

## **Chapter 8**

### **SUMMARY**



In this thesis, we question if the current CanMEDS- based postgraduate training in Obstetrics and Gynaecology (ObGyn ) in the Netherlands is sufficiently aligned with the contemporary and future needs of Dutch society and ObGyn practice. We thereby aim to evaluate if tailoring of the CanMEDS framework for the Dutch ObGyn postgraduate training is necessary to reach a better alignment of education and practice.

In the introductory chapter, **chapter 1**, we sketch how the current practice of ObGyn specialists is changing and the importance of maintaining alignment of training to actual practice in order to preserve the quality of ObGyn health care now and in the future. We outline the come about of competency based education and its competency frameworks that have come to underpin all of medical education in the Western world. We question how to make better use of the CanMEDS competency framework within the context of Dutch postgraduate training in Obstetrics and Gynaecology and how this requires a critical reflection on gynaecological and obstetrical practice in the Netherlands and the current performance of Dutch ObGyn specialists. In this critical reflection, we focus on one of the problems in current ObGyn practice, the interprofessional collaboration between ObGyn specialists and midwives, as this is appointed to importantly affect the quality of Dutch maternity care.

**Chapter 2** reports on an exploratory qualitative study that investigated the needs of societal stakeholders in the performance of ObGyn specialists. By means of a questionnaire, 77 patients, ObGyn nurses, midwives, general practitioners and members of hospital boards evaluate strengths and weaknesses in the current performance of ObGyn specialists. In the analysis of the qualitative data retrieved from this societal needs assessment, competency needs are identified that are perceived to be important in the performance of a Dutch ObGyn specialist. These competency needs are categorized into five competencies: clinical expertise, reflective practice, collaboration, a holistic view, and involvement in practice management. These competencies and their content are than compared to the content of the competencies described in the CanMEDS framework. The comparison shows that these competencies are to a large extent included in the CanMEDS framework, yet the stakeholders stress the need for a more profound content of the competencies reflective practice, collaboration, and holistic view, than is currently the case in the CanMEDS framework.

**Chapter 3** includes an exploration of ObGyn practice in the year 2025. The exploration is guided by a questionnaire with open ended questions about eleven current issues on which a perspective on the future was desired within the Dutch ObGyn society. Using this questionnaire, 62 ObGyn specialists predict changes in the practice and performance of ObGyn specialists. In the thematic analysis, the predictions are categorized into four domains in which changes for the future were predicted; the domain of the patient, the doctor, the working environment of the doctor and the world outside the medical field. For each domain, future competency needs in the performance of a ObGyn specialist are identified. When comparing these future competencies and their content to the content of the CanMEDS competencies, it shows that the focus of the CanMEDS Roles Communicator, Collaborator and Manager needs tailoring to align with the predicted increase in patient participation and complex interdisciplinary teamwork and leadership

roles respectively. Furthermore, the addition of the roles Entrepreneur and Advanced Technology User is advised to meet the predicted changes in the logistics and transparency of ObGyn care and to preserve the correct usage of technological possibilities by both ObGyn specialists and patients.

In chapter 4 to 6, we focus on an important problem in ObGyn practice, namely the collaboration between ObGyn specialists and midwives. In an in depth analysis, we aim to gain insight in the factors underlying the collaborative problems in Dutch maternity care. In **chapter 4**, we aim to deepen our understanding of the collaborative problem in a quantitative way and from the perspective of both professions. For this, we validate two questionnaires for our unique cross-sectoral setting in which community midwives collaborate with hospital-based doctors. The questionnaires measure the professions' perceptions on the process of care and outcome of contemporary maternity care in the Netherlands. In total 86 ObGyn residents and 88 midwives returned the questionnaires. The confirmatory factor analysis shows a good to acceptable fit with the underlying theoretical models of the questionnaires. The analysis of the questionnaires shows that both the midwives and the residents perceive the sharing of activities and the coordination of the joint care they provide as suboptimal and affording room for improvement. Our results also show that the professions neither act well as a team nor perceive themselves as being an integral part of a team. Clarity on each profession's role and responsibilities within the collaboration seems to be lacking and leads to a sub-optimal coordination of collaboration. From these results, specific competency needs in the performance of a ObGyn specialist can be identified.

In **chapter 5**, we perform a document analysis on the historical development of the collaboration between Dutch ObGyn specialists and midwives. The analysed documents include documents describing the historical development of the profession of midwifery, obstetrics and the come about of the collaboration between the two professions. The document analysis delineates the historical establishment of professional boundaries and the formalization of the collaboration between the two professions. It also details a history of doctor domination over the midwives both in midwifery practice and education and the relatively recent reversal of this situation. Combined, the results show that the historical roots of the collaboration did not supported the development of true interprofessional collaboration in which all team members are equal and the shared patient is the center of attention.

**Chapter 6** explores the perceptions of midwives on their contemporary collaboration with ObGyn specialists and tries to explain these perceptions by comparing them to the historical perspective gained in **chapter 5**. We perform a focused second analysis on the data of 57 midwives previously collected for the research described in chapter 2. The purpose of the focused analysis is to consider if an existing theoretical framework on interprofessional collaboration would help to complement or extend our current interpretation of the data and might thus lead to a better understanding of the aspects of the collaboration that cause difficulties for the midwives. Using the framework for interprofessional collaboration described by D'Amour et al, it becomes apparent that midwives have needs in both the organizational and relational domain of collaboration.

On the organizational level, there are needs for shared protocol development and critical discussions on how to optimize maternity care. Historically seen, these needs are easily explained as both professions were united in separate societies that each strived for preservation of autonomy and unidisciplinary protocol development instead of shared maternity care. On the interrelational level, midwives perceive a lack of trust and unfamiliarity with the practice and competencies of a midwife on behalf of the ObGyn specialists. Also a strong power imbalance with the ObGyn specialists as dominating party is reported to significantly influence shared maternity care. These perceptions can be explained from the historical perspective of ObGyn specialists' domination over midwives and the continuous disputes over midwives' authorities. Especially the results within the relational domain, can be interpreted as the midwives' request for improvement in the collaborative performance of ObGyn specialists and thus reflect specific competency needs.

**Chapter 7** discusses that although our results support the use of the CanMEDS framework in the Netherlands, for optimal use in postgraduate training in the ObGyn specialty, tailoring of the framework is necessary to align its content with the competency needs of Dutch ObGyn specialists.

We recommend that competency frameworks should be tailored to a local situation. Such tailoring requires a broader view on the needed competencies and thus not only the doctors' perspectives but also the perspectives of multiple stakeholders should be included. This will result in a more accurate view of the competencies which are required for a doctor.

In our studies on the collaborative problem in Dutch maternity care, we found problems in both the relational and the organizational domain of collaboration. Some of the relational problems might be suited to address in interprofessional education initiatives, although this would require a careful assessment of the current literature on effective interventions. The organizational problems are probably best assessed and solved by a jointly effort of the ObGyn specialists and midwives and their professional societies. Our search for a better understanding of the collaborative problems between ObGyn specialists and midwives is exemplary for the need for instrument development and validation to support the tailoring of competency frameworks.

In this thesis, we used the strategic planning approach to guide the tailoring of the CanMEDS framework to our context. When applied to medical education, we found this approach helpful in structuring the steps that need to be made in determining the content of a curriculum that meets the needs of the current and future practice of ObGyn specialists.