MIDWIFERY EDUCATOR CORE COMPETENCIES

World Health Organization

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FOREWORD

As the year 2015 comes nearer it is already obvious that in many countries the target for maternal mortality reduction – Millennium Development Goals (MDG) – will not be met. It is also clear that in spite of the major progress in MDG 4 on child mortality, newborn mortality is not declining at the same rate as child mortality after the first month of life. Both maternal and neonatal mortality need more attention: quality services for all women and babies during pregnancy, delivery and the postnatal period.

The demand for quality services continues unabated. The fertility decline is modest in most low- and lower middle-income countries and numbers of deliveries continue to grow. Many women still deliver at home with limited skilled attendance, because services are not accessible or are perceived to be of poor quality. New approaches such as incentives for women to deliver in health facilities and pay-for-performance of health workers are intended to increase coverage of deliveries by health institutions and increase the quality of services provided.

The foundation for quality services lies in having an adequate competent midwifery workforce. In many countries there are still critical shortages of midwives. Moreover, the training programmes are suboptimal. This is not only because of a dearth of training resources, but particularly because competent educators are lacking.

The key to a competent workforce is education. Strong education institutions are needed to secure the numbers and quality of health workers as the performance of health care systems depends on the knowledge, skills and motivation of the people responsible for delivering services.

This publication focuses on midwifery educator competencies, which is a critical but neglected component of education. One survey suggested that only 6.6% of the present teaching staff in developing countries have formal preparation in education. The quality of educators is an important factor affecting the quality of graduates from midwifery programmes. Well-prepared midwifery educators can provide quality education within an enabling environment including adequate resources, policy and governance.

Adopting these core competencies can provide a strong basis for a significant improvement in the quality of care for pregnant women, mothers and newborns. The core competencies can be used to develop innovative curriculum contents and teaching approaches, with strong effective links between theory and midwifery practice.

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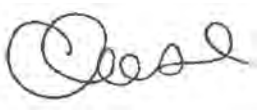

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INTRODUCTION

The World Health Report of 2006 suggested that "in preparing the workforce, the curriculum is expected to meet standards that are often defined as core competencies".[1] Such curricula should be responsive to the changing state and knowledge in health and needs to meet the clients' expectations. In addition, several World Health Assembly resolutions have been passed.[2] The State of World's Midwifery 2011 report estimated that over 100 000 more midwives are needed to achieve 95% coverage.[3] In order to produce the required numbers of midwives, there needs to be concerted efforts to ensure teachers who are adequately prepared. Both the quantity and the quality of midwifery educators need improving, along with necessary improvements in the resources and capacity of the educational institutions in which they work. Resources such as good teaching infrastructure, laboratories for skills acquisition and technology must be ensured for quality education. The faculty to student ratio in most developing countries is reported to be as high as 1:45 in the classroom (compared with 1:12 ratio in developed countries) and only 6.6% of the present teaching staff in some developing countries have formal preparation in education and the qualifications needed to enter, or progress as teachers in higher educational institutions. There is also concern about the quality and quantity of the clinical experience provided to midwifery students. Well prepared teachers/educators need to have an understanding of how to teach and how to effectively facilitate competency among learners by using a variety of teaching methods for both theory and clinical practice.

A well-educated midwifery workforce is critical to the provision of quality health services. Existing evidence clearly shows that the majority of programmes, especially in developing countries are not preparing midwifery educators to respond to the main professional and health needs of their countries. It is therefore imperative that guidance is made available to educational institutions for developing competence-based curricula for the education programmes.

In recognition of the need to strengthen midwifery education, the World Health Organization and its partners have compiled a list of competencies for midwifery educators in support of Member States' efforts to improve midwifery education and ultimately the quality of midwifery services. This work is a result of a concerted effort among key partners in response to the World Health Assembly resolutions, in particular the most recent ones: WHA59.23 Rapid scaling up of health workforce production (2006); WHA59.27 Strengthening nursing and midwifery (2006); WHA64.6 Health workforce strengthening (2011); and WHA64.7 Strengthening nursing and midwifery (2011) and other global mandates such as the Millennium Developments Goals.

This document outlines competencies for midwifery educators. The development of these competencies evolved through an elaborate consultative process which addressed issues of comprehensiveness, relevancy, adaptability and accessibility. Subsequently, if the competencies are appropriately adopted/adapted, educational institutions will be equipped to prepare educators to provide quality midwifery education which meets the needs of the country in terms of quantity, quality and relevance of the midwives they educate.

There are many challenges envisaged in the adaptation and/or adoption of these competencies, such as, diversity among the regional categories of midwifery educational programmes and the need for resources to implement the programmes. This document offers a starting point for defining attributes of midwifery teacher competency as a basis for developing a competency-based curriculum for midwifery educators, encompassing knowledge, skills and attitudes. The process of developing the competencies, the list of competencies and various annexes are presented in the follow-up pages.

1 WHO, 2006. *Working together for health: The World Health Report 2006.* Geneva, World Health Organization.

2 World Health Assembly resolutions WHA59.23 Rapid scaling up of health workforce production (2006); WHA59.27 Strengthening nursing and midwifery (2006); WHA62.12 Primary health care, including health system strengthening (2009); WHA64.6 Health workforce strengthening (2011); and WHA64.7 Strengthening nursing and midwifery (2011).

3 UNFPA, 2011. *The State of the World's Midwifery 2011: Developing Health, Saving Lives. New York, United Nations Population Fund.*

HOW THE DOCUMENT WAS DEVELOPED

The process for the development of these competencies entailed extensive consultations. The various steps are outlined below.

Literature review

The initial process involved a literature review beginning with the examination of global policy documents and went on to examine guidance from professional health councils and associations. Following this, a review was undertaken of research articles which examined the competence and preparation of the health practitioner faculty, competence of teachers of midwifery, nursing, medicine and physical therapy. This review culminated in a background paper summarizing the evidence (Annex 1), and a first draft of what could be considered the essential elements of midwifery teacher competencies.

Global expert consultative meeting

The review was followed by a global consultation involving 70 experts in Geneva on 4–6 December 2012. Participants were provided with both the background paper and the draft competencies. Considerable time was spent by the participants discussing and providing a critique of the competencies. This involved first, examining the domains of competence and then the knowledge, skills and attitudes that would reflect competent educator practice. There was considerable agreement about the competencies in the first draft. However, there were several changes indicated for the domains, the competencies themselves and a variety of additional comments regarding the knowledge, skills and behaviour sections. There was widespread consensus for many of the changes identified. It was decided that a Technical Working Group would be selected to develop the competencies to completion. A second draft of the competencies was prepared in light of the changes recommended during the global consultation. This revised version was circulated among WHO focal points for review and was sent to the 16 members of the Technical Working Group.

This group was asked to provide further detailed feedback. At this stage of the process there were no radical changes recommended but there were very useful suggestions provided in relation to positioning and wording which added considerably to both the clarity and utility of the document.

Global Delphi survey

After the revisions were made to the competencies document an online survey instrument was developed and distributed internationally. Distribution included, firstly, the Technical Working Group which then disseminated it to:

- American College of Nurse Midwives (ACNM);
- Canadian Association of Midwives (CAM);
- Global Alliance for Nursing and Midwifery (GANM) web-based discussion group;
- Health Information for All by 2015 (HIFA 2015) web-based discussion group;
- International Confederation of Midwives (ICM);
- International Council of Nurses (ICM);
- Midwifery and reproductive health research web-based discussion group;
- Midwifery, reproductive and women's health education web-based discussion group; and
- United Nations Population Fund (UNFPA).

All recipients were encouraged to distribute the survey widely among interested individuals and groups. Among the 287 responses there was, in general, very strong support for the competencies. No extra or different domains or competencies were suggested. In consultation with selected members of the Technical Working Group who had access to the survey results, some minor wording changes were made to improve clarity and relevance. This version of the draft was re-distributed to the Technical Working Group and to WHO focal points.

Validation of the midwifery educator competencies

This last stage in the preparation of these competencies involved two countries: The Kingdom of Bahrain (WHO Regional Office for East Mediterranean) and Rwanda (WHO Africa Region). The validation process was based on a simple tool which was prepared by WHO and is presented in Annex 2 together with the list of participants (annexes 3a and 3b). This tool added a dimension of measurability of the competencies. The two countries that participated in the validation process brought together practising midwifery educators. Their reports confirm that the outlined competencies are key to the training of midwifery educators.

Figure 1. The process for the development of midwifery educator competencies

HOW THE COMPETENCIES ARE ORGANIZED

Competency domains

The competencies are organized under eight domains or areas of teaching practice.

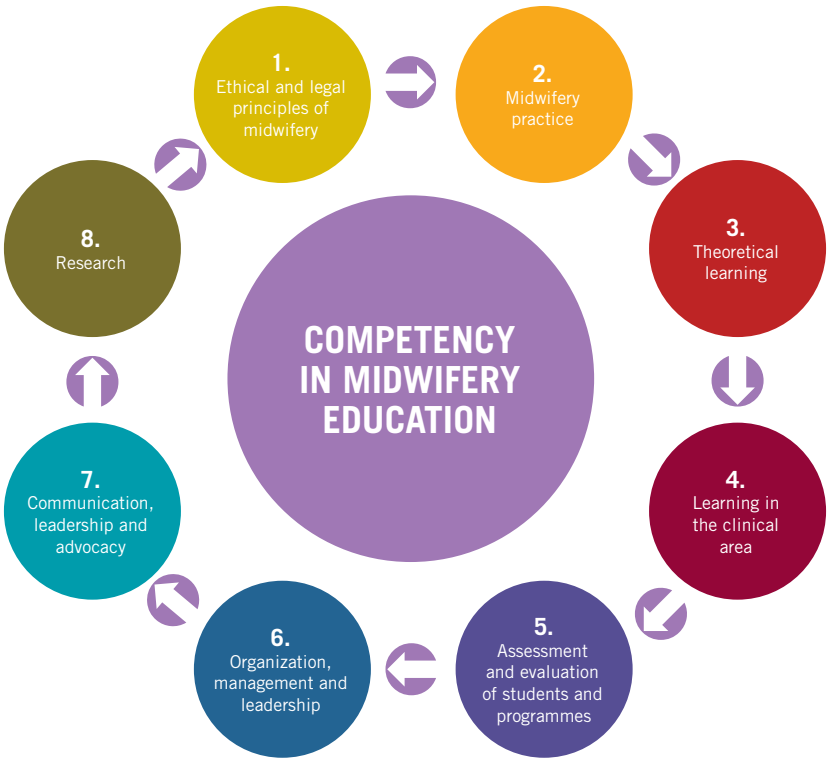
Table 1. Competency domains

DOMAIN	COMPETENCY
1. Ethical and legal principles of midwifery	Midwifery educators incorporate and promote ethical and legal aspects of midwifery care in teaching/learning activities and by consistent role modelling. *Competency 1: Behave in ways that reflect the ethical standards of the teaching and midwifery professions.* *Competency 2: Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching and practice.*
2. Midwifery practice	Midwifery educators maintain current knowledge and skills in midwifery theory and practice based on the best evidence available. *Competency 3: Maintain competence in midwifery practice.* *Competency 4: Practise midwifery in ways that reflect evidence-based and up-to-date knowledge.*
3. Theoretical learning	Midwifery educators create an environment that facilitates learning. *Competency 5: Incorporate educational strategies to promote active learning.* *Competency 6: Select and use effective teaching and learning materials/ resources.* *Competency 7: Recognize and support different learning styles and the unique learning needs of students.*
4. Learning in the clinical area	Midwifery educators create an environment for effective clinical teaching of midwifery care. *Competency 8: Facilitate a safe and effective learning environment in the clinical setting.* *Competency 9: Foster individualized experiential learning.*
5. Assessment and evaluation of students and programmes	Midwifery educators are responsible for conducting regular monitoring, evaluation and assessment of programmes and students. *Competency 10: Continuously monitor, assess and evaluate the effectiveness of the educational programme.* *Competency 11: Assess student competence.*
6. Organization, management and leadership	Midwifery educators participate in formulating the policy and programme outcomes and in designing and implementing curricula. *Competency 12: Actively participate in organizing and implementing a midwifery curriculum.* *Competency 13: Implement and revise midwifery educational courses/ programmes.*

DOMAIN	COMPETENCY
7. Communication, leadership and advocacy	Midwifery educators are effective communicators and function as advocates, change agents and leaders. *Competency 14: Communicate effectively using a variety of methods in diverse settings.* *Competency 15: Demonstrate cultural competence in course design and development, teaching and midwifery practice.* *Competency 16: Function as change agents and leaders in order to improve both midwifery practice and midwifery education.* *Competency 17: Use a variety of advocacy strategies to promote midwifery education and practice including professional, community, human rights and structural advocacy.*
8. Research	Midwifery educators promote the use of research and use it to inform midwifery education and practice. *Competency 18: Use research to inform teaching and practice.* *Competency 19: Cultivate a culture supporting critical inquiry and evidence-based practice.*

Maintaining competency is not achieved through one-off training; it should be continuous and cyclical and can also be the basis for continuous professional development.

Figure 2. Educator competencies



KEY REFERENCE DOCUMENTS

It is important that implementers of these competencies have access to up-to-date information. Selected key documents are provided below for further reading. In applying these competencies reference should be made to key resources that are currently being used in relation to midwifery education which can be found at the web sites provided below. The resources include:

- WHO global standards for initial education of professional nurses and midwives (WHO, 2009): http://www.who.int/hrh/resources/standards/en/
- International classification of health workers (ISCO, 2008): http://www.who.int/hrh/statistics/Health_workers_classification.pdf
- The international definition of the midwife (ICM, 2011).
- *The essential competencies for basic midwifery practice* (ICM, 2010): http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/MIDWIFERY%20EDUCATION%20PREFACE%20&%20STANDARDS%20ENG.pdf
- *The global standards for midwifery education* (ICM, 2010): http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/GlobalStandardsforMidwiferyEducation_CompanionGuidelines-Eng.pdf
- Model curriculum outlines for professional midwifery education (ICM, 2012): http://www.internationalmidwives.org/what-we-do/education-coredocuments/model-curriculum-outlines-for-professional-midwifery-education.html
- Midwifery training modules (WHO, 2008): http://www.who.int/maternal_child_adolescent/documents/1_9241546662/en/index.html and (WHO, 2004): http://www.who.int/maternal_child_adolescent/documents/9241591692/en/

Other reference materials can be obtained through the WHO regional offices. In this document the terms educator and teacher are used interchangeably.

MIDWIFERY EDUCATOR COMPETENCIES AND RELATED KNOWLEDGE, SKILLS AND BEHAVIOURS

An educator who has achieved competency should be able to perform both theoretical and clinical teaching including participating and or conducting research depending on the academic level of the programme. A well qualified educator should have the necessary qualifications indicated in Table 2.

Requirements to become a midwifery educator

Table 2. Requirements for becoming a Midwifery educator

Midwifery education	Completed a recognized midwifery education programme in both theory and practice.
Midwifery qualification	Holds a current licence/registration or other form of legal recognition to practise midwifery.
Clinical midwifery experiences	Completed a minimum of two years' full-time clinical experience across the scope of practice within the last five years.
Educational training	Formal teaching preparation either before or soon after employment.

The requirements for becoming a midwifery educator can be achieved through the core competencies outlined in Table 3 which encompass knowledge, skills and behaviours.

Core competencies

Table 3. Core competencies

Domain 1: Ethical and legal principles of midwifery

Midwifery educators incorporate and promote ethical and legal aspects of midwifery care in teaching/learning activities and by consistent role modelling.

COMPETENCY	KNOWLEDGE
Competency 1: Behave in ways that reflect the ethical standards of the teaching and midwifery professions.	**Knowledge of:** The international and local ethical responsibilities and obligations related to teaching and practice. **Skills (ability to):** Use knowledge of ethical issues as a basis for influencing, designing, implementing and evaluating policies and procedures related to students, faculty and the educational and clinical environment. **Behaviour:** Display ethical intent incorporating fundamental ethical principles of respect and responsibility. Protect the rights of the client when teaching or delivering midwifery care. Recognise potential ethical issues and dilemmas in the workplace and discuss with students and other appropriate persons.
Competency 2: Demonstrate an understanding of the legal and regulatory statutes relevant to midwifery teaching and practice.	**Knowledge of:** The law and regulation relating to teaching and midwifery. **Skills (ability to):** Incorporate legal and regulatory requirements into midwifery education including the implementation and assessment of teaching and learning. **Behaviour:** Act at all times in compliance with legal and regulatory statutes. Ensure students comply with legal and regulatory statutes.

Domain 2: Midwifery practice

Midwifery educators maintain current knowledge and skills in midwifery theory and practice based on the best evidence available.

COMPETENCY	KNOWLEDGE
Competency 3: Maintain competence in midwifery practice.	**Knowledge of:** All areas of the theoretical component of the midwifery curriculum. All areas of best practice in the clinical practise of midwifery. Evidence-based and up-to-date midwifery content and related subjects. **Skills (ability to):** Provide safe, competent and effective midwifery care to women and their newborns. Apply research findings in practice. Fulfil the requirements of the midwifery regulating/registration body. **Behaviour:** Participate in professional development activities to increase effectiveness. Practice in accord with a code of ethics. Provides high quality care. Demonstrate and value lifelong learning.
Competency 4: Practise midwifery in ways that reflect evidence-based and up-to-date knowledge.	**Knowledge of:** Research processes. Locally relevant epidemiology, community health issues, health policies and provision of health services. **Skills (ability to):** Access, interpret and implement research into practice. Review literature for evidence related to effective practice. **Behaviour:** Willingness to adjust practice in light of evidence.

Domain 3: Theoretical learning

Midwifery educators create an environment that facilitates learning.

COMPETENCY	KNOWLEDGE
Competency 5: Incorporate educational strategies to promote active learning.	Knowledge of: Theories of learning that result in development of clinical competency. Competency-based education. **Skills (ability to):** Acknowledge students as adult learners. Ground teaching strategies in educational theory and evidence-based teaching practices. Use educational approaches reflecting contemporary educational theory and practice in midwifery including: • Problem-based learning; • Case study or narrative based learning; • Discussion and group work; • Seminar presentations; • Experiential learning (e.g. role-play, simulation, simulated patient/client); • Workshops; • Projects; • Active/participatory lectures; • Effective use of audio-visual materials; and • E-learning. Create opportunities for learners to develop their critical thinking, critical reasoning skills and innovative thinking. **Behaviour:** Model critical and reflective thinking. Show enthusiasm for teaching, learning and midwifery that inspires and motivates students. Foster a relationship of mutual trust and respect.
Competency 6: Select and use effective teaching and learning materials/ resources.	**Knowledge of:** Educational and learning resources and materials based on best available evidence. **Skills (ability to):** Evaluate and choose appropriate teaching and learning materials and resources. Develop appropriate educational materials that are matched to the learning domain. Use information technologies skilfully to support the teaching-learning process. Ensure safe and appropriate physical learning environments including classroom conditions such as light, temperature, desk arrangement, and classroom size and number of students and advocate for change when these are not provided.

COMPETENCY	KNOWLEDGE
Competency 7: Recognize and support different learning styles and the unique learning needs of students.	**Knowledge of:** Theory and methodology of educational needs assessment. Social and human relationships and the conditions for learning. Interaction between educator and learner. Principles of counselling. **Skills (ability to):** Provide resources to diverse learners that help meet their individual learning needs. Engage in effective advice and counselling strategies that help learners meet their learning goals. Create learning environments that are focused on socialization of the role of the midwife and facilitate learners' self-reflection and personal goal setting. Recognize the influence of teaching styles and interpersonal interactions on learner outcomes. Foster the cognitive, psychomotor and affective development of learners. Assist learners to develop the ability to engage in thoughtful and constructive self- and peer evaluation. **Behaviour:** Demonstrate interest in and respect for learners. Support learner's continuous lifelong learning as a professional midwife. Use personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning.

Domain 4: Learning in the clinical area

Midwifery educators create an environment for effective clinical teaching of midwifery care.

COMPETENCY	KNOWLEDGE
Competency 8: Facilitate a safe and effective learning environment in the clinical setting	**Knowledge of:** The clinical environment and governing structures. Competency-based clinical learning. How students integrate into a new practice setting. Evidence informed practice. Ethical expectations of midwifery practice including supporting informed choice. **Skills (ability to):** Facilitate effective learning and the development of competence within an area of practice by correctly teaching students the process of assessment, planning, implementation, evaluation and documentation of midwifery care. Create an environment in which practice development is fostered, evaluated and disseminated. Demonstrate effective midwifery relationships with patients/clients. Obtain free and informed consent for student involvement in care. Protect the woman and her baby from harm. Enable students to relate theory to practice encouraging reflective thinking. Build and maintain collegial relationships with staff in the clinical environment. Demonstrate to students principles of effective delegation and supervision. **Behaviour:** Demonstrate effective interpersonal skills. Seek clarification or assistance from staff as needed. Set effective professional boundaries whilst creating a dynamic, constructive teacher-student professional relationship. Foster professional growth and personal development by use of effective communication. Facilitate and develop the ethos of interprofessional learning and working. Identify teaching opportunities in the clinical setting. Set boundaries of safe practice.

COMPETENCY	KNOWLEDGE
Competency 9: Foster individualized experiential learning	**Knowledge of:** Experiential learning. Diversity of learning processes. **Skills (ability to):** Design, deliver and assess programmes of learning in practice settings supporting a range of students in their area of practice. Assist, create and develop opportunities for students to identify and undertake experiences to meet their learning needs. Provide positive feedback and constructive criticism to students. Provide advice and support to identify changes required. **Behaviour:** Assess students' ability to integrate their professional role, their capacity to undertake that role and the knowledge-base with which that professional identity and performance are intermeshed. Act with respect and interest in the students. Demonstrate patience.

Domain 5: Assessment and evaluation of students and programmes

Midwifery educators are responsible for conducting regular monitoring, evaluation and assessment of students and programmes.

COMPETENCY	KNOWLEDGE
Competency 10: Continuously monitor, assess and evaluate the effectiveness of the educational programme.	**Knowledge of:** Theory and methodology of learning outcomes assessment and evaluation including: • Examination; • Essay; • Seminar presentation; • Midwifery case study; • Project; and • Objective Structured Clinical Examination (OSCE). **Skills (ability to):** Use methods of assessment and evaluation of learning that are linked to learning goals. Use a variety of strategies and tools to assess and evaluate learning in the cognitive, psychomotor and affective domains, for formative and summative evaluation. Participate in the selection and/or construction of the key elements of assessment tools (e.g. examination blueprinting, examination item writing, validity, reliability). Construct tests and appropriate evaluation tools. Participate in setting pass or fail standards and assessment criteria. Provide timely, constructive and thoughtful feedback to learners. Use assessment and evaluation data to enhance the teaching-learning process. Maintain accurate records of student progress and achievement. Participate in programme evaluation. **Behaviour:** Display ethical intent and objectivity in all evaluation processes.
Competency 11: Assess student competence.	**Knowledge of:** Assessment procedures. **Skills (ability to):** Adapt, design and use of tools for assessing and documenting clinical practice. In partnership with other members of the teaching team, use knowledge and experience to design and implement assessment frameworks. Assess progress in order to plan for the students' increasing level of skill acquisition. Make accurate judgments about the competence/proficiency of students including cultural and respectful care competency. Provide constructive feedback to students and assist in identifying future learning needs and actions. Manage unsuccessful students so that they may either enhance their performance and capabilities for safe and effective practice, or are able to understand their failure and the implications of this for their future. Be accountable for confirming that students have met, or have not met agreed standards of competency and are capable of safe and effective practice. **Behaviour:** Act as a role model. Display ethical intent and objectivity in all competence assessments.

Domain 6: Organization, management and leadership

Midwifery educators participate in formulating the policy and programme outcomes and in designing and implementing curricula.

COMPETENCY	KNOWLEDGE
Competency 12: Actively participate in organizing and implementing a midwifery curriculum.	**Knowledge of:** Educational management theories. Teaching and learning methodologies. National health priorities. Curriculum design and development. Timetabling and scheduling. **Skills (ability to):** Participate in developing midwifery curriculum including identifying programmatic and student outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies. Participate in the design of midwifery curriculum based on educational decisions, principles, theory and research. Participate in the development of syllabi, and class/course outlines including learning objectives, target audience, contents of subject, teaching materials and evaluation methods. Ensure the curriculum reflects the institutional philosophy and mission, current midwifery and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment. Incorporate strategies for efficient management of time and resources. Work in multidisciplinary, interdisciplinary team. **Behaviour:** Make inclusive and collaborative decisions. Participate as an effective team member.

COMPETENCY	KNOWLEDGE
Competency 13: Implement and revise midwifery educational courses/ programmes.	**Knowledge of:** Curriculum monitoring and evaluation. Curriculum revision. Organizational management including organizational monitoring and evaluation. Quality assurance of organizational performance. **Skills (ability to):** Revise the curriculum based on systematic monitoring and evaluation of programme outcomes, learner needs, midwifery and health care trends and evolving community and societal needs. Implement curriculum revisions using appropriate change theories and strategies. Collaborate with external constituencies throughout the process of curriculum design, implementation and revision. Design and implement programme assessment models that promote continuous quality improvement of all aspects of the programme including: • Student performance; • Student evaluations; • Peer observations; • Graduation rates; and • Qualification or registration success. Monitor and review midwifery programmes to ensure congruence with international and regional goals and national standards. Contribute to the quality assurance processes of the organization. Participate in the evaluation of organizational effectiveness in midwifery education. **Behaviour:** Keep thorough and accurate records. Display integrity in undertaking monitoring processes.

Domain 7: Communication, leadership and advocacy

Midwifery educators are effective communicators and function as advocates, change agents and leaders.

COMPETENCY	KNOWLEDGE
Competency 14: Communicates effectively using a variety of methods in diverse settings.	**Knowledge of:** Communication techniques. Presentation methodologies. Report writing. **Skills (ability to):** Communicate effectively using oral, written and electronic communication in order to achieve learner outcomes. Write clearly, produce concise reports and present effectively. Demonstrate effective communication skills in working with clients, learners and other members of the health care team in clinical teaching. Teach students how to engage in education of the childbearing women and her family. Document effective feedback. Maintain accurate records. Engage in conflict resolution as necessary. Demonstrate public speaking and active listening skills. Demonstrate excellent interpersonal and communication skills. **Behaviour:** Demonstrate an awareness of self and others.
Competency 15: Demonstrate cultural competence in course design and development, teaching and midwifery practice.	**Knowledge of:** Cultural diversity and identity. Human rights. Impact of power relations, racism and sexism. **Skills (ability to):** Recognize and describe multicultural, gender and experiential influences on teaching and learning. Facilitate the provision of culturally appropriate care. Encourage the expression and exchange of multicultural views. Respect and protect human rights and to foster in students the ability to act and speak up when there are violations of human rights. **Behaviour:** Demonstrate cultural sensitivity. Model cultural sensitivity when advocating for change. Be accountable for own actions and inactions in safeguarding human rights.

COMPETENCY	KNOWLEDGE
Competency 16: Function as change agents and leaders in order to improve both midwifery practice and midwifery education.	**Knowledge of:** Change management. Leadership theory. Interdisciplinary collaboration. **Skills (ability to):** Act as a guardian of safe, competent respectful midwifery care. Create and maintain community and clinical partnerships that support educational goals. Integrate a long-term, innovative and creative perspective into the midwifery educator role. Participate in interdisciplinary efforts to address health care and educational needs. Implement strategies for organizational change. Provide organizational leadership in different disciplines as well as in the midwifery programme to enhance the visibility of midwifery identity and its contributions to the academic community. Assume a leadership role in various levels of institutional governance as appropriate. Use feedback gained from self, peer, student and administrative evaluation to improve role effectiveness. Mentor and support colleagues. **Behaviour:** Integrate interpersonal values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and educators. Demonstrate integrity, courage, perseverance, vitality and creativity. Develop collegial working relationships with students, faculty colleagues and clinical agency personnel to promote positive learning environments. Engage in self-reflection and continued learning to improve teaching practices that facilitate learning.
Competency 17: Use a variety of advocacy strategies to promote midwifery education and practice including professional, community, human rights and structural advocacy.* *Structural advocacy could address issues such as respectful maternity care, bad attitudes of health workers, beliefs and misconceptions etc.	**Knowledge of:** Advocacy strategies. Organizational functioning. **Skills (ability to):** Demonstrate a leadership role outside of the institutions e.g. with government and professional associations. **Behaviour:** Display confidence in presentation and argument. Communicate effectively and professionally.

Domain 8: Research

Midwifery educators promote the use of research and use it to inform midwifery education and practice.

COMPETENCY	KNOWLEDGE
Competency 18: Use research to inform teaching and practice.	**Knowledge of:** Evidence-based practice and levels of evidence. Available research resources. Qualitative and quantitative approaches. **Skills (ability to):** Use online resources to locate research and clinical guidelines relevant to an issue. Interpret the quality and applicability of research papers and reports. Use research in teaching and in practice. **Behaviour:** Demonstrate and encourage inquiry.
Competency 19: Cultivate a culture supporting critical inquiry and evidence-based practice.	**Knowledge of:** Evidence-based practice and levels of evidence. Critical enquiry. **Skills (ability to):** Create a climate where inquiring minds can be actively involved in incorporating research into practice. Provide positive feedback for research endeavours. **Behaviour:** Role model critical thinking in all areas of teaching. Prioritize questioning and reflection.

Implementation

The core competencies presented in this document are applicable to diploma and degree level educators. However, any adaptation would have to take into account the depth of the desired programme. The competencies also form the basis for the development of curricula content including learning and methods of teaching, assessment and evaluation. Resources should be made available to implement these competencies.

MONITORING AND EVALUATION

Monitoring and evaluation can provide information concerning the process of implementation of midwifery programmes and programme outcomes, including personal, behavioural and professional practices of teachers, students and graduates. This can help to ascertain the relevancy of the educational programme/curriculum and the different roles and responsibilities of a midwifery educator including legal principles and practices of midwifery, the theoretical and clinical teaching, leadership and research. The consistent use of measurement of core competencies in midwifery education would not only enhance confidence in midwifery national and international standards, but it can also facilitate the ability to compare educator competencies and the performance of students. Any institution implementing the competencies would wish to know the extent to which these competencies have contributed to the improvement of midwifery education and how educators who have been trained based on these competencies have made a difference in their educational approaches. Lessons learnt from this process offer the opportunity for a critical reflection not only on the programme content but on appropriate teaching and learning approaches, as well as career development. Institutions are encouraged to develop a competency-testing tool designed to monitor and evaluate aspects of the eight domains and the 19 related core competencies. The checklist can be developed and applied every year or semester or quarterly, depending on the existing national education system. It is important to include the qualitative dimension in order to have in-depth information on the usefulness of the midwifery educator core competencies, limitations and areas of improvement. Midwifery educator core competencies could be assessed at three levels:

1. Educator self-evaluation: to assess own performance in teaching and professional growth.

2. Training institution: to address education capacity needs of its faculty or for research purposes.

3. National evaluation in midwifery education: to ensure educational quality assessment and performance of educators in meeting the required standards and inform planning for appropriate interventions. Quality reviews can be coordinated, for example by the Ministry of Health and/or Nursing and Midwifery Council and Ministry of Education.

ANNEX 1: BACKGROUND PAPER: MIDWIFERY FACULTY COMPETENCIES

Prepared by Professor Mayumi Ohnishi, Faculty of Nursing, Nagasaki University Graduate School of Biomedical Sciences, Japan.

Introduction

Despite global improvement in the rate of maternal deaths, there still remains considerable focused work to be done to reach the MDG5 target of a 75% reduction in maternal mortality by 2015 (WHO, 2012). Progress is also inconsistent, with some countries making much slower progress than others. Improving maternal mortality requires a complex and multifaceted approach. One of the key interventions in any improvement has been identified as access to skilled health care, in particular, to care from a competent and well-supported midwife.

There has been considerable scaling up of global activity in relation to this, with most countries attempting to increase the numbers of midwives in their workforce. However there remains a significant shortage both in numbers and quality of midwives. *The State of the World's Midwifery 2011* report estimates that over 100 000 more midwives are needed to achieve 95% coverage (UNFPA, 2011). The report goes on to state that although there are increasing numbers of midwives being trained there is a significant gap in the number and competence of midwifery teachers. It is clear that there is an urgent need to address what has the potential for being a considerable bottleneck in the effort to rapidly increase the midwifery workforce. Both the quantity and the quality of midwifery educators need improving, along with necessary improvements in the resources and capacity of the educational institutions in which they work. The faculty to student ratio in developing countries is reported to be as high as 1:45 in the classroom (compared with 1:12 ratio in developed countries). In addition, only 6.6% of the present teaching staff in developing countries have formal preparation in education and the qualifications needed to enter or progress as teachers in higher educational institutions. There is also concern about the quality and quantity of the clinical experience midwifery students are exposed to.

There are many challenges in the process. These include an increasing diversity in the regional categories of midwives, types of programmes and practice areas. Therefore, defining attributes of core competency of midwives will help to provide international guidance. It also supports the development of a relevant and effective curriculum in terms of the knowledge, skills and attitudes of the new practitioner. It is critical that teachers understand how to teach using these curricula and also learn how to effectively achieve competency among learners by using a variety of teaching methods in both theory and practice. This is crucial if the midwives they educate are to be able to contribute to better health outcomes for mothers and babies. It is timely then to look the competency of the teachers.

Current policy guidance

Current policy supports this approach. The World Health Organization in its 2006 report highlighted the need for an accelerated expansion of the health workforce and that the preparation of this workforce should be relevant and competency-based (World Health Organization, 2006a). The report highlights that curricula should be responsive to the changing state and knowledge in health and that it needs to meet the clients' expectations. Furthermore, several WHA resolutions have been passed which emphasize the importance of providing quality education so that the health workforce can better contribute services of good quality. For

example, WHA59.23: Rapid scaling-up of health workforce production; WHA62.12: Primary health care, including health system strengthening; and WHA64.6: Strengthening the health workforce; all point to the need for skilled teachers. There have also been numerous WHA resolutions calling for the "strengthening of nursing and midwifery" (WHA42.27, WHA45.5, WHA47.9, WHA48.8, WHA49.1, WHA54.12, WHA59.27 and WHA64.7). Global strategic alliances such as the H4+ Alliance, the Global Health Workforce Alliance and the Partnership for Maternal, Newborn and Child Health have all contributed to policy advice supporting the need for an increase in competent and skilled midwives (H4+ Alliance, 2012; Global Health Workforce Alliance, 2011; Partnership for Maternal, Newborn and Child Health, 2010). In addition, supporting documents have also been produced such as *The State of the World's Midwifery 2011* report (UNFPA, 2011) and the Report on the WHO/PEPFAR Scaling up nursing and medical education (WHO, 2009). There is also on-going work in the WHO regions on standards and curricula for the midwifery workforce. This activity and these background documents all provide a firm foundation for rolling out the work on faculty development.

Faculty development

In order for teachers to be competent they require a faculty that is functioning well. So in a sense, competent faculty need a competent faculty. Educational institutions need to function in a policy and regulatory environment that provides clear guidance about what needs to be taught, how it is taught and to whom (WHO, 2009). Health workforce planning is imperative so that the right practitioners are educated in the right place and have work to go to. Schools need curricula that are relevant to the health needs of the population. They need to be well resourced. Teachers need to be given the opportunity to maintain clinical skills. They need to be paid well and have sustainable working conditions. Schools need to invest and support innovative educational strategies and technologies, have sound quality assurance and performance mechanisms in order to deploy good quality, well supported and motivated teaching staff (WHO, 2006).

An effective pre-service education programme needs to have strong governance and administrative processes; educational and communication technologies and learning materials; and processes to encourage and support faculty excellence. The teachers need to be trained, sustained and retained (Jhpiego, 2011). The scaling up of midwifery education has implications across many areas, from national policy to institutional planning. The competence of the teaching faculty is not an insignificant part of this complex puzzle.

Faculty competence: skills, knowledge and experience

Faculty members are the ultimate resource of all educational institutions. They are the teachers, stewards, agents of knowledge transmission, and, most importantly, they are the role models for students (Frenk et al., 2010). It is crucial that they are competent to undertake this complex and demanding role. The literature provides some guidance about what needs to be included in the skill mix of the teachers of health practitioners. This guidance varies to some extent but there are commonalities. In general they include knowledge of teaching theory, which is, in turn, reflected in the classroom/skills laboratory and skill in teaching in the clinical environment. Role modelling and taking a values-based approach are also seen as important. It should be noted here that faculty competence for pre-service education of health practitioners can be seen as generic. Apart from the profession specific knowledge, the knowledge related to teaching approaches and

methodologies are shared across health disciplines. The teaching skills of midwifery teachers are the same as those required for teachers of nurses, doctors, physical therapists or dentists, to name but a few. Most commonly, in developed countries, teachers are prepared across disciplines, often within their teaching institution. This model of teacher preparation has some distinct advantages as shared, collaborate preparation of teachers has the potential both to be more cost effective and to build collaboration and linkages across disciplines.

The literature summarized below looks at competencies required for midwifery faculty and for health faculty more generally. It firstly presents global policy documents and then guidance from professional health councils and associations. Research articles which examined the competence and preparation of health practitioner faculty were identified. There were relevant papers looking at the competence of teachers of midwifery, nursing, medicine and physical therapy. A summarized list of competencies reported in the literature is provided in Table A2.

The two key global policy documents specifically related to the competence of midwifery educators are from the WHO and from ICM. The WHO guidance was contained in the *Strengthening Midwifery Toolkit, Module 6* (WHO, 2011). This tool provides guidance on developing effective programmes for preparing midwifery teachers and describes eight domains of competence. ICM has also described competency of midwifery teachers in a document adopted at their 2008 council meeting. Eleven competencies were identified. These competences are detailed and compared in Table A1.

Table A1. A comparison of basic conditions of midwifery faculty by WHO and ICM

	STRENGTHENING MIDWIFERY TOOLKIT, MODULE 6: DEVELOPING EFFECTIVE PROGRAMS FOR PREPARING MIDWIFE TEACHERS (WHO, 2011)	QUALIFICATION AND COMPETENCIES OF MIDWIFERY TEACHERS (ICM, ADOPTED AT THE GLASGOW COUNCIL MEETING, 2008)
Midwifery qualification	Completed a basic midwifery education programme with good academic achievement in both theory and practice.	Holding a current licence/registration or other form of legal recognition to practise midwifery.
Clinical (practice) experience	A minimum two years' full-time recent clinical experiences.	Two years' of previous full-time work in a variety of areas (antepartum, intrapartum, postpartum, newborn, family planning).
Training programme for midwifery teachers	Two years' full-time education.	Formal preparation for teaching or undertakes such preparation as a condition for continuing to hold the position.

	STRENGTHENING MIDWIFERY TOOLKIT, MODULE 6: DEVELOPING EFFECTIVE PROGRAMS FOR PREPARING MIDWIFE TEACHERS (WHO, 2011)	QUALIFICATION AND COMPETENCIES OF MIDWIFERY TEACHERS (ICM, ADOPTED AT THE GLASGOW COUNCIL MEETING, 2008)
Competencies of midwifery teachers	Practise all clinical midwifery skills to mastery level. Conduct simple research using qualitative and quantitative methodologies. Teach students effectively. Assess students fairly. Clear accurate, concise report and record keeping. Management. Good communicator. Intercultural competence.	Knowledge of theories of adult learning. The ability to use a variety of competency-based teaching methods to facilitate learning, given the range of behaviour among students. A solid foundation in organizing, implementing and evaluating the effectiveness. Maintain an up-to-date knowledge base in midwifery theory and practice, and promote evidence-based practice at all times. Understand their own values and biases related to teaching and learning and provide an environment for values clarification among learners related to working with a variety of clients. Provide an environment for values clarification among learners related to working a variety of clients (provision of culturally relevant care). Promote the professional/ethical aspects of midwifery care in keeping with the ICM International Code of Ethics for Midwives. Create a learning environment based on mutual respect and trust. Be guardians of safe, competent, respectful midwifery care. Collaborate with other professionals as members of the health care team. Maintain current clinical practice.

The World Health Organization has also produced a document called *Effective teaching: A guide for educating healthcare providers* (WHO, 2005). This document identifies five modules for the preparation of teachers. These include: the foundations of educating health care providers, developing learning objectives, planning teaching, preparing the teaching environment, using visual aids, facilitating group learning, facilitating the development of healthcare delivery skills, managing clinical practice, preparing and using knowledge assessments, and finally, monitoring and revising learning. The joint WHO/ICM midwifery education modules, in their section on guidance for teachers, stress the importance of maximizing student involvement based on the principles of adult learning and the application of theory to practice. The modules work on the basis of the development of critical thinking skills and the importance of adequate time, both in the clinical areas and in the community (WHO, 2006b). In addition, ICM has developed a comprehensive set of standards for midwifery education which includes the requirements of the midwifery faculty. The standards that the midwifery teacher must meet include the need for formal preparation for teaching and the maintenance of competence in both midwifery practice and education. Midwifery teachers should provide education, support and supervision of individuals who teach students in practical learning sites (ICM, 2011).

The report of the Global Independent Commission on the Education of Health Practitioners stated that "All health professionals in all countries should be educated to mobilize knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participated in patient and population-centred health systems as members of locally responsive and globally connected teams" (Frenk *et al.*, 2010, p.1924). One of their recommendations stated the need for increased investments in the education of educators, with the provision of satisfying career paths, and constructive performance assessments. They particularly mentioned "the power of the IT revolution" which they say has the potential to be the most important driver in transforming learning.

Some countries also have guidance for what teachers of health professionals should the term be competent to undertake. For example, the Australian Nurse Teacher's Society (ANTS) (1996) has developed ten competency standards for teachers with sub-elements and associated performance criteria. These cover aspects such as integrating knowledge, implementing curricula, effective communication, managing resources and fostering critical enquiry. Experiences in Australia demonstrated a strong agreement that most of the competencies in the ANTS document were reflective of the respondents' roles as nurse teachers. However, this document does state that it is difficult to have a generic set of competencies for teachers that fit every role exactly. Guy, Taylor, Roden, Blundell and Tolhurst (2011) state that these competencies could be modified to better reflect their real role such as changing trends in health care; including cultural issues and technological changes; preparation for teaching; understanding of the language of the competencies; contextual issues of the nurse teacher role, such as workload; the use of the competencies; nurse teachers as change agents; and resource management.

The National League for Nursing in the United States of America also provides guidance. It identified six fields of teacher competence: facilitating learning; facilitating learner development and socialization; using assessment and evaluation strategies; participating in curriculum design and evaluation of programme outcomes; and functioning as a change agent and leader (National League for Nursing, 2005). In the United Kingdom the Nursing and Midwifery Council has also developed standards for the preparation of teachers of nursing and midwifery. These standards cover communication, facilitation of learning, assessment and evaluation, creating a learning environment, role modelling and leadership (Nursing and Midwifery Council, 2002).

The research investigating the impact of competencies for teachers of health practitioners is not extensive. Kohtz *et al.* (2008) described the skills domains included in an examination for certified nurse educators. These were: facilitating learning, facilitating learner development, assessment and evaluation strategies, curriculum design, continuous quality improvement and engagement in scholarship. Rogan *et al.* (2008) undertook another descriptive study. They described nursing education standards as including a leadership role, a clinical development role and a professional development role. Five domains of teacher competence emerged from a survey conducted in Norway which aimed to determine the most important domains of teaching competence. These were: nursing competence, teaching skills, evaluation skills, personality factors and relationship with students (Johnsen, Aasgaard, Wahl and Salminen, 2002). Similar categories of clinical nursing faculty competence were described in the study by Hou *et al.*(2010) of 237 nursing faculty members in China. The five categories were: leadership ability, problem solving, educational intelligence, general teaching ability and clinical nursing skills.

Steinert *et al.* (2006) in their systematic review of faculty development initiatives identified the key features of faculty development as being experiential learning, feedback on learning, effective peer relationships, well designed teaching and learning interventions and a diversity of educational methods. It would seem that much of what builds student competence also builds teacher competence. Steinert (2009) went on to propose that the development of a framework for describing the competency of teachers would help to define standards of teaching, enable assessment and accountability of teaching and promote its professionalization.

Two articles describing specific frameworks for the development of faculty competence were identified. The first, by Srinivasan *et al.* (2011), proposed a framework which was grounded in four key values: learner engagement, learner-centredness, adaptability and self-reflection. The six core competencies in the framework were medical (or content) knowledge, learner-centredness, interpersonal and communication skills, professionalism and role modelling, practice-based reflection and systems-based practice. They included four extra competencies for educators with programme roles. These were: programme design/implementation, evaluation/scholarship, leadership and mentorship. Molenaar *et al.* (2009) developed a more complex three-dimensional framework for teaching competencies. They described the three dimensions of teaching. The first dimension outlined six domains of teaching: (development, organization, execution, coaching, assessment and evaluation). The second dimension described the levels at which the teacher functioned (micro, meso and macro). The third dimension described the competencies in detail and related these specifically to the different levels at which teachers function. This framework captured the complex and multilevel work of the teacher, not all of which happens in the classroom or the clinical area.

Studies related specifically to clinical teaching and the role of the preceptor highlighted the importance of the relationships of students with teachers. Carlisle, Calman and Ibbotson (2009) examined the role of the preceptor and found that the aspects that the preceptors thought were most important in their role were "making students feel welcome in the practice setting", "supervising students" and "planning a programme of learning for the students". Kaviani and Stillwell's (2000) evaluative study aimed to identify the skills that preceptors needed. These included, identifying learner needs, teaching, prioritizing and time management. One study by Little and Milliken (2007) highlighted the issue of teachers (in this case nurses) needing to have dual competencies; that of both clinical practice and teaching practice. They proposed that there were challenges of sustainability and feasibility in this expectation.

One study examined models of preceptoring and the differences in outcomes between one-to-one preceptorship and group preceptoring. It concluded that one-to-one preceptoring improved the students understanding of the role and improved performance but there was no evidence of improved critical thinking, clinical competence or examine pass rates (Udlis, 2008). None of the research reviewed investigated the importance of the clinical preceptor's role in protecting health consumers, students and staff in the clinical environment, nor of providing support for clinical staff who were working with students.

Thompson (2002) in her commentary of the competencies needed for midwifery faculty firstly identified the personal qualities required. She stated that midwifery faculty need to act as role models, modelling professional ethical behaviour. They should exhibit critical thinking and commitment to lifelong learning. They should be confident practitioners with formal preparation in adult teaching theory and should know what to teach (curriculum design) and how to teach (teaching methods) both in the classroom and in the clinical area.

Table A2. Summary of competencies for teachers of health professionals located in the literature

KNOWLEDGE	SKILLS	ATTITUDES
• Adult learning • Student centred • Critical thinking • Problem solving • Experiential learning • Integrating knowledge • Facilitating learning • Identify learner needs • Engaged in scholarly practice • Research methods • Evidence-based practice • Application of theory to practice	• Variety of teaching methods • Group learning • Curriculum design • Curriculum implementation • Planning • Learning objectives • Preparing the teaching environment • Using visual aids • Facilitating the development of health care delivery skills assessment • IT • Research skills • Evaluation • Organization • Prioritizing • Managing resources • Managing time and workload • Preparation for teaching • Communication • Socialization to role • Mentorship	• Role modelling • Values based • Good communicator • Cultural competence • Ethical and professional • Respect and trust • Change agent • Leadership • Adaptable • Self reflective • Professional development • Quality improvement • Commitment to lifelong learning • Collaboration • Peer relationships
Clinical practice Current in clinical practice Mastery of midwifery Competent, confident midwife		

Further considerations

A faculty or school with responsibility for preparing health practitioners needs to have teaching staff who possess the capacity and appropriate combination of skills to prepare competent practitioners. There needs to be the potential for teachers to develop particular expertise in their areas of interest. Not all teachers will have identical skills. For example, a school may want to employ staff with considerable clinical skill and experience who can offer highly skilled support in clinical practice. These clinicians may be from local health institutions so be able to build collaborative links with those institutions. They may not have formal teacher preparation but will need support and development of teaching skills particularly related to clinical teaching. The school may want a staff member who can bring more in-depth research experience to build the capacity of the staff, but who may have less clinical experience. It is the skill mix of the faculty and the learning experience of the students that is crucial. However, a tool providing details about what one might consider the core competencies of individual faculty members is useful to ensure the overall quality of the students' learning experiences.

Summary

There is an urgent need for more skilled midwives and thus an equally urgent need to educate them. The need to provide midwifery schools and clinical environments that can enable educators to provide competent teaching is imperative. Thus, interventions in midwifery education need to be carefully assessed and strategically planned and coordinated. Competent teachers need resources and a working environment that both supports and values them. The qualities of competence in the teachers of health practitioners revealed in both policy guidance and in the research included a number of common themes. These themes reflected firstly a need for clinical competence; sound teaching and assessment skills which were reflective of an adult and learner focused approach; and organizational and communication skills. Personal qualities of the teacher were mentioned, such as having a leadership role in the profession and acting as a change agent and a role model for the student. Socialization of students into clinical practice was valued. Continuous improvement and ongoing professional development were expected. Values and ethics and the personality of the educator were also mentioned. It would also appear that teachers function at different levels within a school. Therefore, it would seem that the development of basic or core competencies, common to all teachers of health practitioners would be worthwhile. This document provides the background to support the development of a set of competencies for teachers of health practitioners, in this case, midwives. Such competencies can provide guidance for the preparation and ongoing support for midwifery faculty.

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ANNEX 2: MIDWIFERY EDUCATOR COMPETENCIES VALIDATION TOOL

COMPETENCE DOMAIN	VALIDATION MEASURE	YES	NO	COMMENTS/ SUGGESTION/ ADDITIONS
1	Relevance			
	States what is important in understanding the content area			
	Addresses conceptual content			
2	Concepts			
	Includes skills that are transferable across areas with real life			
	Concepts can be supported by topics and facts			
	Promotes understanding of relationships between theories, principles and concepts			
3	Depth of knowledge			
	Requires deep understanding of content and application of knowledge			
	Helps learner to create conceptual connections and exhibit a level of understanding that goes beyond the stated facts or literal interpretations			
	Promotes deep knowledge using reasoning, planning, interpreting, hypothesizing, investigating or explaining			

COMPETENCE DOMAIN	VALIDATION MEASURE	YES	NO	COMMENTS/ SUGGESTION/ ADDITIONS
4	Assessment			
	Defines what is to be measured			
	Promotes multiple/varied opportunities to demonstrate evidence of learning			
5	Comprehensiveness			
	Includes all essential elements and is technically sound			
6	Clarity			
	Level of language acceptable			
	Terminology used accessible			
7	Adaptability			
	Can easily be adapted to various contexts			

Source: Adapted from: 9.15.10 NHDOE for New Hampshire State Board of Education FINAL: Course level competency validation rubric.

ANNEX 3A: PARTICIPANTS AT THE WORKSHOP ON VALIDATION OF MIDWIFERY EDUCATOR CORE COMPETENCIES IN RWANDA

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