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SCHOOL OF MEDICINE · NKUA MASTER'S COURSE IN GLOBAL HEALTH - DISASTER MEDICINE

ReadLab Research Innovation and Development Lab

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Executive Summary

The purpose of this report was to create a guide to excellence within midwifery education, research and practice. This report is a part of the bigger context of the SafeMa project and will be the basis of the SafeMa gap analysis, WP 1 task 2, where the aim is to evaluate the excellence standards defined in this report and the current situation in the partner countries' universities.

Through at comprehensive review of international standards, best practices and methodologies within midwifery education and research, a comparative analysis was conducted. Based on this comparative analysis, international excellence standards in best practices, standards and methodologies were deduced and the following bullet points were presented as elements that need to be addressed in order to abide to international best standards within midwifery education, research and practice:

- Learning in different settings
- Student involvement in quality improvement
- Evidence based practice grounded in critical thinking
- Manage resources and practice to meet population needs
- Learning ethics
- Interprofessional practices
- Formal requirement for admission
- Graduates
- The philosophy of the midwifery education program
- Faculty requirements/clinical setting requirements
- Curriculum development
- Resources and equipment for learning
- Human rights considerations
- Research within midwifery

This report was divided into four chapters. Chapter 1 consists of a description of the International Confederation of midwives (ICM) global standards for midwifery education (2010) and WHOs global standards for the initial education of professional nurses and midwives (2009) as these were found to be fundamental documents in the description of international best standards and best practices. These international best standards are then summarized and finally placed in a SafeMa context with the outlining of the SafeMa best practices, standards and methodologies.

Chapter 2 outlines the standards for excellence within midwifery practice with the ICM Essential Competencies for Basic Midwifery Practice (2013) as a benchmark with the purpose to further create a basis for the SafeMa gap analysis, WP 1 task 2.

Chapter 3 outlines the SafeMa approach to human rights considerations with emphasis on the concept of Human Rights based approach in the provision of quality midwifery care in the partner countries. Chapter 4 outlines the SafeMa best standards for research within midwifery with emphasis on how academic research can be utilized in midwifery education and practice, through the concept of evidence-based practice.

Introduction

The purpose of this report is to create a guide to excellence within midwifery education, research and practice.

Through at comprehensive review of international standards, best practices and methodologies within midwifery education and research, a comparative analysis was conducted. Based on this comparative analysis, international excellence standards in best practices, standards and methodologies were deduced.

The guide takes into consideration the national/regional/local situations in the partner countries of Vietnam, and Cambodia. Furthermore, the guide takes into consideration the concept of Human Rights based approach and identifies how gender transformative actions can help overcome the professional and socio-cultural barriers in the provision of quality midwifery care in the partner countries.

This report is a part of the bigger context of the SafeMa project and will be the basis of the SafeMa gap analysis, WP 1 task 2, where the aim is to evaluate the excellence standards defined in this report and the current situation in the partner countries' universities.

This report is divided into four chapters. Chapter 1 consists of a description of the International Confederation of midwives (ICM) global standards for midwifery education (2010) and WHOs global standards for the initial education of professional nurses and midwives (2009) as these were found to be fundamental documents in the description of international best standards and best practices. These international best standards are then summarized and finally placed in a SafeMa context with the outlining of the SafeMa best practices, standards and methodologies.

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Chapter 3 outlines the SafeMa approach to human rights considerations.

Chapter 4 outlines the SafeMa best standards for research within midwifery.

Chapter 1 – Review of international standards and best practice within midwifery education and research

1.0 Introduction to chapter

The following is a description of the International Confederation of midwives (ICM) global standards for midwifery education (2013) and WHOs global standards for the initial education of professional nurses and midwives (2009). These documents were found, through the comprehensive review, to be fundamental documents in the description of international best standards and best practices. Therefore, they serve as the foundation for the SafeMa guide to excellence within midwifery education and research.

1.1 International standards and best practice according to ICM

ICM is a federation of midwifery associations representing countries across the globe. The ICM works closely with the World Health Organization (WHO), all United Nations agencies, and governments in support of safe motherhood and primary health care strategies for the world's families

(1)

1.1.1 Purpose of the ICM document

The ICM Global Standards for Midwifery Education are one of the essential pillars of ICM's efforts to strengthen midwifery worldwide by preparing fully qualified midwives to provide high quality, evidence-based health services for women, newborns, and childbearing families. The term 'fully qualified' refers, in the document, to the midwife who is educated and trained to proficiency in all of the ICM competencies described in the ICM document: Essential Competencies for Basic Midwifery Practice (4).

The education standards were developed in tandem with the update of the Essential Competencies for Basic Midwifery Practice as these competencies define the core content of any midwifery education program.

1.1.2 Development of ICM standards

The midwifery education standards were developed globally using a modified Delphi survey process during 2009-2010 and represent the minimum expected for a quality midwifery program, with emphasis on competency-based education rather than academic degrees. Companion Guidelines were developed to address the following questions: "What is needed to implement each standard (suggested guidelines)?" and "How does one determine whether the standard has been met?" (1) and the companion guidelines serve as a further elaboration of the ICM midwifery education standards.

ICM emphasizes that having global standards for midwifery education available to countries and regions, most especially those without such standards currently, helps to set benchmarks for the education of a midwife based on global norms. Having best standards also help to define the

expectations for performance (competencies) and scope of midwifery practice for a given country or region needed to promote the health of women and childbearing families (1). As the aim of SafeMa is to develop a midwifery professional training course on 'Advanced Midwifery Practice' (5 p:27) these ICM global standards will help to set benchmarks for the development of the SafeMa Course.

1.1.3 Intended use of ICM standards

According to ICM the intended use of these standards is to assist primarily three groups of users:

- Countries who do not yet have basic midwifery education but are wanting to establish such programs to meet country needs for qualified health personnel,
- Countries with basic midwifery education programs that vary in content and quality who wish to improve and/or standardize the quality of their midwifery program(s), and
- Countries with existing standards for midwifery education who may wish to compare the quality of their program to these minimum standards (1).

Both Cambodia and Viet Nam have standardized curricula for midwifery education and have programs that vary in content and could be defined within these three groups of users. Both Cambodia and Viet Nam have made significant progress since the 1990s with 89% and 94% respectively attended by a skilled birth attendant. Although in both countries most of the deliveries in rural areas are still conducted at home by untrained traditional birth attendants. In Cambodia it is a key priority continue to improve the competence of midwives as a part of the National Strategy for Sexual and Reproductive Health in Cambodia 2017-2021. In Viet Nam 5% of the Commune Health stations does not have a trained midwife according to the report of the reproductive health network of the department of Maternal and Child Health (2010) (5 p:23-24)

The intended use of this document is therefore relevant for the purpose of this guide and further emphasizes the relevance for the gap-analysis in SafeMa, WP1, task 2.

ICM emphasizes, that it is understood that some countries, wishing to start and/or upgrade their preparation of midwives who are educated and trained to proficiency in the ICM Essential Competencies for Basic Midwifery Practice (2010) may not be able to attain every one of the minimum standards initially – especially in areas where sufficient qualified midwife teachers or learning resources are not yet available. It is expected that such countries will work collaboratively with government agencies, education institutions, donors and midwifery consultants to develop a plan for attaining or exceeding all the education standards (1). It is the aim of the SafeMa project to support cooperation with local and national authorities and health services, the national association of midwives and other stakeholders (5 p: 27)

1.1.4 ICM Principles

ICM lists the founding values and principles upon which the standards have been developed (1 p:2). They are as follows:

The founding values include:

- Fostering trust in the midwifery education processes through the global development of midwifery education standards by midwives and a select panel of experts
- Stimulating and supporting continuous quality improvement in midwifery programmes and their outcomes
- Maintaining integrity through a consistent, fair and honest education process
- Fostering an education climate that supports students, graduates and faculty in their pursuit of life-long learning
- Promoting autonomy of the profession of midwifery, midwives, and midwifery programmes.
- The founding principles include agreement that the:
- Minimum entry level of students is completion of secondary education
- Minimum length of a direct-entry midwifery education programme is three (3) years
- Minimum length of a post-nursing/healthcare provider programme is eighteen (18) months
- Standards are congruent with current core ICM documents, and position statements relating to the preparation of a fully qualified, competent midwife and midwifery teachers
- Midwifery programmes will engage in self-evaluation of personnel, procedures and services to maintain quality and 'fit-for-purpose' programmes in a given country

1.1.5 ICM Main Themes

The document is divided into six main themes of global standards for midwifery education (1). They are as follows:

1. Organization and administration
2. Midwifery Faculty
3. Student Body
4. Curriculum
5. Resources, facilities and services
6. Assessment Strategies

1.1.6 ICM global standards listed

In the following the ICM global standards for midwifery education will be listed.

Standard 1 – Organization and administration

Standard 1.1 The host institution/agency/branch of government supports the philosophy, aims and objectives of the midwifery education programme

Standard 1.2 The host institution helps to ensure that financial and public/policy support for the midwifery education programme are sufficient to prepare competent midwives.

Standard 1.3 The midwifery school/programme has a designated budget and budget control that meets programme needs

Standard 1.4 The midwifery faculty is self-governing and responsible for developing and leading the policies and curriculum of the midwifery education programme

Standard 1.5 The head of the midwifery programme is a qualified midwife teacher with experience in management/administration

Standard 1.6 The midwifery programme takes into account national and international policies and standards to meet maternity workforce needs.

Standard 2 – Midwifery Faculty

Standard 2.1 The midwifery faculty includes predominantly midwives (teachers and clinical preceptors/clinical teachers) who work with experts from other disciplines as needed

Standard 2.2.a The midwife teacher has formal preparation in midwifery

Standard 2.2 b The midwife teacher demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practice

Standard 2.2.c The midwife teacher holds a current license/registration or other form of legal recognition to practice midwifery.

Standard 2.2.d The midwife teacher has formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position

Standard 2.2.e The midwife teacher maintains competence in midwifery practice and education

Standard 2.3.a The midwife clinical preceptor/clinical teacher is qualified according to the ICM Definition of a midwife.

Standard 2.3.b The midwife clinical preceptor/clinical teacher demonstrates competency in midwifery practice, generally accomplished with two years full scope practice.

Standard 2.3.c The midwife clinical preceptor/clinical teacher maintains competency in midwifery practice and clinical education.

Standard 2.3.d The midwife clinical preceptor/clinical teacher holds a current license/registration or other form of legal recognition to practice midwifery.

Standard 2.3.e The midwifery clinical preceptor/clinical teacher has formal preparation for clinical teaching or undertakes such preparation.

Standard 2.4 Individuals from other disciplines who teach in the midwifery programme are competent in the content they teach.

Standard 2.5 Midwife teachers provide education, support and supervision of individuals who teach students in practical learning sites.

Standard 2.6 Midwife teachers and midwife clinical preceptors/clinical teachers work together to support (facilitate), directly observe, and evaluate students' practical learning.

Standard 2.7 The ratio of students to teachers and clinical preceptors/clinical teachers in classroom and practical sites is determined by the midwifery programme and the requirements of regulatory authorities.

Standard 2.8 The effectiveness of midwifery faculty members is assessed on a regular basis following an established process.

Standard 3- Student Body

Standard 3.1 The midwifery programme has clearly written admission policies that are accessible to potential applicants.

Standard 3.1.a The admission policies include entry requirements including minimum requirement of completion of secondary education.

Standard 3.1.b The admission policies include a transparent recruitment process.

Standard 3.1.c The admission policies include a selection process and criteria for acceptance.

Standard 3.1.d The admission policies include mechanisms for taking account of prior learning.

Standard 3.2 Eligible midwifery candidates are admitted without prejudice or discrimination (e.g., gender, age, national origin, religion).

Standard 3.3 Eligible midwifery candidates are admitted in keeping with national health care policies and maternity workforce plans.

Standard 3.4 The midwifery programme has clearly written student policies.

Standard 3.4.a. Student policies include expectations of students in classroom and practical areas.

Standard 3.4.b Student policies include statements about students' rights and responsibilities and an established process for addressing student appeals and/or grievances.

Standard 3.4.c Student policies include mechanisms for students to provide feedback and ongoing evaluation of the midwifery curriculum, midwifery faculty and the midwifery programme.

Standard 3.4.d Student policies include requirements for successful completion of the midwifery programme.

Standard 3.5 Mechanisms exist for the student's active participation in midwifery programme governance and committees.

Standard 3.6 Students have sufficient midwifery practical experience in a variety of settings to attain, at a minimum, the current ICM Essential competencies for basic midwifery practice.

Standard 3.7 Students provide midwifery care primarily under the supervision of a midwife teacher or midwifery clinical preceptor/clinical teacher.

Standard 4 – Curriculum

Standard 4.1 The philosophy of the midwifery education programme is consistent with the ICM Philosophy and model of care.

Standard 4.2 The purpose of the midwifery education programme is to produce a competent midwife.

Standard 4.2.a A competent midwife has attained/demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice.

Standard 4.2.b A competent midwife meets the criteria of the ICM Definition of a midwife and regulatory body standards leading to licensure or registration as a midwife.

Standard 4.2.c A competent midwife is eligible to apply for advanced education.

Standard 4.2.d A competent midwife is a knowledgeable, autonomous practitioner who adheres to the ICM International code of ethics for midwives, standards of the profession and established scope of practice within the jurisdiction where legally recognized.

Standard 4.3 The sequence and content of the midwifery curriculum enables the student to acquire essential competencies for midwifery practice in accord with ICM core documents.

Standard 4.4 The midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice.

Standard 4.5 The midwifery programme uses evidence-based approaches to teaching and learning that promote adult learning and competency-based education.

Standard 4.6 The midwifery programme offers opportunities for multidisciplinary content and learning experiences that complement the midwifery content.

Standard 5 – Resources, facilities and services

Standard 5.1 The midwifery programme implements written policies that address student and teacher safety and wellbeing in teaching and learning environments

Standard 5.2 The midwifery programme has sufficient teaching and learning resources to meet programme needs.

Standard 5.3 The midwifery programme has adequate human resources to support both classroom/theoretical and practical learning.

Standard 5.4 The midwifery programme has access to sufficient midwifery practical experiences in a variety of settings to meet the learning needs of each student.

Standard 6.5 Selection criteria for appropriate midwifery practical learning sites are clearly written and implemented.

Standard 6 - Assessment strategies

Standard 6.1 Midwifery faculties use valid and reliable formative and summative evaluation/assessment methods to measure student performance and progress in learning related

to a. knowledge, b. behaviors, c. practice skills, d. critical thinking and decision-making, and e. interpersonal relationships/communication skills.

Standard 6.2 The means and criteria for assessment/evaluation of midwifery student performance and progression, including identification of learning difficulties, are written and shared with students.

Standard 6.3 Midwifery faculty conducts regular review of the curriculum as a part of quality improvement, including input from students, programme graduates, midwife practitioners, clients of midwives and other stakeholders.

Standard 6.4 Midwifery faculty conducts ongoing review of practical learning sites and their suitability for student learning/experiences in relation to expected outcomes.

Standard 6.5 Periodic external review of programme effectiveness takes place.

1.2 International standards and best practice according to WHO

World Health Organization (WHO) is a global organization whose primary role is to direct and coordinate international health within the United Nations system. WHO works with 194 Member States, across six regions, with a united commitment to achieve health for everyone, everywhere.

(6).

1.2.1 Purpose of the WHO document

The WHO Global Standards for the initial education of professional nurses and midwives (2009) are one of the essential pillars of WHOs efforts to strengthen midwifery and nursing worldwide, as these professions make up for the greater part of the global healthcare force (3). Although the global standards concern both midwifery- and nursing education, the focus of this guide will be on Midwifery in accordance with the focus of the SafeMa project.

1.2.2 Development of WHO global standards

The development of WHOs global standards for the initial education of nurses and midwives took over a three-year period. The Stakeholders' Meeting on the Contribution of Nursing and Midwifery to the Millennium Development Goals (MDGs), convened by WHO in May 2005, established specific strategic directions for the development of the standards. Subsequently in late 2005, a planning group led by the World Health Organization and Sigma Theta Tau International, an international honor society of nursing, was established to oversee the initial planning and implementation of the standards. In March 2006, a nursing education scholar undertook a review of existing standards and compiled a background synthesis document. A thorough selection of existing education standards from around the world was compiled as a background document, analyzed, synthesized and used in consensus building. Throughout 2006 and 2007 additional methods were designed and implemented – including a literature review and analysis, consensus-building through a nominal group process, an expert analysis, and a feedback analysis of public comments and data synthesis. Over 100 public responses were analyzed and synthesized by a group of experts. The standards were

then redrafted and submitted to the regional nurse advisers for final review, and the global standard document was launched (3).

1.2.3 Intended use of WHO global standards

WHO defines the potential uses of the global standards in various activities such as:

1. Establishing a global approach to the provision of evidence-based educational programs,
2. Applying established competencies, such as those published be ICM, to provide a guide for curriculum development,
3. Stimulating the creation of nursing midwifery schools and programs that meet national, regional and societal needs and expectations,
4. Establishing benchmarks for continuous quality improvement and the progression of education in nursing and midwifery (3)

WHO further states that these global standards can serve as a basis for the development of global standards for advanced nursing and/or midwifery education (3). Therefore, this report is deemed relevant for the development of the SafeMa review of international standards and best practice within midwifery education and research.

1.2.4 Principles underpinning all WHO global standards

According to WHO, while several factors are of paramount importance in the design, implementation and outcome of global standards, the following 3 principles underpin all the standards (3)

1. Established competencies provide a sound basis on which to build curricula for initial education to meet health population needs (These competencies will be further defined in Chapter 2 of this guide).
2. The interaction between the nursing or midwifery student and the client is the primary focus of quality education and care. (The client is defined as the recipient of care from the professional (3)
3. An inter-professional approach to education and practice is critical.

1.2.5 Main themes of WHO global standards

The document is divided into 5 main themes of global standards for nursing- and midwifery education. In the following only midwife education will be mentioned. The main themes are as follows (3):

1. Program graduates
2. Program development/revision
3. Program curriculum
4. Faculty
5. Program admission

1.2.6 WHO global standards listed

In the following the main themes, and subthemes, of the WHO global standards will be listed.

Theme 1 Programme graduates

This theme has been divided into the subthemes outcomes and attributes.

Outcomes

1.1.1 Graduates demonstrate established competencies in nursing and midwifery practice.

1.1.2 Graduates demonstrate sound understanding of the determinants of health.

1.1.3 Graduates of an initial programme in nursing or midwifery meet regulatory body standards leading to professional licensure/registration as a nurse or a midwife.

1.1.4 Graduates are awarded a professional degree.

1.1.5 Graduates are eligible for entry into advanced education programmes.

1.1.6 Nursing or midwifery schools employ methods to track the professional success and progression of education of each graduate.

Attributes

1.2.1 Nursing or midwifery school graduates will be knowledgeable practitioners who adhere to the code of ethics and standards of the profession.

1.2.2 Nursing or midwifery schools prepare graduates who demonstrate:

- Use of evidence in practice
- Cultural competence
- The ability to practice in the health-care systems of their respective countries and meet population needs
- Critical and analytical thinking
- The ability to manage resources and practice safely and effectively,
- The ability to be effective client advocates and professional partners with other disciplines in health-care delivery
- Community service orientation
- Leadership ability and continual professional development.

Theme 2 Programme development/revision

This theme has been divided into the subthemes governance, accreditation, infrastructure and partnerships

Governance

2.1.1 Nursing or midwifery schools define and make public their mission, vision and objectives.

2.1.2 Nursing or midwifery schools educate their students through the programme to meet the healthcare needs of their societies.

2.1.3 Nursing or midwifery schools clearly define the educational and clinical outcomes of the programme.

2.1.4 Nursing or midwifery schools employ nursing or midwifery faculty with relevant expertise in the subject matter and the ability to develop and revise their programmes.

2.1.5 Nursing or midwifery schools have in place and use a system of formative and summative assessment of the programmes educational and clinical objectives and outcomes.

2.1.6 Nursing or midwifery schools define role descriptions for theoretical and clinical educators including, but not limited to, faculty, clinical supervisors, mentors, preceptors and teachers.

Accreditation

2.2.1 Nursing or midwifery schools are an integral part of a higher education institution that meets internal standards, recognized accreditation and/or governing body requirements.

2.2.2 Nursing or midwifery schools have criteria in place that meet accreditation standards for clinical practice components of their programmes, academic content and the demonstration of professional outcomes.

2.2.3 Nursing or midwifery schools and their programmes are recognized or accredited by credible, relevant professional and academic bodies and re-accredited as required.

Infrastructure

2.3.1 Nursing or midwifery schools have accessible, current and relevant physical facilities including, but not limited to, classrooms, clinical practice sites, information and communications technology, clinical simulation laboratories and libraries.

2.3.2 Nursing or midwifery schools have a system and policy in place that ensures the safety and welfare of students and faculty.

2.3.3 Nursing or midwifery schools have professional support personnel and human resources to meet programme and student demand.

2.3.4 Nursing or midwifery schools have a budget allocation and budget control that meets programme, faculty and student needs.

2.3.5 Nursing or midwifery schools have a system in place for student-support services.

Partnerships

2.4.1 Nursing or midwifery schools demonstrate successful partnerships with the academic institution where their programme is located, with other disciplines, with clinical practice sites, with clinical and professional organizations and with international partners.

Theme 3 Programme curriculum

This theme has been divided into the subthemes curriculum design, core curriculum, curriculum partnerships and assessment of students

Curriculum design

3.1.1 Nursing or midwifery schools design curricula and deliver programmes that take into account workforce planning flows and national and international health-care policies.

3.1.2 Nursing or midwifery schools plan and design curricula to meet national and international education criteria, and professional and regulatory requirements for practice.

3.1.3 Nursing or midwifery schools provide classroom and clinical learning that delivers the knowledge and skills required to meet the needs of their respective populations.

3.1.4 Nursing or midwifery schools establish and demonstrate balance between the theory and practice components of the curriculum.

3.1.5 Nursing or midwifery schools demonstrate use of recognized approaches to teaching and learning in their programmes, including, but not limited to, adult education, self-directed learning, e-learning and clinical simulation.

3.1.6 Nursing or midwifery schools provide classroom and clinical learning based on established competencies and grounded in the most current, reliable evidence.

3.1.7 Nursing or midwifery schools enable the development of clinical reasoning, problem solving and critical thinking in their programmes.

3.1.8 Nursing or midwifery schools conduct regular evaluations of curricula and clinical learning, and include student, client, stakeholder and partner feedback.

3.1.9 Nursing or midwifery programmes offer opportunities for multidisciplinary content and learning experiences.

Core curriculum

3.2.1 Nursing or midwifery curricula provide core content that will enable their graduates to meet the established competencies.

3.2.2 Nursing programmes provide core content in nursing theory, practice, interventions and scope of practice.

3.2.3 Midwifery programmes provide core content in midwifery theory, practice, interventions and scope of practice for strengthening health systems through the primary health-care approach.

3.2.4 Nursing or midwifery programmes provide supervised clinical learning experiences that support nursing or midwifery theory in diverse settings.

Curriculum partnerships

3.3.1 Nursing or midwifery schools develop partnerships with other healthcare disciplines.

3.3.2 Nursing or midwifery schools use interprofessional teamwork approaches in their classrooms and clinical learning experiences.

3.3.3 Nursing or midwifery schools have access to, and arrangements for, the clinical learning sites required for programme delivery.

Assessment of students

3.4.1 Nursing or midwifery schools assess student learning, knowledge and skill development throughout their programmes, using reliable evaluation methodologies.

3.4.2 Nursing or midwifery schools use a variety of methods to assess the subject matter being studied including, but not limited to, student performance-based assessment and client/stakeholder feedback.

3.4.3 Nursing or midwifery schools have student retention systems in place.

Theme 4 Faculty

This theme has been divided into the subthemes academic faculty, clinical faculty and professional development of faculty

Academic faculty

4.1.1 The head of a nursing or midwifery programme is a nurse or midwife who holds a graduate degree, is educated and experienced in leadership and administration, and demonstrates knowledge as an educator.

4.1.2 The core academic faculty are nurses and midwives who demonstrate knowledge as educators and have a minimum of a bachelor's degree – preferably a graduate degree – with advanced preparation and clinical competence in their specialty area.

4.1.3 Other health professionals who are guest lecturers in nursing or midwifery programmes hold a graduate degree and possess clinical and educational expertise in their specialty.

Clinical faculty

4.2.1 Clinical faculty comprises nurses, midwives and other health profession- also who hold a minimum of a university degree and possess clinical and educational expertise in their specialty area.

4.2.2 Nurses and midwives with clinical expertise in the content area being taught are designated to supervise and teach students in that clinical practice area.

4.2.3 Nursing or midwifery schools form partnerships to secure a variety of qualified people to be clinical supervisors and teachers.

Professional development of faculty

4.3.1 Nursing or midwifery schools have a policy and system in place that validates the updated clinical and educational expertise and competency of faculty.

4.3.2 Nursing or midwifery schools have a system in place that provides faculty with opportunities for development in teaching, scholarship, practice and external professional activity.

4.3.3 Nursing or midwifery schools have a system and policy in place and provide time and resources for competency development for staff.

4.3.4 Nursing or midwifery schools have a policy and system in place for reward and recognition of staff in accordance with the requirements for promotion and tenure of the institution

Theme 5 Programme admission

This theme has been divided into the subthemes admission policy and selection and student type and intake

Admission policy and selection

5.1.1 Nursing or midwifery schools have a transparent admission policy that specifies the process of student selection and the minimum acceptance criteria.

5.1.2 Nursing or midwifery schools have a transparent non-discriminatory admission and selection process.

5.1.3 Nursing or midwifery schools have a system and policy in place that takes into account different entry points of students, recognition of their prior learning, experience and progression options toward higher education goals.

5.1.4 Nursing or midwifery schools have entry requirements that meet national criteria for higher education institutions including, but not limited to, completion of secondary education.

Student type and intake

5.2.1 Nursing or midwifery schools admit students with backgrounds in basic science and mathematics who demonstrate skills in the language of instruction and in dealing with the clients.

5.2.2 Nursing or midwifery schools admit students who have the ability to meet the requirements of the programme.

5.2.3 Nursing or midwifery schools admit students who meet the institution's health and any other requirements, as well as any national requirements for selection.

5.2.4 Nursing or midwifery schools seek students who demonstrate the will to serve in health and the ability to be independent learners.

1.3 Summation of ICM and WHO best practices, standards and methodologies

The following is a summation of the best practices, standards and methodologies described in the ICM document presented in 1.1 and the WHO document presented in 1.2. The summarized best practices, standards and methodologies are placed in the local context of the partner countries when assumed relevant. The purpose of the summation is to give an overview of the ICM and WHO

global standards that serves as the foundation for this reports SafeMa best practices, standards and methodologies presented in 1.4, although not all the global standards are relevant to, and therefore included, in the SafeMa best practices, standards and methodologies.

The summation is divided into 3 parts: best practice, best standards and best methodologies. Best practices are in this report defined as the practices in midwifery education that are considered to be accepted and most effective according to ICM and WHO. Best standards are in this report defined as the level of standards in midwifery education that is thought to be acceptable according to ICM and WHO. Best methodologies are in this report defined as the best system of ways to plan midwifery education according to ICM and WHO. Although the summation is divided into 3 parts, this division is arbitrary as these terms are in some way indistinguishable. Therefore, some overlap in the 3 parts will be seen.

1.3.1 Best practices

In the following the summation of the ICM and WHO best practices are described and placed in the local context of the partner countries of Viet Nam and Cambodia. Best practices are in this report defined as the practices in midwifery education that are considered to be accepted and most effective according to ICM and WHO.

1.3.1.1 Learning in different settings

To enable excellence in midwifery education the midwifery education needs to facilitate learning in both a theoretical and practical setting. Students need to have sufficient midwifery practical experience in a variety of settings to attain, at a minimum, the current ICM Essential Competencies for Basic Midwifery Practice.

The midwifery education should provide supervised clinical learning experiences that support midwifery theory in diverse settings. To meet this best practice the selection criteria for appropriate midwifery practical learning sites should be clearly written and implemented and subjected to ongoing review and the midwife theoretical teachers should provide education, support and supervision of individuals who teach students in practical learning sites.

The ratio of student to teacher in the clinical setting should ideally be no more than 1-2 students per clinical teacher so students provide midwifery care primarily under the supervision of midwifery clinical teacher.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the ratio of 1-2 student per clinical teacher is not exceeded to assure that the midwifery student provides care that is primarily under supervision of a clinical teacher, so learning in the setting to attain the current ICM Essential Competencies for Basic Midwifery Practice.

In a clinical setting, the midwife teachers and midwife clinical teachers should work together to support and directly observe and evaluate students' practical learning.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the midwifery education uses valid and reliable evaluation/assessment methods to measure student performance and learning and that these are written and shared with the students.

1.3.1.2 Student involvement in quality improvement

To enable excellence in midwifery education the midwifery education needs to encourage students to participate actively in quality improvement of the program. To meet this best practice, student policies should include mechanisms, such as performance-based assessment and client feedback, for students to provide feedback/input and ongoing evaluation of the midwifery curriculum, midwifery faculty and the midwifery program and there should be an opportunity for the students to actively participate in midwifery program governance and committees.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the midwifery education has feedback mechanisms in place for ongoing evaluation of the midwifery education. Special attention should be paid to the students´ opportunities/access to participate in midwifery program governance and committees as an encouragement of student involvement in quality improvement. This might also encourage students to actively become involved in quality improvement and guideline development after graduation. A report from Viet Nam's health ministry showed a limited involvement of midwives in setting guidelines and midwifery specific regulations and so their perspectives are not adequately reflected (7 p.18).

1.3.1.3 Evidence based practice grounded in critical thinking

To enable excellence in midwifery education the midwifery education needs to use an evidencebased approach to teaching and learning. To meet this standard the midwifery education needs to provide classroom and clinical learning based on established competencies and grounded in the most current, reliable evidence. The midwifery education needs to pay particular attention to enabling the development of clinical reasoning, problem solving, critical thinking and analytical thinking.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the midwifery educations´ classroom and clinical learning is based on the most current and reliable evidence and that teachers utilizes pedagogic practices that encourages clinical reasoning, problem solving, critical thinking and analytical thinking.

1.3.1.4 Manage resources and practice to meet population needs

To enable excellence in midwifery education, the midwifery education needs to educate the students to have the ability to practice in the health-care system of their respective countries and to meet the healthcare needs of their local population. To meet this standard the midwifery education should consider both national and international policies and standards to meet maternity workforce needs.

The midwifery education should prepare graduates who demonstrate cultural competence and have the ability to practice in the healthcare systems of their respective countries to manage resources and practice safely, effectively to meet population needs.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the midwife students are taught to practice in accordance to the population´s needs in their local contexts and that they are taught to demonstrate cultural competence. This is especially relevant in the partner countries, as there seems to be rather large differences in the populations´ needs in the urban and rural parts of the partner countries respectably, with ethnic minorities being especially vulnerable (8).

1.3.1.5 Learning ethics

To enable excellence in midwifery education, the midwifery education needs to educate the students to be knowledgeable practitioners who adhere to the ICM code of ethics and standards of the profession. This includes the ability to be effective client advocates.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the midwife students are familiar with the ICM code of ethics and standards of the profession with a special emphasis on the students learning a Human Rights Based Approach. Further definition of this approach can be found in chapter 3 of this report. A report from the Health Ministry of Viet Nam showed that respectful care that enhances the human rights of women using midwifery services, remain weak in some aspects of the midwifery care, with for instance limited emphasis on information and choice. (7)

1.3.1.6 Interprofessional practices

According to WHO principles (See 1.2.4) an interprofessional approach to education and practice is critical. To enable excellence in midwifery education the midwifery education needs to offer opportunities for multidisciplinary content and learning experiences that complement the midwifery content. To meet this best practice the midwifery educations should use interprofessional teamwork approaches in their classrooms and clinical learning experiences.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the midwifery educations use interprofessional teamwork approaches in their classrooms and clinical learning experiences.

1.3.2 Best standards

In the following the summation of the ICM and WHO best standard are described and placed in the local context of the partner countries of Viet Nam and Cambodia. Best standards are defined as the level of standards in midwifery education that is thought to be acceptable according to ICM and WHO.

1.3.2.1 Formal requirement for admission

To enable excellence in midwifery education the midwifery education needs to have clearly written and transparent admission policies, that are accessible to potential applicants. Eligible midwifery candidates should be admitted without prejudice or discrimination (e.g., gender, age, national origin, religion).

To meet the best standard the admission policies should include clearly defined entry requirements, including minimum requirement of completion of secondary education and a selection process and criteria for acceptance, that admits students who have the ability to meet the requirements of the program. There should be a system and policy in place that takes into account different entry points of students, recognition of their prior learning, experience and progression options toward higher education goals.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that the midwifery educations have clearly written, and transparent admission policy and that eligible applicants are admitted without prejudice or discrimination.

1.3.2.2 Graduates

To enable excellence in midwifery education, the purpose of the midwifery education should be to produce a competent midwife.

A competent midwife is defined as somebody who has attained and demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice (4) and is a knowledgeable, autonomous practitioner, who adheres to the ICM International Code of Ethics for Midwives (9), standards of the profession and established scope of practice, within the jurisdiction where legally recognized. To meet the best standards the graduates also need to demonstrate established competencies in midwifery practice and a sound understanding of the determinants of health. The graduate needs to meet regulatory body standards leading to professional licensure/registration as a midwife and be eligible to apply for advanced education.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that graduates of the midwifery education, have attained and demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice, and is a knowledgeable, autonomous practitioner, who adheres to the ICM International Code of Ethics for Midwives, standards of the profession and established scope of practice, within the jurisdiction where legally recognized. Special attention needs to be paid to the differences in the educational levels of midwives within the midwife profession of the partner countries of Viet Nam and Cambodia ranging from limited education within the profession to education at university level (7,10)

1.3.3 Best methodologies

In the following the summation of the ICM and WHO best methodologies are described and placed in the local context of the partner countries of Viet Nam and Cambodia. Best methodologies are in this report defined as the best system of ways to plan midwifery education according to ICM and WHO.

1.3.3.1 The philosophy of the midwifery education program

To enable excellence in midwifery education, the midwifery education should define and make public the philosophy of the programme. The philosophy of the midwifery education needs to be consistent with the ICM Philosophy and Model of Care. To meet the standard of best methodologies,

there should be a written philosophy describing the program's beliefs about teaching and learning and midwifery care. Beliefs about teaching and learning may include ICMs suggestions from standard 1.4:

- Level and type of learner
- Educational theories
- Respectful relationships between teachers and learners
- Environment of learning
- Beliefs
- Partnership with women
- Empowerment of women
- Individual/personalized care
- Continuity of care
- Normality of pregnancy and birth
- Safe care keeping to standards
- Cultural safety
- Human Rights

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm that a written philosophy describing the program's beliefs about teaching and learning and midwifery care and if the philosophy of the midwifery education is consistent with the ICM Philosophy and Model of Care. Special attention should be paid to whether the programs philosophy on teaching and learning is based on competence-based learning and evidence-based practice and human rights.

1.3.3.2 Faculty requirements/clinical setting requirement

To enable excellence in midwifery education, the midwifery education needs to have a midwifery faculty that includes predominantly midwives (teachers and clinical /clinical teachers), who work with experts from other disciplines, with relevant expertise, as needed.

To meet the best standard the midwife teachers should have formal preparation in midwifery, demonstrate knowledge as educators, and have a minimum of a bachelor's degree – preferably a graduate degree – with advanced preparation and clinical competence in their specialty area.

The midwife teacher should demonstrate competency in midwifery practice, generally accomplished with two years full scope of practice. The head of the midwifery program should be a qualified midwife teacher with experience in management and administration. The midwifery faculty should be self-governing and responsible for developing and leading the policies and curriculum of the midwifery education programme. The effectiveness of midwifery faculty members should be assessed on a regular basis following an established evaluation process.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm whether the midwife teachers demonstrate competency in midwifery practice, accomplished with

two years full scope of practice, and whether the effectiveness of the midwifery faculty members are assessed on a regular basis.

Special attention needs to be paid to the challenge of acquiring qualified faculty members as a report from the Health Ministry of Viet Nam has showed that problems exist with low skill levels of midwifery teachers and instructors (7 p:17)

1.3.3.3 Curriculum development

To enable excellence in midwifery education, the midwifery education should establish and demonstrate balance between the theory and practice components of the curriculum. The midwifery curriculum should include both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice. The sequence and content of the midwifery curriculum should enable the student to acquire essential competencies for midwifery practice in accord with ICM core documents.

In the local context of the partner countries of Viet Nam and Cambodia it will be relevant to confirm whether there is a balance between theory and practice elements, with a minimum of 40% theory and a minimum of 50% practice.

1.3.3.4 Resources and equipment for learning

To enable excellence in midwifery education the midwifery education needs to have accessible, current and relevant physical facilities available. This includes, but is not limited to: Classrooms, clinical practice sites, information and communications technology, clinical simulation and equipment/materials to support student practical learning such as mannequins, gloves and instruments, laboratories equipped to support basic sciences and practical development and libraries with upto-date textbooks

In a local context of the partner countries of Viet Nam and Cambodia it will be relevant to assure that relevant physical facilities and equipment are available, as equipment for midwifery services are unevenly available at the grassroots level in the partner countries (7 p:17, 10 p:14).

1.4 SafeMa guide to excellence

In the following the SafeMa guide to excellence within midwifery education is presented. The SafeMa guide to excellence within midwifery education is deduced from the ICM and WHO global standards presented in 1.1.0 and 1.2.0 and summarized in 1.3.0, and them placed in the context of the local context of the partner countries of Viet Nam and Cambodia.

This SafeMa guide to excellence will serve as a guide for the gap analysis WP1 task 2 and will be presented during a design meeting parallel to the project kick-off meeting.

The SafeMa guide to excellence fully abides to WHO objectives of “Strengthening Quality of Midwifery Education meeting report (11) with special focus on objective number 8 of the longer term actions that emphasizes that a focus on a human rights based approach to further develop a rightsbased approach to improvements in midwifery education is needed. The SafeMa approach to

Human Rights in midwifery education is presented in chapter 3 of this report. WHO also has the objective to strengthen evidence-based midwifery education. The SafeMa approach to midwifery education grounded in an evidence-based approach can be found in chapter 4 of this report.

The SafeMa guide to excellence fully abides to the UN Sustainable Development Goal 3 (12) where the SafeMa guide to excellence can contribute to the UN target 3.C on substantially increasing the development and training of health care personal in developing countries, by ensuring and qualifying the SafeMa commitment to excellence in the development of the SafeMa postgraduate courses.

In the following the SafeMa guide to excellence is presented in bullet points.

1.4.1 SafeMa bullet points

The SafeMa guide to excellence in midwifery is in the following listed in bullet points with reference to where, further elaboration of the bullet points can be found.

1. **Learning in different settings**

To enable excellence in midwifery education the midwifery education needs to facilitate learning in both a theoretical and practical setting. When in a practical setting, the ratio of student to teacher in the clinical setting should ideally be no more than 1-2 students per clinical teacher. This bullet point is further elaborated in section 1.3.1.1 of this report.

2. **Student involvement in quality improvement**

To enable excellence in midwifery education the midwifery education needs to encourage students to participate actively in quality improvement of the program. This bullet point is further elaborated in section 1.3.1.2 of this report.

3. **Evidence based practice grounded in critical thinking**

To enable excellence in midwifery education the midwifery education needs to use an evidencebased approach to teaching and learning grounded in critical thinking. This bullet point is further elaborated in section 1.3.1.3 of this report.

4. **Managing resources and practice to meet population needs**

To enable excellence in midwifery education, the midwifery education needs to educate the students to have the ability to practice in the health-care system of their respective countries and to meet the healthcare needs of their local population This bullet point is further elaborated in section 1.3.1.4 of this report.

5. **Learning ethics**

To enable excellence in midwifery education, the midwifery education needs to educate the students to be knowledgeable practitioners who adhere to the ICM code of ethics and standards of the profession. This bullet point is further elaborated in section 1.3.1.5 of this report.

6. **Interprofessional practices**

To enable excellence in midwifery education the midwifery education needs to offer opportunities for multidisciplinary content and learning experiences that complement the midwifery content. This bullet point is further elaborated in section 1.3.1.5 of this report.

7. **Formal requirement for admission**

To enable excellence in midwifery education the midwifery education needs to have clearly written and transparent admission policies, that are accessible to potential applicants. Eligible midwifery candidates should be admitted without prejudice or discrimination This bullet point is further elaborated in section 1.3.2.1 of this report.

8. **Graduates**

To enable excellence in midwifery education, the purpose of the midwifery education should be to produce a competent midwife. This bullet point is further elaborated in section 1.3.2.2 of this report.

9. **The philosophy of the midwifery education program**

To enable excellence in midwifery education, the midwifery education should define and make public the philosophy of the program and the philosophy of the midwifery education needs to be consistent with the ICM Philosophy and Model of Care. This bullet point is further elaborated in section 1.3.3.1 of this report.

10. **Faculty requirements/clinical setting requirements**

To enable excellence in midwifery education, the midwifery education needs to have a midwifery faculty that includes predominantly midwives, who work with experts from other disciplines, with relevant expertise, as needed. This bullet point is further elaborated in section 1.3.3.2 of this report.

11. **Curriculum development**

To enable excellence in midwifery education, the midwifery education should establish and demonstrate balance between the theory and practice components of the curriculum with a minimum of 40% theory and a minimum of 50% practice. This bullet point is further elaborated in section 1.3.3.3 of this report.

12. **Resources and equipment for learning**

To enable excellence in midwifery education the midwifery education needs to have accessible, current and relevant physical facilities available. This bullet point is further elaborated in section 1.3.3.4 of this report.

13. **Human rights considerations**

To enable excellence in midwifery education the midwifery education needs follow, and teach the students to follow, a human rights-based approach. This bullet point is further elaborated in chapter 3 of this report.

14. **Research within midwifery**

To enable excellence in research within midwifery the midwifery education needs focus on the students achieving research awareness and teach the students to follow an evidence-based practice approach. This bullet point is further elaborated in chapter 4 of this report.

Chapter 2 – Core competencies for midwives in a clinical setting

2.0 Introduction to chapter

The following chapter outlines best practices within basic midwifery practice. It is the aim of the SafeMa project to develop a Safema midwifery postgraduate course in Advanced Midwifery Practice, comprising of eight modules that can be taught as short courses and facilitated internships (5 p:23) It is the aim of the Gap analysis WP1 task 2 to identify, and match, specific clinical skill shortages in line with national priorities in the partner countries of Viet Nam and Cambodia. The following is therefore an outline of the ICM best standards for essential competencies for basic midwifery practice (4), which will create a basis for the SafeMa gap analysis, WP 1 task 2 and a further defining of which midwifery clinical skills, basic and advanced, that needs to be the focus of the SafeMa postgraduates courses.

As stated in 1.3.2.2 the graduate midwife should be somebody who has attained/demonstrated, at a minimum, the current ICM essential competencies for basic midwifery practice and is a knowledgeable, autonomous practitioner.

ICM definition of a midwife is as follows:

“A midwife is a person who has successfully completed a midwifery education program that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.” (13 p:1)

ICM essential competencies is a document that establishes competencies for the basic practicing midwife. The documents list the knowledge, skills and behavior that the basic midwife needs to possess in order to practice safely in any setting. The document can therefore offer established global competencies for midwife practice.

2.1 Components in midwifery practice

In the following The ICM - 7 essential competencies for basic midwifery practice is outlined (4). Each outlined competency is followed by one example of how the best standard can be met.

2.1.1 Competency 1: Competency in social, epidemiologic and cultural context of maternal and newborn care

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

Example of how to meet the best standard for this competency within midwifery practice:

The midwife should have knowledge of community and social determinants of health, such as income, literacy, water supply etc. The midwife should have skills in recording and interpreting relevant finding for services provided across all domains of competency including what was done and what needs follow-up.

2.1.2 Competency 2: Competency in pre-pregnancy care and family planning

Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

Example of how to meet the best standard for this competency within midwifery practice:

The midwife should have knowledge of contemporary family planning methods and skills in engaging the woman and her family in preconception counseling, based on the individual situation, needs and interest.

2.1.3 Competency 3: Competency in provision of care during pregnancy

Midwives provide high quality antenatal care to maximize health during pregnancy, including early detection and treatment or referral of selected complications.

Example of how to meet the best standard for this competency within midwifery practice:

The midwife should have knowledge of how to determine fetal well-being during pregnancy including fetal heart rate and activity patterns. The midwife should have skills in identifying deviations from normal during the course of pregnancy and initiate the referral process for conditions that require higher levels of intervention.

2.1.4 Competency 4: Competency in provision of care during labour and birth

Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

Example of how to meet the best standard for this competency within midwifery practice:

The midwife should have knowledge of normal progression of labour and skills in monitoring the progress of labour using the partograph or similar tools for recording.

2.1.5 Competency 5: Competency in provision of care for women during the postpartum period

Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women. Example of how to meet the best standard for this competency within midwifery practice:

The midwife should have knowledge of signs and symptoms of life-threatening conditions that may first arise during the postpartum period (e.g., persistent vaginal bleeding, embolism, postpartum pre-eclampsia and eclampsia, sepsis, severe mental depression). The midwife should have skills in providing emergency treatment of late post-partum hemorrhage and refer if necessary.

2.1.6 Competency 6: Competency in postnatal care of the newborn

Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.

Example of how to meet the best standard for this competency within midwifery practice:

The midwife should have knowledge of elements of assessment of the immediate and subsequent condition of newborn (including APGAR scoring system, or other method of assessment of breathing and heart rate). The midwife should have skills in providing immediate care to the newborn, including drying, warming, ensuring that breathing is established, cord clamping and cutting when pulsation ceases.

2.1.7 Competency 7: Competency in facilitation of abortion-related care

Midwives provide a range of individualized, culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.

Example of how to meet the best standard for this competency within midwifery practice:

The midwife should have basic knowledge of signs and symptoms of abortion complications and life-threatening conditions (e.g., persistent vaginal bleeding, infection). The midwife should have skills in identifying indicators of abortion-related complications (including uterine perforation); treat or refer for treatment as appropriate.

Chapter 3 – Human Rights considerations

3.0 Introduction to chapter

SafeMa is committed to following a human rights-based approach (HRBA) in the development of the SafeMa program. A HRBA aim is to better support more sustainable development outcomes of the SafeMa course by addressing the inequalities, discriminatory practices, and unjust power relations, which are often at the hearts of development problems.

The following chapter will address the WHO understanding of United Nations (UN) common understanding on a HRBA, from 2003, and the challenges that might present itself in a Safema context, with reference to the concept of obstetrical violence. The UN common understanding of HRBA has often served as a reference point, and guiding framework for many government- and non-governmental organizations, and it is therefore found suitable for outlining the SafeMa HBRA.

3.1 The concept of human rights in a SafeMa context

The UN common understanding on HBRA, in the contexts of health, emphasizes that the ultimate goal of all health policies, strategies and programs is to further advance the realization of the right to health and other health-related human rights as laid down in national and international human rights legislation. It also states that human rights standards should provide guidance in defining the precise elements of a health objective (14). The SafeMa course therefore needs to be guided by HRBA standards when defining the objectives of the course, and should develop capacity to meet these obligations and eliminate all forms of discrimination, as this is the core of a HRBA (14).

The UN identifies three core elements in a HRBA: goal, process and outcome. In the following these elements will be presented and core aspects in relation to a SafeMa contexts will be identified.

Source (14 p:3)

3.1.1 Human rights-based approach goal

It is a core element in a HRBA that all programmes of development, cooperation, policies and technical assistance should further the realization of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments (14). To comply with this goal the SafeMa course needs to systematically integrate, and put focus on, furthering human rights, especially the right to health, in the curriculum development.

According to WHO, the essential points in the right to health extends to both timely and appropriate health care and to the underlying determinants of health (14). Therefore, the graduate of the SafeMa course needs to have achieved knowledge of the importance of respect for human rights and to have been taught advocacy for women, so that their health care choices are respected. This is also an ICM key concept (1). The graduates need to have knowledge of the underlying determinants of health, such as sanitation, housing gender equality as stated in best standard 1.4.2.2, and knowledge and skills to give timely and appropriate healthcare, as stated in chapter 2.

3.1.2 Human rights-based approach process

It is a core element in a HRBA that importance is not only given to outcomes but also the process (14). Human rights standards and principles such as participation, equality, non-discrimination and accountability should therefore be integrated into all stages of the planning and execution of the Safema course.

Therefore, the graduate of the Safema course needs to have achieved knowledge of how to support client participation to ensure the client`s entitled right to achieve, free, non-discriminatory and meaningful participation in health decisions that directly affect them. It is especially important that the graduates achieve knowledge and communication skills so they can deliver relevant information to the client, in an accessible format, that considers, for example, age, gender, ethnic religious and cultural backgrounds, as participation can only be meaningful if relevant information is available and freedom of association is guaranteed (14)

3.1.3 Human rights-based approach outcome

It is a core element in a HRBA that focus is on capacity development for duty bearers – in this context graduates of the SafeMa course - to meet their obligations (14). WHO emphasizes that there are three types of obligations: respect, protection and fulfillment.

Graduates of the SafeMa course need to have knowledge of the concept of respect and are obligated to ensure that they practice with respect and support a practice that does not interfere directly, or indirectly, with the enjoyment of the right to health. Graduates of the SafeMa course need to have knowledge of the concept of protection and the obligation to prevent third parties from interfering with the right to health.

Graduates of the SafeMa course need to have knowledge of the concept of fulfillment and the obligation to adopt appropriate measures to fully support the clients' realization of the right to health.

These obligations become especially important in relation to the obligation to protect the client from the risk of obstetric violence. Obstetric violence is a term that contains the disrespectful, abusive or neglectful treatment during childbirth both in private and public facilities worldwide (15).

While disrespectful and abusive treatment, both physical and psychological, of women may occur throughout pregnancy, childbirth and the postpartum period, research has shown that women are particularly vulnerable during childbirth. Such practices may have adverse consequences for both the mother and infant and may be a powerful disincentive for women to seek and use maternal health care services (15 p:1). Research shows that especially adolescents, unmarried women, women from low socio-economic status, ethnic minorities, migrant women and women living with HIV are particularly likely to experience disrespectful and abusive treatment (15 p:1).

WHO suggest that in order to prevent and eliminate disrespect during childbirth, programmes need to be designed with a strong focus on human rights as an essential component of quality care (15:2). This further emphasizes the need for the SafeMa course to have a strong focus on a HRBA.

Chapter 4 – Research within midwifery

4.0 Introduction to chapter

The following chapter outlines best research practices within midwifery in a SafeMa context. This chapter addresses how academic research can be utilized in midwifery education and practice, through the concept of evidence-based practice.

The chapter creates a basis for the SafeMa gap analysis, WP1 task 2 for a further definition of which areas within midwifery research, that needs to be the focus of the SafeMa postgraduate courses.

4.1 Research within midwifery

Research can be defined in many ways. In this SafeMa report, research will be defined as "rigorous and systematic inquiry conducted on a scale and using methods commensurate with the issue investigated and designed to lead to contributions to generalizable knowledge" (16 p:.6).

Research has a strong science and medical influence, and since these are traditionally considered male domains, it is suggested, that this might be the reason for the reluctance of midwives to conduct research and the reason for the underestimation of midwifery research by other health professionals and midwives themselves (16 p:4). It is therefore important to be aware that promotion of research within midwifery also includes a gender-transformative approach for it to be successful.

The ability to understand and critique research reports should be supported and promoted within midwifery education to give midwives the confidence to read papers, using an evaluation framework that helps them to determine their worth, rather than avoiding, or denigrating all research through fear and/or ignorance (16 p:4).

It is argued that research awareness is the first step to practicing evidence-based midwifery (16) which is described in 4.2. To be research aware means being able to do the following (16p:8):

- Identify areas that might benefit from research in your own practice
- Identify areas in service provision that might benefit from research
- Identify new ideas or technologies that need to be investigated
- Read published papers pertaining to practice and evaluate their suitability for implementation
- Seek out literature on any subject to meet the needs of a client or group
- Make research findings available in a user-friendly form as part of parent education activities
- Help others understand the strength and weakness of research findings
- Advice and support women who are asked to participate in research
- Support midwives undertaking research

- Evaluate whether the research you are being asked to collect data for is being properly conducted and is of the best interest of the participants

This list does not include all aspect of research awareness, but it can be used as a guide to evaluate if midwives are research aware in the partner countries of Cambodia and Viet Nam.

Research awareness should be considered an ongoing process of acquiring and using knowledge to steadily deepen the research awareness (16 p:5). To enable excellence in research within midwifery the midwifery education needs focus on starting the process of research awareness while the student is enrolled in the midwifery education and promote the continuation in the clinical practice to support midwives using an evidence-based practice approach after graduation, which will be described in the following.

4.2 Evidence based practice

Evidence-based practice has been well described by David Sackett et al, who define it as "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients" (16 p:7). An evidence-based practice approach has long been considered the standard for excellence in quality care within the health sector and should therefore also be the SafeMa approach to practice which is described in 1.3.1.3 and 1.4.1 of this report.

An evidence-based practice requires a practice that integrates knowledge of the best research evidence with the practitioner's clinical expertise and the patient's unique values and circumstances (17).

The best research evidence means valid, current and clinically relevant research.

Clinical expertise is defined as the health professional's ability to use their clinical skills and past experience to rapidly identify the patient's unique health state diagnosis etc.

Patient´s values is defined as the unique preferences, concerns and expectations that each patient brings to a clinical encounter, and his/her circumstances as his/her individual clinical state and the clinical setting.

The midwife therefore needs an important combination of skills and characteristics to be able to practice evidence-based medicine, which includes being (16 p:8):

- Observant and sensitive and thus able to identify the needs of individual women
- Empathic to the needs, women may be able to articulate
- An effective communicator, to enable women to be equal partners in their care
- A reflective practitioner and therefore able to develop clinical expertise based on personal practice and experience
- Questioning and open to questions in all aspects of practice
- A lifelong learner; knowledge is never stationary, and midwives must continuously and conscientiously keep themselves updated

- Research aware.

If this combination of characteristics is promoted within the midwifery education and profession of the partner countries of Cambodia and Viet Nam, it will enable the midwives to use research evidence effectively and judiciously apply it to the needs of the individual patients (16).

Bibliography

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