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Executive Summary

This report constitutes an integral part of the SafeMa project as it aims to present a concise standard for the SafeMa courses which will be developed within the Asian partner countries and therefore serves as a guide and provides recommendations for the WP1 task 5 plans for excellence.

The report:

- Emphasizes that all SafeMa partners must commit to systematically integrate and support a human rights-based approach during all stages of planning and execution of the SafeMa project.
- presents the overall philosophy of the SafeMa courses inspired by the approach of Reflective Practice Learning. This approach will guide the development of SafeMa WP2.
- presents the Educational tools for teachers and students needed to support the promotion of Reflective Practice Learning.

The eight (8) SafeMa modules and their respective learning outcomes are outlined with regards to their individual 4-week duration. The 8 SafeMa modules consist of a MOOC session, followed by lectures, skills training group work, assignments, tests and exams.

The headlines of the 8 modules are the following:

- MODULE 1 Advanced clinical skills in midwifery – promoting normal labor
- MODULE 2: Advanced clinical skills in midwifery II – Fetal monitoring and patient
- MODULE 3: Advanced clinical skills in midwifery III – Obstetric emergencies
- MODULE 4: Post-partum health promotion within midwifery
- MODULE 5: Methods in health research
- MODULE 6: Clinical preceptorship
- MODULE 7: Human rights
- MODULE 8: Evidence based midwifery

After the completion of a series of 4 modules, a period of facilitated internship of 8 weeks duration will follow. These internships need to be facilitated so that they can contribute in the course participants' attainment of thelearning outcomes defined in relation to the 8 courses and therefore assure the successful completion of the courses and the awarding of the SafeMa postgraduate diploma or certificate.

Each section of this report concludes with recommendations on the considerations and content that should inform the WP1.5 plans for excellence that will be developed by the SafeMa Cambodian and Vietnamese partners. This includes recommendations for the promotion of Research literacy, the development of SafeMa Hubs services for career guidance and project sustainability.

1. Introduction

As a part of the SafeMa project this report constitutes to what is described as work packages 1, task 4 (WP 1.4) in the detailed project description (1). This report: *SafeMa model for excellence in midwifery*, aims to presents a concise standard for the SafeMa courses which will be developed within the partner countries. Even though the main focus of this report is not on Hubs development, these standards will contribute to the later Curriculum and Hubs development within WP 2 (1).

This report will be based upon the valuable knowledge gathered within previous activities and tasks completed in relation to WP 1. The report will however also include relevant literature and theoretical assumptions.

The report: *Academic and Research Excellence in midwifery education and research* (WP 1.1) was developed as a guide to excellence within midwifery education, research and practice (2). Through at comprehensive review of international standards, best practices and methodologies it gave us knowledge of the excellence in midwifery. The report therefore laid the groundwork for the SafeMa gap analysis (WP 1.2), to evaluate the excellence standards up against the current situation in the partner countries' universities. Knowledge about these international standards, best practices and methodologies will however also be referenced to in this repport, in order to abide to international best standards within midwifery education, research and practices during the SafeMa course development.

WP 1.2, contributed to important in-depth knowledge, which aimed to strengthen our understandings of the current circumstances of midwifery education in the setting of the partner countries (3). This knowledge is included in the development of SafeMa project deliverables, as in this report, in order to support a needs-based and contextually adjusted perspective into the SafeMa courses.

During capacity building, which entailed study visits in the EU-universities (WP 1.3), the partner delegates witnessed courses which support a theory-practice integration in clinical learning. They were thereby familiarized with learning principles, techniques and possible subjects to be included in the development of the SafeMa courses. The setup up of this capacity building were based upon a mutual recognition of each other's perspectives, which allowed discussion, reflection and a sharing of ides relevant to the development. The outcome of these study visits was therefore seen as a possibility to agree on a broad, but hopefully transferable structure and approach to the courses, and therefore perceived as an equally significant contribution to this rapport, as in other tasks within WP 1.

The purpose of this report is therefore to provide an overview of the SafeMa courses development and the philosophical, pedagogical and methodological approach on which it is based (1). After this, each partner university will develop own strategies for effective and impactful implementation, as they continue the work on the *SafeMa plans for excellence* (WP 1.5) (1).

PART 1 DESCRIPTION OF THE SafeMa COURSE

2. General Principles, Methodology and Tools

2.1 General principles of the SafeMa course

The general principles of the SafeMa courses build upon a human rights-based approach. This is in line with the SafeMa project description and WP 1.1, which advocate for such an approach, in order to support a more sustainable development (1,2).

The SafeMa courses are therefore guided by a human rights-based approach when defining the objectives of the course as it helps eliminate all forms of discrimination (2). It is further emphasized by WHO, as it is suggested that strong focus on human rights as an essential component of quality care could prevent and eliminate disrespect during childbirth and educational programs (2).

In addition to the human rights-based approach, the WHO recommendations for intrapartum care for a positive childbirth experience from 2018, highlights the importance of woman-centered care. This is expected to optimize the experience of labor and childbirth for women and their babies through a holistic approach (4). A holistic approach requires a social model of childbirth rather than values and beliefs only underpinning the biomedical model of care (5).

Planning and execution of the SafeMa courses is therefore based on this interdisciplinary perspective, in line with the understandings and interpretation of evidence-based medicine (EBM). EBM explicitly integrates the role of experience/expertise of the health professional and patient's preferences´ into evidence-based decision-making (5,6).

During WP 1.3, partners within the SafeMa project, acknowledged the relevance of ethical considerations and women´s perspectives, values and experiences as an essential part of the SafeMa courses. They found it a significant need within their contextual setting.

In WP 1.1 a framework by the United Nations (UN) wase described as it is was found suitable for guiding a human rights-based approach (2). The UN define the core elements of a human rights-based approach as *goal, process and outcome* (2).

According to WP 1.1 the curriculum development of the SafeMa courses needs to work around the core element *goal* by systematically integrating and supporting human rights (2). The students of the SafeMa courses need to achieve knowledge of the importance of respect for human rights and learn about advocacy for women, so that the woman's health care choices are respected. The students should also be supported in knowledge and skills to give timely and appropriate healthcare (2). Thus, human rights and ethical considerations are planned as an independent theme in the SafeMa courses. This is expected to increase the students' knowledge of the core competencies of professional practice within an ethical scope, and integration of these into own professional clinical practice.

In order to respect the core element *process*, principles such as participation, equality, non-discrimination and accountability should be integrated into all stages of the planning and

implementation of the SafeMa courses (2). Knowledge of how to support and ensure women's´ right to achieve, free, non-discriminatory and meaningful participation in health decisions is a part of this. In WP 1.1, it is clear that this requires support of knowledge and skills for the students, in order for them to deliver accessible, relevant and clear information. Accessible, relevant and clear information is essential for the client to achieve meaningful participation (2). Thus, the SafeMa courses will integrate knowledge from clinical expertise and evidence to support positive interactions and communication, and thereby support clinical decision-making.

According to the last core element of a human rights-based approach *outcome*, students need to have knowledge of the concept of respect. They are obligated to ensure that they practice with respect and support a practice that does not interfere directly, or indirectly, with the right to health. These obligations become especially important in relation to the obligation to protect the woman/patient from the risk of obstetric violence (2).

2.2 Key Considerations for WP 1.5 regarding a human rights-based approach

All SafeMa partners shallcommit to systematically integrate and support a human rights-based approach during all stages of planning and execution of the SafeMa project. Considerations regarding this should be a part of WP1.5 Plans for Excellence.

2.3 Methodology

The methodology describes both an overall philosophical approach to education and learning for students within a midwifery context as well as a theoretical framework for gathering of important data during WP 1.3 to support transferability of the SafeMa courses. This theoretical framework is also used in the development processes of the SafeMa courses.

2.3.1 Overall philosophical approach

The overall philosophical approach of the SafeMa courses is inspired by the philosophy of *Reflective Practice Learning* (7)*. In a simple way, Reflective Practice Learning can be described as reflection on / in / and with practice. Thus, reflection is placed as central part of the learning processes and a way of creating a link between theory and practice (7). This requires the involvement of the student and is believed to support the student's critical thinking and competencies in decision making. It does not matter if it takes place in an educational or practical setting, but it urges students to learn how to argue for their professional choices (7).

From this philosophical approach, didactic ground principles can be derived. The didactive ground principles, translated into English by us, are illustrated in figure 1 below.
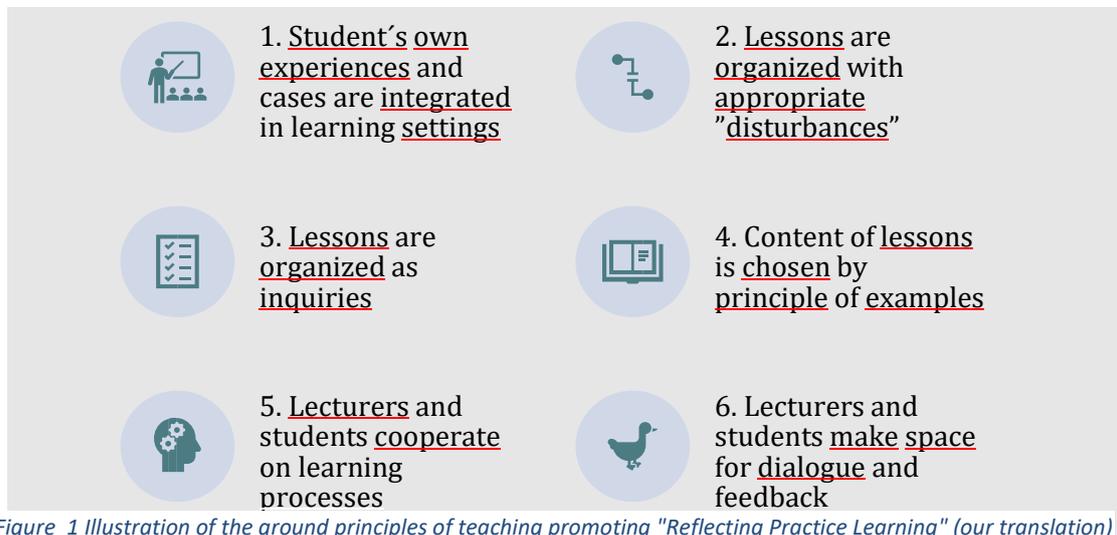
Figure 1 Illustration of the ground principles of teaching promoting "Reflecting Practice Learning" (our translation) (7)

The overall social philosophical approach emphasizes on reflection and involvement of students as a core element of the SafeMa courses. Accordingly to WP 1.1, this applies to best standards where a written philosophy describing the program's beliefs and values about teaching and learning within midwifery care is essential (2).

2.3.2 Theoretical framework to support development processes

In addition to gathering data during WP 1.3 an information sheet was made, in order to specify the needs and ideas of our partners even further, as well as test the experiences and perception of sessions presented. The information sheet is built upon the theoretical framework of a didactic relationship model, which consists of six categories. These categories are all interdependent of each other and therefore important to consider during the planning of didactic process (8). In our translation from Danish into English, the six categories of the didactic relationship model consist of: *Preconditions for learning, Contextual factors, Aim, Content, Learning process and Evaluation* (8). It is especially relevant, as it focuses on relational factors and the contexts in which the learning activity takes place (8).

During WP 1.3 partners drew the context and presented relations that we were not previously familiar with. Adaption of the theoretical framework therefore supported a reflective approach to gathering data about the six categories.

The same theoretical framework was also used in later steps of the development process of the SafeMa courses. Knowledge from WP 1.1-3 helped identify challenges and opportunities within the practice of the future settings of the SafeMa courses. During the pedagogical planning of the courses important relations within the six categories were taken into consideration.

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2.3.3 Key Considerations for WP 1.5

The overall philosophical approach of the SafeMa courses is inspired by the philosophicy of Reflective Practice Learning. This approach will guide the development of SafeMa WP2. All partners must commit to have the concept of Reflective Practice Learning as the basis for execution of the course, and considerations regarding this should be a part of WP1.5 Plans for Excellence.

2.4 Credit points

Within the SafeMa context the term "ECTS" = European Credit Transfer System, has been used in the initial project description. In the European educational system, an academic year is defined by 60 ECTS. 1½ ECTS is equivalent of one-week of full-time study. A semester constitutes 30 ECTS.

During the project period of SafeMa it has been the intention to translate ECTS into Asian credit points, but we haven´t succeeded yet to create a mutual understanding of this within the definition of the SafeMa course. Until the definition and translation has been completed, partners shall apply the European definition.

Thus – since each semester consists of four 4-week modules and 2 months of internship, each module in the SafeMa postgraduate course shall constitute 5 ECTS, and 2 months of facilitated internship shall constitute 10 ECTS.

2.4.1 Key Considerations for WP 1.5

Asian partners are expected, within the feedback in the respective excellence plans WP1.5, to contribute to the decision making of the translation of ECTS into Asian credit points.

2.5 Tools

Educational tools for teachers and student will be described below. The tools aim to support the promotion of Reflective Practice Learning, as the activities call for the involvement and reflection of students. The activities also aim to support a connection between the different courses and a translation of knowledge into practice.

2.5.1 MOOCs

The students will, during the first week in each of the 8 modules contained in the SafeMa course, participate in a MOOC. These MOOCs will include a universal and similar introduction to the SafeMa context.

Furthermore, an introduction to philosophical approaches, topics as well as learning activities and objectives of the specific module will be presented to the students. In addition to this, an explanation of the way which each module, in conjunction with the other

modules, contributes to the overall achievement of the student's competencies will be a part of the MOOCs.

A specific focus will be paid during the design of the platform but also the content and the user-friendly character of the MOOCS in order to improve as much as possible both the trainers and trainees experience in terms of efficiency and effectiveness. Guidelines and short videos on how to use the platform will be created and included. The user interface will also be created according to international standards.

All services and products of SafeMa will respect intellectual property rights according to the EU standards and guidelines. As for the creation of contents and the use of third parties content, the consent of the authors will be ensured, and/or general licensing terms will be included in all project deliverables.

2.5.2   Lectures

Lectures will be conducted by lecturers from the Asian partner Universities. Lectures are meant to help students get into depth with the educational material. The lectures will be organized on the expectation that the student will be prepared for the lectures and actively take part in study activities.

2.5.3   Preparation

The students are expected to prepare for all scheduled lectures, skills trainings, tests and other planned study activities such as group discussions and assignments.

2.5.4   Group work

Since group work is a very effective way of learning (9), this will be a part of the SafeMa courses. It entails a possibility to create mutual reflections and support fellow students in work and discussion during assignments. Group work will be applied as it is expected to support effective learning.

2.5.5   Study days

Study days will be part of every module of the SafeMa course. Study days do not include lectures or planned study activities at the excellence hubs. These days are, in order for the modules to represent a fulltime study, necessary for studying, preparation, writing of assignments as well as attending or revisiting MOOCs or other virtual material.

2.5.6   Assignments

Preparation of compulsory assignments will be part of both modules and facilitated internships. The assignments can consist of a collection of different units where the students document participation and preparation of small tasks/exercises during the modules. The assignments can focus on the students' professional level, professional and personal development as well as the student's ability to reflect. They can be performed individually or in groups. The aim of these assignments is that students, in preparation, during lectures and in facilitated internship can link new knowledge to specific professional

issues. This is expected to bridge the gap and make a close connection for SafeMa students between theoretical perspectives and practical settings. This approach supports Reflective Practice Learning and thereby the students' critical thinking and competencies in decision making.

The students should have a through introduction to the assignments which are going to be prepared and subsequently documented during the modules. This shall include descriptions for each assignment, specification of expected scope and requirements for submission as well as possibilities for feedback.

2.5.7 Exams/tests

At the end of every MOOC, placed within the first week of every module, a test will be integrated. The students should pass this test before continuing the specific module. Likewise, every module and facilitated internship will end with an exam. Completion of these exams are required for the student to move to the next module if the student expects a certificate or diploma at the completion of respectively 4 or 8 modules including internship. Small tests or quizzes can, if they support learning and are deemed necessary and relevant to the topic, be part of the various lectures of all 8 modules.

2.5.8 Facilities

In every Asian partner university, SafeMa Hubs will be set up, as they will serve as a model for teaching, research, pedagogic and career guidance resource centers in Midwifery (WP 2.3). SafeMa Hubs should support midwifery at local and regional level and work in partnership with local hospitals, health centers in rural areas, other UNFPA projects, local authorities, the national association(s) of midwifes and other stakeholders in order to ensure operation of Hubs providing the SafeMa course activities. The development of Curriculum and Safema Hubs (WP2.1+3) will depend on each Asian partner providing sufficient descriptions within *SafeMa plans for excellence* (WP 1.5). This should be drawing on standards of this rapport and include concrete objectives and time frames strengthened by the support of the institution's leadership as well as staff and students (1).

2.5.9 Key Considerations for WP 1.5

The development of Curriculum and SafeMa Hubs (WP2.1+3) will depend on each Asian partner providing sufficient descriptions for their plans for development of the SafeMa Hubs within *SafeMa plans for excellence* (WP 1.5). These should be drawing on the standards of this repport and include concreate objectives and time frames, strengthened by the support of the institution's leadership as well as staff and students.

3. Outline of the 8 modules

In the following section an outline of the 8 modules is presented. The general content of the modules was developed during the SafeMa study visit in Denmark, in November 2019, where all SafeMa Partners contributed with requests for the content of the modules.
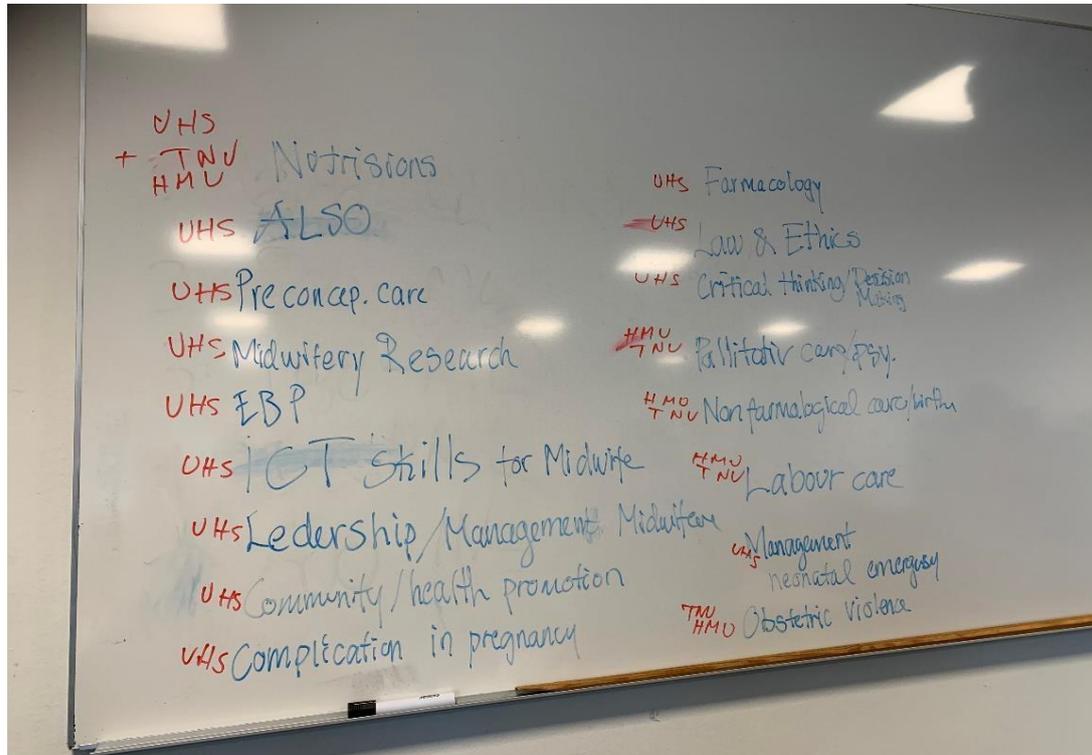
Picture 1 Picture from Study Visit in Denmark: Board with SafeMa partners suggestions for module context

After the SafeMa Partners had contributed with suggestions on the content of the modules an ad hoc analysis was conducted to further develop the content of the modules.

The ad hoc analysis included the following elements :

- SafeMa Partners´ suggestions to modules content

- WP 1.1 report: Academic and Research Excellence in midwifery Education and Research.

- Formalized Reflection Sessions during the Study visit in Denmark and observations from the Study visit in Athens

- Informal conversations with SafeMa partners during the Kick off meeting and Study visits in Denmark and Athens.

- WP 1.2: SafeMa Gap analysis report

To further advance the qualify and relevance of the content of the SafeMa modules the ICM document ´Essential competencies for Midwifery practice 2019 Update' was taken under consideration (10). The ICM document reflects the ICM's Philosophy and Model of

Midwifery Care in addition to the ICM Definition and Scope of Practice of a Midwife. These represent a holistic approach to midwifery and are therefore adopted as guidance of the SafeMa philosophy (10). These guiding principles are listed below, as the promotion of:

- the autonomy of midwives to practice within the full scope of midwifery practice and in all settings.

- the role of the midwife to support physiology and promote normal birth

- the role of the midwife to uphold human rights and informed consent and deci-sion making for women.

- the role of the midwife to promote evidence-based practice, including reducing unnecessary interventions.

- the role of the midwife to assess, diagnose, act, intervene, consult and refer as necessary, including providing emergency interventions (10).

3.1   Presentation of the 8 SafeMa modules

The following section presents the 8 SafeMa modules. The presentation includes the content of the modules, expected learning outcomes and a graphic overview of the modules. The learning outcomes are organized into a framework of three categories: competencies, knowledge and skills.

The modules will be developed by the partner responsible for WP 2, with the contribution of all partners in order to develop a more detailed framework, list of subjects and specific learning tools, namely a SafeMa course toolkit.

SafeMa lecturers at partner Universities in Vietnam and Cambodia are ultimately expected to, within the delivered course structures, contribute to further structure the curricula and design learning activities that will enable SafeMa students to achieve the knowledge, skills and competencies that are presented within each module´s learning outcomes. This is expected to support implementation and sustainability of the SafeMa project in the respective local contexts.

3.2 MODULE 1: Advanced clinical skills in midwifery – promoting normal labor

3.2.1   Content

This theme deals with the promotion of normal labor within midwifery care, including the use of non-pharmacological pain relief, patient safety and avoidance of unnecessary medical interventions. The focus is on the practice and development of clinical skills, management and clinical expertise during normal birth.

3.2.2   Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills and competences, the SafeMa student should achieve at the end of the module.

During the module the SafeMa educator should teach in accordance with the learning outcomes of this module.

3.2.3 Competencies

By the end of SafeMa Module 1, the participant will be able to promote and manage normal labor, while integrating a midwifery approach that promotes normal labor and delivery as well as patient safety.

3.2.4 Knowledge

By the end of SafeMa Module 1, participants will be able to:

- Identify and describe normal biologic, psychological, social, and cultural aspects of labor.

- Identify and describe the anatomy and physiology of normal labor and physiologic onset and progression of labor.

- Identify and describe signs and behaviors of labor progress; and factors that impede labor progress.

- Identify and describe methods for informed intrapartum care policies and guidelines, including avoidance of routine interventions in normal labor and birth.

- Identify and describe examples of non-pharmacological pain-relief, their application, method and effects.

- Identify and describe central issues of patient safety within management of labor.

- Analyze the role of a midwifery approach in promoting normal labor.

- Analyze the role of a midwifery approach to labor that promotes respect for patient integrity while utilizing a human rights-based approach.

3.2.5 Skills

By the end of SafeMa module 1, participants will be able to:

- Assess the need for, and apply, non-pharmacological pain relief in normal labor.

- Offer and support women to use strategies for coping with labor pain, e.g. controlled breathing, water immersion, relaxation, massage, and pharmacologic modalities when needed.

- Prevent unnecessary medical interventions in labor.

- Support patient safety.

- Encourage freedom of movement and upright positions and support the woman to give birth in her position of choice.

- Assess woman's physical and behavioral responses to labor.

- Assess regularly parameters of maternal-fetal status, and e.g. vital signs, contractions, cervical changes, and fetal descent.
- Prevent unnecessary routine interventions, e.g. amniotomy, electronic fetal monitoring, directed closed glottis pushing, episiotomy.
- Delay cord clamping.
- Integrate a human right-based approach into practice.

3.2.6   Outline of the module
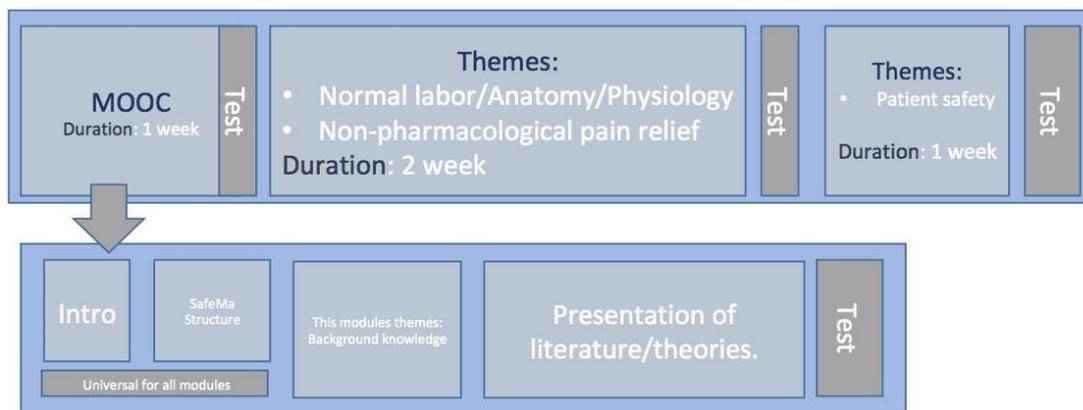
Please be aware that changes may occur during the process of developing the curricula for this module.

3.2.7 Considerations for WP1.5 Excellency plans

When formulating WP1.5 Excellency Plans for this module, Asian partners should be aware that advanced mannequins, especially the ones with complicated software, are not needed for the execution of this module. Tools for practice of application of nonpharmacological pain relief will be needed.

3.3 MODULE 2: Advanced clinical skills in midwifery II – Fetal monitoring and patient safety

3.3.1   Content

This theme deals with indications and interpretation of fetal monitoring during labor and neonatal resuscitation. The focus is on patient safety, practice and development of clinical skills, management and clinical expertise during normal and complicated birth.

3.3.2   Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills and competences, the SafeMa student should achieve at the end of the module. The SafeMa educator should teach with the aim of students reaching the learning outcomes of this module.

3.3.3   Competencies

By the end of SafeMa Module 2, the participant will be able to manage methods for fetal monitoring during normal and complicated pregnancy and birth, while integrating a midwifery approach that promotes patient safety.

3.3.4   Knowledge

By the end of SafeMa Module 2, participants will be able to:

- Identify and describe methods of fetal monitoring during pregnancy and labor.

- Identify and describe the fetus´ normal transition to extra-uterine environment and signs indicating need for immediate actions to assist transition.

- Identify and describe complications resulting in fetal asphyxia.

- Identify and describe scoring systems to assess newborn status.

- Identify and describe interventions to establish newborn breathing and circulation.

- Identify and describe central issues of patient safety within management of complicated labor.

- Identify and describe methods for safe interprofessional communication.

- Analyze the role of a midwifery approach to fetal monitoring that promotes respect for patient integrity while utilizing a human rights-based approach.

3.3.5   Skills

By the end of SafeMa module 2, participants will be able to:

- Assess the need for, and apply differentiated, methods of fetal monitoring during normal and complicated labor.

- Use standardized methods to assess newborn´s condition in the first minutes of life (Apgar or other) and refer if needed.

- Undertakeactions to establish and support breathing and oxygenation, and refer for continuing treatment as needed.

- Undertake newborn prophylaxis e.g. ophthalmic infection, and hemorrhagic disease, according to policies and guidelines.

- Approach the role of the midwife with clinical expertise.

- Support patient safety during complicated labor.

- Cooperate and communicate with pregnant/laboring women and their partner.

- Utilize interprofessional communication methods such as the ISBAR method.

- Utilize an approach to fetal monitoring that promotes respect for patient integrity while utilizing a human rights-based approach.

3.3.6   Outline of the module
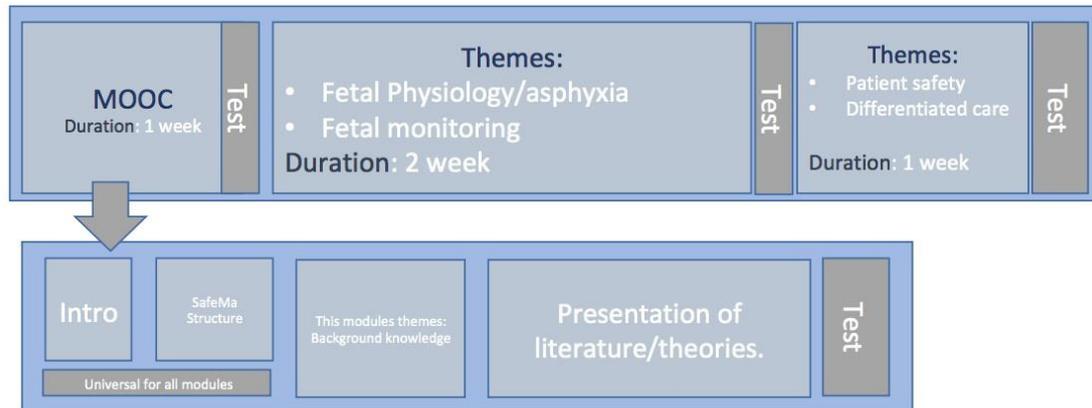
Please be aware that changes may occur during the process of developing the curricula for this module.

3.3.7 Considerations for WP1.5 Excellency plans

When formulating the WP1.5 Excellency Plans for this module, Asian partners should be aware that advanced mannequins, especially the ones with complicated software, are not needed for the execution of this module. Tools such as practice examples fetal monitoring will be needed. During the development of curricula for the SafeMa modules educators must provide relevant cases for fetal monitoring and communication, that reflect the local context, as it is difficult for EU partners to produce such cases without an in-depth knowledge of the local context.

3.4 MODULE 3: Advanced clinical skills in midwifery III – Obstetric emergencies

3.4.1   Content

This theme deals with the obstetric emergency of shoulder dystocia and post-partum complications in relation to excessive bleeding supporting patient safety. The focus is on the practice and development of clinical skills, management and clinical expertise during complicated birth.

3.4.2   Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills and competences, the SafeMa student should achieve at the end of the module. The SafeMa educator should teach with the aim of students reaching the learning outcomes of this module.During the module the SafeMa educator should teach in relation to the learning outcomes of this module.

3.4.3   Competencies

By the end of SafeMa Module 3, the participant will be able to manage the obstetric emergencies of shoulder dystocia and post-partum complications in relation to excessive bleeding, while integrating a midwifery approach that supports patient safety during complicated birth.

3.4.4   Knowledge

By the end of SafeMa Module 3, participants will be able to:

- Identify and describe evidence about conduct of third stage of labor, including use of uterotonics.

- Identify and describe potential complications post-partum and their immediate treatment e.g. shoulder dystocia, excessive bleeding and retained placenta.

- Identify and describe signs of abnormal placental separation, appearance of abnormal placenta, membranes, and umbilical cord complications.

- Identify and describe methods to handle shoulder dystocia such as the HELPERR technique.

- Analyze methods for patient safety during obstetric emergencies, such as communications techniques to ensure patient safety.

- Analyze the role of a midwifery approach to obstetric emergencies that promotes respect for patient integrity while utilizing a human rights-based approach.

3.4.5   Skills

By the end of SafeMa module 3, participants will be able to:

- Deliver placenta and membranes and inspect for completeness.

- Use the HELPERR technique to manage the obstetric emergency of shoulder dystocia.

- Assess uterine tone, maintain firm contraction, and estimate and record maternal blood loss; manage excessive blood loss including administration of uterotonics.

- Provide first line measures to treat or stabilize identified conditions.

- Refer for continuing treatment of any complications as needed.

- Use communication techniques that ensure patient safety.

- Utilize an approach to obstetric emergencies that promotes respect for patient integrity while utilizing a human rights-based approach

3.4.6 Outline of the module
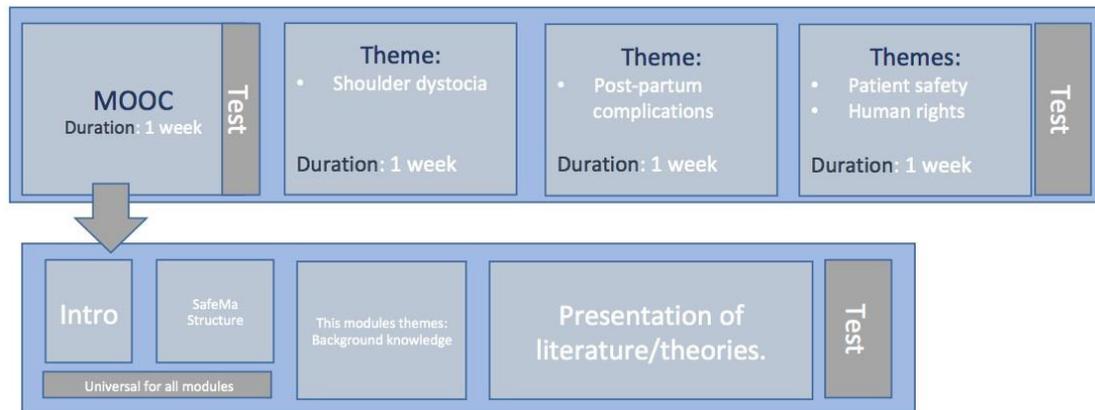
Please be aware that changes may occur during the process of developing the curricula for this module.

3.4.7 Considerations for WP1.5 Excellency plans

When formulating WP1.5 Excellency Plans for this module, Asian partners should be aware that advanced mannequins, especially the ones with complicated software, are not needed for the execution of this module. Simple Mannequins for practicing the HELPERR technique and other maneuvers will be needed.

During the development of the SafeMa modules, educators must provide relevant cases for obstetric emergencies and communication, that reflect the local context, as it is difficult for EU partners to produce such cases without an in-depth knowledge of the local context.

3.5 MODULE 4: Post-partum health promotion within midwifery

3.5.1 Content

This theme deals with health promotion in midwifery care in the field of maternity and breastfeeding, including care of women with complications relating to breastfeeding, bonding between the mother and the child and supporting the family as a unit within a community setting. The focus is on the practice and development of clinical skills and supportive interaction and communication.

3.5.2 Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills, the SafeMa student should achieve at the end of the module. The SafeMa educator should teach with the aim of students reaching the learning outcomes of this module.

3.5.3 Competencies

By the end of SafeMa Module 4, the participant will be able to manage health promotion in midwifery care in the field of maternity and breastfeeding, including care of women with complications relating to breastfeeding and bonding between mother child while integrating a holistic midwifery approach to supporting the family as a unit within a community setting

3.5.4   Knowledge

By the end of SafeMa Module 4, participants will be able to:

- Identify and describe research evidence about benefits of breastfeeding and WHO recommendations to breastfeeding.

- Identify and describe physiological changes in the breast during pregnancy and following birth and the onset of lactation.

- Identify and describe needs for rest, support, and nutrition to support lactation.

- Identify and describe social, psychological and cultural aspects of breastfeeding.

- Identify and describe the role of the partner in successful breastfeeding and bonding with the baby.

- Identify and describe the health needs of breastfeeding women and infants.

- Identify and describe health conditions that pose risks to successful breastfeeding for women and infants.

- Identify and describe psychological responses to the mothering role, the addition of the infant to the family.

- Identify and describe the needs of individuals and families for different information at different times in their respective life cycles.

- Identify and describe methods of eliciting maternal and paternal feelings and expectations for self, infant, and family.

- Analyze local community views about and utilization of health care facilities for post-partum health promotion.

- Identify and describe methods of providing information to individuals and groups.

- Analyze the role of a midwifery approach to post-partum health promotion that promotes respect for patient integrity while utilizing a human rights based approach.

3.5.5   Skills

By the end of SafeMa module 4, participants will be able to:

- Promote early and exclusive breastfeeding while respecting a woman's choice regarding newborn feeding.

- Provide information about infant needs, frequency and duration of feedings, and weight gain.

- Provide support and information about breastfeeding for a minimum of six months, including combining with work, maintaining milk supply, and storing breast milk.

- Identify and manage breastfeeding problems (e.g. mastitis, low milk supply, engorgement, improper latch).

- Provide information to women breastfeeding multiple newborns.

- Advocate for breastfeeding in family and community.

- Provide health information and advice tailored to individual circumstances of women and their families.

- Conduct a comprehensive assessment of families health needs.

- Participate in - and refer women and support persons to – breastfeeding education programs.

- Convey information about breastfeeding accurately and clearly and respond to individual needs.

- Identify needs or problems requiring further expertise or referral such as breastfeeding complications.

- Manage breastfeeding complications and refer women and infant who need specialized care.

- Utilize an approach to post-partum health promotion that promotes respect for patient integrity while utilizing a human rights-based approach.

### 3.5.6 Outline of the module
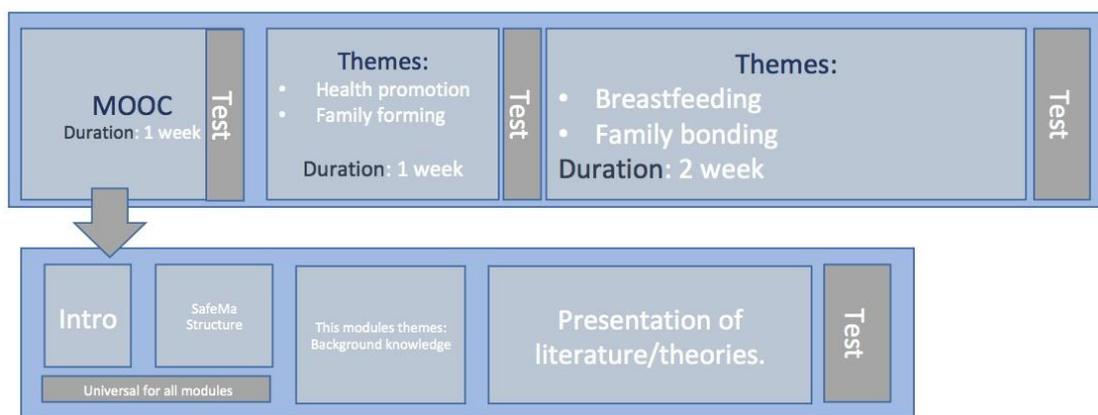
Please be aware that changes may occur during the process of developing the curricula for this module.

3.5.7 Considerations for WP1.5 Excellency plans

When formulating WP1.5 Excellency Plans for this module, Asian partners should be aware that advanced mannequins, especially the ones with complicated software, are not needed for the execution of this module. Simple Mannequins for demonstrating breastfeeding positions and techniques will be needed.

During the development of the SafeMa modules, educators must provide relevant cases for family forming, bonding and health promotion in the community, that reflect the local context, as it is difficult for EU partners to produce such cases without an in-depth knowledge of the local context.

3.6   MODULE 5: Methods in health research

3.6.1   Content

This theme deals with developing research awareness including use of the tool: Documented Structured Information Search (DOSIS) and supporting development of health-related English language skills to strengthen research awareness. The focus is on the development of critical thinking and the translation of research into practice (11).

3.6.2 Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills, the SafeMa student should achieve at the end of the module. The SafeMa educator should teach with the aim of students reaching the learning outcomes of this module.

3.6.3   Competencies

By the end of SafeMa Module 5, the participant can manage using the UCN DOSIS tool while integrating increased research awareness and health related English language skills.

3.6.4   Knowledge

By the end of SafeMa Module 5, participants will be able to:

- Identify and describe principles of research and evidence-based practice.
- Identify and describe principles of an ethical research practice.
- Identify and describe epidemiologic concepts relevant to maternal and infant health.
- Identify and describe global recommendations for practice and their evidence base.
- Identify and describe principles of the DOSIS tool.
- Identify and describe theories regarding critical thinking.
- Identify and describe health and research related English vocabulary.
- Identify and describe methods to translate research evidence into practice.

3.6.5   Skills

By the end of SafeMa Module 5, participants will be able to:

- Discuss research findings with women and other health professionals.

- Support research in midwifery by participating in the conduct of research.

- Undertake a critical approach to midwifery practice.

- Use methods to translate research evidence into practice.

- Use health and research related English skills to read and understand scientific research articles.

3.6.6 Outline of the module
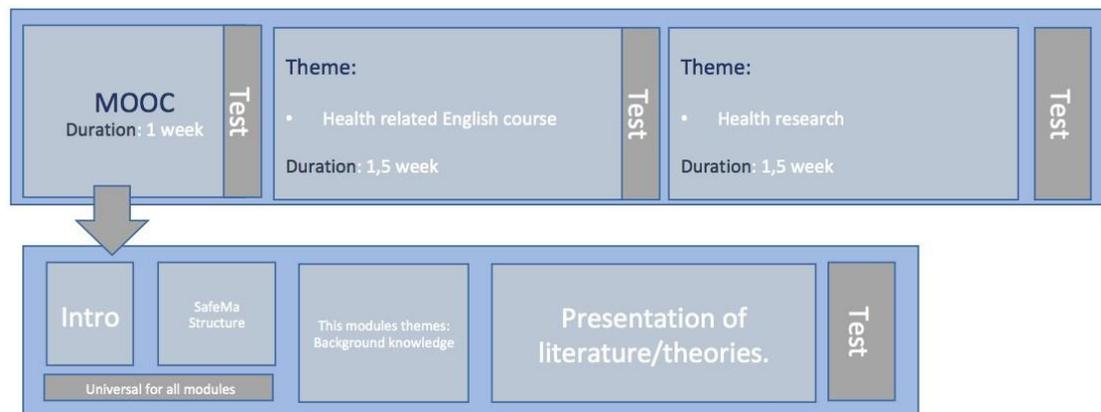
Please be aware that changes may occur during the process of developing the curricula for this module.

3.6.7 Considerations for WP1.5 Excellency plans

When formulating WP1.5 Excellency Plans for this module, Asian partners should research local access to free research databases and establish a budget for single access purchase of research articles.

During development of curricula for the SafeMa modules, local educators should contribute in developing the health-related English language course, as this it difficult for EU partners to produce such a course without in depth knowledge of the local context and language capabilities.

3.7   MODULE 6: Clinical preceptorship

3.7.1   Content

This theme deals with developing skills to become midwife educators in a clinical setting. The focus is on the practice and development of clinical educator skills, leadership and supportive interaction and communication with midwifery students and others.

3.7.2 Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills, the SafeMa student should achieve at the end of the module. The SafeMa educator should teach with the aim of students reaching the learning outcomes of this module.

3.7.3 Competencies

By the end of SafeMa Module 6, the participant will be able to manage being an educator in a clinical setting integrating leadership skills and the ability to supportively interact with midwifery students and others

3.7.4 Knowledge

By the end of SafeMa Module 6, participants will be able to:

- Identify and describe the role of midwives as preceptors, mentors, supervisors, and role models.

- Identify and describe supportive strategies to supervise others.

- Identify and describe theories regarding being an educator in a clinical setting.

- Identify and describe theories regarding learning in a clinical setting.

- Analyze the role of a midwifery approach in clinical preceptorship that promotes respect for students´ integrity while utilizing a human rights-based approach.

3.7.5 Skills

By the end of SafeMa Module 6, participants will be able to:

- Take on the role as a midwife educator in a clinical setting.

- Teach in a clinical setting using relevant theories.

- Use supportive strategies to supervise others.

- Provide supervision to midwifery students to ensure that practice is aligned with evidence-based clinical practice guidelines.

- Support the profession's growth through participation in midwifery education in the roles of clinical preceptor, mentor, and role model.

- Utilize an approach to clinical preceptorships that promotes respect for patient integrity while utilizing a human rights-based approach.

3.7.6 Outline of the module
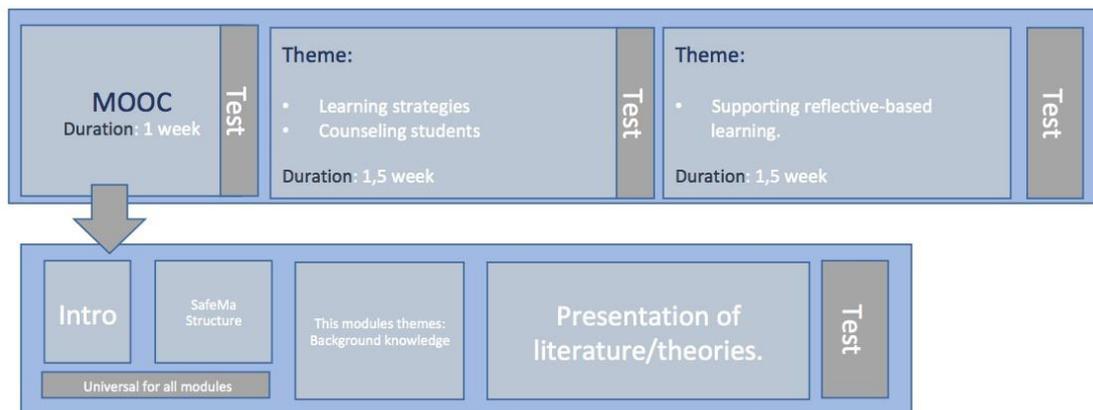
Please be aware that changes may occur during the process of developing the curricula for this module.

3.7.7 Considerations for WP1.5 Excellency plans

When formulating WP1.5 Excellency Plans for this module, Asian partners should commit to developing course material that reflect the existing practices of midwives in a local context, as this it difficult for EU partners to produce such material without in depth knowledge of the role of midwives as preceptors in the local context.

3.8 MODULE 7: Human rights

3.8.1 Content

This theme deals with the understanding and promotion of a human rights-based approach to midwifery practice including knowledge of the core competencies of professional practice within an ethical scope. The focus is on ethical perspectives and their integration into a professional clinical practice.

3.8.2 Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills the SafeMa student should achieve at the end of the module. The SafeMa educator should teach with the aim of students reaching the learning outcomes of this module.

3.8.3 Competencies

By the end of SafeMa Module 7, the participant will be able to promote a human rights-based approach to midwifery practice, integrating core competencies of professional practice as well as ethical perspectives.

3.8.4 Knowledge

By the end of SafeMa Module 7, participants will be able to:

- Identify and describe the concept of a human rights-based approach.

- Identify and describe laws and regulations of the jurisdiction regarding midwifery.

- Identify and describe National/state/local community standards of midwifery practice.

- Identify and describe ethical principles.

- Identify and describe ICM and other midwifery philosophies, values, codes of ethics.

- Identify and describe research knowledge about socio-cultural, behavioral, and economic conditions that often accompany violence and abuse.

- Identify and describe cultural norms and practices surrounding sexuality, sexual practices, marriage, the childbearing continuum, and parenting.

- Identify and describe theories regarding principles of empowerment.

- Identify and describe theories regarding learning in a clinical setting.

3.8.5   Skills

By the end of SafeMa Module 7, participants will be able to:

- Practice according to a human rights-based approach.

- Practice according to legal requirements and ethical principles.

- Recognize violations of laws, regulations, and ethical codes and take appropriate action.

- Advocate for and support women to be the central decision makers in their care.

- Provide special support for adolescents and victims of gender-based violence including rape.

- Recognize potential signs of abuse from physical appearance, emotional affect, related risk behaviors such as substance abuse.

- Recognize situations requiring expertise beyond midwifery care.

3.8.6 Outline of the module
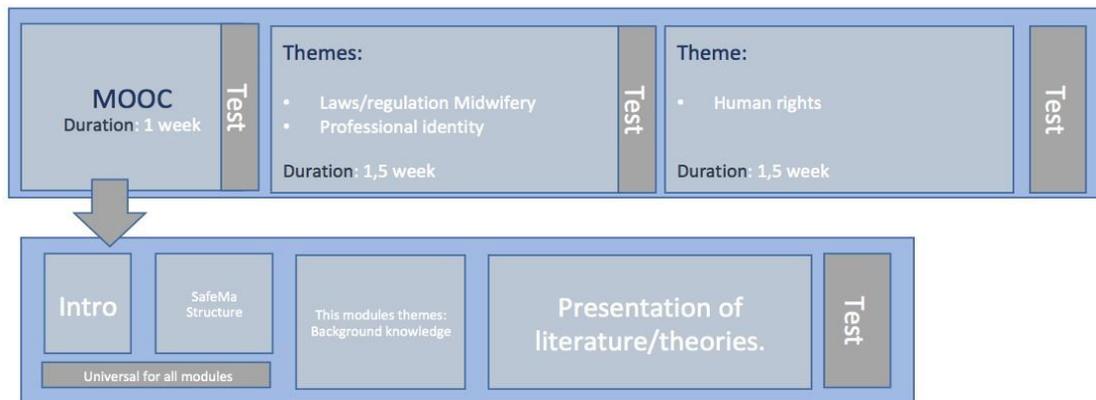
Changes may occur during the process of developing the curricula for this module.

3.8.7 Considerations for WP1.5 Excellency plans

During development of curricula for the SafeMa modules, local educators should develop educational material regarding National/state/local community standards of midwifery practice, local jurisdiction etc., as this it difficult for EU partners to produce such material without in-depth knowledge of the local context.

3.9   MODULE 8: Evidence based midwifery

3.9.1   Content

This theme deals with supporting a differentiated approach to Midwifery practice and individualized midwifery care based on an evidence-based approach. The focus is on developing clinical decision skills based on the integration of knowledge of best available clinical research evidence, clinical expertise and patient preferences and circumstances.

3.9.2   Learning outcomes

Learning outcomes are the expected level, and extent of competencies, knowledge and skills, the SafeMa student should achieve at the end of the module. The SafeMa educator should teach with the aim of students reaching the learning outcomes of this module.

3.9.3   Competencies

By the end of SafeMa Module 8, the participant will be able to effectively perform evidence-based midwifery practice.

3.9.4 Knowledge

By the end of SafeMa Module 8, participants will be able to:

- Identify and describe the concept of Evidence-based practice.
- Identify and describe how to find, interpret and use research literature.

- Identify and describe clinical expertise and clinical leadership.

- Identify and describe the methods for involving the patient in the decision-making process.

- Identify and describe possible obstacles for successful integration of evidencebased practice.

- Identify and describe key methods for decision-making.

3.9.5 Skills

By the end of SafeMa Module 8, participants will be able to:

- Practice according to an evidence-based approach.

- Recognize possible obstacles to the successful integration of evidence-base practice and make efforts to overcome these.

- Advocate for and support women to be the central decision makers in their care.

- Able to be clinical experts and perform clinical leadership.

- Able to read, find, read and access research literature.

3.9.6   Outline of the module

Please be aware that changes may occur during the process of developing the curricula for this module.

3.9.7 Considerations for WP1.5 Excellency plans

During development of curricula for the SafeMa modules, local educators must commit to develop course material regarding the local context, as this it difficult for EU partners to produce such without in-depth knowledge of the local context and practice with regards to evidence-based midwifery practice.

3.10   Facilitated internship

After each series of 4 modules, a period of facilitated internship of 8 weeks duration will follow. These internships need to be facilitated, in order to support several learning

outcomes in relation to the 8 courses and assure completion of the courses and the awarding of the SafeMa postgraduate diploma or certificate.

It became clear in WP 1.2 and WP 1.3, that a theory-practice gap was considered a significant challenge within partner countries (3). Insufficient learning environments, we were told, could cause some of the barriers for the translation of knowledge and research into practice. This, causing e.g. several students often to be present during delivery alongside few clinical teachers. During WP 1.3, learning possibilities in a clinical practice setting was considered as a significant quality improvement aspect by the project partners.

The philosophical approach and ground principles of Reflective Practice Learning will also be applied in the facilitated internships. It will support a focus on the student's ability to link new knowledge acquired by the SafeMa modules to clinical practice settings.

In order to support the student's realization of transfer between theoretical and clinical settings, the student must document predetermined learning activities related to specific professional issues and clinical situations. The learning activities will be defined from the learning outcomes of the 4 modules which have been completed prior to the internship period.

Students will also perform assignments related to these learning outcomes, which can be planned as independent learning activities, groupwork or tutoring by a preceptor/clinical teacher at the clinical site.

All clinical situations, learning activities and assignments will relate to content, methodology and learning outcomes of the 8 modules of the SafeMa course.

In plans for excellence (WP 1.5), partners are expected to contribute to the development of strategies for an impactful implementation (1). These strategies should be based upon ground principles from WP 1.4. Following national/ regional/ local considerations these should be integrated in the facilitated internship in order to bridge the theory-practice gap:

- Planning and organizing of clinical education within the facilitated internships should aim to support learning outcomes of the 8 modules.

  Learning tools, learning situations and preceptor/clinical teacher needed in order to support the transfer between theoretical and clinical settings should be prioritized and clarified.

- A set of realistically and timely clinical learning situations from partners' own practice should be described. Within the framework of the SafeMa course toolkit, these can serve as the basis of reflections and assignments.

- Attention should be paid into how to support students' ability, time and room for reflection. Reflection is here considered a conscious form of reflection which allows the students to consider and examine own actions, thoughts, feelings, attitudes in relation to prior experienced clinical situations, in order to obtain new realizations. In this way, reflection can contribute to students personally as well as the professional learning process. Students reflection could be organized as:

o   Daily reflections integrated into the daily guidance of the preceptor/clinical teacher.

o   Written reflection activities.

o   Reflection meetings with other students and/or the preceptor/clinical teacher.

o   In groups of students without the participation of a preceptor/clinical teacher.

Preceptor/clinical teachers should be aware of the strength of Reflective Practice Learning and encourage students to reflect systematically on practice through the *Circle of Reflection,* translated into English by us and presented in figure 2 below (12).
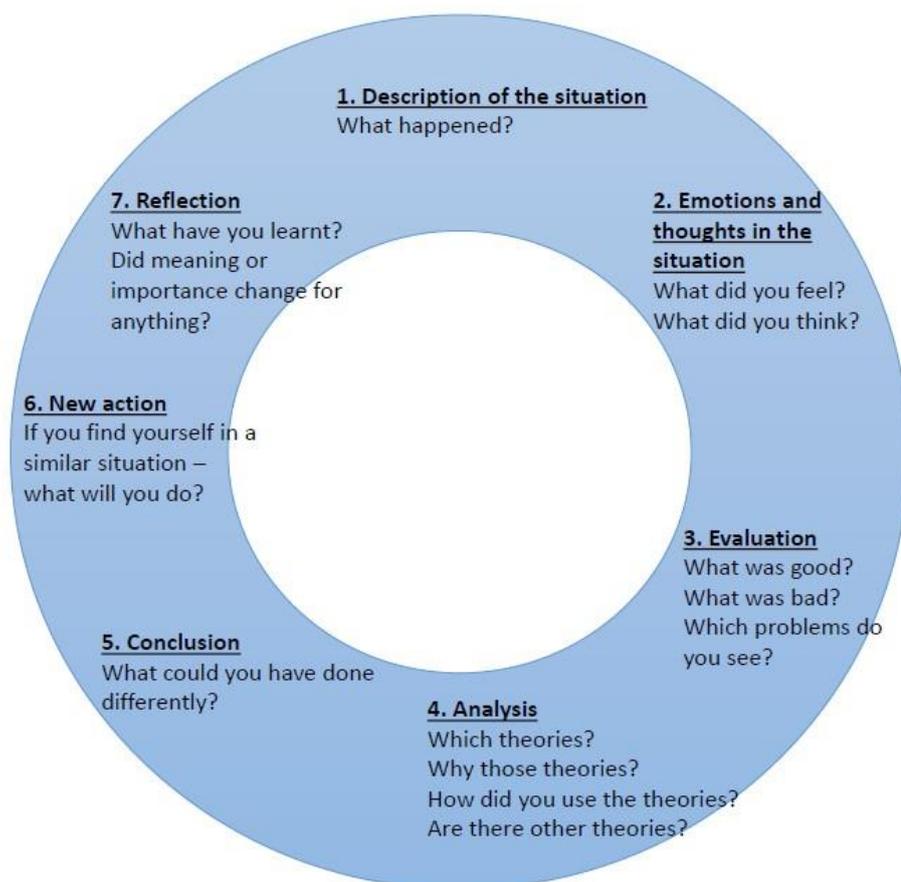
Figure 2 Illustration if the key questions within the Circle of Reflections (our translation) (12)

To support students in successfully reaching the learning objectives of the SafeMa course, resources should be made available for tracking each student´s learning process and

support the student where needed. This could be done by having continuously planned conversations/tutoring with every student during the internship period.

The conversations could be planned with the following content in order to honor the objectives mentioned above:

- **In the beginning of every facilitated internship:** Clarify who the student is, what the student already knows and has learned, and in which way the student learns best.

- **In the middle of every facilitated internship:** Create a comprehensive overview of the status of the student´s learning process and how the student´s personal and professional development can be supported in the future

- **In the end of every facilitated internship:** Create an overall impression of how the student has progressed during the internship.

3.10.1 Key Considerations for WP 1.5 Excellence plans

The above elements of the facilitated internship should be taken in consideration at the local contexts when Asian partners develop the excellence reports.

It has not been possible to fully clarify the local contexts of clinical internships and the structure of guidance and preceptorship, whereas the Asian partners should engage in a dialogue with local and private hospitals in order to support a close collaboration in facilitating internships. Thus, the Asian partners should analyze the recommended tools in SafeMa internships and provide the necessary structure for their implementation in each local context. Adjustments in either tools or structure may be necessary.

PART 2 SafeMa RESEARCH

4. Outline of the Safema research approach

The following chapter sections provide an outline of the SafeMa approach to research is presented. The concept of information literacy in a SafeMa context is presented as well as the concept of supporting evidence-based practice.

4.1 Information literacy

In the SafeMA report; *Academic and Research Excellence in midwifery education and research*, research awareness is considered to be one of the essential elements in supporting an evidence-based midwifery practice (WP 1.1). The purpose of this is to strengthen students´ and practitioners' practitioner's ability to identify areas and ideas that needed to be researched and investigated during his/herin own practice. Moreover, research awareness can As well as strengthen reinforce students' and practitioners' their ability to seek, read and understand the strengths and weaknesses of published literature and critically adopt making the research findings available in the daily practice (WP 1.1).

In order to grow their research awareness, it is believed that students and practitioners must engage in an ongoing process of acquiring and using knowledge to steadily deepen their research literacy and skills (WP 1.1). The ongoing process therefore also entails that midwives working in clinical practice after graduation are supported in the training and development of skills in research awareness as well as encouraged to undertake an evidence-based practice approach that puts into use their newly acquired abilities.

4.2 The setting of implementation

In the thoroughly performed preparatory phase of the SafeMa Gap analysis report (WP 1.2) it was identified, in a literature review, that low research literacy could be a significant challenge among midwifes in the Asian partner countries. Low research literacy prevents midwives from understanding and using research findings, often making them dependent on "informal" guidelines and "routine"-based clinical practices in their working environments (WP 1.2).

These findings were supported by the key results of the gap analysis report which showed low research awareness, low tendency to evidence-based practice, as well as poor computer and English reading skills within the Vietnamese setting. Practical obstacles in achieving and ensuring high levels of research awareness, life-long learning and compliance with evidence-based practice were also found in Cambodia (WP 1.2).

The same perspectives emerged through the discussions and group work, among all partners of the SafeMa project, which were performed during study visits both in Greece and Denmark. During study visits it became clear that international partners in Vietnam and Cambodia found the topic *Research literacy* to be highly relevant to integrate in the 8 SafeMa modules. This not only to strengthen midwifery education, but also to support clinical practice in the respective countries. An interest and expressed need of

reinforcement in didactics, teaching methods and resources to facilitate teaching and learning of competencies to achieve strong research literacy emerged.

The partners reiterated a need to strengthen an evidence-based practice and suggested that implementation and argumentation of new research evidence could be a prolonged process in which local NGO's played a significant role for identifying new research evidence. Even though the challenges of low research literacy, coupled with poor English reading skills, possibly discourages midwives to engage with research and evidence based practice (WP 1.2), the partners expressed their willingness to contribute to identifying relevant evidence and to support midwives´ ability to reflect on areas needed to be researched and investigated in own practice.

4.3 Principles and importance of supporting an Evidence Based Practice

As mentioned in the report, *Academic and Research Excellence in midwifery education and research*, (WP 1.1) where David Sackett et al´s definition of evidence-based practice is presented*, an evidence-based practice approach is considered to be the standard for excellence in quality care within the health sector. An evidence-based practice requires a process where knowledge of the best research evidence, the practitioner's clinical expertise and the patient's unique values and circumstances are integrated into decision making for the care of individual patients (WP 1.1).

During the SafeMa study visits it became clear that large differences in midwives´ role and autonomy existed between the two countries as well as regionally within the countries. This possibly leads to great variations in how a midwife practices her clinical expertise, defined as the health professional's ability to use her clinical skills and experience to rapidly identify the patient's unique health state (WP 1.1). Furthermore, the partners showed great interest in skills that promote a more women and family centered care within their own practices. They considered this to be in line with international and moral standards.

The partners reported that great efforts were made in both countries to ensure an informed consent for women in practice. However, they lack experience in seeking a deeper understanding of the woman's life world, values and experiences. To support the integration of patient's values, defined as women's unique preferences, concerns and expectations within a clinical encounter as well as her individual circumstances, clinical state and clinical setting (WP 1.1), into decision making for the care of individual patients, is as an essential element of an evidence based practice and should be recognized as such.

It is hypothesized that strengthening research awareness as a part of the modules of the SafeMa courses, can support all elements of evidence-based practice and the midwifery profession of the partner countries Cambodia and Viet Nam. Hence the three elements: best research evidence, practitioner's clinical expertise and the patient's unique values, work in synergy. Furthermore, research awareness, the ability to pursue lifelong learning and reflection of own practice, are among the important combinations of skills and

characteristics necessary for a midwife to practice evidence-based medicine and apply it to the needs of the individual patient (WP 1.1).

4.4 Goals and understandings of the Information Competency Profile to support research awareness

The UCN information Competency Profile is a description of the generic set of competencies that is needed for a student to become a reflective practitioner (13).

The aim of the profile is for students to obtain a generic set of competencies, which in relations to profession-oriented knowledge will encourage and support the student to become a reflective practitioner. The profile should facilitate the student's attention to relevant evidence and promote an evidence- and profession-based practice (13). The information competence profile consists of three elements, which are presented in figure 3

Keep updated within the professional field and search for new knowledge through skills and competencies:
- Continuous need for information
- Knowledge databases relevant to the subject
- Search strategies and techniques
- Technological possibilities and knowledge sharing
- Documentation of searches
- Reference management

Reflect in relation to new knowledge through skills and competencies:
- Research methods
- Different types of publications
- Selection of search results
- Tools for critical reading
- Reflection on own and information literacy of others

Reflect on and apply new knowledge:
- Evidence-based focus in theoretical and clinical education
- Evidence-based work after graduation as a health professional
- Wisely for the benefit of others

Figure 3 Illustration of the key elements of the information competence (our translations) (13)

below.

This profile thereby supports the recommendations stated in the report of *Academic and Research Excellence in midwifery education and research* (WP 1.1), as it focuses on the student´s ability to search for relevant evidence, understand and critique research; an ability that should be supported and promoted within midwifery education to give midwives the confidence to read papers (WP 1.1).

4.5   Collection of research

The UCN Information literacy profile, presented in the previous paragraph, supports the student's development towards becoming a reflective practitioner. A key element in the information literacy profile is the ability to search for new research knowledge in the form of collection of research. In the following paragraphs the challenges, in the SafeMa context, are presented as well as the UCN DOSIS-tool for documented systematic information search.

During the process of comparing data from WP1.2, Gap analysis, and observations data from WP 1.3, study visits in Denmark and Athens, it has become clear the there are several challenges in the Asian partners´ local context that could potentially inhibit SafeMa students´ development of competencies for research collection. We have concluded that the largest challenges, apart from the previously mentioned low research literacy in the local context, are as follows:

- Poor English skills.
- Lack of access to online research databases.
- Lack of tools to perform systematic information search.

During the study visit in Denmark the Asian partners expressed a need to improve the health-related English language skills of midwives in a local context to enable them to develop competencies in research collection. Therefore, the SafeMa educators must incorporate a health-related English language course in SafeMa module 5, suited to the local context and needs. Asian partners should develop this health-related English language course locally as it requires knowledge of the local context and language.

During the study visit in Denmark, the Asian partners expressed the need to provide access to research databases, as there is limited access to online research databases in the local context of higher educational institutions. As these accesses are generally very costly, we recommend the establishment of free access to databases. A budget for the purchase of single access research articles could also be established. This budget for single access purchase of research articles should be considered when Asian partners are formulating Excellency Plans I WP 1.5.

During the study visit in Denmark the Asian partners expressed the need for the SafeMa students to acquire skills in using tools for systematic information search. The UCN DOSIS tool, developed by the UCN library support, offers a relatively simple tool for systematic information search. DOSIS is an acronym for **DO**cumented **S**ystematic **I**nformation **S**earch (11).

Co-funded by the
Erasmus+ Programme
of the European Union
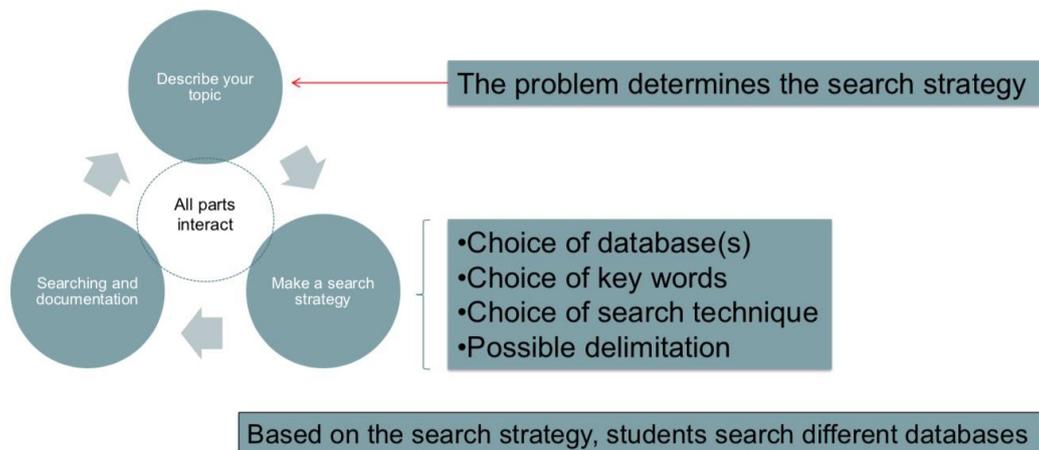
Figure 4 Illustration of the key elements of the UCN DOSIS tool (our translation) (11)

The UCN DOSIS tool will be a key tool in the SafeMa module 5, to enable the SafeMa students to perform systematic information search that is targeted, structured and well founded in relation to the selected topic and improve the SafeMa students' research literacy and support an evidence-based approach (11).

4.6   Key Considerations for WP 1.5

All SafeMa partners must commit to systematically integrate and support the concept of evidence-based practice during all stages of planning and execution of the SafeMa project. Furthermore, there needs to be a focus on how development of research literacy can be supported. Relevant considerations should be a part of WP1.5 Plans for excellence.

PART 3 CAREER GUIDANCE

5. The SafeMa career guidance framework

The scope of this chapter is to present the framework for Career Guidance in the SafeMa course. The chapter contains a short introduction to the general principles of career guidance and recommendations on how they should be implemented in the SafeMa course with particular focus on career guidance for ethnic minorities and in rural areas.

5.1 SafeMa career guidance

The Organization for Economic Co-operation and Development (OECD) defines career guidance "*as the services and activities intended to assist individuals, of any age and at any point throughout their lives, to make educational, training and occupational choices and to manage their careers*" (14).

Career guidance activities can be categorized into five specialties according to the International Labor Office (ILO): Career information, career education, career counseling, employment counseling and job placement. The following is a recommendation to the career guidance services that the SafeMa course should offer within these five specialties (14).

5.1.1 Career information

The SafeMa hubs should offer services where both prospective students and enrolled students can receive all the information necessary to plan for obtaining and keeping employment during – and after graduation. This includes, but is not limited to, information on needed skills for enrollment in the SafeMa course, career paths, learning opportunities, labor market trends and job opportunities after graduation.

As the WP 1.2 Gap analysis of the local context has shown, prospective SafeMa students might have very diverse Midwifery skill sets, ranging from very little formal education to an academic degree in Midwifery. It is therefore essential that prospective students are offered career information services and the opportunity for "taster" programs that allow them to sample course options before making a decision. A "taster" program might, for instance, be accessing a SafeMa module´s MOOC before the prospective students decides to enroll.

Special attention needs to be paid to the outreach in rural areas to ensure equal opportunity to participate in the SafeMa course, regardless of place of living and ethnicity. The goal is to enable and empower individuals to break out of restrictive and oppressive stereotypes determined by gender, ethnicity, class, religion or disability.

5.1.2 Career education

The SafeMa course should offer guidance counselor services where students can get counseling during the course and understand their motives, their values and how they might contribute to society. The service also should provide them with knowledge of the

labor market, the skills to make education, life and work choices, and the tools to plan a career.

The guidance counselor should have special focus on the challenges students of ethnic minorities and students from rural areas might face, such as stigmatization, unequal opportunities, and difficulty in participating in the SafeMa course due to living in a rural/ remote area, transportation difficulties, access to the internet etc.

5.1.3   Career counseling

The SafeMa hubs should offer services to help students clarify their aims and aspirations, understand their own professional identity, make informed decisions, commit to action, and manage career transitions, both planned and unplanned.

5.1.4   Employment counseling

The SafeMa course should offer services to help students clarify their immediate employment goals, understand and access job and further skill-training opportunities, and learn the skills needed to look for and maintain employment such as CV or resumé writing, interview skills etc.

5.1.5   Job placement

The SafeMa course should offer services arranging for or referring people to job vacancies with special focus on equal opportunities for ethnic minorities and students living in rural areas.

5.2   Key Considerations for WP 1.5

All SafeMa partners should include plans to provide for the recommended services for career guidance in their plans for excellence WP1.5

PART 4 FUTURE STEPS

6. Project sustainability

The scope of the chapter is to present at this stage (1st phase of the project) the concept of sustainability "by bottom up design"; namely co create guidelines and training material so as to empower partners to ensure the viability of the project outputs and outcomes after the end of the funding period.

It uses a literature review methodology to integrate (a) findings regarding the successful implementation of Erasmus plus projects[1] and (b) the results of a participatory workshop that took place in Athens with the participation of all members of the missions from Vietnam and Cambodia.

> *KEY MESSAGE I: Fundraising and building strong synergies at all levels are paramount so as to develop continuous feedback mechanisms with organizations working on the ground and ensure project sustainability.*

> *KEY MESSAGE II: The staff members trained within the project will ensure that the received skills will be used after the project is completed. Thus, it is human resources that ensure continuity and the added value of the project.*

> *KEY MESSAGE III: Digital and social media platforms have the potential to ensure not only the extroversion of the project but needs to be considered as a powerful tool for community building.*

> *KEY MESSAGE IV: The continuity and sustainability of the project highly depends on how effectively potential beneficiaries and a wider range of stakeholders use the available information resources developed during the project implementation.*

The whole project is designed in a way to ensure that its products are stand-alone educational tools, user friendly, easily accessible and free of charge. They are going to be supported by a series of sensitization and awareness raising activities regarding their added value; namely regarding the SafeMa Courses & MOOC, Hubs, Network, Research Cluster and Prize and the Excellence in Midwifery publication as well as an international conference at the end of the project.

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[1] Sustainability of Erasmus Mundus Master Courses - Best practice guide based on survey results and analysis available at https://eacea.ec.europa.eu/erasmus-plus/library/sustainability-erasmus-mundus-master-courses-best-practice-guidebased-survey-results-and-analysis_en

Taking into consideration that the strategic aim of the project is to become a paradigm of excellence in fostering quality midwifery education and research in south east Asia and beyond it is clear that it targets all types of midwifery and reproductive health professionals and is not limited to students. Healthcare professionals working in the public and private sector, academic institutions, associations of workers, NGOs and international organizations are also SafeMa target audiences.

A specific training is foreseen for administrative staff in order to ensure networking and fundraising (sine qua non linked to sustainability). The training will be implemented as part of the SafeMa sustainability plan. The seminars will be delivered through the SafeMa VLE (this will provide a pilot-testing for the SafeMa VLE). The training material will be practical and openly accessible to the VLE for administrative staff to use throughout and after project delivery. Responsible partner will be UHS.

The proposed action plan that will be the basis of the training include the following:

In order to ensure that the project activities, outcomes and output reach the wider audience possible

Training on how to initiate and maintain through the duration of the project a constant contact and dialogue with the local and regional stakeholders so as to build and strengthen existing relations with i.e. academia, professional bodies, public authorities, health care professionals, NGOs, international organizations.

In European level training on how to explore the communication and networking channels the EU is offering so as to be in touch with similar projects and initiatives.

In order to reinforce the intensity and enlargement of the cooperation among partners

Training on how to identify stakeholders and the networks in which they participate to disseminate results and attract potential funders.

Training on how to create and explore a stakeholder's list with EU networks to target with exploitation activities.

Factors to be considered during the training that may support and favor on the one side or create problems during the implementation and thus sustainability, and even impact, are the following

AT PROJECT LEVEL	AT CONTEXT LEVEL
Active involvement of partners organizations	Public authority and political support
Effective management and leadership	Socio-economic support
Active participation of the target group/s and/or sector/s	Institutional support namely academic rules and procedures in the respective countries

Existing resources to create and maintain project hubs	Recognition of the midwifery profession and relations with relevant professional associations
Capacity for securing adequate resources for continuation	Current trends and practices in midwifery and reproductive health including Cesarean rates, hospitalization conditions

A detailed analysis of the Project sustainability parameters including recommendations will be drafted in a later stage of the project. It will include the following perspectives:

- Financial sustainability

- Organizational sustainability

- Operational sustainability

- Multiplication of the project results

Responsible partner will be NKUA that will create a form of Guide based upon the Capacity-Building Seminars on networking and fundraising that will be delivered to partner countries' administrative staff. It will offer practical guidance in a flexible and targeted manner on how to build lasting synergies and raise funds for project sustainability.

6.1   Key Considerations for WP 1.5

A detailed analysis of the Project sustainability parameters including recommendations will be drafted in a later stage of the project. EU partner NKUA is responsible for this task.

A specific training is foreseen for administrative staff in order to ensure networking and fundraising. The training will be implemented as part of the sustainability plan. The partner responsible for this task is UHS according to the project description. UHS should include plans for this specific training in their plans for excellence WP1.5.

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