

Walking the path

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Physiologic events that occur in the course of normal human reproductive development are literally and figuratively transformative events – puberty, menstruation, pregnancy, childbirth, sexuality and gender identity. Yet these transformative events of normal physiology carry with them a vulnerability that allows for mistreatment, abuse, and disrespect of the individual. For example, studies demonstrate that as many as 2 of 3 women report experiencing some type of obstetric violence during childbirth, such as receiving vaginal exams without their consent, verbal abuse, and feeling blamed or shamed by providers.¹

The promotion of dignity lies at the heart of respectful healthcare, and healthcare providers have an ethical obligation to protect and promote the dignity of persons in their care. Education in ethics and in the application of ethics to clinical care is one critical pathway to fulfilling this obligation. In order to eliminate the systemic mistreatment of women by the maternity care system, providers should possess the awareness, intention, commitment, and accountability that can be gained through ethics education.

The central aim of this thesis is to contribute to the optimization of ethics education in midwifery programs, developing a curricular framework which can complement current educational practice. We endeavored to explore the current state of ethics education and to identify potential gaps through surveys, focus groups, and interviews with midwifery educators, midwives, and students. In addition, given the emphasis placed upon the process of shared decision-making as part of ethics education and its role in the promotion of respectful and person-centered midwifery care, we explored shared decision-making in further detail. It is important that the next generation of midwives are trained not only in the practical application of shared decision-making, but also in the foundational ethical concepts upon which it is constructed. The groundwork for training in ethics, including shared decision-making, would ideally occur in the degree-conferring educational programs. This thesis explores the current state of midwifery ethics education, identifies gaps, and proposes a framework that can complement midwifery curricula, with the aim of preparing new providers to negotiate the ethical challenges that they will encounter in their clinical work.

Chapter 2 Ethics Education in Midwifery Education Programs in the United States, published *Journal of Midwifery & Women's Health* 2016

This study presents the findings of an online survey of program directors of ACME and MEAC-accredited midwifery educational programs in the United States. We explored the logistics of ethics education in their curricula, including the topics covered, learning formats used, amount of time dedicated to ethics learning, and use of evaluation tools. We developed a 13-question, primarily multiple-choice questionnaire, which was modeled after surveys of other disciplines, and which was adapted to include topics specific to midwifery education. A total of 25 of 49 eligible programs participated in the survey, providing a response rate of 51%. Survey results showed that there is considerable variation in ethics education in terms of content, format, and evaluation among accredited midwifery education programs in the United States. Midwifery

educators have an opportunity to explore the ethical dilemmas unique to maternity care from a midwifery perspective. There is also the opportunity to create a comprehensive and dynamic midwifery ethics curriculum, which incorporates both stand-alone ethics courses and ethics concepts that are woven throughout the core midwifery curriculum. *Megregian M. Ethics Education in Midwifery Education Programs in the United States. J Midwifery Womens Health. 2016 Sep;61(5):586-592. doi: 10.1111/jmwh.12462. Epub 2016 Jun 24. PMID: 27341667*

Chapter 3 “That was an ethics class?”: student experiences of ethics education in midwifery programs in the United States, submitted to Nurse Education Today

This study describes the results of focus groups conducted with student midwives on their thoughts and opinions regarding manner and content of ethics education in midwifery educational programs. We conducted semi-structured focus group interviews with 39 students from three midwifery programs in the United States (U.S.). Transcripts of the interviews were analyzed using an iterative process to identify themes and subthemes. Content analysis revealed three primary themes and associated subthemes: 1) *current experience and identified needs*, 2) the *preceptor dilemma*, with subthemes *being at the mercy of the preceptor* and *powerlessness in the face of other providers’ demands*, and 3) *complicated relationships: advocacy, autonomy and choice*. Students relied primarily upon clinical preceptors as a significant source of learning ethical behavior. They also reported a lack of direct and purposeful ethics learning in their clinical experiences, and had few opportunities for reflection and integration of their experiences from an ethics perspective. This study demonstrates the need for more deliberate inclusion of midwifery-specific ethics content into overall midwifery education program content, in both classroom and clinical experiences. Midwifery programs should integrate ethics content in their curricula in a way that complements other midwifery content. This study also demonstrates the key role of clinical preceptors in student ethics learning, and underscores the need for further research on the transmission of ethics knowledge and skills to students.

Chapter 4 “I’m sure we talked about it”: Midwives’ experiences of ethics education and ethical dilemmas, a qualitative study; published Women and Birth 2020

This study describes the results of individual interviews with midwives regarding their experiences of ethical dilemmas in practice, and their thoughts about their ethics education through their midwifery educational programs. We conducted semi-structured, individual interviews with midwives from throughout the United States (U.S.) (n = 15). Transcripts of the interviews were analyzed using an iterative process to identify themes and subthemes. Midwives described a range of professional ethical dilemmas, including challenges related to negotiating strained interprofessional relationships and protecting or promoting autonomy for women. Ethical dilemmas were identified by the theme of unease, a sense of distress that was expressed in three subthemes: *uncertainty of action*, *compromise in action*, and *reflecting on action*. Learning about ethics and ethical dilemmas occurred, for the most part, outside of the classroom, with the majority of participants reporting that their midwifery program did not confer the skills to identify and resolve ethical challenges. Midwifery educators should consider the purposeful and explicit inclusion of midwifery-specific ethics content in their curricula and in

interprofessional ethics education. Reflection and self-awareness of bias were identified as key components of understanding ethical frameworks. As clinical preceptors were identified as a key source of ethics learning, midwifery educators should consider ways to support preceptors in building their skills as role models and ethics educators.

Megregian M, Low LK, Emeis C, de Vries R, Nieuwenhuijze M. "I'm sure we talked about it": Midwives experiences of ethics education and ethical dilemmas, a qualitative study. Women Birth. 2020 Nov;33(6):e519-e526. doi: 10.1016/j.wombi.2019.12.005. Epub 2020 Jan 27. PMID: 32001185.

Chapter 5 Essential components of midwifery ethics education: results of a Delphi study; submitted to Midwifery

This study reports the results of a Delphi study on the consensus of midwifery educators regarding the essential components of ethics education for midwifery students. We conducted an online Delphi study in three rounds. Round 1 consisted of open-ended questions to explore and identify key content, competencies, learning outcomes, and teaching strategies. Content analysis was performed on the Round 1 responses, generating the statements for Round 2. In Rounds 2 and 3, experts rated the statements on a 1 to 7 Likert scale, with a positive consensus defined as 70% or more of the experts scoring ≥ 6 . Of the 12 statements on key content of ethics education, midwives emphasized that content promoting an understanding of shared decision-making is essential for inclusion. Of the statements regarding competencies, learning outcomes, and teaching strategies, 20 of 21 statements met consensus, including those related to shared decision-making and ethical decision-making, as well as attributes such as compassion and courage. Midwives did not agree that an essential teaching strategy includes a validated method for evaluating students on any component of ethics learning (knowledge, skills, behaviour). This Delphi study reveals what midwifery educators consider essential components of ethics education for midwifery students, with a particular focus on the professional attributes of shared decision-making.

Chapter 6 The impact of shared decision making in perinatal care, a scoping review; published Journal of Midwifery & Women's Health 2020

This study presents the results of a scoping review on the impact of shared decision-making in perinatal care. A literature search of PubMed, CINAHL, Cochrane Library, PsycInfo, and SCOPUS databases was completed for English-language studies conducted from January 2000 through November 2019 that examined the impact of a shared decision-making support strategy on a perinatal decision (such as choice of mode of birth after prior cesarean birth). Studies that only examined the use of a decision aid were excluded. Nine studies met inclusion criteria and were examined for the nature of the shared decision-making intervention as well as outcome measures such as decisional evaluation, including decisional conflict, decisional regret, and certainty. The included studies showed that the impact of shared decision-making interventions on women's perceptions of shared decision-making and on their experiences of the decision-making process were mixed. There may be a decrease in decisional conflict and regret related to feeling informed, but no change in decisional certainty. Despite the call to increase the use of shared decision-making in perinatal care, there are few studies which have examined the effects of a shared decision-making support strategy. Further studies which

include antepartum and intrapartum settings, and which include common perinatal decisions such as induction of labor are needed. In addition, clear guidance and strategies for successfully integrating shared decision-making and practice recommendations would help women and midwives navigate these complex decisions.

Megregian M, Emeis C, Nieuwenhuijze M. The Impact of Shared Decision-Making in Perinatal Care: A Scoping Review. J Midwifery Womens Health. 2020 Aug 7. doi: 10.1111/jmwh.13128. Epub ahead of print. PMID: 32767740.

Chapter 7 Choosing to Decline: Finding Common Ground through the Perspective of Shared Decision Making; published Journal of Midwifery and Women's Health 2018

Midwives and women (and her support persons) engage together to make health care decisions, ideally using respectful communication that is based upon the best available evidence and the woman's preferences, values, and goals. Supporting a woman's autonomy, however, can be particularly challenging in maternity care when recommended treatments or interventions are declined. In the past, the real or perceived increased risk to a woman's health or that of her fetus as a result of that choice has occasionally resulted in coercion. Through the process of shared decision-making, the woman's autonomy may be supported, including the choice to decline interventions. This study presents a clinical case report providing an example of the intersection of midwifery ethics and shared decision-making, and demonstrates how a shared decision-making framework can support the provider-patient relationship in the context of informed refusal.

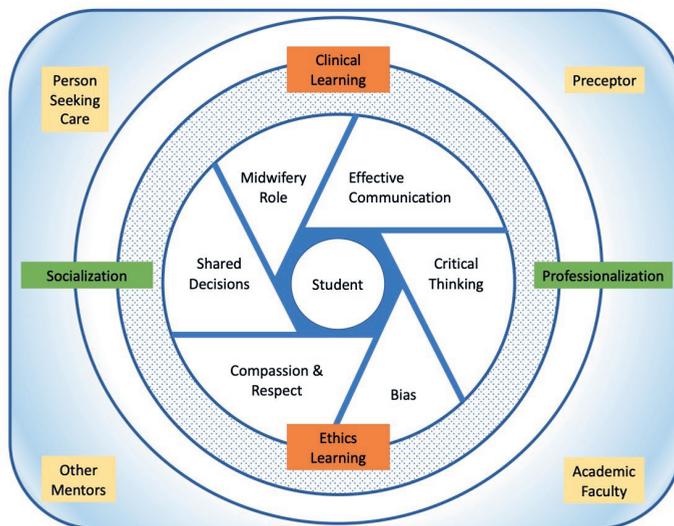
Megregian M, Nieuwenhuijze M. Choosing to Decline: Finding Common Ground through the Perspective of Shared Decision Making. J Midwifery Womens Health. 2018 May;63(3):340-346. doi: 10.1111/jmwh.12747. Epub 2018 May 18. PMID: 29775227

Chapter 8: Discussion

We heard from midwifery students, experienced midwives, and midwifery educators about the ethical dilemmas they face in providing reproductive care, what they consider to be best practices in ethics education, and what they see as the role of midwifery educational programs in preparing students to face these challenges. Through our studies we were able to identify key components of midwifery ethics education and offer a framework for midwifery educators to consider. The framework is based on the following ideas: 1) ethics should be integrated with clinical learning throughout the midwifery program; 2) clinical preceptors are role models that are integral as a source of ethics learning; and 3) ethics, professionalization, and socialization of midwifery students are distinct yet overlapping elements that help to form midwifery identity. In addition, we identified broad competencies that must be considered as part of a competency-based ethics curriculum. (Figure 1)

Figure 1: Framework for Ethics Education in Midwifery

- The student is represented at the center of learning.
- The competencies identified by stakeholders surround the student, informed by both clinical and ethics learning.
- The rings of ethics and clinical learning are interconnected, highlighting the idea that they should occur concurrently and should be integrated into everyday learning, but should also be promoted individually
- The outer rings show the influence of socialization and professionalization of midwifery students, which contribute to both clinical and ethics learning and to the formation and ongoing evolution of a midwife’s identity.
- The main influencers of student learning are in orbit – the academic faculty, clinical preceptor, other mentors, and the person engaged with them in care

**Exemplar Competencies in Midwifery Ethics Education**

Taking advantage of the fact that midwifery education uses a competency-based framework to outline the skills required for midwifery certification, our framework offers suggestions for broad competencies that should be included in an ethics curriculum. This is not meant to be an exhaustive list. Rather, this framework (Table 1) provides examples of particular concepts and topics that can guide educators in content inclusion and learning activities.

Category	Example Competency	May Include
AWARENESS OF BIAS	Students recognize, acknowledge, and communicate their personal biases	Awareness of moral distress Coping and resilience
COMPASSION	Students demonstrate behaviors consistent with compassionate care, including courage, empathy, honesty, kindness, and astute listening	Willingness to promote well-being and avoid harm
CRITICAL THINKING	Students apply critical thinking skills, based on a thorough knowledge base of ethics theories, principles, and frameworks, to ethical dilemmas and ethics decision making	Application of ethics assessment processes Reflection of options in decision making
EFFECTIVE COMMUNICATION	Students demonstrate effective communication skills in their interactions with peers, colleagues, and women and their families	Risk communication Active listening Fosters interprofessional dialog
MIDWIFERY ROLE	Students apply knowledge of ethics principles and frameworks to the midwifery role in clinical practice and health policy, as demonstrated by promoting autonomy, ensuring confidentiality, and recognizing and resolving ethical dilemmas	Understanding of the ACNM and ICM codes of ethics Preparation for lifelong learning of ethics and of midwifery identity formation
RESPECT	In their interactions with women and their families, students will promote and provide respectful care through the demonstration of ethical conduct and cultural literacy	Awareness of health disparities Understanding of racial and implicit bias
SHARED DECISIONS	Students promote effective decision making, through an understanding of the elements of informed consent and refusal and skill in the shared decision-making process	Communicates that a decision is to be made (choice awareness) Recognition and construction of patient values and goals Fosters deliberation Awareness of bias and power imbalances, and their effect on shared decision-making

Through this thesis, we have created a framework for ethics education in midwifery programs, identifying key components that will best prepare new midwives. Such preparation requires an educational and conceptual framework that provides guidance and support for students from a foundation congruent with midwifery

philosophy. There are three integral concepts that require further exploration and consideration as they apply to a midwifery ethics curriculum.

First, the midwifery ethics curriculum needs to integrate clinical preceptors more fully into the student experience of ethics learning. The students and midwives in our projects identified their preceptors as the primary source for acquisition of skills and for understanding of expected professional behaviors related to ethics. Preceptors are the student's guide along the path of progression from an application of theoretical knowledge to clinical decision making, and then from clinical decision to implementation of a specific action.² They cultivate not only the specific physical skills necessary in becoming a competent midwife, but they nurture the student through the accompanying identity change from non-midwife to midwife. Clinical midwife preceptors in U.S., as in many other countries, hold a unique position in relation to midwifery programs and midwifery students. They are outside of the academic educational framework, yet provide the role-modeling, appropriate clinical opportunities, and summative evaluation of the student's clinical and ethical performances. Currently, the majority of preceptors are not academic faculty; they are practicing midwives who accept the additional responsibility of precepting midwifery students.² In a 2014 survey of potential clinical preceptors, Germano et al. (2014) identified significant barriers to midwives accepting students into their clinical practice, including productivity barriers, communication breakdowns, lack of experience, and student preparedness.³⁻⁶ In addition, while the experiences of midwifery students with regard to midwife preceptors in the clinical setting have been studied, but we are not aware of a study that specifically examines the opportunities and experiences of preceptors and students as they acknowledge and negotiate ethical issues.⁷⁻⁹

Second, the question of how to evaluate ethics competency remains. The students and clinical midwives in our study (Chapters 3 and 4) did not offer opinions about methods of assessment or evaluation that they experienced during their midwifery program. The midwives in our Delphi study (Chapter 5) did not have a positive response to the inclusion of an evaluation tool or assessment process as part of a teaching strategy for ethics education. The assessment or evaluation of students' ethics competencies and professional behaviors is complicated by lack of clarity regarding what exactly is being evaluated and how it is evaluated. While validated tools have been developed to assess certain aspects of ethics competency, such as ethical sensitivity, these tools have not been used widely, and it is not clear that using these tools has an impact on learning outcomes, knowledge, student confidence to recognize and negotiate ethical dilemmas - or on students' demonstration of professional behaviours¹⁰. In addition to a dearth of effective assessment instruments, arguments against the evaluation of professional behaviors of students suggest that an evaluation of observed behavior actually damages the relationship between students and faculty.^{11,12} This indicates the need for a multi-modal approach to evaluating professional behaviors, ethics competencies, and ethical decision-making and highlights the need for research that specifically includes midwifery students.¹³

Last, the concept of shared decision-making must be better understood, in terms of its ethical foundations as a relational process and in terms of the optimal manner of teaching this approach. Within ethics, shared decision-making has the potential to mitigate the challenges of medical uncertainty and to alleviate some of the distress that uncertainty engenders. Shared decision-making also encourages a reflective and caring process, instead of a simple exchange of information. Accepting both a principle-based framework and a care ethics framework into a multi-faceted complex framework of shared decision-making is congruent with the midwifery philosophy of care.¹³ To midwives, women are viewed as autonomous decision-making agents and as interdependent relational beings. The shared decision-making process engages women and midwives as these views align and misalign in a constant tension that evolves as health conditions and health decisions evolve. The ethical application of this process to a clinical situation is a learned skill, a competency that must be acquired, practiced, and eventually mastered.

Conclusion

The primary goal of our research was to explore the current state of midwifery ethics education in the United States and to provide a framework for a competency-based ethics curriculum. Through the voices of midwifery students, midwives in practice, clinical preceptors, and midwifery faculty, we developed a framework for midwifery ethics education that can help guide curricular development and complement current competency-based midwifery programs. As we learned from our study participants, ethics education should be integrated into clinical learning, and midwifery preceptors are key to the success of ethics learning. Shared decision-making is seen as not only an essential component of ethics education as method of effective communication, but it is also the embodiment of respectful, person-centered reproductive care. Intentional midwifery ethics education is critical to the provision of safe, effective, and respectful reproductive care.

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