

Lessons from COVID-19 Pandemic: Teaching Midwifery at the National Level in Sierra Leone in the Pandemic and Post Pandemic.

Dr. Joan Shepherd relates the impact of COVID 19 pandemic on midwifery Education in Sierra Leone.

Background

The contents of this article are drawn from personal experiences and National response by the Ministry of Health and Sanitation during the COVID-19 pandemic in the midst of teaching in a midwifery training school. Teaching Midwifery in COVID-19 Pandemic and Post Pandemic periods impacted on the way student midwives were taught. Contextual issues are highlighted during the COVID-19 Pandemic in the Midwifery Education profession. But more specifically, the impact of Covid-19 on midwifery education basically around the way students were taught, classroom spacing rearrangement and institutionalizing national protocols and guidelines on prevention of COVID-19 spread among staff and students.

Introduction

Sierra Leone had an incredible low rate of Covid- 19 Infection. Since confirmation of the first case in March 2020, there have been 7,704 confirmed cases of COVID-19 with 125 deaths reported in 2022 as the country was at CDC Level 1 rating. Unlike other countries round the world reporting cases of Covid-19 infections since its outbreak in December 2020, Sierra Leone, referred to as the "Athens of West Africa" was fortunately amongst the very last countries to record a case of Covid-19 among its citizens. However, this Victory did not last very long as the 1st case of Covid-19 infection was reported in March 31 2020. Corona is finally Here!! The first Index (COVID-19) case in Sierra Leone was linked to a male Sierra Leonean returning home from a trip abroad from France. He was tested positive for the virus while on Mandatory Government Quarantine in Sierra Leone at a hotel specially allocated for people traveling to the country from overseas.

The resultant reaction of the news of the first Covid-19 case in the country brought about heightened levels of anxiety and fear given the high number of people who had died from the disease in other countries. Additionally, it triggered a general state of scare and unbelief in the general populace and acceptance of the reality was met with mixed reactions. Persons returning home to Sierra Leone from other countries or visitors traveling to the country were the most feared or suspected of coming in with the virus. The blame was levied on those who returned home from traveling abroad as the country was free of the disease up to the time the index case was recorded. Equally so, frontline clinical staff supporting critical care patients with and without COVID-19 were seen as suspect or carriers of the infection.

The impact of COVID-19 on Education

The capacity of Sierra Leone to respond to the COVID-19 pandemic was credited to the fact that the country had in place preventive systems following the Ebola outbreak in 2014. Lessons learnt from

the Ebola outbreak served as an eye opener and resilient structures were in existence as there were existing precautionary measures in place for the Ebola response in the country. Precautionary measures had to be urgently put in place while at the same time educational adjustments had to be made to ensure infection transmission is

The impact of COVID-19 on midwifery education in Sierra Leone

Midwifery is an indispensable profession as midwives are the frontline workers in Maternal and Child Health and are the key to achievement of Safe Motherhood.

In the midst of the Covid-19 pandemic women and girls in their reproductive years needed services related to the health and well-being. At the moment, Sierra Leone has three (3) Midwifery Training Schools and the fourth one is currently under construction. The National School of Midwifery in Freetown offers Diploma in Midwifery to Registered Nurses for 18 Months Period, while the School of Midwifery Makeni and School of Midwifery in Bo offers Certificate in Midwifery program for State Enrolled Community Health Nurses (SECHNs) for a period of two years. With reference to the National School of Midwifery, the total number of student midwives in class was one hundred and thirty-seven (137) in 2021 and one hundred and seventeen (117) in 2022.

As COVID-19 (SARS CoV-2) infections began to be reported around the world, Sierra Leone responded by shutting down public places such as Churches, Mosques and Educational Institutions to contain the spread of the virus. Teaching in a Health Educational Institution as the National School of Midwifery with a class size of over 100 students became a challenge. Such a high number of persons congregating for the purpose of learning qualified as a "Super Spreader" by all means under the given circumstances and means of infection transmission routes. Temporary closure of schools was seen as an emergency measure to stop the spread of the infection and midwifery schools were affected as well. Consequently, there were cancellation of examinations and other public gatherings. The school at the time had plans to graduate newly-qualified midwives. There was the need to seek approval from the National COVID emergency response team prior the graduation ceremony (NACOVERC). The total number of guests had to be reduced, the hall had to be large enough to create spacing at one meter for each person coupled with use of face masks as well as hand hygiene measures. Evidence of preventive measures adhered to existing protocols for public gathering was securely put in place. Preventive measures were adopted by the National School of Midwifery including other health training institutions and the National COVID-19 Guidelines and Protocols were enforced accordingly. These measures included:

- Social/Physical distancing protocols
- Hand Washing and Hygienic practices
- Mouth Etiquette

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- Use of Face mask of varying types (Cloth, Surgical masks etc).
- Stay home if sick, seek medical attention if having symptoms of Covid-19.

Teaching/Learning Barriers: Implementation Challenges

Several barriers created challenges which were encountered in the teaching and learning environment that affected the quality of teaching.

• Unfavorable Environmental Conditions:

Concerning physical infrastructure there was inadequate space in the classrooms thus social distancing was impracticable and classroom space and sitting arrangements had to be altered. A change in sitting arrangements was done to ensure physical distancing which was virtually impossible with large classes of students. One meter spacing was done where possible. For example, in the skills laboratory there were insufficient mannequins and anatomical models for small group sessions. This proved a challenge considering the large numbers of students.

• Vaccine related fears:

Adverse drug reaction was reported among some health workers and other people, this further compounded the response for vaccine uptake among students. Fears, doubts and anxiety among students was created as a result.

• Improper use of masks:

This was also a problem as Wrong type of masks worn by students and even the right ones were not properly applied, and in many times were incorrectly applied for example positioned under the chin. Proper securing and disposal of masks was also a challenge. Masks were kept in purses and bags after use among other items creating risks of contamination. They were recycled and reused. Excuses for not wearing masks were that they were too tight, uncomfortable or suffocating so they only put on when they saw a Lecturer approaching the class. Some said they could not breath through them or were allergic to them. Other simply said they were difficult to use.

• Mental/Psychological Inconveniences:

Suppression of nature: Natural normal reflexes such as sneezing and coughing became a big problem. Sneezing and coughing by students or faculty was now an Alarm Bell!!!! There was difficulty in distinguishing a normal Sneeze or cough from COVID induced sneezing and coughing. So, comments like "So I'm not supposed to sneeze now because of Corona?" or "I have been sneezing before so why not now?" were common among students. Suppression of sneezing habits and shouting from colleagues to "Please put on your Masks"!! could be commonly heard.

• Non-Compliance:

Some Students became complacent post-Ebola and felt their resistance to COVID-19 was stronger if they have beaten Ebola therefore, they did not take the necessary protective measures.

• Technological Barriers:

Utilisation of technologies became the new normal and in many cases students had limited computer skills. ICT received much prominence and computer literacy was a great challenge for some students. Although some were technologically inclined and were using smart Phones, they had limited access to computers. The majority did not have emails. This made it difficult to use educational videos or do it yourself return demonstration to assess competency of students. Where Internet Facilities were availed, they were misused and this led to restrictions to free access at School. The use of WhatsApp was encouraged but non-adherence

to ground rules was difficult to enforce as students posted various non-educational materials on the forum. Online Teaching, Zoom Meetings/Teams Meeting were often disrupted due to internet connectivity challenges as well as electricity connectivity issues.

• Financial Implications:

Access to and use of modern technology in a low-resource country has been inadequate over the years. This posed problems. The cost of Data to access Internet on phone or computer was very high and not affordable for all students. At the same time some did not have computers or smart phones.

Teaching/Educational platforms during the COVID-19 outbreak: Solutions/Innovative Approaches Adopted

Teaching/Learning approaches and strategies previously used by the school became redundant, unsuitable or obsolete under the prevailing circumstances. In order to curb the spread of infection among students and staff and to adhere to national protocols, there was need to come up with innovative ways to facilitate teaching and learning in the midst of the pandemic. The faculty explored use of innovative methods of training in order to maximize the educational experience for students through:

- Small Group Sessions for Demonstrations
- Small group sessions
- Dividing classes for lectures into two batches.
- Limited class contacts for face-to-face sessions
- WhatsApp messages
- Telephone calls
- Peer-to-peer contact
- Study groups
- Post-pandemic era: post-pandemic COVID-19 lessons

Some recommendations have been suggested as follows:

• The intake of students should be regulated by the Sierra Leone Nurses and Midwives Board/Council, not more than 50-60 for new intake and new courses to avoid overcrowding. There is need to open up more schools at regional levels to ease the burden on the existing schools, so the moratorium by the Nurses and Midwives Board on opening of on new schools was revisited. Assessment of Nursing and Midwifery training institutions should be done periodically by the Board using the Accreditation Standards tools. Supportive supervisory visits to clinical placement sites where students are posted is critical. Curricula reviews and Integration of new modules such as Infection Prevention and Control (IPC), Integrated Disease Surveillance and Response (IDSR), and ICT courses for midwives is now of great relevance. Assessment of clinical placement sites for adherence to COVID-19 protocols by staff and students must be carried out regularly. It has been noted that lessons learnt from Ebola and now COVID-19 make Sierra Leone stronger and resilient in the face of emerging threats.

• Preparedness: Response and Alert Systems in place Post-Ebola/ Post-Covid-19. Resilient, Responsive systems and Processes should be instituted. Robust Infection and Prevention protocols through adherence is an issue Respiratory Etiquette, Hand Hygiene is a Must!. Implementation of Policies, SOPs, Guidelines and Protocols must be adhered to. All Educational Institutions should ensure students are professionally socialized to practice Infection Prevention Control

(IPC) at all times not only during public health emergencies or events of pandemic nature.

- Beneficiaries of services: In the midst of pandemics, the quality of midwifery services suffer as there is more focus on keeping oneself alive and as well thinking of personal protection. This should be kept in mind so that moving forward these services are not neglected.
- Adequate Resources be provided in the clinical placement sites: PPE and environmental conditions that impact on the ability of students to practice in the real-life settings must be prioritized.
- Pedagogical Approaches: Adapt, transform: Adopt Effective Teaching and Learning Techniques for Competency Acquisition be used.
- Training of Educators: Educators and lecturers must update their knowledge on current trends and educational advancements in pandemics.
- Creating safe environments for teaching and learning should be prioritized.
- Utilization of innovative and appropriate technology that will suit the present educational needs should be encouraged.

CONCLUSION

Covid-19 and other infectious diseases have impact on midwifery education. Emerging diseases have serious implications for the way health training institutions deliver teaching and learning strategies to learners. Emerging diseases and other Public Health events have serious implication for the future of health training institutions. Educators should be in a constant state of preparedness: "No Virus should take them by surprise anymore". Infection prevention and control (IPC), Integrated Diseases Surveillance and Response WHO Module IDSR/IHR, IPC and ICT Modules are a must for students if they are going to stand the test of future outbreaks that interferes with their learning. Supportive Supervision is key to ensuring all students adhere to protocols and standards to protect themselves and others. Stronger training institutions should emerge after pandemics as lessons learnt should make us more resilient to future outbreaks.

