

Revised on 8 April 2019



CONFIDENTIAL

**Accreditation Programme for Nursing and Midwifery
Educational Institutions**

**SELF-ASSESSMENT TOOL AND REVIEW TEAM
REPORT (MIDWIFERY)**

March 2019

Bangladesh Nursing and Midwifery Council



Midwifery Educational Institution: Self-Assessment and Review Team Report Template

1) The Midwifery Educational Institution

NMEI provides a self-assessment for each of the criteria of the accreditation standards in the space indicated in the document.

Name of Midwifery Educational Institution _____

Address of Midwifery Educational Institution _____

Date of submission of report to Bangladesh Nursing and Midwifery Council _____

2) The Review Team

During the site visit, the review team members validate the self-assessment for each of the criteria. They use this document to comment on their observations and to indicate whether they consider the criteria is met, partially met, or unmet in the space provided.

Names of the Reviewers _____

Date of Site Visit _____

STANDARD I: ADMINISTRATION AND LEADERSHIP (10 Criteria, Total marks 20)

The governance of the Midwifery Educational Institution supports good quality education.

Criteria	Midwifery Educational Institution	Review Team		
	Midwifery Educational Institution Report	Review Team Report	Met	Partially Met Unmet
<p>1.1 The Head (Principal/Nursing Instructor-in-Charge) of the Midwifery Educational Institution</p> <p>a. * is a registered nurse, a registered midwife, or registered nurse-midwife with a Bachelor Degree/Master's in Nursing/ Public Health/ Community Health/ Midwifery/MPH/Women's Health/SRHR/ Reproductive Health with minimum 2 years of service experience in administration.</p> <p>b. has minimum 5 years experience as an educator.</p> <p>During the site visit the reviewers will verify the personal data sheet (PDS) of the Principal/Nursing Educator-in-Charge.</p>	<p>a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p>			

1.2 The Head of the Midwifery Educational Institution has autonomy in decision making within his/her jurisdiction:

- a. Administration of the concerned educational institution
- b. Students (related to academic progression, discipline, etc.)
- c. Educators (e.g., hiring, performance appraisal, teaching assignments, promotions)
- d. Support staff (e.g., hiring, performance appraisal, job description)
- e. * Implementation of the curriculum and competencies approved by the BNMC and MoHFW and University

- a. Yes ☐ Partial ☐ No ☐
Provide a brief overview of the reporting and governance structure.
- b. Yes ☐ Partial ☐ No ☐
Provide 1 or 2 examples to show decision-making autonomy or lack thereof related to the administration of the students.
- c. Yes ☐ Partial ☐ No ☐
Provide 1 or 2 examples to show decision making autonomy and/or lack of autonomy related to the educators.
- d. Yes ☐ Partial ☐ No ☐
Provide examples to show decision making autonomy or lack thereof related to the support staff.
- e. Yes ☐ Partial ☐ No ☐
If yes or in part, briefly describe.

1.3 The duties and responsibilities

- a. Yes ☐ Partial ☐ No ☐

are assigned by the authority for the employee.

1.4 The administrative and information systems in the Midwifery Educational Institution should be well organized and effective.

- a. Duties are assigned based on job descriptions.
- b. An academic calendar is used.
- c. A master plan for student placements is used.
- d. There is a notice board/ web site/ other information
- e. system to inform employees and students of the institute.

If no or in part, briefly describe.

Complete the Appendix A form *List of the support staff and their positions*.

a. Yes ☐ Partial ☐ No ☐
Comment (if any).

b. Yes ☐ Partial ☐ No ☐
Comment (if any).

c. Yes ☐ Partial ☐ No ☐
Comment (if any).

d. Yes ☐ Partial ☐ No ☐
e. Yes ☐ Partial ☐ No ☐
Comment (if any).

1.5 The Midwifery Educational Institution maintains well-organized and up-to-date records of

- a. Student admission
- b. Student registration
- c. Student transcripts
- d. Student master roll call
- e. Student personal files
- f. Examination roll call book
- g. Other administrative file systems (if yes, please indicate what type of administrative file systems)
- h. Student’s log book

<div><div>a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>c. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>d. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>e. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>f. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>g. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>h. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div>If yes to g., please indicate what type of other administrative file systems.</div></div>				
<div><div>Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div><div><div>a. Yes <input type="radio"/> No <input type="radio"/></div><div>b. Yes <input type="radio"/> No <input type="radio"/></div><div>c. Yes <input type="radio"/> No <input type="radio"/></div></div></div>				

1.6. The educators of the Midwifery Educational Institution are supported in updating their clinical expertise, midwifery knowledge, and competencies as educators, and in participating in continuous professional development eg:

- a) Online English course
- b) Online mentorship
- c) Massive Open Online Course (MOOC)

1.7 Guest teachers who are hired are experts in their respective fields as per DGNM guideline.

1.8 The Midwifery Educational Institution develops partnerships with practice-related organizations to ensure that the environment of clinical placements supports student learning.

1.9 The Midwifery Educational Institution has

a. A prospectus with the information of background, Vision, mission, objective, course, achievement, future plan etc.

b. A yearly master plan; Human resource, budget, physical resource

c. A resource plan that is followed eg teaching and learning materials

1.10 The midwifery educational institution’s organogram is clear, current, and publicly displayed

<div>Yes <input type="radio"/> No <input type="radio"/></div> <div>Briefly describe the process for hiring guest teachers.</div> <div>Complete the Appendix B form, <i>Guest Teachers Hired in the Previous Year</i>.</div>				
<div>Yes <input type="radio"/> No <input type="radio"/></div> <div>Comment (if any)</div> <div>Complete the AppendixC form <i>Clinical Placement Sites</i>.</div>				
<div>a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div> <div>Please provide a brief description.</div> <div>b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div> <div>Please provide a brief description.</div> <div>c. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div> <div>Please provide a brief description.</div>				
<div>Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div> <div>Please provide brief description</div>				

STANDARD II: STUDENT TYPE AND INTAKE (3 Criteria, Total marks 6)

The Midwifery Educational Institution admits students who have the academic background and ability to meet the requirements of the programme.

Criteria	Midwifery Educational Institution	Review Team			
	Midwifery Educational Institutional Report	Review Team Report	Met	Partially Met	Unmet
2.1 The Midwifery Educational Institution admits students with a background education according to government admission policy.	Yes <input type="radio"/> No <input type="radio"/>				
2.2 The Midwifery Educational Institution admits students who are medically and physically fit. <ul style="list-style-type: none">• The medical fitness of students• the physical fitness of students;• the immunization status of students.	<ul style="list-style-type: none">• Yes <input type="radio"/> No <input type="radio"/>• Yes <input type="radio"/> No <input type="radio"/>• Yes <input type="radio"/> No <input type="radio"/>				

2.3 Students admitted into the Midwifery Educational Institution demonstrate intention to serve people anywhere in the health care delivery system:

a. a willingness to serve in health care

a. Yes ☐ Partial ☐ No ☐

STANDARD III: TEACHING STAFF AND LEARNING (11 Criteria, Total marks 22)

The students of the Midwifery Educational Institution are taught by well-qualified Educators in the classroom and in clinical placements.

Criteria	Midwifery Educational Institution	Review Team			
	Midwifery Educational Institution Report	Review Team Report	Met	Partially Met	Unmet
3.1 All educators:					
a. * Are registered nurses, registered midwives, or registered nurse-midwives	a. Yes <input type="radio"/> No <input type="radio"/> Comment (if any)				
b. Demonstrate knowledge and competencies in the areas that they teach	b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> Comment (if any)				
c. * have a minimum of a bachelor's degree in nursing/midwifery/public health nursing.	c. Yes <input type="radio"/> No <input type="radio"/> Comment (if any) Complete Appendix D form <i>Qualifications of Educators</i> During the site visit reviewers will verify the personal data sheets				

3.2 The educator use well-recognized teaching methods to foster student learning

- a. adult education approaches
- b. self-directed learning
- c. e-learning
- d. clinical simulations.

3.3 The educator provide classroom and clinical learning experiences based on the most current evidence based information.

3.4 The educator develop clinical reasoning, problem solving, and critical thinking in students.

(PDS).				
a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> c. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> d. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/>				
Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> Provide an example showing how educator teach students to use evidence-based research in their practice.				
Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> If yes, describe (provide some specific examples showing how educators teach students to think critically and to solve problems).				

3.5 Other health professionals who are guest lecturers hold a graduate degree and possess clinical and educational expertise in the specialty area they teach eg, scenario based, problems and solution etc.

3.6 There is;

- a. a ratio of 1 educator to 40 students or less in midwifery theory courses
- b. 1 educator to 8 students or less in clinical placements and in the laboratory.

3.7 There should not be more than 25% part-time educators.

Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> (Complete Appendix B form) Comment.				
a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> Complete Appendix E form <i>Numbers of Students per Course</i> . b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> Comment (if any). Complete Appendix F form <i>Numbers of Students per Clinical Group</i> .				
Indicate the percentage of part-time educators at the NI.				

3.8 The individuals who are responsible for students in the clinical setting:

- a. hold a minimum of a bachelor’s degree in nursing/public health nursing, and
- b. possess clinical expertise and sound knowledge in their specialty area.

3.9 The Nursing and Midwifery Educational Institution collaborates with supervisors, mentors, registered nurses and midwives in the clinical practice areas

3.10 Educators support students in clinical practices

3.11 Clinical educators responsible for students in clinical placements supervise and teach students in the clinical practice areas in which they have clinical expertise.

Identify the individuals who are responsible for students in the clinical setting. i. Subject teacher <input type="radio"/> ii. Principal/educator <input type="radio"/> iii. Clinical educators/clinical supervisor <input type="radio"/> a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> Complete PDS forms of <i>Clinical Educators</i> .				
Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/>				
Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> Describe the collaborations with supervisors/ mentors, registered nurses and registered midwives in the clinical practice area.				
Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/> See 3.8.				

STANDARD IV: CURRICULUM DELIVERY (7 criteria, total Marks 14)

The delivery of the national curriculum for midwives fosters good student outcomes.

Criteria	Midwifery Educational Institution	Review Team			
	Midwifery Educational Institution Report	Review Team Report	Met	Partially Met	Unmet
4.1 The Midwifery Educational Institution provides learning experiences that will enable midwife students to attain the competencies in the International Confederation of Midwives (ICM) essential competencies for midwifery practices <i>in Bangladesh</i> .	<p>Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>Complete Appendix G form <i>Mapping Competency-Indicators Taught</i>.</p>				
4.2 Midwifery Educational Institution offers midwifery students opportunities for;					
a. multidisciplinary learning	<p>a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p>				
b. inter-professional teamwork collaboration.	<p>b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>Provide a number of examples.</p>				
4.3 The Nursing and Midwifery					

Educational Institution

a. assess student knowledge with a range of methods. (i.e.: case presentations, buzz group, posters, role play, demonstration)

a. Yes ☐ Partial ☐ No ☐

b. assess skills development. (i.e. OSCE's, skills lab)

b. Yes ☐ Partial ☐ No ☐

c. uses reliable, evidence-based evaluation methods; (i.e. MCQ, case based questions)

c. Yes ☐ Partial ☐ No ☐

d. communicate the results with the students.

Briefly describe methods to evaluate knowledge and methods to evaluate skill development

d. Yes ☐ No ☐

Briefly describe how results are communicated a) in classes (i.e. orally? In writing?) b) in labs? c) in clinical?

Classes:

Labs:

4.4 * The Educational Institution maintains a good balance of classroom and practice learning experiences through master plan.

4.5 The Midwifery Educational Institution has access to clinical learning sites required for implementing the curriculum (Minimum 100 bedded hospital).

4.6 The Midwifery Educational Institution ensures clinical experiences by placing students in other health care facilities,if there are no/ less opportunities for evidence based midwifery practices (i.e. such as midwifery-led care, EmONC, VIA, CMR, PAC etc)

4.7 The Midwifery Educational Institution provides supervised

Clinical Placements:				
<p>Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>Complete Appendix H form <i>Hours of Classroom Courses, Clinical Practice Experience and Labs</i>.</p>				
<p>Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>Complete Appendix I form <i>Clinical Placement Sites by Year of Program</i>.</p>				
<p>Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>Briefly describe how the NMEI ensures subject-based clinical experiences (see Appendix I).</p>				
<p>Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>Briefly describe the type of supervision of clinical placement</p>				

**clinical learning experiences
that support midwifery theory
in a variety of practice settings.**

provided in the curriculum (see Appendix I).				
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STANDARD V: RESOURCES (9 criteria, Total Marks 18)

The Nursing and Midwifery Educational Institution has the resources to provide a good learning environment for teaching and learning.

Criteria	Nursing and Midwifery Educational Institution	Review Team			
	Nursing and Midwifery Educational Institution report	Review Team Report	Met	Partially Met	Unmet
5.1 The Midwifery Educational Institution provides adequate accommodation and support to students during the program, including: a. Fully furnished hostel for students b. Students' washrooms c. Visiting room d. Guard's room e. Transportation for students to clinical sites f. Common room g. Conference room Comment (if any)	<div>a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div> <div>b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div> <div>c. Yes <input type="radio"/> No <input type="radio"/></div> <div>d. Yes <input type="radio"/> No <input type="radio"/></div> <div>e. Yes <input type="radio"/> No <input type="radio"/></div> <div>f. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div> <div>g. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></div>				

5.2 * The Educational Institution ensures students and educators have safe drinking water.

5.3 The Midwifery Educational Institution has adequate classroom space to support student learning with at least 1 classroom for 50 students.

5.4 There should be at least 1 bathroom for 20 students.

5.5. The Midwifery Educational Institution has appropriately equipped lab space for

- a. fundamental
- b. * midwifery
- c. nutrition
- d. microbiology
- e. anatomy
- f. physiology;
- g. computers

Yes ☐ No ☐
Briefly describe how the safety of the drinking water is assured.

Select one of the following:
i. 50 students or less per1 classroom ☐
ii. More than 50 students per 1 classroom ☐
Comment (if any).

Select one of the following:
20 students or less per bathroom ☐
More than 20 students per bathroom ☐

- a. Yes ☐ No ☐ student/teacher ratio _____
- b. Yes ☐ No ☐ student/teacher ratio _____
- c. Yes ☐ No ☐ student/teacher ratio _____
- d. Yes ☐ No ☐ student/teacher ratio _____
- e. Yes ☐ No ☐ student/teacher ratio _____
- f. Yes ☐ No ☐ student/teacher ratio _____
- g. Yes ☐ No ☐ student/teacher ratio _____

Comment (if any)

5.6 The students have access to computers and to the internet to support their learning. The number of computers

- a. 40 for college
- b. 25 for institute

<p>a. Yes <input type="radio"/> No <input type="radio"/></p> <p>b. Yes <input type="radio"/> No <input type="radio"/></p> <p>Comment (if any).</p>				

5.7 The Midwifery Educational Institution has

- a) well furnished library eg, light, fan, sitting arrangement etc.
- b) up-to-date books and text book
- c) an online library for students
- d) journals, and magazines.
- e) textbook:student ratio of 1:6

<p>a. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>b. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>c. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>d. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>e. Yes <input type="radio"/> Partial <input type="radio"/> No <input type="radio"/></p> <p>Provide a comment on the adequacy of the library and its resources including whether it deploys a qualified librarian, uses a</p>				
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5.8 The Midwifery Educational Institution is

- a. at least 30,000 square feet
- b. prayer rooms
- c. sports facilities (indoor and outdoor)
- d. an audiovisual room
- e. an individual office for the Head of the Nursing Institution
- f. room for educators
- g. an office room for the accountant and cashier
- h. a general office room
- i. washroom for educators

5.9 Human resources must be recruited as per BNMC policy.

standard seating arrangement, and is opened from 8 am to 8pm.				
<div>a. Yes <input type="radio"/> No <input type="radio"/></div> <div>b. Yes <input type="radio"/> No <input type="radio"/></div> <div>c. Yes <input type="radio"/> No <input type="radio"/></div> <div>d. Yes <input type="radio"/> No <input type="radio"/></div> <div>e. Yes <input type="radio"/> No <input type="radio"/></div> <div>f. Yes <input type="radio"/> No <input type="radio"/></div> <div>g. Yes <input type="radio"/> No <input type="radio"/></div> <div>h. Yes <input type="radio"/> No <input type="radio"/></div> <div>i. Yes <input type="radio"/> No <input type="radio"/></div>				
<div>c. Yes <input type="radio"/> No <input type="radio"/></div> <div>Describe human resource recruitment as it relates to the BNMC policy.</div>				

APPENDIX A: LIST OF SUPPORT STAFF AND THEIR POSITIONS

SUPPORT STAFF – NAME	POSITION

APPENDIX B: GUEST TEACHERS HIRED IN THE PREVIOUS YEAR

GUEST TEACHER – NAME	ACADEMIC QUALIFICATIONS	DATES OF THEIR CONTRACT	COURSE(S) TAUGHT

APPENDIX C: PARTNERSHIPS WITH SERVICE ORGANIZATIONS

SERVICE ORGANIZATION – NAME	CLINICAL PLACEMENT SITES	COURSE (S)

APPENDIX D: QUALIFICATIONS OF EDUCATORS

EDUCATOR – NAME	ACADEMIC QUALIFICATIONS	PROFESSIONAL QUALIFICATIONS

APPENDIX E: NUMBERS OF STUDENTS PER COURSE

LIST OF COURSES	NUMBERS OF STUDENTS IN EACH

APPENDIX F: NUMBERS OF STUDENTS PER CLINICAL GROUP

List of Clinical Groups	Numbers of Students in each

APPENDIX G: MAPPING COMPETENCY-INDICATORS TAUGHT IN COURSES

For each of the competency indicators listed below, please identify in the column beside it, which course or courses students are being taught this indicator.

	COMPETENCY-INDICATORS	IDENTIFY IN WHICH COURSE(S) THE INDICATOR IS BEING TAUGHT
1. General Competencies		
1a	<p>Assume responsibility for own decisions and actions as an autonomous practitioner.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Principles of accountability and transparency • Principles and concepts of autonomy • Principles of self-assessment and reflective practice • Personal beliefs and their influence on practice • Knowledge of evidence-based practices <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Demonstrate behaviour that upholds the public trust in the profession • Participate in self-evaluation, peer review and other quality improvement activities • Balance the responsibility of the midwife to provide best care with the autonomy of the woman to make her own decisions • Explain the midwife's role in providing care that is based on relevant law, ethics, and evidence 	
1b	<p>Assume responsibility for self-care and self-development as a midwife</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Strategies for managing personal safety particularly within the facility or community setting <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Display skills in management of self in relation to time management, uncertainty, change and coping with stress • Assume responsibility for personal safety in various practice settings • Maintain up-to-date skills and knowledge concerning protocols, guidelines and safe practice • Remain current in practice by participating in continuing professional education (for example, participating in learning opportunities that apply evidence to practice to improve care such as mortality reviews or policy reviews.) • Identify and address limitations in personal skill, knowledge, or experience • Promote the profession of midwifery, including participation in professional organizations at the local and national level 	

	COMPETENCY-INDICATORS	IDENTIFY IN WHICH COURSE(S) THE INDICATOR IS BEING TAUGHT
1c	Appropriately delegate aspects of care and provide supervision KNOWLEDGE <ul style="list-style-type: none"> • Policies and regulation related to delegation • Supportive strategies to supervise others • Role of midwives as preceptors, mentors, supervisors, and role models SKILLS & BEHAVIOURS <ul style="list-style-type: none"> • Provide supervision to ensure that practice is aligned with evidence-based clinical practice guidelines • Support the profession's growth through participation in midwifery education in the roles of clinical preceptor, mentor, and role mode 	
1d	Use research to inform practice KNOWLEDGE <ul style="list-style-type: none"> • Principles of research and evidence-based practice • Epidemiologic concepts relevant to maternal and infant health • Global recommendations for practice and their evidence base (e.g. World Health Organisation guidelines) SKILLS & BEHAVIOURS <ul style="list-style-type: none"> • Discuss research findings with women and colleagues • Support research in midwifery by participating in the conduct of research 	
1e	Uphold fundamental human rights of individuals when providing midwifery care KNOWLEDGE <ul style="list-style-type: none"> • Laws and/or codes that protect human rights • Sexual, reproductive health rights of women and girls • Development of gender identity and sexual orientation • Principles of ethics and Human Rights within midwifery practice SKILLS & BEHAVIOURS <ul style="list-style-type: none"> • Provide information to women about their sexual and reproductive health rights • Inform women about the scope of midwifery practice and women's rights and responsibilities • Provide information and support to individuals in complex situations where there are competing ethical principles and rights • Practice in accordance with philosophy and code of ethics of the ICM and national standards for health professionals • Provide gender sensitive care 	

	COMPETENCY-INDICATORS	IDENTIFY IN WHICH COURSE(S) THE INDICATOR IS BEING TAUGHT
1f	<p>Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • The laws and regulations of the jurisdiction regarding midwifery • National/state/local community standards of midwifery practice • Ethical principles • ICM and other midwifery philosophies, values, codes of ethics <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Practise according to legal requirements and ethical principles • Meet requirements for maintenance of midwifery registration • Protect confidentiality of oral information and written records about care of women and infants • Maintain records of care in the manner required by the health authority • Comply with all local reporting regulations for birth and death registration • Recognize violations of laws, regulations, and ethical codes and take appropriate action • Report and document incidents and adverse outcomes as required while providing care 	
1g	<p>Facilitate women to make individual choices about care</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Cultural norms and practices surrounding sexuality, sexual practices, marriage, the childbearing continuum, and parenting • Principles of empowerment • Methods of conveying health information to individuals, groups, communities <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Advocate for and support women to be the central decision makers in their care • Assist women to identify their needs, knowledge, skills, feelings, and preferences throughout the course of care • Provide information and anticipatory guidance about sexual and reproductive health to assist women's decision making • Collaborate with women in developing a comprehensive plan of care that respects her preferences and decisions 	

	COMPETENCY-INDICATORS	IDENTIFY IN WHICH COURSE(S) THE INDICATOR IS BEING TAUGHT
1h	<p>Demonstrate effective interpersonal communication with women and families, health care teams, and community groups</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Role and responsibilities of midwives and other maternal infant health providers • Principles of effective communication • Principles of effectively working in health care teams • Cultural practices and beliefs related to childbearing and reproductive health • Principles of communication in crisis situations, e.g. grief and loss, emergencies <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Listen to others in an unbiased and empathetic manner • Respect one others' point of view • Promote the expression of diverse opinions and perspectives • Use the preferred language of the woman or an interpreter to maximise communication • Establish ethical and culturally-appropriate boundaries between professional and non-professional relationships • Demonstrate cultural sensitivity to women, families, and communities • Demonstrate sensitivity and empathy for bereaved women and family members • Facilitate teamwork and inter-professional care with other care providers (including students) and community groups/agencies • Establish and maintain collaborative relationships with individuals, agencies, institutions that are part of referral networks • Convey information accurately and clearly and respond to the needs of individuals 	
1i	<p>Facilitate normal birth processes in institutional and community settings, including women's homes</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Normal biologic, psychological, social, and cultural aspects of reproduction and early life • Practices that facilitate and those that interfere with normal processes • Policies and protocols about care of women in institutional and community settings • Availability of resources in various settings • Community views about and utilization of health care facilities and place(s) of birth <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Promote policies and a work culture that values normal birth processes • Utilize human and clinical care resources to provide personalized care for women and their infants • Provide continuity of care by midwives known to woman 	

	COMPETENCY-INDICATORS	IDENTIFY IN WHICH COURSE(S) THE INDICATOR IS BEING TAUGHT
1j	<p>Assess the health status, screen for health risks, and promote general health and well-being of women and infants</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Health needs of women related to reproduction • Health conditions that pose risks during reproduction • Health needs of infants and common risks <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Conduct a comprehensive assessment of sexual and reproductive health needs • Assess risk factors and at-risk behaviour • Order, perform, and interpret laboratory and/ or imaging screening tests • Exhibit critical thinking and clinical reasoning informed by evidence when promoting health and well being • Provide health information and advice tailored to individual circumstances of women and their families • Collaborate with women to develop and implement a plan of care 	
1k	<p>Prevent and treat common health problems related to reproduction and early life</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Common health problems related to sexuality and reproduction • Common health problems and deviations from normal of newborn infants • Treatment of common health problems • Strategies to prevent and control the acquisition and transmission of environmental and communicable diseases <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Maintain/promote safe and hygienic conditions for women and infants • Use universal precautions consistently • Provide options to women for coping with and treating common health problems • Use technology and interventions appropriately to promote health and prevent secondary complications • Recognize when consultation or referral is indicated for managing identified health problems, including consultation with other midwives • Include woman in decision-making about referral to other providers and services 	

	COMPETENCY-INDICATORS	IDENTIFY IN WHICH COURSE(S) THE INDICATOR IS BEING TAUGHT
1/	<p>Recognize abnormalities and complications and institute appropriate treatment and referral.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Complications/pathologic conditions related to health status • Emergency interventions/life-saving therapies • Limits of midwifery scope of practice and own experience • Available referral systems to access medical and other personnel to manage complications • Community/facility plans and protocols for accessing resources in timely manner <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Maintain up-to-date knowledge, life-saving skills, and equipment for responding to emergency situations • Recognize situations requiring expertise beyond midwifery care • Maintain communication with women about nature of problem, actions taken, and referral if indicated • Determine the need for immediate intervention and respond appropriately • Implement timely and appropriate intervention, inter-professional consultation and/or timely referral taking account of local circumstances • Provide accurate oral and written information to other care providers when referral is made. • Collaborate with decision-making if possible and appropriate 	
1m	<p>Care for women who experience physical and sexual violence and abuse.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Socio-cultural, behavioural, and economic conditions that often accompany violence and abuse • Resources in community to assist women and children • Risks of disclosure <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Protect privacy and confidentiality • Provide information to all women about sources of help regardless of whether there is disclosure about violence • Inquire routinely about safety at home, at work • Recognize potential signs of abuse from physical appearance, emotional affect, related risk behaviours such as substance abuse • Provide special support for adolescents and victims of gender-based violence including rape • Refer to community resources, assist in locating safe setting as needed 	

Competency- Indicators		Identify which course (s) the indicator is being taught
2. Pre-Pregnancy and Antenatal		
2a	<p>Provide pre-pregnancy care</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Anatomy and physiology of female and male related to reproduction and sexual development • Socio-cultural aspects of human sexuality • Evidence based screening for cancer of reproductive organs and other health problems such as diabetes, hypertension, thyroid conditions, and chronic infections that impact pregnancy <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Identify and assist in reducing barriers related to accessing and using sexual and reproductive health services • Assess nutritional status, current immunization status, health behaviours such as use of substances, existing medical conditions, and exposure to known teratogens • Carry out screening procedures for sexually transmitted and other infections, HIV, cervical cancer • Provide counseling about nutritional supplements such as iron and folic acid, dietary intake, exercise, updating immunizations as needed, modifying risk behaviours, and prevention of sexually transmitted infections, family planning, and methods of contraception. 	
2b	<p>Determine health status of woman</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Physiology of menstrual and ovulatory cycle • Components of a comprehensive health history including psycho-social responses to pregnancy and safety at home • Components of complete physical exam • Health conditions including infections and genetic conditions detected by screening blood and biologic samples 	

2b	<p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Confirm pregnancy and estimate gestational age from history, physical exam, laboratory test and/or ultrasound • Obtain comprehensive health history • Perform a complete physical examination • Obtain biologic samples for laboratory tests (e.g. venipuncture, finger puncture, urine samples, and vaginal swabs) • Provide information about conditions that may be detected by screening • Assess status of immunizations, and update as indicated • Discuss findings and potential implications with woman and mutually determine plan of care 	
2c	<p>Assess fetal well-being</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Placental physiology, embryology, fetal growth and development, and indicators of fetal well-being • Evidence-based guidelines for use of ultrasound <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Assess fetal size, amniotic fluid volume, fetal position, activity, and heart rate from examination of maternal abdomen • Determine whether there are indications for additional assessment/examination and refer accordingly • Assess fetal movements and ask woman about fetal activity 	
2d	<p>Monitor the progression of pregnancy</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Usual physiological and physical changes with advancing pregnancy • Nutritional requirements of pregnancy • Common psychological responses to pregnancy and symptoms of psychological distress • Evidence informed antenatal care policies and guidelines, including frequency of antenatal visits <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Conduct assessments throughout pregnancy of woman’s physical and psychological well-being, family relationships, and health education needs • Provide information regarding normal pregnancy to woman, her partner, family members, or other support persons • Suggest measures to cope with common discomforts of pregnancy • Provide information (including written and/ or pictorial) about danger signs, (e.g. vaginal bleeding, signs of preterm labour, pre-labour, rupture of membranes) emergency preparedness, and when and where to seek help • Review findings and revise plan of care with woman as pregnancy progresses 	

2e	Promote and support health behaviours that improve well being KNOWLEDGE <ul style="list-style-type: none">• Impact of adverse social, environmental, and economic conditions on maternal -fetal health• Effects of inadequate nutrition and heavy physical work• Effects of tobacco use and exposure to second-hand smoke, use of alcohol and addictive drugs• Effects of prescribed medications on fetus• Community resources for income support, food access, and programs to minimize risks of substance abuse• Strategies to prevent or reduce risks of mother-to-child disease transmission including infant feeding options for HIV infection• Effects of gender-based violence, emotional abuse, and physical neglect SKILLS & BEHAVIOURS <ul style="list-style-type: none">• Provide emotional support to women to encourage change in health behaviour• Provide information to woman and family about impact on mother and fetus of risk conditions.• Counsel women about and offer referral to appropriate persons or agencies for assistance and treatment• Respect women’s decisions about participating in treatments and programs• Make recommendations and identify resources for smoking reduction/cessation in pregnancy	
2f	Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family KNOWLEDGE <ul style="list-style-type: none">• Needs of Individuals and families for different information at different times in their respective life cycles• Methods of providing information to individuals and groups• Methods of eliciting maternal feelings and expectations for self, infant, and family SKILLS & BEHAVIOURS <ul style="list-style-type: none">• Participate in--and refer women and support persons to--childbirth education programs• Convey information accurately and clearly and respond to needs of individuals• Prepare the woman, partner, and family to recognize labour onset, when to seek care, and progress of labour• Provide information about postpartum needs including contraception, care of newborn infants, and the importance of exclusive breast feeding for infant health• Identify needs or problems requiring further expertise or referral such as excessive fear, and dysfunctional relationships	

2g	<p>Detect, stabilise, manage, and refer women with complicated pregnancies</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Complications of early pregnancy such as threatened or actual miscarriage, and ectopic pregnancy • Fetal compromise, growth restriction, malposition, preterm labour • Signs and symptoms of maternal pathologic conditions such as pre-eclampsia, gestational diabetes, and other systemic illnesses • Signs of acute emergencies such as hemorrhage, seizures, and sepsis <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Stabilise in emergencies and refer for treatment as necessary²¹ • Collaborate in care of complications • Implement critical care activities to support vital body functions (e.g. intravenous (IV) fluids, magnesium sulphate, Anti-hemorrhagic) • Mobilize blood donors if necessary • Transfer to higher level facility if needed 	
2h	<p>Assist the woman and her family to plan for an appropriate place of birth</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Evidence about birth outcomes in different birthplace settings • Availability of options in specific location; limitations of climate, geography, means of transport, and resources available in facilities • Local policies and guidelines <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Discuss options, preferences and contingency plans with woman and support persons and respect their decision • Provide information about preparing birth site if in community, e.g. travel and admission to facility • Promote the availability of a full range of birth settings 	

2i	Provide care to women with unintended or mistimed pregnancy KNOWLEDGE <ul style="list-style-type: none">• Complexity of decision-making about unintended or mistimed pregnancies• Emergency contraception• Legal options for induced abortion; eligibility and availability of medical and surgical abortion services• Medications used to induce abortion; properties, effects, and side effects• Risks of unsafe abortion• Family planning methods appropriate for the post-abortion period.• Care and support (physical and psychological) needed during and after abortion SKILLS & BEHAVIOURS <ul style="list-style-type: none">• Confirm pregnancy and determine gestational age; refer for ultrasound if unknown gestation and/or symptoms of ectopic pregnancy• Counsel woman about options to maintain or end the pregnancy and respect the ultimate decision.• Provide supportive antenatal care if pregnancy continued; refer to agencies, and social services for support and assistance when needed• Identify from obstetric, medical and social history, contraindications to medication or aspiration methods• Provide information about legal regulations, eligibility, and access to abortion services• Provide information about abortion procedures, potential complications, management of pain, and when to seek help• Refer to provider of abortion services upon request• Provide post-abortion care<ul style="list-style-type: none">– Confirm expulsion of products of conception from history, ultrasound, or levels of HCG– Review options for contraception and initiate immediate use of method– Explore psychological response to abortion	
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Competency- Indicators		Identify which course (s) the indicator is being taught
3. Care during labour and birth		
3a	Promote physiologic labour and birth KNOWLEDGE <ul style="list-style-type: none"> • Anatomy of maternal pelvis and fetus; mechanisms of labour for different fetal presentations • Physiologic onset and progression of labour • Evidence informed intra-partum care policies and guidelines, including avoidance of routine interventions in normal labour and birth^{23,24} • Cultural and social beliefs and traditions about birth • Signs and behaviours of labour progress; factors that impede labour progress • Methods of assessing fetus during labour SKILLS & BEHAVIOURS <ul style="list-style-type: none"> • Provide care for a woman in the birth setting of her choice, following policies and protocols • Obtain relevant obstetric and medical history • Perform and interpret focused physical examination of the woman and fetus • Order and interpret laboratory tests if needed • Assess woman's physical and behavioural responses to labour • Provide information, support, and encouragement to woman and support persons throughout labour and birth • Provide respectful one-to-one care • Encourage freedom of movement and upright positions • Provide nourishment and fluids 	

3a	<ul style="list-style-type: none">• Offer and support woman to use strategies for coping with labour pain, e.g. controlled breathing, water immersion, relaxation, massage, and pharmacologic modalities when needed• Assess regularly parameters of maternal-fetal status, and e.g. vital signs, contractions, cervical changes, and fetal descent• Use labour progress graphic display to record findings and assist in detecting complications, e.g. labour delay, fetal compromise, maternal exhaustion, hypertension, infection• Augment uterine contractility judiciously using non-pharmacological or pharmacological agents to prevent non-progressive labour• Prevent unnecessary routine interventions, e.g. amniotomy, electronic fetal monitoring, directed closed glottis pushing, episiotomy	
3b	<p>Manage a safe spontaneous vaginal birth and prevent complications</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">• Manage a safe spontaneous vaginal birth; prevent complications, stabilise in emergencies, and refer as necessary• Evidence about conduct of third stage, including use of uterotonics• Potential complications and their immediate treatment e.g. shoulder dystocia, and excessive bleeding, fetal compromise, eclampsia, retained placenta• Management of emergencies as covered in emergency skills training programmes such as BEmONC,25 HMS26• Signs of placental separation; appearance of normal placenta, membranes, and umbilical cord• Types of perineal and vaginal trauma requiring repair and suturing techniques <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none">• Support the woman to give birth in her position of choice• Ensure clean environment, presence of clean necessary supplies and source of warmth• Coach woman about pushing to control expulsion of presenting part, avoid routine episiotomy• Undertake appropriate manoeuvres and use maternal position to facilitate vertex, face, or breech birth• Expedite birth in presence of fetal distress• Delay cord clamping• Manage nuchal cord	

3b	<ul style="list-style-type: none"> • Assess immediate condition of newborn • Provide skin to skin contact and warm environment • Deliver placenta and membranes and inspect for completeness • Assess uterine tone, maintain firm contraction, and estimate and record maternal blood loss; manage excessive blood loss including administration of uterotonics • Inspect vaginal and perineal areas for trauma, and repair as needed, following policies and protocols • Refer for continuing treatment of any complications as needed 	
3c	<p>Provide care of the newborn immediately after birth.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Normal transition to extra-uterine environment • Scoring systems to assess newborn status • Signs indicating need for immediate actions to assist transition • Interventions to establish breathing and circulation as covered in training programs such as HBS27 • Appearance and behaviour of healthy newborn infant • Method of assessing gestational age of newborn infant • Needs of small for gestational age and low birth weight infants <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Use standardized method to assess newborn condition in the first minutes of life (Apgar or other); refer if needed • Institute actions to establish and support breathing and oxygenation, refer for continuing treatment as needed • Provide a safe warm environment for initiating breastfeeding and attachment (bonding) in the first hour of life • Conduct a complete physical examination of newborn in presence of mother/family; explain findings and expected changes e.g. colour of extremities, moulding of head. Refer for abnormal findings. • Institute newborn prophylaxis e.g. ophthalmic infection, and hemorrhagic disease, according to policies and guidelines • Promote care by mother, frequent feeding and close observation • Involve partner/support persons in providing newborn care 	

Competency- Indicators		Identify which course (s) the indicator is being taught
4. Ongoing care of women and newborns		
4a	Provide postnatal care for the healthy woman KNOWLEDGE <ul style="list-style-type: none"> • Physiological changes following birth, uterine involution, onset of lactation, healing of perineal-vaginal tissues • Common discomforts of the postnatal period and comfort measures • Need for rest, support, and nutrition to support lactation • Psychological responses to mothering role, addition of infant to family SKILLS & BEHAVIOURS <ul style="list-style-type: none"> • Review history of pregnancy, labour, and birth • Conduct a focused physical exam to assess breast changes and involution. Monitor blood loss and other body functions • Assess mood and feelings about motherhood and demands of infant care • Provide pain control strategies if needed for uterine contractions, and perineal trauma • Provide information about self-care that enables mother to meet needs of newborn, e.g. adequate food, nutritional supplements, usual activities, rest periods, and household help • Provide information about safe sex, family planning methods appropriate for the immediate postnatal period, and pregnancy spacing 	
4b	Provide care to healthy newborn infant KNOWLEDGE <ul style="list-style-type: none"> • Appearance and behaviour of infant in early life; cardio-respiratory changes related to adapting to extra-uterine life • Growth and development in initial weeks and months of life • Protocols for screening for metabolic conditions, infectious conditions, and congenital abnormalities 	
4b	SKILLS & BEHAVIOURS <ul style="list-style-type: none"> • Protocols/guidelines for immunizations in infancy • Evidence-based information about infant circumcision; family values, beliefs, and cultural norms • Examine infant at frequent intervals to monitor growth and developmental behaviour • Distinguish normal variation in newborn appearance and behaviour from those indicating pathologic conditions • Administer immunizations, carry out screening tests as indicated • Provide information to parents about a safe environment for infant, frequent feeding, care of umbilical cord, voiding and stooling, and close physical contact 	

4c	Promote and support breastfeeding KNOWLEDGE <ul style="list-style-type: none">• Physiology of lactation• Nutritional needs of newborn infants, including low birth weight infants• Social, psychological, and cultural aspects of breastfeeding• Evidence about benefits of breastfeeding• Indications and contraindications to use of drugs and substances during lactation• Awareness of lactation aids SKILLS & BEHAVIOURS <ul style="list-style-type: none">• Promote early and exclusive breastfeeding while respecting a woman’s choice regarding newborn feeding• Provide information about infant needs, frequency and duration of feedings, and weight gain• Provide support and information about breastfeeding for a minimum of six months, including combining with work, maintaining milk supply, and storing breast milk• Identify and manage breastfeeding problems (e.g. mastitis, low milk supply, engorgement, improper latch)• Provide information to women breastfeeding multiple newborns• Refer women to breastfeeding support as indicated• Advocate for breastfeeding in family and community	
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4d	<p>Detect, treat, and stabilise postnatal complications in woman and refer as necessary</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Signs and symptoms of: <ul style="list-style-type: none"> –conditions in the postnatal period that may respond to early intervention (e.g. sub-involution, anaemia, urinary retention, and localized infection) –complications that need referral to more specialized provider or facility (e.g. hematoma, thrombophlebitis, sepsis, obstetric fistula, and incontinence) –life threatening complications requiring immediate response and specialized care (hemorrhage, amniotic fluid embolus, seizure, and stroke) • Signs and symptoms of postnatal depression, anxiety, and psychosis • Mourning process following perinatal death <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Provide information to woman and family about potential complications and when to seek help. • Assess woman during postnatal period to detect signs and symptoms of complications • Distinguish postnatal depression from transient anxiety about caring for baby, assess availability of help and support at home, and provide emotional support • Provide counseling and follow-up care for women and family members who experience stillbirth, neonatal death, serious infant illness, and congenital conditions • Provide first line measures to treat or stabilize identified conditions • Arrange referral and/or transfer as needed 	
4e	<p>Detect, stabilise, and manage health problems in newborn infant and refer if necessary.</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> • Congenital anomalies, and genetic conditions • Needs of pre-term and low birth weight infants • Symptoms and treatment of withdrawal from maternal drug use • Prevention of mother-to-child transmission of infections such as HIV, hepatitis B and C • Signs and symptoms of common health problems and complications; their immediate and ongoing treatment <p>SKILLS & BEHAVIOURS</p> <ul style="list-style-type: none"> • Provide information to woman and family about potential complications and when to seek help. • Assess woman during postnatal period to detect signs and symptoms of complications • Distinguish postnatal depression from transient anxiety about caring for baby, assess availability of help and support at home, and provide emotional support • Provide counseling and follow-up care for women and family members who experience stillbirth, neonatal death, serious infant illness, and congenital conditions • Provide first line measures to treat or stabilize identified conditions • Arrange referral and/or transfer as needed 	

4f	Provide family planning services KNOWLEDGE <ul style="list-style-type: none">• Anatomy and physiology of female and male related to reproduction and sexual development• Socio-cultural aspects of human sexuality• Family planning methods including natural, barrier, hormonal, implantable; emergency contraception, sterilization; their possible side effects, risk of pregnancy, and contraindications to use• Available written and pictorial resources for teaching about family planning methods• Pregnancy options for HIV positive women or couples SKILLS & BEHAVIOURS <ul style="list-style-type: none">• Provide and protect privacy and confidentiality for discussions about family planning knowledge, goals for limiting and/or spacing of children, and concerns and myths about methods• Obtain relevant history of use of methods, medical conditions, sociocultural values, and preferences that influence choice of method• Provide information about how to use, effectiveness, and cost of various methods to support informed decision-making• Provide methods according to scope of practice and protocols, or refer to another provider• Provide follow-up assessment of use, satisfaction, and side-effects• Refer for woman or partner for sterilization procedure	
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APPENDIX H: HOURS OF CLASSROOM COURSES, CLINICAL PRACTICE EXPERIENCE AND LAB

Year of Program	List of Subjects	Total Classroom Hours for each Subject	List of Practicum	Total Clinical Practice Hours by Clinical Area	List of Labs	Total Laboratory Hours for each Type of Lab	Total Hours
Year 1							
Year 2							
Year 3							

APPENDIX I: CLINICAL PLACEMENT SITES BY YEAR OF PROGRAM

Year of Program	List of Practicum	Clinical Placement Area (e.g., ANC, PNC, Labor, Family planning etc.)	Service Delivery Site of the Clinical Placement	Number of Students Assigned to each Site	Length of the Clinical Placement
Year 1					
Year 2					
Year 3					

Review Team Summary

Strengths

Areas to Improve

Signatures of the Review Team Members

Date
