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The Impact of Maternity Healthcare Employees Professional Development on Pregnant Teen Health

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COLLEGE OF EDUCATION

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Knowledge gaps exist related to the care and education of pregnant teens. This project study addressed the problem of an inadequate amount of professional development (PD) and training for healthcare professionals (HCPs) caring for pregnant teens at a maternity clinic in the Southeastern United States. Unless HCPs are appropriately trained, the ability to meet the needs of pregnant teens is deficient and negative health outcomes for these patients are likely to be exacerbated. The humanistic learning theory was used in this phenomenological exploratory study to explore perception of 9 HCPs who had the responsibility for patient teaching, clinical care, and were full time employees at a maternity clinic. The research questions focused on the perceptions of the HCPs regarding their experiences of PD as it relates to the care of pregnant and parenting teens, strengths and weaknesses of their current PD, and how their PD could impact the health outcomes of pregnant and parenting teens. The themes developed from the interview data revealed a need for an expansion of HCP knowledge and skills to improve the healthcare of pregnant and parenting teens, as well as challenges associated with the current PD plan. The resulting project consisted of a 3-day workshop to increase the HCPs' proficiency and efficacy in caring for pregnant and parenting teens. Evaluation of the project will be through formative and summative assessment. The project contributes to positive social change at the local clinic by reinforcing the HCPs' skills in in educating, caring for, and supporting the teen parent population.

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Dedication

I dedicate my project study to my family and many friends. A special feeling of gratitude to my loving husband, Samuel Murphy, whose words of encouragement always echoed my favorite scripture (Philippians 4:13). My mother, Esther Bennett, who I lost during this journey but was always here for me and her spirit lingers on. My sisters Dora, Ruby, and Joyce have never left my side and are very special. I also dedicate this project study to my children Barbara, Marshall, Charles, Damita, Vince, and Quinn. In addition, I thank my church family who has supported me throughout the process. I will always appreciate all they have done.

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First, I thank God, because I know through Him that all things are possible. I wish to thank my committee members who were more than generous with their expertise and precious time. A very special thanks to Dr. Stephanie Bowlin, my dissertation mentor for her countless hours of reading, encouragement, and most of all patience throughout this entire process. Thank you also Dr. Barbara Lopez Avila for agreeing to serve on my committee and your timely and valuable feedback.

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Section 1: The Problem

The Local Problem

While much attention has focused on negative health outcomes for teen mothers, little attention has been paid to the healthcare professionals (HCPs), registered nurses (RNs), and social workers whose role is to assess, plan, teach, and evaluate teen mothers in the provision of their maternity care. However, HCPs' inadequate amount of training related to the care of pregnant and parenting teen mothers limits their ability to meet the social, educational, emotional, and physical healthcare needs of this diverse and marginalized population (Mushwana, Monareng, Richter, & Muller, 2015). Unless HCPs are appropriately trained to provide prenatal and postnatal education and support, negative outcomes in maternal and neonatal health are likely to be exacerbated leading to failure to adjust to the maternal role (Cederbaum, Putnam-Hornstein, King, Gilbert, & Needell, 2013; Christiansen, Gibbs, & Chandra-Mouli, 2013; Sauls & Grassley, 2011).

Consequently, teen mothers delay entry into prenatal care leading to a trajectory of pregnancy complications such as eclampsia, pregnancy- induced hypertension (PIH), anemia, and postpartum depression (Vieira et al., 2012). Additionally, neonatal complications include preterm delivery, and low birth-weight babies (Cederbaum, et al., 2013; Magness, 2012). Dobkin, Perrrucci, & Dehlendorf, (2013) also argued that many HCP's are deficient in the formal training or continuing education needed to communicate properly with, counsel, and educate these young women. The deficiency in training and continuing education is a good indication that the skills needed to educate and counsel pregnant teens may need to be further developed.

A professional development (PD) workshop can provide the tools needed to increase HCPs level of competence in maternity care. PD can augment HCPs ability to communicate with teen parents. Effective communication is a needed skill when teaching contraception methods, parenting skills, goal setting, communication skills, and self-care congruent with the teen parent's individual social, educational, emotional, psychological, and physiological stage of development, thereby, providing a foundation that can be used to provide the highest quality care. Healthcare professionals spend many clinical hours interacting with patients during their prenatal visits and childbirth experience (Malviya, 2015).

Once a trusting provider /patient relationship develops, HCPs are in a position to promote healthy behaviors and positive lifestyle changes among this population. However, HCPs must be well informed and adequately prepared in order to address the needs of teen parents. Several studies have reported on the need for continued professional development (CPD) in healthcare (Crisp & Chen, & 2014; Grimshaw, Eccles, Lavis, Hill, & Squires, 2012; Légaré, Politi, Drolet, Desroches, Stacey, & Bekker 2012).

Professional development could strengthen maternity HCPs' ability to identify risk factors that lead to negative health outcomes. Thus, pregnant teens could trust that HCPs assigned to their care would have adequate skills and knowledge to implement effective treatments and interventions. Several studies described PD as learning experiences that are designed to support the attainment of professional knowledge, skills, and dispositions. These studies also suggest ways to apply this knowledge to clinical

practice (Fater & Ready, 2011; Lown et al., 2011; Visvanathan, 2011; Wilson, Wainwright, Stehly, Stoltzfus, & Hoff, 2013). In addition, PD is the practice of lifelong learning, continuance of clinical expertise, and improvement in healthcare delivery (Gitonga & Muriuki, 2014; Murray-Davis, Marshall, & Gordon, 2014; National Professional Development Center on Inclusion, 2011; Satu, Leena, Mikko, Riitta, & Helena, 2013).

Smith, Brown, and Khanna (2009) concluded that 10 studies conducted since 2001 have found that severe staff shortages and heavy demand for health services mean that it is difficult for health professionals to find time to attend educational activities. These reviewers also concluded that the more frequently HCPs attended educational meetings, the more likely they were to adopt desired behaviors and demonstrate educational competence. HCPs have an obligation to remain competent and must continually be aware of new developments within their field thereby ensuring a high level of expertise (Renfrew et al., 2014). Professional development enables registered nurses and social workers as HCPs to provide the best care for their pregnant and parenting teen patients.

The consequences of unplanned pregnancy and parenting on teenagers is acknowledged and it is noted that teen pregnancy can have negative effects when it comes to attaining an adequate education, job skills, gainful employment, and economic independence (Neeley, Baldwin, Beckwith, & Williams, 2011). Research has also revealed, that "children born to teen mothers tend to have poorer health, lower cognitive development, and worse educational and social outcomes" (Jutte et al., 2010, p. 293).

Initiatives should be directed toward providing reproductive health education and making maternal health services more teen friendly and less judgmental.

Analysis of international, national, and local teenage pregnancy data revealed a need for healthcare provider interventions. Interventions should be aimed at reducing teen pregnancy and educating teens who are already pregnant or have given birth (Adolescent Pregnancy Prevention Campaign of North Carolina [APPCNC], n.d.; Centers for Disease Control [CDC], 2015; World Health Organization [WHO] 2015). Internationally, maternal mortality is the leading cause of death amongst teenage girls; plus, newborns and infants of adolescent mothers are at higher risk of low birth weight and mortality (Loaiza & Liang, 2013). The WHO (2015) declared that competencies of HCPs should be developed through educational programs in order to be well versed concerning the special psychosocial needs of teen mothers. Training would enable HCPs to communicate with teen mothers in a confidential manner without judgmental attitudes.

According to a report prepared by Hamilton, Martin, and Ventura (2013) for the CDC, the teen pregnancy birth rate of 29.4 per 1000 in the United States remains highest among industrialized countries in spite of declining trends. In North Carolina, the teen pregnancy rate for 2011 was 43.8 out of every 1000 births while locally the teen pregnancy rate in XYZ County was 45.2 per 1000 (APPCNC, n.d.). These factors emphasize the importance of reaching teens with information, education, and services that are appropriate to their age and needs (WHO, 2015). Additionally, research related to adverse maternity outcomes in relation to CPD for HCPs found errors that include misunderstandings of roles and responsibilities, difficulty in the supervision of assigned

jobs, failure to perform clinical assignments in a structured and coordinated manner, and poor communication among staff (WHO, 2015). Because of this research, the United States Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recommends regular training for obstetrical staff (Ayres-de-Campos, Deering, & Siassakos, 2011).

Pregnant and parenting teens come from diverse social and ethnic backgrounds (Neeley, et. al., 2011). Therefore, this multicultural population should be cared for by HCPs who are knowledgeable, and are aware of the teen's developmental differences in order to meet the teens' healthcare and educational needs. Training enhances HCPs understanding of teen parents' different values, practices, and beliefs permitting HCPs to adapt care delivery, clinical interactions, and treatment accordingly. Delivery of high-quality maternity healthcare depends on continuous education and learning of practitioners. Education and training of these practitioners could have a positive impact on their professional, clinical, and technical skills and improve patient outcomes through the care they provide (Renfrew et al., 2014).

However, the inability to effectively manage preterm birth, emergency obstetric care, and the recognition of maternal and neonatal danger signs is a problem that hinders the delivery of up-to-date quality care when maternity nurses as well as other HCPs face barriers to continued education and professional development (Aboshaiqah, 2011; "Every Newborn", 2014). Many HCPs feel that they are not adequately prepared to offer a comprehensive plan of care to meet the pre- and postnatal needs of teen mothers because of perceived CPD barriers which include a lack of flexibility in daily workload, financial

constraints, and support from their managers (Cleary, Horsfall, O'Hara-Aarons, Jackson, & Hunt, 2011; Peterson, Davies, Rashotte, Salvador, & Trepanier, 2012).

This study added to the body of knowledge needed to address the need for professional development by assessing the current professional development opportunities offered at a county health department and asking practicing maternity healthcare professionals to describe their perceptions and experiences relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. My in-depth review of the literature provided the rationale for examining the need for professional development for maternity healthcare providers.

Rationale

Evidence of the Problem at the Local Level

According to the Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC, n.d.), the teen pregnancy rate in North Carolina for 2014 was 32.3 out of every 1000 births and while strides have been made in reducing this rate, it continued to be higher than some other states in the United States. At the local level the teen pregnancy rate in XYZ County for 2014 was 26.8 per 1000 (APPCNC, n.d.), and comes close to the state rate. The local problem presented at the XYZ health department is a lack of PD of HCPs as evidenced by my weekly observation of HCPs who do not mentor, act as concerned advocates, and are not sensitive to the distinctive needs of teen parents.

The selected site for this study is the XYZ County Health Department. As a nurse educator who brings nursing students to XYZ clinic for maternity clinical rotations, I noticed a lack of structure to the childbirth education provided to teens as opposed to

older married patients. Furthermore, through personal conversations with me and my student nurses many of the teen patients report dissatisfaction with the clinic services. Patients voice complaints related to their clinic experience and perceived inadequate care (lack of privacy, long waiting times, not receiving enough information to care for themselves and their infants, and judgmental attitudes of the clinic staff). Other teen mothers report similar experiences and these reports are validated by researchers (James, Rall, & Strὂmpher, 2012; Lim, Chhabra, Rosen, Rancine, & Alderman, 2012; Redshaw, Hennegan, & Miller, 2014)

XYZ County is a 645.86 square mile county located in the southeastern United States (US Census Bureau, 2010). Upon entering the XYZ County Health Department pre/postnatal clinic one notices that the room is lined with rows of separate seats. Seating in the clinic is filled to capacity and the majority of the clients are teen mothers or pregnant teens. The sheer number of filled seats in this waiting room and the stressed look on the HCPs faces is an indication of the magnitude of the workload. Pregnant teens have appointments at the clinic for prenatal care and postpartum teens have appointments for follow-up care. All are seeking healthcare related to the physiological and psychological changes that occur during pregnancy and following the birth of their children. Prenatal and postnatal care is a requirement for their overall well-being. However, as pointed out by Daley, Sadler, and Reynolds (2013), many HCPs who care for teenagers reported that they feel ill equipped to address the teens' concerns.

Without CPD for healthcare providers, patient care can suffer. What is more, without professional development there would be less improvement in maternal health,

decreased standards of care, no recruitment, motivation, and retention of high-quality staff, and no improvement in HCPs skills (Rao & Shetty, 2012). County health departments, outpatient clinics, and doctor's offices could probably provide training and continuing education resources related to continuing education, decision-making skills, and improvement of health- related problems, yet many clinicians cannot take time away from busy schedules in order to take advantage of educational offerings (Hansen & Arafeh, 2012). In addition, a lack of organizational support adversely affects opportunities for continuous learning since universities, health departments, and hospital corporations control access to professional development activities, and these organizations may be unwilling to pay for continued training of healthcare professionals or grant them unpaid leave time to attend PD workshops and programs (Chiaburu, 2010). Individual differences in expectations and desired outcomes from an educational experience can affect the outcomes of PD programs. The expected outcome in maternity care is that HCPs will experience behavior changes leading to the provision of age-specific maternity care for teen mothers (Allen, Gamble, Stapleton, & Kilda 2012). Consequently, in order to deliver all-inclusive quality care HCPs must have continued training in working with adolescent mothers (Kingston, Heaman, Fell, & Chalmers, 2012).

The purpose of this phenomenological exploratory study was to describe maternity healthcare professionals' perceptions and experiences relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. The need for more professional development opportunities is evidenced in the literature.

Evidence of the Problem from the Professional Literature

The findings of studies by Hansen and Arafeh (2012), and Rao and Shetty (2012) suggested that ongoing skills training for HCPs is necessary in order to improve clinical performance and patient outcomes. In addition, training will reveal potential errors in clinical judgment that could negatively affect patient care (Hansen & Arafeh, 2012; Rao & Shetty, 2012). They also proposed that appropriate training will help in the implementation of appropriate interventions, promotion of health service usage, and may have an effect in reducing undesirable maternal health events.

The Adolescent Sexual Health Work Group (ASHWG) has developed competencies for healthcare workers who care for pregnant and parenting teens. The developments of competencies that are teen-focused and evidence-based are important aspects of a coordinated effort to address teen pregnancy and avoid negative health outcomes. With the establishment of these competencies, educational programs can begin to integrate knowledge and skills that enable clinicians to address the needs of pregnant teens in ways that are evidenced-based and culturally competent. The suggested guidelines from the ASHWG (2011) offer specific training that HCPs should attempt to obtain in order to provide helpful, caring, and suitable healthcare to adolescents. These guidelines can be used in the education and training of HCPs, offer the HCPs suggestions of how to change the way care is provided and improve health outcomes for pregnant and parenting teens.

Research from the ASHWG (2011) also found that teen mothers are less ready to be a parent than adult mothers, less knowledgeable about child development, and less

skilled in basic child care such as feeding, bathing, diapering, and less likely to know the importance of childhood immunizations. It has also been noted that teen parents have poor prenatal health behaviors, experience more stressful life events, and demonstrate poorer coping strategies than adult mothers (Neeley, Baldwin, Beckwith, & Williams, 2011). The ASHWG asserted that when health and social service providers are knowledgeable about adolescent development, they are better prepared to assist young parents in overcoming their lack of experience in providing a better life for themselves and their children (ASHWG, 2011; Kingston, et al., 2012).

The need for continued education of maternity healthcare providers is necessary because it provides learners with current information that enhances their ability to communicate with pregnant teens, especially since the most current statistics reported in 2014 that there were 250,000 pregnancies among teenagers in the United States (CDC, 2015). Healthcare providers must be capable of counseling teens and their parents or guardians regarding the consequences of sexually active behavior, birth control, and sexually transmitted diseases (CDC, 2015).

If properly trained, HCPs can promote positive outcomes, such as earlier initiation of prenatal care and increased self- esteem, during a teen mother's interaction with the healthcare system (Allen, Gamble, Stapleton, & Kilda, 2012). A teen mother needs support and encouragement as well as the support of an expert who can answer questions regarding her care and that of her newborn. Because of this need, O'Sullivan, O'Connell, and Devane (2014) suggested that even though childbirth educators are considered the expert, they still need professional development in order to improve their skills when

caring for teen mothers. This population is a high-risk group for adverse health outcomes because of their social surroundings, physical response to the childbirth experience, and psychological development (Cook & Cameron, 2015). Whether living in an inner city or rural environment, teens are likely to be influenced by the behavior of their peers. Their environment includes associations with other teens who engage in unhealthy behaviors such as unsafe sex, smoking, and drinking (Cook & Cameron, 2015). Moreover, other implications for poor neonatal outcomes include living with dysfunctional families, households with low levels of education, low-income households where public assistance is the major source of income, and households in impoverished neighborhoods (Teen Pregnancy Environmental Antecedents, 2012).

Physically, teen mothers are at risk for pregnancy-induced high blood pressure (preeclampsia) and gynecological immaturity which results in a small narrow birth canal. Consequently the size, shape, or position of the fetal head prevents it from passing through the maternal pelvis during the birthing process (cephalopelvic disproportion) (Maharaj et al., 2010). Premature/preterm labor, poor weight gain, and anemia are other physiological problems experienced by this age group (Kramer & Lancaster, 2010). Additionally, teens are also at a psychological development stage where they begin to seek autonomy, which can lead to poor decision making, risk taking, drug use, and sexual behaviors that result in sexually transmitted infections or unintended pregnancy (Manlove, Welti, McCoy-Roth, Berger, & Malm, 2011). However, as noted by Magness, (2012), the clinician's role is to help adolescents understand the risks of their behavior, be supportive, and to be available as a nonjudgmental source of information and guidance to

facilitate a positive birth experience. If HCPs lack the information necessary for individualized care of a teen mother, barriers and threats to healthy outcomes for both the mother and her child are created. These barriers may be related to a fear of lack of confidentiality, inappropriate information, negative attitudes of caregivers, and a lack of financial resources or health insurance (Mannava, Durrant, Fisher, Chersich, & Luchters, 2015). Because teens are less ready to become parents, they demonstrate a lack of knowledge about child development, are less skilled in basic childcare, exhibit poor prenatal health behaviors, and demonstrate poor coping strategies (Kingston, et al., 2012).

Healthcare professionals who care for pregnant teens need to increase their teen-centered competencies and communication skills in order to provide relevant educational content that fosters healthy behaviors (Magness, (2012). Professional development should increase the competency levels of maternity HCPs and enhance their patient teaching skills. Now more than ever, with the advances in technology and facilities for prenatal monitoring, childbirth, neonatal care, and women's health, staff education and training are necessary in order to apply new and advanced knowledge and skills to meet the demand of the maternity healthcare consumer (Ayres-de-Campos, Deering, & Siassakos, 2011; Ma, Li, Liang, Bai, & Song, 2014). In addition, healthcare professionals must recognize and understand the cultural values of this population when planning prenatal and postnatal educational interventions. A professional development program that identifies barriers to optimal healthcare for pregnant teens may possibly improve healthcare providers' cultural competency.

Definition of Terms

The following definitions are provided to ensure consistency and understanding of these terms throughout the study:

Continuing Professional Development. "A specific form of continuing education that helps those in any field maintain competence and learn about new and developing areas in their field, it is an essential aspect of post-registration education and practice" (Gitonga, & Muriuki, 2014, para 3).

Preconception Care. "A set of interventions that aim to identify and modify risks to a woman's health or pregnancy outcomes through prevention and management" (Berghella, Buchanan, Pereira, & Baxter, 2010, p. 1).

Pre-eclampsia. "A pregnancy-specific disease characterized by de-novo (new) development of concurrent hypertension and proteinuria, with management directed at the prevention of maternal morbity [*sic*] and mortality and to improve perinatal outcomes (Steegers, VonDadelszen, Duvekot, & Pijnenborg, 2010, p. 631).

Professional Development. The "constant commitment to maintain one's knowledge and skill base" (Cooper, 2009, p. 501).

Postpartum Hemorrhage. "Blood loss in excess of 500 mL after vaginal delivery or > 1000 mL after cesarean delivery" (Bateman, Berman, Riley, & Leffert, 2010, p. 1368).

Teen Pregnancy. "Pregnancy occurring during the maternal ages of 13-19 completed years at delivery" (Mukhopadhyay, Chaudhuri, & Paul, 2010, p. 495).

Significance of the Study

This study is significant because professional development, in-service training, and support for both clinical and nonclinical maternity staff will ensure that they can continue to develop and grow in their roles and equip them to do their jobs well, thereby having an impact on the health outcome of pregnant teens.

Professional development refers to a commitment to maintaining one's knowledge and skill base. It means taking advantage of opportunities to enhance learning in ones chosen field regardless of whether the continued education is voluntary or mandatory (Cooper, 2009). When that field is maternal child health and the care of adolescent parents, the learning can have even greater significance. It is important that HCPs who provide medical, nursing, psychological, and social care for pregnant and parenting teens have the appropriate level of knowledge and skills. Healthcare professionals should have the ability to provide high-quality care to teen parents who have unique healthcare needs. Without professional development, HCPs may be unable to remain current with new developments in maternity care. As a result, teen parents may not receive the care they need which can have a significant adverse impact on the health outcomes of teen parents.

Teenagers are in the developmental stage where they may face psychosocial issues such as decreased self-sufficiency, family dysfunction, and poor self-esteem (Beers & Hollo, 2009). In addition, pregnant teens may have physiological problems such as cephalopelvic disproportion (Maharaj et al., 2010). Both physical and psychological issues can interfere with the developmental tasks of adolescence.

Research Questions

The purpose of this phenomenological exploratory study was to describe maternity healthcare professionals' perceptions and experiences relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. By describing the experiences of maternity HCPs and the ways in which those experiences relate to their knowledge and understanding of teen pregnancy, this study seeks to answer the following questions:

1. What do HCPs describe as their experiences of professional development regarding teen pregnancy and teen parenting?
2. What are HCPs perceptions of the strengths and weaknesses of their current professional development plan as it relates to pregnant and parenting teens?
3. From maternity healthcare professionals' perspective how can professional development of healthcare professionals impact the health outcomes of pregnant and parenting teens?

Review of the Literature

Section 1 focused on professional development as it pertains to healthcare professionals who should be accountable for the healthcare and teaching of pregnant and parenting teen mothers. It outlined the need for a research project focused on the experiences of these HCPs. This section reviews the literature that describes the benefit of CPD and the ways in which humanistic learning theory is relevant to HCPs who care for teen parents. Since the concept of humanism has been described as being concerned with human growth, development of human potential, fulfillment, self-direction, and

empowerment (Rogers, 1969) it is consistent with the principles of professional development.

Theoretical Framework

Numerous studies have focused on the incidence of teen pregnancy, the factors that place teens at risk for becoming pregnant and the problems encountered by teen parents. However, the purpose of this study was to describe maternity healthcare professionals' perceptions and experiences relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. The humanistic theory of learning was be used as a framework for examining the ways in which PD of HCPs might impact the health, education, and life of pregnant and parenting teens. Proponents of this theory include Rogers (1969), Maslow (1968), and Knowles (2005), who collectively posit that learning, is a personal act that fulfills one's potential by motivating one to set goals, and to grow and develop over one's lifespan. Humanistic learning theory provides enhancement to academic learning that leads to the development of knowledge and skills that enable human beings to succeed in the world by making personal connections (Johnson, 2014). Through these personal connections, they are able to nurture themselves and other human beings, and teach others how to be good decision makers (Johnson, 2014).

The humanist approach, as described by humanistic psychology, lends itself well to professional development for maternity healthcare professionals (Johnson, 2014). From a psychological point of view, humanism is the study of human behavior (Rogers, 1969). Humanism is personalized student-centered learning, focused on the dignity and

value of affective and cognitive needs of the individual and the goal is the development of self-actualized learners in a supportive, caring environment (Wu et al., 2012).

The overarching goal of PD for maternity HCPs who care for pregnant and parenting teens is to receive training that improves their knowledge, skills, and attitudes while building on their previous professional experiences. When caring for this particular patient population, a personalized therapeutic relationship needs to be developed between the caregiver and the patient. This relationship can be based on a humanistic framework of care, which recognizes that teens require maternity care that is different from adult maternity patients. For example, teen mothers need more education on infant/child care, prenatal care, postnatal care, contraception, and decision making than adult mothers (Daley, Sadler, & Reynolds, 2013). The perspective of humanism can be equated with the interest, values, mutual respect, trust, and intentions of healthcare professionals as they seek self-development in order to better meet the health education needs of pregnant and parenting teens.

The humanistic approach (Rogers, 1969) to educating pregnant adolescents differs from the behaviorist approach where the focal point is observed behavior and the health educator's task is to manipulate stimuli in order to direct learning and change (Merriam, Caffarella, & Baumgartner, 2007). In addition, there are differences from both the cognitive learning approach and the social learning approach. The cognitive learning approach attempts to reorganize the patient's cognition and mental acuteness, or more to the point, change how the patient recognizes and understands information (McLeod, 2015). The educator who takes the social learning approach is concerned with group

learning, changing adolescent behavior through modeling, and attempts to influence the learner's self- regulation (Merriam et al., 2007). In contrast, the health educator working through a humanistic learning approach encourages positive self-growth, recognizes that emotions have a role in learning, listens empathetically, and respects the learner, thereby reinforcing the teacher /learner relationship (Huitt, 2009). As noted by Tilghman and Lovette, (2008), "neither adolescents nor any other population group responds well to health educators or caregivers who do not understand and appreciate their cultural environment and values" (Para 6). HCPs, parents and other significant adults can help teenagers make decisions that will help them identify appropriate values.

Both Rogers (1969) and Maslow (1968) emphasized individual perceptions, experiences, and the freedom to become all that that one can become through a concept they termed self-actualization. Much like Maslow, Rogers (1969) believed that humans have the motivation and ability to realize their full potential. Rogers also said that in order for people to grow, develop, heighten their self-esteem, reach their life goals, change, and improve their lives, they need positive environmental reinforcement. Maslow (1968) suggested that human beings are motivated by unsatisfied needs: When lower level physiological needs are met, a new set of needs arise. These needs progress from a need for safety to the need for love, and a need for self-esteem that leads to self-confidence. When people are able to move up this hierarchy they become self-actualized and able to reach their full potential (Maslow, 1943). Maslow cautioned that needs may not be met in this exact sequence; rather there are people for whom needs at any one level may be more important than their needs at their present developmental level (Maslow,

1943). Knowles's theory of andragogy was influenced by the humanistic approach, he emphasized that individuals are expected to be self-directed and to assume responsibility for their own learning, which can include both personal and professional development (Knowles, Horton, & Swanson 2005).

According to Merriam, et al. (2007), both Rogers (1969) and Maslow (1968) emphasized individual perceptions, experiences, and the freedom to become all that that one can become. Knowles' (2005) notes that individuals are motivated to learn if they perceive that it will help them in their life circumstances, help them solve problems, or be useful right away in their job performance. Humanistic theorists believe that the humanistic approach is about the development of the individual, which is congruent with professional development (Maslow, 1968). Therefore, humanistic learning theory can be used to guide the learning tasks of HCPs as they interact with the facilitator of instruction through self-directed and experiential learning.

Search Strategies

This review of the literature examines the scope of professional development as it relates to HCPs. The aim is to understand the importance of PD and the ways it can be used to improve the education and health outcomes of pregnant and parenting teens. In order to gain a better understanding of professional development, Ovid, Medline, Cumulative Index of Nursing & Allied Health Literature (CINAHL), EBSCOhost, Google Scholar, and ProQuest databases were searched. Keywords and search terms used independently and combined included *professional development, training, professional development in healthcare, professional development in maternity care, continued*

professional development, and *staff development*. However, this strategy yielded hundreds of articles both relevant and irrelevant. Consequently, those were narrowed to 150 studies that were relevant to professional development in healthcare and the focus of this study.

Context of Caring

To appreciate the humanistic aspects of PD, one needs to understand and consider caring, motivation, and the desire to grow personally and professionally. Themes related to caring have emerged from the review of literature, and caring fits within the concept of professional development. Furthermore, healthcare consumers as well as healthcare providers are placing greater emphasis on the concept of care as a vital part of the health/wellness continuum. Clarke (2007) described caring as "a feeling state involving physical, emotional, and spiritual aspects" and as "an individualized sense of duty and purpose" (p. 362). In a study of three professional groups, nursing, social work, and medicine, Clarke explored caring practices using a humanistic approach. There was a consensus among the three groups that caring behaviors in a healthcare organization can improve efficiency. Furthermore, HCPs should use the skills gained from PD to implement care, and the development of physical caring, negotiative [*sic*] caring, and relational caring which occurs through professional and personal development (Clarke, 2007). Physical caring is congruent with administering a clients' medication, daily hygiene, and encouraging the client to become involved in social activities on the unit. Negotiative [*sic*] caring is consistent with conflict resolution concerning differences of

opinion about the care given; relational caring entails a personal connection with the client and family that emphasizes compassion and competence (Clarke, 2007).

Thus, caring behaviors are vital to healthcare; whether the behavior demonstrates competence and knowledge or shows respect and compassion, the goal of all care is the achievement of positive clinical outcomes. Through one-on-one interviews and narratives researchers have also revealed other elements of caring including respect, reliability, kindness, compassion, humility, commitment, generosity, and understanding, all of which are designed to achieve the goal of patient well-being and positive health outcomes (Ma, Li, Liang, Bai, & Song, 2014).When HCPs are available, compassionate, competent, nonjudgmental, trusting, and communicative, patients have the perception that these caregivers care (Ma, Li, Liang, Bai, & Song, 2014; Sargent, 2012). Thus, these actions can be viewed as reflecting humanistic values.

The literature also suggests that professional development can promote safe, effective, efficient maternity care and improve health outcomes for both mother and baby (Kingston, Heaman, Fell, & Chalmers, 2012). In September 2000, all 191 United Nation member states signed a declaration that obligates world leaders to fight poverty, the lack of food, illness, illiteracy, environmental squalor, and inequality of women (WHO, 2015). That declaration included eight goals that the United Nations member states agreed to try to achieve by the year 2020. These are Millennium Development Goals (MDGs) (WHO, 2015). The fifth Millennium Development Goal calls for improving maternal health (WHO, 2015). Improving maternal health is to be accomplished by increasing HCP knowledge and promoting better attitudes towards maternal health issues;

responding at the first opportunity, and meeting the human resource challenge in health services through increased training opportunities. Professionals who care for pregnant women should be exceptionally skilled and trained in order to reach the fifth MDG of decreasing maternal and perinatal mortality (Berhan, & Berhan, 2014; Cooper, 2009; World Health Organization [WHO], 2015).

Other studies also indicated that the concept of caring should be a basic component of the HCPs personal and professional development (Glembocki & Dunn, 2010). For example, Wikberg and Eriksson (2008) have pointed out that caring "includes attitudes, values and actions that support professional skills" (para. 9), and it is affected by educational and social structures. McCance, Slater, and McCormack (2008) argue that humanistic caring and person-centeredness allow individuals to make decisions and identify areas where improvement is needed, and may inform practice that leads to positive patient outcomes. Persky, Nelson, Watson, and Bent (2008) who investigated patients' perceptions of humanistic caring, found that humanistic care was equated with the care given by a healthcare professional who practices with love, compassion, and kindness, and treats the client as a whole person in an attempt to meet psychological, physical, and spiritual needs. The authors concluded that caring is linked to positive patient outcomes, and contributes to the development of competencies consistent with patient needs and professional practice.

A mixed- methods study conducted by Luk (2009) on 18 hospital wards addressed the effectiveness of a caring protocol that included three fundamentals of professional caring: image, attitude, and behavior. The study looked at responses from patients and

relatives and explored feedback from nursing and support staff. The findings suggested that a caring protocol was effective in enhancing, demonstrating, and positively promoting a culture of caring in the workplace. Finfgeld-Connett (2008) concluded that caring is especially relevant for healthcare practitioners as well as the patients assigned to their care. Finfgeld-Connett (2008) described caring as an interconnected process that encompasses the need for care on the part of the patient and the willingness to care on the part of the healthcare professional. Hence, a therapeutic relationship is formed that promotes physical, mental, and emotional wellbeing and positive health outcomes, meeting the goal for both patients and practitioners.

Clearly, continued professional development (CPD) in maternity care is needed in order to meet the physical, nutritional, emotional, and educational, needs of pregnant and parenting teens. CPD will enable improvement in the healthcare provider/ patient relationship and enhance positive maternity outcomes for teen parents and their children. Demonstrating that they care for this patient population as human beings is just as important as hands-on physical care. There is some confusion between "care" as an act of providing hands-on attention to patients' needs for personal hygiene, medication administration, and patient teaching, and human caring that involves empathy, compassion, kindness, and concern for others. Regardless of the meaning given to the term, PD of HCPs should incorporate all these caring behaviors in order to improve clinical practice and patient satisfaction.

Context of Motivation

Motivation is aligned with humanistic values and professional development in that it includes a desire for self-improvement, a desire to keep up to date with current clinical practice, a desire for professional competence, and the joy of learning something new. Tsimtsiou, Sidhu, and Jones (2010) found that general practitioners were motivated to pursue a master's degree because it afforded them career development, personal development, understanding of the general practice context, increased job satisfaction, and improvement in clinical practice. In addition, Pool, Poell, Berings, & ten Cate, (2016) found that motivation was intrinsic to professional development for nurses. These authors concluded that a desire to help, a sense of achievement, self-validation and caring help to explain why individuals chose nursing as a career and why healthcare organizations should support the career development of all healthcare employees.

To be a competent healthcare practitioner requires commitment and motivation to gain knowledge of whatever is necessary to remain skillful in one's field. Self-directed learning and PD involve the ability to be aware of what one need to learn and the ability and motivation to learn it. Maternity HCPs who take the time and effort to learn how to respond to the needs of pregnant and parenting teens are better prepared to meet those needs. For a professional, awareness of a lack of knowledge should create an enthusiasm that can only be relieved by beginning a course of action that leads to lifelong learning. In a qualitative analysis of professional characteristics and clinical expertise, Bobay et al., (2009) found that the majority of study participants (57%), stated personal motivation was the greatest factor in their CPD.

Motivational factors related to CPD have also been explored in previous research studies. The findings suggested that CPD is important to the majority of participants as well as the medical service in which they are employed, and CPD tends to improve self-confidence and competence. CPD plays a key role in career advancement and personal development, is important for patient safety, increased staff morale, increased knowledge, improved practice, intellectual stimulation, and increased staff retention.

Study findings indicated that participants' motivation centered on providing the best treatment for positive health outcomes. Continued professional development helped promote a satisfactory work environment, especially when the learning activity was directly related to improved performance in a specific clinical role (Gunn & Goding, 2009; Pool, Poell, Berings, & ten Cate, (2016). Similarly, Lee, Reed, and Poulos (2010) investigated the perceptions of radiographers concerning their motivation to participate in CPD. They found that motivational factors were similar to those found by other researchers, and included the need for updated knowledge and skills, career advancement, and compliance with professional regulations.

Although many HCPs are motivated to continue on a course of lifelong learning, there are barriers to overcome. These barriers include strict workplace protocols, heavy clinical workloads, lack of financial support, lack of employer support, apathy, low professional self-worth, and a lack of self-rule, all of which negatively influence the motivation to continue learning (Mizuno-Lewis et al., 2013; Nash, 2013; Thomas, Karr, Kelley, & McBane, 2012). Summers, (2015) has also pointed out other barriers to PD such as lack of organizational and financial support, scheduling conflicts, employer

requirements, and apprehension related to releasing staff for continued education offerings.

In Bradley and McAuliffe's (2009) exploratory qualitative study participants voiced similar concerns. Participants acknowledged that lack of financial reward had a negative impact on performance, but they were mostly concerned about factors that decreased their motivation to seek PD and continuing clinical education. Certainly, efforts should be made to reduce barriers that adversely affect HCPs motivation to increase their personal and professional development, and attain up-to-the-minute expertise in their clinical field. Attempts should also be made to minimize any organizational conflicts related to professional development. For instance, organizational conflicts may be based on an organizations' need to have their employees at work in order to maintain the standards of care while meeting the goal of improved patient care. Organizations also need employees who are competent and knowledgeable to maintain the standards of care and achieve improved patient care.

Context of Professional Growth

While minimal literature has focused specifically on HCPs who care for pregnant and parenting teens, numerous studies have supported the need PD of healthcare workers in general, thus their findings are included here. These studies have demonstrated that PD embraces the concept of learning, job satisfaction, professional growth, organizational loyalty and work attitudes.

Educational and developmental workshops for healthcare professionals offer a method of creating and sharing knowledge and promoting positive socialization in the

workplace. Workshops can be an important venue for the exchange of ideas, and for enhancement and reinforcement of healthcare workers' basic skills as they learn from one another. Learning needs of healthcare professionals can be addressed through social interactions that provide valuable information about the skills needed to care for pregnant and parenting teens. Also, through social interactions, HCPs can broaden their perspectives, improve their professional practice, and gain the knowledge and skills required for safe and effective patient care (Johnson, Hong, Groth, & Parker, 2011; Légaré et al., 2010; Newman, Martin, McGarry, & Cashin, 2009). Research suggests that for optimal performance in the provision of quality healthcare, professionals need to be supported by those in management through a structured system of continued professional development (Bradley & McAuliffe, 2009; Hallin & Danielson, 2008). Healthcare managerial support is important to ensure an adequate supply of knowledgeable and skillful HCPs, and to prevent their leaving healthcare occupations for less stressful and more profitable workplace environments. In addition, maternal healthcare workers should be provided with continued training to enable them to improve the situation of both teen and adult maternity patients and promote safe motherhood (Broussard & Broussard, 2009). Continuing education, training, and PD can increase the intellectual capacity, skills, and competence required in maternal health, especially in emergency situations that could quickly compromise the well-being of both mother and baby (Jukkala, Henly, & Lindeke, 2008; Smith, Dixon, & Page, 2009).

In relation to the effect of PD on clinical practice, studies noted that continued professional development offers opportunities for applying best practices in healthcare,

developing professional skills, improving patient/provider communication, encouraging confidence, and maintaining commitment to quality patient care (Mazmanian, 2010; Rahimaghaee, Nayeri, & Mohammadi, 2010). Furthermore, professional development can improve job satisfaction with positive results for patient care and patient satisfaction (Cleary et al., 2011; duToit, Hughes, Mason, & Tousignant, 2011).

Yfantis, Tiniakou, and Yfanti (2010) found that 86 % of the healthcare professionals they surveyed noted that CPD helped them to think about what to do in practice. It also helped them to plan nursing care, and to understand that CPD is a part of lifelong learning. Those surveyed also noted barriers to attaining CPD including lack of support from the majority colleagues and doctors in the clinic. Lee (2010), who evaluated the process of CPD for nurses, other HCPs, and its impact on the delivery of healthcare and patient outcomes, concluded that while participants were enthusiastic and unwavering in their pursuit of CPD, there were problems in evaluating the impact of CPD on patient outcomes. Because of decreased funding, limited economic healthcare resources, and a lack of organizational support, it was not possible to hire evaluators to systematically analyze and compare participants' perceptions. This situation adversely affected care quality, staff retention, and the evaluation process.

A study by Cooper, (2009) suggests that PD is needed in order for nurses to keep up with the technological and scientific changes occurring in the healthcare setting; nurses also have increased job satisfaction that in turn leads them to provide high quality caring, safe, and cost-effective patient care. Branch, et al., (2009) conducted a study of PD programs at five medical schools, to determine whether participants were perceived

to be more effective humanistic teachers. They concluded that PD and reflective learning had a positive impact on all participants' humanistic teaching.

Finally, Chen, LaLopa, and Dang (2008) examined the impact of the "patient empathy modeling pedagogy" on students' empathy towards the underserved during an advanced pharmacy practice experience. They found that through a yearlong study using this approach, the students gained a heightened awareness that enhanced the students' humanistic nature in caring for diverse patient populations. There was also a change in the students' values and attitudes and an increase in compassion that allowed them to deliver more quality patient- centered care. Thus, PD through training and educational programs may be instrumental in improving the quality of patient teaching, counseling, and maternity care that teen mothers receive during prenatal and postnatal visits.

The purpose of this review was to identify literature that focused on characteristics and advantages of professional development in healthcare. The goal was to uncover any existing data concerning perceptions and experiences of healthcare professionals relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. Planning professional development opportunities that healthcare providers need in order to help parenting teens attain the most positive healthcare outcome will call for the support and ideas of everyone involved in their care. In working toward change, healthcare providers need to be continually supported with professional development opportunities and encouraged to take part, be taught, and share successful ways of reaching pregnant and parenting teens, discuss wide-ranging and innovative ways to apply standards of care, and continue their own learning.

Implications

A proposed project based on anticipated findings of this study was to design a professional development workshop with the goal of enhancing the knowledge, skills, and attitudes of maternity healthcare professionals who care for pregnant and parenting teens. Professional development should help practitioners develop decision-making skills, which lead to more age-appropriate care planning and coordination of care (Daley, Sadler, & Reynolds, 2013; Hewitt & Cappiello, 2015). Continued education and professional development may add to the ability of healthcare professionals to establish and maintain therapeutic patient relationships. Professional development of healthcare professionals may also contribute to overall patient satisfaction. Through constructive encounters with healthcare personnel, patients may develop a more positive view of healthcare personnel and the healthcare system. Lastly, a focus on patient care outcomes challenges HCPs to be responsible for the results of their actions.

Assessment of outcomes is of particular importance because it allows healthcare practitioners to target their concerns appropriately for the patient and document the beneficial effects that interventions have on patients. Assessment of pregnant and parenting teens' health outcomes may improve compliance with preconception care, prenatal care, and follow-up postpartum care. Appropriately, targeted concerns may also improve patient and caregiver satisfaction, teen patient perceptions that the staff can meet their needs, and decrease the number of uninformed teens giving birth.

Summary

The purpose of this study was to describe the experiences of maternity healthcare professionals (HCPs) at the XYZ County Health Department in regards to professional development (PD) and its impact on the health outcomes of pregnant and parenting teens. The continued professional development (CPD) of maternity HCPs is one way in which the health outcomes of pregnant and parenting teens might be improved.

This study may offer the health department an enlightening account of how the HCPs they employ perceive PD, and how their CPD can be improved to meet the needs of the organization and their own needs as they strive to meet the needs of their teen patients. This section has provided a review of the current literature on the problem of PD. This section also analyzed a range of studies and compared and contrasted points of views related to continuous professional development as well as the PD of maternity healthcare professionals. Section 2 will explain the research design, reasons for choosing such a design, and an explanation of how data were collected and analyzed. In addition, Section 2 includes procedures for gaining access to participants and measures for the protection of research participants.

Section 2: The Methodology

Research Design and Approach

The purpose of this phenomenological exploratory study was to describe maternity healthcare professionals' perceptions and experiences relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. Creswell (2009) has described qualitative research as "a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (p. 4). A phenomenological exploratory design was used in order to develop greater understanding and answer the research questions.

Phenomenology is a method of inquiry that seeks to understand the lived experiences of individuals and to capture the essence of these experiences as they relate to some event or object (Creswell, 2008; Merriam, 2009). This was an appropriate approach to explore healthcare professional's experience related to continued professional development, and to answer the research question, how do the ways in which healthcare professionals perceive professional development affect the health outcome of pregnant and parenting teens?

After comparing various research designs a qualitative design was chosen because of my interest in exploring the phenomenon of professional development from the perspective of HPC's; what meaning they attribute to their experiences of professional development and not measuring, explaining, or predicting relations among variables as in experimental or correlational studies. My intent with this study was not to determine what professional development is, describe professional development, or how many people

engage in professional development as with survey or descriptive design. In addition, a quantitative design was eliminated because it does not allow the flexibility that asking open-ended questions allows. The flexibility allows the participants to give spur-of-the moment answers that can be more meaningful and in greater depth responses rather than fixed yes or no answers. Yes or no answers would be of little benefit when exploring participants' in-depth feelings and experiences, nor would yes or no answers lead to a thorough investigation into their values, feelings, and needs. (Creswell, 2008)

Since the aim of phenomenological research is to accurately describe the lived experiences of people, not to generate theories or models of the phenomenon being studied, it was best suited for this inquiry. My goal was to describe each participant lived experience concerning professional development. Houser (2012) suggested that an exploratory design typically explores and describes a phenomenon of interest. Therefore, an exploratory phenomenological design was utilized to explore and describe HCPs experiences and feelings regarding professional development. Furthermore, since data came from the individuals being studied, in-depth interviews were the means of data collection, which gave a detailed description of participants' perceptions related to professional development of maternity caregivers. Emerging themes were validated with participants and their own meanings of the lived experiences (Creswell, 2008; Merriam, 2009).

Participants, Sampling, and Research Site

There were 23 HCPs employed at the selected site, which is the County Health Department of a midsized southeastern town in North Carolina. This population consisted

of registered nurses and social workers assigned to the maternal care coordination (MCC) division. Their role is to provide preventive, educational, and support services for expectant mothers, postnatal mothers and their infants.

This study included registered nurses (RNs) and social workers that, in addition to their clinical care duties, are responsible for patient teaching. MCCs who manage the daily clinic operations, delegate patient assignments, and are responsible for staff scheduling were also included. In order to achieve a thorough assessment of perceptions, HCPs who were employed full time at the clinic were asked to participate in this study. Any part-time employees or support staff, such as nursing assistants, laboratory technicians, and receptionists, was excluded because they were not responsible for patient teaching. Research participants were selected through purposeful sampling. Purposeful sampling is a technique used in qualitative research in which the participants are intentionally selected because they are a rich source of the information than can help the researcher understand and gain insight into the phenomenon (Creswell, 2008). The sample size for this study was nine HCPs drawn from the 23 HCPs employed at the clinic that met the inclusion criteria. There was no reference to demographics, education level, or years of experience, as that information was not relevant to this study. Since participants were practicing healthcare providers and considering the scope of this study, the sample size was sufficient to reach data saturation while providing enough credible, detailed, high quality data to address the study purpose.

Protection of Human Subjects

Prior to conducting any interviews, all participants were given a formal written consent form to read and I also verbally explained the intent of this study. Participants were asked to sign the consent form indicating that they understood that they were agreeing to participate in a research study. They were also informed that the interview would be audio taped, that they could refuse to answer any question that they were not comfortable with, that there was no penalty for refusing to answer, and that there was no mandatory explanation for their refusal. Additionally, participants were told that their participation was voluntary and any information they gave would be kept strictly confidential. The participants were also made aware that they would have sufficient information to make a decision regarding the project, and they could choose not to participate in the study or to withdraw at any time if they choose to do so.

Access to Study Site

I requested permission from the maternal child health coordinator (see Appendix B) to gain access to the Health Department maternity care coordination division and conduct this study. This person was the *gatekeeper*, and therefore, the one I negotiated with in order to gain access to the research site (Glesne, 2011). The initial meeting was an open exchange in which, any potential issues were discussed, and a summary of my proposed research was presented. In addition, I informed the gatekeeper of the confidential nature of recordings, transcripts, and field notes. I also advised the gatekeeper that these items would be my property and must remain with me in order to retain a trusting relationship with all participants. Audio recordings of interviews,

transcripts of interviews, as well as all field notes were kept in my office in a locked file cabinet, and participants were identified by pseudonyms of their own choosing. Additionally, participants were informed that after the completion of this study all collected data would be preserved for 5 years and then destroyed (Creswell, 2008).

Data Collection Instruments

Following Walden IRB approval for this study (number 10-15-15-0169595), all data collection was completed in 2 weeks. The data collection instrument I used in this study was an individual semi structured interview form. Individual interviews were needed in order to help gather data and explore the thoughts and ideas of each participant in the study. The interview protocol used (see Appendix C) included the purpose of the interview, a notes section, and the open-ended questions to be asked.

Prior to conducting any interviews, all participants were given a formal written consent form to read, and I verbally explained the intent of the study. Participants were asked to sign the form indicating that they understood and they agreed to participate in this research study. They were also informed that the interview would be audio taped, that they could refuse to answer any question that they were not comfortable with, that there was no penalty for refusing to answer, and that there was no mandatory explanation if they refused.

Additionally, participants were told that their participation was voluntary, and any information they gave would be kept strictly confidential. Each participant chose a pseudonym to preserve confidentiality. However, as the interviewer, I had access to each participant's name for the purpose of the signed consent, the names were also kept in the

strictest confidence. The participants were given sufficient information to make a decision regarding the project, and they could choose not to participate in the study at all or to withdraw at any time if they choose to do so.

Procedures

I conducted a one-on-one interview with each of the nine healthcare professionals that participated in this study that lasted for 30 to 45 minutes and took place in the multipurpose room at the clinic. A sign was placed on the door requesting no interruptions. I made every effort to choose a time that was convenient for each participant who had agreed to an interview, and I made a conscious effort to maintain objectivity and avoid any bias during the interview process by keeping detailed self-reflective notes. The purpose of the one-on-one interviews was to explore in-depth each participants' experiences, and, perceptions of PD at the clinic. Each interviewee provided detailed information about the phenomenon of interest. Interviews were immediately completed and characteristics of responses were readily assessed, such as tone of voice, facial expression, and any hesitation to answer questions. The format was semi structured and only the initial interview questions were used during the interview process (Houser, 2012; Lodico et al., 2010). Responses were audio recorded using an Olympus digital recorder with the participants' permission. I also took detailed notes in case of a malfunction of the recorder or responses were impossible to hear.

Data Analysis Results

Once I collected all data from the one-on-one interviews, I transcribed verbatim and organized the responses. I listened to the audio recordings several times while

reading and rereading the transcripts and my field notes. I checked the transcripts against the audio recordings to make certain there were no mistakes during the transcribing process. I examined my personal biases critically through self-reflective notes and member checks. For member checking, I sent a summary of the transcripts to participants for review and verification, as per Merriam (2009) this is a "common strategy for ensuring internal validity or credibility" (p. 217). The member checking did not result in any changes in the transcripts. In addition, I used peer debriefing to enhance the creditability of my data. While maintaining the anonymity of the participants, I asked one of my doctoral prepared colleagues to review my collected field notes and suggest other ways of interpreting the data (Lodico et al., 2010, p. 274). She studied the notes thoroughly and was helpful in developing different ways to view the data. For example, my colleague pointed out instances where similar blocks of text could be combined into a single category.

I conducted a preliminary analysis by examining the data to get a sense of what participants said, and then I evaluated the data through hand analysis. This process allowed me to be thoroughly immersed in the data. Following this preliminary analysis, I coded the data. I used Microsoft Word to color code and compose marginal notes. I developed a system through in-vivo coding that described, sorted, and labeled the data collected from the interviews. My goal was to identify patterns for the development of relational categories while ensuring that key concepts stayed as close as possible to the participants own words. I assigned those categories to sections of data for organization, management, and easy retrieval throughout data analysis. Examples of categories that

were generated from the data and related to professional development for maternity healthcare professionals at the clinic included a need for enhanced role training, training, not worth the time, poor quality, need classes on how to communicate with these teens, clinic not teen friendly, need improvement, and more awareness of community resources.

Next, I carried out a thematic analysis by searching through the data to identify patterns and compare information gleaned from all participant responses (Glesene, 2011). Through an inductive process, I narrowed the codes to develop themes (see Appendix D). I noted basic concepts that represented specific experiences of individual participants that became apparent from the whole of the data. Thus, I was able to generate themes from recurring concepts and statements about PD (Vaismoradi, Turunen, & Bondas, 2013). Four themes generated from participants' perceptions: (a) expansion of knowledge and skills, (b) adequacy and quality (c) challenges, and (d) improving the health of pregnant and parenting teens.

To increase rigor in this study I looked for any cases of discrepant data, i.e. data that are an exception to or different from patterns found in the data (Merriam, 2009). I searched for negative data as well as for data that did not fit the themes that emerged throughout the data collection and analysis processes, but mainly through the data coding process (Merriam, 2009). In addition, I compared the views and experiences of all participants. Themes were generated from the reported beliefs, thoughts, and perceptions of participants. I reexamined the themes following initial analysis to determine if there was a vast difference in their perceptions. However, I found no instances of discrepant data in this study.

Credibility, Dependability, and Transferability

Data analysis centered on credibility, dependability, and transferability. Credibility is similar to validity in quantitative studies, and is described by Lodico et al (2010) as ensuring that what one proposes to measure is actually being measured. For this study, I sought to measure the participants' perceptions adequately through semi-structured individual interviews. Credibility was ensured by including member checks where participants were given the opportunity to read the transcripts and clarify what they said. In addition, I took reflective notes during the interviews, and asked a colleague who has earned a Doctorate of Nursing Practice (DNP) as well as a Ph.D. in nursing science and teaches advanced research courses at XYZ University to review my notes. She provided feedback and agreed that my categories and themes correlated with the data and were reasonable interpretations of the HCPs perceptions. Dependability is defined as accurate representations of what the participants say they feel, what they say, and what they do (Lodico et al., 2010). Dependability (the tracking of procedures used to collect information) is similar to reliability in quantitative studies, where the same results or comments are presented each time (Lodico et al., 2010). To ensure dependability, I audio-taped the interviews and kept detailed records of data collection and data analysis procedures. Transferability involved deciding whether the information was detailed, similar, or contextual enough to pertain to maternity healthcare professionals in other geographical areas (Lodico et al., 2010). To ensure transferability, I described the setting, the environment, details of the study, and participants' responses relative to this study.

This will allow other researchers to determine if the conclusions can be applied to other clinical settings.

Findings

At the maternal child health clinic where the study was carried out, the healthcare professionals (HCPs), with the pseudonyms, Peace, JJ, Zoe, Jaz, Janae, Beth, Greta, Alice, and Suzie verbalized their views on PD. The findings presented in this section are based on the responses to the interview questions (see Appendix E). I identified themes that emerged from the data and used those themes to answer the research questions for this study. The purpose of this phenomenological exploratory study was to describe maternity HCPs perceptions and experiences relevant to PD and its impact on the health outcomes of pregnant and parenting teens. I identified the major themes from the data and summarized the findings in relation to the problem and research questions. The four themes generated from participants' perceptions were: (a) expansion of knowledge and skills, (b) adequacy and quality of PD, (c) challenges, and (d) improving the health of pregnant and parenting teens.

Theme 1: Expansion of Knowledge and Skills

Theme 1 relates to the research question: "What do HCPs describe as their experiences of professional development regarding teen pregnancy and teen parenting?" The expansion of knowledge and skills was one of the major initiatives at the transforming maternity care national policy symposium held on April 3, 2009 in Washington, DC (Transforming Maternity Care, 2010). This was expressed as a need to improve the quality and effectiveness of continuing education in all maternity care

professions ("Transforming Maternity Care," 2010). Participants in this study reported participating in professional development activities that ranged from formal degree seeking educational programs to infrequent in-services at the clinic, to professional development activities not specifically focused on the care of pregnant and parenting teens.

Three of the participants acknowledged that their experiences of professional development mainly centered on healthcare educational issues not related to pregnant and parenting teens. Suzie stated, “In terms of training in this building, in this clinic, it's probably more limited. We have to do OSHA training every year.” Similarly, when Zoe described her experiences of PD she indicated that she “went to a class on death and dying, which had to do with, you know, particularly the women that we saw with inoperable cervical and ovarian cancer type things, how to deal with their families.” In reference to her experience with PD, Jaz remarked:

> Okay, when I was in the hospital we had a lot. We had a lot of professional development, it could be about anything such as greeting patients, or depending on the season it could be a flu update or depending on outbreaks, if we had TB outbreaks, it could be a lot of different things. Here we more so have a lot of STD updates.

On the other hand, Zoe’s next remarks did focus on pregnant teens seen in the clinic:

> We did have a class that we didn’t get credit hours for, but it was through a doctor that had come in to talk about LARCs (Long Acting Reversible Contraceptives) with our young teens; very, very good process, it was very informative. And I felt like, if

> we're going to see teens in the respect of a teen clinic, we definitely need more education when it comes to that.

Theme 2: Adequacy and Quality of PD

Theme 2 relates to research question number 2: "What are HCPs perceptions of the strengths and weaknesses of their current professional development plan as it relates to pregnant and parenting teens?" To be considered adequate high-quality professional development, the class, activity, or workshop should be good enough to satisfy specific requirements and meet the needs of the learner. Participants' voiced mixed feeling concerning the adequacy and quality of professional development programs that are currently being offered at the clinic.

Responses ranged from good, could be better, and to not good at all. For example, Peace stated that, "They [PD programs] are adequate we have a lot of our required staff updates and in-services." JJ, Beth, Jaz, and Alice's responses were similar in ambivalence when asked their opinion on the quality and adequacy of PD activities.

> "I think that the quality of the in-services provided by Dr. Bachmann is good, making sure that we're up to date on things like syphilis, the newest treatment in gonorrhea and stuff like that. In terms of family planning and maternity, I don't think we get in-services as often as we should, along with the quality. I can think of like, one in the past two years that I've been here (JJ).

Similarly, Beth stated, "I guess they are adequate. So, I would dare to say that I think it's kind of a middle of the road. I mean I don't think it's horrible, but I think that there is room for improvement." Alice's response was "I think that the professional development

that we receive here is good, I think it could be better." In addition, Jaz stated, "I would say towards our teens we would need more. I'm not going to tell a story, we could really do better at that stage, early age. So, we need improvement." Several of the HCPs felt that the PD programs were not beneficial at all.

As Zoe declared:

> Well, a lot of what we do is I think honestly, not worth the time and I don't mean that to be ugly but a lot of times I come out feeling like I haven't gained any more information that I needed.

Furthermore, in response to the adequacy and quality of PD offerings Janae stated:

> Not very good. We're not as teen friendly as I think we could be. I think when you are dealing with teens, your mindset can't be that-- you can't talk to a teen like you're talking to a 25 or 35-year-old.

Theme 3: Challenges

Pregnant teens need special care, counseling, and support from well -informed HCPs. To become and remain well-informed of new clinical updates, new trends and evidenced -based care, HCPs should regularly participate in continuing professional development activities. However, participants verbalized perceptions of being deficient in patient-centered care of teens because of the challenges associated with participating in PD activities. Overall, participants indicated time and money as being the most challenging aspects, although other challenges such as staff shortage, workflow, family commitments, and interest, were mentioned. According to Janae, "Time and money and just having something that we feel that we need because sometimes you may see

something that may not appeal to you but does it fit into what we're doing." The participants' expressed desire was to attend PD program offering; however, like Janae, they had similar concerns:

> So, cost is a big factor, cost and time. Those are the two big ones that have always been a problem. You know, if it's not offered within the health department setting, or the health department doesn't pay for it, then it's really difficult for nurses in a health department setting, because we don't get paid big dollars like you do in a hospital. So, that's taking away from your family to go to these classes that are $250, $300 or more, you know what I'm saying? (Zoe)

Theme 4: Improving the Health of Pregnant and Parenting Teens

Theme 4 relates to research question number 3: "From maternity healthcare professionals' perspective, how can professional development of healthcare professionals impact the health outcomes of pregnant and parenting teens?" When asked interview questions related to this guiding question, participants responded with a variety of opinions. Janae responded, "I think that the more educated we are the better we can teach them." Zoe indicated that, "It would make the nurse more aware of the opportunities that are in like the community or within the Health Department to help these folks." As per Kan et al. (2012) "enhancements to supportive services targeting pregnant and parenting adolescents can improve maternal and child outcomes, including repeat pregnancy, educational attainment, and child well-being." The interview responses revealed the fact that HCPs felt professional development would enhance their learning and thereby would contribute to more positive health outcomes for the pregnant and parenting teens seen in

the clinic. Alice particularly spoke of an educational program instituted last year labeled *Centering Pregnancy*, which was well received, by clinicians as well as pregnant and parenting teens.

> The birth weights of the babies have been better. All of our pregnant women from last year that did *Centering Pregnancy* all of them went to term. Their C-section rate was much lower. And their mental health during the pregnancy was much better as far as not feeling isolated. You know, depression that could have been really bad, was really helped by having that support system of the group and our breastfeeding rates are better.

Greta and Jaz voiced concerns associated with all HCP being on the same page and receiving the same training in order to have consistency in care.

> I think that there could be some very positive outcomes but I think there again, you need to be able to have the development, the same professional development for the entire team. So, that you're targeting certain things as an agency (Greta).
>
> I feel like it improves it because, when we go through the training it's basically not one person, it's for all of us basically, so when we come back here it's for everybody to implement it's not just one nurse (Jaz).

Conclusion

A phenomenological exploratory method of inquiry was chosen because this study sought to explore the lived experiences of healthcare professionals who care for pregnant and parenting teens related to their perceptions of professional development. As

per Creswell (2009), a phenomenological method allowed through investigation into the participants' perceptions, feelings, and experiences.

This phenomenological exploratory study described maternity healthcare professionals' perceptions and experiences relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. I used an exploratory qualitative method of inquiry to interview healthcare professionals in the maternity clinic of the XYZ county health department. The inquiry provided me with important information regarding the current PD programs at this clinic, and HCPs perceptions about how they felt PD activities influenced their clinical practices as well as the health outcomes of their patients.

This study was motivated by my interest in HCPs beliefs about the value of professional development, and if it would or would not improve the health outcomes of their patients. All of the participants agreed that there was a need to increase their knowledge base related to new trends in maternity care and to be able to apply that learning to their daily practice when caring for pregnant and parenting teens. Through my interviews, the participants expressed their dissatisfaction with the lack of teen specific professional development opportunities afforded to them that they felt they needed in order to do well and grow within their assigned roles. Their concerns are represented in the identified categories and themes, lack of adequacy and quality of PD, very few classes offered, and classes were not teen specific.

Furthermore, the need for professional development was supported through observation and verbal complaints from pregnant teens at the local health department as

well as evidence presented in the literature. The literature review carried out for this research study found other studies that provided accounts of how different healthcare professionals, social workers, and nurses, perceived PD and similarities of their perceptions were noted (Meffe, Claire, & Espin, 2012; James & Francis, 2011; Kan et al., 2012; Coventry, Maslin-Prothero, & Smith, 2015).

Findings of these studies indicated that both nurses and social workers verbalized many of the same reasons for participating in PD and encountered many of the same challenges related to PD regardless of the clinical setting. Fragmented levels of care, unprofessional attitudes, and maternity care workers who are not prepared to provide teen friendly reproductive health services can have a negative impact on the health outcome of teens and their infants (Lim, Chhabra, Rosen, Rancine, & Alderman, 2012; Redshaw, Hennegan, & Miller, 2014; James, Rall, & Strὺmpher, 2012).

The data were collected through interviews and the resulting responses were analyzed through coding into categories and building themes. By using the data collected in this project study, I was able to determine weaknesses associated with the current PD programs at the clinic. Weaknesses were congruent with participants concerns that PD offering were not interesting, not teen specific or applicable, were not offered onsite, lacked strategies to communicate with teens, lacked information on community resources, and not all staff were consistently providing person-centered interventions.

From a theoretical perspective, the humanistic learning theory provided a foundation for this inquiry. Humanism is equated with the interest, values, mutual respect, trust, and intentions of maternity healthcare professionals' and others as they

seek self-development in order to better meet the health education needs of pregnant and parenting teens. Furthermore, the themes generated from data analysis correlates with the concept of humanism when related to PD.

The study findings indicated the need for enhanced training that would allow HCPs to provide comprehensive, coordinated, and evidenced-based healthcare services for pregnant and parenting teens. In the next section I will describe a project that builds on the findings from this research study, to enhance HCPs level of competence in promoting positive health outcomes for pregnant and parenting teens.

Section 3: The Project

Introduction

Pregnant and parenting teens have needs that are distinctive to their developmental stages as well as the general needs of all pregnant women. While the major focus related to teen pregnancy has been on prevention, little emphasis is placed on providing services for teens that are already pregnant and/ or have become parents. The purpose of this phenomenological exploratory study was to describe maternity healthcare professionals' perceptions and experiences relevant to their professional development and its impact on the health outcomes of pregnant and parenting teens. I explored the perceptions of healthcare professionals related to professional development activities at the clinic, and its relevance to the health outcomes of pregnant and parenting teens.

Almost all of the participants supported the need for additional training, resources on the topic of teen pregnancy, and information on repeat teen pregnancy prevention. The highest areas of interest were in therapeutic communication, teaching strategies, and the provision of clinic-wide skill-building workshops. Participants were also adamant that in-services and workshops should be conducted at the clinic rather than offsite so that all HCPs would receive the same information and be required to implement the same interventions. The majority of participants also identified the need for more in-depth training on what was of interest to pregnant teens and teen parents.

Description and Goals

This research study identified as a main gap the lack of teen specific professional development by healthcare professionals at XYZ clinic. This gap is defined as "the

difference between the current state of knowledge skills, competence, practice, performance and the ideal or desirable state" ("Defining and Identifying," n.d., para. 2). In an effort to address this gap in practice and knowledge, I have developed a 3-day professional development workshop to be offered at the clinic. The goal of the workshop is to increase HCPs proficiency and efficacy in caring for pregnant and parenting teens. The purpose of this workshop is to present approaches that can be implemented by HCPs when providing services for pregnant and parenting teens while working to prevent the negative consequences often related to teenage childbearing and parenting. The workshop is designed and will be implemented in May 2017. It targets maternity HCPs employed at XYZ clinic.

This workshop will use various evidence-based learning techniques, including lecture, role-play, case studies for problem solving, group discussion, and individual reflection. The workshop will be a facilitator led classroom instruction with activities to apply learned content to specific situations encountered by the practitioners in the clinic environment. At the completion of this 3-day professional development, workshop participants will be able to:

- Demonstrate principles that assist in the promotion, maintenance, and restoration of health for the pregnant and parenting teen
- Integrate therapeutic communication when interacting with pregnant and parenting teens related to pregnancy and the changing family role.
- Identify available community resources for changing needs of pregnant and parenting teens to optimize patient outcomes.

- Demonstrate knowledge of and communicate various contraceptive agents used during the pre/post-natal period.
- Implement teaching and clinical care that is specific to the client's culture and level of development.
- Demonstrate the ability to educate the pregnant and parenting teen about various maternal health problems and to motivate them to adopt health-promoting behaviors.

Rationale

The genre selected for this project is professional development/training. The project is based on the results of my analysis of data collected from nine participants at the clinic as discussed in Section 2 of this study. Data collection and analysis revealed that maternity HCPs at XYZ County Health Department pre/postnatal clinic perceived that an inadequate amount of training related to the care of pregnant and parenting teen mothers limited their ability to meet the social, educational, emotional, and physical healthcare needs of their patients. The findings also revealed the need for healthcare professionals to become more actively engaged in professional development activities that specifically target pregnant and parenting teens. This revelation of participants' perceptions is congruent with the problem as assessed, and the reason this project was undertaken. A professional development workshop will serve as a possible solution to the problem by augmenting the skills and knowledge of HCPs within a stimulating and supportive environment to improve the quality of teen maternity patient care. In addition,

a professional development workshop can be instrumental in the promotion of change in professional practice at the clinic.

Theoretical Framework

From a theoretical perspective, the humanistic learning theory provided a foundation for the development of this project. Thoresen (1972) posited that humanistic learning theory is: a) focused on individual humanistic behavior under *present* circumstances; b) emphasizes the role of learning in explaining and resolving human problems; c) examines how environments can be changed to prevent or alleviate human problems; and d) uses the scientific method to develop and improve intervention techniques. Reinforcement of clinical interventions and self-reflection may help maternity (HCPs to recognize, alter, and demonstrate empathy during clinical and professional encounters with pregnant and parenting teens.

Furthermore, themes such as the expansion of knowledge and skills and improving the health of pregnant and parenting teens, which were, generated from data analysis correlates with the concept of humanism when related to PD. Participants' clearly perceived that professional values and competencies matter. The health and well-being of pregnant and parenting teens are at stake and HCPs feel the need for effective PD programs. When pregnant teens feel that clinicians have their best interest at heart they become more receptive to the psychosocial, psychological, and physical care that is offered.

Review of the Literature

This research study addressed the lack of teen specific professional development for maternity healthcare professionals at XYZ clinic. The following review of literature relates to the need of a professional development project to meet the needs of HCPs in the area of person-centered care for the pregnant and parenting teen. According to Creswell (2012), a literature review is important because it documents the need for a study, and documents how your study adds to the existing literature. In addition, the literature available on a topic of study should be worthy of inclusion, and should be relevant (Creswell, 2012). This literature review is congruent with the suggestions of Creswell and provides evidence of how professional development is necessary for healthcare professionals to remain current in their clinical practice.

The literature search strategy included the following electronic databases: Academic Search Complete, Education Research Complete, Education from Sage, Educational Resource Information Center (ERIC), Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, Health and Medical Complete, Ovid Nursing Journals, SAGE Premier, and Cochran. Key words and phrases searched were *professional development, training, professional development programs for maternity caregivers, workshops, conferences on maternity, caring for the pregnant teen* and *unintended pregnancy*. This review of the literature provides a discerning look at the need for education, training, and clinical skills for maternity healthcare professionals from many research sources.

Healthcare professionals at pre/postnatal clinics should make every effort to meet the reproductive health needs and concerns of pregnant and parenting teens. According to the American Association of Colleges of Nursing (2008), healthcare competence and skills are strengthened when an educational program for women's health is developed. Participants in this current study voiced concerns related to barriers preventing them from engaging in professional development offerings. This sentiment was echoed by Coventry, Maslin-Prothero, and Smith (2015), who communicated that when workload issues affects nurses' ability to attend professional development, it affects their competency to practice and the ability to provide quality patient care.

In a study on the prevention and care related to unintended pregnancy Finer and Zolna (2014), identified young poor women as being at the greatest risk for unintended pregnancy, and the need for curricular development at all levels of practice in order to meet the reproductive health needs of this vulnerable population. To meet the reproductive health needs of pregnant and parenting teens healthcare professionals must have a commitment to the patient, provide nonjudgmental counseling and have patient-centered communication skills. Thus, improving the teen's maternal health requires the development of competencies through ongoing professional development that support and improve their health outcomes (Malnory & Johnson, 2011; Simmonds & Likis, 2011).

The need for an educational program has been established through analysis of collected data related to the perceptions of healthcare employees at the local pre/postnatal clinic. A study on adolescent childbearing by Ruedinger and Cox (2012) suggested that

teen mothers should be connected with comprehensive programs that deliver care that is culturally sensitive, and matching their developmental stage in life. In a study related to PD, Curran (2014) found that PD for nurses maintains high standards of care while improving the delivery of services, ensuring the proficiency of the nursing staff, and promotes their professionalism. However, as pointed out by Medes et al. (2010) in their review, in order for a transfer of learning to take place different methods of teaching must be considered. For that reason, a variety of educational strategies will be used in the planned workshop. Different teaching methods would increase the chance of knowledge transfer and lead to changes in healthcare practices and patient outcomes.

Labor and delivery units are multifaceted, animated settings in which change can happen fast and without warning. Early recognition of potential complications and immediate, corrective action is required to avert disastrous outcomes for women and babies. Current statistics on obstetric undesirable outcomes, however, indicate that healthcare provider skills aimed at proficient intervention may be lacking (Contratti, Ng, & Deeb, 2012; Graham, McCaw-Binns, & Munjanja, 2013; IOM, 2010). In their study, Shoushtarian, McMahon, and Ferris (2014) concluded that practical obstetric multiprofessional training (PROMPT), a training program for maternity healthcare professionals developed to reduce adverse neonatal and perinatal outcomes resulted in a wide range of positive outcomes.

Therefore, the training offered in a workshop would be practical to ensure that priority maternal health interventions are included at all levels of care for all workers involved in maternal health. Through my review of relevant literature other studies were

found that provided accounts of how others, including different healthcare professionals, social workers, and nurses, perceived PD to be necessary (Egan-Lee et al., 2011; Halcomb, Meadley, & Streeter, 2009; James & Francis, 2011; Lown et al., 2011; Schlairet, 2009;). Quite a few similarities were noted. Nurses and social workers in these studies verbalized many of the same reasons for participating in PD and encountered many of the same challenges related to PD regardless of the clinical setting. There is a need for perinatal interventions to support the development of nurses' skills in caring for adolescent mothers and their knowledge of community-based resources (Atkinson & Peden-McAlpine, 2014)

Findings from other studies indicated a need for continued training and PD for maternity healthcare professionals, especially those caring for pregnant and parenting teens. Continued education and guidance for all healthcare providers involved in maternity care is required in order to sustain knowledge and proficiency (McCarthy et al., 2014; Murray-Davis, Marshall, & Gordon, 2013; Shrestha, Petrini, & Turale, 2013). Gagnon et al. (2015) found evidence that a learning organization focused on knowledge management and continued professional development in healthcare would be instrumental in meeting HCPs need for improved competencies. Tsai (2014) noted that HCPs are in need of the knowledge that would allow them to improve their skills and provide effective care to their patients.

Additional, research findings from several international countries such as Somalia, Australia, England, and Finland have also identified the need for continuing education for HCPs employed in maternity care (Ameh et al., 2012; Bayes & Ewens,

2016; Crisp & Chen, 2014; Gray, Rowe, & Barnes, 2013). Review of these studies indicated that HCPs need adequate skills training, better interprofessional collaboration, and enhancement and extension of knowledge which could be gained through evidenced-based course content consistent with adult learning principles. Chipchase, Johnston, and Long (2011) noted that CPD is vital to the delivery of evidenced- based healthcare in the present-day healthcare setting. However, barriers exist because nurses lack the knowledge, and have insufficient skills in searching for and evaluating the latest healthcare evidence (Ramos-Morcillo, Fernandez-Salazar, Ruzafa-Martinez, & Del-Pino-Casado, 2015).

Current research emphasizes that continuing education, training, and professional development for HCPs is an important factor with regard to positive health outcomes (Ramos-Morcillo, Fernandez-Salazar, Ruzafa-Martinez, & Del-Pino-Casado, 2015). In order for healthcare organizations to provide quality care, meet the demands, of an ever-changing healthcare environment, and newer technology as well as meet the needs of all maternity patients' HCPs must continue to build on their existing knowledge and skills (Doss-McQuitty, 2016). Consequently, the goal of all professional development for maternity HCPs with regards to pregnant and parenting teens should focus on improving outcomes for their pregnancies.

Project Description

Needed Resources and Existing Supports

The program will be held on three consecutive days and implemented at XYZ clinic, which is located within the health department. Each PD session will be held at the

clinic in the employee conference room. This conference room is equipped with computers with Internet access, a smart board, projector, flip chart, and adequate seating beneficial for learning. All sessions will be face to face utilizing the small group format, and class size will be adjusted to accommodate all HCPs who are available to attend. As a Masters prepared nurse educator who has experience and expertise in life skills and maternity care education I will be the facilitator. Prior to the start date of the workshop an adjunct facilitator, who is also a Masters prepared maternal health educator, will be trained on how to lead and deliver the specific content of this workshop. The adjunct facilitator has agreed to be available on a voluntary basis in case of any emergency where I become unavailable. I will provide all of the necessary resources required and set up the conference room for the PD sessions. Training resources include Microsoft Power Point® presentations, handouts, pens, markers, sticky notes, highlighters, and program evaluation forms.

Potential Barriers

A few barriers could possibly hinder the success of the proposed project. They include participants being unavailable for the training sessions because of patient caseload, unwillingness to come in on their day off without compensation, or the perception that this will be another workshop irrelevant to their practice. The goal of this professional development project is to provide HCPs with the guidance they need to enhance their practice, but without participants, the workshop would not be successful.

Implementation and Timetable

The plan is to keep the cost of this program to a minimum, since participants have voiced concerns related to financial resources. As such, direct costs, which include handouts and PowerPoint slides will be provided by the facilitator. In addition, since this program is being developed by the facilitator who is concerned about its' inauguration, salary will be exempt. The workshop will be held on three consecutive days, Wednesday, Thursday, and Friday of the same week since these are days when clinic census is lowest. The timetable located in Appendix A summarizes the schedule of training sessions, along with the topics to be discussed. The first session is planned to start May 10, 2017. The schedule is based on a daily class format. Participants will meet three days from 8:30 am until 4:00 pm. This should allow sufficient time to cover training content and meet the program objectives. In addition, participants will have a 15-minute morning break, lunch from 12:45- 1:45 pm and a15-minute afternoon break. Participants will be encouraged to bring their own lunch and snacks from home or choose from eating establishments near the clinic.

Project Evaluation Plan

To evaluate the effectiveness of the workshop I will use both formative and summative evaluation. The purpose of formative evaluation is to get feedback from the participants, provide them with feedback, and then make adjustments in the educational activity as soon as it is needed. Adjustments could need to be made in materials, facilitator delivery, or objectives. This process helps the health professional identify problems as they arise (Bastable, Gramet, Jacobs, & Sopezyk, 2011). Participants will be

asked to complete a questionnaire (see Appendix F) at the end of each workshop day indicating their response to such items as the most valuable thing learned daily, was there anything that was not understood, and was anything learned that could be used in their work. I will also provide the opportunity for additional feedback by being available to answer any further questions. In addition to a daily formative evaluation, I will administer a summative evaluation of the workshop (see Appendix G**)** at the conclusion to determine if teaching was effective, were objectives met, and have any changes been made. For the summative evaluation, I will use a questionnaire immediately following the workshop and again in 6 months following the workshop to determine if HCPs are actually applying learned concepts within their daily practice.

Roles and Responsibilities

When there is an identified problem, and there is a perception that this problem can be solved through a change in knowledge, skills, and attitude, there is reason to believe that education, and training is logical interventions. However, in planning interventions one must consider if the learning that comes from education and training can be applied to situations in the learners lives. Is the knowledge practical, would it make a difference, and can the learning be transferred? As the workshop planner, I will clearly define what skills, knowledge, attitudes, and beliefs are to be transferred. I will make the decisions about how the workshop is organized and scheduled. In addition, formative evaluation will be ongoing in order to address the transfer of learning aspect. As the program planner and trainer, I will contribute to the transfer of learning. In the role of the program planner is necessary to consider the learners, the instructional content, and

other stakeholders who may not be directly involved in the program but are affected by the subsequent change. I will deliver relevant instruction and follow up activities to promote transfer of learning. The learners (HCPs) contributes to the transfer of learning by seeing the value of using what was learned in one situation or another, acquire skills that they can use in daily activities, and be as active as possible in the learning process.

Project Implications

In fulfilment of Walden University's commitment to social change, this project study was designed to have an impact on and benefit HCPs and the social well-being of pregnant teens. In addition, it is expected that the knowledge and skills gained from this project study will reinforce HCPs skills in educating, caring for, and supporting the teen parent population. When a pregnant teen receives quality healthcare, her chances of having a healthy baby increases. The ability of healthcare professionals to provide quality care and make pre/postnatal clinic visits easy and teen friendly serves as a way of positive health promotion and preventive care. Therefore, educating the healthcare professional improves the health of that mother, baby, and her family leading to positive social change.

Importance of Project to Stakeholders

Caffarella (2010) describes stakeholders as those persons who have a "vested interest in either the planning process or the results of the education or training program". (p. 88). The stakeholders who would have an interest in this educational workshop include the pregnant and parenting teens, maternity care coordinator, social service department, and the health department director.

The project would be most important to the postpartum teenagers, because they would indirectly benefit from the training that HCPs receive. The pregnant and parenting teens would be provided with instruction on a variety of topics that should increase their ability to care for their children and promote their own personal health and wellness, such as prenatal care, positive parenting, and sexual health.

The director of the health department has a direct interest in this project because the director has the responsibility to ensure that staff are following the set guideline that provide for the health and welfare of those adolescents who seek pre and post-natal care there. The social service department also has an interest in the planned program. It is charged with providing financial and social benefits to families with dependent children. Pregnant and parenting teenagers are likely to depend on this assistance. The feedback from the evaluations will inform stakeholders of the weaknesses or strengths of the program.

Importance of Project in a Larger Context

This project provides research-based information that may help enlighten pregnant and parenting teens, maternity care coordinator, health department directors, social service department, and local policymakers in decision-making strategies that might affect pregnant and parenting teens. It is also possible that this project will help close the gap in research on how knowledge, skills, and attitudes of HCPs have affected pregnant and parenting teens in their quest for effective, nonjudgmental maternity care. If these outcomes are attained, then it is understood that the results of this study may encourage further study relating to teen parents, as the results of this study may influence

related stakeholders to seek to provide support services that are not currently offered. These outcomes are particularly important in light of the continued societal preference to invest in programs designed to prevent teen pregnancy as opposed to programs designed to help those teens who have become pregnant or who are already parents.

Section 4: Reflections and Conclusions

Project Strengths and Limitations

Introduction

This section will provide reflections and present my conclusions about the strengths and limitations of this project and recommendations for alternative approaches. In addition, in this section, I reflect on my personal learning and growth as a scholar, practitioner, and project developer. Additionally, reflections will include the overall importance of this work. Finally, I discuss the potential impact of the project on social change, its implications, applications, and directions for future research.

Project Strengths and Limitations

The strength of this project was that it gave staff the opportunity to say what they believed and felt was important related to teen pregnancy. An additional strength of this project is that it is designed to meet the professional development needs of HCPs as determined from the analysis of data gathered through the research. The goal of this project was to increase HCPs proficiency and efficacy in caring for pregnant and parenting teens and, promote the development of professional knowledge and practice through evidence-based learning, and problem-solving approaches. HCPs caring for pregnant and parenting teens will have the option of participating in a 3-day PD training workshop. This PD training project is expected to provide several strong points in addressing the problem identified at the clinic of HCPs not being adequately prepared to offer a comprehensive plan of care to meet the pre- and postnatal needs of teen mothers.

The 3-day training involves sessions on the expansion of HCPs knowledge, skills, and attitudes to improve the health outcomes of pregnant and parenting teens, which is considered a major strength of this project. These sessions were developed based on HCPs perceptions and experiences relevant to PD and its impact on the health outcomes of pregnant and parenting teens. Participation in this PD training should lead to improvement in their knowledge, skills, and attitudes while building on their previous professional experiences. This project also emphasizes the importance of PD and opportunities for HCPs to learn and to improve their practice. The project is expected to show HCPs how to develop a therapeutic relationship between themselves and the teens. Finally, the project presents opportunities for self-reflection and self-improvement.

A limitation of this study is that it was conducted with a small convenience sample. Therefore, I would be unable to generalize the findings to a larger population. Another limitation is the length of the professional development project. Three days could be considered not enough time for the transfer of learning for participants. Additionally, because this is very busy clinic participants continue to face barriers such as being short staffed and may not be able to attend the program.

Recommendations for Alternative Approaches

An alternative approach for addressing the problem of inadequately prepared HCPs is to offer the entire workshop online. Many healthcare organizations are using technology in healthcare education. Offering the program online would be a helpful way for HCPs to access the workshop content. HCPs could review the material during downtime at the clinic or at home. The online environment can also provide a database

for staff to revisit when they have questions and to keep them well informed, knowledgeable, and skilled to provide the best quality care to teen patients. However, while this online learning environment may be helpful, it lacks the personal element of facilitator-learner-fellow learner interaction present in a face to face learning environment.

Scholarship, Project Development and Evaluation, and Leadership and Change

I view learning as an interactive process that guides and facilitates the acquisition of knowledge, and learning is accomplished through reciprocal dialogue between the educator and the learner. Throughout this doctoral journey, this has been an ongoing process. I learned that the entire process of developing a research project focusing on professional development should be completed through a step-by- step approach, from noting a problem to searching for a solution to the problem. I was grateful that I was able to conduct my research in a supportive work environment where HCPs were aware of their individual capabilities and motivation. An environment where they recognized their need for more training related to skills, knowledge, and attitudes while brainstorming ways that they could improve the health outcomes of their teen patients.

Scholarship

As I reflect on my journey to becoming a scholar, I ask myself what have I really learned. What advice do I offer to those beginning this journey? I would say that the most important thing is to plan well, try not to get discouraged, and always be mindful of your mental and physical health. The doctoral journey has enhanced my learning capability as a nurse educator. This experience taught me resilience although frustrated at times.

Participating in the academic learning process has advanced my knowledge, skills, and ability to conduct research and write scholarly.

The scholarly journey is time-consuming and easier said than done, but it can be done even though the road seemed rough and hard to navigate at times. However, I persevered through times of grief, distress, and self-doubt, but I was pleased whenever each hurdle was crossed and I was allowed to move forward. I have gone through periods of wanting to quit because I was truly weary of revising papers repeatedly. However, I knew all along that persistence, discipline, commitment, and hard work were the greatest elements for success. Furthermore, I had to keep reminding myself that I was not a quitter. Many factors have influenced my journey, the death of my mother, job commitments, economic factors, a supportive spouse (at times), family responsibilities, and opportunities that seemed too good to pass up.

Project Development

I learned that the process of project development really started with the needs assessment that was derived from data collected during my interviews. The needs assessment was most important because it allowed me to think about how I would address the concerns of the HCPs. The research based-findings led me to believe that continued professional development is vital for HCPs in promoting positive health outcomes for pregnant and parenting teens and their infants. The final project is based on research findings supported through a review of the literature. The research findings indicated HCPs at the pre/postnatal clinic felt the need for teen specific professional development. Therefore, a project was developed to address HCPs perceptions of the

amount and quality of professional development programs currently offered at the clinic. This project study consisted of identifying a problem in my local area, selecting a method of inquiry, conducting qualitative interviews at the research site, analyzing data, and using the findings to develop the final project.

When planning a program, it is helpful to have a course of action, written guidelines, and/ or an outline to keep one focused, organized, and on tract. “A program is a set of specific activities designed for an intended purpose with quantifiable goals and objectives"(Lodico, Spaulding, & Voegtle, 2010, p. 317). In addition, a program-planning model is a set of ideas of how a particular program should be planned and what is necessary for that program to be successful (Caffarella, 2010). Program planning models are fundamental to designing, implementing, and evaluating an educational program. I used Tyler’s program planning model to develop a 3-day professional development workshop for maternity healthcare professionals.

Tyler's model is considered a basic model (Laureate Education, Inc [], 2008). This model's components are concise and to the point. Tyler suggests that when using this model, the planner should just assess the needs of the participants, develop objectives for the program, plan the program, and conclude with an evaluation of the program. Tyler's model is useful in planning short programs (Laureate Education, Inc [], 2008). The sequential steps within Tyler's model focuses primarily on the needs of the participants, and why I chose this model.

Leadership

The process of completing this project has enabled me to assume a leadership position by working with the HCPs at the clinic together to bring about valued change by taking the needed action to enhance their knowledge, skills, and attitudes. I now have a clear vision of conditions that might affect the health of pregnant and parenting teens and their children. I was thankful to have had the ability to attract the HCPs to my vision. As a practicing nurse, I have always had the ability to listen, which enabled me to relate well with the HCPs at XYZ clinic. I will continue to have the courage and perseverance to help the group change some of their clinical practices and attitudes in order to meet the needs of their teen patients more effectively.

Social Change

The acquisition of knowledge will allow HCPs to become effective leaders and change agents. I believe that the quality of guidance and support is an important factor in enhancing the health outcomes of a teen mother, which can be accomplished mainly through the processes of maternal education, responsiveness to healthcare needs, and encouragement. Supportive clinical relationships can play an important role in decreasing the stresses experienced by teenage mothers, thus positively influencing their psychological and emotional well-being while influencing their mothering ability. Credible focused attention by the healthcare professional can nurture the teen parent's self-esteem as well as their potential understanding and competence with the baby. I also believe that increased self- esteem will most likely promote successful high school

completion, lead to post-secondary education, gainful employment, contributing to social change.

Reflection on Importance of the Work

Emotional support is only one aspect of comprehensive social support for teen parent families. HCPs must have the knowledge, skills, and attitudes to meet the majority of their needs effectively. Social support also involves guidance, social strengthening, practical help with the tasks of daily living, and the promotion of self-esteem. This study addressed the lack of teen specific professional development at XYZ clinic. My study of HCPs and their teen mothers' pre/postnatal clinic experiences have identified the importance of individual healthcare professional skills in establishing therapeutic relationships with them and a lack of these skills among some HCPs'.

Analysis of Self as Practitioner

As a nurse educator, I am an advocate for learners as I serve as a leader, mentor, and role model. I have become a more perceptive practitioner through educational research and reflective practices focusing on continued education in maternity care. This doctoral journey has enabled me to grow into a more astute practitioner in nursing education. I have always believed that learning is an interactive process that guides and facilitates the acquisition of knowledge and learning is accomplished through reciprocal dialogue between the educator and the learner. Now, having completed this in-depth research and developed this project validity is added to my perceptions. Maternal and child health nursing is research oriented, because research is the means whereby critical knowledge increases. After developing conducting and presenting this project study,

theory and evidence-based practice will provide a solid foundation for my practice in maternity nursing education.

Implications, Applications, and Directions for Future Research

Professional development through training and educational programs may possibly be instrumental in improving the quality of patient teaching, counseling, and effectiveness of the maternity care that teen mothers receive during prenatal and postnatal visits on an individual level. It should aid in helping practitioners develop decision-making skills which leads to more age appropriate care planning and coordination of care. Continued education and professional development may also be viewed as qualities that enhanced the knowledge and skills of the healthcare professionals, as well as add to the ability of the healthcare professional to establish and maintain therapeutic patient relationships, which will benefit the entire healthcare organization.

Additionally, professional development might improve the skills and attitudes health professionals' exhibit when caring for teen parents. Furthermore, professional development may contribute to overall patient satisfaction, constructive encounters with healthcare personnel, and a positive view of healthcare organizations. Lastly, the focus on patient care outcomes should challenges healthcare professionals to be accountable and responsible for the results of their therapeutic actions. The assessment of outcomes is of particular importance to healthcare practitioners because it allows the healthcare practitioners to target their concerns appropriately with respect to the patient and document the beneficial effects that interventions have on the patients. This may ultimately lead to improved compliance with follow-up postpartum care, improved

patient, and caregiver satisfaction. It may also increase patient perception that the staff is able to meet their needs and lead to a decreased number of uninformed teens giving birth and repeat teen births.

Future Research

Future research into the education of healthcare professionals that relates to the support of pregnant and parenting teens should be investigated. There continues to be a need for research into the effectiveness of PD for maternity HCPs', using outcomes that can possibly be adapted to provide age appropriate services. If we are to better understand the benefits of professional development for HCPs who care for pregnant and parenting teens, future research must at least focus on better defining "appropriate professional development" and its role related to HCPs care of pregnant and parenting teens.

Conclusion

This phenomenological exploratory study provided information exploring the maternity HCPs perceptions and experiences relevant to PD and its impact on the health outcomes of pregnant and parenting teens. A purposeful sample of HCPs involved in the physical, psychological, emotional, and mental health of pregnant and parenting teens was chosen for this study. Semi-structured interviews with 9 participants occurred to give insight into the investigation about their perception of PD activities at the pre/postnatal clinic. Data showed the HCPs perceived that more teen specific training was needed. Data analysis involved coding the data to determine the various themes that arose from

the data. The goal of the project study was to explore the phenomena of PD for HCPs who cared for pregnant and parenting teens.

From the findings, I concluded that the HCPs involved in caring for pregnant and parenting teens believed teen focused professional development would be an invaluable benefit in improving their clinical practice. The responses suggested how the HCPs felt more teen specific instructional offerings could lead to organizational changes in the clinic, thereby providing more positive health outcomes. They felt the opportunity would give them a broader perspective of their skills and knowledge and lead them to grow and improve in their clinical instructional practice.

In addition, the HCPs felt that patients would benefit significantly by interacting with clinicians who were knowledgeable, caring, and non-judgmental. By drawing on data from the one-on-one interviews, this project study offers appropriate information to address the concerns of HCPs at the clinic. A major concern is that HCPs felt that PD currently offered at the clinic did not adequately meet their needs in providing patient-centered care to pregnant and parenting teens. It is anticipated that through this project HCPs will be encouraged to build positive relationships with pregnant and parenting teens, respond to their needs in a non-judgmental approach, and provide a welcoming teen friendly clinic environment.

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Appendix A: The Project

A 3-Day Professional Development Workshop for Maternity Health Care Professionals

Providing Age Appropriate Care to Pregnant and Parenting Teens

THIS PROFESSIONAL DEVELOPMENT AND TRAINING COURSE is an on-site three-day workshop offered by:

Patricia Kelley, MSN, RN-BC

Introduction

This 3-day professional development workshop is designed for maternity healthcare professionals employed at XYZ clinic. This program will utilize various learning techniques, including lecture, role-play, and case study for problem resolution, group discussion, and individual reflection. The program is planned with facilitator lead classroom instruction and activities to apply learned content to specific situations encountered by maternity healthcare professionals in the clinic environment. Initially you will be asked to complete an introductory questionnaire to assess your level of knowledge, skills, attitudes, experience, and interest in caring for pregnant and parenting teens.

This workshop will reinforce maternity healthcare professionals' ability to handle teen patient encounters, teen patient customer service, and other areas related to the coordination of a pregnant or parenting teens' pre/post-natal experience. This program covers important background information on the healthcare professionals' responsibilities in providing healthcare to this population including: patient confidentiality, contraception, STIs, age specific maternity care and current state specific laws regulating

minors access to reproductive care. Additional key program topics include community resources, and effective communication.

Evaluation

Two types of evaluation will be conducted, formative and summative. A formative evaluation will be completed using a short questionnaire at the end of each PD training day. A summative evaluation will be completed at the end of the workshop.

Formative Evaluation

At the end of each day of the workshop, you will be asked the following questions:

What did you appreciate most about today's session?

What did you learn during today's session that you expect to use in your work?

Was there anything you did not understand during today's session? Please provide detailed examples.

What is the most valuable thing you learned today (knowledge or skills)?

What other particular observations do you have?

Summative Evaluation

Will consist of an assessment by participants to determine if:

- teaching was effective,

'- objectives were met,

- the program should be continued or changed for improvement.

On the last day of the workshop, you will be asked to complete an anonymous, written evaluation of the workshop. The evaluations will be collected at the end of the workshop on the last day. The results should be presented to the project coordinator. You will also

have the opportunity on the last day to express your opinions verbally to the facilitator and your colleagues.

Goal of the Workshop

The goal of this workshop is to increase HCPs proficiency and efficacy in caring for pregnant and parenting teens

Objectives of the Workshop

To provide participants with information and skills to enable them to:

1. Demonstrate principles that assist in the promotion, maintenance, and restoration of health for the pregnant and parenting teen.

2. Integrate therapeutic communication when interacting with pregnant teens related to pregnancy and the changing family role.

3. Identify available community resources for the changing needs of pregnant and parenting teens to optimize patient outcomes.

4. Demonstrate knowledge of and communicate various contraceptive agents used during the pre/post-natal period.

5. Implement teaching and clinical care that is specific to the client's culture and level of development.

Expected Learning Outcome

1. The expected learning outcome of the workshop is the following:

Improved knowledge and skills in developing a collaborative and therapeutic relationship with pregnant and parenting teens.

Agenda

Day 1		
8:30-9:00		Sign in/ Mingle/ Continental Breakfast
9:00-9:30	Module # 1	Orientation to Workshop
9:30--10:30		Teen Pregnancy Overview
10:30-10:45	Break	
10:45-12:15	Module # 2	Your Attitudes/Pre-training questionnaire
12:15-12:45		Getting Maternity Services Right
12:45-1:45	Lunch	
1:45-2:15	Module # 3	Professionalism
2:15-3:00		Professionalism
3:00-3:15	Break	
3:15-3:45		Reflections
3:45-4:00		Evaluations
Day 2		
8:30-9:00		Sign in/ Mingle/ Continental Breakfast
9:00-10:00	Module # 4	Providing Teen Friendly Care
10:0-10:30		Providing Teen Friendly Care (continued)
10:30-10:45	Break	
10:45-11:45		Communication Skills
11:45-12:45		Communication Skills (continued)
12:45-1:45	Lunch	
1:45-2:30	Module # 5	Confidentiality
2:30-3:00		Group Discussion
3:00-3:15	Break	
3:15-3:45		Community Referrals
3:45-4:00		Evaluations
Day 3		
8:30- 9:00		Sign in/ Mingle/ Continental Breakfast
9:00-10:30	Module # 6	Contraception/Case Study
10:30-10:45	Break	
10:45-12:45		STIs/Discussion
12:45- 1:45	Lunch	
1:45-3:45		Workshop Review/ Closing Remarks
3:45: 4:00		Summative Evaluation

Trainer Notes

Day 1

Module #1: *(Activity #1)* Sign in/Mingle/ Continental Breakfast/Introduction to workshop, Review goals, objectives, and expected outcomes (60 Minutes)

(*Activity # 2)* View Overview of Teen Pregnancy Lecture - (See PowerPoint Lecture Notes "Teen Pregnancy in the United States Role of Nurses") / Discussion 1) Ask participants to share their thoughts on the presentation about teen pregnancy.

Ask participants the following questions:

Do you think teen pregnancy is a problem in this community?

How prevalent is teen pregnancy overall?

In what context do teens become pregnant?

What is the significant message of this lecture?

What image do you have of pregnant and parenting teens?

What are some underlying social factors leading to teen pregnancy?

As related to Pregnancy counseling are you:

Aware of your own biases toward sexual health and how your own experiences have shaped your opinions toward sexually active adolescents?

Confident, comfortable, and non-judgmental when addressing adolescent sexuality?

Aware of the characteristics/features of positive adolescent sexual development and relationships?

Ready to provide medically accurate information about sexual and reproductive health while also emphasizing the importance of healthy relationships?

Familiar with the legal and confidentiality issues dealing with teen sexual activity and reproductive health services including access to birth control options, STI testing, abortion, and parent/caregiver involvement?

AM Break****

Module #2: *(Activity # 3)* Pre-training questionnaire /Interactive Discussion (30 minutes):
1) Ask learners what they thought about the pretraining questionnaire (module # 2 *activity # 3*) as a whole.

2) Ask learners which of the questions they found most challenging, or most interesting.

(Activity # 4) PowerPoint Presentation /Getting maternity services right for pregnant and parenting teens (15 minutes) follow up with discussion related to presentation (15Minutes)

Lunch****

Module # 3: (*Activity # 5)* Group Work- Form groups of 4. Select a group leader and a recorder. **Why is it important for HCPs to know about teen pregnancy?**
Ask participants to discuss this question. Instruct groups to prepare a brief answer, consisting of two sentences. Ask each group to share their answers. The trainer should list answers on the flip chart followed by discussion and comparison of items for similarities/differences. (30Minutes).

(Activity # 6) Role play- See handout "Nonjudgmental Interactions: (45 Minutes)

Afternoon Break****

(Activity # 7) Key reflections, followed by a group discussion- (30 Minutes). In this activity, the learners are to take 15 minutes to write their reflections about today's activities, the direction of the workshop, and what knowledge was gained about interacting with pregnant and parenting teens. After the reflection, the group will have a 15-minute opportunity to respond, to add comments, and to elaborate on ideas.

(Activity # 8) Formative Evaluation- (individual responses). What were the most noteworthy things learned during the day? What happened to promote this learning? If there was no noteworthy learning experience, why not? What could have been done differently?

Day 2

Module # 4 (*Activity # 9)* Group Work- Challenges to providing teen friendly care. Form a four-person group different from yesterday's group. Design the ideal clinic for pregnant and parenting teens, include personnel, services and a sketch of the physical layout. (60 minutes)

One group leader should present their particular groups ideas to the entire group of learners. Learners may offer their own ideas, as well as request additions or deletions to the proposed plan. The goal is to reach a consensus as to the MOST ideal plan.
(30 minutes)

AM Break****

(Activity # 10) Communication Skills- Describe barriers of communication between pregnant and parenting teens and healthcare professionals. Small group discussions will focus on the barriers of communication and provide recommendations on how to improve them. Each group leader will report on findings. Trainer will record all recommendations on flipchart. (60 minutes)

Using the listed barriers and recommendations for improvement each group will develop and present a role-play scenario to all learners. Role-play should include both therapeutic and non-therapeutic communication. (60 minutes)

Lunch****

Module # 5 *(Activity # 11)* Confidentiality- In your groups read the case study developed by Douglas S. Diekema, MD, and answer the questions (45 minutes). Each group will present answers, followed by entire group discussion using the handout which was also developed by Dr. Diekema (30 minutes)

(Activity # 12) PowerPoint Presentation/Lecture -Referrals/ Community Resources/ Entire Group Discussion (30 minutes)

(Activity # 13) Formative Evaluation- (individual responses) (15 minutes). What were the most noteworthy things learned during the day? What happened to promote this learning? If there was no noteworthy learning experience, why not? What could have been done differently?

Day 3

Module # 6

(Activity # 14) PowerPoint Presentation/Interactive Lecture Family planning counseling (30minutes)

(Activity # 15) Case Study /Discussion / (60 Minutes)
1. How would you counsel Linda regarding contraception?
2. What are Linda's legal rights as a minor? See PowerPoint presentation "An overview of Minors Consent Law"

AM Break****

(Activity # 16) STIs Review PowerPoint Presentation/ Interactive Informative Lecture. What should you teach your teen patients? Participants will brainstorm and develop a comprehensive teaching plan. Discussion (120 minutes)
Lunch****

Module # 7

(Activity # 17) Workshop Review, Closing Remarks, Summative Evaluation

So, What Can You Do?

- Post signs stressing confidentiality.
- Designate certain waiting areas for teens only.
- Display age-appropriate material.
- Provide one-on-one counseling and tailor intake procedures and risk assessments for adolescents. Consistently ask about teens' pregnancy intentions and their current use of contraceptives.
- Make condoms and other contraceptives, especially LARCs, readily available. Assist teens who need to switch birth control methods until they find the one best suited to them, which usually changes over time.
- Respect young people and their decision-making, and use inclusive language (like "partner" instead of "boy/girlfriend").
- Discuss abstinence as the best choice but also provide accurate information regarding contraceptives.
- Allow walk-in patients to be seen whenever possible.
- Ensure alone time with a young person even if a parent/guardian is present, and collect health information in a private manner.
- Contact teens about action plans, counseling, lab results, and scheduling using their preferred method of communication.
- Regularly communicate with all clients, especially those of high risk.
- Refer teens to trusted providers.
- Encourage young people to share what they've learned with their peers and solicit their feedback to make improvements

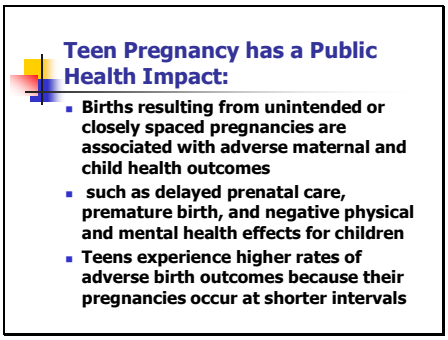
Day 3 will close with a recap of the three days. The trainer will review the objectives and ask participants if they have any questions. Participants are thanked for active participation and encouraged to utilize strategies learned at the professional development workshop for maternity healthcare professionals, when caring for pregnant and parenting teens

Training Schedule

	Day 1		
	Time	**Learning Technique**	**Content**
Module 1 **Orientation to Workshop**	8:30-9:00		Sign in /Mingle/ Continental Breakfast
	9:00-9:30	Lecture	Welcome and Introduction to Workshop Review Goals, Objectives, and Expected Outcomes
	9:30-10:30	PowerPoint Presentation, Interactive Lecture	"Overview of Teen Pregnancy"
	10:30-10:45	Break	
Module 2 **Teen Sexuality/ Your Attitude**	10:45-12:15 12:15-12:45	Discussion- R/T Questionnaire Your Thoughts? Power Point Presentation- Review/discuss. Are we getting it right?	Pre-Training Questionnaire "Getting Maternity Services Right for Pregnant Teenagers"
	12:45-1:45	Lunch	
Module 3 **Professionalism Reflection Evaluation**	1:45- 2:15 2:15-3:00	Group work- Form groups of 4. List and describe all care provided to pregnant and parenting teens - Are all listed items consistently completed Role Play- See handout	HCP Responsibilities R/T Caring for pregnant and parenting teens Nonjudgmental Interactions
	3:00-3-15	Afternoon Break	
	3:15-3:45 3:45-4:00	Group Discussion Individual Responses (per instructions)	Reflection on today's activities Formative Evaluation

Slide 1

Slide 2



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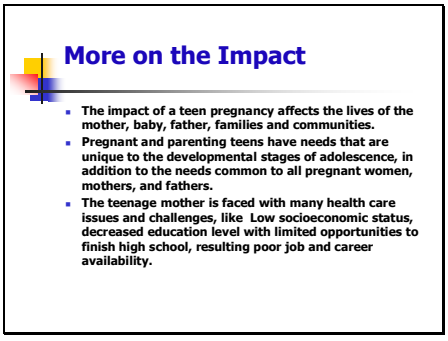


Slide 4

Compared with their peers who delay childbearing, teen girls who have babies are:

- Less likely to finish high school;
- More likely to rely on public assistance;
- More likely to be poor as adults; and
- More likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives than do kids born to older parents

Slide 5

Healthy People 2020

- Reducing the unintended pregnancy rate is a national public health goal.
- Aims to reduce unintended pregnancy by 10% between 2010 and 2020
- In 2011, nearly half (45% or 2.8 million) of the 6.1 million pregnancies in the United States each year were unintended

Slide 6

Guttmacher Institute

- Although teen pregnancy rates have declined in recent decades, the U.S. rate is still one of the highest in the developed world.
- By tracking the changing health care landscape and providing quality data and policy analysis, the Guttmacher Institute strives to shed light on U.S. teen pregnancy and on the social and economic factors that contribute to it.
- Guttmacher promotes policies and programs to enable teens to avoid unintended pregnancy

Slide 7

Costs

- Teen childbearing costs U.S. taxpayers billions of dollars due to lost tax revenue, increased public assistance payments, and greater expenditures for public health care, foster care, and criminal justice services

Slide 8

Incidence of Teenage Pregnancy

- In 2011, some 562,000 women younger than 20 became pregnant.
- About 553,000 of those pregnancies were among teenagers (i.e., 15–19-year-olds), and nearly 10,000 were among those aged 14 and younger.
- The pregnancy rate among teenagers was 52.4 per 1,000 women; this means that about 5% of teens became pregnant in 2011.

Slide 9

Trends

- In 2011, the U.S. teenage pregnancy rate was at its lowest point in more than 30 years and less than half of the peak rate in 1990 (117.6). Between 2008 and 2011 alone, the rate dropped 23% (from 68.2)
- The long-term declines in teenage birth and abortion rates stalled between 2005 and 2006, but resumed by 2007 and accelerated between 2008 and 2011.

Slide 10

Trends Con't

- There is evidence that contraceptive practices have improved among older teens:
- A recent study found that the proportion of 18–19-year-old women who report using long-acting reversible contraceptive methods tripled between 2007 and 2009
- Promotion and acceptance of these methods among teens and young adult women has increased.
- Contraceptive use is also likely to be associated with the large decline in the pregnancy rate among sexually experienced teens

Slide 11

Indications

- The data presented here indicate that even with the recent reductions in rates of teenage pregnancies, births and abortions, there are still persistently large and long-standing disparities by race and ethnicity.
- Disparities in unintended pregnancy rates found among all U.S. women of reproductive age, remain several times higher among women of color than among whites

Slide 12

Continued Need

- The first increase in the teenage birth rate since 1991, suggests that effective efforts to reduce the occurrence of teen pregnancy continue to be needed.
- Teenage childbearing carries large public costs, due to the medical and social complications that often accompany teenage parenthood.
- Recent research shows that teen childbearing costs local, state, and federal taxpayers over 9 billion dollars annually.
- This estimate includes various public sector costs such as healthcare, child welfare, incarceration, and lost revenue because children of teen mothers pay lower taxes over their adult lifetimes.

Slide 13

Individual, Family and Community Care

- Adolescent mothers often lack knowledge, education, experience, income, and power relative to older mothers. Thus, programs should emphasize several approaches to overcome these relative disadvantages.
- Individual, family and community care may provide the route for ensuring that pregnant adolescents deliver with the assistance of a skilled health-care provider and have access to support and services for routine as well as emergency care throughout pregnancy, childbirth and during the postpartum period.

Slide 14

Strategies to Reduce Teen Childbearing

- Implementing evidence-based teen pregnancy prevention programs
- Expanding access to Medicaid family planning services
- Utilizing mass media campaigns to promote safe sex
- Improve access to recommended health care services through the Affordable Care Act, passed in 2010

Slide 15

References

- Kost, K. & Maddow-Zimet, I. (2012). *U.S. teenage pregnancies,births and abortions,2011: National trends by age, race and ethnicity.* New York: Guttmacher Institute, 2016
- http://www.guttmacher.org/report/us-teen-pregnancy-trends-2011

Activity # 3

Pre-Training Questionnaire

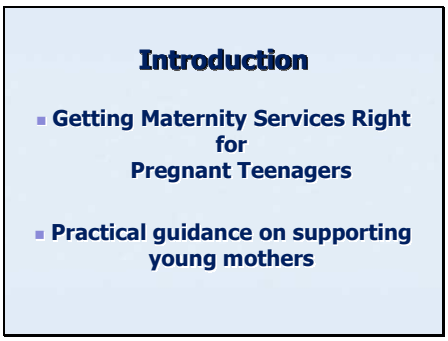
Directions: Read each statement and decide what the best answer is. Write "yes" if you think the statement is true, or "No" if you think the statement is not true.

1. Sexuality is not a major concern for my adolescent patients
2. I am not comfortable initiating a discussion of sexuality with my patients
3. I am not comfortable initiating a discussion of sexuality with my patient's friends
4. Discussion of sexual concerns contributes to the patient's overall recovery
5. I feel discouraged after offering sexual counseling to my patients because it never seems to make a difference
6. A specialist does a better job of discussing sexual concerns with patients than I ever could
7. I am comfortable discussing sexuality if the patient initiates the discussion
8. Touching oneself for pleasure or relaxation is not appropriate
9. Nursing intervention for problems and concerns with sexuality increases the patient's well-being
10. Sexual activity occurs whether someone is well or ill
11. My attitudes on sexuality are similar to those held by most other HCPs
12. If I had a chronic illness, sex would be the farthest thing from my mind
13. I feel that people unable to have genital-to-genital sex are unable to achieve sexual fulfillment

14. Sexuality is a concern for an adolescent with a chronic illness or life threatening disease
15. Discussion of future sexuality issues for adolescents undergoing active treatment is an appropriate nursing function
16. Sexuality should not be discussed with adolescents
17. It is the parents' responsibility to discuss sexual issues with their children
18. I am comfortable discussing sexual concerns with the parents of adolescents' patients
19. Sexuality concerns should be a routine component of nursing care for adolescent patients
20. If I was an adolescent patient, I would want to receive sexual counseling from a HCP
21. If I was a patient I would be comfortable in receiving sexual counseling from a HCP
22. Offering sexual counseling is not an integral component of primary nursing care
23. At times, I have felt that my nursing care of a patient was incomplete because I had not addressed sexuality as a component of nursing care

Getting Maternity Services Right for Pregnant and Parenting Teens

Slide 1



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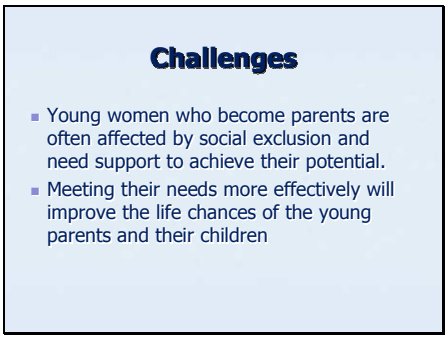

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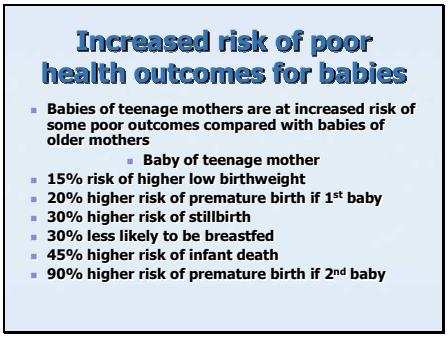

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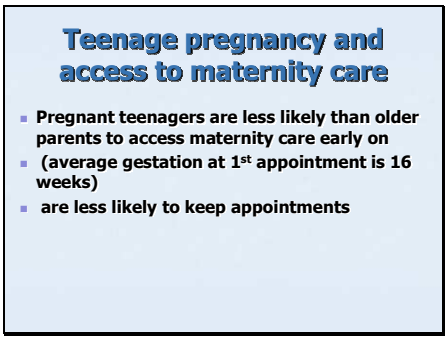

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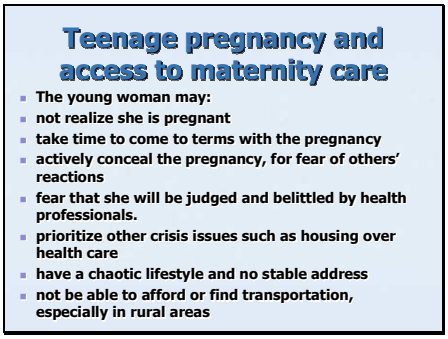

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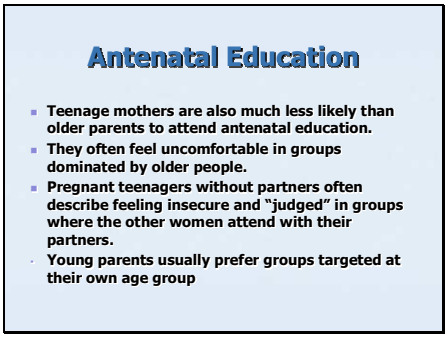

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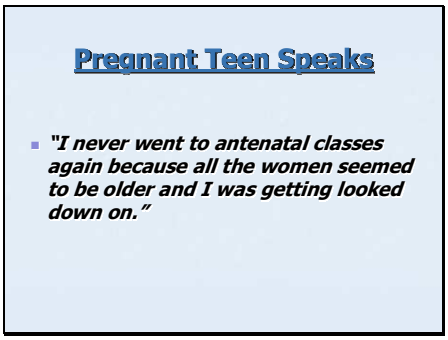

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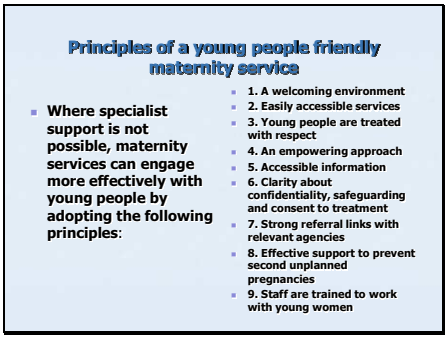
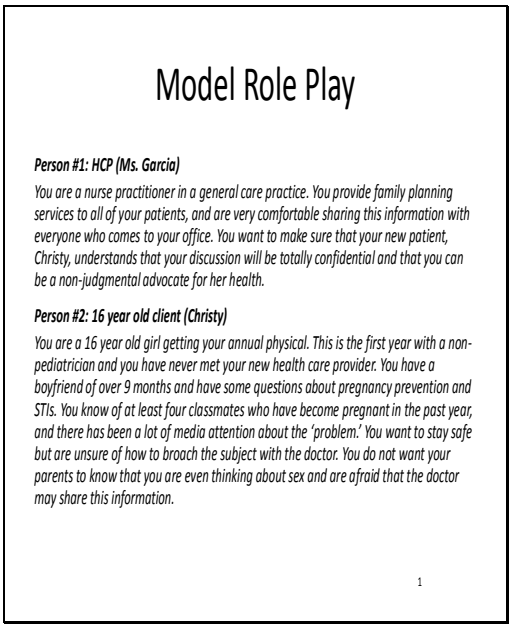


Slide 9

Role Play
(Nonjudgmental HCP/Teen Interactions)

Slide 1



Role Play
(Give participant the prompt card for this role play.)

Garcia: Hi, Christy! I see you are here for your annual physical. It looks like we've taken care of all of your basic information. Is there anything else you would like to talk about today?

Christy: I'm not sure. Nothing really.

Garcia: Ok. Don't worry—if there is anything you would like to talk about, we can. As your healthcare provider, I can answer any questions you might have about health, your body, and even sexuality. Anything we talk about stays right here in this room.

Christy: Hmmm. OK.

Garcia: I see here that you attend Spring High School. You know, I saw that press conference last week with your superintendent. Sounds like there's been a lot of attention lately on the number of pregnancies. I bet that's been pretty stressful having your school get so much attention.

Christy: Yeah. I had Spanish class with one of the girls who dropped out last month. It's been making my parents totally nuts.

Garcia: I'm sure they're just worried! Have you felt comfortable asking them any questions you may have?

Christy: (laughs)…Not really! They're pretty strict. My mom said Ann—the girl from my Spanish class—was easy and deserved to get pregnant. My mom said her life is now totally ruined. Ann's really nice though. She's had the same boyfriend since forever—like over a year. She told me it was just an accident.

Garcia: Well, do you have any questions I could answer? It sounds like you think Ann and maybe some of the other girls were trying to protect themselves and it didn't work. Is that something you might like more information about?

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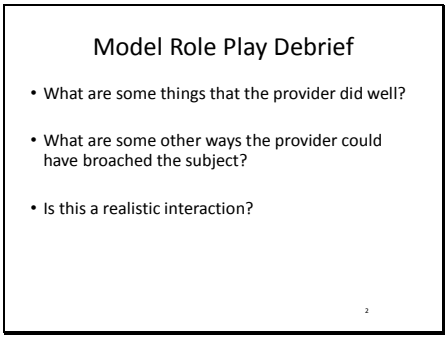
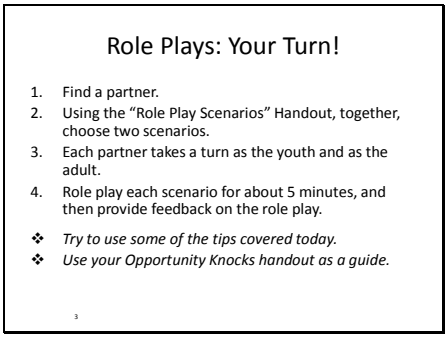


Model Role Play Debrief

- What are some things that the provider did well?
  Sample responses include: She used a relevant example; she used language that highlighted her openness to discuss sex and sexuality; she was non-judgmental; she offered to give resources; she normalized sex and sexuality in youth.
- What are some other ways the provider could have broached the subject?
  Sample responses include: Other media examples; Direct questions
- Is this a realistic interaction?

Slide 3

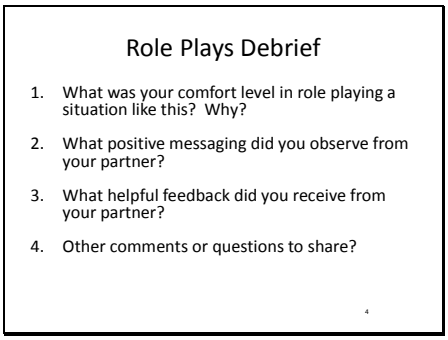


Role Play Scenarios

Now, let's take a few minutes to practice with a partner. Each of you will take a turn as the youth as well as the adult in the role play. Be prepared to provide your partner with feedback about the role play. Role play each scenario for about five minutes each, and then take another 3-4 minutes to share feedback about the role plays.

(Presenter allows time for people to get settled into pairs and find their handouts.)

Slide 4



Role Play Scenarios Debrief:

- What was your comfort level in role playing a situation like this? Why?
- What positive messaging did you observe from your partner?
- What helpful feedback did you receive from your partner?
- Other comments or questions to share?

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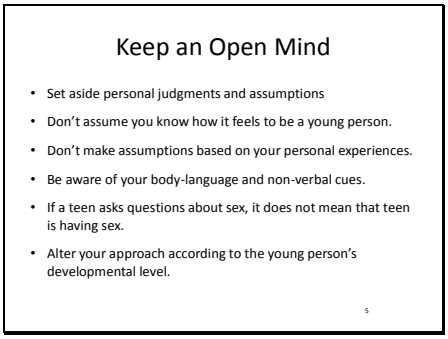
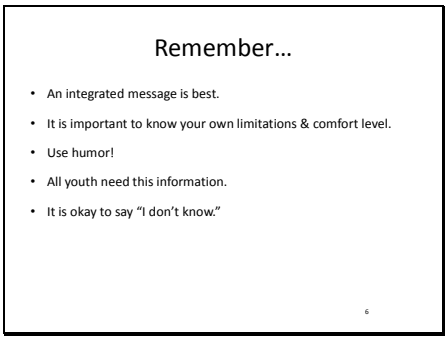


Keep an Open Mind:

- Set aside your personal judgments!
- Be aware of your body-language and non-verbal cues; youth don't want to feel judged by adults.
- Don't assume you know how it feels to be a young person today.
- Don't make assumptions based on your personal experiences.

- If a teen asks questions about sex, it does not mean that teen is having sex.
- Alter your approach according to the young person's developmental level.

Slide 6



Remember…

•An integrated message is best: discussion of both pregnancy prevention and reducing sexually transmitted infections is crucial.

•It is important to know your own limitations and comfort level; it's okay to refer a young person to another trusted adult if the conversation moves outside of your personal boundaries, but check in with the young person to make sure that someone did indeed answer all of his/her questions.

•Using humor, when appropriate, can go a long way.

•All youth need this information.

Often, girls are the focus of teen pregnancy, STI, and HIV prevention messages, but it's obviously important that boys also receive this information. What are some ways for engaging boys and young men? *(Presenter elicits responses.)*

Abstinent youth needs this information too! They may be thinking about or preparing to have sex; regardless, at some point in the future, they will engage in sexual activity, and it's better for them to be prepared.

It's important to recognize that, for example, a young woman who identifies as a lesbian and lets an adult know this will probably not be interested in hearing about contraception. If you do provide information on contraception, she may feel as if you are not listening to her. However, youth who may be questioning their sexual orientation may engage in sexual risk-taking behaviors. For example, a girl may engage in sexual activity with a boy, but she may not protect herself. Therefore, it's important to tailor your approach and information provided to the individual.

•It is okay to say "I don't know" and look up answers together; be sure to use a credible source of information.

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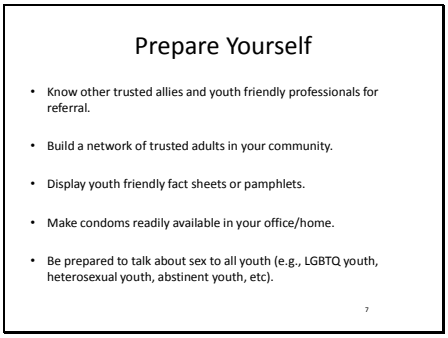
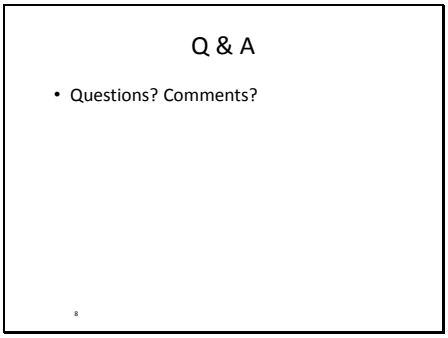


Aside from online resources, there are also other ways to prepare yourself and send the message that you are a youth-friendly resource:

- Know other trusted allies and youth friendly professionals for referral.
- Build a network of trusted adults in your community.
- Display youth friendly fact sheets or pamphlets.
- Make condoms readily available in your office/home.
- Be prepared to talk about sex to all youth (e.g., LGBTQ youth, heterosexual youth, abstinent youth, etc.).

Do you have any questions about these tips? Would you add anything to these tips? *(Presenter elicits responses and scribes on flip chart paper.)*

Slide 8



Do you have any questions or comments?

Please feel free to contact me if you have any questions. I'd like to credit Healthy Teen Network with the research and development of this presentation...

Slide 9

Resources:

- Healthy Teen Network: www.healthyteennetwork.org
- Association of Reproductive Health Professionals: www.arhp.org
- Planned Parenthood: www.plannedparenthood.org
- Sex Etc.: www.sexetc.org
- Teen Wire: www.teenwire.com
- SIECUS: www.siecus.org
- Campaign for Our Children: www.cfoc.org

	Day 2		
	Time	**Learning Technique**	**Content**
Module 4 Providing Teen Friendly Care	8:30-9:00		Sign in /Mingle/ Continental Breakfast
	9:00-10:00	Group Work	Addressing Challenges
	10:00-10:30	Group Presentation	Strategies for success
	10:30-10:45	Break	
Communication Skills	10:45-11:45 11:45-12:45	Group Discussion Role Play	Non Verbal Verbal Encouragement Language Clarification
	12:45-1:45	Lunch	
Module 5 Confidentiality	1:45- 2:30 2:30-3:00	Case Study/Handout Group Discussion /Questions	Teen Pregnancy Role of Nurses
	3:00-3-15	Afternoon Break	
Referrals	3:15-3:45 3:45- 4:00	PowerPoint Presentation Individual Responses (per Instructions)	Community Resources Formative Evaluation

Case Study

- Developed by Douglas S. Diekema, MD, MPH, director of education, Treuman Katz Center for Pediatric Bioethics, Seattle Children's Hospital
- A 14-year-old accompanied by her mother presents with complaints of nausea and vomiting for two weeks. After her mother leaves the room, she admits to being sexually active and tells you that she has had unprotected intercourse recently with her boyfriend and missed a period. Her parents do not know she is sexually active, and she does not want her mother to know that a pregnancy test is being done or the result of that test. Pregnancy test comes back positive.
- Do you disclose the test results to the patient's mother?
- Do you disclose the test results to the patient first?
- How will you get the mother to leave the room to disclose results?
- What if the mother asks about test results?

Handout to Accompany Case Study

Handout developed by Douglas S. Diekema, MD, MPH, director of education, Treuman Katz Center for Pediatric Bioethics, Seattle Children's Hospital

This patient, a 14-year-old, has requested that you not convey to her mother that a pregnancy test has been sent. In other words, she has requested that you respect her confidentiality. We talk about confidentiality. What is the rule of confidentiality, and how does it differ from respecting someone's privacy

Distinction between violations of confidentiality and privacy:

1. Violations of privacy involve the unauthorized disclosure of someone else's private information (e.g., looking at records without authorization).
2. Violations of confidentiality involve disclosure of someone else's private information:
    - That they voluntarily imparted in confidence and trust
    - When there was an implicit or explicit promise not to divulge that information without their permission
3. The ethical basis of a rule for confidentiality is embodied in the word. Maintaining *confidentiality* is important because someone has *confided* private information to us. Breaking that *confidence* undermines their ability to trust. The Latin root of confidentiality is *confidere*, which means "to trust."

There should always be a *strong presumption* to respect confidentiality and avoid breaking confidences when at all possible. The duty of confidentiality is based on four major arguments:

1. The principle of *respect for autonomy* or *respect for persons*
    - Respect for autonomy, or respect for persons, calls for us to allow others to decide who they want to know certain details about themselves. Respecting others and caring for them should create in us a disposition to respect their wishes that certain intimate details of their lives remain confidential. We show them disrespect when we make that decision for them by telling their "secrets" (deontological ethics).

- One could ask whether good people should really even have aspects of their lives, which they would not want other people to know about. Two points are worth noting: we all fall short of our ethical ideals, and we make mistakes that we prefer others not know about.
- Some persons are courageous enough to be honest about these things, but most of us aren't. What is important here, however, is that respecting others requires that we let them decide whether to reveal these things and to whom they feel they need to reveal these things.

2. *Implicit promise*
   - Confidentiality in the therapeutic relationship is assumed. Therefore, an implied promise exists between the patient and her physician. Absent a prior warning by the physician to the contrary, to break confidentiality is to break a promise made to the patient.
3. *Trust is undermined*
   - Under circumstances of *trust*, such as disclosures made in most patient-provider relationships, the patient is betrayed when confidences are broken. They have confided in us assuming that we will not disclose what they have told us. To do so would do violence to that trust. Trust is essential for communities of people to function effectively. Without trust and fidelity, communities (and the persons within them) suffer.
4. *Consequences of not maintaining confidentiality to persons and to society*
   - An *expectation exists in society* that confidence will be kept in medical settings. This expectation makes people trust those who care for them in times of illness. Because the expectation exists, and because of the inequality in intimate disclosures, medical care providers have a special obligation to be trustworthy and loyal.
   - The *effectiveness of medicine* often depends upon patients revealing intimate details and secrets of their lives. The breaking of confidences would have a negative effect on medicine because patients would be less likely to entrust

these intimate details to their providers if they might be revealed to others (utilitarian ethics). Thus, routinely breaking confidence harms the therapeutic relationship.

- For example, people who are at risk for *HIV* may not seek testing if they think that information will be available to anyone other than the doctor. Without the assurance of confidentiality, no identification of people at risk can occur.

Is there an obligation to maintain confidentiality when the patient is an adolescent?

Adolescents' concerns about confidentiality can be a barrier to accessing health services (Booth, Ford, Reddy, Cheng, and Klein). When they know that confidentiality will be respected, they are more likely to seek healthcare, return for healthcare and disclose sensitive information about risky behaviors (Ford).

One study (Reddy) of girls ages 12 to 17 in the United States found that nearly 60% reported that if their parents were notified, they would stop using all or some sexual health services or delay testing or treatment for sexually transmitted infections.

Other studies have found that about a third of adolescents would not seek healthcare for sensitive health concerns if their parents could find out (Cheng, Klein).

The majority of adolescents wish to obtain healthcare for some or all of their health concerns without parental knowledge (Thrall).

One in 10 adolescents reported not visiting their healthcare provider in the previous year despite wanting to do so because of the fear that their parents would find out (Thrall). This study also found that the provision of confidential healthcare was a significant predictor of having discussed substance use with providers in the preceding two years.

One British survey of 188 adolescents ages 16 to 17 found that 85% of them ranked confidentiality as the first- or second-most-important issue in seeking health services (followed by telephone advice, written information, special clinics, friendliness and magazines in waiting room) (McPherson).

Another survey found that 58% of adolescents had health concerns they wished to keep private from their parents. Due to concerns about privacy, only 57% were willing to see their physician about sensitive subjects (Cheng).

Laws regarding confidentiality vary from state to state. In Washington State, confidentiality is tied to informed consent, such that any individual who can provide informed consent (and most adolescents can provide consent for diagnosis and treatment of STDs, pregnancy, contraception and psychiatric care) is also owed the duty of confidentiality.

How will you strategize what happens next, e.g., sending a test while the girl waits, but not telling the mom what has been done?

What is perhaps most important is to make a plan with the girl. One option is to suggest that a visit to a public health clinic or Planned Parenthood might be a safer way to protect her confidentiality.

If she wants you to perform the pregnancy test, then she needs to be aware that her mother may have questions about what is happening and why tests are being done. It will also be necessary to plan for how the test result will be shared once the mother is back in the room.

While you have promised confidentiality to the daughter, this does not require that you lie or mislead the girl's mother. The daughter needs to understand this. If asked a question by the mother about what tests are being done, you may need to say that you cannot divulge that to her.

In that case, an uncomfortable situation may arise with the mother confronting the daughter. The physician's duty in this case is to make the daughter aware of this risk of doing the test now with her mother present.

The clearest situations in which confidentiality can be justifiably overridden are those in which the patient places another person or the community at significant risk of serious harm.

1. Confidentiality is a *prima facie duty*. It may be validly overridden by more compelling obligations. In such cases one is obligated to violate confidentiality in order to fulfill a stronger obligation. However, the *burden of proof* is always on the one who seeks to justify the breaking of a confidence.
    - Confidentiality is limited in cases *where others may be harmed* significantly if the confidence is kept. Respect for autonomy does not extend to allowing harm to be done to others.
2. *Factors* to be weighed carefully include the *extent* and type of harm that has been confided to you (rape or murder vs. stealing a wrench) and *probability* that the person will actually do what they say they will (very difficult judgment):
    - Probability of harm
    - Magnitude of harm
    - Foreseeability of harm
    - Preventability of harm
    - Identifiability of victim (s)
    - Potential impact on a general policy of confidentiality
3. In these situations, *three questions* must be asked:
    - Is there a *high likelihood of significant harm*?
    - Will breaking the confidence *prevent the harm*?
    - Are there *any less intrusive alternatives* that would prevent the harm and not require breaking confidentiality or some other ethical obligation? One must always seek an alternative way of dealing with the problem that might allow you to keep confidence. Every effort must be made to get the person's consent to reveal what needs to be revealed. If people are at risk of serious harm and disclosure is necessary to prevent that harm and there is no less intrusive alternative than disclosure, disclosure is justified.

4. If confidentiality must be broken, only those with an absolute need to know should be given access to that information, and only that information that is needed to prevent harm should be revealed.
5. In most cases, patient should be notified that confidentiality is to be violated.

What are some examples where breaking the rule of confidentiality might be justified?

- *Public health considerations*

  State laws may mandate reporting of certain communicable diseases, including STDs and HIV. Beyond mandatory reporting, one's duty to protect others when your patient has an infectious disease is usually discharged by warning the patient that they are at risk to others and telling them how they can prevent spread of the disease to others.
- *When someone says that they are going to hurt someone else*
- *Certain conditions that pose a danger to other people and the patient refuses to act responsibly*

  These conditions may include driving under the influence; promiscuous HIV-infected person having unprotected intercourse; an airline pilot with uncontrolled seizures. (There is a recent $3 million tort case involving a physician who failed to report an epileptic patient to the DMV. The patient had an accident and injured a passenger.) Laws governing whether reporting of these situations is mandatory vary from state to state.
- *Child abuse*

  Duties are to the child. To report parents is not to break confidentiality, but to uphold your duty to give priority to the best interests of the child. State laws require healthcare providers to report suspected neglect or abuse to child welfare authorities.

  Is your feeling that the adolescent might harm herself or that she might later regret her decision sufficient reason to break the rule of confidentiality?

These are referred to as paternalistic violations of confidentiality: "It is done for the patient's own good. “Paternalistic violations of confidentiality are rarely justified in adults, especially regarding those patients who demonstrate the capacity to make the decision in question (understanding of issues, thoughtfulness, ability to make a decision, awareness of and willingness to accept consequences).

Notice that a breach of confidentiality is not justified simply because you think it would be better for the patient if others knew about a certain condition or problem. Respect for persons requires that a person with capacity be permitted to decide whether or not it would be beneficial *to her* that others know the information in question.

Adolescents should be encouraged to consult with parents about decisions.

Confidentiality should only be violated if what the adolescent has revealed suggests there is a strong likelihood of serious harm to them; that the harm will most likely be prevented by breaking confidence; that all alternatives have been exhausted; that they have been given the opportunity to make the revelation themselves; and that they have been notified of your intention to break confidentiality. This is more easily justified if there is some evidence of limited autonomy on the part of the adolescent.

- Notify them of your obligation to make the revelation.
- Explain the reasons you feel obligated to break confidentiality.
- Offer an apology that you cannot maintain confidentiality.
- Offer them the opportunity to make the revelation themselves in your presence.

Likewise, when a physician at an East Coast institution had an HIV test done at his home institution, within hours he had acquaintances approaching him to offer their sympathy.

The, including some mention of a pregnancy test.

- If her parents were to request a copy of her medical records, they would likely receive all of the information it contained. Many offices have no strategy for identifying

information in the medical record that the adolescent would have wished to remain private.

Conclusion with Suggestions

Have a standard discussion with all adolescents at the beginning of a visit (warning of limitations on your ability to maintain confidentiality):

"What you tell me here is between you and me. I will not tell your parents or others about what we have discussed without your permission.

"However, I want you to be aware that there are certain circumstances under which I will not be able to keep that promise. For example, if what you tell me suggests that you intend to harm yourself or place someone else at risk of serious harm, I will need to share that information.

"You should also understand that your parents will get a bill for this visit and may ask you about it. That bill may have the names of tests that we do today…"

If there is no mechanism in place to restrict access to the records of adolescent patients, they should be warned that parents may have access to their records (if they request them), and that you may not be able to prevent that possibility (even in states that respect minors' desire to have records not be revealed to parents, it may happen inadvertently).

Make a plan with the adolescent regarding follow-up of lab results and billing to assure confidentiality.

Do not leave messages on answering machines. Likewise, recognize that fax and email communications can easily be sent to the wrong person.

Make a plan with the adolescent regarding how she wishes to be contacted by you for follow-up on lab results.

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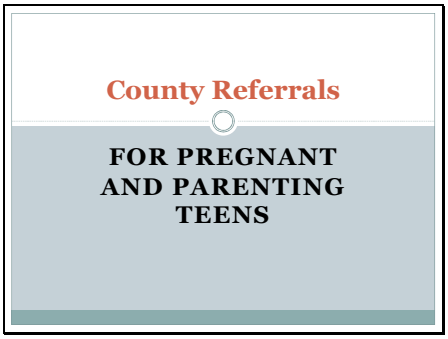

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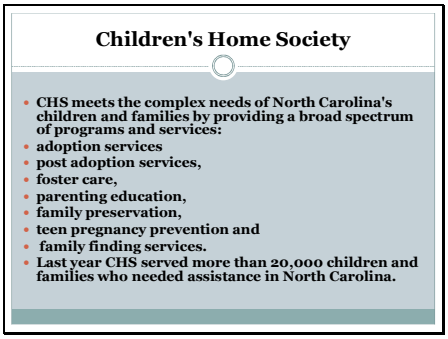

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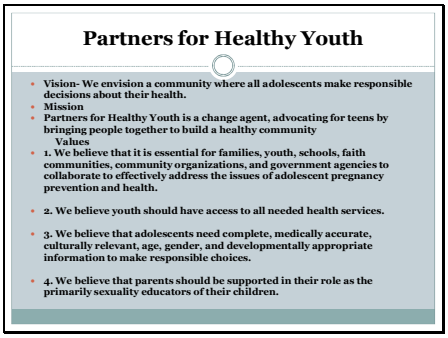

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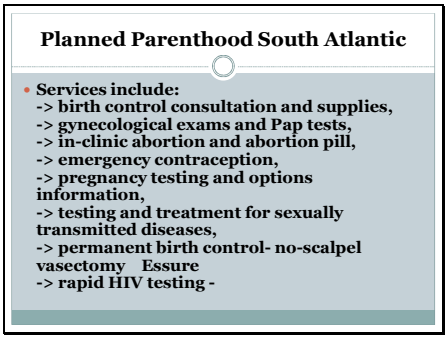

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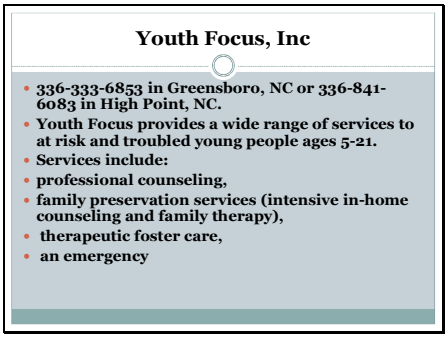

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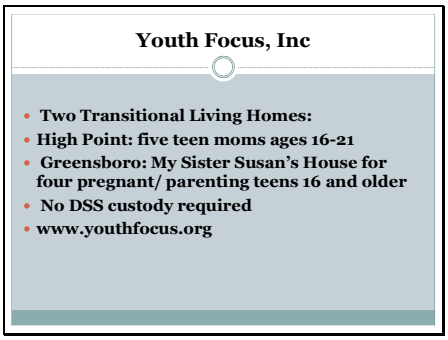

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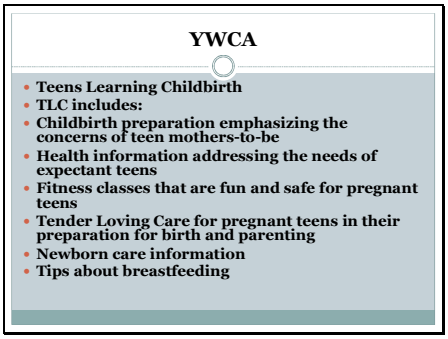

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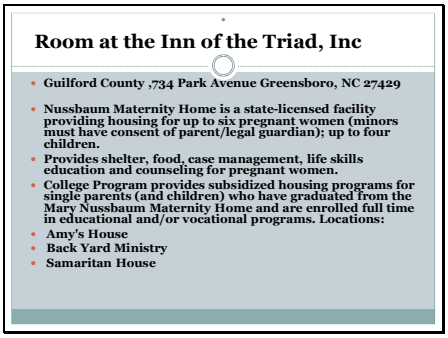

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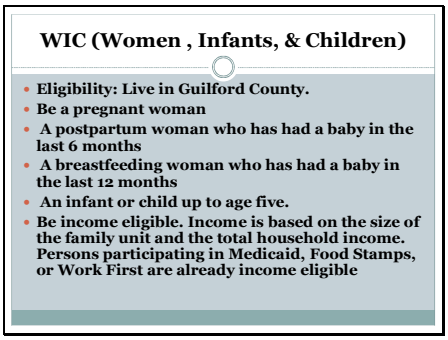

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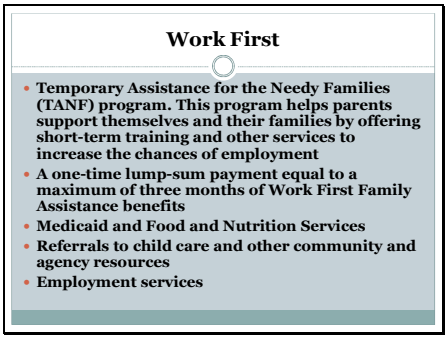

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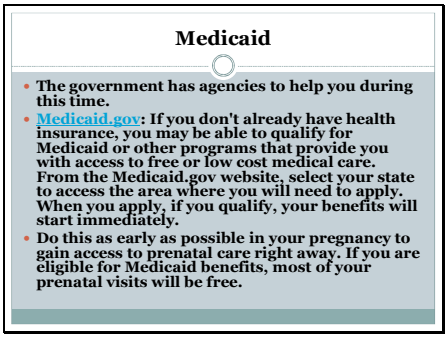
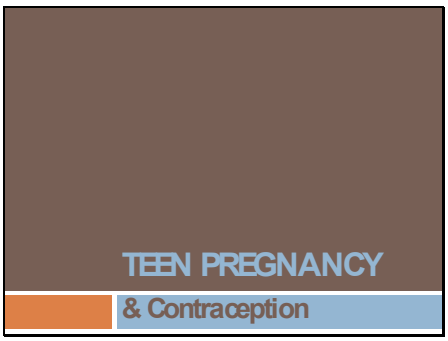


Slide 13

	Day 3		
	Time	**Learning Technique**	**Content**
Module 6 Family Planning Counseling Sexually Transmitted Infections	8:30-9:00		Sign in /Mingle/ Continental Breakfast
	9:00-10:30	Lecture/ PPP Presentation Group Discussion Case Study	Contraception
	10:30-10:45	Break	
	10:45-12:45	Lecture/ PPP Presentation Discussion	STIs
	12:45-1:45	Lunch	
Module 7 Closing Summative Evaluation	1:45- 3:45	Group Discussion Reflection	Workshop Review/ Closing Remarks
	3:45-4:00		Summative Evaluation

Activity # 14

Slide 1



The CDC cited a paper from the American Journal of Public Health, which found that **86%** of the drop in teen pregnancies between 1995 and 2002 came from an increase in contraception use. Moreover, the more contraception, the better, as far as the CDC is concerned. Using a dual method is "especially effective in reducing repeat births among teenagers

Despite the sharp decrease in teen pregnancy, the rate in the United States remains higher than in most developed countries. That is partially because the state of sex and contraception education .

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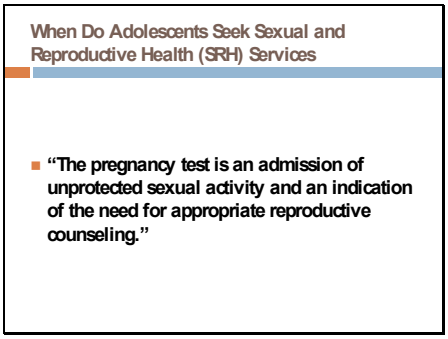
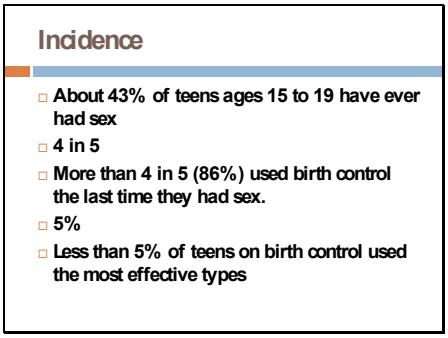


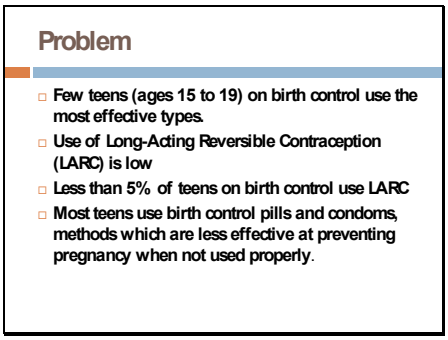
ANSWER: 14 MONTHS
Most common reason why adolescents seek family planning care: pregnancy test.
We want to get to teens before they have sex to help them make these decisions, but to do so we have to bring it up

Slide 3



Nearly two million teen girls in need of contraceptive services turn to publicly funded clinics (Guttmacher Institute, 2009). Confidential access to contraceptive services is crucial to preventing teenage pregnancy.

Slide 4



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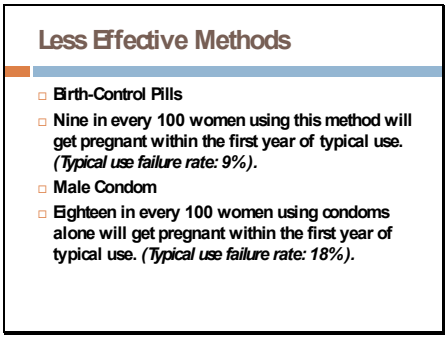

Female Condom *(Vaginal Pouch)*
Twenty-one in every 100 women using condoms alone will get pregnant within the first year of typical use. *(Typical use failure rate: 21%)*
There are some methods that are less effective and not recommended as primary birth control methods for teens.
Withdrawal
In this method, the penis is taken out of the vagina before ejaculation.
22 women out of 100 using this method will get pregnant within 1 year,

and this can be much higher for teens. Even if done correctly *(which can be difficult),* the penis releases fluids into the vagina before ejaculation, which contain thousands of sperm, and sometimes viruses or bacteria.

Fertility awareness methods *(like the Rhythm method)*

In this method, a woman has to track her periods, take her temperature each morning, and inspect the color and texture of her cervical mucus every day. She also does not have sex for about a week around the time of her ovulation each month. This requires a level of diligence that is very difficult even for some adults.

Twenty-four out of 100 women using this method will get pregnant within the first year, but this can be much higher for teens. (WHY? Your thoughts?)

Spermicide

This is a gel, cream, or foam that a woman inserts deep into her vagina before having sex.

Twenty-eight out of 100 women who use spermicide alone for birth control will get pregnant within the first year, so it has a high failure rate. It can also be messy and difficult to use. While it can be used with other methods to increase the protection against unintended pregnancy, it may increase the risk of HIV infection for those at high risk.

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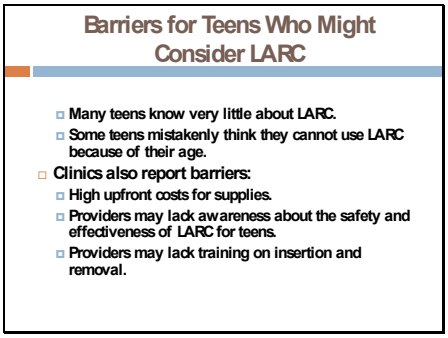

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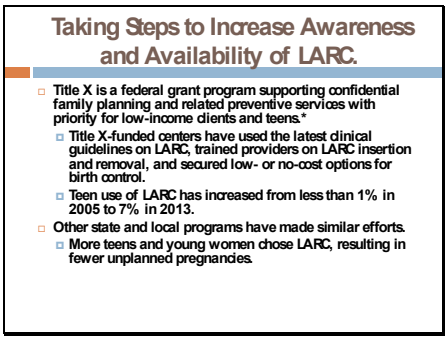

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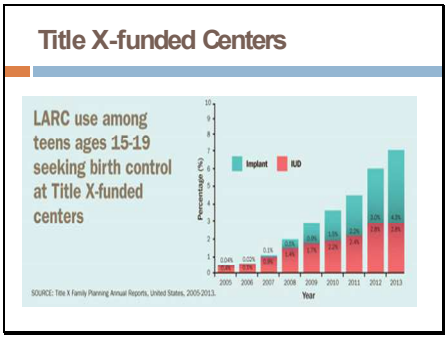
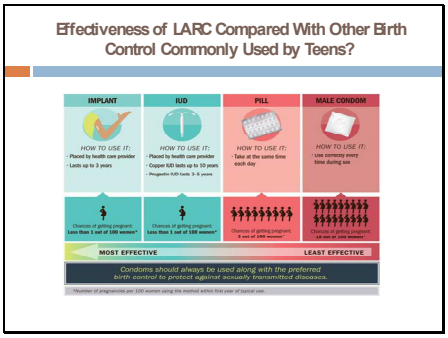


Bar chart shows how use of long-acting reversible contraception (LARC) among teens ages 15-19 has increased in total from less than 1% in 2005 to 7% in 2013 at Title X-funded centers. It also show preference between the two LARC methods intrauterine device (IUD) and implant.

Slide 9



Slide 10

Help for HCPs

- U.S. Medical Eligibility Criteria for Contraceptive Use, 2010 (US MEC)
  (a) defines who can safely use specific methods of contraception, and provides recommendations for the safety of contraceptive methods for women
- *The U.S. Selected Practice Recommendations for Contraceptive Use, 2013 (US SPR)*
  (b) provides guidance on how contraceptive methods can be used and how to remove unnecessary barriers for patients in accessing and successfully using contraceptive methods.

Slide 11

What Can Be Done

- The Federal government is:
- Supporting efforts to prevent teen pregnancy by providing affordable family planning services.
- Developing clinical guidance for safe and effective use of birth control.
- Developing and evaluating programs in communities where teen births are highest.

Slide 12

Doctors, Nurses, and Other Health Care Providers Can:

- Encourage teens not to have sex.
- Recognize LARC as a safe and effective choice of birth control for teens.
- Offer a broad range of birth control options to teens, including LARC, and discuss the pros and cons of each.
- Seek training in LARC insertion and removal, have supplies of LARC available, and explore funding options to cover costs.
- Remind teens that LARC by itself does not protect against sexually transmitted diseases and that condoms should also be used every time they have sex

Slide 13

Doctors, Nurses, and Other Health Care Providers Can:

- Take a full medical and sexual history
- Explore personal circumstances affecting method choice and compliance
- Discuss side effects candidly and validate concerns
- Encourage dual condom/contraception use

Slide 14

Reference

- Centers for Disease Control and Prevention. (2015). *Preventing teen pregnancy: A key role for health care providers.* Retrieved from Centers for Disease Control and Prevention website: http://www.cdc.gov/vitalsigns
- Guttmacher Institute. (2009). *Contraceptive needs and services, 2006. New York:* Guttmacher Institute. [Online]. http://www.guttmacher.org/pubs/win/index.html , Retrieved June 1, 2016.

Activity # 15

Case Study

Linda Stokes is a 15 year old and has been sexually active for the past 2 months with her 18 year old boyfriend. She has been using condoms since the first time she had intercourse but the condom broke last time that she and her boyfriend had intercourse. She visits the clinic today because she is concerned that she might be pregnant and would like to use a back-up method in case a condom breaks again in the future. In addition, her parents are not aware that she is sexually active.

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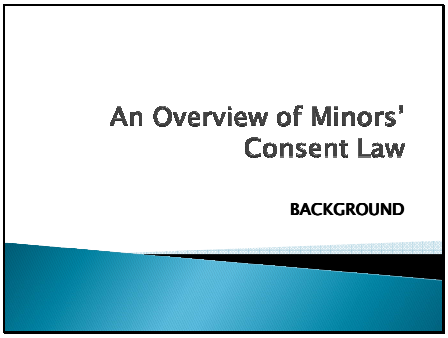

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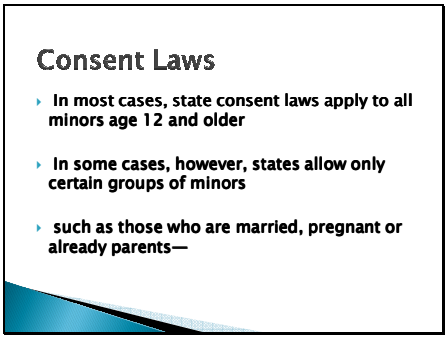

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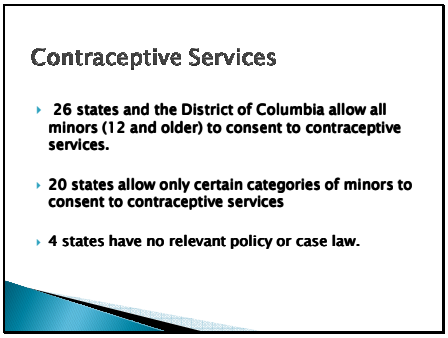

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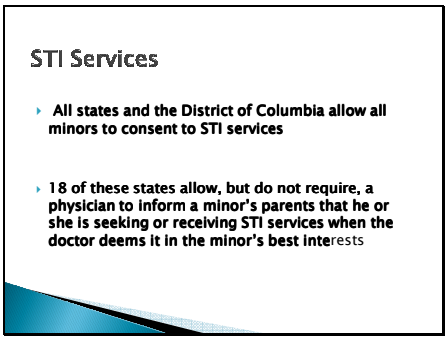

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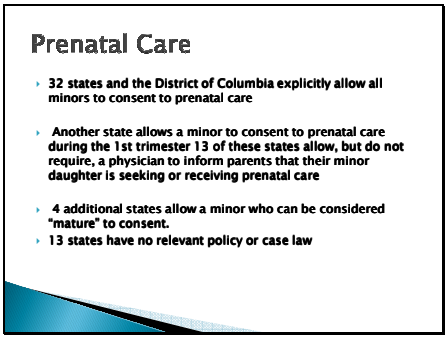

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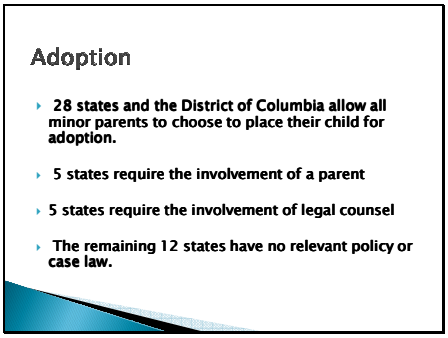

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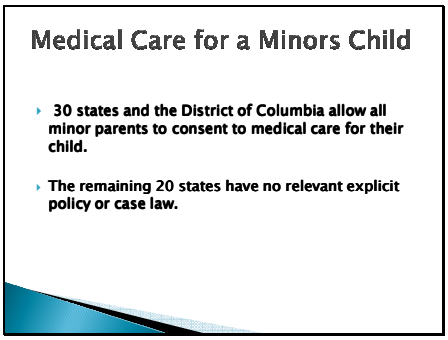

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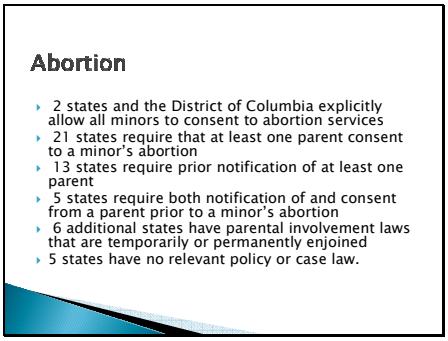


Slide 10

Your State

State	CONTRACEPTIVE SERVICES	STI SERVICES	PRENATAL CARE	ADOPTION	MEDICAL CARE FOR MINOR'S CHILD	ABORTION SERVICES
North Carolina	All	All	All	Not addressed	Not addressed	Parental Consent

Slide 11

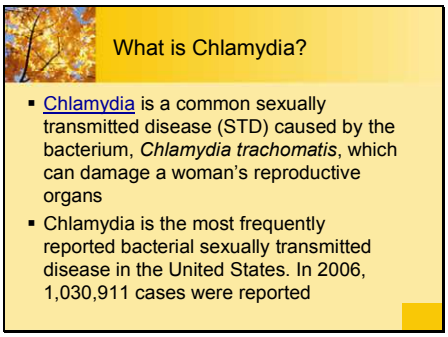
Reference

- Advancing sexual and reproductive health worldwide through research, policy analysis and public education policy*@guttmacher.org, 2016*
- Jones R. & Boonstra H. 2016).Confidential reproductive health services for minors: the potential impact of mandated parental involvement for contraception, *Perspectives on Sexual and Reproductive Health*, 36(5)182-191

Activity # 16

Slide 1

Slide 2



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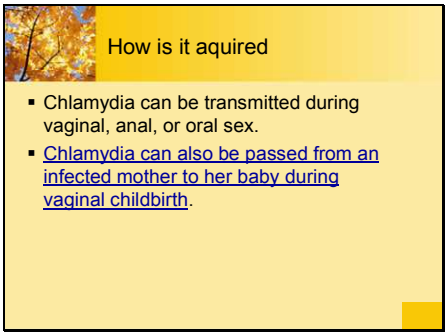

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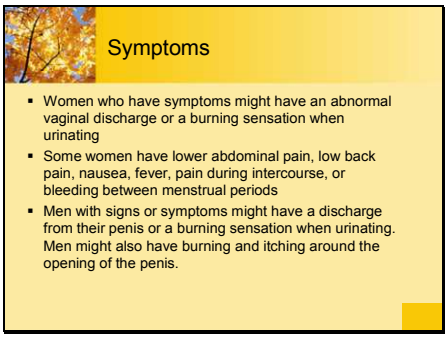

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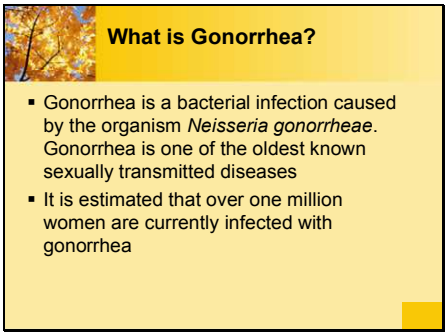

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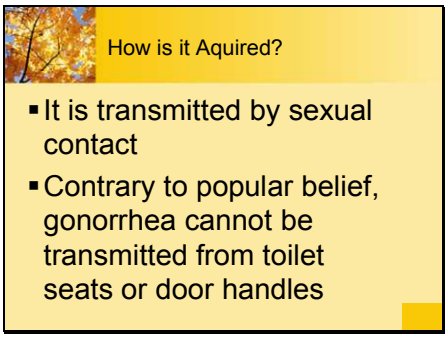

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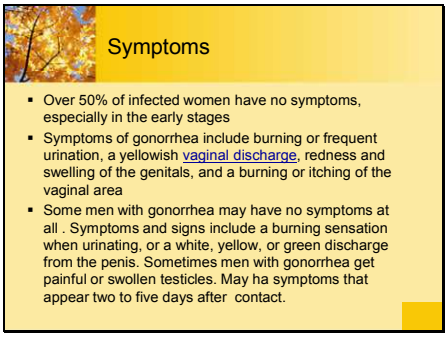


Slide 9

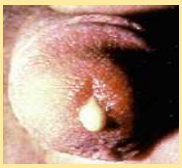
Definition of Vaginal discharge

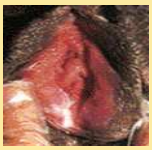
- Vaginal discharge is a fluid produced by glands in the vaginal wall and cervix that drains from the opening of the vagina. The amount and appearance of normal vaginal discharge varies throughout the menstrual cycle. An increase in the amount of vaginal discharge, an abnormal odor or consistency of the fluid, or pain that accompanies vaginal discharge can all be signs of infection or other disorders. Such disorders include (this is not an all inclusive list) bacterial vaginosis, yeast vaginitis, and vaginitis.

Slide 10

Gonorrhea

Male Discharge **Female Discharge**





Slide 11

Syphillis

- What is it?
- Syphilis is an ancient illness first described in the 15th century. It is a sexually transmitted disease caused by the bacteria, *Treponema pallidum*
- *How is it Aquired?*

Sexual Contact

Slide 12

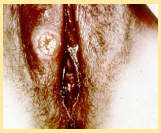
Signs and Symptoms

- Syphilis is a three-staged disease. In the first stage ("primary syphilis"), one or more painless skin ulcers (chancres), form at the site of inoculation.
- Two to eight weeks after the chancre heals, "secondary syphilis" begins. In this stage, the Treponema bacteria spreads throughout the body causing many possible types of rash, palm rash fever, sore throat, swollen glands, and just feeling lousy!
- "Tertiary", or late syphilis, often occurs 15 years or so after the initial chancre, and slowly gets worse and worse. It affects the brain and spinal cord, often causing mental illness and paralysis.

Slide 13

Syphilis

Male Chancre) **Female Chancre**

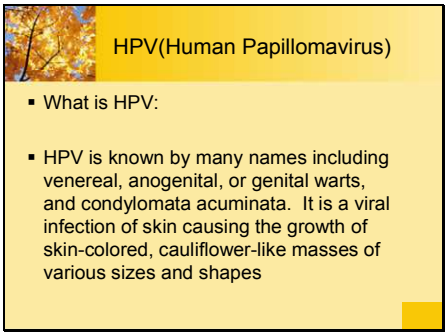


Slide 14

Treatment for Chlamydia, Gonorrhea & Syphilis

- Chlamydia: A number of antibiotics in the Erythromycin family will kill and hence cure Chlamydial infections
- Gonorrhea: Gonorrhea used to be 100% curable with Penicillin. We now use a more potent antibiotic to cure gonorrhea. Usually a shot of ceftriaxone (Rocephin) or an extra-large dose of azithromycin (Zithromax) will kill the bacteria and cure the disease.
- Syphilis: Penicillin is still the first choice of treatment in every stage of this illness, and usually cures the disease.

Slide 15



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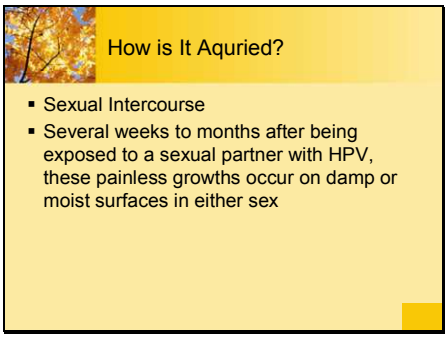

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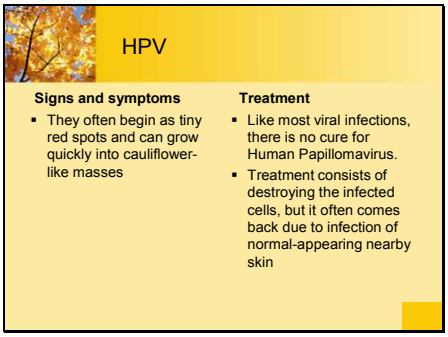
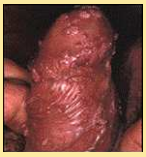


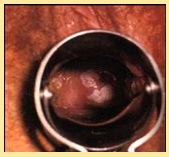
Slide 18

HPV

On Male Penis



Cervix of Female



Slide 19

Herpes (What is it ?)

- Herpes is a viral infection of the skin caused by the Herpes Simplex Virus (HSV). Classically, HSV-1 cause a cold sore/ fever blister, while HSV-2 cause the genital herpes. Over the last decade, it has become clear that either strain of this virus can cause either rash, though 75% of genital herpes is caused by HSV-2.

Slide 20

Herpes

Signs and Symptoms

- Symptoms of primary genital herpes may include fever, headache, and muscle aches followed 3 days later by the classical rash of painful blisters and ulcerations of the skin recurrent genital herpes usually begins with a burning or itchy sensation 1 - 2 days before the skin rash develops.

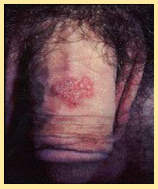
Treatment

- Like most viral infections, there is no cure for Herpes. Anti-viral medications have come to market lately and have done a very good job at improving the duration of an outbreak as well as the discomfort. Medications such as acyclovir (Zovirax), famcyclovir (Famvir), valacyclovir (Valtrex), and others can significantly lessen the pain and symptoms and shorten the course of the herpes outbreak.

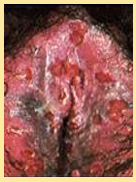
Slide 21

Herpes

Male with Blisters



Female with Blisters



Slide 22

PID (Pelvic Inflammatory Disease)

- Pelvic Inflammatory Disease, or PID for short, is actually a spectrum of diseases that affect women only. The real significance of PID is that getting it causes changes in the normal anatomy of the woman's genital tract thus increasing the future risk of an ectopic pregnancy (where an embryo grow outside of the uterus leading to shock and death of the mother if not rapidly diagnosed) and/or infertility (an inability to get pregnant). 10% to 30% of women will lose the ability to become pregnant after just one episode of PID!

Slide 23

PID

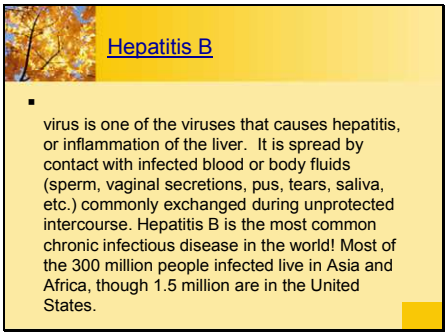
Signs and Symptoms

- The uterus, fallopian tubes, and other areas of a woman's upper genital tract become infected and inflamed , swelling, fever, and scarring. The most common symptom is abdominal or pelvic pain. Abnormal vaginal bleeding, pain during intercourse, and vaginal discharge

Treatment

- PID is treated with antibiotics. Two or more antibiotics are often used together to *cover*, or kill, the majority of potential bacterial culprits. Many times, a patient with PID will be admitted to the hospital for intravenous (IV) treatment.

Slide 24



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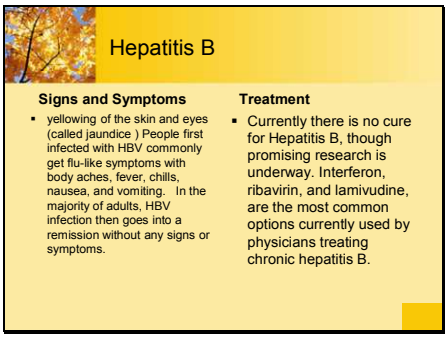

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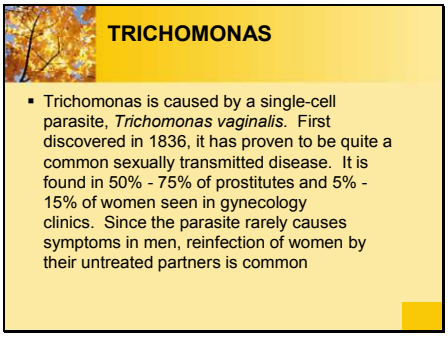

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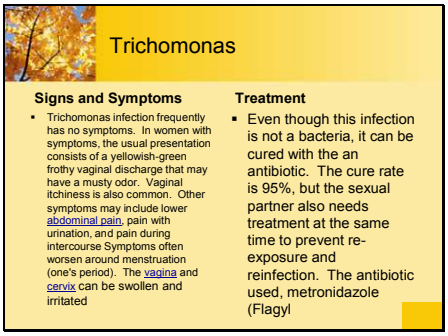

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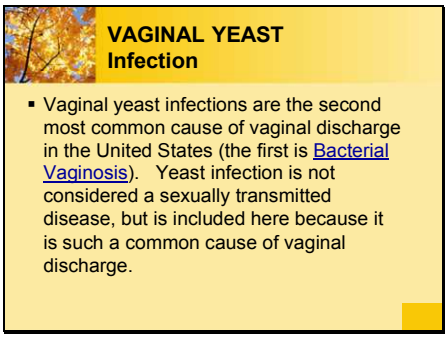

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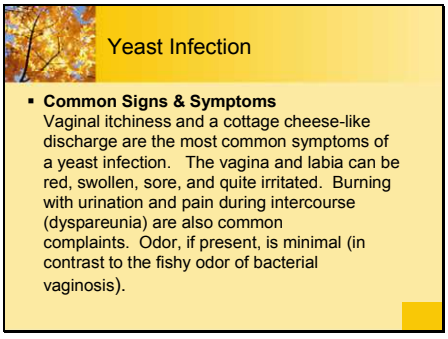

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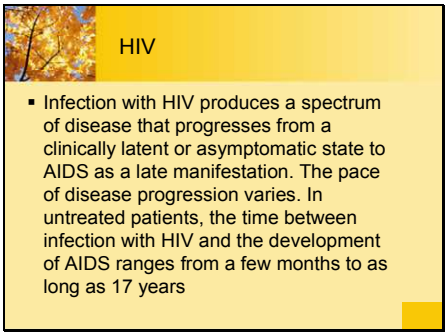

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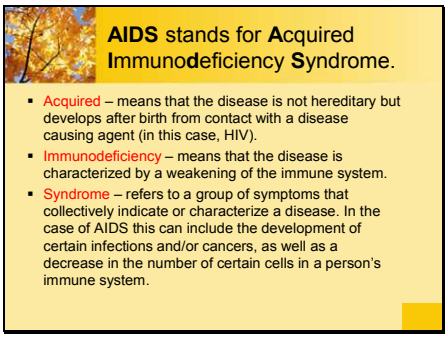

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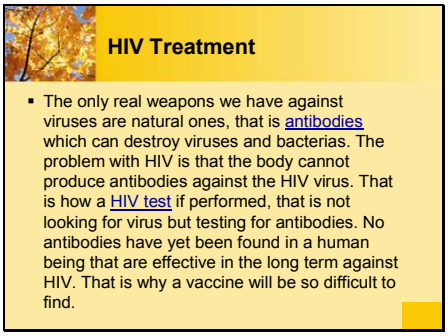

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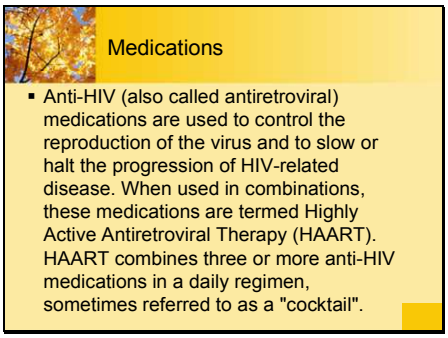

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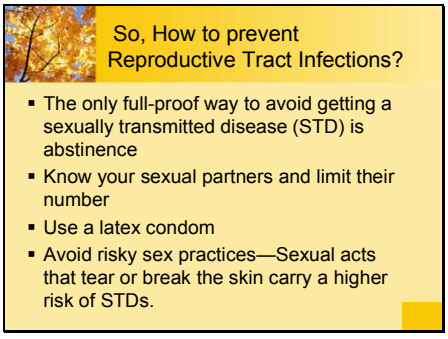

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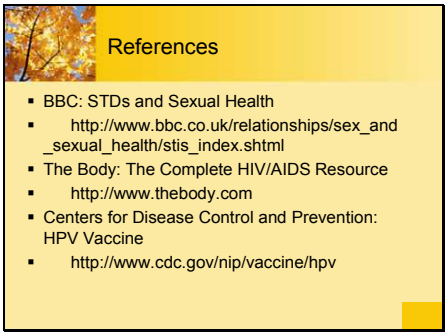

Appendix B: Letter of Cooperation from a Community Research Partner

1203 Maple St.

Greensboro, NC 27405

Letter of Cooperation from a Community Research Partner

Guilford County Department of Health & Human Services-Public Health

Maternity Clinic

October 22nd, 2015

Dear Patricia Kelley,

Based on my review of your research proposal, I give permission for you to conduct the study entitled "Professional Development of Healthcare Professionals: Its Impact on the Health Outcomes of Pregnant and Parenting Teens" within the Guilford County Department of Health & Human Services-Public Health. As part of this study, I authorize you to conduct a single audiotaped one-on-one interview with the selected 8-10 HCPs for 30 to 45 minutes at the clinic and disseminate the results to the nurses, managers, and executive team at the clinic. Member checks will be included where participants get to read and clarify what they said. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: (a) Provision of HCPs telephone numbers and (b) the multipurpose room for privacy. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

Merle C. Green, MPH, MBA

Appendix C: Interview Protocol

Project: Professional Development of Healthcare Professionals: Its Impact on the Health Outcomes of Pregnant and Parenting Teens

Time of Interview:

Date:

Place: Multi-purpose room at XYZ clinic

Interviewer: Patricia Kelley

Interviewee:

Position of Interviewee:

The purpose of this phenomenological exploratory study is to describe maternity healthcare professionals' perceptions and experiences relevant to professional development and its impact on the health outcomes of pregnant and parenting teens. By describing the experiences of maternity HCPs and the ways in which those experiences relate to their knowledge and understanding of teen pregnancy. This study will include eight to 10 registered nurses (RNs), and social workers employed at this clinic. Audio recordings of interviews, transcripts as well as all field notes will be kept in my office in a locked file cabinet, and participants will be identified by pseudonyms. The one- on one interview will take 30-45 minutes to complete.

[Have interviewee read and sign the consent form. Turn on the audio recorder and test it.]

RQ 1: What do HCPs describe as their experiences of professional development regarding teen pregnancy and teen parenting?

IQ 1: What are some of your professional development experiences?

IQ 2: What factors influence and contribute to your participation in PD activities?

IQ 3: How would you describe your role in the care and education of pregnant teens and teen parents?

RQ 2: What are HCPs perceptions of the strengths and weaknesses of their current professional development plan as it relates to pregnant and parenting teens?

IQ 4: How do you perceive the adequacy and quality of PD courses/programs offered by the clinic? Please give me some examples

IQ 5: Describe how you think the clinic could better meet healthcare professionals' professional development needs.

RQ 3: From maternity healthcare professionals' perspective, how can professional development of healthcare professionals impact the health outcomes of pregnant and parenting teens?

IQ 6: How do you perceive that PD provides new knowledge, skills, and competencies to manage the needs of the pregnant teen patient population?

IQ 7: How do you perceive that PD improves the professional healthcare practice and patient outcomes at XYZ clinic? Please give me some examples

IQ 8: What do you perceive as barriers to meeting the professional development needs of healthcare professionals at XYZ clinic?

IQ 9: Is there anything else you would like to share at this time?

[Thank the interviewee for their participation.]

Appendix D: Relationship of Research Questions to Subthemes/Themes

Research Question	Subthemes	Themes
1) What do HCPs describe as their experiences of professional development regarding teen pregnancy and teen parenting?	Maternity update In-services Getting doctorate Enhanced role training Nurse practitioner certificate Back to school in 2000 Graduated in 2001 as a Nurse practitioner Training Maternity enhanced role Quality improvement Fetal monitoring, NSTs, (Non Stress Testing) Family planning Enhancing skills	1) Expansion of Knowledge and Skills

2) What are HCPs perceptions of the strengths and weaknesses of their current professional development plan as it relates to pregnant and parenting teens?	Adequate In-services provided by Dr. Bachmann are very good Not enough on family planning and maternity Poor quality Not worth the time Lack of information For pregnant teens? No! Need classes on how to communicate with these teens Could really do better Need improvement Not very good Middle of the road Not teen friendly	2) Adequacy and Quality

2) What are HCPs perceptions of the strengths and weaknesses of their current professional development plan as it relates to pregnant and parenting teens?	Staff shortage Hectic clinic flow Lack of tuition reimbursement Paid time off Definitely time Opportunity Money Interests	3) Challenges
3) From maternity healthcare professionals' perspective, how can professional development of healthcare professionals impact the health outcomes of pregnant and parenting teens?	Learning relevant to practice Provide better services to our teen clients Patient-centered care Improve assessment Support Talk to them Changing outcome in the sense of maybe preventing that next pregnancy Community resources	4)Improving the Health of Pregnant and Parenting Teens

	Training implemented by entire staff Knowledge Developing that relationship Preventing pre-term delivery Promote better outcomes Emphasis on LARCs (Long Acting Reversible Contraceptives) Family Planning	

Appendix E: Relationship of Interview Questions to Research Questions

	RQ 1) What do HCPs describe as their experiences of professional development regarding teen pregnancy and teen parenting?	RQ 2) What are HCPs perceptions of the strengths and weaknesses of their current professional development plan as it relates to pregnant and parenting teens?	RQ 3) From maternity healthcare professionals' perspective how can professional development of healthcare professionals impact the health outcomes of pregnant and parenting teens?
IQ 1: What are some of your professional development experiences?	X		

IQ 2: What factors influence and contribute to your participation in PD activities?	X		
IQ 3: How would you describe your role in the care and education of pregnant teens and teen parents?	X		
IQ 4: How do you perceive that PD provides new knowledge, skills, and competencies to manage the needs of the pregnant teen patient population?			X

IQ 5: How do you perceive that PD improves the professional healthcare practice and patient outcomes at XYZ clinic? Please give me some examples			X
IQ 6: How do you perceive the adequacy and quality of PD courses/programs offered by the clinic? Please give me some examples		X	

IQ 7: Describe how you think the clinic could better meet healthcare professionals professional development needs.		X	
IQ 8: What do you perceive as barriers to meeting the professional development needs of healthcare professionals at XYZ clinic?			X

Appendix F: Formative Evaluation

Name of Training: Providing Age Appropriate Care to Pregnant and Parenting Teens

Date: _____

1. What did you appreciate most about today?

2. What did you learn during today's session that you expect using in your work?

3. Was there anything you did not understand during today's session? Please provide detailed examples.

4. What is the most valuable thing you learned today (knowledge or skills)?

5. What other particular observations do you have?

Thank you.

Appendix G: Summative Evaluation

Providing Age Appropriate Care to Pregnant and Parenting Teens

1.) **Your role**: ☐ **Nurse** ☐ **Social Worker**

2.) The workshop was relevant and useful.

☐ Excellent ☐ Good ☐ Fair ☐ Poor

3.) The workshop has changed the way I view specific areas of maternity services.

☐ Yes, a big difference ☐ Quite a lot

☐ A little ☐ Not at all

4.) The workshop has influenced my thoughts on doing things different in future

☐ Extremely likely ☐ Likely

☐ Neither likely nor unlikely ☐ Unlikely

5.) I would recommend this workshop to others.

☐ Extremely likely ☐ Likely

☐ Neither likely nor unlikely ☐ Unlikely

6.) Were the workshop scenarios relevant? Did they trigger the right conversations?

_____

_____

_____

7.) What are you taking away to improve practice?

_____

_____

_____

8.) Was there anything that you particularly liked? What could have been better? Do you have ideas for future workshops?

_____

_____

_____

9) Presentations were well organized and will enhance my professional growth

10) Objectives were clearly stated

Additional comments

_____

_____

_____

Your feedback is genuinely appreciated, and I thank you for taking the time to complete this evaluation. Your input will be used to help plan future workshops.