
Appendix D

Sample Division of ICM Competency #1 & its KSBs 2012

Introduction

One approach to the organization of midwifery content and its placement throughout a midwifery programme is to go through each of the seven ICM competencies with their KSBs, making a note as to what level or sequence the KSBs might have for each competency statement. This document illustrates what Competency #1 might look like when divided into three levels, from simple to advanced to complex theory and skills. It is a suggested approach only, but may be useful to midwifery educators or consultants in constructing a new midwifery curriculum or in evaluating an existing midwifery curriculum. The same process could be followed to analyze the other six ICM competency statements and their associated knowledge, skills and behaviors.

It is important to note that the suggested 'levels' may be used to determine what modules or course units are offered when in the overall curriculum, but are not directive for any particular year or month of placement. For example, in direct entry programmes, the pre-midwifery competencies may be offered in the same time period as the introduction to midwifery practice with healthy women, based on the premise that learners will be eager to begin providing midwifery care for women and childbearing families. In post-registration midwifery programmes, the content needed as 'pre-requisite' to midwifery content may be required prior to entry into the midwifery programme, or it will be integrated with the midwifery content at the beginning of the programme. In some programmes, the teachers may decide to integrate healthy and complicated childbearing content in the same course units or modules, following the way in which each of ICM Competencies #2-7 are structured while others will separate normal or healthy reproductive content from reproductive complications. Whatever the approach used in deciding what content to place where and when in the curriculum, the important point is that all ICM competencies with their KSBs are included and can be identified by programme teachers and learners.

Note to readers: Many professional midwifery programmes have described the courses, content, and placement on their programme website. Midwifery teachers may find it

helpful to review such websites on direct entry and post-registration midwifery programmes prior to making a final decision on what organizational pattern is best or preferred in their situation (country). Sample websites are included in Resource packet #3.

Sample division of KSBs from ICM Competency #1:

“Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.”

First level content: Pre-midwifery competencies¹

Knowledge

- Basic sciences – biology (embryology & human development), basic chemistry and microbiology, human anatomy & physiology, pharmacology
- Sociology & psychology
- Social determinants of health – income, literacy & education, water supply & sanitation, housing, environmental hazards, food security, disease patterns, common threats to health
- Public/community health – health promotion, disease prevention & control strategies including relevant national programs, epidemiological principles, community assessments, interpretation of vital statistics
- Principles of community and population based primary health care
- Components of individual, family and community support systems and how to mobilize sources of support when indicated
- Nutrition throughout life cycle
- Principles of research & evidence-based practice
- Indicators of quality health care services

¹ The knowledge, skills and behaviors that come from other health provider education are generally agreed to include basic sciences, social studies, professional ethics, and basic skills in physical assessment, clinical reasoning, etc. Taken from ICM Competency #1 and Accreditation Commission for Midwifery Education (ACME) 2005 document titled, “The knowledge, skills, and behaviors prerequisite to midwifery clinical coursework.” It is the responsibility of midwifery programme faculty to determine if prior health provider education has included these competencies and that the applicant can demonstrate them at the time of entry into the midwifery education programme. If the pre-requisite post-registration content is integrated with the midwifery content, then the programme will need to determine the criteria for beginning the midwifery content.

- Principles of health education – how, what, when, & where to teach
- National & local health services & infrastructures including referral systems
- Human rights & effects on health of individuals
- Local culture and beliefs, & influences on values & behavior
- Traditional and modern health practices (beneficial, harmful)
- Critical thinking and clinical reasoning theoretical foundations
- Professional behaviors – codes of ethics,
- Basis and use of health screening & diagnostic tests
- Theories of collaborative work relationships

Skills

- Think critically, reason morally, and use problem-solving skills
- Practice in accord with accepted standards (evidence-based care) and code of ethics
- Work collaboratively with others in health care
- Demonstrate principles of effective communication
- Provide health education using appropriate teaching materials, aids and resources
- Calculate correct dose and administer medications to adults and newborns by appropriate route
- Use appropriate communication and listening skills
- Take a comprehensive health history and perform a basic screening physical examination
- Assemble, use and maintain equipment and supplies appropriate to setting of practice
- Initiate emergency intervention to facilitate survival (e.g. basic cardiac life support, manage shock, basic first aid and resuscitation, administer oxygen)
- Record and interpret relevant findings, including what was done and what needs follow-up
- Evaluate outcomes of patient care and patient satisfaction

Professional behaviors

- Willingness to think critically and reason morally

- Willingness to accept responsibility and accountability for decisions and outcomes of those decisions (moral agent)
 - Acts consistently in accordance with professional ethics, values and human rights
 - Behaves in a courteous, non-judgmental, non-discriminatory and culturally appropriate manner with all clients
 - Is respectful of individuals, their culture & customs
 - Maintains confidentiality of all client information
 - Advocates for informed choice, participatory decision-making and the right to self-determination
 - Maintains/updates knowledge and skills in order to remain current in practice (e.g., self-evaluation, peer review, continuing education to maintain and validate quality practice)

Note: Each of these content areas can be packaged with logical groupings of specific competencies. For example, a module on public health that might include community assessment, social determinants of health, primary health care including health promotion and disease prevention and control strategies, and disease patterns (epidemiology) and vital statistics; a module on professional ethics that might include what it means to be a moral agent, an advocate for client choice, and how to promote human rights and ethical decision-making; a module on health assessment that most likely will include history taking, physical examination, clinical decision-making, principles of asepsis; a module on health care systems that might include national and local health services and their infrastructure, referral and social services agencies concerned with reproductive health, and relevant national programmes for maternal and child health; a module on basic sciences including principles of pharmacology; a module on social sciences including culture, human development, psychosocial dimensions of childbearing, and psychological well-being of women.

Second level Content: Midwifery Care of Essentially Healthy Women & Newborns

- Social, Epidemiologic & Cultural Context of Maternal & Newborn Care_(ICM Competency #1)

Knowledge

- a. Direct & indirect causes of maternal and neonatal mortality & morbidity in local community & strategies for reducing them
- b. The concept of alarm (preparedness), resources for referral to higher health facility levels
- c. Benefits & risks of available birth settings (birth planning)
- d. Strategies for advocating with women for a variety of safe birth settings

Skills & Behaviours

- a. Uses universal/standard precautions, infection prevention and control strategies & clean technique
- b. Maintains the confidentiality of all information shared by the woman
- c. Works in partnership with women and their families, enables and supports them in making informed choices about their health..& their right to refuse testing or intervention
- d. Works collaboratively (teamwork) with other health workers to improve the delivery of services to women and families
- e. Comply with all local reporting regulations for birth and death registration

Third level content: Midwifery Care of Women & Newborns with Life-threatening Conditions, including Advanced Midwifery Practice

- Social, Epidemiologic & Cultural Context of Maternal & Newborn Care (ICM Competency #1)

Knowledge

- a. Methodology for conducting maternal death review & near miss audits
- b. Legal and regulatory frameworks governing reproductive health for women of all ages, including laws, policies, protocols and professional guidelines
- c. Advocacy and empowerment strategies for women

Skills & Behaviours

- a. Take a leadership role in the practice arena based on professional beliefs and values



Strengthening Midwifery Globally

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- b. Assume administration and management tasks and activities, including quality and human resource management (additional skill)
 - c. Take a leadership role in policy arenas (additional skill)

As noted earlier, each of the ICM seven competencies can be intentionally divided into levels prior to decisions on placement in a particular place in the curriculum.