MIDWIFERY EDUCATOR CORE COMPETENCIES:
BUILDING CAPACITIES OF MIDWIFERY EDUCATORS
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ACKNOWLEDGEMENTS

The publication of this document is the result of a collaborative effort between writers and contributors. The primary writer was Dr. Joyce E. Thompson, CNM, in collaboration with Ms. Della Sherratt, RM – both of whom are experienced international midwifery education consultants. The following midwives and teams are acknowledged for their support and contribution of country examples illustrating midwife teacher programmes in various parts of the world.

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SECTION 1: BACKGROUND

Need for Competent Midwife Educators

There is global consensus that a fully qualified midwife (ICM, 2011) with lifesaving skills is the most appropriate provider of quality services or all women of reproductive age, especially during childbearing, and babies, especially during childbearing (Bullough et al. 2005; Carlough & McCall 2005; Hofmeyr et al. 2009; Lee et al. 2009, Fullerton J et al. 2011). However, there is a critical shortage of midwives in many countries (WHO WHR, 2006) and many of the pre-service education programmes are less than optimal, primarily due to a lack of competent midwifery teachers. Without sufficient well-prepared teachers it is almost impossible to prepare the additional practitioners, leaders and researchers needed. Achieving consensus on how to prepare a competent midwifery teacher is an urgent concern being addressed by many countries as well as WHO and other international agencies.

The Midwifery Educator Core Competencies, 2014, were developed to respond to the need to have competent midwifery educators who could prepare fully qualified midwives required to provide quality services for all women, especially childbearing women and their infants.

Member States are looking urgently at the total workforce needs in addition to giving priority to the needs of childbearing women and neonates for competent care providers beyond those with midwifery skills. The remit of this tool is confined to assisting countries to update existing midwifery teachers or prepare new teachers using the Midwifery Educator Core Competencies, 2014. The terms “educator” and “teacher” are often used interchangeably. In this document “teacher” will be used for those individuals responsible for programme development and teaching in a variety of settings. When speaking only about those who teach in practical settings, the term “clinical preceptor” will be used.

The purpose of this document

This document is designed to help countries put together short-term programmes to update current and/or maintain the competencies of midwife teachers. Though the emphasis is on strengthening the competencies of current teachers, there is a short section on preparing new teachers. The reader is encouraged to refer to Module 6 in the WHO Strengthening Midwifery Toolkit (WHO 2011; PAHO, 2013) for detailed guidance on preparing new midwifery teachers.


Based on the Midwifery Educator Core competencies this document:
1. Offers suggestions on how to determine which of the educator competencies need to be strengthened in a specific country or region.
2. Suggests criteria for the selection of master teachers who can design, implement and evaluate the effectiveness of short-term programmes to update or strengthen midwifery teachers.
3. Provides examples of short- and long-term teacher preparation programmes from a variety of countries.
4. Suggests long-term strategies for maintaining teacher competency (continuing professional development) in a given setting using country examples.

This document does not:
1. Provide a set or standard curriculum to prepare new midwife teachers;
2. Establish one way to upgrade or strengthen existing midwife teachers; or
3. Prepare master teachers as international midwifery consultants.

**How the document is organized**

The organization of this document follows a logical sequence for those interested in designing short- and long-term programmes to prepare or update midwifery teachers.

- **Section 1** provides a brief review of the need for competent midwife teachers.
- **Section 2** presents a brief overview of the *Midwifery Educator Core Competencies, 2014* and the companion 2014 document from WHO titled, *Midwifery Educator Core Competencies Adaptation Tool*. Users of this manual are encouraged to have both these documents at hand while using this document.
- **Section 3** offers practical advice on how to determine priorities in preparing competent midwifery teachers, starting with *what exists currently* in a given country (analysis of need for specific educator competency updates). This approach acknowledges that each country desiring to strengthen the quality of maternal-newborn services with midwives may be at a different level of development of its human resources and educational systems, including pre-service midwifery education.
- **Section 4** addresses key content areas needed to design teacher preparation courses or programmes. It begins with a brief overview of competency-based education (CBE) for health professionals, followed by suggested criteria for selection of master teachers, a review of essential steps in curriculum design for preparing and maintaining competent midwifery teachers, and some practical hints for designing short and long-term programmes to meet country needs for competent teachers and clinical preceptors. Actual country examples of programmes developed to update existing or prepare new midwifery teachers in one, two or all of the eight core midwifery educator domains are included. These country examples illustrate several of the core educator competencies with their associated knowledge, skills and behaviours/attitudes (KSBs). The country examples were selected from various regions of the world and are offered to stimulate possible approaches that might work in other countries in similar situations.
- **Section 5** provides an annotated list of selected resources that can be used to prepare competent midwife teachers and clinical preceptors along with suggestions on how each of these tools might be used by a given country. This list is not exhaustive. The users of this document may know of other important resources that could be used.
- **Section 6** includes key evidence-based references used to prepare this manual and suggests others for further reading.
- **Section 7** presents selected tools and teaching resources that can be used for determining the specific competencies of midwifery teachers and for designing competency-based education curricula at the country or regional levels.
SECTION 2: AN OVERVIEW OF MIDWIFERY EDUCATOR CORE COMPETENCIES, 2014 AND MIDWIFERY EDUCATOR CORE COMPETENCIES ADAPTATION TOOL 2014

A. Overview of Midwifery Educator Core Competencies Adaptation Tool

The goal of having a set of companion documents that complement the *Midwifery Educator Core Competencies, 2014* is to facilitate the adoption and use of these important competencies wherever needed. The adaptation tool details what needs to be explored and how to define the country context for strengthening midwifery pre-service education. It is strongly recommended that individuals study Section 5: Implementation, prior to proceeding with the design of the needed teacher preparation programme, to ensure that it meets the specific needs in one’s country or region.

B. Key definitions

It is important to use language that is user-friendly and consistent, especially the key terms used in the preparation of midwifery teachers. The key education terms used can be found in Annex 1. It is suggested that the reader reviews the definitions in Annex 1 prior to continuing through this manual. For more detailed explanation of terms used refer to Section 3 of the Adaptation tool.

C. Midwifery Educator Competency Domains

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1 It is acknowledged that when this manual is translated from English to other languages, the actual words might change, but the meaning should remain consistent. For example, the ICM Glossary of Terms 2011 was agreed as the common basis for core education terms used in their documents and is available in English, French and Spanish. www.internationalmidwives.org
The designation of the competency domains evolved through the several stages. [It may be helpful to refer to the Midwifery Educator Core Competencies, 2014 complete document during the rest of Section 2 discussion.] The competency statements were grouped under the eight domains: 1) Ethical and legal principles of midwifery, 2) Midwifery Practice, 3) Theoretical Learning, 4) Learning in the clinical area, 5) Assessment and Evaluation of Students and Programs, 6) Organization management and leadership, 7) Communication, leadership and advocacy, and 8) Research. Each domain includes the required knowledge, skills and behaviours (KSBs). This in-depth knowledge of organization into domains, competency statements, and related KSBs is essential for determining the content and focus of any teacher preparation programme in a given country. Others may decide to group the competency statements under different headings, and may also expand the knowledge, skills and behaviours under each competency statement. This rearrangement of content and additions provide flexibility to countries and educators. The bottom line is that all the core competencies and related KSBs need to be maintained.

D. Midwifery Educator Competency Statements

In the WHO document, the competency statements are introduced by a broad statement that focuses attention on a given domain. This broad statement is then followed by two or more specific competency statements. They are listed here in preparation for using them to design a teacher preparation programme – whether it will include only one or two domains with the respective competency statements and KSBs at a given moment in a short-term (days or weeks) offering or become a complete programme that will address all eight domains and 19 competency statements and their related KSBs in a much longer programme (1-2 years).

Prior to planning any teacher preparation programme one must know and understand well each of the expected competencies with their related KSBs. This understanding is vital so that when decisions are made about what to include for a specific group of teachers (target audience), the lead teacher and teaching team will know the exact knowledge, skills, and behaviours to be addressed in the programme, the teaching and learning resources needed, and some indication of how much time it will take for participants to achieve/demonstrate competency in those areas. Country examples (noted in parentheses here) illustrating teacher preparation programmes in each of the domains are presented in Section 4. Three sample modules are included in Section 7.4. It is important to note here that the arrangement of competency statements into a course (unit of study) may cross several domains. Refer to Section 7: 1.b for a sample outline of a three-day workshop focused on competency-based education (CBE) teaching, learning and assessment strategies that includes competency outcomes and content from domains 1, 3, 4, and 5 with eight of the 19 competency statements included.

Domain 1: Midwifery educators incorporate and promote ethical and legal aspects of midwifery care in teaching/learning activities and by consistent role modelling [sample module]

  Competency 1: Behave in ways that reflect the ethical standards of the teaching and midwifery professions.

  Competency 2: Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching and practice.

Domain 2: Midwifery educators maintain current knowledge and skills in midwifery theory and
practice based on best evidence available [Bangladesh: BRAC University].

Competency 3: Maintain competence in midwifery practice.
Competency 4: Practice midwifery in ways that reflect evidence-based and up-to-date knowledge.

Domain 3: Midwifery educators create an environment that facilitates learning [Lao PDR; sample module].

Competency 5: Incorporate educational strategies to promote active learning.
Competency 6: Select and use effective teaching and learning materials/resources.
Competency 7: Recognize and support different learning styles and the unique learning needs of students.

Domain 4: Midwifery educators create an environment for effective clinical teaching of midwifery care [USA-ITEP; Lao PDR]

Competency 8: Facilitate a safe and effective learning environment in the clinical setting
Competency 9: Foster individualized experiential learning.

Domain 5: Midwifery educators are responsible for conducting regular monitoring, evaluation and assessment of programmes and students [Lao PDR].

Competency 10: Continuously monitor, assess and evaluate the effectiveness of the educational programme.
Competency 11: Assess student competence.

Domain 6: Midwifery educators participate in formulating policy and programme outcomes and in designing and implementing curricula [South Sudan].

Competency 12: Actively participate in organizing and implementing a midwifery curriculum
Competency 13: Implement and revise midwifery educational courses/programmes.

Domain 7: Midwifery educators are effective communicators and function as advocates, change agents and leaders [sample module].

Competency 14: Communicate effectively using a variety of methods in diverse settings
Competency 15: Demonstrate cultural competence in course design and development, teaching, and midwifery practice.
Competency 16: Function as change agents and leaders in order to improve both midwifery practice and midwifery education.
Competency 17: Use a variety of advocacy strategies to promote midwifery education and practice including professional, community, human rights and structural advocacy.

Domain 8: Midwifery educators promote the use of research and use it to inform midwifery education and practice [Ethiopia].

Competency 18: Use research to inform teaching and practice.
Competency 19: Cultivate a culture supporting critical inquiry and evidence-based practice.
E. Midwifery Educator Knowledge, Skills and Behaviours/Attitudes (KSBs)

Each of the 19 competency statements has a set of knowledge, skills and behaviours or attitudes (KSBs) that define what a midwife teacher needs to know or demonstrate in order to meet the specific competency statement. For example, the knowledge needed to meet Competency 1: *Behave in ways that reflect ethical standards of the teaching and midwifery professions* includes review of international and local ethical responsibilities and obligations, usually contained in codes of ethics, related to the practice of midwifery and carrying out the teaching role.

This competency statement relies heavily on the affective dimension of learning, in other words, which behaviours and attitudes reflect an ethical approach to students, to clients, oneself, and one’s commitment to making good/ethical decisions in the workplace. Other examples of how to use the Midwifery Educator Core Competencies are offered in Section 4 along with country examples that illustrate application of the KSBs. Some of the KSBs are repeated across domains and competency statements for emphasis; for example, respect for others, critical thinking, and cultural sensitivity.
A. Introduction to priority decision-making

Most countries are faced with multiple needs and competing priorities when it comes to preparing sufficient human resources to meet the health needs of the population. Informed decision-making is needed to prepare competent teachers so that education programmes give rise to fully qualified midwives. It is not always a simple question of do we update existing educators or create new ones? Most countries need to do both. The challenges are many for educating fully qualified midwives. Examples include:

- Countries where midwifery is not viewed as a separate profession from nursing and often nurse educators without midwifery competency or knowledge of competency-based education (CBE) are the teachers in midwifery pre-service education programmes.
- Countries where midwifery and midwives are viewed as low-level health workers and this low status often means that the only ‘qualified’ teachers of midwifery are physicians, many of whom do not understand the midwifery philosophy and model of care.
- Countries where there have been minimal investments in the midwifery workforce, resulting in limited knowledge and understanding of midwifery and the competencies of a midwife, as well as limited numbers of teachers who are available to be updated.

The ideal situation for creating a fully qualified midwife exists in those countries where midwifery is viewed as an important and autonomous profession complementary to both nursing and medicine/obstetrics, and where midwifery is taught by qualified midwifery teachers who are competent practitioners of midwifery.

B. Possible approaches to priority-decision making

The best approach to priority decision-making is to review one’s country context and decide on the most appropriate course of action based on the priorities identified. It may be helpful to refer to Section 4 of the adaptation tool for full details on identifying country contexts. Some suggestions are provided below:

- When there are current midwife teachers available in a country, the priority is to update their teaching competencies.
- If there are few or no midwifery teachers available in a country with a priority for expanding the number of fully qualified midwives, the first step may be to orient the physicians and other health professionals to the essential competencies of midwifery practice and then prepare them with the teacher competencies needed to work with midwifery students while collaborating with an expert midwife educationalist to design the pre-service curriculum.
- In this situation of no midwives or midwifery teachers, consider using expert midwifery educationalists from another country in the region, such as was done in Bolivia and is now ongoing in Guatemala.
In the case of Bolivia, the University of Chile WHO Collaborating Centre for Nursing and Midwifery Development prepared Bolivian nurses as midwifery clinicians in Chile, and then Chilean midwifery educators went to Bolivia to work with the new nurse-midwives to prepare them as midwifery teachers for the three new programmes. This south-to-south collaboration spanned more than four years.

These examples illustrate that the decisions that need to be taken regarding priority setting and developing a strategic plan for scaling up numbers and/or capacities of midwifery teachers must be based on the country context to determine the most effective and efficient solution for each country.

C. Determine the target group of midwifery teachers in country

The next step is to identify the target group of midwife teachers for upgrading or strengthening. Initially this start by identifying who are currently teaching midwifery pre-service and in-service programmes starts in your country where these exist. In some countries human resources for health, maternal and child health and reproductive health policy and plans direct the decision on the target group. One example is what happened in Haiti. The United Nations Population Agency in Haiti supported the Minister of Health’s decision to create a new three-year direct-entry midwifery programme tailored to Haiti, different from the bachelor’s degree programme for nurse-midwives. The reason for the new programme was that most of the graduates of the degree programme in nurse-midwifery immigrated to Canada or the USA, where that credential was recognized and working conditions were better than in Haiti. Ministry officials were apprised of the updated ICM Essential competencies for basic midwifery practice, 2010 and the new ICM Global standards for midwifery education 2010 with Companion Guidelines and adopted them into law in December 2012. Then the curriculum was designed and agreed during 2012-2013, followed by preparing educators already in country offered by the Ministry of Education in Haiti, including physicians, scientists, nurses, and the few nurse-midwives who were teaching in the degree programme prior to opening the new programme in October 2013. Plans are in process to use an international midwife educationalist during 2014 to continue teacher preparation specifically for the midwife teachers.

Guatemala case example: Building new midwifery workforce

Need: maternal and neonatal mortality rates are high in Guatemala, a small, mostly rural, mountainous country where the majority of births take place with traditional midwives where the women live.

Purpose: after years of discussion, the government decided in 2011 to add professional midwives to the MNCH workforce in a country where there were none. Efforts began to design and implement a professional midwifery programme under the direction of an appointed governmental commission consisting of physicians, nurses, educationalists, supervisors of traditional midwives, and country representatives of donor agencies.

Process of development: the Commission began drafting documents based on ICM standards and competencies, and contracted with two international midwifery educationalists in February 2012. The government adopted a proclamation in December 2012 to officially create a three-year direct entry midwifery programme (university technical degree) and the commission contracted through donor agencies with expert midwife educators and clinicians in Peru for Guatemala.

Next Steps: in February 2014, south-south collaboration began after a year of negotiations. This south-to-south collaboration will extend for several years as Guatemalan individuals are prepared as professional midwives and teachers in Peru and the Peruvian consultants work to lay the groundwork for the technical university programme with Ministry of Health and Guatemalan university officials that will begin in mid-2014.

Case prepared by J. Thompson, DrPH, in collaboration with Guatemala Commission on PTU
In other countries, a different approach has been taken, as can be seen in the People’s Democratic Republic of Lao (Lao PDR) case example found in Section 4. An international midwife educationalist was hired and worked with nurses, nurse-midwives, and physicians experienced in maternal health to upgrade them in midwifery practice competencies at the same time as preparing them as midwifery teachers (simultaneous effort) using a series of short workshops and courses over a period of eight weeks. This short-term approach was then followed by supportive supervision from an experienced volunteer expatriate midwife teacher when the participants returned to their places of work.

This example of using the human resources that existed in a country with few mid- and high-level health service providers speaking multiple languages provided many challenges to the international midwife educationalists but was successful in increasing the midwifery teacher workforce in the country.

D. Perform a capacity assessment (gap analysis) of teacher competencies needed

Once the current individuals teaching in a pre-service midwifery programme, or in the nursing programmes where midwifery programmes are being introduced are identified, it is important to assess which of the core educator competencies they already have and can demonstrate. This process is called a capacity assessment or gap analysis using an instrument such as those offered in Section 7:3. If a capacity assessment/gap analysis was not done as part of priority setting, carry it out with the target group.

E. Use results of capacity assessment (gap analysis) to design updating programme

It is suggested that the WHO educator core competencies gap analysis tool (Section 7:3.a) be used initially to determine the competencies to be addressed with the target group of midwifery teachers. These results of the gap analysis are used to design the updating programme, reflecting on:

- Influencing factors such as prevailing human resources for health policies that require all educators to have graduate level preparation, or whether sufficient resources available, such as finances, teachers and teaching/learning materials in local language.
- Benefits of different type of updating such as short-term workshops (e.g., Trinidad CBE workshop), ongoing continuing professional development (CPD), academic course(s), or out of country preparation (e.g., Guatemalan educators prepared in Peru).
- Best teaching methods and learning activities to use.
- Learning domain to focus on as the teaching methods for the cognitive domain (critical thinking, knowledge acquisition) differ from methods used to facilitate learning in the psychomotor domain (skills) or modelling in the affective domain.

F. Determine action needed to address identified gaps within time frame available:

Consider the following:

- Who will do the updating? Possible options being:
  a. Invest in master teachers [Afghanistan case; CBE TOT].
  b. Develop centre of excellence, then roll out programme for all teachers [India case example].
  c. Link with centres within country [Ethiopia case example].
d. Partner with other countries [south-to-south collaboration Chile with Bolivia; Peru with Guatemala; north-to-south collaboration with international educationalists as consultants in Haiti, Bolivia, Lao PDR].

- Who will design the programme of study including specific educator competencies to be addressed in time available? (teaching team).
- Where and when will the updating course be held?
- Who will generate the budget and seek needed financial resources?
- Who will determine terms of reference for participation in the teacher preparation course?
  May include such items as:
  » Pre-reading needed;
  » Commitment to follow-through with new competencies;
  » Periodic updates/review of progress;
- Who will issue the invitations to participate?
- Who will gather needed teaching and learning resources and set-up?
- Who will be responsible for follow-up of midwife teacher participants?
SECTION 4: APPROACHES TO DESIGNING PROGRAMMES TO PREPARE COMPETENT MIDWIFERY TEACHERS

A. Introduction

As mentioned earlier, preparing qualified midwifery teachers, including clinical preceptors, is a challenge in any country or region. There are many issues and reality factors that can interfere with any plan to update existing teachers or prepare new teachers for midwifery pre-service continuing professional development (CPD) programmes for practicing midwives. Several of these issues and reality factors have already been discussed in Section 3.

This section addresses what every midwifery teacher needs to know and understand about competency-based education (CBE) as the framework for health professional education curriculum design prior to learning and demonstrating the rest of the Midwifery Educator Core competencies. Following this, there are several country examples illustrating both short- and long-term teacher preparation programmes reflective of the educator competencies along with three sample modules in Section 7:4.

1) CORE ELEMENTS OF COMPETENCY-BASED EDUCATION

Competency-based education (CBE), including its teaching, learning and assessment approaches, has received much attention and support as a curriculum framework in the last decade. As noted in Annex 1, the definitions of a competency-based curriculum and competency-based education programme note that such programmes are based on the expected outcomes (competencies) of a health profession education programme derived from a task analysis of the actual practice in that discipline and role. For example, some countries now base the expected competencies for a fully qualified midwife on the seven competency statements from the ICM Essential Competencies for Basic Midwifery Practice (amended 2013). As such, these competencies provide for criterion-referenced assessment throughout the pre-service programme, eliminating potential assessment bias from teachers, including clinical preceptors responsible for observation, supervision, and verification of competency demonstration. The knowledge, skills and behaviours/attitudes (KSBs) needed for these competencies form an essential component of what any midwifery teacher needs to teach (content) and assess (formative and summative strategies).

A CBE programme for the preparation of a competent midwifery teacher uses the 19 competency statements from the Midwifery Educator Core Competencies, 2014 as the expected learning outcomes to be met/demonstrated by the end of the programme for successful completion. The related KSBs become the basic or primary content of the curriculum. If one is upgrading current midwifery teachers and has identified the gaps needed, then the master teachers select the needed competencies to concentrate on in the updating teacher preparation programme.

Teachers prepared on CBE need to use teaching methods that promote active learner involvement. They also need to allow time for repeated practice with formative assessment throughout, beginning with self-assessment from the learner in the calm and safety of the classroom or skills laboratory.
Such methods include:

- Microteaching exercises.
- Analysis of selected case studies.
- Role play.
- Laboratory practice using skills checklists.

Summative competency assessment can be completed using such tools as the Objective Structured Clinical Evaluation (OSCE) (Jhpiego Training Skills Manual) in addition to direct observation of teaching activities with students.

An important principle to remember in competency-based education is that outcomes (practice)-based learning requires direct supervision and multiple opportunities for each learners to demonstrate their teacher competencies over a period of time. Such teacher preparation programmes are not ‘one-off’ events – they require ongoing support and follow-up just as continuing professional development (CPD) is required to keep one’s clinical practice up-to-date.

Competence-based education requires certain attributes of both teachers and learners in order for them to successfully learn, practice, and demonstrate the required competencies. The attributes or characteristics summarized below are based on adult learning theories, teachers as guides or facilitators and role models, and adult learners as active participants responsible for their own learning (ICM, Model Curriculum Outlines, 2012). Refer also to Fullerton, Thompson and Johnson (2013) for more discussion of competency-based education as the essential basis for pre-service education.

**DEFINING ATTRIBUTES OF COMPETENCY-BASED TEACHERS**

- Understand how adults learn.
- Match principles of learning with principles of teaching.
- Facilitate, rather than control learning.
- Model humility, critical thinking, respect, competency and caring at all times.
- Support the acquisition of competency in all learning domains: cognitive (knowledge, critical thinking, clinical reasoning and decision-making), psychomotor (skills including effective communication), and affective (professional behaviours/attitudes).
- Expect, promote, support and encourage learner accountability for learning.
- Provide timely, specific feedback on learner progress following learner self-assessment.
- Individualize learning experiences according to needs.
- Expect increasing complexity of performance as the learner progresses throughout the unit(s) of study.

**DEFINING ATTRIBUTES OF COMPETENCY-BASED LEARNERS**

- Understand how you learn best (learning style).
- Understand exactly what are the expected outcome(s) of learning.
- Take responsibility for your learning.
- Motivated to learn – goal oriented.
- Ethical person and practitioner.
- Critical thinker.
- Commitment to ongoing learning.

These above attributes can form the basis of selection criteria for participants of the teacher preparation programme, as well as the basis of a formal agreement or contract with participants to ensure buy-in and their willingness to apply what they learn over time. The Trinidad lesson plan of the CBE Train the trainer (TOT) workshop (Section 7:1.c) is one example of preparing midwife teachers in CBE teaching, learning and assessment strategies (Educator competency domains 3, 4, and 5).
2) SELECTION OF MASTER (LEAD) TEACHERS[EDUCATIONALISTS OR TEACHERS OF TEACHERS]

Designing a midwifery teacher preparation programme begins with determining who will be the master or lead teacher(s) responsible for the design, implementation and evaluation of the teacher preparation/development programme. Key qualifications of master teachers for health professional education include:

• Specialist preparation in the theoretical and practical aspects of teaching adults
• Expert teacher in the discipline
• Expert clinician in the discipline
• Significant experience teaching others how to teach (teaching teachers)
• Up-to-date in evidence and practice related to CBE and teaching teachers

If there are no master midwifery teachers in the country, an external consultant may be needed to develop the initial cadre of master (lead) teachers. The Caribbean case example that follows describes the selection process for a CBE workshop for midwife teachers in that Region. Another approach is to use educationalists (individuals formally prepared in the theory and practice of teaching) available in the country, though they may not be midwives. These educators can be important members of the teaching team, as long as they are committed to competency-based education. The master (lead) teachers constitute the teaching team. They need to meet frequently to design the programme as a team.

Caribbean case example of CBE TOT workshop: selection of master teachers

Need: in July 2013, two technical advisors in the Caribbean region worked with the Interim President of Caribbean Regional Midwives Association to determine whether current midwife teachers in the Region were using competency-based education in the design and implementation of their midwifery pre-service programmes. None of the midwife teachers were using CBE competencies, though desired to do so.

Purpose: to design and implement a CBE Trainer of trainers (TOT) workshop for 21 current midwifery teachers from seven countries in the Region. The purpose of the four-day workshop was to upgrade the teacher competencies focused on CBE strategies not fully used in midwifery pre-service curricula throughout the Region and prepare CBE trainers to offer same to other midwife teachers in the Region. This workshop focused on Midwifery Educator Domains 3, 4, and 5. (Refer to session plan in 7:1.c.)

Selection of master teachers: the criteria used to select master teachers included expert midwifery educator; demonstrated competency in design, implementation and evaluation of TOT workshops; master trainer in competency-based teaching, learning and assessment strategies; commitment to competency-based midwifery education in the Region; and fluent in the language of the workshop.

Outcome: external funding partially supported the final selection of master teachers, including expert CBE teachers from the USA, Puerto Rico, and Barbados. The master teachers met bi-weekly via Skype over three months to design the CBE workshop. They continue observation of trainee teams during 2014 to agree final CBE trainer status for each of the 21 midwife teachers running workshops in their own countries.

Case prepared by J. Thompson, CNM, DrPH, with permission of Marcia Rollock, RNM, MS, Interim President of CRMA
B. Steps in curriculum design of teacher preparation course

Competency-based education can be accomplished with various approaches in the design of the curriculum and length of programme, as illustrated in the country examples included throughout this section. Regardless of the actual curricular or instructional design, the teacher education programme needs to be focused on evidence-based outcomes, i.e., competencies, and all teaching strategies and suggested learning activities need to be matched to their learning domain (psychomotor, cognitive, affective) as much as possible.

WHAT ARE THE STEPS IN DESIGNING A TEACHER PREPARATION COURSE OR PROGRAMME?

Section 5: Implementation, of the *Midwifery educator core competencies adaptation tool* (2014) offers a brief outline of essential steps that the drafting group might take into consideration. Once a decision is made on providing a programme or course to prepare or update a specific group of midwifery teachers, determine how long that preparation will/can take depending on who the participants (learners) will be (target population) and what their specific learning needs are (from the capacity assessment or gap analysis). The overall steps for designing any curricula in the health professions are the same.

1. Determine the mission and philosophy that will frame the curricular (e.g., CBE) consistent with the institution hosting the programme.
2. Select the specific programme outcomes expected of participants (WHO educator competencies to be demonstrated by end of programme or unit of study) based on gap analysis and available time frame for instruction.
3. Decide how many individual units of study/courses are needed to meet overall programme outcomes with specific outcomes or objectives for each along with time allowed (may be grouped by Domains of the educator competencies; e.g. Ethical and legal principles of midwifery (1) or Learning the clinical area (4)).
4. Select content (KSBs) for each unit of study/course that matches course outcomes or objectives.
5. Determine who will teach what and prepare first draft to share with teaching team.
6. For each unit of study, determine learning activities, teaching methods, and assessment/evaluation methods that match the knowledge and skills to be learned and demonstrated.
7. Determine the logical sequence of units of study and which ones require actual performance demonstration in actual practice setting (e.g., classroom, clinical area).
8. Prepare hand-outs, audio visual aids and models needed for competency demonstration.
9. Set up logistics for the course or programme with invited participants.
10. Agree form of recognition of successful completion of programme.
11. Implement the teacher preparation programme.
12. Evaluate and revise programme as needed for future use.

One example of concentrating on a specific educator competency for designing and updating a programme might be an urgent need to update the practice competencies of existing midwifery teachers before proceeding to CBE teaching strategies and other educator competencies (Domain 2). Global education standards require that midwifery teachers responsible for specific midwifery content, regardless of setting where they are teaching, must maintain their practice competency, at a minimum in the practice area they are teaching. The Bangladesh case example below addresses this type of updating programme for midwifery teachers needing practice updates.
Bangladesh case example: BRAC University
Domain 2: updating midwifery practice of teachers

Need: BRAC University’s three-year, 6 semester direct entry Community-based Midwifery Diploma programme began simultaneously at six underserved and hard-to-reach locations in partnership with six local NGOs as implementing partners. The United Kingdom’s Fund for International Development (DFID) funded the programme - the first of its kind in Bangladesh. It began with no midwives to speak of, no midwifery programmes, and difficulty in hiring long-term foreign staff. It took a lot of hard work and creative thinking to do this in a way that would ensure uniform quality education at all sites. The urgent need was the preparation of clinically competent teachers and preceptors. At the beginning of the programme, the teachers tended to have more theoretical competence and the preceptors had more clinical skills. Over 75% of the preceptors had almost 15 years work experience in the labour wards.

Purpose: to update the knowledge and skills of midwife teachers and preceptors required for clinical competency, clinical reasoning, and evidence-based practice.

Length: the midwifery teacher preparation began with a long preparatory session (nearly four months including clinical placement) when teachers were first employed. Subsequent faculty development has continued before each semester when teachers and preceptors are prepared for the module contents of the upcoming semester through a two week training focusing on clinical teaching skills, clinical refreshers and reviews, and skills training on models. In addition, the learning resource packages (LRP) are updated and evidence-based information developed by the BRAC University Team at the Dhaka office. The faculty based at the partner organizations and the Dhaka-based faculty have mapped each module to the global competencies with support from Jhpiego for mapping and content review.

Teaching the teachers: the development team for the LRP includes OB-GYN professors, doctors, and BSc nurses who have midwifery training. External midwifery educationalists from Jhpiego provide technical assistance remotely and periodically on-site during the training for teachers and preceptors.

Programme design: the design of the teacher preparation programme focuses on competency based continuing education, respect for women and a humanistic approach to teaching and providing midwifery care.

Evaluation of competency: during and at the end of the workshops facilitated by Jhpiego technical advisors, the participants’ knowledge is validated with a written test and their clinical skills are validated using Jhpiego’s Objective Structure Clinical Examination (OSCE) stations along with direct observation throughout each workshop.

Outcomes: the participants proved themselves quite capable, very enthusiastic and committed to excellent midwifery education.

Both groups to date have been updated in key clinical areas such as normal and complicated pregnancy, including antenatal, intrapartum and postnatal topics, newborn care; emergency management and referral, family planning, reproductive health, and midwifery communication skills.

Case submitted by Ismat Bhulya, Director Midwifery Program, Department of Midwifery and Nursing, BRAC Institute of Global Health, BRAC University, Bangladesh, supported by Catherine Carr, Jhpiego Technical Advisor

C. Practical hints on designing a teacher preparation programme

The following practical hints are offered for those planning to design a teacher preparation programme, whether short- or long-term.

- Review the programme mission and philosophy related to CBE, including the specific purpose of the course\(^1\) offering.
- Begin by reviewing each of the 19 midwifery educator core competency statements and their related KSBs, affirming understanding and importance in the country.

\(^1\) The term “course” will be used throughout this section to simplify language used to describe a discrete unit of study or content area. However, depending on the country need, common language used, the length of the course offering, courses could be self-study modules, units of instruction or unit of study, or course offering.
• Focus on the specific competencies and related KSBs from the gap analysis, verifying that the KSBs fit the priority needs of the country and existing midwife teachers.
• Determine if additional competencies are needed by midwifery teachers in the country and add those to the core educator competencies.
• Have each member of teaching team assign a preliminary placement of each priority competency and related KSBs into a course based on selected competencies agreed; look for similar KSBs across the competency statements and group together as appropriate.
• Discuss as a group the temporary placement of competency outcomes and content (KSBs) from individual team members, exploring rationale for the proposed division of content into courses.
• Make an intentional, reasoned assignment of competency outcomes and content (KSBs) to specific courses.
• Self-select a member of the teaching team for each course to then confirm course outcomes (objectives) based on the agreed competencies and content list who will also:
  » select teaching methods appropriate to content in the cognitive, affective and psychomotor domains.
  » identify teaching and learning resources needed, e.g., models, computers.
  » select and/or create learning activities such as case studies, resource lists, key references, etc.
  » select valid and reliable evaluation/assessment tools to be used.
  » share course details with other members of teaching team for feedback.
• Agree on each course and then agree a logical sequence of courses within the time frame allotted.
• Create a session plan for short-term offering (e.g., workshop) designating the time allotted per topic and each teacher’s role and responsibilities [Refer to Section 7: 1.c for a sample session plan].
• Implement the teacher preparation course with selected participants.
• Evaluate and revise as needed the educational programme.
• Follow-up participants to support ongoing learning and competent midwifery teacher performance over time.
• Share lessons learned with others planning similar teacher preparation courses.

It is important to remember that there are several logistical details as noted in Section 3 to be considered in offering a teacher preparation programme or workshop. These include:
• The physical space and geographic location for the programme.
• The responsible person who will coordinate participant invitations.
• Lodging and meals if needed.
• Who will prepare the budget and seek any funds needed for the course.

It normally takes 2–3 months to plan a successful short-term teacher preparation course once a decision is made on the focus on such a course (capacity assessment completed and gaps in competencies identified). Good planning leads to good programmes!
**D. Preparing Qualified Midwifery Teachers Requires**

Considerations in preparing midwifery teachers:

1. Preparation
2. Use of Midwifery Educator Core Competencies as Framework
3. Start where country is
4. Update practice competencies of teachers
5. Design logical curricula
6. Gather needed resources
7. Implement programme
8. Evaluate teacher effectiveness

**E. Types of CBE programmes for updating current midwifery teachers**

**SHORT-TERM PROGRAMME**

So what does a short-term programme for updating current midwifery teachers look like? The short answer is varied – depending on the updating needed by the midwifery teachers in a given country or region. Several country examples and sample modules are offered to demonstrate the variety of approaches used to update current midwifery teachers needing different educator competencies. Refer to Section 7: 1.b for sample CBE workshop outline.

Many teachers find it challenging to address Domain 1 of the educator competencies, especially the ethical behaviours and attitudes required of any teacher. It may be the attitudes of the teachers themselves that require self-awareness and a willingness to change, if needed, in order to provide compassionate teaching, respectful guidance and modelling of ethical care for students and those receiving midwifery services. Role modelling ethical behaviours and attitudes can make the difference in creating a positive learning environment (Domains 3 & 4). If the teacher treats the midwife student with respect and care, the student is often empowered to think critically, reason morally, and provide care in an ethical manner. This point illustrates the fact that there is some overlap in KSBs across the competency statements, and also that a given teacher education update may include only some of the competency statements depending on need. Refer to Section 7:4.1 for a sample module addressing Domain 1. [See also Section 7:4.2 for a sample module for Domain 3 and 7:4.3 for a sample module for Domain 7].

The following country case examples are offered to stimulate your development of a short-term programme for updating core competencies in the midwife teachers in your country. Domain 1 is illustrated by the sample module on ethics and law. Domain 2 was illustrated by the Bangladesh case example (p. 17). The following Lao PDR case example illustrates several domains of the Core competencies for midwifery education, as will other country case examples. Be creative and use these country case examples as stimulation for designing the type of programme needed in your country.
Lao PDR case example: re-introduction of professional midwives
Domains 2, 3, 4, 5 of Core Competencies for Midwifery Educator

Need: In 2007, with assistance from external development partners and following a national consensus workshop to consider what action could be taken to reduce maternal mortality in the country, the Ministry of Health (MoH) Lao PDR embarked on an ambitious comprehensive plan to develop the necessary human resources to provide “Skilled Birth Attendance (SBA)”. A national review of SBA showed that despite a number of enabling factors being in place, many women across the country were unable to access SBA due to the lack of competent MNCH service providers. One of the five strategic goals of the plan of action was to intensively invest in the production of a competent Midwifery workforce to ensure that there was one midwife at every health-care facility at the primary health-care level; ideally two or more depending on workload. One of the many challenges that had to be addressed if MoH were to rapidly build a new workforce of at least 1,500 midwives was building the necessary teaching capacity. The challenge was great given that, at the time the plan was being implemented, very few births (about 18–20%) were taking place in a health facility. Consequently many of the current nursing tutors and generalist physicians had very little experience or exposure to the birthing process.

Purpose: An intensive midwifery training for Teachers (MTOT) programme was developed with the support of UNFPA who had recruited an experienced international midwifery educator to provide technical assistance to MoH and assist them in coordinating partner support. The MTOT aimed to develop midwifery competencies in selected nurses/nurse-midwives and some physicians working in maternity areas, whilst at the same time building their capacities to be effective teachers.

Participants: Time was short. It was therefore agreed to take a pragmatic approach aimed at selecting the most able and experienced staff initially from those who were involved in the many clinical MNCH update/short courses that were taking place across the country, funded by different donors. They were then supported during an intensive theory and practice programme lasting 8 weeks (MTOT), followed by supportive supervision and technical support from an experienced expatriate volunteer midwife tutor when they returned to their workplace.

MTOT Content: The MTOT had four distinctive, linked units/modules. The initial 5 days focused on adult learning approaches and technologies and introduced the principle of learning by doing. This unit/module was the basis for the 3 following units: pregnancy, birth, post natal and essential newborn care; midwifery care in the community; and assessing and evaluating learning. Participatory activities were applied to allow participants to go through a cycle of learning by doing—reflecting on the experience and then putting their learning into practice. For example, in the final unit participants were introduced to various techniques that can be used for assessment. However, a major focus was use of Objective Structured Clinical Examination (OSCE) exercises as a reliable tool for assessing competencies. The evidence for this methodology was discussed and then participants were facilitated to set up a number of OSCE stations that they would rotate through using standardized checklists that had been used throughout the programme. In this way participants were given experience of being assessed and setting up OSCE stations, including the importance of having adequate equipment available and the need for good time keeping and logistical arrangements. OSCEs also allowed both facilitators and participants to assess the clinical skills that had been developed during the programme. Using experienced senior clinical obstetricians and nursing staff who had been prepared for their role as assessors gave the MOH confidence that participants had the clinical skills needed to be a midwife teacher. Participants’ competencies to be effective teachers were assessed throughout by the main facilitators, (the expatriate midwifery educators and clinical midwives funded by UNFPA). In addition, participants were expected and supported to take on increasing facilitation and co-facilitator roles as the weeks passed.

Outcomes: The MTOT, despite being a new approach to learning which sometimes causes lack of comfort, was evaluated highly by almost all participants. The practical OSCE at the end of the programme also allowed the MoH officials to observe and then select participants to assist at the national competency assessment at the end of the midwifery programme. New tutors were paired with experienced clinical staff as their assessors, and allocated to designated clinical stations for the national assessment. The national competency assessment tried as much as possible to ensure assessors would not assess their own former students, but also observers were appointed as external examiners at each competency assessment centre to act as mediators as well as valuator of fairness and compliance with the agreed protocols for conducting this assessment which acted as a licensing examination. The 95% pass rate in the first cohort of midwifery graduates provided a tangible feedback to Ministry or Health of the success of their approach to the development of competent midwifery teachers.

Case submitted by D.R. Sherratt, International Midwife Educator
The Interdisciplinary Teacher Educator Program (ITEP) example from the USA illustrates the content and skills needed to create a positive environment for clinical learning addressing the individualized learning needs of students. This example includes teaching methods, learning activities, and assessment strategies appropriate to clinical learning.

**USA-ITEP: clinical teaching and assessment**

**Domain 4 of Midwifery Educator Core Competencies**

**Need:** There were six different health professional graduate programmes in the Western Michigan University College of Health & Human Services with the majority of teachers with no formal preparation for teaching either theory or practice. The ITEP was started in autumn 2011 based on a successful programme for nurse practitioners and nurse-midwives at the University of Pennsylvania School of Nursing. Expert clinicians working with graduate students assumed they knew how to teach, but many were not successful in facilitating clinical learning. The complete programme consisted of three sessions (3-credit courses) covering three academic semesters.

**Purpose:** The purpose of the ITEP programme is to prepare expert clinicians as teachers in a variety of health disciplines.

**Participants:** Each year there are 10–12 participants enrolled in ITEP. They include midwives, nurses, social workers, physician assistants, occupational therapists, and blindness and low vision teachers. They come from the university programmes as well as the community practice sites. Graduate course credit or continuing education units (CEUs) are awarded upon successful completion of the three semester programme.

**Content of Session 2:** The content of Session 2 focuses on clinical teaching and evaluation. It includes four self-study modules: 1) Teaching methods & strategies for clinical teaching; 2) Common learning difficulties, considerations & interventions; 3) Evaluation strategies for clinical performance; and 4) Establishing and maintaining clinical learning sites. The emphasis in Module 2 is on early identification of learning deficits with use of Learning Plans or Performance Contracts that individualize overcoming any deficits. Module 4 focuses on the administrative details required to establish and maintain safe clinical learning sites for students, negotiation of agreements with the agency to have students in the site, criteria needed for selection of appropriate learning sites and preceptors, and how to prepare preceptors for clinical supervision, teaching, and evaluation.

**Helpful teaching resources:** Role play and microteaching exercises are used for the affective dimensions of clinical teaching. An important strategy for creating a safe clinical learning environment is agreement on expectations of learners and preceptors in clinical sites developed jointly by the programme and clinical agency staff, and then shared with students. This is one of the required learning activities along with a learning plan and performance contract addressing a common learning difficulty in their health profession.

**Outcomes:** Each year participants report that they did not realize how much knowledge and experience were required to teach, supervise, and correctly evaluate students’ demonstration of clinical competencies and to create safe learning environments. Overall evaluations are very positive and enthusiastic. Ongoing feedback from students reinforces the effectiveness of ITEP graduates.

Case submitted by Dr. Joyce E. Thompson, former Director of ITEP programmes
The South Sudan case example illustrates the development of a long-term international collaboration and the external funding sources needed to prepare midwife teachers in curriculum development using ICM, WHO, and Jhpiego resources along with international contracted midwife teachers and clinicians. The Ethiopia case example illustrates a country approach to updating midwife teachers with evidence-based knowledge and operations research skills.

South Sudan case example: upgrading the Competencies of existing midwifery teachers

Domain 6 of Core Competencies for Midwifery Educators

**Need:** South Sudan has severe midwifery workforce constraints with a limited number of midwives and few national midwifery educators in the country. There is no national programme in South Sudan to prepare new midwifery teachers. Therefore specific support for midwifery teachers include the recruitment of experienced international midwifery educators who mentor and coach local midwife teachers. There is also sponsoring of local midwives to pursue studies in Tanzania to become midwife teachers.

**Expected outcome:** The expected outcome of the programme was to build a sustainable workforce of local midwifery teachers while at the same time ensure standardization of midwifery education in the country through use of a midwifery curriculum that includes the ICM basic essential competencies. International midwifery teachers were expected to coach and mentor local midwifery teachers as part of this process. The programme is managed by the Ministry of Health with technical and financial support provided by Canada, UNFPA, Real Medicine Foundation, UNDP and other partners.

**Length of programme:** The programme is ongoing with international and local midwifery teachers placed at midwifery schools and on clinical areas as preceptors.

**Participants:** There are currently 16 international midwifery teachers, 16 international clinical preceptors, six national midwife teachers and 16 national clinical preceptors involved in the programme.

**Organization of the programme:** The ICM midwifery education standards were adapted to the national context as local midwives were mentored and coached on skills in curriculum development and updated on international standards for midwifery education.

**Helpful learning/teaching resources used:** The ICM Model curriculum outlines (2012) and resources; World Health Organization Midwifery Education Modules; several midwifery curricula from countries in the African region including Ghana and Kenya; and the MCHIP Pre-service education tool kit.

**Responses of participants:** Sudanese midwives continue to benefit greatly from mentoring and coaching. There is wide participation and involvement of local and international midwives in the revision and updating of midwifery curriculum and education standards.

**Outcomes of the programme, including successes, challenges, and barriers:** This is the first time that South Sudan has a midwifery education curriculum based on ICM essential competencies approved and in use. The first cohort of student midwives using the finalized curriculum graduated in 2013. The absence of midwifery regulations and an education accreditation system poses a challenge. Further, the limited number of eligible midwives to be prepared midwife teachers results in slow pace of development of the local midwifery teachers workforce.

Case submitted by Janet Michael, Director General Nursing and Midwifery, Ministry of Health; Mary Rose Jawa, Director of Midwifery, Ministry of Health; Victoria Abua, Deputy Director Training for Nurses and Midwives; and Gillian Garnett, Midwifery Specialist, UNFPA South Sudan
Ethiopia case example: upgrading midwifery teachers in evidenced-based midwifery
Domain 8 of Midwifery Educator Core Competencies

Need: the Heads of Midwifery Department identified the need to update the midwifery teachers in the use of research to inform their teaching and practice, thus cultivating a culture supportive of critical inquiry and evidence-based practice. An external consultant, Professor Kyllike Christensson from Karolinska Institute in Sweden, conducted the upgrading programme.

Purpose: to assist midwifery teachers to understand the concept of evidence-based midwifery care and the use of operations research to contribute to best practices in teaching and practicing midwifery.

Participants: seventeen Midwifery teachers participated in two workshops on Evidence-based Midwifery Care (MBE) and Operation Research that took place in Addis Ababa. The first was two weeks, from November 28 to December 2, 2011 and the follow up workshop was one week, from 6 to 12 May, 2012. The midwifery teachers, all coming from programmes at degree/university level, had different backgrounds; e.g. their levels of education as well as clinical experiences/skills within midwifery were different.

Content: the first two-week session consisted of the following: The concept and definition of MBE; Operations research; Utilization of evidence-based practice; Methods appropriate for intervention studies; Implementation of research, results/evidence; and preparation for own chosen topic to be implemented. Ten (10) examples from the Cochrane data-base, all globally relevant with proven and not proven evidence, research papers on how to implement evidence as well as papers criticizing the current sources behind evidence which only considering results from quantitative research and seminars were discussed and applied throughout the session.

At the end of the two-weeks, midwifery teachers chose the following topics to be implemented.
- Evidence related to newborn care (skin-to-skin care and cord care) (Dilla University).
- “Mixed” management of third stage of labour or restriction of oral intake during labour (Mekelle University).
- Dissemination and implementation of information given at the current work-shop by applying “operation research” into appropriate topics (Addis Ababa University).
- Raining of clinical instructors in EBM as a source for its implementation into the clinical area (Gondar University).
- Newborn skin-to-skin care (Hamlin College of Midwives).
- The use of episiotomy and methods for suturing (Jimma University).
- Early initiation of breast-feeding (Jijiga University).
- Proper utilization of partograph (Hawassa University).
- Implementation of “continued suturing” (Haromaya University).

Outcomes: Eight of the nine assignments had been implemented and were presented during the follow-up workshop. The quality of the work performed varied, with some having a high level of quality useful for improving evidence-based midwifery (EBM) in Ethiopia. Although some presentations were not good they gave rise to good and useful discussions. Hence it was possible to use all assignments for further competence development.

The above-mentioned assignments/projects were used to teach qualitative research methods. The participants further learned to use interviews, observations and focus-group discussions. They also learned how to apply content analyses for evaluation and research. A number of articles demonstrating EBM and qualitative research methods were used for the teaching/learning process.

During evaluation the participants expressed that they got much more than expected; the sessions were a real eye-opener. Learning through assignments with a follow-up session was an excellent way of teaching/learning.

Case submitted by Dorothy Lazaro, Midwifery Specialist, UNFPA Ethiopia
As noted earlier, Domains 1, 3, and 7 have sample modules included in Section 7:4 to illustrate how the KSBs for each competency statement might be organized into units of study.

LONG-TERM PROGRAMMES

**F. Types of CBE programmes for preparing new midwifery teachers**

Long-term programmes with consecutive courses to prepare new midwifery teachers range from several months to two years, depending on who is providing the programme and where it is located. Tenshi College Department of Midwifery in Japan created a two-year master’s programme that includes clinical practice updates and supervised practice during the first six months, followed by the theory and practice of teaching midwifery pre-service students. The candidates for this degree programme were experienced midwives with over five years of clinical practice and preferably some teaching experience.

Another example of a programme to prepare new teachers in midwifery and other health disciplines together that does not include Domain 2 (all participants are expert clinicians) is offered at Western Michigan University. The Interdisciplinary Teacher Education Program (ITEP) includes three 3-credit hybrid courses over nine-months with four self-study modules in each course, offering graduate credit for enrolled master’s students or continuing education units for community preceptors not enrolled in a master’s programme. Session 2 of the ITEP was described in the USA case example for Domain 4. Session 1 modules include: 1) Introduction to learning and teaching, including adult learning theories and teacher roles; 2) Curriculum development process and instructional design; 3) Teaching theoretical content (principles & methods); and 4) Evaluating theoretical learning including test construction. Session 3 of the ITEP is quite specific, in part, to academic systems in the USA. Modules include: 1) History and interpretation of the development of professionalism in specific health disciplines (social contexts); 2) the scholarship of teaching (evidenced-based teaching, integrated roles and functions); 3) The Ethical and legal considerations in teaching (academic integrity, legal concerns); and 4) Impact of professional trends, health-care policies and rapidly changing environments on health professional education.

Module six (6) in the WHO *Strengthening Midwifery Toolkit (SMTK)*, (2011, PAHO rev. 2013), offers detailed guidance on what is needed to prepare competent midwifery teachers. Module 6 provides additional information on selection of institutions for teaching practicums, the preparation of mentors for the new teachers along with discussion of various teaching methods, learning activities, and assessment strategies that are used in a competency-based education programme. This is a very helpful and useful resource when planning a teacher preparation programme for new teachers.

Section 7:1.a offers a model curriculum outline for a 2-year programme designed to prepare new midwifery teachers based on the domains and competency statements from the *Midwifery Educator Core Competencies*, (2014). This suggested outline of courses or modules for new teacher preparation is provided to illustrate how the competencies and their related KSBs might be organized. The KSBs are not listed on the model, but can easily be found under the related competency statements.
Another helpful resource in designing a programme for preparing new midwifery teachers is the ICM Model Curriculum Outlines for Professional Midwifery Education (2012) as noted in the South Sudan case example. Resource package 1 is an overview of curriculum design for pre-service midwifery education programmes, and resource package number 2 explores the design of courses/modules offering examples. Resource package 4 addresses competency-based education (CBE). Though the focus of this manual is on pre-service midwifery education programmes, the examples of what to include in a module/course and the logical sequence of essential competencies in practice can be tailored to preparing midwifery teachers.

G. Follow-up of participants in teacher preparation programmes

Midwifery teacher preparation and updating/development activities always require follow-up, support from mentors (usually master teachers if based in country), and periodic updates on the evolving evidence-base for teaching and learning. One approach is to have participants in short- and long-term teacher education programmes prepare an action plan for monitoring their progress in teacher competencies at the end of the course(s). Midwifery teachers are adult learners, and as such, are responsible for their continued learning while teaching. Countries requiring evidence of participation in CPD for re-registration or licensure would do well to include teacher preparation updates periodically.
SECTION 5: ANNOTATED RESOURCES FOR PREPARING COMPETENT MIDWIFERY TEACHERS

- **Midwifery educator core competencies.** Geneva: WHO, 2014
  This document is required reading for all those interested in having competent midwife teachers ready, willing and prepared to educate the next generation of fully qualified midwives. It describes the process of development of the competencies, and includes the eight competency domains, nineteen competency statements, and the knowledge, skills, and behaviours for each competency statement. Taken as a whole, the document describes what is required of competent midwifery teachers. Download from: http://www.who.int/hrh/nursing_midwives/en/


- **WHO Europe. Good practices in nursing and midwifery – from expert to expert: A manual for creating country case studies.** Denmark: WHO Europe, 2013. The aim of this manual was to gather evidence from Member States on good nursing and midwifery practices and act as a supporting document to Strengthening nursing and midwifery services: European strategic directions towards Health 2020. The purpose of the manual is to share experts' contributions through case studies to improving the health of the region. A template for developing case studies of best practices is included, and several examples of such cases are in the Annexes.

- **ICM. Essential competencies for basic midwifery practice 2010; rev. 2013.** The Hague: ICM, 2013. The seven competency statements and related KSBs define the expected scope of practice of a fully qualified midwife. Midwife teachers can use these practice competencies to monitor their own practice competency and to guide the development and update of the midwifery courses they teach.

- **ICM. Model curriculum outlines for professional midwifery education.** The Hague: ICM, 2012. This document was prepared by ICM as one of its education resources for midwives globally. It provides guidance on how to design curricula based on the ICM Essential competencies for basic midwifery practice, 2010. The document is divided into four resource packets with appendices. Resource Packet #1: Background & curriculum development process; Appendix: Components of a competency-based midwifery curriculum. Resource #2: Model midwifery curriculum outlines; Appendix 1a: Graphic representation of suggestions modules for professional midwifery programme 3-year direct entry; Appendix 1b: Graphic representation of suggestion modules for professional midwifery programme post-registration 18 months; Appendix B: Midwifery care process
with graphic representation; Appendix C: Module development worksheet; Appendix D: Sample division of ICM Competency #1 & its KSBs. Resource Packet #3: Key resources available for midwifery education. Resource packet #4: Teaching and learning in a competency-based curriculum; Appendix A: Learning & teaching: A dynamic partnership; Appendix B: The “match” of principles of learning & teaching.

- ICM. *Global standards for midwifery education* (2010; amended 2013) with Companion Guidelines available at: http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments Standard II is of most importance as it describes the basic qualification of a midwife teacher and clinical preceptor. **Midwifery Faculty:**

  II.1. The midwifery faculty includes predominantly midwives (teachers and clinical preceptors/clinical teachers) who work with experts from other disciplines as needed.

  II.2. The midwife teacher: II.2.a. has formal preparation in midwifery; II.2.b. demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practise; II.2.c. holds a current licence/registration or other form of legal recognition to practice midwifery; II.2.d. has formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position; and II.2.e. maintains competence in midwifery practice and education.

  II.3. The midwife clinical preceptor/clinical teacher: II.3.a. is qualified according to the ICM *Definition of a midwife*; II.3.b. demonstrates competency in midwifery practice, generally accomplished with two years full scope practice; II.3.c. maintains competency in midwifery practise and clinical education; II.3.d. holds a current licence/registration or other form of legal recognition to practice midwifery; and II.3.e. has formal preparation for clinical teaching or undertakes such preparation.

  II.4. Individuals from other disciplines who teach in the midwifery programme are competent in the content they teach.

  II.5. Midwife teachers provide education, support and supervision of individuals who teach students in practical learning sites.

  II.6. Midwife teachers and midwife clinical preceptors/clinical teachers work together to support (facilitate), directly observe, and evaluate students’ practical learning.

  II.7. The ratio of students to teachers and clinical preceptors/clinical teachers in classroom and practical sites is determined by the midwifery programme and the requirements of regulatory authorities.

  II.8. The effectiveness of midwifery faculty members is assessed on a regular basis following an established process.

- WHO. *Global standards for initial pre-service education of nurses and midwives*, 2009. As part of the global action plan for nursing and midwifery "*The Strategic Directions for Strengthening Nursing and Midwifery Services 2002–2008*" and following a further resolution in 2006, a special Taskforce was established to develop global standards that would act as a blueprint to help countries move towards a competency-based outcome for nursing and midwifery that better fit the needs of an increasingly complex and rapidly industrializing world (WHO, 2009). Available at http://www.who.int/hrh/resources/standards/en/index.html. Of particular interest in this manual are the criteria for nursing and midwifery teachers that begin with university preparation as these standards design programmes that, at a minimum, result in a baccalaureate degree upon successful completion.

- WHO & Jhpiego. *Effective teaching: A guide for educating healthcare providers.* Geneva: WHO, 2005. This resource pack was produced by Jhpiego in collaboration with World Health Organization, available on line at http://www.jhpiego.org/files/EffTeach_lrngd.pdf. The pack addresses many aspects related to teaching in a practice discipline. These include how to write a course and support objectives, develop a course syllabus, prepare and evaluate a classroom presentation, plan for clinical practice, along with a variety of teaching strategies including creating and facilitating audio-visual aids, role play, case studies, clinical simulation, brainstorming and discussions. In addition there are sections on preparation of clinical instructors, evaluation of facilitation skills, monitoring student progress, and knowledge and skill assessment strategies.
• Jhpiego, USAID, MCHIP. *Programme roadmap: Pre-service education*. 2011. Download from www.k4health.org/toolkits/pse. This toolkit offers a step-by-step approach to help country programmes, donors and governments to develop quality and relevant pre-service education for health workers, including midwives. The steps describe advocacy approaches, policy and regulatory environments, quality and relevance of programmes to country needs, including instructions based on core competencies needed by a specific health worker, management and infrastructure of the educational institution needed, programme evaluation and suggestions to support scale-up of a given cadre of health workers. A list of available tools to support country-level implementation at each step is included in addition to a reference list.

• ICM & UNFPA: *Development, implementation & evaluation of a CBE TOT workshop for midwife educators*. Panama: UNFPA-LAC, 2014. This manual was prepared to outline the steps needed when developing a Competency-Based Education (CBE) Train the Trainers (TOT) workshop for pre-service and in-service midwifery educators. The manual is divided into pre-workshop tasks, including the criteria for selection of master teachers, selection of participants and their Terms of Reference for participating, selection of content, and preparation of a session plan; Implementation Tasks/Process that details how the workshop was actually run; the Evaluation Phase with lessons learned; and the Post-Workshop Phase. There are 28 appendices including approaches to teaching specific content, microteaching, peer assessment processes, OSCEs, and assessment tools.
SECTION 6: REFERENCES


**Additional References on Competency-Based Education**


SECTION 7: SELECTED TEACHER RESOURCES AND TOOLS

7.1.a Graphic Representation of Suggested Modules for Preparing New Midwifery Teachers

YEAR 01
- Introduction to WHO educator competencies
  - Midwifery sciences updates Comp. 3
  - Communication skills teachers Comp. 14–15
  - Adult learning theories Comp. 7
  - Becoming a midwife teacher Comp. 1, 2, 18,19
- MW Practice updates where needed Comp. 4
- Competency-based education Comp. 5, 6, 11
- Curriculum development and Instructional design Comp. 12, 13, 8

YEAR 02
- Teaching theory Domain 1, 3,5,7 Comp. 5, 6, 7, & 11
- Teacher roles & responsibilities Domain 1,6,7,8 Comp. 10,13,16
- Educ. research, critical inquiry, & advocacy Domain 7,8 Comp. 17, 18, 19
- Teaching practice Domain 1,2,4,5,7 Comp. 8, 9, 11, 19
- Supervised Teaching Practicum for Theoretical Learning
- Supervised Teaching Practicum for Clinical Learning
- Competent Midwifery Educator Seminar Demonstration of all 19 Competencies with KSBs
- Successful Programme Completion
7.1.b  Graphic Representation of Suggested Modules for Updating Current Teachers

Competency-based Education (CBE) 3-day workshop
WHO Educator Domains 1, 3, 4, 5
Competencies 1, 5,6,7,8,9,11,15 with related KSBs

**DAY 01**
- Expected outcomes & session plan
- Competency based education
- Peer assessment process
- Teaching psychomotor skills
- Micro teaching process
  - Situational analysis Strategies to use CBE in country
  - Group practice peer assessment classroom/clinical
  - Group practice using models
  - Master teacher role models

**DAY 02**
- Simulation Teaching
- Teaching critical thinking
- Environment teaching/learning
- Teaching strategies in classroom & clinical settings
  - Individual demos
  - Games: What else? What if?
  - Case study analysis Role play
  - Microteaching exercises

**DAY 03**
- Assessment for competency: Theory & Clinical
- Common learning difficulties: Psychomotor, cognitive, affective domains
- Develop action plan for continued teacher development
  - Objective, Structured Clinical Evaluation (OSCE) stations Demonstration & Practice
  - Learning plans & Performance contracts
  - Outcomes addressed Support needed Time Frame

CBE Self-Assessment (tool)
Workshop evaluation completed
Successful Updating Completed
### 7.1.c Session Plan

**CBE Workshop for Midwifery Educators and Preceptors**  
Venus Mark Learning Resource Centre Couva, Trinidad  
18–20 February 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activities</th>
<th>Resources needed</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30–08:40</td>
<td>Welcome and opening activities</td>
<td>Short game and introductions</td>
<td></td>
<td>Ms Debrah Lewis (VP ICM)</td>
</tr>
<tr>
<td>08:40–09:00</td>
<td>Participant introduction game</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:00–09:15</td>
<td>Workshop overview</td>
<td></td>
<td>Handout packets</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(goals, objectives, schedule)</td>
<td></td>
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<tr>
<td></td>
<td>Review of course materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:15–09:40</td>
<td>Participant expectations and norms</td>
<td>Brain storming</td>
<td>Flip charts, markers</td>
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<tr>
<td></td>
<td>Obtain volunteers from group responsible for energizers, time keeping,</td>
<td>Record agreed norms</td>
<td></td>
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<tr>
<td></td>
<td>recap each day)</td>
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<td></td>
<td></td>
<td>Record volunteers</td>
<td></td>
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<tr>
<td>09:40–10:10</td>
<td>Review midwifery clinical competency, other pre-reading materials with</td>
<td>(PPT) Present summary of participant self-assessments – highlight areas</td>
<td></td>
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<tr>
<td></td>
<td>time for questions –</td>
<td>where most are comfortable and areas perceived or acknowledged deficiencies. Then can also share with each specific group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:10–11:10</td>
<td>Introduction to CBE</td>
<td>PowerPoint</td>
<td>PPT, flip charts and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(20 min)</td>
<td>Discuss discussion with participants: experiences shared &amp; examined</td>
<td>markers</td>
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<tr>
<td></td>
<td>How is CBE different? (40 min)</td>
<td></td>
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<tr>
<td>11:10–11:30</td>
<td>Tea break</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11:30–12:30</td>
<td>Peer assessment process</td>
<td>(note that will use/demonstrate different ones throughout the workshop)</td>
<td>Handouts: Key points, checklists, examples</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Short and simple methods: sticky notes – what done well, what needs work</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Activity: pass out types of peer assessment forms and have groups practice assessing something demonstrated by MT.</td>
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<tr>
<td></td>
<td>Group practice assessing “professional behaviour/attitudes” – positive</td>
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<tr>
<td></td>
<td>&amp; negative role play by Master Teachers (35 min)</td>
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</tr>
</tbody>
</table>
### Day 1 Session Plan (18 February)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activities</th>
<th>Resources needed</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30–13:30</td>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:30–13:35</td>
<td>Energizer</td>
<td></td>
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<tr>
<td>13:35–14:15</td>
<td>Using appropriate models for psychomotor instruction: (15 min)</td>
<td>Draw skill out of a hat, then in small group decide appropriate instructional method (including what will need to have) how to set up the learning, etc.</td>
<td>Neo Natalie x2 (newborn exam) Abdominal model Breast exam model Mama Natalie</td>
<td></td>
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<tr>
<td></td>
<td>Psychomotor (60 min) small group activity focused on psychomotor skill (e.g. newborn exam)</td>
<td>Message: it is not just demonstrating the skill.</td>
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<tr>
<td></td>
<td>allows for demonstration of teaching strategies – e.g. coaching, directing</td>
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<td></td>
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<tr>
<td>14:15–15:30</td>
<td>Explain microteaching process (15 min)</td>
<td>Brief presentation on purpose &amp; process of microteaching</td>
<td>Microteaching instructions &amp; feedback sheet</td>
<td>Review of days activities</td>
</tr>
<tr>
<td></td>
<td>Select topics for Microteaching next day (15 min)</td>
<td>Participant selection of topic &amp; peers for roles needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:30–16:00</td>
<td>Trainers meet to debrief day's activities</td>
<td></td>
<td></td>
<td>Midwifery CBE trainers</td>
</tr>
</tbody>
</table>

### Day 2 Session Plan (February 19 2014)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activities</th>
<th>Resources needed</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30–08:45</td>
<td>Reflections on previous day Agenda and energizer</td>
<td>Participants get 5 minutes to briefly review previous day's activities. Brief review of day's agenda &amp; energizer</td>
<td></td>
<td>Participants</td>
</tr>
<tr>
<td>08:45–09:00</td>
<td>Preparation for simulation teaching: what need to have, how to use, etc. (focus on affective with psychomotor)</td>
<td>Demo then 4 simulations in groups: 2 neonatal exams, one FP counseling, one abdominal exam Brainstorm plus discussion</td>
<td>Handouts, Models: Newborns, abdominal model, FP flipbook of methods &amp; sample methods</td>
<td></td>
</tr>
<tr>
<td>09:00–10:00</td>
<td>Demonstration simulation teaching and learning</td>
<td></td>
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<tr>
<td>10:00–10:30</td>
<td>Discussion blended learning/hybrid courses</td>
<td>Presentation and discussion</td>
<td>PPT, flip chart, markers</td>
<td></td>
</tr>
<tr>
<td>10:30–11:00</td>
<td>Tea break</td>
<td></td>
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<td></td>
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</tbody>
</table>
### Day 2 Session Plan (February 19, 2014)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activities</th>
<th>Resources Needed</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00–12:00</td>
<td>Looking at cognitive domain and critical thinking. How do we think about thinking?</td>
<td>Brief presentation, then small group activity focused on critical thinking exercises</td>
<td>Handouts, flip charts, role play instructions</td>
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<tr>
<td></td>
<td>What do you know? How do you know you know it?</td>
<td></td>
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</tr>
<tr>
<td>12:00–13:00</td>
<td>Lunch</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>13:0–13:05</td>
<td>Energizer</td>
<td></td>
<td></td>
<td>Participants</td>
</tr>
<tr>
<td>13:00–13:30</td>
<td>The environment of teaching and practice: Respectful care for clients, students and teachers</td>
<td>White Ribbon Alliance video (5 min) and short PPT. Mostly discussion as many issues can be raised.</td>
<td>WRA Video, PPT slides, flip charts, markers</td>
<td></td>
</tr>
<tr>
<td>13:30–14:30</td>
<td>Teaching strategies in classroom and clinical setting: what, when, how</td>
<td>Brief presentation, followed by discussion/activity Microteaching in small groups</td>
<td>PPT slides Handouts on various teaching strategies with advantages/disadvantages Checklists for peer assessment</td>
<td></td>
</tr>
<tr>
<td>14:30–15:30</td>
<td>Developing/adapting/using cases: with template and examples Key points for cases</td>
<td>Group discussion and activity working on cases that could use with various domains</td>
<td>Handout of key points for cases</td>
<td></td>
</tr>
<tr>
<td>15:30–16:30</td>
<td>Micro teaching in large group (theoretical content)</td>
<td>More microteaching</td>
<td>Demonstrations</td>
<td></td>
</tr>
<tr>
<td>16:30–17:00</td>
<td>MTs meet to debrief day's activities</td>
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</tbody>
</table>

### Day 3 Session Plan (February 20, 2014)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activities</th>
<th>Resources Needed</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30–08:50</td>
<td>Reflection on prior day's activities, questions Agenda review and energizer</td>
<td></td>
<td></td>
<td>Participants</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
<td>Activities</td>
<td>Resources needed</td>
<td>Facilitator(s)</td>
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<tr>
<td>08:50–09:30</td>
<td>Assessment for competency: Key points (15 min)</td>
<td>Demonstration of evaluation strategies</td>
<td>Handout of key points</td>
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<tr>
<td></td>
<td>Strategies, roles, responsibilities (35 min)</td>
<td></td>
<td>Templates, checklists</td>
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<tr>
<td></td>
<td>Formative, Summative, Classroom, Clinical</td>
<td></td>
<td>Handout on assessment</td>
<td></td>
</tr>
<tr>
<td>09:30–10:00</td>
<td>Planning assessment strategies beginning with writing outcome statements</td>
<td>Small group work on assessment strategies (pick outcome, how measure, how assess, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00–10:40</td>
<td>OSCE: simulation assessment strategies (formative, summative, confirmative), key points about use, rotation, observers</td>
<td>PPT presentation Group discussion: What is participants’ experience with OSCE?</td>
<td>Handouts, checklists</td>
<td></td>
</tr>
<tr>
<td>12:00–13:00</td>
<td>Tea break</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11:00–12:30</td>
<td>Demonstrate OSCE stations: all learning domains</td>
<td>Exercise on observing Practice format with 4–6 stations Participants will run stations this time through</td>
<td>MamaNatalie, Newborn, FP counseling, ANC visit (targeted so that any station is only 5–8 min, 10 MAX)</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Do you see what I see? How to observe OSCE Practice using OSCE format</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30–13:30</td>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:30–13:35</td>
<td>Energizer</td>
<td></td>
<td>Participants</td>
<td></td>
</tr>
<tr>
<td>13:35–15:20</td>
<td>Learning plans, performance contracts</td>
<td>PPT Group discussion of experiences</td>
<td>Handouts Flip charts, markers</td>
<td></td>
</tr>
<tr>
<td>13:50–15:20</td>
<td>Micro teaching in clinical setting with peer assessment</td>
<td>Small groups followed by a few in large group</td>
<td>Role play instructions Peer assessment checklist (Clinical)</td>
<td>All</td>
</tr>
<tr>
<td>15:20–15:50</td>
<td>Discussion of learning activities in CBE programmes (how different from traditional programs?)</td>
<td>Self-study modules, discussion Discussion: What have you been using, how might you want to change it?</td>
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</tbody>
</table>
## DAY 3 SESSION PLAN (20 FEBRUARY 2014)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activities</th>
<th>Resources needed</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:50–16:10</td>
<td>Exercise to help bring up any gaps so far so can address</td>
<td>Individual activity initially followed by group discussion of way forward.</td>
<td>three colours of post-its: Blue: a different angle of looking at something  Pink: completing the circle—this is what I now know/can do  Yellow: I have questions here Put on poster paper, then review yellow ones to be sure all are discussed</td>
<td></td>
</tr>
<tr>
<td>16:10–16:30</td>
<td>Evaluation Presentation of certificates</td>
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</table>

**SESSION PLAN: USED WITH PERMISSION OF MARCIA ROLLOCK, CRMA, TRINIDAD AND TOBAGO**

Note: The CBE midwifery trainers being observed by a master teacher during this workshop developed the session plan and decided who would facilitate each content area and group exercises. Each day the session plan was compared to the actual workshop activities to determine need for changes or reinforcement of content areas. The CBE midwifery trainers (facilitators), all experienced midwifery educators, included:

- Marcia Rollock, MEd, BSc, Interim President of the Caribbean Regional Midwifery Association (CRMA) and Head of Midwifery School
- Arlene James-Euin, MEd, BSc, President of the Trinidad & Tobago Midwifery Association
- Eureka Griffith, Med Ed.
- Linda Hunte-Rampersad, MSc, BSc

### 7.2. a Module Development Worksheet

**Introduction to Module:** Brief description of what is in the module. Should convince the learner that the module is important and worth learning.

**Module Title:** Specific enough for learner to understand the central focus of the content.

**Hours of Study:** Estimate of time that will need to be spent learning to meet outcomes. May also reflect the total time allotted for a given module.

**Learning Outcomes:** Very specific statements about what the learner is expected to know, do, or feel at the end of the module. There are usually 5–20 outcomes in each module, especially if sub-units are included. If sub-units included, begin with overall learning outcomes, then the more specific learning outcomes for each sub-unit that, when completed, will allow the learner to demonstrate successful completion of the overall module outcomes.

- In writing outcomes use very clear and specific performance verbs:
  - list,
» name
» describe
» outline a plan
» demonstrate
» explain
» compute
» determine
» perform

Content included: This may be a list of the ICM Essential competency and KSBs included, or a group of related concepts, such as health assessment or parent education.

Learning activities for acquiring knowledge and skills: These may be many types of activities. The midwifery teacher needs to use different types of learning activities that promote competency development and demonstration. Each module will use only a few activities, not all of them.

a. reading from the textbook
b. reading journal articles
c. completing a worksheet
d. attending a lecture with significant time for dialogue with teacher
e. observing a procedure
f. practice on a model in the skills lab
g. viewing a film
h. reading from an Internet site

Resources: This section would include written materials, worksheets, case studies, web-based articles, audio-visual aids.

Clinical outcome statements: Easy and efficient to organize clinical outcome statements according to the steps of the midwifery care process (assessment, decision-making, planning, implementation, and evaluation) tailored specifically to the area of practice, e.g., intrapartum care. This is performance time for learners, requiring affective, psychomotor skills, and knowledge application. Thus the outcome statements should be written in such a way to ‘lead’ the learner to successful performance.

Learning activities for developing clinical competence: This is clinical practice with a variety of women seeking midwifery care in a variety of practical sites, supervised by qualified midwifery teacher/preceptor.

Learner Assessment: The learner must be told how and when s/he will be evaluated on the theory portion of the module. Sometimes a small quiz can be attached that the student can take before the big exam(s). Timing of assessment of clinical performance also needs to be specified, including learner self-assessment at periodic intervals.

Module evaluation form: Can be a very short form to ask the learner what aspects of the module (teacher, activities, resource, and practical experiences) were helpful. Learner should also be asked what changes in the module are needed. It is vital that teachers use this feedback positively, and follow-up with individual learners who need to talk further about their experiences during the module.
SELF-ASSESSMENT OF CRITICAL THINKING TRAITS, VIRTUES OR DISPOSITIONS

Please review the definition of each trait and then score your current level of competence on a scale of 1 (very limited) to 5 (consistently competent).

1. Fair-mindedness requires that we treat all viewpoints alike without reference to our own feelings or vested interests, or the feelings or vested interests of our friends, community, nation, or species. It implies adherence to intellectual standards without reference to our own advantage or the advantage of our group. My rating is: __________

2. Intellectual humility is the development of knowledge of one's ignorance. This entails being aware of one's biases, one's prejudices, the limitations of one's viewpoint, and the extent of one's lack of knowledge. My rating is: __________

3. Intellectual courage is a willingness to challenge popular beliefs and a willingness to examine beliefs one holds dear. (The mind avoids, and even fears, discovering its false beliefs. It is, by nature, afraid of ridicule or exclusion from a social group.) My rating is: __________

4. Intellectual empathy is an awareness of the need to imaginatively put oneself in the place of others so as to genuinely understand them. It requires practice to think within the viewpoints of others, especially those with whom we disagree. My rating is: __________

5. Intellectual integrity is manifested in the commitment to hold oneself to the same standards of evidence and proof one expects others to meet. My rating is: __________

6. Intellectual perseverance is the disposition to work one's way through intellectual complexities despite frustrations inherent in the intellectual task. Must be willing to work through confusions, difficulties, and frustrations when dealing with problems. My rating is: __________

7. Confidence in reason is based on belief that, in the long run, one's own higher interests and those of humankind at large are best served by giving the freest play to reason, by encouraging people to come to their own conclusions, by developing, as far as possible, the rational faculties of everyone living in a society. My rating is: __________

8. Intellectual autonomy is the trait one acquires as one learns to take responsibility for the authorship of one's thinking and one's life. My rating is: __________

Now review your self-assessment of these critical thinking dispositions and think about why you assigned the rating you did. Share with your peer group if you are comfortable doing so.

---

1 These definitions are taken directly from Paul & Elder (2005), A guide for educators to critical thinking competency standards, pp. 31–38. Tool designed by J. Thompson, DrPH, FAAN, 25 September 2010.
7.2. CBE Workshop for Midwifery Educators

OSCE STATION 3: NEWBORN LIFE SUPPORT

Participant # ___________________ Date ____________________

<table>
<thead>
<tr>
<th>TASK</th>
<th>SAFE/EFFECTIVE COMPLETION OF TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Checks bag, mask and oxygen supply (when prompted by trainer)</td>
<td>Yes 1</td>
</tr>
<tr>
<td>2. Dries newborn/ removes wet towels</td>
<td>Yes 1</td>
</tr>
<tr>
<td>3. Positions newborn, suctions mouth and nose</td>
<td>Yes 1</td>
</tr>
<tr>
<td>4. Dry, stimulate the baby</td>
<td>Yes 1</td>
</tr>
<tr>
<td>5. Gives positive pressure ventilation</td>
<td>Yes 1</td>
</tr>
<tr>
<td>6. Ensures effective lung inflation</td>
<td>Yes 1</td>
</tr>
<tr>
<td>Knowledge Assessment</td>
<td></td>
</tr>
<tr>
<td>7. Able to state they must initiate the first breath within a minute</td>
<td>Yes 1</td>
</tr>
<tr>
<td>8. Can identify rate of ventilation (40–60/min)</td>
<td>Yes 1</td>
</tr>
<tr>
<td>9. Reevaluates breathing, heart rate, colour and tone (Examiner provides information upon request)</td>
<td>Yes 1</td>
</tr>
<tr>
<td>10. Identifies criteria for stopping resuscitation</td>
<td>Yes 1</td>
</tr>
<tr>
<td>11. States that they only suction if meconium is present</td>
<td>Yes 1</td>
</tr>
</tbody>
</table>

Pass Score 7/10

Student Score __________

Pass Fail

OSCE STATION 3: MEDICAL EQUIPMENT & SUPPLIES LIST

- Newborn model
- Resuscitation bag and mask
- Oxygen source with flow meter (may simulate)
- Wall Clock
- Light source
- Newborn stethoscope
- Suction
- Towels
- Gloves

EXAMINER INSTRUCTIONS

- Ask participant to explain the process for checking that equipment is available and fully functional.
- If asked by participant, state that the newborn was born at 35 weeks gestation following a rapid labour. The infant has not made any attempt to cry, is floppy and blue.
- When participant checks newborn heart rate, state that is less than 60 beats/minute.
MIDWIFERY EDUCATOR CORE COMPETENCIES: BUILDING CAPACITIES OF MIDWIFERY EDUCATORS

- Step 3: Ask the participant if he/she suctions if meconium is NOT present—they should say ‘No’. Only suction if meconium is present.
- Step 6: During the demonstration, ask the participant how much time if he/she has to initiate the first breath, he/she should respond that breathing should be started within the first minute. It’s important for the participant to understand the importance of the ‘golden minute’, document answer in line seven.
- Step 6: Also ask the participant to identify the correct rate for ventilation, document in line eight.
- Following a short period of correct ventilation, state that the infant is now breathing, pink with good muscle tone.

PARTICIPANT INSTRUCTIONS

- Participant should ask examiner for information regarding the newborn status that is needed in order to make appropriate clinical decisions.
- Ten minutes to complete station.

COMPETENCY-BASED EDUCATION (CBE) ESSENTIAL COMPETENCIES

Self-Assessment Tool
March 27, 2014

Instructions for use: Please place a check (✓) or ‘x’ in the appropriate column for each of the knowledge, skills, and behaviours listed below. Note that the first three columns relate to competence and the last two columns relate to confidence. You will have two checks in each row. This is a pre-test for identifying your particular learning needs and will be shared with the Master Teachers responsible for designing a programme of learning activities. You will be using a similar form to assess your individual progress daily during the workshop and beyond in becoming a competency-based teacher.

CBE ESSENTIAL COMPETENCIES

<table>
<thead>
<tr>
<th>Knowledge, skills, or professional behaviours (KSBs)</th>
<th>I do not have the knowledge or skill or attitude</th>
<th>I have updated my knowledge or performed this skill at least one time recently</th>
<th>I am current in my knowledge or can perform this skill effectively &amp; repeatedly or have expected attitude</th>
<th>I have little or no confidence in this knowledge or skill or attitude</th>
<th>I am very confident in using this knowledge or skill or attitude</th>
</tr>
</thead>
</table>

Competency Domain #1: Teachers in competency-based midwifery education are leaders and change agents committed to the advancement of evidence-based pre-service and in-service education for midwives.

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes:

- Definition Competency-based Education (CBE)
- CBE teaching, learning & assessment strategies (e.g., ModCAL; Qstream)

1 This tool is based on the Master Trainer tool that was developed by master teachers leading a CBE trainer of trainers workshop in Trinidad in October 2013. Elements of the tool have been adapted from the ICM Model Curriculum Outlines for Professional Midwifery Education 2012 (especially Resource Package 4 with appendices), Jhpiego HMS Training Levels and sample self-assessment guides from Training Skills for Health Providers Reference Manual. 3rd Edition; the Midwifery Educator Core Competencies 2013; the ICM Essential Competencies for Basic Midwifery Practice 2010, amended 2013; the ICM Global Standards for Midwifery Education with Companion Guidelines, 2013, amended 2013; the National League for Nursing’s The Scope and Practice for Academic Nurse Educators, 2012 revision, and the PAHO/WHO Strengthening Midwifery Toolkit, Module 6, revised 2012. Additional consultation received from Dr. Judith T. Fullerton.
<table>
<thead>
<tr>
<th>Knowledge, skills, or professional behaviours (KSBs)</th>
<th>Self-Assessment of Competency &amp; Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not have the knowledge or skill or attitude</td>
<td>I have updated my knowledge or performed this skill at least one time recently</td>
</tr>
<tr>
<td>Ethical principles of autonomy, accountability, respect, trust, integrity</td>
<td></td>
</tr>
<tr>
<td>Personal &amp; professional values clarification</td>
<td></td>
</tr>
<tr>
<td>Skills/abilities</td>
<td></td>
</tr>
<tr>
<td>Can select appropriate dominant teaching/learning strategies used in existing midwifery education programmes known to learner</td>
<td></td>
</tr>
<tr>
<td>Can identify needed changes in existing midwifery education program to become a CBE programmes via country action plans</td>
<td></td>
</tr>
<tr>
<td>Can promote CBE practices in educational environments</td>
<td></td>
</tr>
<tr>
<td>Can use feedback from self, peers, learners, &amp; consultants/mentors to improve role effectiveness as CBE trainer</td>
<td></td>
</tr>
<tr>
<td>Can mentor &amp; support other midwifery teacher colleagues as they design action plans for implementation of CBE in their programmes</td>
<td></td>
</tr>
<tr>
<td>Behaviours/attitudes</td>
<td></td>
</tr>
<tr>
<td>Culturally sensitive when working with colleagues from other countries</td>
<td></td>
</tr>
<tr>
<td>Demonstrates self-respect</td>
<td></td>
</tr>
<tr>
<td>Committed to competency-based education with eagerness to learn about CBE</td>
<td></td>
</tr>
<tr>
<td>Competency Domain #2: Master trainers in competency-based midwifery education programmes use educational strategies that promote active learning and facilitate the development and demonstration of competency.</td>
<td></td>
</tr>
<tr>
<td>Basic knowledge required to demonstrate skills/abilities &amp; behaviours/attitudes</td>
<td></td>
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<tr>
<td>Adult learning theories (how adults learn)</td>
<td></td>
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<tr>
<td>Domains of learning: psychomotor, cognitive, affective</td>
<td></td>
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<tr>
<td>Level of learner: novice, advanced beginner, competent, proficient, expert</td>
<td></td>
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<tr>
<td>Common learning styles</td>
<td></td>
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<tr>
<td>ICM Essential Competencies for Basic Midwifery Practice, amended 2013</td>
<td></td>
</tr>
<tr>
<td>Expectations of teachers and learners in CBE programme</td>
<td></td>
</tr>
</tbody>
</table>
## CBE Essential Competencies

### Self-Assessment of Competency & Confidence

<table>
<thead>
<tr>
<th>Knowledge, skills, or professional behaviours (KSBs)</th>
<th>I do not have the knowledge or skill or attitude</th>
<th>I have updated my knowledge or performed this skill at least one time recently</th>
<th>I am current in my knowledge or can perform this skill effectively &amp; repeatedly or have expected attitude</th>
<th>I have little or no confidence in this knowledge or skill or attitude</th>
<th>I am very confident in using this knowledge or skill or attitude</th>
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<tbody>
<tr>
<td>Critical thinking and clinical reasoning</td>
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<tr>
<td>Blended learning strategies and use</td>
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<td>Skills/abilities</td>
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<tr>
<td>Have personal midwifery practice competency in areas taught</td>
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<tr>
<td>Can match teaching style to learner level of knowledge &amp; competence</td>
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<tr>
<td>• Directing</td>
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<td>• Coaching</td>
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<tr>
<td>• Supporting</td>
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<td>• Delegating</td>
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<tr>
<td>Can create opportunities for learners to develop critical thinking &amp; clinical reasoning skills</td>
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<tr>
<td>• Creation of case studies</td>
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<tr>
<td>• Leading case analyses</td>
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<td>• Evaluating lessons learned from case analyses</td>
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<tr>
<td>Can facilitate learning with use of variety of teaching strategies &amp; learning activities appropriate to expected outcome of learning (competency) and matched to:</td>
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<tr>
<td>• Level of learner</td>
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<tr>
<td>• Learning domain</td>
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<tr>
<td>• Learning environment (classroom, internet, laboratory, clinical practice)</td>
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<tr>
<td>Can create safe and effective learning environments assessed during micro-teaching</td>
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<tr>
<td>Can use technology appropriately to support teaching-learning process (e.g., blended learning)</td>
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<tr>
<td>Behaviours/attitudes</td>
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<tr>
<td>Is a critical thinker</td>
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<td>Reasons clinically</td>
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<tr>
<td>Demonstrates mutual respect and caring for all</td>
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<tr>
<td>Confident</td>
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<tr>
<td>Patient and flexible with learners</td>
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<tr>
<td>Engages in self-reflection and self-assessment of teacher effectiveness</td>
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<tr>
<td>Enthusiastic for teaching, learning, and midwifery as motivation for learners</td>
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<tr>
<td>Competency Domain 3: Master trainers in competency-based midwifery education are experts in the selection and application of competency-based teaching, learning, and assessment strategies.</td>
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<tr>
<td>Basic knowledge required to demonstrate skills/abilities &amp; behaviours/attitudes</td>
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<tr>
<td>Advantages and disadvantages of competency-based teaching strategies in psychomotor, cognitive and affective domains of learning</td>
<td></td>
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</tr>
<tr>
<td>Advantages and disadvantages of learning environments: classroom, Internet-based, blended learning, self-study modules</td>
<td></td>
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<td></td>
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<tr>
<td>Types of learning activities that promote active learning and competency acquisition</td>
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<tr>
<td>Formative, summative and confirmative evaluation strategies</td>
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<tr>
<td>Skills/abilities</td>
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<tr>
<td>Can provide examples of ICM Essential Competencies used as course/class outcomes</td>
<td></td>
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<tr>
<td>Can correctly match learning activity to competency demonstration required</td>
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<tr>
<td>Can evaluate effectiveness of learning activities for specific learning style</td>
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<tr>
<td>Can individualize learning activities/experiences according to identified needs</td>
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<tr>
<td>Can select &amp; evaluate match of teaching strategies to key principles of learning</td>
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</tr>
<tr>
<td>Can use ICM Essential Competencies as basis for criterion-referenced assessment of competency acquisition</td>
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<tr>
<td>Can provide timely, specific feedback on learner progress following learner self-assessment</td>
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<tr>
<td>Behaviours/attitudes</td>
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<tr>
<td>Facilitates rather than controls learning</td>
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<tr>
<td>Promotes and expects learner accountability for learning</td>
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<tr>
<td>Develops and maintains positive, collegial working relationships with learners, teachers and participants in CBE workshops</td>
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</tr>
</tbody>
</table>
**CBE ESSENTIAL COMPETENCIES**

<table>
<thead>
<tr>
<th>Knowledge, skills, or professional behaviours (KSBs)</th>
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</tr>
</thead>
</table>

Competency Domain 4: Master trainers in competency-based midwifery education are expert communicators.

**Knowledge required to demonstrate skills/abilities & behaviours/attitudes**

<table>
<thead>
<tr>
<th>Advantages and disadvantages of variety of communication strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements of advice and counsel that encourage learner success</td>
</tr>
</tbody>
</table>

**Skills/abilities**

| Can use respectful, positive communication |
| Can apply facilitation skills for promoting learning, such as Socratic questioning, checking for understanding, etc. |
| Can provide constructive feedback, including correction of errors in understanding or judgment |
| Can respond appropriately to learner questions, encouraging reflection by learner |
| Can maintain eye contact with learner when talking |
| Can project voice so that all can hear, varying tone and quality to reinforce important points & demonstrate enthusiasm for topic and learner progress |
| Use audiovisuals, role play & simulation appropriately & effectively |

**Behaviours/attitudes**

| Positive use of humor |
| Non-judgmental approach to all |
Instructions for use: Please place a check (√) or ‘x’ in the appropriate column for each of the knowledge, skills, and behaviours listed below. Note that the first three columns relate to competence and the last two columns relate to confidence. You will have two checks in each row. This is a pre-test for identifying your particular learning needs and will be shared with the Master Teachers responsible for designing a programme of learning activities. You will be using a similar form to assess your individual progress daily during the teacher preparation course and beyond in becoming a competent midwifery teacher.

### MIDWIFERY EDUCATOR CORE COMPETENCIES

#### SELF-ASSESSMENT OF COMPETENCY & CONFIDENCE

<table>
<thead>
<tr>
<th>Knowledge, skills, or professional behaviours (KSBs)</th>
<th>Competency #1: Midwifery educators behave in ways that reflect the ethical standards of the teaching and midwifery professions.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I do not have the knowledge or skill or attitude</strong></td>
<td><strong>I have updated my knowledge or performed this skill at least one time recently</strong></td>
</tr>
</tbody>
</table>

#### Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes:

- International ethical responsibilities and obligations related to teaching and midwifery practice
- Local ethical responsibilities and obligations related to teaching and midwifery practice

#### Skills/abilities

- Use knowledge of ethical issues as basis for influencing, designing, implementing and evaluating policies and procedures related to:
  - Students
  - Faculty
  - Educational environment
  - Clinical environment

#### Behaviours/attitudes

- Display ethical intent incorporating fundamental ethical principles of respect and responsibility
- Protect the rights of the client when teaching or delivering midwifery care
- Recognize potential ethical issues and dilemmas in the workplace

---

1. This tool was developed by Dr. Joyce E. Thompson, CNM, RN, using the competency statements and corresponding knowledge, skills, and behaviours from the Midwifery Educator Core Competencies 2013. The format of the tool is taken from the WHO/PAHO Strengthening midwifery toolkit 2011; updated by PAHO, 2013 and the ICM Monitoring midwifery competencies self-assessment tool 2013, both created by Dr. Judith T. Fullerton, CNM.
<table>
<thead>
<tr>
<th>MIDWIFERY EDUCATOR CORE COMPETENCIES</th>
<th>SELF-ASSESSMENT OF COMPETENCY &amp; CONFIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge, skills, or professional behaviours (KSBs)</td>
<td>I do not have the knowledge or skill or attitude</td>
</tr>
<tr>
<td>Discuss ethical issues and dilemmas with students and other appropriate persons</td>
<td></td>
</tr>
</tbody>
</table>

Competency #2: Midwifery educators demonstrate understanding of legal & regulatory statutes relevant to midwifery teaching and practice.

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes
- Law and regulation related to midwifery practice
- Law and regulation relating to teaching [in health professions]

Skills/abilities
- Incorporate legal and regulatory requirements into midwifery education during:
  - Implementation of teaching and learning
  - Assessment of teaching and learning

Behaviours/attitudes
- Act at all times in compliance with legal and regulatory statutes
- Ensure students comply with legal and regulatory statutes

Competency #3: Midwifery educators maintain competency in midwifery practice.

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes
- All areas of the theoretical component of the midwifery curriculum
- All areas of best practice in the clinical practice of midwifery
- Evidence-based and up-to-date midwifery content and related subjects

Skills/abilities
- Provide safe, competent and effective midwifery care to women and their newborns
- Apply research findings in practice
- Fulfil the requirements of the midwifery regulating/registration body

Behaviours/attitudes
- Participate in professional development activities to increase effectiveness
### MIDWIFERY EDUCATOR CORE COMPETENCIES

<table>
<thead>
<tr>
<th>Knowledge, skills, or professional behaviours (KSBs)</th>
<th>SELF-ASSESSMENT OF COMPETENCY &amp; CONFIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I do not have the knowledge or skill or attitude</td>
</tr>
<tr>
<td>Practice in accord with a code of ethics</td>
<td></td>
</tr>
<tr>
<td>Provide high quality [midwifery] care</td>
<td></td>
</tr>
<tr>
<td>Demonstrate and value lifelong learning</td>
<td></td>
</tr>
</tbody>
</table>

Competency #4: Midwifery educators practice midwifery in ways that reflect evidence-based and up-to-date knowledge.

Knowledge required to demonstrate skills/abilities & behaviours/attitudes

- Research processes
- Locally relevant epidemiology
- Locally relevant community health issues
- Locally relevant health policies [sexual and reproductive health]
- Locally relevant provision of [SSRH] health services

**Skills/abilities**

- Access research findings
- Review literature for evidence related to practice
- Implement research findings into practice

**Behaviours/attitudes**

- Willingness to adjust practice in light of evidence

Competency #5: Midwifery educators incorporate educational strategies to promote active learning.

Knowledge required to demonstrate skills/abilities & behaviours/attitudes

- Theories of learning that result in development of clinical competence
- Competency-based education (CBE)

**Skills/abilities**

- Acknowledge students as adult learners
- Ground teaching strategies in educational theory and evidence-based teaching
### Midwifery Educator Core Competencies: Building Capabilities of Midwifery Educators

#### Self-Assessment of Competency & Confidence

<table>
<thead>
<tr>
<th>Knowledge, skills, or professional behaviours (KSBs)</th>
<th>I do not have the knowledge or skill or attitude</th>
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</tr>
</thead>
</table>

- Use educational approaches reflecting contemporary educational theory and practice of midwifery including:
  a. Problem-based learning
  b. Case study or narrative-based learning
  c. Discussion and group work
  d. Seminar presentations
  e. Experiential learning (e.g., role-play, simulation, simulated patient/client)
  f. Workshops
  g. Projects
  h. Active/participatory lectures
  i. Effective use of audio visual materials
  j. E-learning

- Create opportunities for learners to develop their critical thinking, clinical reasoning skills and innovative thinking.

### Behaviours/Attitudes

- Model critical and reflective thinking
- Show enthusiasm for teaching, learning and midwifery that inspires and motivates students
- Foster a relationship of mutual trust and respect

### Competency #6: Midwifery Educators select and use effective teaching and learning materials/resources.

#### Basic knowledge required to demonstrate skills/abilities and behaviours/attitudes

- Educational and learning resources and materials based on best available evidence

#### Skills/abilities

- Evaluate and choose appropriate teaching and learning materials and resources
- Develop appropriate educational materials that are matched to the learning domain (psychomotor, cognitive, affective)
- Use information technologies skillfully to support the teaching-learning process
## MIDWIFERY EDUCATOR CORE COMPETENCIES

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</thead>
<tbody>
<tr>
<td>Ensure safe and appropriate physical learning environments including: a. Classroom conditions such as light, temperature, desk arrangement b. Classroom size related to number of students</td>
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<tr>
<td>Advocate for change when the learning environment not provided</td>
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</table>

### Competency #7: Midwifery educators recognize and support different learning styles and the unique needs of students

**Basic knowledge required to demonstrate skills/abilities and behaviours/attitudes.**

- Theory and methodology of educational needs assessment [of individual learners]
- Social and human relationships and the conditions for learning
- Interaction between educator and learner
- Principles of counselling

### Skills/abilities

- Provide resources to diverse learners that help meet their individual learning needs
- Engage in effective advice and counselling strategies that help learners meet their learning goals
- Create effective learning environments that are focused on socialization of the role of the midwife
- Create effective learning environments that facilitate learners’ self-reflection and personal goal setting
- Recognize the influence of teaching styles and interpersonal interactions on learner outcomes
- Foster the cognitive, psychomotor and affective development of learners
- Assist learners to develop the ability to engage in thoughtful and constructive self- and peer-evaluation

### Behaviours/attitudes

- Demonstrate interest in and respect for learners
<table>
<thead>
<tr>
<th>MIDWIFERY EDUCATOR CORE COMPETENCIES</th>
<th>SELF-ASSESSMENT OF COMPETENCY &amp; CONFIDENCE</th>
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<tbody>
<tr>
<td>Knowledge, skills, or professional behaviours (KSBs)</td>
<td>I do not have the knowledge or skill or attitude</td>
</tr>
<tr>
<td>Support learner’s continuous lifelong learning as a professional midwife</td>
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<tr>
<td>Use personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning</td>
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<tr>
<td>Competency #8: Midwifery educators facilitate a safe and effective learning environment in the clinical setting</td>
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<tr>
<td>Basic knowledge required to demonstrate skills/abilities &amp; behaviours/attitudes.</td>
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<tr>
<td>The clinical environment and governing structures</td>
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<td>Competency-based clinical learning</td>
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<tr>
<td>How students integrate into a new practice setting</td>
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<td>Evidence informed practice</td>
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<td>Ethical expectations of midwifery practice including supporting informed choice</td>
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<tr>
<td>Skills/abilities</td>
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<tr>
<td>Facilitate effective learning and the development of competence within an area of practice by correctly teaching students the process of:</td>
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<td>a. assessment</td>
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<td>b. planning</td>
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<td>c. implementation</td>
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<td>d. evaluation</td>
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<td>e. documentation of midwifery care</td>
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<tr>
<td>Create an environment in which practice development is fostered, evaluated and disseminated</td>
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<td>Demonstrate effective midwifery relationships with patients/clients</td>
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<td>Obtain free and informed consent for student involvement in care</td>
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<td>Protect the woman and her baby from harm</td>
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<tr>
<td>Enable students to relate theory to practice encouraging reflective learning</td>
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<tr>
<td>Build and maintain collegial relationships with staff in the clinical environment</td>
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<tr>
<td>Demonstrate to students principles of effective delegation and supervision</td>
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### Midwifery Educator Core Competencies

#### Self-Assessment of Competency & Confidence

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**Behaviours/attitudes**

- Demonstrate effective interpersonal skills
- Seek clarification or assistance from staff as needed
- Set effective professional boundaries whilst creating a dynamic, constructive teacher-student professional relationship
- Foster professional growth and personal development by use of effective communication
- Facilitate and develop the ethos of interprofessional learning and working
- Identify teaching opportunities in the clinical setting
- Set boundaries of safe practice

**Competency #9: Midwifery educators foster individualized experiential learning.**

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.

**Experiential learning**

**Diversity of learning processes**

**Skills/abilities**

- Design and deliver programmes of learning in practice settings supporting a range of students in their area of practice
- Assess programmes of learning in practice settings
- Assess, create and develop opportunities for students to identify and undertake experiences to meet their learning needs
- Provide positive feedback and constructive criticism to students
- Provide advice and support to identify changes required [to demonstrate competency]

**Behaviours/attitudes**

- Assess students’ ability to integrate their professional role, their capacity to undertake that role and the knowledge base with which that professional identify and performance are intermeshed.
# MIDWIFERY EDUCATOR CORE COMPETENCIES: BUILDING CAPACITIES OF MIDWIFERY EDUCATORS

## MIDWIFERY EDUCATOR CORE COMPETENCIES

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Act with respect and interest in the students

Demonstrate patience

**Competency #10: Midwifery educators continuously monitor, assess and evaluate the effectiveness of the educational programme.**

**Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.**

- Theory and methodology of learning outcomes assessment and evaluation including:
  - a. examination [paper/pencil test]
  - b. essay
  - c. seminar presentation
  - d. midwifery case study
  - e. project
  - f. Objective Structured Clinical Examination (OSCE)

**Skills/abilities**

- Use methods of assessment and evaluation of learning that are linked to learning goals

- Use a variety of strategies and tools to assess and evaluate learning in the cognitive, psychomotor and affective domains for:
  - a. Formative evaluation
  - b. Summative evaluation

- Participate in selection of the key elements of assessment tools (e.g., examination blueprinting, examination item writing, validity, reliability)

- Construct tests and appropriate evaluation tools

- Participate in setting pass or fail standards and assessment criteria

- Provide timely, constructive and thoughtful feedback to learners

- Use assessment and evaluation data to enhance the teaching-learning process

- Maintain accurate records of student progress and achievement

- Participate in programme evaluation

**Behaviours/attitudes**

- Display ethical intent and objectivity in all evaluation processes
### MIDWIFERY EDUCATOR CORE COMPETENCIES

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#### Competency # 11: Midwifery educators assess student competence

**Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.**

**Assessment procedures**

**Skills/abilities**

- Adapt, design and use of tools for assessing and documenting clinical practice
- In partnership with other members of teaching team, use knowledge and experience to design and implement assessment frameworks
- Assess progress in order to plan for the students’ increasing level of skill acquisition
- Make accurate judgments about the competency/proficiency of students including cultural and respectful care competency
- Provide constructive feedback to students and assist in identifying future learning needs and actions
- Manage unsuccessful students so that they may either enhance their performance and capabilities for safe and effective practice
- Manage unsuccessful students so that they are able to understand their failure and the implications of this for their future
- Be accountable for confirming that students have met, or have not met, agreed standards of competency and are capable of safe and effective practice

**Behaviours/attitudes**

- Act as a role model
- Display ethical intent and objectivity in all competence assessments

#### Competency #12: Midwifery educators actively participate in organizing and implementing a midwifery curriculum.

**Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.**

**Educational management theories**

**Teaching and learning methodologies**

**National health priorities**
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<td>Curriculum design and development</td>
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<tr>
<td>Timetabling and scheduling</td>
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<tr>
<td>Skills/abilities</td>
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<tr>
<td>Participate in developing midwifery curriculum including:</td>
<td></td>
</tr>
<tr>
<td>a. Identifying programmatic and student outcomes</td>
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<tr>
<td>b. Developing competency statements</td>
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<tr>
<td>c. Writing learning objectives</td>
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<tr>
<td>d. Selecting appropriate learning activities</td>
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<tr>
<td>e. Selecting appropriate evaluation methods</td>
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<tr>
<td>Participate in the design of midwifery curriculum based on educational decision, principles, theory and research</td>
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<tr>
<td>Participate in the development of syllabi, and class/course outlines including learning objectives, target audience, contents of subject, teaching materials and evaluation methods</td>
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<tr>
<td>Ensure the curriculum reflects:</td>
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<tr>
<td>a. the institutional philosophy and mission,</td>
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<tr>
<td>b. current midwifery and health-care trends, and</td>
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<tr>
<td>c. community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health-care environment</td>
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<tr>
<td>Incorporate strategies for efficient management of time and resources</td>
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<tr>
<td>Work in multidisciplinary, interdisciplinary teams</td>
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<tr>
<td>Behaviours/attitudes</td>
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<tr>
<td>Make inclusive and collaborative decisions</td>
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<tr>
<td>Participate as an effective team members</td>
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<tr>
<td>Competency #13: Midwifery educators implement and revise midwifery educational courses/programmes.</td>
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<tr>
<td>Basic knowledge required to demonstrate skills/abilities &amp; behaviours/attitudes.</td>
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<tr>
<td>Curriculum monitoring and evaluation</td>
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<tr>
<td>Curriculum revision</td>
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<td>Knowledge, skills, or professional behaviours (KSBs)</td>
<td>Self-assessment of competency &amp; confidence</td>
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<tr>
<td>I do not have the knowledge or skill or attitude</td>
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<tr>
<td>Organizational management including organizational monitoring and evaluation</td>
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<tr>
<td>Quality assurance of organizational performance</td>
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<tr>
<td>Skills/abilities</td>
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<tr>
<td>Revise curriculum based on:</td>
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<tr>
<td>a. systematic monitoring and evaluation of programme outcomes</td>
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<tr>
<td>b. learner needs</td>
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<td>c. midwifery trends</td>
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<tr>
<td>d. health-care trends</td>
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<tr>
<td>e. evolving community and societal needs</td>
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<tr>
<td>Implement curriculum revisions using appropriate change theories and strategies</td>
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<tr>
<td>Collaborate with external constituencies throughout the process of curriculum design, implementation and revision</td>
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<tr>
<td>Design and implement programme assessment models that promote continuous quality improvement of all aspects of the programme including:</td>
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<tr>
<td>a. student performance</td>
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<tr>
<td>b. student evaluations</td>
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<tr>
<td>c. peer observations</td>
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<tr>
<td>d. graduation rates</td>
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<tr>
<td>e. qualification or registration success</td>
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<tr>
<td>Monitor and review midwifery programmes to ensure congruence with international and regional goals and national standards</td>
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<tr>
<td>Contribute to the quality assurance processes of the organization</td>
<td></td>
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<tr>
<td>Participate in the evaluation of organizational effectiveness in midwifery education</td>
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<td>Behaviours/attitudes</td>
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<tr>
<td>Keep thorough and accurate records</td>
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<tr>
<td>Display integrity in undertaking monitoring processes</td>
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### MIDWIFERY EDUCATOR CORE COMPETENCIES

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#### Competency #14: Midwifery educators communicate effectively using a variety of methods in diverse settings.

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.

- Communication techniques
- Presentation methodologies
- Report writing

**Skills/abilities**

- Communication effectively using oral, written and electronic communication in order to achieve learner outcomes
- Write clearly, produce concise reports and present effectively
- Demonstrate effective communication skills in working with clients, learners and other members of the health-care team in clinical settings
- Teach students how to engage in education of the childbearing women and the family
- Document effective feedback
- Maintain accurate records
- Engage in conflict resolution as necessary
- Demonstrate public speaking and active listening skills
- Demonstrate excellent interpersonal and communication skills

**Behaviours/attitudes**

- Demonstrate an awareness of self and others

#### Competency #15: Midwifery educators demonstrate cultural competence in course design and development, teaching and midwifery practice.

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.

- Cultural diversity and identity
- Human rights
- Impact of power relations, racism and sexism

**Skills/abilities**

- Recognize and describe multicultural, gender and experiential influences on teaching and learning
# Midwifery Educator Core Competencies

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<tbody>
<tr>
<td>Facilitate the provision of culturally appropriate care</td>
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<td>Encourage the expression and exchange of multicultural views</td>
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<tr>
<td>Respect and protect human rights</td>
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<tr>
<td>Foster in students the ability to act and speak up when there are violations of human rights</td>
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<td>Behaviours/attitudes</td>
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<tr>
<td>Demonstrate cultural sensitivity</td>
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<td>Model cultural sensitivity when advocating for change</td>
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<tr>
<td>Be accountable for own actions and inactions in safeguarding human rights</td>
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<td>Competency #16: Midwifery educators function as change agents and leaders in order to improve both midwifery practice and midwifery education.</td>
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<td>Change management</td>
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<td>Leadership theory</td>
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<td>Interdisciplinary collaboration</td>
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<td>Skills/abilities</td>
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<tr>
<td>Act as a guardian of safe, competent, respectful midwifery care</td>
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<td>Create and maintain community and clinical partnerships that support educational goals</td>
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<td>Integrate a long-term, innovative and creative perspective into the midwifery educator role</td>
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<td>Participate in interdisciplinary efforts to address health-care and educational needs</td>
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<td>Implement strategies for organizational change</td>
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<td>Provide organizational leadership in different disciplines as well as in the midwifery programme to enhance the visibility of midwifery and identify its contributions to the academic community</td>
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<td>Assume a leadership role in various levels of institutional governance as appropriate</td>
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Use feedback gained from self, peer, student and administrative evaluation to improve role effectiveness

Mentor and support colleagues

**Behaviours/attitudes**

Integrate interpersonal values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and educators

Demonstrate integrity, courage, perseverance, vitality and creativity

Develop collegial working relationships with students, faculty colleagues and clinical agency personnel to promote positive learning environments

Engage in self-reflection and continued learning to improve teaching practices that facilitate learning

**Competency # 17:** Midwifery educators used a variety of advocacy strategies to promote midwifery education and practice including professional, community, human rights and structural advocacy.

**Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.**

Advocacy strategies

Organizational functioning

**Skills/abilities**

Demonstrate a leadership role outside of the institutions; e.g., with government and professional associations

**Behaviours/attitudes**

Display confidence in presentation and argument

Communicate effectively and professionally
## Midwifery Educator Core Competencies

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**Competency 18:** Midwifery educators use research to inform teaching and practice.

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.

- Evidence-based practice and levels of evidence
- Available research resources
- Qualitative and quantitative approaches

**Skills/abilities**

- Use online resources to locate research and clinical guidelines relevant to an issue
- Interpret the quality and applicability of research papers and reports
- Use research in teaching and in practice

**Behaviours/attitudes**

- Demonstrate and encourage inquiry

**Competency #19:** Midwifery educators cultivate a culture supporting critical inquiry and evidence-based practice.

Basic knowledge required to demonstrate skills/abilities & behaviours/attitudes.

- Evidence-based practice and levels of evidence
- Critical inquiry

**Skills/abilities**

- Create a climate where inquiring minds can be actively involved in incorporating research into practice
- Provide positive feedback for research endeavours

**Behaviours/attitudes**

- Role model critical thinking in all areas of teaching
- Prioritize questions and reflection
Introduction

This module addresses the topics of ethics and law related to practising as a midwife and teaching others to be midwives. Practitioner and teacher are just two of the important roles of a professional midwife, and are directly linked. Both the ICM Global standards for midwifery education (2010; amended 2013) and the Midwifery Educator Core Competencies, 2013 require that all midwifery teachers be licensed or regulated in the country where carrying out these important roles, and that they maintain competence in midwifery practice.

This module builds upon the two competency statements with their corresponding knowledge, skills and behaviours (KSBs) described under Domain 1 of the Midwifery Educator Core Competencies. Each of the competency statements is divided into two outcome statements reflecting the dual roles of midwifery practitioner and midwifery teacher and the two professions of midwifery and teaching addressed in Domain 1. Likewise, each main learning outcome is sub-divided into sub-objectives or outcomes that reflect the knowledge, skills and behaviours required to successfully demonstrate competency in each of the main outcomes. The content and required competency demonstration in this module reflect primarily the affective domain of learning – attitudes, beliefs, values and moral reasoning that lead to ethical and legal decisions and actions – for midwifery clinicians and teachers.

Note to learner: it is recommended that you take time to read through the entire module first before selecting one of the sub-objectives to begin study. Sub-objectives 1 and 2 focus on ethics and sub-objectives 3 and 4 focus on the law and legal aspects of teaching and practice. You can begin with either pair while recognizing that all are needed to complete the main learning outcomes.

Main Learning Outcomes

At the completion of this module the midwife teacher is expected to:

I. Behave in ways that reflect the ethical standards of the midwifery profession.
II. Behave in ways that reflect the ethical standards of the teaching profession.
III. Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery practice.
IV. Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching.

Content Included (Knowledge) Primarily from Domain 1

- Definition of attitudes, beliefs, values, moral reasoning
- Moral development theories: ideas of ‘right and wrong’
- Ethical theories: deontology, utilitarianism, natural law
- Virtue ethics: what kind of person am I?
- Basic human rights
- Approaches to ethical decision-making
- ICM Midwifery Philosophy and Model of Care 2008
- ICM International Code of Ethics for Midwives 2008; updated 2014
- ICN The ICN Code of Ethics for Nurses, revised 2012
• Local ethical responsibilities and obligations related to teaching and practice that may be included in:
  » Code of ethics
  » Standards of behaviour
• ICM International definition of the Midwife and Scope of Practice 2011
• ICM Global Standards for Midwifery Regulation 2011
• Knowledge of the law and regulations relating to midwifery practice and teaching in one's country that may include:
  » Laws (statutes) authorizing midwifery practice
  » Regulations for midwifery practice (registration, licensure, discipline)
  » Standards and clinical guidelines for midwifery practice
  » Concept of academic integrity related to teachers and students
  » Legal requirements for addressing students with learning or physical disabilities
  » Policies and procedures related to students, faculty, learning environments

**INSTRUCTIONAL OUTCOMES SPECIFIC TO EACH MAIN OUTCOME**

**MAIN LEARNING OUTCOME I:**
*Behave in ways that reflect the ethical standards of the midwifery profession (Competency 1)*

Content Sub-Objectives:
1. Correctly distinguish between attitudes, beliefs, value and ethics.
2. Understand how personal and professional values affect your care of women and childbearing families.
3. Compare steps of moral reasoning with midwifery or nursing process.
4. Describe the key characteristics of normative theories of ethics including deontology, utilitarianism and natural law.
5. Define virtue ethics and its relationship to midwifery practice.
6. Identify the ethical principles that guide your practice of midwifery.
7. Describe characteristics of ethical dilemmas and how to approach decision-making.
8. Analyse existing codes of ethics related to midwifery practice.

Performance sub-objectives (clinical outcomes):
- a. Demonstrate respect for self, peers, women and families.
- b. Protect the rights of the client when providing midwifery care.
- c. Provide respectful, culturally appropriate midwifery care for all those seeking midwifery services.
- d. Empower women/families to actively participate in decisions about their care.
- e. Accept responsibility and accountability for one’s decisions and actions in practice.

**SUGGESTED LEARNING ACTIVITIES**

“It is a given that we value, that we have values, and that values serve a purpose. We are moral beings with directions for our choices coming from our personal and professional value sets.” Joyce E. Thompson, Henry O. Thompson, 1995

There are many ways to acquire and maintain knowledge and practice skill demonstration. The activities below are suggested ways to address each of the sub-objectives related to Main Learner Outcome 1. Your responsibility is to select those that will add to your knowledge of values and ethics.

- Read through the short summary of content.
- Peruse the reading guide and select those references that will add to your knowledge on each topic.
- Search via the World Wide Web for literature on health professions’ codes of ethics and ethical theories.
• Participate in values clarification exercises (see attached worksheets).
• Select an ethical decision-making model and use to analyse ethical issues in midwifery practice, such as confidentiality of client information versus family's right to know.
• Discuss the clinical setting expected standards of behaviour and your professional association code of ethics related to midwifery practice with others in your group.
• Participate in role play exercises focusing on the affective dimension of relationships; e.g., how to relate to women and families as a midwife clinician.

Short Summary of Content on Value and Ethics

What are values?

• At first glance, the answer to this question seems too obvious. Values are what we value or find worthy. However, it is important to explore deeper into the meaning of ‘values’ in order to understand clearly what they really are and how they affect our lives – both personally and professionally. Values can be defined in many ways, but the term usually refers to what is really important in a person’s life – so important that it influences how one thinks, acts, or the kind of choices one makes on a daily basis. The Latin root of the word means to be strong, to be of worth.

• Values can be distinguished from attitudes or beliefs, of which we have many. Values are actually used to help us make good decisions or take action when needed, whereas attitudes or beliefs are what we think we might do or say but have yet to be tested. For example, we may believe that telling the truth is important, but will tell a lie to avoid embarrassing a friend (“You really look good today”) or to save a life. Or we may believe that it is wrong to cheat on a school exam or our income taxes, but we do it because we think the higher grade or less money paid to the government is in our best interests, even though it is wrong. Telling the truth and being honest are vital characteristics in leadership, and need to be valued at all times, not just when it is convenient to do so. Values include concepts like self-worth, family, God, love, serving others, or honesty. Values can therefore be viewed as directional signals for life choices. Another way of defining values is our attitudes and beliefs put into practice in our daily lives.

Where do values come from?

• Several value theorists have suggested that we have at least two, if not three sets of values as an adult. The first set of values, often called ‘gut-level values’ are those we learn during childhood before we begin to make our own choices about which values we will follow as an adult. These values come from our parents, where we live, socioeconomic status, religion, and books/Internet (media) that we watch or read. As the small child receives praise or a scolding for their actions, significant adults are programming that young child to understand what is ‘right’ or what is ‘wrong’; in other words, the difference between right and wrong, good and bad. As the child moves into pre-teen and teen years, peers become another important source of values.

• Questioning who we are, what we believe, and what we value as an adult begins in adolescence as we move toward making a decision on the dominant values we will use during adulthood – our adult values. As an adult, we may add or change values as we are socialized into a profession with its particular values; e.g., the values of midwifery or being a midwife. Values can be changed, but they must first be identified and accepted as belonging to an individual along with preferring a different value as an adult. Once this process begins, prior values can be changed to different values. Values clarification is an important tool for identifying your current values, where they came from, and whether you want to change any of them.

• Professional values are often embodied in a code of professional behaviour/conduct or a code of ethics. One example of the type of conflict a new midwifery student might face is as follows. As a young girl, you may have been raised in a male-dominated household and learned that the role of a woman was subservient to that of a man. The man made
all the important decisions and the woman accepted those decisions. When you become an adult in that same society and decide you want to be a midwife, your early values related to the role of women will be challenged. Midwifery is built upon the dominant values of respect for women as persons equal to men, self-determination, autonomy, and active participation in important decisions in one’s life (refer to ICM International Code of Ethics for Midwives) – all values potentially in conflict with a subservient or low status of women that came from value programming during childhood and young adulthood. Thus, the young professional midwife may need to change her values related to women and to herself in order to gain self-esteem, self-worth, and be empowered – all important values of a clinician (and teachers empowering students) – so that she can empower other women and families in her professional care.

• A final note related to values is also obvious to many adults. Our values may conflict with the values of others as well as sometimes within ourselves, depending on the situation. As noted above, our personal values may conflict with the values of our profession (midwifery) that includes our ethical duty to care for others who are ‘different’ from us – whether in language, culture, race, or beliefs. Thus one may read about a value hierarchy, referring to the concept that we as adults have the ability to place an order of importance to our values, and change that order when called upon to do so.

What kind of person am I (Virtue Ethics)?
• Values are our attitudes and beliefs put into practice in our daily lives, while virtues describe the kind of person we are. Another way of defining virtues is they are admirable qualities or desirable qualities regarded as morally good. Virtues are important to our adult professional lives. Many agree that virtues define the character of a person. A partial list of virtues includes a person who is honest, trustworthy, just, courageous, risk-taker, or having integrity. What kind of person are you? What kind of person would you like to be? These are important questions for you to reflect upon as you prepare for your leadership journey. It is helpful to remember that both values and virtues can be influenced by the environment in which one lives, and that they can be changed. We each view the world through a very personal values. In other words, the way we see the world around us and interpret what we see or hear are filtered through our values. Since individuals come from different backgrounds with different childhoods and adult life experiences, they often see the world differently. Their view is not necessarily wrong or bad; it is simply different. It is important to remember that knowing yourself is the first step toward using the self in teaching and leading others. When faced with conflicting claims of what is right or wrong, good or bad, it is your personal self-awareness that will give you the integrity to lead.

What are ethics?
• For many, the distinction between values and ethics rests with our reasoning skills. In other words, values may give direction to our decisions and actions while ethics provide the reasons/ethical rationale for what we do as a moral person (right actions, right decisions). Our ethics understanding comes from a variety of philosophical theories, including deontology (principles), utilitarian (greatest good for greatest number) and natural law (what exist naturally is what is good/right). Midwives tend to follow a principle-centered approach to their work, such as respect for human dignity, truth telling, maintaining confidentiality, and self-determination (autonomy). Sometimes, however, teachers and clinicians need to justify their decisions based on what is best for a group of students or clients rather than individual members of that group (e.g., student group activities or hospital rules on who can visit when).

How can we approach ethical dilemmas?
• Many ethical issues arise in midwifery practice. These include such things as adolescent sexuality and early, unwanted pregnancies, maternal health in potential conflict with fetal health during pregnancy (e.g., HIV, illicit drug use), rape and incest, and right to die of a severely ill newborn. Dilemmas arise usually when there are two or more equally strong or ethically justifiable reasons for selecting more than one course of action. Dilemmas are not evident when the reasons to do good (beneficence) far outweigh the alternative
(doing harm – maleficence). There are many decision models for analysing the ethical dimensions of a clinical or teacher-student situation. The one provided in this module is based on over 40 years of study and work by the Thompsons (1985). The purpose of any decision model is to offer the clinician and students opportunities to reason morally in the safety of a classroom setting using actual cases from their or the teacher’s experiences. Moral reasoning includes steps similar to the nursing or midwifery care process with the exception that the underlying rationale is ethical justification, not scientific justification for actions. Moral reasoning is the critical examination of a situation involving moral or ethical issues by analysing, weighing, justifying, choosing and evaluating competing reasons for a given action. Group discussion is an important learning activity for ethical decision-making.

MAIN LEARNING OUTCOME II

Behave in ways that reflect the ethical standards of the teaching profession (Competency 1)

Content sub-objectives:
1. Discuss how developmental theories of moral development may influence teacher/learner relationships.
2. Define virtue ethics and its relationship to teaching midwifery students.
3. Identify the ethical principles that guide your teaching on a daily basis.
4. Analyse existing codes of ethics related to the role of teachers in the health professions.
5. Define the goals of ethics teaching in health disciplines.
6. Select a model of ethical decision analysis to use with students in case studies.

Performance sub-objectives:
   a. Apply ethical knowledge and reasoning to influence, design, implement, and evaluate policies and procedures related to.
      i. Students.
      ii. Faculty.
      iii. Educational learning environments.
   b. Demonstrate respect for self, peers, and students.
   c. Demonstrate cultural sensitivity and respect cultural diversity.
   d. Accept responsibility and accountability for one’s decisions and actions in practice.
   e. Be a role model of ethical behaviour.
   f. Recognize and discuss potential ethical issues and dilemmas in midwifery practice with students and how to resolve these.

SUGGESTED LEARNING ACTIVITIES

You will have already reviewed the reading list for sub-objective 1, so your focus here is more on resources related to the ethics of teaching:

- Review the short summary of content offered under sub-objective 1 and reflect on how that content relates to your role as a teacher of midwifery.
- Review the reading guide and select references that will assist you in meeting the content sub-objectives.
- Search the World Wide Web for articles and codes of ethics for teachers, especially those in the health professions.
- Establish a virtual chat room with other learners to discuss the basic tenets of a code of ethics for teachers.
- Reflect on the following: In your view, should health professionals be held to a higher standard of moral conduct than the average person? Substantiate your response with current writings on the topic.
- Draft a set of student policies illustrating respect for learners and/or prepare a set of “Expectations” of students and preceptors in the clinical setting that reflect ethical behaviour. Share these drafts with fellow learners and coordinator of the course for further refinement.
- Create case studies reflective of common ethical issues that arise in the clinical setting and use an ethical decision-making model to analyse possible solutions.
READING LIST FOR ETHICAL ASPECTS OF MIDWIFERY PRACTICE AND TEACHING

The following references are offered as examples related to the ethics of midwifery teaching and practice. The teacher responsible for this module will need to add the references available and appropriate to the country context.


WORKSHEETS ON VALUES CLARIFICATION, VIRTUES AND ETHICAL DECISION-MAKING MODEL

**Exercise 1: Personal values:**
1. List the ten most important values that guide your daily interactions.
2. When you have finished your list above, reflect on the following four questions.
   a. Why is this value so important to me?
   b. Where did that value come from?
   c. How does this value influence my work as a midwife?
   d. How can this value influence my role as a midwifery teacher?
3. List ten values of professional midwifery and rank them in order of importance (hierarchy) with 1 being most important and 10 being least important.

**Exercise 2: Hierarchy of Virtues:**
Below is a list of virtues found in the literature. Please rank each of the virtues on a scale of 1–10, with 1 being most important and 10 being least important to you in your work as a midwife and as midwife teacher. When you finish, reflect on why you ranked the virtues as you did. You may also wish to share your ranking with other members of your group to:

1. Personal integrity
2. Honest
3. Trustworthy
4. Just/fair
5. Courageous
6. Risk-taker
7. Authentic
8. Respectful
9. Responsible
10. Persistent
11. Attentive to details
12. Competent

Add any other virtues you think are important as midwife and teachers.
Ethical Decision-Making Model (Example)

THOMPSON & THOMPSON BIOETHICAL DECISION-MAKING MODEL
Adapted from Thompson & Thompson, 1985.
Updated April 2014

Step 1: Review the situation to determine:

1. Health problems – physical, spiritual, mental, psychosocial.
2. Decision/actions needed immediately (emergency) & in near future.
3. Key individuals potentially affected by the decision/action & outcomes.
4. Any potential human rights violations in the situation.

Step 2: Gather additional information to clarify and understand:

1. What information do you need to make a good decision?
2. If that information is not available, will it make a difference in the choices available or outcomes of decisions?
3. When gathering information, consider whether there are any legal constraints, the time available to thoroughly explore the situation (e.g. is this an emergency?), the decision capacity of key individuals, and the influence of any institutional policies.
4. Reflect on the values that directed the information to be gathered.

Step 3: Identify the ethical issues or concerns in the situation:

1. Name the ethical concern(s) using ethical language where possible.
2. Identify current philosophical/religious positions on each issue.
3. Discuss societal/cultural views on each issue.

Step 4: Define personal and professional moral positions on ethical concerns:

1. Review personal biases/constraints on issues identified.
2. Understand personal values affected by situation/ethical issues raised.
3. Review professional codes of ethics (moral behaviour) for guidance.
4. Identify any conflicting loyalties and/or obligations of professionals and family in the situation.
5. Think about your level of moral development operant in this situation.
6. Identify the virtues needed for professional action.

Step 5: Identify moral positions of key individuals in the situation:

1. Think about levels of moral development operant in each participant.
2. Identify any communication gaps or misunderstandings.
3. Provide guidance in clarifying varying levels of moral development.

Step 6: Identify value conflicts, if any

1. Provide guidance in identifying potential conflicts, interests, competing values.
2. Work toward possible resolution of conflict based on respect for differences.
3. Seek consultation if needed to resolve key conflicts.
Step 7: Determine who should make needed decision:

1. Clarify your role in the situation.
2. Who ‘owns’ the problem/decision?
3. Who stands to lose or gain the most from the decision/action?
4. Is the decision to be made by a single individual or group?

Step 8: Identify the range of actions with anticipated outcomes of each:

1. List the range of actions possible, including the option of no action.
2. Attach outcomes to each potential action.
3. Determine the moral justification for each potential action.
4. Identify the ethical theory that supports each action.
5. Apply concepts of beneficence and fairness to each potential action.
6. Determine the best action with outcomes.

Step 9: Decide on a course of action and carry it out:

1. Understand why a given action was chosen.
2. Help all involved understand these reasons.
3. Establish a time frame for review of the decision/action and expected outcomes.
4. Determine who can best carry out the chosen action/decision.
5. Are additional actions/decisions required as a result of the action chosen?

Step 10: Evaluate/review outcomes of decisions/actions:

1. Determine whether expected outcomes occurred.
2. Is a new decision or action needed?
3. Was the decision process fair and complete?
4. What was the response to the action by each key individual?
5. What did you learn from this situation that might be useful in your future professional practice?

MAIN LEARNING OUTCOME III:

Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery practice (Competency 2)

Content sub-objectives:

1. Distinguish between legal statutes that authorize health professional practice and regulatory requirements for each health profession.
2. Discuss the regulatory requirements for midwifery registration and/or licensure in country.
3. Describe the disciplinary procedures used in cases of incompetent practice.
5. Describe the concept of delegated activities for midwives in your country (who, what, under what circumstances).
6. Relate the concept of autonomous midwifery practice to your role as a member of the health-care team.

Performance sub-objectives [Act at all times in compliance with legal and regulatory statutes]

a. Maintain an active, up-to-date midwifery registration/licence
b. Practise in accordance with country’s standards of midwifery practice (regulatory framework)
c. Practise in accordance with evidenced-based clinical guidelines for midwifery practice in a given clinical site.
d. Maintain competence in midwifery practice.
e. Practise in accordance with the code of conduct expected of midwives in your country.

SUGGESTED LEARNING ACTIVITIES

- Read the short summary of content related to legal aspects of midwifery practice.
- Search the World Wide Web for current articles related to health professional laws and regulations and those specific to midwifery practice.
- Obtain a copy of the statute(s) in your country that authorizes midwifery regulation and practice, and discuss these with midwifery colleagues to determine if changes are needed.
- Locate available practice standards, clinical guidelines used in the various clinical sites where you work as a midwife and evaluate the evidence-base of each, suggesting changes where needed.
- Perform a gap analysis (capacity assessment) of your country’s midwifery regulatory framework compared to the ICM Global standards for midwifery regulation (2011) and suggest changes where needed.

SHORT SUMMARY OF CONTENT OF LEGAL ASPECTS OF MIDWIFERY PRACTICE

There is often confusion about the use of terms, ‘legal’ and ‘regulatory’ authority for health professional practice. It may help to understand that the law is often written as ‘statutes’ which then designate who (which official body) will write the needed ‘regulations’ for practice. In some countries, there may be a legal statute that says an individual may practice midwifery, but no specific regulations for the qualifications of who that individual may be (doctor, nurse, etc). In other countries, there is no legal statute that addresses midwifery practice, but the Ministry of Health may issue regulations for midwifery practice and the Ministry of Education may issue qualifications for a midwife as well as a midwife teacher. The important thing about legal or regulatory authority is to know what exists in your own country, along with the enabling parts of the authority as well as the restrictions imposed by the law or regulations. For example, in some countries midwives are educated with all the life-saving skills, but not allowed to perform some of them, such as vacuum extraction or manual removal of the placenta, or administration of magnesium sulphate in cases of pre-eclampsia. In other countries there may be no specific regulatory authority for midwives so that midwives, if present, are left without legal protection for their practice.

The worst case scenario in some countries is that midwives are not allowed to practice as the law states only physicians can practice midwifery. In other countries traditional birth attendants (TBAs) are recognized to practice in rural areas where there are no physicians present. Professional midwives struggle to be legally recognized in many countries, and need to work toward enabling regulation that allows them to carry out full scope midwifery practice in accordance with the ICM International Definition of the Midwife and Scope of Practice (2011) as well as the ICM Essential Competencies for Basic Midwifery Practice (2013).

MAIN LEARNING OUTCOME IV

Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching (Competency 2)

Content sub-objectives:
1. Identify documents in the educational setting that address the legal aspects of teaching in that setting.
2. Analyse how these documents apply to your role as a teacher of midwifery in that setting.
3. Explain how codes of academic integrity affect the teacher and learner in a university or college setting.
4. Evaluate existing or the need for written statements that identify when disciplinary actions need to be taken against students or teachers, such as plagiarism or cheating, and what actions are needed.
5. Identify any documents that address criteria for working with students with learning disabilities or physical limitations; e.g., additional time for testing, other accommodations.
6. Identify potential situations with students and teachers that can raise legal concerns in an academic or clinical setting.
7. Demonstrate how trust vs. mistrust in the academic environment affects teaching and learning.
8. Discuss how the teacher can promote academic integrity in the learning environment.

Performance sub-objectives [Act at all times in compliance with legal and regulatory statutes]:

a. Teach in accordance with legal requirements of the educational institution.
b. Follow steps of disciplinary action identified in documents when needed.
c. Use authorized grading system with all students in fair and objective manner.
d. Use valid and reliable, evidence-based assessment tools for determining learner demonstration of competency.
e. Ensure that students comply with legal and regulatory statutes.

SUGGESTED LEARNING ACTIVITIES

• Read through the short summary of content related to legal aspects of teaching
• Once you have gathered the available documents relating to the legal aspects of teaching, review them with colleagues for their application to teaching midwifery.
• If there are unclear criteria for disciplinary action against a teacher or a student in that educational institution, consider drafting these and seek adoption by officials
• Create a written policy for students that includes expected ethical and legal behaviours, and what the consequences will be if these are violated.

SHORT SUMMARY OF LEGAL ASPECTS OF TEACHING

The common legal situations that teachers in the health professions encounter can be organized into classroom (student and teacher) and clinical site problems. Common classroom student behaviours involving legal approaches (disciplinary action) include cheating on examinations or using others’ written papers as one’s own (plagiarism). Common teacher behaviours requiring discipline include sexual misconduct with students as well as plagiarism and/or falsifying results of scientific studies. In the clinical setting, falsifying client information or midwifery care on the client record (e.g., recording vital signs never taken) requires legal attention to both student midwife and teacher. It is important to have written policies for both midwifery students and teachers that clearly identify illegal behaviour and the disciplinary process and possible actions that will be taken in the event of such behaviour. Every person accused of illegal behaviour has a right to defend their actions (the process), and if convicted, to know the possible punishments (e.g., failure of a course, dismissed from programme or university).

READING LIST FOR LEGAL ASPECTS OF MIDWIFERY PRACTICE AND TEACHING

As noted earlier in this module, you need to seek relevant literature sources on the legal and regulatory frameworks used in the teaching profession and by educational institutions.

Learner Assessment: The theoretical content of this self-study module will be tested at the end of two-weeks of study by a written paper and pencil test. The performance sub-objectives must be demonstrated in the practice and teaching settings using a reliable and valid competency-based assessment tool. [These items would be designed and validated by teacher assigned to this module]

Module Evaluation: This tool would be designed based on Main Learning Outcomes and specific components of the module such as feedback on role of the teacher/facilitator, learning activities, resources, and observed performance. It is also helpful to request what changes are needed in the module, if any and to encourage learners to submit helpful resources they found in their web searches, etc.

This module was prepared by J. Thompson, DrPH, CNM, RN, FAAN, FACNM. April 30, 2014
Model Curriculum Outlines for Preparation of Midwifery Teachers
Sample Module for Domain 3

CREATING AN ENVIRONMENT THAT FACILITATES LEARNING

Addresses Competencies 5, 6 & 7

INTRODUCTION

This module addresses the topics related to knowledge, skills and behaviours a good midwifery teacher must possess to be able to create an effective learning environment to enable students at the end of their programme of studies to practice as confident and competent midwife.

This module builds upon the three competency statements with their corresponding knowledge, skills and behaviours (KSBs) described under Domain 3 of the Midwifery Educator Core competencies. Domain 3, ‘Midwifery educators create an environment that facilitates learning’, covers three (3) specific competencies: Competency 5: Incorporate educational strategies to promote active learning; Competency 6: Select and use effective teaching and learning materials/resources; and Competency 7: Recognize and support different learning styles and the unique learning needs of students. The focus is on how teachers teach the theoretical content of any midwifery programme, their selection of teaching methods and learning activities, and their attention to the different ways that adults learn. Though teaching in the clinical environment requires many of the same approaches covered in this module, they are not discussed here.

The three midwifery educator competency statements form the basis of the three Main Learning Outcomes which taken together reflect the dual responsibility of knowing how to and doing in the real situation. Each Main Learning Outcome is divided into sub-objectives or outcomes that reflect the knowledge, skills and behaviours required to successfully demonstrate competency in each of the three main outcomes.

Note to learner: It is recommended that you take time to read through the entire module first before selecting one of the three Main Learning Outcomes with their sub-objectives to begin study.

MAIN LEARNING OUTCOMES FOR THE MODULE

At the completion of this module the midwife teacher will be able to:

I. Skilfully apply theories of adult learning in the midwifery education programme as they assess, practice, reflect on and refine their skills in helping other adults develop the essential knowledge, skills, and behaviours required for midwifery practice. (Competency 5)

II. Correctly demonstrate teaching and facilitation skills in classroom and skills laboratory settings using different participatory teaching technologies that foster the application of up-to-date knowledge required for midwifery practice. (Competency 6).

III. Identify and support different learning styles and unique learning needs of students, including the benefits of different tools for evaluating learners’ progress in learning and competency development, such as written examinations for theory, observation checklists for clinical competency demonstration (Competency 7).

IV. Counselling skills.
CONTENT INCLUDED (KNOWLEDGE) PRIMARILY FROM DOMAIN 3

Knowledge of:

- Value of participatory interactive adult-centred learning; e.g. competency-based education.
- Different participatory teaching tools, advantages and disadvantages of each.
- SMART learning objectives.
- Essential components of a lesson plan.
- The theoretical component/content of the midwifery curriculum.
- Evidence-based and up-to-date midwifery content and related subjects.
- Learning styles.
- Counselling strategies.
- Learning plans, performance contracts or other interventions used when learning has stalled.
- Learning environments.
- Meaning of life-long learning.
- Requirements for safe, competent and effective midwifery care to women and their newborns.
- Critical appraisal of research findings related to teaching and learning and how to make best use of findings in practice.

Skills:

- Facilitation.
- Counselling (including effective listening and asking open questions).
- Coaching.
- Demonstration.
- Critical appraisal.
- Lesson planning.
- Curriculum design.
- Midwifery Practice.

Behaviours:

- Respect for all including self, colleagues (clinical and faculty), students and midwifery service users.
- Empowerment of others, especially women.
- Gender sensitivity.
- Cultural awareness.
- Honest and trustworthy.
- Reliable.

INSTRUCTIONAL OUTCOMES SPECIFIC TO EACH MAIN OUTCOME

MAIN LEARNING OUTCOME I:

Skillfully apply theories of adult learning in the midwifery education programme as they assess, practice, reflect on and refine their skills in helping other adults develop the essential knowledge, skills, and behaviours required for midwifery practice. (Competency 5).

Content Sub-Objectives:

9. Define the key principles of adult learning.
10. Analyse the characteristics of the adult learning cycle based on adult learning theories.
11. Define competency-based education and key characteristics of teachers and learners in this type of education.
12. Describe selected theories of motivation.
13. Describe the characteristics of SMART learning objectives.
14. Review the taxonomies of learning objectives.
15. Define the essential components of a good lesson plan.
16. Describe the variety of educational approaches (Teaching methods) that promote active learner involvement.
17. Define characteristics of critical thinking and clinical reasoning.
18. Define life-long learning and what it means to be a life-long learner.
19. Know the essential knowledge, skills and behaviours required for basic midwifery practice.

Performance sub-objectives (practice outcomes):

a. Demonstrate respect for self, peers, students, women and families in all teaching activities.

b. Correctly apply adult-centred, evidence-based teaching and learning strategies in the development and implementation of lesson plans to develop essential competencies for basic midwifery practice.

c. Stimulate critical thinking, clinical reasoning and innovative thinking among learners.

SUGGESTED LEARNING ACTIVITIES

There are many ways to acquire and maintain knowledge and practice skill demonstration for applying adult learning approaches to midwifery. The activities below are suggested ways to address each of the sub-objectives related to the Main Learning Objective. Your responsibility is to select those that will add to your knowledge and understanding as well as your ability to apply theories of adult learning in midwifery pre-service education in your setting in order to create the best enabling learning environment for all of your students/learners:

- Peruse the reading guide and select those references that will add to your knowledge on each topic.
- Reflect on the way you last learnt a new task and share this with a few colleagues, noting the similarities and differences you each have and discuss the reasons why this might be.
- Reflect on the variety of educational approaches including: problem-based learning; case study or narrative-based learning; discussion and group work; student-led seminar presentations; experiential learning such as role play, simulation or standardized patients; participatory lectures with Socratic questioning; effective use of audio-visual methods; E-learning.
- Collect available codes of professional practice or standards for basic midwifery practice within your country and or region and compare the content to the ICM Essential Competencies for Basic Midwifery Practice (2013) [ICM document available at www.internationalmidwives.org under core documents] and make a list of all the knowledge areas, specific clinical skills and behaviours required to practice safely according to these statements.
- Discuss your findings with colleagues (try to get a variety of backgrounds), including those in clinical midwifery practice as well as with other teachers in your group and make a consensus list.
- Review the current midwifery curriculum and identify points where each of the knowledge areas, skills and behaviours are: 1) discussed, 2) taught, 3) demonstrated, 4) applied in practice, 5) assessed/evaluated and ask yourself if you see the adult learning cycle in practice.
- Participate in role play exercises to help differentiate between formal didactic and informal learning.
- Keep a reflective dairy (journal) to help you reflect on what motivates you each day to continually strive to be a good teacher, what ways do you get positive feedback in your job from your students, colleagues, seniors/managers and from yourself (internal /self appraisal) and what ways do you give feedback.

MAIN LEARNING OUTCOME II:

Correctly demonstrate teaching and facilitation skills in classroom and skills laboratory settings using different participatory teaching technologies that foster the application of up-to-date knowledge required for midwifery practice.
Content sub-objectives:
7. Define facilitation including what it takes to be a good facilitator.
8. Reflect on the benefits and application of different types of participatory learning activities.
9. Identify the most recent research findings, best practice guides for all areas of midwifery practice, including WHO current guidelines for MNH and how to facilitate the learning of these.
10. Describe Critical Appraisal techniques.
11. Review theories and management of change.
12. Review up-to-date articles on evidence-based teaching strategies
13. Review basic science updates, as needed.

Performance sub-objectives:
- Design a series of lessons using different participatory tools for developing a specific clinical competence using evidence-based/best practice.
- Working with your students identify at least one area where there is need for changing or strengthening theory component of the midwifery curriculum to bring in line with up-to-date or best practice and design an intervention to bring about this change.
- Evaluate a session that you facilitated (at least one session in the classroom and one in the skills laboratory) using a participatory technology that you are/were not familiar with, where you were introducing or applying new /or up to date evidence.
- Use information technologies skilfully to support the teaching-learning process.
- Ensure safe and appropriate physical learning environments.
- Analyze current midwifery practice in your locality (where students would go for clinical practice) to identify any gaps between theory (as in best/most up-to-date evidence) and practice, or areas where the practice can be strengthened.

SUGGESTED LEARNING ACTIVITIES FOR OUTCOME II
You will have already reviewed the reading list for sub-objective 1, so your focus here is more on resources related to applying the adult learning principles in practice within the midwifery curriculum using evidence-based findings.

- Review the current midwifery curriculum and using the consensus list of knowledge, skills and behaviours for essential basic midwifery practice in your country (developed in sub-objective 1) and identify points where each of the knowledge areas, skills and behaviours are: a) discussed, b) taught, c) demonstrated, d) applied in practice, e) assessed/evaluated. Then ask yourself if you see the adult learning cycle in practice? If not, where are the weaknesses? Discuss with colleagues what possible remedies there can be for strengthening the adult learning approach within the curriculum.
- Consider the best type of teaching and learning activities for each domain of learning: psychomotor, cognitive, affective.
- Search the World Wide Web for articles, especially research articles related to each area of midwifery practice, including looking at the World Health Organizations site for documents, protocols and guidelines for maternal, newborn and reproductive health www.who.int.mncn and www.who.int.reprodutivehealth.
- Search the World Wide Web for articles, especially research articles, related to teaching strategies, technology use, facilitation and coaching techniques effective with adult learners.
- Participate in role play exercises with your students and colleagues/co-course members illustrating a variety of learning activities.
- Keep a reflective dairy (journal) to review your practice in applying new teaching and learning methods and use of technologies.

MAIN LEARNING OUTCOME III:
Identify and support different learning styles and unique learning needs of students, including the benefits of different tools for evaluating learners’ progress and competency development, such as written examinations for theory, observation checklists for clinical competency demonstration (Competency 7).
Content Sub-Objectives:
1. Define meaning of evaluation/assessment.
2. Define competence and competencies.
3. Define the key characteristics of a variety of learning styles.
4. Discuss how one’s preferred learning style can influence one’s teaching.
5. Identify different tools that can be used applying a participatory education modality (adult learning approach) for assessing student’s progress at different stages of the curriculum and if settings differ. Describe that application of social and interpersonal relationships between teaching and learner.
6. Define the meaning (process) of evaluation, self-assessment, peer evaluation.
7. Identify the key principles of counselling useful with adult learners.
8. Explore the theory and methodology of educational needs assessments of individual learners.
9. Discuss timing, development and use of learning plans to overcome learning deficits.

Performance Sub-objectives:

a. Apply a variety of assessment tools to evaluate students’ progress at different points of the midwifery education programme, including for assessing terminal (end of course) competencies in a respectful and meaningful way.
b. Provide resources to diverse learners that help meet their individual learning needs.
c. Use effective advice and counselling strategies that help learners meet their learning goals.
d. Receive positively and review feedback from students and others on own competencies in creating a good learning environment for students of midwifery in the classroom and in the skills laboratory.
e. Create learning environments that focus on socialization into the role of midwife, including facilitating learners’ self-reflection and personal goal setting.
f. Recognize the influence of teaching styles and teacher interpersonal interactions with learners on learner outcomes.
g. Assist learners to develop the ability to engage in thoughtful and constructive self- and peer evaluation.
h. Use personal attributes (e.g., caring, confidence, patience, integrity, flexibility) to facilitate learning.

SUGGESTED LEARNING ACTIVITIES FOR OUTCOME III
You will have already reviewed the reading list for sub-objective 1 and 2, so your focus here is more on resources related to evaluating progress and assessing the students’ competency to practice as a confident and competent midwife according to the national scope of practice. As with the other main leaning outcome areas, your responsibility is to select the most appropriate learning activities for your situation.

- Review the reading guide and select references that will assist you in meeting the content sub-objectives.
- Keep a reflective diary (journal) to review your practice in applying new teaching and learning technologies and for receiving feedback.
- Review ways in which your teaching style, or use of teaching technologies, has changed from the start of the module. What more do you think you need to do to further strengthen your capacities for creating a good learning environment for students of midwifery.
- Using your reflective diary and the feedback from students analyse in what way you act as a good role model for your students when they go into the practice area? Is there more you can do.
- Select a suitable participatory assessment tool to use with students in evaluating their progress:
  a. in the skills laboratory.
b. facilitation of a counselling session.

c. facilitation of health education session to a group of clients/midwifery users

- Select a suitable participatory assessment tool to use with students to assess your own facilitation skills.

**READING LIST FOR CREATING AN ENVIRONMENT THAT FACILITATES LEARNING**

The following references are offered as examples related to the ethics of midwifery teaching and practice. The teacher responsible for this module will need to add the references available and appropriate to the country context.


14. WHO PMNCH: Core Package of Interventions for MNCH. Available at www.who.int/pmnh/activities/interventions/en (this site also contains many links to other useful resources)
**Worksheets I: Adult Learning –Learning Styles**

All individuals are unique. Being unique means every person is different in some way or other.

Some educational psychologists have identified that a person’s personality (personality trait) can influence his/her capability to learn, just as much as external factors, such as a noise interference, environment (too hot, too cold) or physical factors such as eyesight and hearing.

Four personality types have been identified for learning purposes by Honey and Mumford (1982):

**Experiential Learning Styles**

**Honey & Mumford: Typology of Learners**

![Experiential Learning Styles Diagram](http://www.learningandteaching.info/learning/experience.htm)
The above diagram is a simplistic representation by Honey and Mumford. What Honey and Mumford (among others) have shown is, that as individuals we have personal preference styles. Indeed they have developed some sophisticated tools for diagnosis of our preferred learning style, these can be found at the web site above.

Sometimes personal preferences in learning also influence the teaching style but not always; this is why it is important to have something for everyone.

It is also important to look at the style of the learners and try to accommodate this. For example just telling or even showing an activist or pragmatist a new skill does not help them - they have to get involved, see and do for themselves. But equally, a reflector or theorist may need to know some facts, how it works, why, before they can do and may need some encouragement and help/additional support to become more of an activist – so just showing them will not work either.

So it is important to know ourselves, but also to know our learners. Another reason for knowing about differences in learning styles is for building teams. Taking stock of individuals’ learning styles can help a team become more cohesive and effective.

A team where members have differing learning style preferences may not be effective. Differences in learning styles are often at the basis for misunderstanding in teams or even why students are failing to progress or even become disruptive or stop participating. Individual members can become frustrated, disappointed or even annoyed if they are asked to function in a way that is not meeting their style. See Experiential learning in teams by Adams, Kayes, Kolb 2005 available on-line www.learningfromexperience.com/teamlearning.

Teams can become more effective by building a more rounded profile (comfortable in all 4 areas) and learning to understand and respond appropriately to others with different styles; especially those with vastly different styles.

Activity: As an individual try to reflect on what happened the last time you learnt a new skill (do not try to over analyze this just take five minutes). Then discuss this with a colleague and try to identify what type of learner you are.

Then, together with your colleague try to think what it would be like if you were being taught by someone with a very different learning preference.

What areas of work do you need to focus on to become a more rounded teacher?
Midwifery students like all Adult learners come to the education programme with experiences and are not blank sheets of paper. These experiences need to be acknowledged and respected. Some experiences lead to poor practice and are not the ones we want to see in the trainer, they may be based on poor learning, misunderstandings of previous learning, or just lack of practice – so learning was not complete. These negative practices – need to be changed in a way that does not disrespect the learner.

Some experiences however are good and the student has developed good practice– these experiences need to be rewarded and built on.

Adult learning is a way in which the experiences of students can be built on and/or altered. The approach uses what is often called the Experiential Learning Cycle, developed by Kolb et al. and others, as shown below.

Step 1 is vital. It is important to provide opportunities to find out what participants already know and do with regard to the topic. Discuss, ask questions and implement short activities to help with this step.

Step 2. The teacher provides or designs activities whereby new information is gained or demonstrating new skills helps to build on participants’ current knowledge.
Step 3 needs to follow on quickly and be structured so that participants have opportunities to practice the new knowledge or skills. The learners must have feedback from the facilitators and peers, as well as self-reflection, as a way to help build confidence in their ability to actually apply the skills and knowledge in their daily lives or once they return to their places of work.

Step 4 takes place in the real situation. Feedback from their midwife teachers, clinical experts they work with as well as self-reflection is a critical element of developing both confidence and competence.

There is no real end as the learners then move back to evaluating what they know and building more complex skills or gaining new knowledge as a result of the experience or as a result of new information, research findings and the cycle starts again.

Activity: Review the above and then reflect on the last lesson you taught and see if you can see the learning cycle? If not, how can you change the lesson to be more adult learner focused? If you can see the cycle in your lesson plan – well done, but are there any points where all the students could have been more involved or maybe made to feel more active partners in the process?

Worksheet III Adult Learning - Self Assessment

- On a scale of 1–10, how useful do you think adult education will be in developing Midwifery competencies? (“1” is not at all useful, and “10” is very useful).

- On a scale of 1–10, how confident do you feel using adult education techniques? (“1” is not at all confident, and “10” is very confident).

Learner assessment: The theoretical content of this self-study module will be tested at the end of study with a written paper test. The performance sub-objectives must be demonstrated in the practice and teaching settings using a reliable and valid competency-based assessment tool. [These items would be designed and validated by the teacher assigned to this module]

Module Evaluation: This tool would be designed based on Main Learning Outcomes and specific components of the module such as feedback on the role of the teacher/facilitator, learning activities, resources, and observed performance. It is also helpful to request what changes are needed in the module, if any and to encourage learners to submit helpful resources they found in their web searches, etc.

This module was prepared by D. R Sherratt. May 2014
Competence: Generally, competence is linked to the combination of knowledge, psychomotor, communication and decision-making skills that enable an individual to perform a specific task to a defined level of proficiency (Fullerton et al. 2011, p. 6; ICM Glossary of Terms, 2011). In short, competence is the ability to do the job, or task, properly to an agreed standard at a given point in time.

Competencies: Although linked to competence, competencies are different. Competencies are the broad set or combination of complementary knowledge, skills and abilities/behaviours (KSAs or KSBs) that are required (or enable a person) to be able to perform a function with proficiency. These are sometimes referred to as core competencies. As such, competencies can be used as a standard or benchmark to measure a teacher’s competence. Simply stated, competence is about performance (the ‘doing’) based on having the needed KSBs framed within critical thinking, clinical reasoning and decision-making (competencies). Thus, when people have demonstrated competence, they are described as a competent teacher or practitioner.

Competency statements: Generally speaking, there are two distinct parts or levels when describing the expected competence of a midwife teacher. A competency statement is a broad statement of expected outcome to be demonstrated followed by the required knowledge, skills and behaviours needed to meet that competency. Thus, in the Midwifery Educator Core Competencies, there are 19 individual competency statements, and each statement includes the knowledge, skills, and behaviours/attitudes needed to meet or demonstrate that competency.

Domains of competencies: A competency domain is the umbrella term used to group similar competency statements with their KSBs under one heading. For example, the 19 Midwifery Educator Core Competency statements developed by the WHO Task Force are described under 8 domains such as assessment and evaluation of students and programmes.

Competency-based curriculum: The basic or essential elements of a competency-based curriculum consist of functional or task analysis of the occupational roles or tasks of those to be educated, and translation of these roles/tasks (“competencies”) into learning outcomes with an education programme designed to allow the learner to meet these outcomes. These learning outcomes are based on the knowledge, skills, behaviours, including critical thinking and decision-making expected in each competency-domain. Progress throughout a competency-based curriculum is defined solely by the competencies achieved and not on the underlying processes or time served in formal educational settings.

Competency-based education programme: A competency-based education programme is one that includes the teaching, learning and assessment activities that are sufficient to enable students to acquire and demonstrate a predetermined set of competencies as the outcome of learning. (ICM. Glossary of Terms Used in ICM Standards of Midwifery Education 2010)

Curriculum: Many definitions of a curriculum exist. In this document, a curriculum is defined as a systematic process that includes the sum, or collection of all the activities, experiences and learning opportunities, either defined or not (i.e. hidden), for which an institution (such

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1 A brief overview of the specific attributes or characteristics of competency-based education (CBE) and related teaching, learning and assessment strategies is at the beginning of Section 4.  
2 The WHO Strengthening Midwifery Toolkit 2011 uses “a planned course of studies; the designated programme of theoretical and practical experiences to be acquired over a period of time, leading to intended learning outcomes,” and the ICM Glossary of Terms 2011 defines curriculum as “a systematic process that defines the theoretical and practical content of an education programme and its teaching and evaluation methods”.

ANNEX 1: KEY DEFINITIONS USED IN MANUAL
as society, school, university, health sector or professional body) takes responsibility\(^1\) – either deliberately or by default, to shape and reinforce the development of core competencies for a profession, irrespective of the setting in which the learning takes place.

Fit-for-purpose curriculum: This type of curriculum is one where the inputs, processes and outcomes are based on what knowledge, skills, attitudes and experiences are needed to proficiently practice or teach according to the defined scope of practice (or standards) within the prevailing context. In other words, the teacher preparation programme is designed to meet specific country needs.

Master teacher: A master teacher or educationalist is a specialist in the theory and practice of education in addition to being a competent teacher. As such a midwifery master teacher is a competent teacher who is also a specialist in the theory and practice of midwifery education, and is able to design and implement midwifery teacher education programmes.

Teacher preparation programme: This is an organized, systematic, defined course of study that includes the theoretical and practical learning needed to prepare competent midwife teachers. The course of study may be short-term or long-term, depending on needs of the country.

Standard: an agreed level of performance to achieve a specific outcome. As such, the global core competencies for midwife educators can be seen as a standard in some countries.

\(^1\) “Responsibility” in this sense means the ‘institution’ is accountable for the programme. The issue of accountability, being able to hold the institution to account, is important in this definition and as such makes the need for core competencies vital – as they can be used as one of the measure by which they demonstrate to the public/wider community that they are meeting the agreed standard.