International Confederation of Midwives'
Model Curriculum Outlines for
Professional Midwifery Education

ICM Resource Packet #1
Background & Curriculum Development Process

1 Introduction

The Need[1]

The global shortage of midwives and others with midwifery skills has been widely recognised and discussed for many years. In 2005, for example, the World Health Organization (WHO) estimated that an additional 334,000 midwives were needed over the next 10 years to provide skilled care for 72% of the childbearing women in 75 countries.[2] There are still too few midwives and others with midwifery skills to meet the continuing challenge of the 52 million births per year that occur without a skilled midwife present, many of which contribute to the 350,000 maternal deaths, 3 million newborn deaths, and 2.6 million stillbirths that are occurring yearly.

Many global agencies have pushed for increasing the number of new midwives graduating from existing programmes or establishing new midwifery programmes to meet this challenge.[3] However, midwifery education programmes vary widely in content and quality within and across countries. The ICM took on the challenge to clearly define what is needed in pre-service education in order to prepare a fully

qualified midwife capable of improving the quality of care as well as reducing unnecessary maternal and newborn deaths. The ICM challenge resulted in updating the content and evidence base of the ICM Essential Competencies for Basic Midwifery Practice, completed in 2010, that form the core content of a midwifery pre-service program and establishing the ICM Global Standards for Midwifery Education, completed in 2010, that offer a framework for organizing and establishing a quality midwifery pre-service education programme.

The next step in ICM's leadership in midwifery education was the development of this series of resource packets that offer examples of Model Curriculum Outlines for Professional Midwifery Education along with supportive information. The model curriculum outlines include organizational frameworks for all the ICM basic competencies within a three-year time frame for a direct entry programme and within an 18-month time frame for a midwifery programme built upon prior health professional education (post-registration). The curricula are competency-based in their approaches to teaching and learning. Many have suggested that the time frame of three years for a direct entry pre-service programme and 18 months for a post-registration midwifery programme is unrealistic for some countries (too little for some, too much for others). However, these time frames were agreed by consensus and expert opinion in 2010, and now need to be further evaluated. "Evidence shows that the opposite [to short courses with limited competencies] is needed to develop midwifery competencies; namely, more competency-based teaching, more training in clinical settings, and better access to qualified staff."[4] It is anticipated that these ICM

documents will be used by midwifery educators, consultants, midwifery regulators, researchers, and policy makers to strengthen midwifery pre-service education throughout the world as a key strategy for saving lives and improving the health of women and childbearing families.

Overview of Model Curriculum Outlines

The model curriculum outlines for professional midwifery pre-service or basic education have been prepared by the International Confederation of Midwives (ICM) within a series of four resource documents. The curriculum outlines and suggested organization of content are based on the principles of adult learning[5] and are competency-based[6] in their design and teaching and learning strategies. The model curriculum outlines are conceptually framed by the ICM Definition of the Midwife (2011)[7], the ICM Philosophy and Model of Care (2008)[8], and the ICM International Code of Ethics for Midwives (2008).[9] The curriculum outlines adhere to the ICM Global Standards for Midwifery Education (2010)[10] and include all the ICM Essential Competencies for Basic Midwifery Practice (2010).[11]

Types of Midwifery Programmes

Generic midwifery (direct-entry)

The sample curriculum outline and suggested content areas in Resource Packet #2, Appendix A.1., are generic to a three year direct entry midwifery programme following completion of secondary education, at a minimum. The graduate, upon successful completion of the required learning outcomes, would be a fully qualified[12] midwife

eligible for registration and/or licensure to practice full scope midwifery. Therefore it can be adopted by countries that do not yet have a professional midwifery education programme. The midwifery curriculum outline and suggested content can also be used by countries to review and update/strengthen an existing pre-service midwifery programme so that graduates can meet the international definition of a midwife.[13]

Countries may find the suggested midwifery curriculum outlines helpful in expanding the content of an existing programme using the additional competencies in order to meet the changing health care needs of women and childbearing families in their area of the world. If pre-service midwifery education in a given country is offered within a degree-granting institution of higher learning, there will most likely be additional foundational courses or courses outside the midwifery requirements needed for such a degree. Such programmes will also often have additional education qualifications and responsibilities for midwife teachers, such as doctoral preparation and/or responsibility to teach non-midwifery courses such as research methodologies.

Midwifery following other health provider preparation (e.g. nursing)

The sample midwifery education programme outlined in Resource Package #2, Appendix A.2., can be adapted by countries that require completion of a nursing or other health care provider education programme prior to midwifery education. The model curriculum outline is designed so that those health skills and knowledge gained in a previous health provider education programme are identified and/or made pre-requisite to beginning the 18-month post-registration midwifery programme. The

post-registration midwifery programme is based primarily on the midwifery competencies not included in a prior health professional programme.

The ICM Global Standards for Midwifery Education (2010) suggest that any post-nursing/health provider programme in basic midwifery is a minimum of 18 months in length[i] to allow sufficient opportunity for the learner to acquire and demonstrate all the midwifery core competencies that could not be demonstrated upon entry to the midwifery portion of the programme.

It is important to note that the competencies required for midwifery already acquired in a prior program of health provider study must be identified and demonstrated before entry into the rest of the basic midwifery education programme. It is helpful if post-health provider or post-registration midwifery programme teachers develop challenge mechanisms that allow the applicant to demonstrate prior competencies (knowledge, skills and behaviours needed for midwifery practice.[14]

Other types of basic midwifery education programmes

At this time the ICM is not inclined to support any type of 'integrated' nursing and

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[i] The time periods in the ICM Global Standards for Midwifery Education are based on expert opinion and consensus. Currently there is no other type of evidence to suggest how long it takes an average learner to complete all the competencies. This fact allows some flexibility in design of an individual programme provided there is substantial evidence all essential competencies have been met and that the graduates are competent and contributing to quality midwifery care after they complete the pre-service education programme.

midwifery programme unless the midwifery content includes sufficient theoretical and supervised midwifery practical experiences in a variety of settings so that each graduate is able to demonstrate all the ICM basic midwifery competencies. In general, integrated programmes of nursing and midwifery do not have sufficient time and clinical resources to prepare individuals who are competent to practice full scope midwifery and who have the confidence to take full responsibility for attending births upon graduation. There may be some exceptions to this belief about integrated programmes, and countries are urged to provide evidence that such a programme is successful in preparing a fully qualified midwife.

Definition of Key Words

This is the first of the four ICM resource packets. Each packet will be translated into multiple languages for use internationally, beginning with English, Spanish and French. Therefore the choice of key words used throughout the documents requires common understanding or meaning. Many words or terminology that will be used in this document have already been agreed by ICM and can be found in Resource Packet #3 as the ICM Glossary of Terms June 2011.

Organization of the Resource Packets

The four resource packets that comprise the ICM Model Curriculum Outlines for Professional Midwifery Education include:

Packet #1: **Background and the curriculum development process**. This packet of information provides the ICM framework for developing a pre-service midwifery programme and an approach to understanding how to put a curriculum together (the process) along with related questions that need to be **answered in order to meet the**

ICM Global standards for midwifery education (2010).

Packet #2: **Model midwifery curriculum outlines**. This packet describes the suggested placement of the required midwifery competencies with their associated knowledge, skills, and behaviours (KSBs) within specific modules (instructional units)[ii] for each year of the three year direct-entry midwifery programme (Appendix A.1.) as well as a sample outline for programmes that admit post-registration health providers (Appendix A.2). Two sample modules are included to demonstrate how to construct a module and to stimulate reflection on what content might be included. These modules include exemplary or typical content (KSBs) from a given competency statement, but not all those KSBs required by the ICM Essential competencies for basic midwifery practice (2010). Please note that the division of competencies and KSBs into course units or modules is based on reasoned decisions and preferences of the midwifery teachers in a given programme.

Packet #3: **Resource documents.** This packet contains suggested resources that relate to how to establish and teach in a competency-based pre-service midwifery curriculum. The Packet includes helpful websites, along with the core ICM documents to be used as references in designing or reviewing a basic midwifery education program and suggested textbooks.

[ii] The organization of the modules /course units by year found in Resource Packet #2 follows a logical progression (hierarchy) of learning from simple to complex, healthy to complications, basic knowledge to application and complex thinking. The required content is in keeping with the ICM Essential competencies for basic midwifery practice (2010). However, the titles of modules and content placement are suggestions and may be moved around based on needs and preferences of an individual country or educational unit/institution.

Packet #4: **Teaching and learning in a competency-based curriculum**. This packet of information provides detail on adult learning processes and a variety of teaching and learning strategies that can be used to promote the development of midwifery competencies. This packet is offered for those individuals new to teaching midwifery and/or new to teaching in a competency-based curriculum.

The resource packets may be viewed in any order. However, it is suggested that one review Packet #1 to better understand the organization of content in #2, especially if teachers are unfamiliar with curriculum development and the new ICM Global standards for midwifery education (2010) or the updated ICM Essential competencies for basic midwifery practice (2010).   Packet #3 provides some generic resources for teachers and needs expansion to include country-specific resources. Packet #4 is a self-contained module focused on how to teach in a competency-based curriculum and may not be useful for experienced educators familiar with competency-based education. This packet may be set aside if not needed or used during the establishment of a new competency-based curriculum.

2   Midwifery Curriculum Development Process

The definition of a 'curriculum' used in this document is based on the ICM definition[15] and refers to a series of discrete activities, carried out in a logical order or sequence that culminates in a clear description of what learners are expected to know (theory) and are expected to demonstrate (practice) at the time of completion of a **midwifery** programme of study. Therefore, a midwifery curriculum begins with clear statements of mission, philosophy and expected outcomes of learning, reflecting all three

domains of learning (cognitive, affective and psychomotor). The curriculum also includes teaching, learning and assessment activities that facilitate the acquisition and demonstration of the required midwifery competencies for beginning midwifery practice in an ever-changing, complex, multicultural context.   In other words, a curriculum is a dynamic process that reflects the midwifery profession's responses to societal changes and the reproductive health needs of women and childbearing families. An individual curriculum also reflects the beliefs and experience of midwifery teachers and will vary in organization from country to country and within countries.[16]

A brief explanation of how to develop a cohesive curriculum, including the most common elements, is offered for those who may not have had this experience before or as a review for those well versed in the design and implementation of a midwifery curriculum. Refer to Appendix A: Components of a Competency-Based Midwifery Curriculum (Thompson 2011) for a graphic representation of the following discussion designed to help one understand how each element of a curriculum fits together. It is important to remember that development of a curriculum is a process. Though the graphic representation appears linear and is intended to follow a logical progression of development (e.g., programme outcomes flow from mission and philosophy), curriculum development/review also requires back and forth thinking and reflection to ensure consistency of ideas, content, and expectations throughout. Curriculum development has also been described as a spiral process with each year built **upon** the prior year or content.[17] It is also important to understand that however teachers decide to put together their midwifery curriculum, the framework must be consistent with the mission and philosophy statements of the institution in which the education

programme is based, must reflect the values and beliefs of the teaching group, and be linked with current and future trends in midwifery practice.[18]

Mission and Philosophy

The first step in designing a midwifery curriculum[iii] is to gain consensus from all midwifery teachers who will be a part on the programme on the mission and philosophy that will frame not only <u>what</u> is taught but also <u>how</u> it is taught. A statement of mission describes the purpose of the education programme in one sentence, usually. It answers the questions:

❖ "Why does this programme exist?"

❖ "How will this programme be implemented (core values)?"

❖ "Why is this programme important (passion) to society?"

One example of a mission statement is, "The purpose of this education programme is to prepare a competent midwife who will positively contribute to the health of women and childbearing families in this country." In addition, the mission statement needs to also fit with the mission of the educational home where the programme will be/is offered. For example, if midwifery preparation is offered within a university degree programme, the mission will also reflect the importance of that degree or level of preparation.[iv]

[iii] Throughout this document, the term "curriculum" refers to the essential components that organize the content of a midwifery programme and how they are implemented.

[iv] It is important to realize ahead of time the level of support needed for introducing a basic midwifery programme into a given educational home (institution). *(Read over)*

If the educational home has little interest in midwifery, there may not sufficient support for sustaining a quality midwifery offering.

The philosophy of any midwifery programme will generally reflect what the teachers believe about 1) how adults learn, 2) how to facilitate learning in adults, and 3) how to practice midwifery.[19] These three elements of the programme philosophy should reflect the partnership among learners, teachers, and the women seeking midwifery care. Another way to explain the components of a philosophy statement is that a philosophy of education looks inward to the parent discipline (midwifery competencies and practice) and outward to educational practice (teaching and learning).

The first two parts of a philosophy statement are often viewed together. Most teachers will teach others how they have been taught unless they reflect on whether that approach is fitting for today's world of fast-paced knowledge development and the competence expected of midwives. It is possible that the way one has been taught in the past will not fit today's world of teaching and learning in midwifery. If teachers have not thought about teaching and learning with adults, it is suggested that they review the variety of learning theories to determine what they believe about adult learning and how they can facilitate learning in adults. Refer to Resource Packet #4 for a review of major theories of learning focusing on adults, competency-based teaching with adults, and how to facilitate learning in a competency-based programme.

The midwifery teacher's reflection on teaching begins with understanding that adults learn differently from children; in other words, most adults want to be active participants in their learning and not passive recipients of the teacher's knowledge and skills. The need for adult learning approaches is vital for midwifery education given the high level of responsibility that an individual must take in their practice that demands evidence throughout the programme of study that they have taken

responsibility for their own learning (active participants) and demonstrated accountability in independent decision-making. Midwifery practice requires critical thinking and reflection, ethical accountability, and internal or self-motivation – key characteristics of adult learning. An adult learning approach may be difficult to achieve initially for both learners and teachers who have not participated in such a learning environment previously, but the efforts are well worth the outcome of an autonomous midwifery practitioner.

The ICM Philosophy and model of midwifery care (2008)[20] is an excellent resource document that can be used by teachers to clarify what they believe about the practice of midwifery and what they expect of the relationships among teachers, who are expert midwives, learners, and the women seeking midwifery care. These beliefs about midwifery practice have implications for the content of a midwifery programme.[21]   For example, the ICM philosophy of midwifery care refers to birth as "a normal physiological process" that has implications for not only the content of the curriculum but also the sequence of content (e.g., from normal to complicated childbearing). Another belief is that "midwifery care takes place in partnership with women."   This speaks to the importance of expecting learners to understand the nature of the partnership with women as they learn to be midwives (described in practical outcome statements). There is also a philosophical belief that refers to the need for both art and science in midwifery care, provided within a holistic approach "grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of women and based upon the best evidence

available." Thus the curriculum with its expected learning outcomes must include a balance of science and art in the content of the programme.

It is the responsibility of midwifery teachers to clearly define their beliefs about the practice of midwifery that they will be modelling[22] and expect learners to embrace throughout the education programme. The exact wording may vary from programme to programme, but the philosophy should reflect, at a minimum, the beliefs behind the core ICM documents (definition of midwife, philosophy and model of care, code of ethics, and competencies) in addition to what individuals teaching in the programme want to add.

Programme Outcomes[v]

The midwifery programme outcomes reflect the expectations of competency needed for successful completion of the programme of study. Thus the outcomes reflect midwifery competence in reproductive health, prenatal, intrapartum, postpartum, newborn and infant, and abortion-related care. Some programmes use a single outcome statement such as, "Provides full scope, evidence-based, appropriate midwifery care for women and childbearing families." Other midwifery teachers want a bit more detail in the programme outcomes in order to reflect curriculum threads or themes throughout. These outcome statements might refer to use of critical thinking and clinical reasoning, conducting oneself according to a code of moral behaviour, practicing in accord with professional standards, or effective participation in

[v] Throughout this document the term "outcome" will be used instead of "objective" to define what is expected of the learner in terms of knowledge, skills, or professional behaviour competencies. This term is consistent with ICM Glossary of Terms (2011) and Global Standards for Midwifery Education (2010). Midwifery teachers may elect to use the term 'objective' if that is more familiar to them.

interdisciplinary teamwork. For programmes that include other non-midwifery content, there will be outcome statements reflecting that content, such as, "Completes a thesis on an approved topic".

It is suggested that there be relatively few programme outcomes as they are the final expectations (highest level of performance) for successful completion of the programme of study. Each module/unit of instruction/course will have more specific outcomes relating to one or more of the programme outcomes. Similarly, each sub-unit within a module may have even more detailed outcomes for the learner. Taken together, all of the stated learning outcomes will help the learner achieve the overall programme outcomes. Thus, the programme outcomes provide the broad framework within which the rest of the programme details must fit.

Level Outcomes

Some teachers find it helpful to describe learning outcomes by year of the programme. For example, the outcomes for year 01 of a three year programme may be quite specific to the science base needed throughout the programme and therefore the level outcomes would relate to the sciences overall and would be broader outcome statements than the specific module learning outcomes or their sub-units (anatomy, physiology, epidemiology). The level outcomes are a subset of the programme outcomes, and are optional. If used, each level would have its own outcomes with expectations for performance at the end of that level by content/practice area. It is not necessary to articulate level outcomes to have a successful competency-based curriculum. Having such outcomes is the choice of the midwifery teachers.

Module/Unit of Study/Course Outcomes

Once the programme outcome(s) is/are agreed, it is time to consider how to divide the content, including practical experiences, into smaller units of study based on the level of the learner (novice, advanced beginner) needed to meet the programme outcomes. A generic midwifery programme uses the ICM Essential competencies for basic midwifery practice (2010) to define the core content (knowledge, skills, behaviours) needed. Programmes have the option to add additional competencies and content as needed in their country. The division of the entire spectrum of content and clinical/practical experiences results in discrete units of study called modules or courses or instructional units.[vi]   The decision on what content goes where and the title of each module rests with the midwifery teachers, and will vary from programme to programme and country to country.

Each of the modules require learning outcomes that are based on what the learner needs to know and demonstrate at a specific point/time in the programme in order to progress towards midwifery competency in a given practice area and, subsequently, in all practice areas. However, not every aspect of each outcome (KSBs) may be assessed (e.g. sample testing for theory).[23]   Generally speaking, a module will address a discrete area of practice, such as antenatal care. The composite of learning outcomes from each of the modules should address the programme outcomes as noted earlier (and not go beyond them).

[vi] For purposes of simplicity in this document, the term "module" will be used throughout though each education programme will use their own terminology for naming the unit of instruction. In addition, "learner" will be used instead of student to reflect adult learning principles.

The timing and sequence of each module is based on the educational philosophy of the programme and the teachers' understanding of what facilitates learning in adults. In other words, the midwifery teachers need to decide the order (placement) of the seven competency statements and which KSBs should come first (simple to complex, familiar to unfamiliar) to offer learners successful experiences in learning so they continue to be motivated to learn more complex ideas and practices. This means that the overall midwifery competency statements may appear in all three years of a direct entry programme, distinguished by the complexity of content, skills and behaviours required at the end of each year of study.

Content and Course Descriptions

Each module needs to identify the knowledge, skills and behaviours (KSBs) needed to meet the module outcomes. The essential principle is that learning outcomes and content need to match. It is helpful to have the outcomes and content defined before actually writing the course description, which is an overall or general description of module content.

Learning Activities and Teaching Methods

Once a module is created, it is time to select specific learning activities and teaching methods that are consistent with the learning outcomes and required content that have been clearly defined. The learning activities and teaching methods need to fit or match the learning domain (cognitive, affective, psychomotor). Refer to Resource Packet #4 for more detail on specific teaching and learning activities in a competency based programme by knowledge domain.

Assessment & Evaluation Methods[vii]

The most appropriate valid and reliable assessment methods of learner progress must be included as essential components of the module, matched to the domain of learning and content being evaluated. Timing of assessment, including learner self-assessment, is an important decision made at the beginning of the module so that both learners and teachers know when to expect such assessment activities. Since safe practice is one of the hallmarks of quality midwifery care, one of the assessment criteria should always be that the learner knows what s/he knows, knows what s/he does not know, and seeks help appropriately. The other areas to assess include evaluation of teacher effectiveness, course evaluation and periodic programme evaluation by an external body, e.g. the regulatory authority in the country or a separate accreditation body for midwifery education.

Successful Completion of Programme Outcomes

Successful completion of the midwifery education programme occurs when the learner completes all the learning requirements and demonstrates competency in full scope midwifery practice.

3 Key Decisions Related to the Design & Implementation of a Midwifery Education Programme[viii]

[vii] Assessment is defined by ICM as the systematic process/procedure for collecting qualitative and quantitative data to measure, evaluate or appraise performance against specified outcomes or competencies. Some countries' education authorities distinguish between assessment of learner performance and evaluation of courses and teachers. What is important is consistency in use of the terms.

[viii] This document distinguishes between the terms "curriculum" and 'programme' following the ICM Glossary of Terms. Curriculum is "a systematic process that defines the theoretical and practical content

The final section of this first resource packet addresses many of key decisions needed when designing or evaluating a competency-based programme. The decision-making process is aligned with the ICM Global standards for midwifery education (2010) and Companion guidelines (2011).

Basic considerations are posed in the Preface to the standards and include:

• Type of programme: Direct entry or post health professional?

• Length direct entry programme: 3 years[ix] or longer?

• Length post health professional programme: 18 months or longer?

• Entry level of students: Completion of secondary education or more?

Standard I: Organization and Administration

• What is the most advantageous location/education home for the midwifery programme in the country/region (goodness of fit)?

• To what extent does the midwifery programme reflect the social and political structure of its educational home?

• What budget will be/is needed for the midwifery programme and where will the

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of an education programme and its teaching and evaluation methods." A midwifery programme includes the curriculum (defined course of study to prepare competent midwives), along with many other decisions related to length of study, admission criteria, teacher qualifications, costs of study, teaching and learning strategies, evaluation and assessment methods, etc. See Section 3 of this document.

[ix] ICM recognizes that setting minimum time (length) of any type of competency-based midwifery educational programme, regardless of entry point, is an approximation. The actual time needed may vary depending on many factors within countries, such as availability of qualified midwifery teachers and supportive practical learning sites. The time limits were based on global patterns of midwifery education that graduate fully qualified midwives agreed by ICM member associations.

needed funds come from?

- Are there strategic/collaborative partners in the country who might help support the programme financially and otherwise?

- Who will have control over the budget and expenditures?

- Who will direct the midwifery programme and does that person meet expected qualifications?

- To what extent does the midwifery programme address national workforce needs?

Standard II: Midwifery Faculty [Teachers, Preceptors]

- How will the programme director determine whether all professionals teaching theoretical content are competent in the areas they are teaching?

- How will the programme personnel determine whether all midwives teaching in the programme are competent (up-to-date) in midwifery practice and legally recognized?

- What type of formal preparation for teaching is needed and/or provided for individuals teaching (theory & practical) in the midwifery programme?

- How does the student/teacher ratio used in the programme allow time for each student to be directly supervised by a competent midwifery clinical teacher/preceptor so that they are observed demonstrating all the essential competencies (knowledge, skills and behaviours) prior to completion of the programme?

- How are midwife teacher roles and responsibilities defined (theory & practical) and how will teacher effectiveness be assessed/evaluated at regular intervals?

Standard III: Student Body

- What informational materials (type, content) are needed to publicize the midwifery programme to prospective applicants and to the community at large? Has a

needs assessment been completed?

- What are the eligibility requirements for applicants to the midwifery programme and to what extent do they match the applicant pool?

- How many midwifery students can be accommodated by the midwifery programme based on available human resources (teachers) and practical placement sites?

- What informational materials (type/content) are needed for individuals enrolled in the midwifery programme?

- How can students, teachers and clinical preceptors benefit from the development of "communities of learning"[24]?

- How will the programme determine whether there are sufficient midwifery practical experiences available in a variety of sites for each student enrolled?

- How does the midwifery programme plan to engage qualified practicing midwives in the teaching and supervision of midwifery students in practical settings?

Standard IV: Curriculum

- Does the design of the midwifery curriculum follow a logical process and reflect the expected outcome of preparing a competent professional midwife? [See curriculum schemata in Appendix A]

- Are all the ICM Essential competencies for basic midwifery practice 2010 included in the midwifery programme and can they be identified in a specific course/module/unit of study?

- What evidence-based teaching and learning strategies are used in the programme and are they consistent with principles of adult learning and

competency-based education?

- What is the ratio of theoretical to practical learning experiences and how will the programme demonstrate the effectiveness of this ratio?[x]

- What type of multidisciplinary content, such as pharmacology, and learning experiences (e.g., learning with obstetricians) are included in the midwifery programme and are the teachers advised about specific content needed by midwifery students?

Standard V: Resources, facilities and services

- What is/should be included in written policies about environmental safety and well-being measures for students and teachers?

- How will programme personnel determine whether they have sufficient teaching and learning resources, including access to evidence-based references, mannequins and charts, qualified teachers, preceptors, and practical learning sites?

- What type of administrative agreements between programme and practical **sites** are needed to allow student midwives to learn in a given site?

Standard VI: Assessment Strategies

- What type of assessment methods will be/are being used to determine student learning of knowledge, psychomotor skills, professional behaviours, and critical

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[x] The ICM standards require at least 50% of time spent in the midwifery programme will be in clinical/practical sites supervised by qualified midwifery teachers. At least 40% of time spent must be theoretical, with the remaining 10% decided by faculty based on country needs. For example, some countries have limited clinical/practical experiences for each student so may need to add more practical time for each student to achieve competency. Other countries may have specific burdens of disease or environmental conditions that the midwifery student needs to study, so more theory might be included.

thinking that leads to appropriate decision-making?

- How will/is assessment of student learning be integrated with performance and progression throughout the programme?

- What strategies will be/are employed with individuals who are having learning difficulties and is there a time limit that must be met to be considered success in learning?

- What criteria will be/are used to determine successful completion of the midwifery education programme?

- What plans will be/are in place for regular assessment of the curriculum and external review of programme effectiveness?

Summary

Once the midwifery teachers have discussed the curriculum process and reached consensus on the questions posed for programme development and others as needed, it is time to begin the design of individual modules with learning outcomes and expected KSBs in each. The ICM Resource Packet #2 describes two model curriculum outlines with suggested organization of content into modules and assignment of each of the seven ICM Competency statements and specific KSBs by year or month of the programme. It is important to realize that these are examples of how to organize midwifery competencies and KSBs. There are many different, plausible ways to organize a midwifery programme that allow an individual learner to achieve midwifery competency. The main point is that midwifery teachers need to fully understand the components of curriculum and programme development, and make

reasoned decisions for their choices based on current evidence-based educational

standards.

[1] PMNCH. Knowledge Summary 14: Save lives: Invest in Midwives. Retrieved on April 18, 2012, from http://portal.pmnch.org/knowledge-summaries/ks14

[2] WHO. World Health Report 2005. Geneva: WHO

[3] UNFPA/ICM. State of the World's Midwifery Report 2011. New York: UNFPA.

[4] PMNCH. Knowledge Summary 14: Improving competency-based education.

[5] ICM Glossary of Terms. "Adult learning involves active participation of a mature student in learning based on life goals and building upon/incorporating prior learning and life experience." The Hague: ICM, 2011. Knowles M.   Andragogy in action. San Francisco: Jossey-Bass, 1984.

[6] Fullerton JT, Gherissi A, Johnson P, Thompson JB. Competence and competency: Core concepts for international midwifery practice. International Journal of Childbirth 1 (1) 2011. DOI:10.1891/2156-5287.1.1.4   Sportsman S. (2010). Competency education and validation in the United States: What should nurses know? Nursing Forum 45 (3), 2010, p. 141-142. ICM Glossary of Terms 2011: Competency-based education includes teaching, learning and assessment activities that are sufficient to enable students to acquire and demonstrate a pre-determined set of competencies as the outcome of learning." The Hague: ICM.

[7] ICM. Definition of Midwife 2011. The Hague: ICM.

[8] ICM. Philosophy and Model of Care 2008. The Hague:ICM.

[9] ICM. International Code of Ethics for Midwives 2008. The Hague: ICM.

[10] ICM. Global Standards for Midwifery Education 2010. The Hague: ICM.

[11] ICM. Essential Competencies for Basic Midwifery Practice 2010. The Hague: ICM.

[12] ICM Global Standards for Midwifery Education 2010 define a "fully qualified midwife" as an individual educated and trained to proficiency in all the ICM basic competencies; in other words, a person who meets the 2011 ICM Definition of a midwife. This terminology does not include others who may use the title 'midwife' but who are not able to demonstrate all the ICM basic competencies and who may or may not be legally recognized in a given country.

[13] ICM. International Definition of the Midwife. The Hague: ICM, 2011.

[14] Accreditation Commission for Midwifery Education (ACME). The knowledge, skills, and behaviours prerequisite to midwifery clinical coursework. Silver Spring, MD: ACNM, revised 2005.

[15] ICM. Glossary of Terms June 2011. The Hague: ICM, p. 5. It reads, "Curriculum is a systematic

process that defines the theoretical and practice content of an education programme and its teaching and evaluation methods."

[16] Many midwifery programmes place their curriculum outlines and course descriptions on the internet. For example, one can view the Seattle Midwifery School direct-entry curriculum at www.seattlemidwifery.org/midwifery-eduation/curriculum-overview/ or the nurse-midwifery and direct-entry midwifery programmes at SUNY-Downstate Medical Center, NY at www.downstate.edu/CHRP/midwifery/curriculum_intro.html   Other midwifery programmes throughout the world are most willing to share what their midwifery curriculum outline is. However it is important to understand that simply taking another's midwifery curriculum without understanding how it is put together and why can result in less than optimal programme in one's own country.

[17] RCM WHO Collaborating Centre/MANM Preparation Programme for Midwives (Macedonia). Midwifery 3 year curriculum. London:RCM, September 2011, p. 12.

[18] Boland D. Developing curriculum: Frameworks, Outcomes and competencies, p. 142. Chapter 9 in Billings DM & Halstead JA. Teaching in nursing: A guide for faculty 3rd Edition. St. Louis: Sanders.

[19] Thompson JE, Kershbaumer RM, Krisman-Scott MA. Educating advanced practice nurses and midwives: From practice to teaching. New York: Springer Publishing Company, 2001. Chapter 4: Educational philosophy and adult learning, pp. 47-56.

[20] ICM. The philosophy and model of midwifery care, 2008. The Hague: ICM.

[21] Walsh D. In Downe S, Byrom S, Simpson L (ed). Essential midwifery practice: Leadership, expertise and collaborative working. London: Wiley-Blackwell, 2011.

[22] Bluff R, Holloway I. The efficacy of midwifery role models. Midwifery 24: 301-309, 2005.

[23] Atherton JS. Teaching and Learning; Objectives 2011. [On-line: UK] retrieved 27 March 2012 from http://www.learningandteaching.info/teaching/objectives.htm

[24] Holland K, Lauder W. A review of evidence for the practice learning environment: Enhancing the context for nursing and midwifery care in Scotland. Nurse Education Practice, 2012.