group type ($p = 0.73$).

Discussion

The significant main effect of mean pre-intervention UBET scores against post-intervention scores ($p < 0.001$), evidences that the workbook was effective at equipping student midwives with knowledge to underpin clinical skills that relate to bereavement care. That is, student midwives perceptions of their knowledge and understanding of perinatal bereavement care was markedly higher post workbook completion. Findings support that the workbook was an effective method of teaching bereavement care regardless of whether the student midwife was in second or third year of the degree program at the university attended and age at time of workbook completion. Although evidence supports that third years perceived they knew more than second years on the pre-workbook observation point.

The significant main effect of year of training, with third year students having higher mean UBET scores compared with year two students ($p = 0.01$) may be explained by the following factors. First, in comparison to second year students, third year students will inevitably have gained greater competence in many midwifery skills due to overall increased time spent in the clinical area. This increased exposure to many events may have resulted in higher levels of self-efficacy (Bandura, 1982) in

relation to delivering broad-spectrum care. Second, direct exposure to real bereavement events whilst on clinical placement may have directly complemented student learning in relation to delivering bereavement care. Although the rate of stillbirths has steadily fallen from 1950 onward and now remains at a similar level to the early 1990s, stillbirths account for the largest component of perinatal mortality, with over 3600 deaths a year (CEMACH, 2007). The 2005 rate of stillbirths was 5.5 per 1000 total births, neonatal mortality 3.5 per 1000 live births, and perinatal mortality was 8.2 per 1000 total births (CEMACH, 2007). Due to these numbers, student midwives by virtue of attendance in the clinical area may have experienced a bereavement incident whilst tackling other curriculum based learning objectives. These incidental exposures may have bestowed learning experiences that boosted third year students' knowledge base and self efficacy.

Although small in relative terms, the significant difference in perceived learning between third year student midwives at U1 compared with those at U2 ($p < 0.01$) may be explained by a variety of factors. First, the classroom facilitator and data collector at U1 was a new member of staff with whom the students had no attachment. Second, students were near the end of their program, with Nursing and Midwifery Council (NMC) registration imminent. Third, lack of exposure to the researcher may have minimised social influence effect from attempts to please the lecturer (Aronson, 2008). There are many significant constituents that link to individual success at socially influencing another person. Credibility and trustworthiness are cited as external variables that may have a profound effect upon the amount of agreement an individual can secure (Aronson, 2008). Receiver judgments of communicator trustworthiness and especially expertise are found to be significantly influenced by information concerning the communicator's occupation, training, amount of expertise and the like (e.g., Hurwitz et al., 1992; Ostermeier, 1967; Swenson et al., 1984). With no prior knowledge of the data collector, students would have had no experience from which to judge their credibility or trustworthiness.

Fourth, there was an incident in the third year class at the U1 that interrupted proceedings. In contrast, data collected at U2 and U3 was by lecturers the students had known since inaugurating on their program of study. Outside these explanations the researchers have struggled to explain the significant difference in learning between U2 and U1 third year students, since the teaching method and data collection were conducted in accordance with precisely the same protocol. Regardless of outcome, overall a significant measure of learning was evidenced when the post workbook UBET mean was compared against the pre-workbook mean.

Most midwifery lecturers would accede that teaching bereavement care is challenging for both parties by virtue of characteristics of the population, which are typically female and fertile. It is therefore inevitable that some students will have personally experienced perinatal bereavement. An example of such exposure is reflected in the following quote:

The workbook helped you to understand the grief process and allowed you to understand that all the emotions you experienced were normal, although horrific at the time, i.e., when the death happened and the feelings you were left with. I think it's important because it helps you understand your own feelings and understand the grief process more. We will all suffer grief at one point either personally or in our professional life's (caring for people who are experiencing it). Therefore it is important we have some understanding of what grief means to us and the impact it has on us to enable us to at least acknowledge what others will experience. Although grief will be very different for us all as we will experience different extremes of it' (3rd year student midwife U3).

This quote emphasises the challenges to the student midwife of studying perinatal bereavement care, whilst simultaneously acknowledging its necessity in the midwifery degree curriculum. Either way, some of the issues discussed in the workbook could be interpreted as psychologically provocative, whether or not the

learner has encountered a perinatal loss at a professional or personal level. The following student acknowledges this affect:

Very sensitive subject for some – could cause upset to some who haven't dealt with grief themselves well. Information valuable though and useful for future practice. Thank you (3rd year student midwife U1).

For example, the Royal College of Obstetricians and Gynaecologists (RCOG, 1985) published guidelines urging that post stillbirth staff should create an atmosphere that encourages parents to see and hold their deceased baby. Such activities of the care provider include where considered judicious, bathing, dressing, photographing and reuniting the deceased baby with their parents and family. In some instances the parents may opt to take their deceased baby home. The following student anecdotes the benefits of doing this:

One of my best friends lost her baby in June 2011 at just over 35 weeks gestation and this has had a massive impact not only on her life but the lives of her close family and friends. This tragic event has increased my knowledge and understanding of how women may or may not cope with a significant loss and has helped me to recognise that grieving can be expressed very differently from woman to woman. I felt it was very beneficial to attend the private funeral of the baby and see and touch him and share in the grief of the family. Moving onwards in my experience as a student midwife, the loss my friend has gone through and the bereavement workbook together has given me confidence that I may begin to empathise with women going through similar situations' (2nd year student midwife U3).

Parents declining opportunity to hold their deceased infant may affect the course of grieving in unproductive ways (Lewis, 1976, 1979), with evidence embedded in clinical accounts of parents treated for psychological problems post stillbirth (Lewis, 1978; Bourne & Lewis, 1984). In response, an eruption of papers, books, and seminars espousing necessity for parent/infant contact post stillbirth now underpin bereavement protocols in the UK maternity units (e.g., Kelly, 2007; Mander, 2006; SANDS, 2009).

In addition to statistical support that the workbook is an effective teaching instrument, qualitative data also supports this assertion. From many student quotes, the following 3 evidence this point:

I felt that the book as a whole was very interesting as it taught us as students the process and management of grief. I personally thought all of it was relevant and Activity 3 in particular allowed me to compare the different responses to grief that I have witnessed or experienced and have learned how to empathise and care for people who are displaying signs of grief (2nd year student midwife U2).

My friend's reaction to her loss has made more sense to me after using the workbook in regards to her behaviour, anger and social withdrawal, although I am still concerned for her physical and mental health for the future. Moving onwards in my experience as a student midwife, the loss my friend has gone through and the bereavement workbook together has given me confidence, that I may begin to empathise with women going through similar situations' (2nd year student midwife U1).

Overall, the workbook was helpful to me in that it encouraged me to broaden my understanding of 'bereavement' beyond just mourning somebody's death. It was good to read something which reaffirmed this wider definition of bereavement and picked up on some of my feelings of loss' (2nd year student midwife U3).

Student midwives are typically shocked and upset when they are exposed to their first stillbirth, with the workbook providing reassurance that there are prescribed methods to manage the situation. The following student commented how learning from the models of grieving had equipped her with helpful skills:

After studying the normal grief process I will recognise the changes and be able to discuss these with the women (2nd year student midwife U1).

Issue of a workbook that encompasses essential information a student midwife should know about bereavement care provision, privileges them with the opportunity to digest this knowledge piece by piece and revisit it again and again, as

evoked memories and emotional responses are worked through at an individual level. The following student emphasises this point:

I think this class needs to be more interactive. Discussion would help as sharing helps a sensitive subject. Otherwise this work could be done at home in own comfort when facing personal and difficult memories (3rd year student midwife U1).

During the period of time allocated in the curriculum for workbook completion, it is recommended that students are offered guided seminars and reflections on practice in which stories, questions and experiences are shared within a safe, supportive and confidential environment. The following quote supports this assertion:

I feel some group work would enhance my learning, and also group discussion on each of the activities (3rd year student midwife U1).

For midwives supporting grieving women and families when they are at their most vulnerable is a challenging task. Delivering quality bereavement support requires care, compassion and clinical expertise. Each time a midwife makes contact with a grieving woman there is opportunity to make a difference (DH, 1999). In essence, midwives are the guardians of quality care provision for those in their caseload. Providing excellent bereavement care is a sophisticated assignment for the midwife, with such provision embracing *care, compassion competence, communication, courage and commitment* (DH, 2012); the interactive workbook is designed to underpin all of these skills.

Conclusion

Both quantitative and qualitative findings demonstrate that the workbook is a valuable teaching and learning tool. The main benefits lie in the student being able to return to a personal copy when perceived need arises:

Good workbook will definitely revisit. Good information. Opens lots of doors (3rd year student midwife U1).

Despite the challenges to midwifery lecturers of delivering quality bereavement education, there are significant learning experiences to be had from completing the workbook at both undergraduate and postgraduate level. Success of the developed workbook at delivering bereavement education has spurred the authors to convert it into an on line teaching tool that incorporates discussion groups and activities.

Contributors

C.J.Hollins Martin conceived the study, wrote the workbook, was responsible for study coordination, data collection, and writing of the reports.

E. Forrest helped write the workbook, was involved in data collection and revised drafts of the report.

L. Wylie helped with data collection and revised drafts of the report.

C.R. Martin undertook statistical analyses and helped write the reports.

Conflict of interest statement

None declared.

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References

- Aronson, E. (2008). *The social animal* (10th ed.). New York: Worth/Freeman.
- Bandura, A. (1982). Self efficacy mechanism in humans. *American Psychologist*. 37(2): 122-47.
- Beimer, P.P., Lyberg, L.E. (2003). *Introduction to survey quality*. Chichester (UK): Wiley.
- Bourne, S., Lewis, E. (1984). Delayed psychological effects of perinatal deaths: the next pregnancy and the next generation. *British Medical Journal*. 289: 147-48.
- CEMACH (2007). *The Confidential Enquiry into Maternal and Child Health: England, Wales, and Northern Ireland*. Available at www.cemach.org.uk.
- Department of Health (DH) (1999) *Making a Difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare*. London, DH.
- Department of Health (DH) (2012). *Developing the culture of compassionate care: creating a new vision for nurses, midwives and care-givers*. London, DH.
- Engler, A.J., Lasker, J.N. (2000). Predictors of maternal grief in the year after a newborn death. *Illness, Crisis & Loss*, 8, 227-243.
- Gensch, B.K., Midland, D. (2000). When a baby dies: A standard of care. *Illness, Crisis & Loss*, 8, 286-295.
- Hollins Martin, C. J., Forrest, E., Wylie, L., Martin, C. R. (2013). The Understanding Bereavement Evaluation Tool (UBET) for midwives: factor structure and clinical research applications. *Nurse Education Today*.
- Hurwitz, S.D., Miron, M.S., Johnson, B.T. (1992). Source credibility about the language of expert testimony. *Journal of Applied Social Psychology*. 24, 125-128.
- Kelly, E. (2007). *Marking short lives: constructing and sharing rituals following pregnancy loss*. Peter Lang: Oxford.
- Lewis, E. (1976). The management of stillbirth: coping with an unreality. *Lancet* 1976; 2: 619-20.
- Lewis, E. (1979). Mourning by the family after stillbirth or neonatal death. *Archives of Disease in Childhood*. 54: 303-06.
- Lewis, E., Page, A. (1978). Failure to mourn a stillbirth: an overlooked catastrophe. *British Journal of Medical Psychology*. 51: 237-41.
- Mander, R. (2006). *Loss and Bereavement in Childbearing* (2nd edn.). Routledge: London.
- National Maternity Support Foundation (NMSF) (2009). *Who care when you loose a baby: A comprehensive study into bereavement midwife care across NHS trusts*. Herts, UK: National Maternity Support Foundation (NMSF).

Ostermeier, T.H. (1967). Effects of type and frequency of reference upon perceiver source credibility and attitude change. *Speech Monographs*, 34, 137-144.

Robinson, M., Baker, L., Nackerud, L. (1999). The relationship between attachment theory theory and perinatal loss. *Death Studies*, 23, 257-270.

Rowa-Dewar, N. (2002). Do interventions make a difference to bereaved parents? A systematic review of controlled studies. *International Journal of Palliative Nursing*, 8, 452-457.

Saflund, K., Sjögren, B., Wredling, R. (2004). The role of caregivers after a stillbirth: views and experiences of parents. *Birth*, 31, 132-137.

Stillbirth and Neonatal Death Society (SANDS) (2009). *Miscarriage, stillbirth and neonatal death*. SANDS: London.

Swenson, R. A., Nash, D.L., Roos, D.C. (1984). Source credibility and perceived expertness of testimony in a simulated child-custody case. *Professional Psychology*, 15, 891-898.

Table 1: Learning objectives of the workbook titled “An interactive workbook to shape bereavement care for midwives in clinical practice”

- (LO1) Classify areas of midwifery practice that incur bereavement.
- (LO2) Critically appraise the procedures categorised on a bereavement protocol.
- (LO3) Critically appraise the models of grieving.
- (LO4) Recognise instances where a childbearing woman’s grief process has become dysfunctional and help is required from mental health experts.
- (LO5) Outline processes involved in caring for and advising a bereaved woman / partner / family about how to access ongoing support on discharge from midwifery care.
- (LO6) Recognise where a bereavement incident may affect a member of staff adversely.
- (LO7) Assess individual women / partner / family’s spiritual / religious beliefs and adapt bereavement care to accommodate.

Table 2: Content of the workbook titled “An Interactive Workbook to Shape Bereavement Care for midwives in clinical practice”

- 1.1. Areas of midwifery practice that incur bereavement
- 1.2. Defining the terms loss, grief and bereavement
- Chapter Two: Procedures categorised on a bereavement protocol
- 2.1. Protocols for caring for women who have experienced late fetal loss or stillbirth
- 2.2. Protocol discussion
- Chapter Three: Models of grieving
- Chapter Four: Difficulties with adjusting to the loss
- 4.1. Bereavement and maternal mental health
- 4.2. Signs and symptoms of difficulties adjusting to the loss
- 4.3. Role of the midwife in risk assessment
- 4.4. Subsequent care
- 4.5. The multi-disciplinary team
- 4.6. When grief becomes problematic
- Chapter Five: Ongoing support
- 5.1. Role of the midwife in bereavement care
- 5.2. Support services
- Chapter Six: Staff Support
- 6.1. Recognising stress
- Chapter Seven: Assessment and care of a bereaved woman and the family’s spiritual and religious needs.
- 7.1. Effects of family bereavement on children
- 7.2. Religious and cultural beliefs
- 7.3. The role of rituals
- 7.4. Encouraging memories
- Workbook conclusion
- References

Table 3: Activity 8

Self Assessment Test

(Q1) Classify ten areas of midwifery practice that may incur bereavement:

- (1).....
- (2).....
- (3).....
- (4).....
- (5).....
- (6).....
- (7).....
- (8).....
- (9).....
- (10).....

(Q2) Differentiate between the meaning of the terms loss, grief and bereavement:

- Loss.....
- Grief.....
- Bereavement.....

(Q3) Discuss the four dimensions of a childbearing woman's response to a significant loss:

- (1).....
- (2).....
- (3).....
- (4).....

(Q4) What are the 6 essential aspects of bereavement care that a protocol should tackle?

- (1).....
- (2).....
- (3).....
- (4).....
- (5).....
- (6).....

(Q5) What are the aims and objectives of a bereavement protocol?

- (1).....
- (2).....
- (3).....
- (4).....
- (5).....

(Q6) Critically discuss the role of checklists within bereavement care:

-
-
-
-
-

Table 4: Content of the Understanding Bereavement Evaluation Tool (UBET)

- (1) I could instantly classify ten areas of midwifery practice that could count as a bereavement? *(Please list examples of midwifery related bereavements)*
- (2) I could critically discuss the procedures that are categorised on a bereavement protocol?
- (3) I could list and critically discuss models of grieving.
(Please list some examples of bereavement models)
- (4) I feel confident about providing care to a women / partner / family who has experienced a recent stillbirth.
- (5) I could easily recognise instances where a childbearing woman's grief process has become problematic and help is required from mental health experts.
- (6) I could recognise and critically discuss incidents where a bereavement within the maternity unit has adversely affected a member of staff.
- (7) I feel I could competently assess a women / partner / family about their spiritual and religious beliefs and adapt bereavement care to accommodate their individualised needs.

Table 5: Protocol for data collection from the “*Shaping bereavement care for midwives in clinical practice*” study day

9 am	(1) Introduce workbook. (2) Hand a hard copy of workbook to each member of class. (3) Inside the front cover will be the “before and after” workbook questionnaire” (UBET) with a student identification number appended. Collect the completed pre workbook UBET before student commences the workbook. Student holds onto the participant information sheet and post completion UBET (completes at end of the workbook). (4) Ask student to complete the requested details in the box on the front page of the workbook. (5) Ask students to work on workbook on their own in classroom with facilitator present.
10.30 am	(6) Coffee break.
11 am	(7) Student continues working on workbook.
1 pm	(8) Lunch break.
1.45 pm	(9) Student continues working on workbook.
3.30 pm	(10) Coffee break.
3.45 pm	(11) Student continues working on workbook.
4.45 pm	(12) Student completes post workbook UBET.
5 pm	(12) Students return their completed post workbook UBET. They are informed they can take their workbooks home with them.

Table 6. Mean UBET scores as a function of group type and year of training at each observation point (Standard deviation in parentheses).

Group type	Year of training	N	Pre-intervention	Post-intervention
			Mean (SD)	Mean (SD)
University (1)	Second	44	13.93 (2.82)	26.27 (1.77)
	Third	34	16.50 (4.07)	26.00 (2.88)
	Total	78	15.05 (3.63)	26.15 (2.31)
University (2)	Second	34	16.26 (3.78)	26.56 (2.36)
	Third	41	17.37 (3.64)	26.73 (1.61)
	Total	75	16.87 (3.72)	26.65 (1.98)
University (3)	Second	12	14.75 (3.79)	27.17 (2.66)
	Third	14	18.21 (3.68)	26.43 (1.78)
	Total	26	16.61 (4.06)	26.77 (2.21)

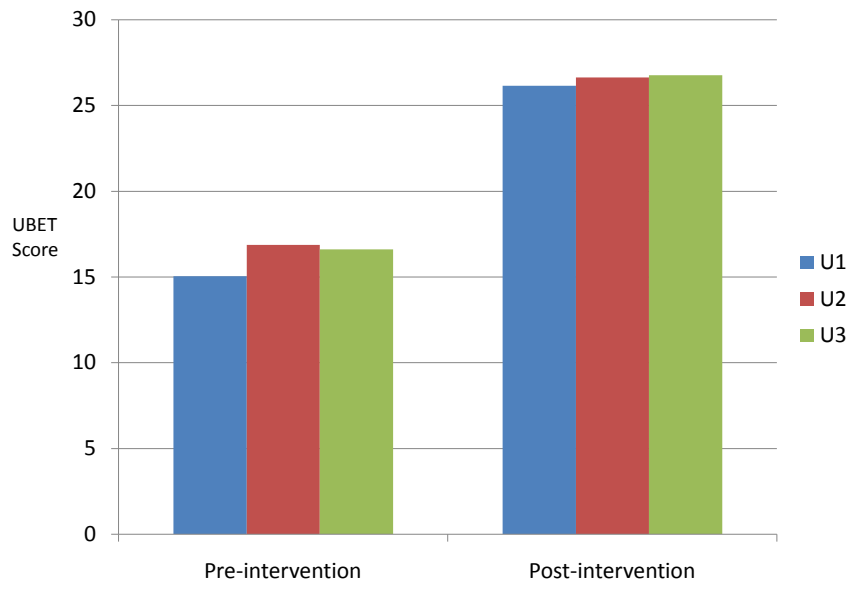


Figure 1. Student UBET scores as function of group type and intervention status

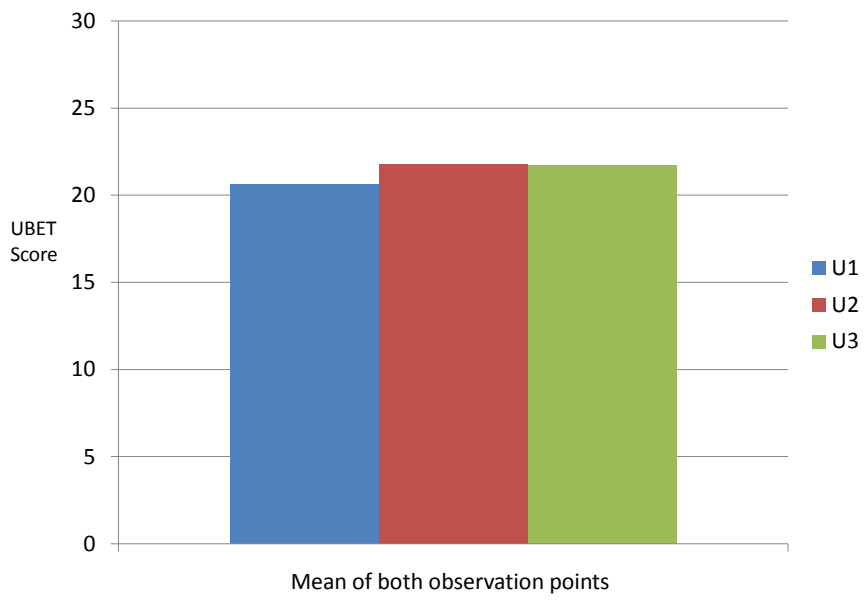


Figure 2. Year two student UBET scores as function of group type

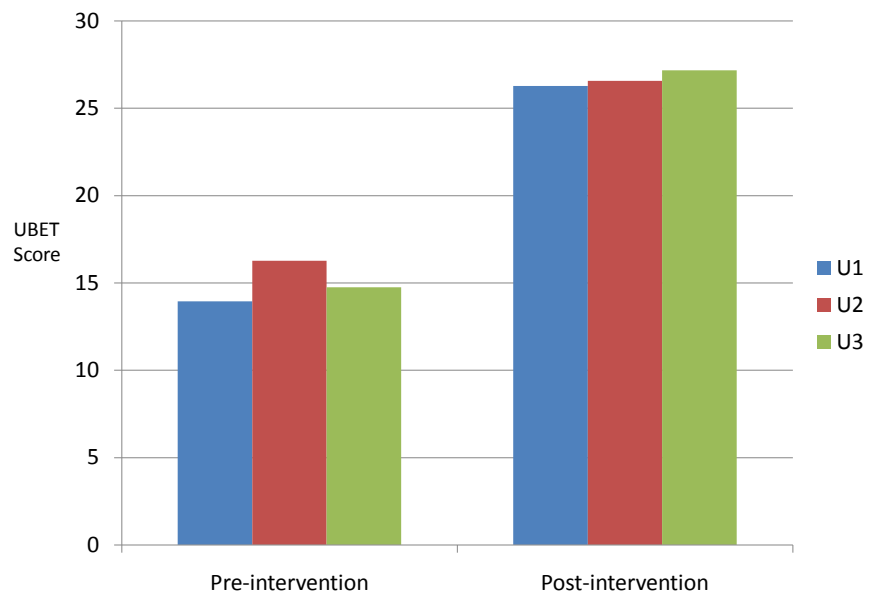


Figure 3. Year two student UBET scores as function of group type and intervention status

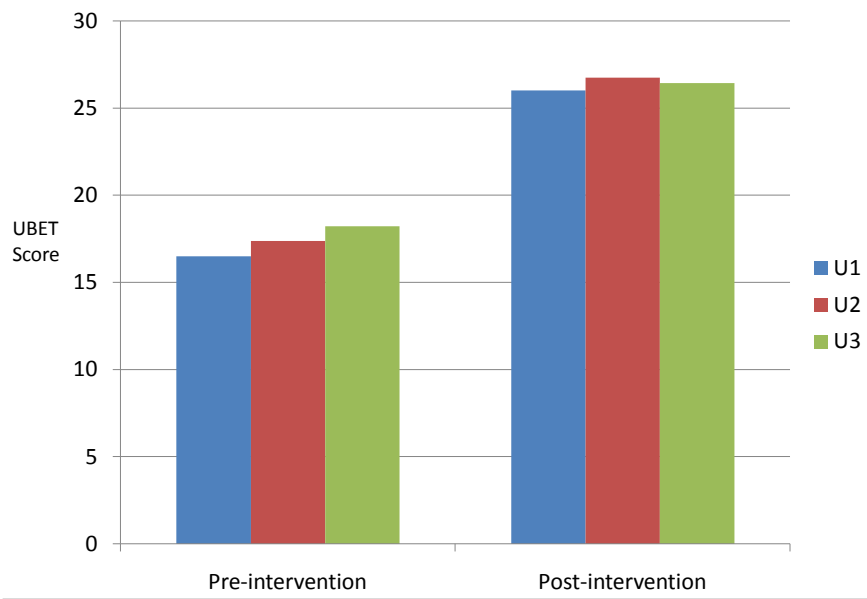


Figure 4. Year three student UBET scores as function of group type and intervention status