Are emergency mnemonics help(err)ful?

A number of midwifery programmes that I have been involved with offer an interesting session, early on in the course, in which students undertake one or more exercises designed to help them identify their individual learning style and/or preferred ways of knowing. In theory, this enables the future midwife to gain knowledge of their personal idiosyncrasies and learning preferences, which can be really helpful given the enormity of the educational journey on which they are embarking. In reality, the nature of teaching complex subjects to ever-larger cohorts of students with increasingly limited staff and resources means there may be little opportunity to accommodate different learning preferences throughout the three or four years that follow. However, many lecturers do their best to include a variety of different approaches and these sessions do at least afford the student the opportunity to gain self-knowledge.

Recalling manoeuvres
Both these sessions and the notion that there is a wide range of preferred learning and knowing styles have been in my mind since I read a paper which looked at the use of mnemonics for remembering how to deal with shoulder dystocia. Jan et al (2014) used a questionnaire to evaluate midwives’ and doctors’ knowledge of a number of emergency-related mnemonics including HELPERR, which is designed to aid recall of the progression of manoeuvres to be attempted when caring for a woman who experiences shoulder dystocia.

Of the 112 participants (including 61 midwives, 42 doctors and nine who didn’t state their profession), 90 per cent were familiar with the HELPERR mnemonic, 79 per cent saying they used it in practice. However, when those who said they used it were asked to write it out, only 32 per cent could do so. The same participants did better when asked to say whether descriptions of eponymous manoeuvres (like McRoberts) were correct, with an 84.6 per cent success rate. They fared less well again at matching the names and descriptions of manoeuvres, getting only a third of those relating to shoulder dystocia right.

The value of mnemonics
Mnemonics are taught for good reason; they serve as a helpful prompt for...
Thinking outside the box

A midwifery model approach will not begin with the assumption that the woman is on her back on a bed

the individual, that is understood by the whole team, who can then quickly work together with a shared plan. HELPERR isn’t the only shoulder dystocia mnemonic; proposals by midwives include Anderson’s (2007) version for use in home birth settings, Jones’ (2010) ‘Help! MR SPARE’, which took into account the all-fours position and Tully’s (2012) ‘FlipFLOP’. None of these have achieved the same prominence as HELPERR, perhaps because of its association with the Advanced life support in obstetrics (ALSO) course, but it is also important to note that mnemonics aren’t necessarily meant to be taught as a standalone tool, rather as part of a wider learning experience.

As a learner and a teacher, I appreciate the value of mnemonics and am not about to suggest that we ditch them. They have many advantages and I am also mindful of Jenkins’ (2014) recent comment that midwifery students felt daunted by the updated RCOG (2012) guideline and algorithm found the HELPERR mnemonic more useful. This observation doesn’t totally contradict Jan et al’s (2014) findings; students may particularly value tools such as the HELPERR mnemonic because it is really helpful to have frameworks when you are learning a subject.

Mnemonics can be highly valuable in other ways too. I often engage midwives in a mnemonic creation activity designed to help think through what is essential in an emergency situation, and to highlight the fact that – as Anderson (2007), Jones (2010) and Tully (2012) all highlight – a midwifery-model mnemonic might look quite different from one rooted in a medical approach. One reason for this is that a midwifery model approach will not begin with the assumption that the woman is on her back on a bed. Also, as Lewis points out, manoeuvres might be differently interpreted by different groups: ‘As midwives, especially when working in the community, we would be more likely to get a woman into a deep squatting position, which is exactly the same as the McRobert’s manoeuvre, but does not require two additional members of the team to apply it’ (Lewis 2014: 392).

Learning from within

Jan et al’s (2014) results made me wonder whether people would be more likely to remember their own mnemonics because they have been created from within rather than imposed from outside. But would teamwork suffer if we were all remembering different mnemonics, or would it improve if we were able to follow our own learning styles and use a numbered list, a picture or a re-worded pop song to help us recall the steps that might help when facing shoulder dystocia? We could take the view that there is a fundamental disparity between the notion that we need shared tools and the fact that we all favour different ways of thinking and knowing; and/or we could dismiss this concern on the basis that such fundamentals are too important to experiment with. We could acknowledge that mnemonics, like lots of other things, require a context in which to be truly effective; and/or we could see this as a debate which might further our thinking and increase the chances that midwives and others would remember what to do when faced with this scenario.

Some elements of Jan et al’s (2014) findings are reassuring. Given a choice, I imagine most women would probably prefer a midwife or doctor who knew what to do when they encountered a shoulder dystocia over one who could name the creators of the manoeuvres but not apply them in practice. Most of Jan et al’s (2014) participants were in the former group, which may be why they concluded that teaching should focus on learning without relying on mnemonics and eponyms. But I think this would be a shame for those who find these useful, and premature given the bigger picture. That said, I am all for a debate about how we can reconcile the perceived need for universal and shared solutions with the fact that different people do have such different learning styles.

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References