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Self-assessment

Capstone

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Unfortunately, I was unable to gather ECU student feedback prior to the posting of this project, though it will be shared ECU faculty and students in the nurse-midwifery program. I have gathered feedback from my committee members, advisor, and a few clinicians, who have helped me to refine and streamline my project. The creation of this project has shown me several things—first, I want to do too much. I ended up paring back my project by several topics. One topic was removed because while it can affect women during and following pregnancy, it isn’t specific to pregnancy, and thus literature on the subject tends to exclude pregnant subjects, limiting its use to me in the creation of this project. Two topics were excluded for the sake of time—by the time I was including them, I realized my presentation was over 30 minutes (my initial goal) and adding more topics was likely to limit the usefulness of this project to future students. My 30 minute goal was set simply to increase the chance that students would have time to listen to the entirety of the project—much longer and professors might not want to put an additional burden on students, and students might not find the time to listen. I’m cognizant of the fact that while we all find interdisciplinary care to be important, it can (for anyone) be difficult to devote time to something that isn’t immediately important to you (either from testing/grading or involved immediately in patient care). Thus, making this presentation accessible through keeping it around 30 minutes was important to me.

My committee members and advisor all gave me extremely valuable feedback. Knowing comparatively little about every-day practice in nurse-midwifery, Melissa Poole’s feedback about what students and clinicians know and how they practice was invaluable, particularly in relation to the perineal trauma section. Since nurse-midwives have a much greater impact on perineal outcomes, I pared down prevention in favor of perineal rehabilitation, which is something that WHPTs often help manage, and in fact Melissa frequently refers her patients to PT specifically for perineal rehab following trauma. Jennifer Harrington’s feedback regarding how specific terms are used in the literature verses what they mean in practice helped me to refine how I talked about specific treatment modalities (pelvic floor muscle training) and why the practice requires a skilled clinician.

Both Melissa and Jenn gave me other topics to focus on that I hadn’t considered, including insurance concerns and giving a larger picture of WHPTs. Since nurse-midwives care for individuals across the lifespan, even just giving them a hint of other conditions which can be managed by WHPTs may help to expand their picture of the field. While I had thought about finding WHPTs, insurance and financial concerns determines whether or not women can make use of the services available to them, and thus should certainly be addressed. Given the percentage of women either without insurance or on Medicaid (which has very limited coverage) in North Carolina, finding ways to be conscious of financial constraints is vital to providing necessary care.

I also attempted to find a balance between providing evidence and not bogging down the presentation with research methods. Some of the original information regarding the specific methods of studies were removed in favor of study results, which both streamlined the presentation and cut the length down significantly. I still have provided references, for those who are curious about studies, but cut to the chase in the presentation itself.

I am disappointed not to have managed to get the final product off to ECU students prior to this point, but I am hopeful that faculty will look at it at some point and give me feedback at some point in the future. At that point, I would be happy for them to distribute the presentation within their students as they see fit. As a future goal, I would love to modify this presentation for other relevant audiences, such as OBGYNs or currently practicing nurse-midwives, though I wish to improve this presentation for its intended audience first.