



Training Curriculum of Community Midwives

صحت زندگی

The MNCH Programme is mandated to train and deploy Community Midwives (CMWs) as frontline Skilled Birth Attendants (SBAs). The Pakistan Nursing Council (PNC) has the responsibility to notify the curriculum, formally assess their competencies and issue licenses. An assessment of the training of CMWs identified a number of gaps in the curriculum necessitating its revamping for implementing the International Confederation of Midwives (ICM) Competencies 2010 in planned phases. The revised curriculum improves on competencies, sequences, emphasis; introducing “block” teaching and linking it with monitoring, supervision and examination systems. This requires not only the use of the improved curriculum by the tutors/trainers but also enhancing coordination mechanisms between various stakeholders and ensuring an institutional approach for training rather than dividing the task between the CMW school tutors and clinical trainers from the facilities. A regular monitoring and supervision system by the PNC as well as the MNCH Programme will have to be designed for the implementation of these recommendations.



Introduction

The Maternal Neonatal and Child Health Programme (MNCHP) targeted to train 12,000 Community Midwives (CMWs) (1 for 5000-10000 population). These CMWs are expected to act as front line Skilled Birth Attendants (SBAs) along with supportive supervision and linkages with the referral system to reduce maternal and neonatal morbidity and mortality.

Rationale for Revamping the Training Curriculum of Community Midwives

Training of CMWs started in 2007/2008 based on the curriculum developed by Pakistan Nursing Council (PNC) in collaboration with United Nations Population Fund (UNFPA). The 18-months training was meant for CMWs to provide safe and effective midwifery care to mothers and newborns independently in the community. Considering these factors, the CMW curriculum included two major components: (1) teaching knowledge (25%); and (2) hands on practical training (75%) in skill labs and clinical and community settings. Assessment of training of CMWs carried out in September 2010 by TRF highlighted various deficiencies in the curriculum as well as in the training process (Table 1).

Table 1: Identified gaps in the training curriculum

- Lack of coordination between CMW school and clinical facility
- None of the selected school were practicing Pakistan Nursing Council (PNC) theory: practice ratio 25:75. In more than 6 schools 40:60 was being followed
- PNC curriculum and manual were present however there was no visible evidence of their use
- Training manuals lack aspects of community based care such as: linkage development; supervision and monitoring; logistics and supply; referral mechanism
- Academic calendars and session plans were not present
- Majority of teaching/training faculty was not oriented with training and deployment requirements of CMWs
- No designated clinical trainers for mentoring CMWs
- Log books were not available in some areas; subjective to objective assessment ratio (40:60) is not in use

Source: Assessment of training of CMWs September 2010

As a result, the need for standardization of CMWs' training was recognized by the PNC and MNCH Programme (Table 2).

Table 2: Planned Actions

- Phase 1: Revision of training materials**
 - Revision of the CMW curriculum
 - Additions to the manual (In the form of Annex)
 - Development of reference protocols for CMWs
 - Development of the log book for CMWs
- Phase 2: Strengthen provincial organisational systems**
 - Workshops
 - Planning Committee to bridge gap between school and clinical facility
 - Community placements – Executive District Officer (EDO)
- Phase 3: Strengthening of the examination system**
 - Training for clinical teachers
- Phase 4: Internships for graduates and Continuing Medical Education (CME)**

Reorganization of the Curriculum

The curriculum was reorganized by PNC in collaboration with TRF and UNFPA and has been approved by the PNC. Currently, CMW schools and clinical trainers are being oriented on implementation of the revised curriculum. Following are the areas which have been reorganized in the revised curriculum:

Defining competencies of CMWs

This has been adapted from International Confederation of Midwives (ICM) Competencies 2010 (table 3).

Table 3: Competencies of CMWs

- Competencies in:**
 - Social, epidemiologic and cultural context of maternal and newborn care
 - Pre-pregnancy care
 - Provision of care during pregnancy
 - Competency in provision of care during labour and birth
 - Provision of care for women during the postpartum period
 - Postnatal care of the newborn
 - Facilitation of birth spacing and post-abortion care



Improving sequence and emphasis in curriculum

- Ensuring implementation of theory to practice ratio 25:75 in CMWs' schools
- Curriculum is logically sequenced by explaining first normal cases followed by abnormal/complicated ones to enhance analytical thinking of the CMWs and to prepare them for clinical practice

Introducing 'block' teaching

Academic calendar is based on the concept of 'block' teaching by running theory modules and practical training side by side. This is to impart clinical skills to CMWs from the first day.

Reorganization of modules

- For each module, objectives are explained in a vertical column corresponding to knowledge, critical thinking and skills development
- Relevant assessment methods are spelled out against each learning objective to guide the examination procedure
- New modules have been added such as orientation of CMWs on training and monitoring and evaluation
- Cross references are given for each objective

from the available training manual and aggregated references (in annexure) to eliminate irrelevant topics from the existing training manual and including missing material

Operationalization of the Curriculum

Changing the mindset from CMWs school to an institutional approach

Previously, community midwifery schools were held responsible for training of midwives. Two major components of the CMW curriculum require specific settings: knowledge (25%) to be taught at CMW school; and skills (75%) to be imparted at hospital and community. Hence the midwifery school and the hospitals collectively should be considered as one training institution.

Revision in the examination rules and policies

In order to be eligible for examination, each student must have attended a minimum of 85 percent of

